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STATE OF UTAH DEPARTMENT OF COMMERCE UTAH SECURITIES DIVISION

FORM 14-2p Reorganization Exemption Application

(Name of Applicant)	
(Address of Applicant)	(Telephone #)
(Name & Address of Correspondent)	(Telephone #)
(Expected date of commencement of offering)	(1010p.10110 11)
Transaction to be exempt (check one):	
Reclassification/Recapitalization	
Merger/Consolidation	
(Name & Address of other party/parties	to transaction)
Transfer of Assets	

6.	Securities to be distributed:			
	TITLE	AMOUNT	CONSIDERATION	
7.	Securities to be exchanged (if any):			
	TITLE	AMOUNT	CONSIDERATION	
8.	Present number of holders of applicant:			
	Present number of holders of other person (if any):			
	Number of holders if offering is completed:			
9.	Brief description of the	Brief description of the transaction, including dates and names of persons involved:		

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State of)
State of) ss)
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on behalf of the applicant, that he or she and is fully authorized to execute and application, and that to the best of his or	that he or she has executed the foregoing application for and is the of such applicant file such application, that he or she is familiar with such her knowledge, information and belief, the statements made uments submitted herewith are true copies of the originals
	(Signature)
Subscribed and sworn to before me this	day of,
	(Notary Public)
that they have read this application and the best of their knowledge and belief; a is hereby authorized to execute this app hereby delegated to him or her to file any	her or partners of the issuer named herein do hereby affirm all exhibits thereto, and that the contents thereof are true to and further that
<u>NAME</u>	SIGNATURE