FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 RECE

FORM D

RECEIVED

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden hours per response....16.00

SEC USE ONLY

Serial

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. 186 SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

DATE RECEIVED

Prefix

821197

, , ,	
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Johnson Investment Counsel, Inc.	
Filing Under (Check box(es) that apply):	on 4(6) ULOE
Type of Filing: New Filing Amendment	
A: BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Johnson Investment Counsel, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) (Telephone Number	(Including Area Code))
3777 West Fork Road, Cincinnati, Ohio 45247 (513) 661-3100	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (Telephone Number	(Including Area Code))
(if different from Executive offices)	
Brief Description of Business	nna a
A Registered Investment Advisor providing investment management services.	PROCESSE
Type of Business Organization	- A BOOLL
☐ corporation ☐ limited partnership, already formed ☐ other (please specify).	DEC 29 2004
business trust limited partnership, to be formed	2 9 ZUU4,_
Month Year	THOMSOM
Actual or Estimated Date of Incorporation or Organization: $\begin{bmatrix} 0 & 2 \\ \end{bmatrix}$ $\begin{bmatrix} 0 & 1 \\ \end{bmatrix}$ Actual $\begin{bmatrix} \end{bmatrix}$ Estimated	THOMSON FINANCIAL
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	
CN for Canada, FN for other foreign jurisdiction)	

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9



BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the 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 and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Full Name (Last name first, if individual) Johnson, Timothy E. Business or Residence Address (Number and Street, City, State, Zip Code) 3777 West Fork Road, Cincinnati, Ohio 45247 Check Box(es) that Apply:	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Business or Residence Address (Number and Street, City, State, Zip Code) 3777 West Fork Road, Cincinnati, Ohio 45247 Check Box(es) that Apply:	Full Name (Last name first,	if individual)				······································
3777 West Fork Road, Cincinnati, Ohio 45247 Check Box(es) that Apply:	Johnson, Timothy E.					
Check Box(es) that Apply:	Business or Residence Addr	ess (Number and	Street, City, State, Zip	Code)		
Managing Partner Full Name (Last name first, if individual) Telford, David C. Business or Residence Address (Number and Street, City, State, Zip Code) 3777 West Fork Road, Cincinnati, Ohio 45247 Check Box(es) that Apply:	3777 West Fork Road, Cin	cinnati, Ohio 45	3247			
Business or Residence Address (Number and Street, City, State, Zip Code) 3777 West Fork Road, Cincinnati, Ohio 45247 Check Box(es) that Apply:	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	_
Business or Residence Address (Number and Street, City, State, Zip Code) 3777 West Fork Road, Cincinnati, Ohio 45247 Check Box(es) that Apply:	Full Name (Last name first,	if individual)				
Check Box(es) that Apply:	Telford, David C.					
Check Box(es) that Apply:	Business or Residence Addr	ess (Number and	Street, City, State, Zip	Code)		
Full Name (Last name first, if individual) Barnes, Michael D. Business or Residence Address (Number and Street, City, State, Zip Code) 3777 West Fork Road, Cincinnati, Ohio 45247 Check Box(es) that Apply:	3777 West Fork Road, Cin	cinnati, Ohio 45	5247			
Business or Residence Address (Number and Street, City, State, Zip Code) 3777 West Fork Road, Cincinnati, Ohio 45247 Check Box(es) that Apply:	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	_
Business or Residence Address (Number and Street, City, State, Zip Code) 3777 West Fork Road, Cincinnati, Ohio 45247 Check Box(es) that Apply:	Full Name (Last name first,	if individual)				
Streek Box(es) that Apply:	Barnes, Michael D.					
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Johnson, Janet L. Business or Residence Address (Number and Street, City, State, Zip Code) 3777 West Fork Road, Cincinnati, Ohio 45247 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Coates, Dale H. Business or Residence Address (Number and Street, City, State, Zip Code) 3777 West Fork Road, Cincinnati, Ohio 45247 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	Business or Residence Addr	ess (Number and	Street, City, State, Zip	Code)		
Full Name (Last name first, if individual) Johnson, Janet L. Business or Residence Address (Number and Street, City, State, Zip Code) 3777 West Fork Road, Cincinnati, Ohio 45247 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Coates, Dale H. Business or Residence Address (Number and Street, City, State, Zip Code) 3777 West Fork Road, Cincinnati, Ohio 45247 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Annaging Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner	3777 West Fork Road, Cin	cinnati, Ohio 45	5247			
Business or Residence Address (Number and Street, City, State, Zip Code) 3777 West Fork Road, Cincinnati, Ohio 45247 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Coates, Dale H. Business or Residence Address (Number and Street, City, State, Zip Code) 3777 West Fork Road, Cincinnati, Ohio 45247 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner			☐ Beneficial Owner	Executive Officer	□ Director	
Business or Residence Address (Number and Street, City, State, Zip Code) 3777 West Fork Road, Cincinnati, Ohio 45247 Check Box(es) that Apply:	Full Name (Last name first,	if individual)				
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Coates, Dale H. Business or Residence Address (Number and Street, City, State, Zip Code) 3777 West Fork Road, Cincinnati, Ohio 45247 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner	Johnson, Janet L.					
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Coates, Dale H. Business or Residence Address (Number and Street, City, State, Zip Code) 3777 West Fork Road, Cincinnati, Ohio 45247 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	Business or Residence Addr	ess (Number and	Street, City, State, Zip	Code)		-
Full Name (Last name first, if individual) Coates, Dale H. Business or Residence Address (Number and Street, City, State, Zip Code) 3777 West Fork Road, Cincinnati, Ohio 45247 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner	3777 West Fork Road, Cin	cinnati, Ohio 45	5247			
Business or Residence Address (Number and Street, City, State, Zip Code) 3777 West Fork Road, Cincinnati, Ohio 45247 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner			☐ Beneficial Owner	Executive Officer	□ Director	
Business or Residence Address (Number and Street, City, State, Zip Code) 3777 West Fork Road, Cincinnati, Ohio 45247 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	Full Name (Last name first,	if individual)				
3777 West Fork Road, Cincinnati, Ohio 45247 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	Coates, Dale H.					
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	Business or Residence Adda	ess (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) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	3777 West Fork Road, Cin	icinnati, Ohio 45	3247			
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	Full Name (Last name first,	if individual)				
Managing Partner	Business or Residence Addr	ess (Number and	Street, City, State, Zip	Code)		
	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	
Full Name (Last name first, if individual)	Full Name (Last name first	if individual)				Managing Partner
Business or Residence Address (Number and Street, City, State, Zip Code)	Business or Residence Addi	ess (Number and	Street, City, State, Zip	Code)		

