

Form ID-NEWCIK Filer Information	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549	OMB APPROVAL
Form ID-NEWCIK	FORM ID UNIFORM APPLICATION FOR ACCESS CODES TO FILE ON EDGAR	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	<input type="text" value="Lisa Roth"/>
Contact address same as Registrant General Information address. Contact address is required if not the same.	<input type="checkbox"/>
Contact Street 1	<input type="text" value="630 First Avenue"/>
Contact Street 2	<input type="text"/>
Contact City	<input type="text" value="San Diego"/>
Contact State/Country	<input type="text" value="CA"/>
Contact Zip/Postal Code	<input type="text" value="92101"/>
Contact Phone	<input type="text" value="6198469499"/>

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	<input type="text" value="lroth@monahan-roth.com"/>
Re-enter E-mail Address	<input type="text" value="lroth@monahan-roth.com"/>

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	<input type="text" value="Keith Moore"/>
Contact address same as Registrant General Information address. Contact address is required if not the same.	<input checked="" type="checkbox"/>
Contact Street 1	<input type="text"/>
Contact Street 2	<input type="text"/>
Contact City	<input type="text"/>
Contact State/Country	<input type="text"/>
Contact Zip/Postal Code	<input type="text"/>
Contact Phone	<input type="text" value="949-295-1580"/>

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.

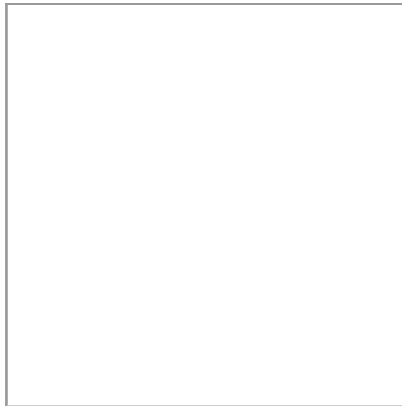
Signature	<input type="text" value="Keith Moore"/> 
Date (MM/DD/YYYY)	<input type="text" value="06/22/2021"/>
Title/Position	<input type="text" value="CEO"/>

Form ID: Notarized Authentication

Signature of Authorized Person	<input type="text"/>
Printed Name of Signature	<input type="text"/>

Title of Person Signing

Notary Signature & Seal to be Placed
Here



ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange)

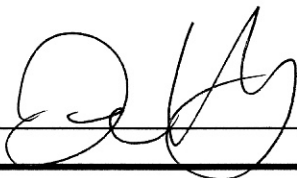
On June 22, 2021 before me, John Hong, Notary Public
(insert name and title of the officer)

personally appeared Keith Moore,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they executed the same in
his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing
paragraph is true and correct.

WITNESS my hand and official seal.

Signature



(Seal)

