

LOST CERTIFICATES – DOCUMENTS TO BE FILED AND INSTRUCTIONS

Prompt delivery of all completed forms, with the fees specified below, will expedite the replacement process.

INSTRUCTIONS: Please print the attached forms from this site for your use. To process requests for the replacement of lost or stolen stock certificates, the forms must be filed with the transfer agent and fees paid.

1. **X-17F-1A FORM – MISSING/LOST/STOLEN/COUNTERFEIT SECURITIES REPORT:** This attached form must be fully completed and signed by the shareholder(s) or the shareholder(s) legal representative. The required information may be entered onto the form before printing it from this site. Upon receipt by the transfer agent of the X-17F-1A Form, a “lost certificate/stop transfer” order will be placed against the certificate(s), and the certificates(s) will be reported to the Securities Information Center as lost in accordance with SEC rules.

Lost Instrument Surety Bond: To replace your lost certificate(s) under the Travelers Insurance Blanket Lost Security Bond, please complete, in duplicate, the following additional forms that are attached. Note: In order to assist shareholders in arranging for the required lost instrument bond, we have adopted, as a convenience, a Blanket Lost Instrument Bond through Travelers¹. The premium under this blanket bond is generally lower than the standard premium charged for individual bonds.* The premium is 2% of the market value of the securities (4% for foreign shareholders), subject to a minimum premium of \$50.00. (The market value is calculated as the value of the shares on the day First American Stock Transfer is provided a report of the lost certificate(s).)

2. **“APPLICATION FOR LOST INSTRUMENT BOND” (Top Half of Page 1 of form)** *Note: This application is for residents of the United States and Canada. Residents of other countries must request a country appropriate application form.*
3. **“AFFIDAVIT OF LOSS AND INDEMNITY AGREEMENT” (Page 1 and 2 of form)**
4. **“FINANCIAL STATEMENT” (Page 3)**

If the value of the lost securities EXCEEDS \$50,000.00, Page 3 must also be completed.

Replacement of lost certificates worth more than \$50,000 is subject to the approval of Travelers¹. Because Travelers¹ may need to verify assets listed on the Financial Statement, be sure to complete the financial references section.

5. **If the registered owner of the stock certificate(s) is a corporation, include a copy of the company’s Corporate Resolution,** authorizing the officer who is signing the documents to sign on behalf of the corporation.
6. **FEES (in US dollars) – Make Both Checks Payable to “First American Stock Transfer”:**
 1. Fee for X-17 Filing and Certificate Replacement: \$ 50.00 - per certificate
 2. Insurance Premium: 2% of securities market value (4% for foreign holders) subject to **minimum of \$50.00**
7. **Send all completed documents – and both checks – together in one package to:**

**First American Stock Transfer
4747 N. 7th Street, Suite #170
Phoenix, AZ 85014**

**Phone: (602) 485-1346
Toll Free: (877) 271-0548**

* **Please Note:** You are not required to utilize the above lost instrument indemnity arrangement with Travelers¹. You may furnish a lost instrument indemnity bond from an acceptable surety company of your own choosing. However, the surety company must be authorized to do business in the State of Arizona, and must first be acceptable to First American Stock Transfer. The original indemnity bond, issued in favor of First American Stock Transfer and the Issuer, must first be received in order to replace the lost certificate(s).

If you provide your own lost instrument indemnity bond, the only form require (from above is # 1 – Form 17F-1A - MISSING/LOST/STOLEN/COUNTERFEIT SECURITIES REPORT)

¹Bond underwritten by Travelers Casualty and Surety Company of America and its property casualty affiliates, Hartford, CT 06183

Please Type
Print Clearly

FORM X-17F-1A
MISSING/LOST/STOLEN/COUNTERFEIT
SECURITIES REPORT

1. **REPORTING INSTITUTION:** NAME _____

ADDRESS _____

ZIP CODE _____

ATTENTION _____

TELEPHONE NO. _____

FINS/SIC IDENTIFIER NUMBER _____ (2) (2) (2)

