

Form ID-NEWCIK Filer Information	<p style="text-align: center;">UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549</p> <p style="text-align: center;">FORM ID UNIFORM APPLICATION FOR ACCESS CODES TO FILE ON EDGAR</p>	OMB APPROVAL
Form ID-NEWCIK		OMB Number: 3235-0328
		Expires: May 31, 2022 Estimated average burden hours per response: 0.15

Form ID: Application for EDGAR Access

Applicant Type	
Indicate whether the applicant is a company or individual	<input type="checkbox"/> Company <input type="checkbox"/> Individual
Access codes will be used to submit draft registration or draft offering statement.	

Note: The Name of Applicant must be in English!
Please enter the name of applicant as specified in its charter.
Also, the value that you enter below may be conformed to meet EDGAR standards. Click [here](#) for details.

Name of Applicant :	
Mailing Street 1	
Mailing Street 2	
Mailing City	
Mailing State/Country	
Mailing Zip/Postal Code	
Phone	

Note: If the potential filer does not have a TIN, enter "00-0000000" below.

Tax Identification Number (TIN)(DD-DDDDDD)	
--	--

Form ID: Filer Information

Refer to Volume I, Chapter 3.2 of the [EDGAR Filer Manual](#) for instructions on how to complete this section.

"Doing Business As" Name :	
----------------------------	--

Note: The Foreign Name is intended to be the name of your company in any language other than English.

Foreign Name :	
----------------	--

Business address same as mailing address. Business address is required if not the same.

Business Street 1	<input type="text"/>
Business Street 2	<input type="text"/>
Business City	<input type="text"/>
Business State/Country	<input type="text"/>
Business Zip/Postal Code	<input type="text"/>
State of Incorporation	<input type="text"/>
Fiscal Year End (MM/DD)	<input type="text"/>

Form ID: Contact Information

Contact for EDGAR Information, Inquiries, and Access Codes

Refer to Volume I, Chapter 3.2 of the [EDGAR Filer Manual](#) for instructions on how to complete this section.

Contact Name	<input type="text"/>
Contact address same as Registrant General Information address. Contact address is required if not the same.	
Contact Street 1	<input type="text"/>
Contact Street 2	<input type="text"/>
Contact City	<input type="text"/>
Contact State/Country	<input type="text"/>
Contact Zip/Postal Code	<input type="text"/>
Contact Phone	<input type="text"/>

Note: The E-mail address below is where your new CIK will be sent after form submission and review. It is very important that you enter it correctly. To help ensure accuracy, you must enter it twice.

E-mail Address	<input type="text"/>
Re-enter E-mail Address	<input type="text"/>

Contact for SEC Account Information and Billing Invoices

Refer to Volume I, Chapter 3.2 of the [EDGAR Filer Manual](#) for instructions on how to complete this section.

Contact Name	<input type="text"/>
Contact address same as Registrant General Information address. Contact address is required if not the same.	
Contact Street 1	<input type="text"/>

Contact Street 2	<input type="text"/>
Contact City	<input type="text"/>
Contact State/Country	<input type="text"/>
Contact Zip/Postal Code	<input type="text"/>
Contact Phone	<input type="text"/>

Form ID: Signature

Note: Only a duly authorized person - such as a partner, president, treasurer, corporate secretary, officer, or director - may sign this application on behalf of the applicant.

Refer to Volume I, Chapter 3.2 of the [EDGAR Filer Manual](#) for instructions on how to complete this section. If applicant is an individual, the applicant must sign the Form.

Signature	<input type="text"/>
Date (MM/DD/YYYY)	<input type="text"/>
Title/Position	<input type="text"/>

Form ID: Notarized Authentication

Signature of Authorized Person	<hr/>
Printed Name of Signature	<hr/>
Title of Person Signing	<hr/>
Notary Signature & Seal to be Placed Here	<hr/>
	<div style="border: 1px solid black; height: 200px; width: 100%;"></div>