

FORM D

Notice of Exempt Offering of Securities

U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

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

1448268

OMB APPROVAL
OMB Number: 3235-0076
Expires: September 30, 2008
Estimated average burden hours per response: 4.00

Item 1. Issuer's Identify

Name of Issuer

Mid-Atlantic Technology Research & Inp

Jurisdiction of Incorporation/Organization

West Virginia

Year of Incorporation/Organization (Select one)

Over Five Years Ago Within Last Five Years (specify year) Yet to Be Formed

Previous Name(s)

None

Entity Type (Select one)

- Corporation Limited Partnership Limited Liability Company General Partnership Business Trust Other (Specify)

(If more than one issuer is filing this notice, check this box [X] and identify additional issuer(s) by attaching Items 1 and 2 Continuation Page(s).)

Item 2. Principal Place of Business and Contact Information

Street Address 1

3200/3300 KANAWHA TURNPIKE BLDG 701, SUITE 200

City

South Charleston

State/Province/Country

WV

Street Address 2

ZIP/Postal Code

25303

Phone No.

(800) 611-2296

PROCESSED

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THOMSON REUTERS

Item 3. Related Persons

Last Name

ARBOGAST

First Name

PAUL

Middle Name

Street Address 1

WV ROUNDTABLE

City

CHARLESTON

State/Province/Country

WV

Street Address 2

1624 KANAWHA BLVD., EAST

ZIP/Postal Code

25311

Relationship(s): Executive Officer Director Promoter

Clarification of Response (if Necessary)

SEC Mail Processing Section

OCT 14 2008

Washington, DC 105

(Identify additional related persons by checking this box [X] and attaching Item 3 Continuation Page(s).)

Item 4. Industry Group (Select one)

- Agriculture Banking and Financial Services Commercial Banking Insurance Investing Investment Banking Pooled Investment Fund

If selecting this industry group, also select one fund type below and answer the question below:

- Hedge Fund Private Equity Fund Venture Capital Fund Other Investment Fund

Is the issuer registered as an investment company under the Investment Company Act of 1940? Yes No

- Other Banking & Financial Services

- Business Services Energy Electric Utilities Energy Conservation Coal Mining Environmental Services Oil & Gas Other Energy

- Health Care Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals Other Health Care

- Manufacturing Real Estate Commercial

- Construction REITS & Finance Residential Other Real Estate Retailing Restaurants Technology Computers Telecommunications Other Technology Travel Airlines & Airports Lodging & Conventions Tourism & Travel Services Other Travel



Item 5. Issuer Size (Select one)

Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)

- No Revenues
- \$1 - \$1,000,000
- \$1,000,001 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

OR

Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)

- No Aggregate Net Asset Value
- \$1 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$50,000,000
- \$50,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

Item 6. Federal Exemptions and Exclusions Claimed (Select all that apply)

- Rule 504(b)(1) (not (i), (ii) or (iii))
- Rule 504(b)(1)(f)
- Rule 504(b)(1)(ii)
- Rule 504(b)(1)(iii)
- Rule 505
- Rule 506
- Securities Act Section 4(6)

Investment Company Act Section 3(c)

- Section 3(c)(1)
- Section 3(c)(2)
- Section 3(c)(3)
- Section 3(c)(4)
- Section 3(c)(5)
- Section 3(c)(6)
- Section 3(c)(7)

- Section 3(c)(9)
- Section 3(c)(10)
- Section 3(c)(11)
- Section 3(c)(12)
- Section 3(c)(13)
- Section 3(c)(14)

Item 7. Type of Filing

- New Notice
- OR
- Amendment

Date of First Sale in this Offering: OR First Sale Yet to Occur

Item 8. Duration of Offering

Does the issuer intend this offering to last more than one year? Yes No

Item 9. Type(s) of Securities Offered (Select all that apply)

- Equity
- Debt
- Option, Warrant or Other Right to Acquire Another Security
- Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security
- Pooled Investment Fund Interests
- Tenant-in-Common Securities
- Mineral Property Securities
- Other (Describe)

