

Send to: Utah Division of Securities 160 East 300 South 2nd Floor

PO Box 146760 Salt Lake City, UT 84114-6760 Phone: (801) 530-6600 | Fax: (801) 530-6980

E-mail: securities@utah.gov

E-mail:

COMPLAINT FORM

Please complete each question on this form. If you need additional space for any of your responses, please attach additional pages and indicate to which question the additional pages relate. Please send this completed form (along with attachments) to the Division of Securities to the address listed at the top of this form.

Last Name	First Name		Middle Ini	tial
Spouse's Name (if filing	jointly)			
Home Street Address	City		State	Zip Coo
Work Street Address	City		State	Zip Coo
Home #:		Work #:		
Cell #:		E-mail:		
Age	Occupation:			
- XX /	dited investor at the ti	ne of the investr	nent?	
Were you an accree				
(An accredited investor income in excess of \$2	Yes is an individual with a net 00,000 per year or combine expectation of reaching th	No worth in excess of it income with a spo	ouse of \$300,000	per year over the pas
(An accredited investor income in excess of \$2	Yes is an individual with a net 00,000 per year or combine expectation of reaching the MATION. Please prov	No worth in excess of a dincome with a spee same income level ide the name of the	ouse of \$300,000 I in the current year Company, Bro	per year over the pasear.) kerage Firm, Investi
(An accredited investor income in excess of \$2 years with a reasonable COMPLAINT INFOR Adviser, or Issuer with whice	Yes is an individual with a net 00,000 per year or combine expectation of reaching the MATION. Please prov	No worth in excess of a dincome with a spee same income level ide the name of the	ouse of \$300,000 I in the current year Company, Bro	per year over the pasear.) kerage Firm, Investi
(An accredited investor income in excess of \$2 years with a reasonable COMPLAINT INFOR Adviser, or Issuer with which further below.	Yes is an individual with a net 00,000 per year or combine expectation of reaching the MATION. Please prov	No worth in excess of a dincome with a spee same income level ide the name of the	ouse of \$300,000 I in the current year Company, Bro	per year over the pasear.) kerage Firm, Investi y name, this will be

III. WHO CONTACTED YOU ABOUT THE INVESTMENT?

IV.

bought or thought you were buying.)

Last Name	Fi	irst Name	Mi	ddle Name	
Street Address		City	<i>y</i>	State	Zip Code
Work #:			Cell #:		
E-mail:				_	
When were you initia	ally contacted a	bout the inve	stment:		
How were you contac	cted?				
Where did the contac	t take place? _				
Did anyone else conta (If yes, please include full				Yes No	
Type of Investment(s					
Total Dollar Amount					
Date(s) of Investment	t:				
Rate of Return or Ex	spected Earning	{s:			
		Check	Money Order	Wire Transfer	
					Trade
					Trade
Form of Payment: To whom did you make	Other	t payments?	(Include the company of		
Form of Payment:	Other	t payments?	(Include the company of		
Form of Payment: o whom did you make	Other	t payments?	(Include the company of		
Form of Payment: The whom did you make	Otheryour investmentry and mailing addition	t payments? ress, if applicat	(Include the company o	or person's name, ban	
Form of Payment: o whom did you make y	Otheryour investmentry and mailing addition	t payments? ress, if applicat	(Include the company o	or person's name, ban	

•	Have you been paid any money in return for your investment? If so, state the amounts and dates you received the payments.
7.	WHY ARE YOU FILING A COMPLAINT? Please explain why you are making this complaint. Please give full details of Who, What, When, Where, Why, and How. If possible, please provide the exact words of what you were told about the investment and by whom. If you need additional room to explain, please attach additional pages.
	ARE THERE WITNESSES TO YOUR STORY? Please provide the names and contact information of others who can corroborate your story.
	ARE THERE OTHER VICTIMS? Please provide the names, contact information, and any relevant information you know about other possible victims.
V	 RESOLUTION ATTEMPTS YOU HAVE MADE. Have you contacted the Person or Company about your complaint? Please provide the date of your last contact and describe the result or current status of your complaint.

SIGNATURE:	DATE	:
BY SIGNING BELOW, I certify that the understand that this complaint and any necords under the <i>Utah Government Reco</i> subject matter of this complaint is more a agency of the U.S. Government, I hereby action it deems appropriate. I understand of Securities will <u>not</u> act as my private a money as the victim of an unlawful security possibility of bringing a civil lawsuit to remy authorized representative is filing the	naterials I provide to the Division are control of the Access and Management Act. If the I appropriately within the jurisdiction of are grant permission to the Division to forwath that my cooperation with the investigation attorney for purposes of recovering a location to the purpose of the investigation attorney for purposes of recovering a location to the purpose of the investigation at the investigatio	onfidential and will become government Division of Securities determines that the nother agency of the State of Utah, or an aird this complaint to that agency for any in is necessary and that the Utah Division st investment. Any person who has lost act his or her personal attorney about the
 Checks (front & back) you sent or received Wire Transfer Confirmations Receipts Contracts 	 Promissory Notes Prospectus Sales Brochure Private Placement Memorandum Account Statements 	 Emails or other correspondence regarding the investment, and Any Documentation you were given relating to the investment
PLEASE ATTACH COPIES OF AN documentation related to the investme violations of relevant laws and regularity	ANT DOCUMENTS TO NY DOCUMENTS RELATED TO YO ent is essential to the Division's ability llations. Before submitting the complet relevant documents. These include copie	UR COMPLAINT. Obtaining relevant to adequately investigate any potential ed complaint form to the Division of
	l action in connection with your con, the court you filed in, the case or docker	
	agency that you have contacted.	

VII. HOW DID YOU HEAR ABOUT US?

1.	Outreach Event. Please specify:
2.	Referred from another agency. Please specify:
3.	Social Media. Please specify:
4.	Web Page. Please specify:
5.	Other: