



Tennessee Department of Commerce and Insurance
Division of Securities

**NOTICE OF SALE OF SECURITIES PURSUANT TO
EMPLOYEE STOCK PURCHASE/OPTION PLAN EXEMPTION**

1. Issuer:

Name: _____

Address: _____

Phone Number: _____

2. Form of Organization (Check One):

Corporation Unincorporated Association Limited Liability Company

Limited Partnership Other (Specify): _____

Issuer's state of Incorporation or jurisdiction or organization: _____

Date of Incorporation or Organization: _____

3. Officers and Directors (or persons acting in a similar capacity):

<u>Name, Address, and Phone Number</u>	<u>Capacity</u>
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(attach additional sheets if necessary)

4. This Offering:

	Description of Security	Price per Security	Number of Securities to be Offered	Aggregate Dollar Amount
Debt				
Equity (common or preferred)				
Convertible Security				
Partnership Interests				
Other (Specify)				

5. Description of Business:

6. Submitted herewith as part of this notice are the following:

- (a) Consent to service of process.
- (b) Non-refundable filing fee of five hundred dollars (\$500).

Execution and Certification

By filing this Notice of Transaction, the Issuer of these securities hereby represents that:

The undersigned represents that the Issuer is familiar with the conditions that must be satisfied to be entitled to the Employer Stock Option/Purchase Plan Exemption of the state in which this notice is filed and understands that the Issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

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

Issuer (Print or Type)		Signature	
Name (Print or Type)	Title (Print or Type)	Date	