

***AFFILIATE(S) IDENTITY REPORT***

**Columbia Stock Transfer Company  
601 E Seltice Way Suite 202  
Post Falls, ID 83854  
Tel: 208-664-3544 Fax: 208-777-8998**

**Company:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Listed below are persons and Affiliates of our company, as defined by SEC Rule 144 (Officers, Directors, 10% shareholders, etc.)*

NAME	TITLE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____

**I hereby certify that the above-listed persons include all affiliates of our company as of the date hereof.**

\_\_\_\_\_  
**Authorized Officer's Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**