Follow-up Report for AS 45.55.900(b)(19)

(Rescissions)

(To be filed after the rescission offer has been completed.)

Please fill out this form and submit to:

Securities Administrator Alaska Division of Banking and Securities P.O. Box 110807 Juneau, AK 99811-0807 (907) 465-6339

Alaska File No.:

THIS FORM TO BE FILED WITHIN 30 DAYS AFTER ALL RESCISSION				
OFFERS ARE COMPLETE AND ALL OFFEREES HAVE RESPONDED.				
1. Name, Address and Telephone number of person filing this notice:				
		Phone		
Full Name of contact person	Address	FAX		
The person signing this form must show name & address above. If for some reason that person is not available to sign, please request a waiver in writing and give reason.				
2. Name, Address, and Telepl				
Name of issuer	Address	Phone		
Date rescission offer was completed:				
3. Describe any ADDITIONAL special considerations you asked the administrator to consider (see Form 08-111) and				
the results:				
4. LIST NAMES AND ADDRESSES OF	THE PERSONS OFFERED RESCISSION AND DOLLAR	R AMOUNTS OF THE		
	HOSE WHO ACCEPTED. ALSO LIST THOSE WHO REJ			
ACCEPT THE RESCISSION OFFER AND RETAINED THE ORIGINAL SECURITIES. IF ALL OFFEREES MADE THE SAME DECISION, ONLY ONE LIST NEED BE SUBMITTED. (Use additional sheets as necessary.)				
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Paragraph number 4 CONTINUED:				
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ATTACH A COPY OF THE RESCISSION OFFER (AS 45.55.900(b)(19)				
AND ALL DISCLOSURES PRO	OVIDED UNDER 3 AAC 08.915.			
BE SURE TO FILE THIS FORM WITHIN 30 DAYS	S OF COMPLETION OF THE OFFER O	F RESCISSION		
By filing this notice, I affirm that all statutory requirements of AS 45.55.900(b)(19) have been met to				
date and will continue to be met during the offering period.				
Signature of attorney or principa(please state which)	Title Date			