



DEPOSIT SLIP

PURCHASER NAME: _____

PURCHASER SIGNATURE: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

DATE: _____

TOTAL DEPOSIT: _____

SHARE PRICE: _____

NUMBER OF SHARES: _____

TOTAL NUMBER OF SHARES OWNED: _____

OFFICER NAME: _____

OFFICER SIGNATURE: _____

DATE: _____

FOR US TAX PURPOSES ARE YOU A NONRESIDENT ALIEN? _____

WILL YOU BE FILING TAXES IN A STATE OTHER THAN CA? _____

IF SO, WHICH STATE(S) _____