Item 10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? Yes No

Clarification of Response (if Necessary)

FORM D

U.S. Securities and Exchange Commission
Washington, DC 20549

Item 11. Minimum Investment

Minimum investment accepted from any outside investor \$ 500,000

Item 12. Sales Compensation

Recipient Recipient CRD Number
N/A - SALE BY COMPANY No CRD Number

(Associated) Broker or Dealer None (Associated) Broker or Dealer CRD Number No CRD Number

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code

States of Solicitation All States

- Grid of state checkboxes: AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, 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

(Identify additional person(s) being paid compensation by checking this box and attaching Item 12 Continuation Page(s).)

Item 13. Offering and Sales Amounts

(a) Total Offering Amount \$ 500,000 OR Indefinite

(b) Total Amount Sold \$ 0

(c) Total Remaining to be Sold \$ 500,000 OR Indefinite
(Subtract (a) from (b))

Clarification of Response (if Necessary)

Empty box for clarification of response.

Item 14. Investors

Check this box if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering: 0

Enter the total number of investors who already have invested in the offering: 0

Item 15. Sales Commissions and Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If an amount is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$ 0 Estimate

Finders' Fees \$ 0 Estimate

Clarification of Response (if Necessary)

Empty box for clarification of response.

Item 16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$ 0

Estimate

Clarification of Response (if Necessary)

[Empty box for clarification of response]

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and submitting this notice.

Terms of Submission. In Submitting this notice, each identified issuer is:

Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in accordance with applicable law, the information furnished to offerees.*

Irrevocably appointing each of the Secretary of the SEC and the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes; or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

Certifying that, if the issuer is claiming a Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of the reasons stated in Rule 505(b)(2)(iii).

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.

Each identified issuer has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. (Check this box [] and attach Signature Continuation Pages for signatures of issuers identified in Item 1 above but not represented by signer below.)

Issuer(s)

MID-ATLANTIC TECHNOLOGY RESEARCH + INNOVATION CTR, INC

Name of Signer

KEITH ALAN FAULEY

Signature

[Handwritten signature of Keith Alan Fauley]

Title

PRESIDENT

Number of continuation pages attached:

9

Date

09-16-08

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 number.

Items 1 and 2 Continuation Page

Item 1 and 2. Issuer's Identity and Contact Information (Continued)

Name of Issuer
 MID-ATLANTIC HOLDINGS, INC.

Jurisdiction of Incorporation/Organization
 WEST VIRGINIA

Year of Incorporation/Organization
 (Select one)
 Over Five Years Ago Within Last Five Years (specify year) 2003 Yet to Be Formed

Previous Name(s) None

Entity Type (Select one)
 Corporation
 Limited Partnership
 Limited Liability Company
 General Partnership
 Business Trust
 Other (Specify)

At your option, supply separate contact information for this issuer:

Street Address 1: 3200-3300 KANAWHA TURNPIKE, BLDG. 740

Street Address 2:

City: SOUTH CHARLESTON

State/Province/Country: WV

ZIP/Postal Code: 25303

Phone No.: 800-611-2296

Name of Issuer

Jurisdiction of Incorporation/Organization

Year of Incorporation/Organization
 (Select one)
 Over Five Years Ago Within Last Five Years (specify year) Yet to Be Formed

Previous Name(s) None

Entity Type (Select one)
 Corporation
 Limited Partnership
 Limited Liability Company
 General Partnership
 Business Trust
 Other (Specify)

At your option, supply separate contact information for this issuer:

Street Address 1

Street Address 2

City

State/Province/Country

ZIP/Postal Code

Phone No.

Name of Issuer

Jurisdiction of Incorporation/Organization

Year of Incorporation/Organization
 (Select one)
 Over Five Years Ago Within Last Five Years (specify year) Yet to Be Formed

Previous Name(s) None

Entity Type (Select one)
 Corporation
 Limited Partnership
 Limited Liability Company
 General Partnership
 Business Trust
 Other (Specify)

At your option, supply separate contact information for this issuer:

Street Address 1

Street Address 2

City

State/Province/Country

ZIP/Postal Code

Phone No.

