

Loss

Affidavit of Loss and Indemnity Agreement

Use this form to report a certificate lost, stolen, or permanently damaged.

Registration Name		
Social Security or Tax ID Number		
Phone Number		
E-Mail Address		
Mailing Address		
Description of Lost Security:		
Certificate Number	Number of Shares	
lssuer	Issue Date	
State of Incorporation of Issuer	Restriction on Shares (if any)	
Type of Loss: (check one) Loss	StolenDestroyed	

_______ (hereinafter called "Deponent"), who is of legal age, being duly sworn and agrees: 1. The Deponent resides at the address stated above and is entitled to the possession of and is the legal beneficial owner of the security stated above. 2. The original certificate was acquired by the Deponent on _______ and lost, stolen, or permanently damaged on _______. 3. The certificate ______ was _____ was not (check one) pledged and/or endorsed at the time of loss or destruction. 4. Deponent has made diligent search for the original certificate and has been unable to find or recover the security. The Deponent has not sold, assigned, or transferred the shares represented by the certificate under any agreement, and has not signed a Power of Attorney or other authorization respecting the same except as stated above. 5. The Deponent hereby requests that a stop transfer be placed on the certificate, and that the transfer agent and issuer refuse to transfer agent replace the certificate.

6. To induce the transfer agent and issuer to effect the Deponent's request, the Deponent shall indemnify and hold harmless the transfer agent, issuer, their respective legal representatives, and their successors harmless for any and all loss, damage, expense or liability related to the original certificate and/or its replacement.

7. If the Deponent recovers the original stock certificate, the Deponent shall immediately return the certificate to the transfer agent for prompt cancellation if the certificate has since been replaced, or shall immediately notify the transfer agent in writing that the certificate is recovered if the original has not been replaced by that time.

Printed Name	
Signature	
Date	
STATE OF	
COUNTY OF	
On the of, 20, before me,	
Notary Public, personally appeared	

personally known to me or proven to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity on behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

, Notary Public

My Commission Expires_____

Named Printed _____

Signature Date _____