

## Oklahoma Accredited Investor Exemption Supplemental Information Form

OKLAHOMA DEPARTMENT OF SECURITIES  
204 N. Robinson, Suite 400  
Oklahoma City, OK 73102  
(405) 280-7700  
<https://www.securities.ok.gov>

The Oklahoma Accredited Investor Exemption ("OAIE") was originally adopted by an order of the Administrator of the Oklahoma Department of Securities (the "Department") on March 8, 1999. Effective July 1, 2004, the OAIE is set forth in 660:11-11-52 of the Rules of the Oklahoma Securities Commission and the Administrator of the Department of Securities, a part of the Oklahoma Administrative Code ("Rules"). 660:11-11-52 was finally adopted under the authority of Section 2-103 of the Oklahoma Uniform Securities Act of 2004 (OUSA), also effective July 1, 2004. This form is supplemental to, and must be filed with the Department in addition to, the NASAA Model Accredited Investor Exemption Uniform Notice of Transaction (the "Uniform Notice") by any person intending to rely upon such exemption for offers and sales subject to OUSA. The notice must also include a consent to service of process [Form U-2 and (if applicable) Form U-2A], a copy of the general announcement as specified in the rule, and a fee as set forth in Section 1-612.A.12 of OUSA. Such filing must be made no later than 15 days after the first sale of securities subject to the OUSA.

### **PART A**

1. Issuer Name: \_\_\_\_\_ 2. Type of Filing:  New Filing  
 Amendment

### **PART B**

Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized in the past five years;
- Each beneficial owner having power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer or director of corporate general and managing partners of partnership issuers;
- Each executive officer or director of corporate managers of limited liability companies;
- Each individual general or managing partner of partnership issuers; and
- Each individual manager of limited liability company issuers.

Check Box(es) that Apply:

Promoter  Beneficial Owner  Executive Officer  Director  General or Managing Partner  Manager  
 Other (Explain)

Full Name (Last name first, if individual): \_\_\_\_\_

Company Name: \_\_\_\_\_

Business or Residence Address (Number and Street, City, State, ZIP Code): \_\_\_\_\_

Phone: \_\_\_\_\_

Explanation (if necessary): \_\_\_\_\_

Check Box(es) that Apply:

Promoter  Beneficial Owner  Executive Officer  Director  General or Managing Partner  Manager  
 Other (Explain)

Full Name (Last name first, if individual):

Company Name:

Business or Residence Address (Number and Street, City, State, ZIP Code):

Phone:

Explanation (if necessary):

Check Box(es) that Apply:

- Promoter  
 Beneficial Owner  
 Executive Officer  
 Director  
 General or Managing Partner  
 Manager  
 Other (Explain)

Full Name (Last name first, if individual):

Company Name:

Business or Residence Address (Number and Street, City, State, ZIP Code):

Phone:

Explanation (if necessary):

(Use blank sheet, or use additional copies of this sheet, as necessary.)

**PART C**

1. What is the minimum investment that will be accepted from any purchaser?.....\$ \_\_\_\_\_

2. Does the offering permit joint ownership of a single security?.....  YES    NO

**PART D**

Enter the information requested for each person (other than any broker-dealer listed in the Uniform Notice or agents thereof) who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in Oklahoma in connection with sales of securities in the offering.

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

**PART E**

Jurisdictions in Which the Issuer Has Solicited or Intends to Solicit Purchasers

(Check "All Jurisdictions" or check individual jurisdictions) .....  All Jurisdictions

[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY][LA] [ME] [MD] [MA] [MI] [MN]  
[MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND][OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA]  
[WV] [WI] [WY] [PR]

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The undersigned represents that the Issuer is familiar with the conditions that must be satisfied to be entitled to the Oklahoma Accredited Investor Exemption and understands that the Issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The undersigned, a duly authorized person to act on behalf of the issuer, has read this notification and knows the contents to be true and has signed this notice on behalf of the issuer.

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Issuer (Print or Type) Date	Signature
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Name (Print or Type)	Title (Print or Type)
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[Adopted on March 9, 1999; Amended effective July 1, 2004]