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name	Middle Name
AVAMPATO	CHARLES	
Street Address 1	Street Address 2	
CLAY FOUNDATION	1426 KANAWHA BLVD., EAST	
City	State/Province/Country	ZIP/Postal Code
CHARLESTON	WV	25301
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
BAYLESS	CHARLES	
Street Address 1	Street Address 2	
WVU INSTITUTE OF TECHNOLOGY	OLD MAIN HALL, 405 FAYETTE PIKE	
City	State/Province/Country	ZIP/Postal Code
MONTGOMERY	WV	25136
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
CARTER	HAZO	
Street Address 1	Street Address 2	
WV STATE UNIVERSITY	PO BOX 399	
City	State/Province/Country	ZIP/Postal Code
INSTITUTE	WV	25112
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
COPLEY	JANE	
Street Address 1	Street Address 2	
MATRIC	PO BOX 8396	
City	State/Province/Country	ZIP/Postal Code
S. CHARLESTON	WV	25303
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name	Middle Name
DEDRICKSON	CLIFTON	
Street Address 1	Street Address 2	
29 EDGEWOOD DRIVE		
City	State/Province/Country	ZIP/Postal Code
HURRICANE	WV	25526
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
DEMPSEY	MARK	
Street Address 1	Street Address 2	
AMERICAN ELECTRIC POWER	PO BOX 1986	
City	State/Province/Country	ZIP/Postal Code
CHARLESTON	WV	25327
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
DULIN	BETSY	
Street Address 1	Street Address 2	
MARSHALL UNIVERSITY, COLLEGE OF INFOR. TECH	100 ANGUS PEYTON DRIVE	
City	State/Province/Country	ZIP/Postal Code
SOUTH CHARLESTON	WV	25303
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
GOLLEHON	JOE	
Street Address 1	Street Address 2	
CHARLES RYAN ASSOCIATES	PO BOX 2464	
City	State/Province/Country	ZIP/Postal Code
CHARLESTON	WV	25329
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name	Middle Name
GOODE	WILLIAM	
Street Address 1	Street Address 2	
JACOBS FINANCIAL GROUP, INC.	300 SUMMERS STREET, STE. 970	
City	State/Province/Country	ZIP/Postal Code
CHARLESTON	WV	25301
Relationship(s):	<input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
HILL	PAUL	
Street Address 1	Street Address 2	
WV HEPC, DIV. OF SCIENCE & RESEARCH	1018 KANAWHA BLVD., EAST, SUITE 1101	
City	State/Province/Country	ZIP/Postal Code
CHARLESTON	WV	25301
Relationship(s):	<input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
IRWIN	CARL	
Street Address 1	Street Address 2	
WVU - INDUSTRIES OF THE FUTURE	PO BOX 6064	
City	State/Province/Country	ZIP/Postal Code
MORGANTOWN	WV	26506
Relationship(s):	<input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
KAWASH	STEPHEN	
Street Address 1	Street Address 2	
GIBBONS & KAWASH, CPA	300 CHASE TOWER	
City	State/Province/Country	ZIP/Postal Code
CHARLESTON	WV	25301
Relationship(s):	<input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)		

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name	Middle Name
KELLER, II	GEORGE	
Street Address 1	Street Address 2	
MATRIC	PO BOX 8396	
City	State/Province/Country	ZIP/Postal Code
SOUTH CHARLESTON	WV	25303
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
KOPP	STEPHEN	
Street Address 1	Street Address 2	
MARSHALL UNIVERSITY, ONE JOHN MARSHALL DRIVE	OLD MAIN 216	
City	State/Province/Country	ZIP/Postal Code
HUNTINGTON	WV	25701
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
MANESS	REID	
Street Address 1	Street Address 2	
RESEARCH TRIANGLE INSTITUTE	PO BOX 12194	
City	State/Province/Country	ZIP/Postal Code
RESEARCH TRIANGLE PARK	NC	27709
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
PAULEY	KEITH	
Street Address 1	Street Address 2	
MATRIC	PO BOX 8396	
City	State/Province/Country	ZIP/Postal Code
SOUTH CHARLESTON	WV	25303
Relationship(s): <input checked="" type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: POTTER
First Name: THOMAS
Middle Name: []
Street Address 1: JACKSON KELLY PLLC
Street Address 2: PO BOX 553
City: CHARLESTON
State/Province/Country: WV
ZIP/Postal Code: 25322
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): []

