

Form ID-NEWCIK Filer Information	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM ID UNIFORM APPLICATION FOR ACCESS CODES TO FILE ON EDGAR	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

Company 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

Business Street 2

Business City

Business State/Country

Business Zip/Postal Code

State of Incorporation

Fiscal Year End (MM/DD)

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

Contact address same as Registrant General Information address. Contact address is required if not the same.

Contact Street 1

Contact Street 2
Contact City
Contact State/Country
Contact Zip/Postal Code
Contact Phone

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
Re-enter E-mail Address

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
Contact address same as Registrant General Information address. Contact address is required if not the same.
Contact Street 1
Contact Street 2
Contact City
Contact State/Country
Contact Zip/Postal Code
Contact Phone

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
Date (MM/DD/YYYY)
Title/Position

Form ID: Notarized Authentication

Signature of Authorized Person	_____
Printed Name of Signature	_____
Title of Person Signing	_____
Notary Signature & Seal to be Placed Here	_____

