

Colonial Stock Transfer
7840 S 700 E
Sandy, UT 84070
Tel: (801) 355-5740 Fax: (801) 355-6505

STOP RELEASE LETTER

By submitting this form you are authorizing Colonial Stock Transfer to claim your certificate as "recovered" with the Securities Information Center. Shareholders that authorize Colonial Stock Transfer to place a stop on a certificate for being lost or for any other reason and subsequently find their lost certificate or decide to remove the stop from the certificate will be subject to a \$50.00 recovery-filing fee to reactivate the stock. If you have already paid \$30.00 to place a stop on your certificate at the time of filing the Lost Securities Form Letter, then you will only be required to pay \$20.00 for the recovery processing fees.

Please complete the ENTIRE form and return this form to:
Colonial Stock Transfer via mail or fax to (801) 355-6505, attn: Lost Securities Dept.

1- The following certificate(s) has been recovered:

Company	Shareholder Name	Cert. #	# of Shares	Issue Date

2- Details surrounding the recovery (be specific):

3- Approximate date of recovery _____

4- Address, City, State, ZIP, Country:

**Please note: Your records will be updated with this address. All stock certificates and correspondence will be sent to this location unless otherwise indicated.

Telephone # _____ Social Security / Tax ID# _____

Upon receipt of this form, we will remove the stop on your certificate(s). There is a \$50 certificate recovery fee. Please complete the attached credit card information or send in form with a check. If you have already paid \$30.00 to place a stop on your certificate at the time of filing the Lost Securities Form Letter, then you will only be required to pay \$20.00 for recovery processing fees.

Please sign below

Signed

Date



Colonial Stock Transfer Company
7840 S 700 E
Sandy, Utah 84070
Tel: 801-355-5740 • Fax: 801-355-6505
www.colonialstock.com

CREDIT CARD AUTHORIZATION

I, _____, hereby authorize Colonial Stock Transfer Company to charge my credit card for services rendered as follows:

Type (Please Check): AMEX MC VISA

Name on Credit Card: _____

Account # _____

3 or 4 Digit Security Code: _____

Exp. Date _____

Credit Card Billing Address:

Amount of Service \$ _____ + 4% credit card fee

Description of Services (or invoice number) _____

Signature

Printed Name

Date