Last Name: POTEITA
First Name: RON
Middle Name: []
Street Address 1: POTEITA & ASSOC.
Street Address 2: 7012 MACCORCKLE AVE., SE
City: CHARLESTON
State/Province/Country: WV
ZIP/Postal Code: 25304
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): []

Last Name: RAMSEY
First Name: DAVID
Middle Name: []
Street Address 1: CHARLESTON AREA MEDICAL CENTER
Street Address 2: PO BOX 1547
City: CHARLESTON
State/Province/Country: WV
ZIP/Postal Code: 25326
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): []

Last Name: RYAN
First Name: CHARLES
Middle Name: []
Street Address 1: CHARLES RYAN ASSOC.
Street Address 2: PO BOX 2464
City: CHARLESTON
State/Province/Country: WV
ZIP/Postal Code: 25329
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): []

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: SHERMAN, First Name: DWIGHT, Middle Name: []
Street Address 1: 319 OAK TREE LANE, Street Address 2: []
City: SOUTH CHARLESTON, State/Province/Country: WV, ZIP/Postal Code: 25309
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): []

Last Name: SIMMS, SR., First Name: PATRICK, Middle Name: []
Street Address 1: DIVERSA CORPORATION, Street Address 2: 4955 DIRECTORS PLACE
City: SAN DIEGO, State/Province/Country: CA, ZIP/Postal Code: 92121
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): []

Last Name: SKAFF, First Name: JOHN, Middle Name: []
Street Address 1: BUTLER INTERNATIONAL, Street Address 2: 4705 KANAWHA AVE., SE
City: CHARLESTON, State/Province/Country: WV, ZIP/Postal Code: 25304
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): []

Last Name: STEBBINS, First Name: CHARLES, Middle Name: []
Street Address 1: PO BOX 4007, Street Address 2: []
City: CHARLESTON, State/Province/Country: WV, ZIP/Postal Code: 25364
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary): []

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name	Middle Name
STUMP	JOHN	
Street Address 1	Street Address 2	
STEPTOE & JOHNSON PLLC	PO BOX 1588	
City	State/Province/Country	ZIP/Postal Code
CHARLESTON	WV	25326
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
THOMAS, JR.	L.	NEWTON
Street Address 1	Street Address 2	
914 NEWTON ROAD		
City	State/Province/Country	ZIP/Postal Code
CHARLESTON	WV	25314
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
WADIA	PARVEZ	
Street Address 1	Street Address 2	
MATRIC	PO BOX 8396	
City	State/Province/Country	ZIP/Postal Code
SOUTH CHARLESTON	WV	25303
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
WEHRLE, III	H.	BERNARD
Street Address 1	Street Address 2	
MCJUNKIN CORPORATION	PO BOX 513	
City	State/Province/Country	ZIP/Postal Code
CHARLESTON	WV	25322
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name First Name Middle Name
WELCH EDWIN
Street Address 1 Street Address 2
UNIVERSITY OF CHARLESTON 2300 MACCORCKLE AVE., SE
City State/Province/Country ZIP/Postal Code
CHARLESTON WV 25304-1099
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary)

Last Name First Name Middle Name
Street Address 1 Street Address 2
City State/Province/Country ZIP/Postal Code
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary)

Last Name First Name Middle Name
Street Address 1 Street Address 2
City State/Province/Country ZIP/Postal Code
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary)

Last Name First Name Middle Name
Street Address 1 Street Address 2
City State/Province/Country ZIP/Postal Code
Relationship(s): Executive Officer Director Promoter
Clarification of Response (if Necessary)

(Copy and use additional copies of this page as necessary.)

END