UNIFORM NOTICE OF FEDERAL CROWDFUNDING OFFERING Form U-CF

Pursuant to Section 18(b)(4)(C) of the Securities Act of 1933

Item 1. Issuer's Identity

Name of Issuer	Previous Name(s) None	Entity Type (Select one) Corporation
Inviduation of Incorporation/Organization		C Limited Partnership
Jurisdiction of Incorporation/Organization		C Limited Liability Company
		General Partnership
Voor of Incomposition /Organization		O Business Trust
Year of Incorporation/Organization:		Other (Specify)
CIK Number for Issuer:		
Item 2. Principal Place of Business		
Street Address Line 1	Street Address Line 2	
City	State/Province/Country ZIP/F	Postal Code
Phone No.	Website	
Item 3. Contact Person		
Directions: Provide the name and contact information	on for the person to contact with questions about the	he filing of this notice.
Last Name	First Name First	m Name
Street Address Line 1	Street Address Line 2	
City	State/Province/Country	ZIP/Postal Code
City		
Phone No. Fax	E-mail	
Item 4. Information about the Offering	#	
Type of filing: O New Notice O Amendr	nent 🔿 Renewal Total offering amo	unt \$
SEC File Number for this offering:	Date of first sale:	
Does the issuer intend this offering to last more than	n one year? Yes No	
Has 50% or more of the aggregate offering amount other than the state where the issuer has its principal		Yes No
If yes, indicate the state where 50	% or more of the offering amount has been sold:	

Item 5. Identification of Intermediary

Name of funding portal or broker		CRD Number
Jurisdiction of principal place of business Ider	ntification of electronic crowdfundir	ng platform (e.g. website address or app.)
Item 6. Related Persons		
Directions: Provide contact information for all executive		
Last Name Firs	t Name	Middle Name
Street Address Line 1	Street Address Line 2	
City	State/Province/Country	ZIP/Postal Code
Relationship(s): Executive Officer Director	Promoter	
Clarification of Response (if Necessary)		
1		
Last Name Firs	t Name	Middle Name
Street Address Line 1	Street Address Line 2	
City	State/Province/Country	ZIP/Postal Code
Relationship(s): Executive Officer Director	Promoter	
Clarification of Response (if Necessary)		
Last Name Firs	t Name	Middle Name
Street Address Line 1	Street Address Line 2	
City	State/Province/Country	ZIP/Postal Code
Relationship(s): Executive Officer Director	Promoter	
Clarification of Response (if Necessary)		

Identify additional related persons by checking this box \Box and attaching Item 6 Continuation Page(s).

Item 7. Sales Compensation

Directions: Enter the requested information for each person that has been or will be paid directly or indirectly any commission or other similar compensation in cash or other consideration in connection with sales of securities in the offering, including finders. If more than five persons to be listed are associated persons of the same broker or dealer, enter only the name of the broker or dealer, its CRD number and street address, and the jurisdictions in which the named person has solicited or intends to solicit investors.

Recipient					Recipient CRD Number				N	No CRD Number				
(Associa	ated) Brok	er or Deale	er (if appli	cable)	(Associa	ted) Broke	r or Dealer	CRD Numbe	_	lo CRD Nu	nber			
Street A	ddress Lir	ne 1					Street Add	ress Line 2						
City						State/Pr	ovince/Cou	intry		ZIP/Posta	al Code			
Jurisdict	tions of Sc	olicitation:	Γ	All States	5					I				
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	☐ HI	🗌 ID		
□ IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO		
MT	NE	NV	□ NH	🗌 NJ	□ NM	NY	□ NC	🗌 ND	🗌 ОН	C OK	□ OR	PA		
RI RI	SC	SD	TN	TX 🗌	UT Puerto R	VT	VA U.S. Virgin	WA Islands	WV	☐ WI	WY			

Identify additional person(s) being paid compensation by checking this box 🗌 and attaching Item 7 Continuation Page(s).