2. **TYPE OF REPORT:** LOSS RECOVERY UPDATE

3. **DATE OF LOSS/RECOVERY** _____

4. **TYPE OF LOSS:** MAIL DELIVERY ON PREMISES CLEARING OTHER _____

5. **TYPE OF SECURITY:** COMMON STOCK PREFERRED STOCK CORPORATE BOND
 MUNICIPAL BOND GOVERNMENT/AGENCY OTHER _____

6. **NAME OF ISSUE** _____

7. **INTEREST RATE** _____ 8. **MATURITY DATE** _____

9. **CUSIP NUMBER** _____

10. **PCOG OF REGISTERED HOLDER** _____

11. **CERTIFICATES/SERIAL NUMBERS** 12. **DENOMINATION/SHARES** 13. **ISSUE DATE**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. **ADDITIONAL PAGES ATTACHED** 15. **TOTAL CURRENT MARKET OR FACE VALUE \$** _____

16. **COUNTERFEIT** _____

If Counterfeit --Distinguishing Characteristics

17. **CRIMINALITY INDICATED** **REPORTS FILED WITH:** 18. **FBI** 19. **LOCAL POLICE**

20. **TRANSFER/PAY AGENT** _____

21. **INSURANCE CO.** _____

22. _____

AUTHORIZED SIGNATURE

23. _____

DATE



APPLICATION FOR LOST INSTRUMENT BOND

Agent	Bond Number 105167385 Blanket Lost Instrument Bond Program
Applicant	Social Security or Tax ID No.
Telephone No.	
Residence Address: (street, city, state, zip code)	
Business Address: (street, city, state, zip code)	
Occupation or Business:	

1. Complete description of Lost Instrument (includes certificate numbers, dates of issue, purchase, maturity): _____

Market Value \$ _____

No. of Shares _____

2. In whose name are the securities registered? _____

3. To whom are dividends being paid? _____

4. When, how and for what price did you become the owner? _____

5. Do you have absolute title, free of any claims or liens? Yes No

If No, give full details: _____

AFFIDAVIT OF LOSS AND INDEMNITY AGREEMENT

State of _____

ss.

County of _____

_____ (hereinafter called "deponent", of legal age, being duly sworn, deposes and says):

(1) Deponent resides at _____ and is entitled to the possession and is the legal and beneficial owner of (here describe security or securities) _____ (hereinafter collectively called the "original" issued by _____ a corporation organized under the laws of the State of _____ in the name of _____.

(2) The original was acquired by deponent on or about _____, _____, and was lost, stolen or destroyed on or about the _____ day of _____, 20____, under the following circumstances:

Whom did you notify of the loss?
Transfer Agent: Yes No Police: Yes No Others: Yes No

Give details: _____

Where was the original kept and who had access to it? _____

When and by whom was the loss discovered? _____

When and where was the original last seen? _____

What measures have been taken to recover the original? _____

(3) The original was or was not (check one) endorsed/pledged. (If endorsed/pledged, describe exact manner of endorsement including name and address of endorsee/pledgee. If the endorsement was a separate instrument of assignment, so state.) _____

(4) Deponent has made or caused to be made diligent search for the original, and has been unable to find or recover the same; deponent has not sold, assigned, transferred, deposited under any agreement, or hypothecated the original or any interest therein, or (except as may be stated in the foregoing paragraph) signed any Power of Attorney or other authorization respecting same which is now outstanding and in force; and no person, firm or corporation other than deponent has any right, title, claim, equity or interest in, to, or respecting the original or the proceeds thereof.

(5) Deponent hereby requests, and this affidavit and agreement of indemnity is made for the purpose of inducing the Obligee, its transfer agents, registrars and trustees, (1) to refuse to recognize any person other than deponent as the owner of the original and to refuse to make any payment, transfer, delivery or exchange called for by the original to any person other than deponent or to refuse to take any other action pursuant to the request or demand of any person other than the deponent, and (2) to issue a new or duplicate or definitive security in substitution for the original, or to make the payment, transfer, registration, delivery or exchange called for by the original without the surrender thereof for cancellation. Deponent furthermore requests TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA to assume liability in respect of the loss herein referred to under its Blanket Lost Instrument Bond No. **105167385** to **First American Stock Transfer, Inc.** and others, collectively called Obligee.

