

SUBSCRIPTION FORM

Registration:

___ individual ___ joint tenants ___ tenants in common ___ custodian ___ trust ___ corporation

First Name	M.I.	Last Name	Soc. Sec. Number
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First Name	M.I.	Last Name	Soc. Sec. Number
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Street Address	If held for a beneficiary, please indicate the State of residence of the beneficiary.
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City	State	Zip Code
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___ If cash make check payable to: Tensleep Financial Corporation

___ If debt enter amount _____

Amount Invested: Number of Units Purchased (Minimum 100 Units) _____ @ \$25 per Unit = \$_____.

Mail Check and Subscription to: Tensleep Financial Corporation
1623 Tradewinds Lane
Newport Beach, CA 92660

Dealer Information:

Name of firm: _____

Name of Representative: _____

Address: _____

Telephone: (____) _____

Company use only

Number of Units to be issued _____ Units rejected _____

Authorized Signature _____

This Copy for Subscriber