

Dividend/Distribution/Interest Payment Form

Instructions: Please complete all parts of this form. In Part II only fill out the individual sections that are relevant to the specific type of event being reported on this form. If an item is not applicable indicate N/A. Attach additional sheets if necessary.

Part I: Corporate Information

General Information

Date:

Company Name (the "Company"):

Symbol(s):

Primary Contact

TXSE will conduct all communications with respect to the Company with the designated primary applicant.

Name:

Title:

Phone:

Email:

U.S. Business Hours Contact (if Company is located outside of the U.S.):

Alternate Contact

Name:

Title:

Phone:

Email:

U.S. Business Hours Contact (if Company is located outside of the U.S.):

Part II: Security Information

| | Issue | Additional Issue | Additional Issue |
|--|--|--|--|
| Issue Name: | | | |
| Issue Symbol: | | | |
| Issue Type: | | | |
| Sub-Issue Type: | | | |
| CUSIP: | | | |
| Is this security listed on another market or exchange? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If you answered yes, please provide details below, including information about any ex-date ruling made or expected by the other market(s).

| Cash Dividend / Distribution | | | |
|--|--|--|--|
| | Issue | Additional Issue | Additional Issue |
| Declaration Date: | | | |
| Record Date: | | | |
| Distribution Date: | | | |
| Gross Amount of Cash Per Share: | | | |
| Currency: | | | |
| Public Disclosure Date: | | | |
| Payment Frequency | | | |
| Is the distribution a "Qualified Dividend" as defined under the provisions of The Jobs and Growth Tax Relief Reconciliation Act of 2003? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If the dividend is classified as “special” or “other”, please explain. Please note if a dividend is marked as special the Company’s public disclosure should indicate this fact. Provide any pending conditions which must be met for this distribution to become effective (e.g., shareholder approval, government approval, SEC registration). Also, provide any other pertinent information about this dividend.

| Non-Cash Dividend / Distribution (Stock Dividend / Forward Stock Split) | | | | | | |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| | Issue | | Additional Issue | | Additional Issue | |
| Declaration Date: | | | | | | |
| Record Date: | | | | | | |
| Distribution Date: | | | | | | |
| Public Disclosure Date: | | | | | | |
| Currency: | | | | | | |
| Stock/Ratio/Split Per Share: | | | | | | |
| Is the distribution a “Qualified Dividend,” as defined under the provisions of The Jobs and Growth Tax Relief Reconciliation Act of 2003? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Pre-split total shares outstanding (excluding treasury stock): | | | | | | |
| Post-split total shares outstanding (maximum): | | | | | | |
| Does split result in a change of par value? | | | | | | |
| Current Par Value: | | | | | | |
| New Par Value: | | | | | | |
| Method of settling fractional shares (e.g., cash-in-lieu, dropping, rounding up, rounding down): | | | | | | |

Explain any pending conditions which must be met for the transaction to become effective.

| Spin-Off | | | |
|---|-------|------------------|------------------|
| | Issue | Additional Issue | Additional Issue |
| Declaration Date: | | | |
| Record Date: | | | |
| Distribution Date: | | | |
| Public Disclosure Date: | | | |
| What is the name of the entity being distributed (spin-off company)? | | | |
| How many shares of the "spin-co" will be issued for each share of the parent company held? | | | |
| Will the spin-off company be publicly traded and/or listed? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| What is the expected effective date of the registration statement for the spin-off company? | | | |
| What is the expected value of the spin-off company on a per share basis? | | | |
| Enter any comments below that may help TXSE process this request. | | | |

| Rights Offering | | | |
|---|--|--|--|
| | Issue | Additional Issue | Additional Issue |
| Declaration Date: | | | |
| Record Date: | | | |
| Distribution Date: | | | |
| SEC Effective Date: | | | |
| Expiration Date: | | | |
| Public Disclosure Date: | | | |
| Transferable? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Maximum number of underlying shares to be issued upon exercise of the rights? | | | |
| Is this a dilution protection/shareholder rights plan (i.e. Poison Pill)? | | | |
| How many rights are being distributed on a per share basis? | | | |

What does each right entitle the holder to purchase and at what subscription price? Also, provide any other pertinent information about this dividend.

| Interest Payment | Issue | Additional Issue | Additional Issue |
|----------------------------|-------|------------------|------------------|
| Declaration Date: | | | |
| Record Date: | | | |
| Distribution Date: | | | |
| Interest Payment Per Unit: | | | |
| Currency: | | | |
| Interest Payment: | | | |

If this interest payment is classified as “special” or “other”, please explain. Provide any pending conditions which must be met for this payment to become effective (e.g., shareholder approval, government approval, SEC registration). Also, provide any other pertinent information about this payment.

Part III: Supporting Documentation

To facilitate the review process, please submit supporting documentation as soon as possible. You can submit additional documentation for your application at any time during the review process.

Part IV: Affirmation

I have been authorized by the Company and have the legal authority to provide information on the Company’s behalf; to the best of my knowledge and belief, the information provided is true and correct as of this date; and the Company will promptly notify TXSE of any material changes. I understand that the Company has a continuing duty to update TXSE whenever there is an addition to or change in information previously furnished.

Signature of Duly Authorized Representative

Title

Date