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

		ld, or does	the issuer i	ntend to se	ell, to non-a	accredited	nvestors ir	this		Ύe Σ		No
onem	ng:	• • • • • • • • • • • • • • • • • • • •			lso in Appe				ULOE.		ı	
2. What	2. What is the minimum investment that will be accepted from any individual? \$4,500											
3. Does the offering permit joint ownership of a single unit? Yes No											No	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)												
Not App	licable			16.	C'i Ci	7: 0.1						
			s (Number	and Street,	City, State	e, Zip Code	·)					
Name of	Associated	Broker or	Dealer									
			Has Solicit individual								☐ All Sta	ites
[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]
Full Nam	ie (Last nar	ne first, if	individual)			··· •						
Business	or Residen	ce Address	s (Number	and Street,	City, State	, Zip Code)					
Name of	Associated	Broker or	Dealer									
			Has Solicit individual						•••••		All Sta	ites
[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]
			individual)									
Business	or Residen	ice Address	s (Number	and Street,	City, State	e, Zip Code)					
Name of	Associated	Broker or	Dealer						·			
			Has Solicit individual				rs				☐ All Sta	tes
[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]	fSD1	[TN]	[TX]	(UT)	[VT]	[VA]	fWA1	[WV]	fWII	[WY]	[PR]

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

77.50	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSE AND USE	CERPOCEED	S
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$ and indicate in the columns below the amounts of the	<u> </u>	3
	securities offered for exchange and already exchanged.		
Тур	e of Security	Aggregate Offering Price	Amount Already Sold
	t	\$	\$ <u>-0-</u>
Equ	ity	\$ <u>183,600</u>	\$
Con	Common Preferred vertible Securities (including warrants)	\$ -0-	\$ -0-
	nership Interests.	\$ -0-	\$ <u>-0-</u>
	er (Specify) Units consisting of common stock and warrants to purchase common stock	\$	\$
	Total	\$183,600	\$
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	is mone or zero.	Number Investors	Aggregate Dollar Amount of Purchases
Acc	redited Investors	\$ <u>-0-</u>	\$ N/A
Non	-accredited Investors	\$	\$ N/A
	Total (for filings under Rule 504 only)	\$ <u>-0-</u>	\$N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		
	e of offering	Type of Security	Dollar Amount Sold
Rul	e 505	N/A	\$
Reg	ulation A	N/A	\$
Rul	e 504	N/A	\$
	Total	N/A	\$0-
4. a	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees.		\$
	Printing and Engraving Costs		\$ <u>500</u>
	Legal Fees	\boxtimes	\$7,500
	Accounting Fees.	\boxtimes	\$2,000
	Engineering Fees		\$
	Sales Commissions (specify finders' fee separately)		\$0-
	Other Expenses (identify)		\$
	Total	M	\$ 10,000

