

SELLER'S REPRESENTATION LETTER – NON-AFFILIATE
Deposit of Free Trading Shares

ACQUIRED VIA: SHELF OFFERING, REGISTERED DIRECT, & OR SECONDARY OFFERINGS.

To whom it may concern:

I, the undersigned, submit this form to you in order to present all facts necessary to request authorization to sell the shares in _____ (the "Company") as set forth below without being subject to trading restriction placed on affiliates .

(ISSUER)	(COMMON, PREFERRED, ETC.)	(CUSIP)	(QUANTITY)
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1. The undersigned is not at present and has not been during the preceding three months, an officer, director or 10% shareholder of the Company or in any other way an "affiliate" or "control person" of the Company.
2. The undersigned has entered into an irrevocable contract on (trade date _____) which requires payment by the settlement date _____. Evidence of consideration will be provided to Axos on or prior to the settlement date. The undersigned is the beneficial owner of, and bore the full risk of ownership on these securities since the date the securities were acquired from the Issuer or from an affiliate of the Issuer. The shares were acquired on: _____.
3. Below is a brief explanation of how these shares were acquired:

4. Manner of payment:

5. The understand knows of no important development affecting the Company or its business or products which has not been made public, and will confirm that it has requested you to sell such shares for personal reasons and not because of any information which I may have with respect to the Company or its current or prospective operations.

The undersigned represents that the information furnished above is correct and complete to the best of its knowledge, information and belief. In the event that any of the information furnished is found to be no longer accurate or complete, at the time the undersigned seeks to sell the securities, the undersigned will promptly notify Axos Clearing LLC in writing prior to such sale.

Account Holder Signature(s): _____	Account Number: _____
Printed Account Name(s): _____	Date: _____