Item 8. Signature and Submission

By filing this notice, the issuer hereby represents that:

- All documents previously or subsequently filed with the Securities and Exchange Commission under the file number for this offering indicated above are hereby incorporated by reference with this notice.
- The issuer hereby irrevocably appoints the Securities Administrator or other legally designated officer of the jurisdiction(s) in which this notice is filed as its agent for service of process upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of, or in connection with, the sale of securities and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the jurisdiction in which this notice is filed by service of process upon the officers so designated with the same effect as if the undersigned was organized or created under the laws of that jurisdiction and have been served lawfully with process in that jurisdiction. It is requested that a copy of any notice, process, or pleading served hereunder be mailed to:

Name

• The issuer has included the required filing fees (if any) with the submission of this notice to each jurisdiction indicated.

The issuer has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Signature	Name of Signer (Print)
Title	Date

Item 6. Related Persons, Continuation Page

Directions: Provide contact information for all executive officers, directors, and promoters. Attach additional continuation pages if necessary.

Last Name	First Name	Middle Name
Street Address Line 1	Street Address Li	ine 2
City	State/Province/Country	ZIP/Postal Code
Relationship(s): Executive Officer	Director Promoter	•
Clarification of Response (if Necessary)		
Last Name	First Name	Middle Name
Street Address Line 1	Street Address Li	ine 2
City	State/Province/Country	ZIP/Postal Code
Relationship(s): Executive Officer	Director Promoter	
Clarification of Response (if Necessary)		
Last Name	First Name	Middle Name
Street Address Line 1	Street Address Li	ine 2
City	State/Province/Country	ZIP/Postal Code
City	State/Province/Country	
Relationship(s): Executive Officer	Director Promoter	
Clarification of Response (if Necessary)		
I		
Last Name	First Name	Middle Name
Street Address Line 1	Street Address Li	ing 2
City	State/Province/Country	ZIP/Postal Code

Relation	nship(s):	Execu	tive Officer	· E	Director		Promote	er					
Clarific	ation of R	esponse (if	Necessar	y)									
Item 7	7. Sales (Compens	sation. (Continu	ation Pag	<i>r</i> e							
Direction other si more the CRD nu	ons: Enter milar com an five per umber and	the request pensation is rsons to be	ted inform in cash or listed are ress, and t	ation for other cons associate he jurisdic	each person sideration in d persons o	that has b connection f the same	on with sale broker or o	be paid dire es of securiti dealer, enter has solicite	es in the off only the na	fering, incl me of the b	uding find proker or d	ers. If ealer, its	
Recipie	nt				Recipien	t CRD Nu	mber		1				
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(Associ	ated) Brok	ker or Deal	er (if appl	icable)	(Associa	ted) Broke	er or Dealer	r CRD Num	ber	er			
										No CRD Number			
Street A	ddress Lin	le 1					Street Addı	ress Line 2					
City						State/Pro	ovince/Cou	ntry		ZIP/Postal Code			
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Jurisdict	ions of So	licitation:		All States									
AL	AK	AZ	AR	CA	СО	CT	DE	DC	FL	GA	☐ HI	🗌 ID	
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🗌 RI	SC SC	SD	TN	TX [UT 🗍		VA	₩A	WV	WI	WY		
				L	Puerto Ric	20	U.S. Virgin	Islands					
Recipie	ent				Recipien	Recipient CRD Number				No CRD Number			
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Street A	Address Li	ne 1					Street Add	ress Line 2					
City						State/Province/Country			ZIP/Postal Code				
Jurisdic	ctions of So	olicitation:		All State	s								
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	🗌 ID	
IL	☐ IN	IA IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
MT	□ NE	NV	🗌 NH	🗌 NJ	NM	NY NY	□ NC	□ ND	ОН	OK	OR	PA	
RI	SC	SD	TN	TX	UT 🗌	VT	VA	WA	WV	WI	WY		
					Puerto R	ico 🗌	U.S. Virgin	Islands					

Attach additional Item 7 continuation pages if necessary.