	C. OFFERING PRICE, I	NUMBER OF INV	ESTORS: EXPEN	SES AND LISE	OF PROCEEDS	
b.	Enter the difference between the aggregate total expenses furnished in response to Par proceeds to the issuer."	offering price given it C – Question 4.a. The	n response to Part C - nis difference is the "a	Question 1 and djusted gross		\$ <u>173</u> ,600
5.	Indicate below the amount of the adjusted each of the purposes shown. If the amount check the box to the left of the estimate. The proceeds to the issuer set forth in response	t for any purpose is no the total of the paymer	t known, furnish an es its listed must equal th	timate and		
	Salaries and fees	·			Payments to Officers, Directors, & Affiliates ☐ \$ -0-	Payments to Others -0-
	Salaries and rees	• • • • • • • • • • • • • • • • • • • •	***************************************			L 30
	Purchase of real estate				\$0-	\$0
	Purchase, rental or leasing and install	lation of machinery an	d equipment		□ \$ <u>-0-</u>	S0
	Construction or leasing of plant build	dings and facilities			\$0-	\$0-
	Acquisition of other businesses (inclumay be used in exchange for the asse				\$0	\$0
	Repayment of indebtedness				⊠.s,73,600	\$0-
	Working Capital	••••••			⊠ \$ ¹⁰⁰ ,000	S -0
	Other (specify):				□ \$ <u>-0-</u>	S0
	Column Totals				⊠ \$ <u>173,600</u>	□ \$ <u>-0-</u>
	Total Payments Listed (column totals	s added)	• • • • • • • • • • • • • • • • • • • •		⋈ \$ <u>17</u>	3;600
		D EFDED	AL SIGNATURE			
The	issuer has duly caused this notice to be sign	ed by the undersigned	duly authorized perso	n. If this notice is	filed under Rule 505	, the following
	nature constitutes an undertaking by the issue rmation furnished by the issuer to any non-a				upon written request	of its staff, the
Iss	er (Print or Type)	Signature		Date		
Jol.	nson Investment Counsel, Inc.	15	huson	Decemb	er 10,2004	
	ne of Signer (Print or Type)	Title of Signer (Prin	or Type)	Detemb		
Tiz	nothy F., Johnson	President				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of rule?	such	Yes	No ⊠
	See Appendix, Column 5, for state response.			62
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which th (17 CFR 239.500) at such times as required by state law.	is notice is filed	a notice on	Form D
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, i offerees.	nformation furni	shed by the	e issuer to
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer classemption has the burden of establishing that these conditions have been satisfied.			
	he issuer has read this notification and knows the contents to be true and has duly caused this notice to be sometised duly authorized person.	signed on its beh	alf by the	
Issu	suer (Print or Type) Signature	Date		
Joh	ohnson Investment Counsel, Inc.	December /	<u>D</u> , 2004	
Nar	ame (Print or Type) Title (Print of Type)			

President

Instruction:

Timothy E. Johnson

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APP	ENDIX	100000000000000000000000000000000000000			94,174 Q 143 5
1	Intend non-ac investor	to sell to credited is in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of inves	4 Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL		110		m · escore	7 1110 4111	III V CSLOIS	- Into dist	103	1,0
AK									
AZ									
AR									
CA									
CO							·		
CT									
DE									
DC									
FL									
GA									
HI		-				<u> </u>			
ID									
IL IN						+			
IA									
KS									
KY	X		Common Stock/\$13,361			3	\$13,361		
LA									
ME									
MD									
MA									
MI									
MN					, <u>, , , , , , , , , , , , , , , , , , </u>				
MS									

A SOLUTION OF THE				APPE	NDIX		**************************************	100 Bassi		
1	Intend to non-actinvestor	to sell to credited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
MO										
MT										
NE										
NV										
NH										
NJ										
NM										
NY										
NC										
ND										
ОН	X		Common Stock/\$170,239			20	\$170,239			
OK										
OR										
PA										
RI										
SC										
SD										

TN									
				APP	ENDIX	Assistant Section			
1	Intend t non-acc	o sell to credited s in State litem 1)	3 Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
TX									
UT									
WA									
WV									
WI									
WY									
PR									