

**INTERWEST TRANSFER CO., INC.**

**STOCKHOLDER QUESTIONNAIRE  
REGARDING RESTRICTED SECURITIES OF**

\_\_\_\_\_  
NAME OF ISSUER

Name of Stockholder: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (Include Area Code): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I. How many shares of the company are registered in your name? \_\_\_\_\_

II. Do you own or control any additional shares outstanding in the names of other people? \_\_\_\_\_

A. If yes, how many? \_\_\_\_\_

B. In what names? \_\_\_\_\_

III. Have you determined to sell your shares as a result of conversations with any other stockholder (s) of the company? \_\_\_\_\_

IV. Have you and any other stockholder (s) agreed to sell your shares together? \_\_\_\_\_

V. A. Are you presently an officer or director of the company or, are you related to an officer or director? \_\_\_\_\_

B. Have you been an affiliate of the company during the previous three months? \_\_\_\_\_

1. If so, specify \_\_\_\_\_

VI A. When did you acquire (and fully paid for) the shares you desire to have transferred free of restrictive legend? \_\_\_\_\_

B. I have owned these securities for a minimum of: \_\_\_\_\_ 6 months (requires opinion)

(Please Mark One)

\_\_\_\_\_ 1 Year

I HAVE A PRESENT INTENT TO SELL ALL OR PART OF MY SHARES. I ACKNOWLEDGE AND UNDERSTAND THAT INTERWEST TRANSFER CO., INC. WILL RELY UPON THESE REPRESENTATIONS IN THE REMOVAL OF THE RESTRICTIVE LEGEND UNDER RULE 144.

Signed the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
SIGNATURE