(6) If deponent should find or recover the original, deponent will immediately surrender the same to the Corporation for cancellation without receiving any consideration thereof. Notwithstanding the forgoing, should deponent recover the original within the first twelve months of coverage hereunder, the deponent shall be entitled to a return of fifty percent of the premium paid to the surety, subject to any minimum premium.

(7) Deponent agrees in consideration of the foregoing to indemnify and protect TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA and its Obligee under its said Bond, their Co-Transfer Agents, Co-Registrars, Co-Trustees and Co-Paying Agents, Individually and as Trustee, Depository, Fiscal or Paying Agents, Registrar, Transfer Agent and in any other capacity, their respective legal representatives, successors and assigns, and also any successors in any such capacities, from any and all loss, damage or expense in connection with, or arising out of their compliance with the request of deponent herein set forth, and further agrees to furnish to the above-name Obligee, without any expense to them, a new bond of indemnity, in such form and amount as said Obligee may require, with satisfactory surety or sureties, in case the above described Blanket Lost Instrument Bond and this Agreement of Indemnity should not at anytime for any reason in the opinion of said Obligee or any of them afford sufficient protection.

Signed, sealed and delivered by deponent this ____ day of _____, 20 ____.

The applicant(s) (the "Undersigned") hereby represent that all the information contained in this application is true and complete and agree that it may be relied upon by Travelers Casualty and Surety Company of America, St. Paul Fire and Marine Insurance Company and/or any of their affiliates, successors or assigns (the "Surety") as an inducement to execute the bond applied for herein. In consideration of the execution of said bond and any modification thereof, or additional bonds, the Undersigned hereby undertake and agree:

1. To pay the Surety in advance such premium as the Surety shall charge, while said bond remains in force.
2. To indemnify the Surety against every claim, demand, liability, loss, costs, damages, expenses and attorneys' fees, and any and all liability which the Surety may, at any time, sustain or incur by reason of having executed or procured the execution of said bond.
3. To place the Surety in funds to satisfy any claim, demand, expense or contingent liability in connection with the execution of said bond.

The Undersigned hereby authorize the Surety to make such pertinent inquiry as may be necessary from financial institutions, persons, firms, credit reporting agencies and corporations in order to confirm and verify information referred to or listed on this application. To the extent required by law, the Undersigned, upon request, shall be informed whether or not a consumer report has been requested by Surety, and if so, of the name and address of the consumer reporting agency furnishing the report.

SIGNATURE(S) OF APPLICANT(S), DEPONENT(S), INDEMNITOR(S):

Named Printed _____

Signature Date

Named Printed _____

Signature Date

STATE OF _____
COUNTY OF _____

On the _____ of _____, 20____, before me, _____,

Notary Public, personally appeared _____ personally known to me or proven 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 on behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

, Notary Public

My Commission Expires _____

COMPLETE FINANCIAL INFORMATION SECTION IF MARKET VALUE OF THE LOST SECURITIES EXCEEDS \$50,000

FINANCIAL STATEMENT as of _____, 20____

Cash in Bank (provide current bank statement)	Bank Loan
Securities (Market Value) (provide current brokerage statement)	Borrowed on Securities
Accounts Receivable	Accounts Payable
Notes Receivable	Notes Payable
Real Estate	Mortgage of Real Estate
Cash Value of Life Insurance	Other Liabilities
Other Assets	
Total	Total

**You may attach copies of bank or brokerage account statements to this application.*

Have you ever filed for bankruptcy? Yes No If Yes, what year filed? _____

Describe the outcome (dismissal or discharge)

Are there any judgments or legal proceedings against you? Yes No

If Yes, describe.

List financial references, including bank/brokerage firm:

Name of Firm	Contact Person	Address	Telephone No.

Do not write below this line

We hereby assume liability under Blanket Lost Instrument Bond No. **105167385** in respect of the securities alleged to have been lost, stolen or destroyed as describe above.

Said Liability is: limited to \$ _____
 not limited except as specified in said Bond.

Signed, Sealed and delivered in _____ this ____ day of _____, 20____.

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

BY: _____, Attorney-In-Fact