

LOST CERTIFICATES INSTRUCTIONS

Uniting shareholders with their shares is the paramount concern of a Transfer Agent. When lost or stolen securities are discovered it is essential that the shareholder provide us with immediate written notification. The protocol for dealing with lost or stolen securities varies depending upon the circumstances surrounding the situation. Prompt delivery of all completed forms, with the fees specified below, will expedite the replacement process. Please carefully refer to the instructions as follows.

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"** (Page 1 only – Pages 2-3 are instructions): This attached form must be fully completed. Upon receipt of the X-17F-1A Form, a "lost certificate/stop transfer" order will be placed against the certificate(s), and the certificate(s) will be reported to the Securities Information Center as lost in accordance with SEC rules.

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 on the day we receive the report of the loss and put a "Stop Transfer" order for the lost certificate – see Notes section for additional information.) To replace your certificate(s) under this Blanket Lost Security Bond, complete the following additional forms that are attached.

*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 California, and must first be acceptable to West Coast Stock Transfer, Inc. The original indemnity bond, issued in favor of West Coast Stock Transfer Inc., must first be received in order to replace the lost certificate(s). If you provide your own lost instrument indemnity bond, the only form is the Form 17F-1A - MISSING/LOST/STOLEN/COUNTERFEIT SECURITIES REPORT.

2. **"AFFIDAVIT OF LOSS AND INDEMNITY AGREEMENT"** (Pages 6) Notary required.
3. **"LOST INSTRUMENT BOND APPLICATION" AND "FINANCIAL STATEMENT"** (Page 7-8) **If the value of the lost securities EXCEEDS \$25,000.00 or was in negotiable form (endorsed) regardless of value, these pages must also be completed.** Replacement of lost certificates worth more than \$25,000 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.
4. 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 on behalf of the corporation. A Corporate Resolution for Transfer Authorization is available on our website under forms.
5. FEES (in US dollars) – **Make check payable to "West Coast Stock Transfer Inc.":**
 - a. Fee for X-17 Filing and Certificate Replacement: \$ 50.00 - per new certificate
 - b. Fee for return shipping: \$30.00 (if pre-paid postage or courier account number to bill is not provided)
 - c. Insurance Premium (**separate check made payable to "Travelers Casualty and Surety Company of America"**): 2% of securities market value (4% for foreign holders) subject to minimum of \$50.00
6. Send all completed documents together in one package to:
West Coast Stock Transfer, Inc.
721 N. Vulcan Ave. Ste. 205
Encinitas, CA 92024

¹ Bond underwritten by Travelers Casualty and Surety Company of America and its property casualty affiliates, Hartford, CT
Revised 07/2013

NOTES:

1. If the security does not have a readily identifiable market price or trading range, we will request from the issuer a board resolution declaring the value of the security based on but not limited to, the following criteria:
 - Price paid for the security
 - If the security were to trade today, what would it sell for?
 - Previous year's tax reporting valuation.
 - Annual reports, Private Placement Memorandum, Offering Circulars or similar official documentation.

2. In those instances where a decedent is involved, you must secure the indemnity of the heirs or beneficiaries of the Estate since these are the individuals who will benefit from the proceeds of the Estate. We reserve the right to request additional paperwork such as Death Certificates, Wills, Codicils, Trust Agreements, Tax Waivers, Affidavits of Domicile, etc.

**FORM X-17F-1A
INSTRUCTIONS**

NOTE - Section 240.17f-1 does not require reporting coupons. Municipal or corporate securities not assigned CUSIP Numbers are not the subject of reporting and inquiry.

Forms should be mailed to the Commission's designee:

Securities Information Center
P.O. Box 55151
Boston, MA 02205-5151

- 1. Reporting Institution** — Enter reporting institution name, address and FINS number, with Securities Information Center assigned suffix, if any.
- 2. Type of Report** — Check whether report is a new report (“Loss”), report of recovery of previously reported loss (“Recovery”), or update or correction of report other than recovery (“Update”). If the report is an update or correction, attach a copy of the original report.
- 3. Date** — Enter date when loss was noticed, theft occurred, when counterfeit was discovered or suspected, or when security was found or recovered. When submitting updates, enter date of loss.
- 4. Type of Loss** — Check the box which most nearly describes the loss. If none of the classifications adequately describes the loss, check “OTHER” and describe the loss in the space provided.
- 5. Type of Security** — Check the box which most nearly describes the type of security. If none of the classifications adequately describes the security, check “OTHER” and describe the security in the space provided.
- 6. Issuer** — Print or type the name of issuing company, agency or organization as set out on the security even though the security may have been lost, stolen, or missing prior to being “issued” by the appropriate authority.
- 7. Interest Rate** — If interest rate was indicated, enter this information.
- 8. Maturity Date** — Enter maturity date where applicable.
- 9. CUSIP** — Enter entire CUSIP Number.
- 10. Name of Registered Holder** — Clearly print or type the full name of person (*individual, company, bank, brokerage house, etc.*) to whom the security is registered exactly as it appears on the security. Check to indicate “Bearer” when document is a bearer security.
- 11. Certificate Serial Numbers** — Enter certificate or serial number(s) including all suffixes and prefixes. If certificates have not been issued, enter the control number. Series may be indicated by the first and last numbers separated by a dash and followed by the word “Series.” Certificate or serial numbers of certificates of the same CUSIP number, which are not in sequential order should be listed separately on each line. For a non-sequential series of certificates having the same CUSIP number, additional pages listing securities to be reported may be attached.
- 12. Denomination Shares** — Enter in numerical form the amount of money represented by bonds, debentures, notes and other securities (*except stock warrants and rights*) as indicated on the certificates. If amount was not indicated on the certificate, enter the word, “Blank.”
For stocks, enter the number of shares represented by the certificates, not the par value of the stock. If number of shares is not represented, enter the word “Blank.”
For warrants and rights, enter in numerical form the number of shares which the document entitles the owner to purchase.
- 13. Issue Date** — Enter issue date of certificate. If certificates have not yet been issued, indicate this fact.
- 14. Additional Pages** — If additional pages are attached, check the box.
- 15. Total Current Market or Face Value** — For stocks, rights and warrants, enter the approximate total current market value. For bonds, enter the face value of the certificate.

- 16. Counterfeit** — Describe distinguishing characteristics of suspected counterfeit securities.
- 17. Criminality Indicated** — If reporting a loss, check when a substantial belief of criminality is indicated.
- 18. Filed with Federal Bureau of Investigation** — Check if you sent a copy of this report to the FBI when required.
- 19. Filed with Local Police** — Check if you sent a copy of this report to the local police when required.
- 20. Transfer/Pay Agent** — Check to indicate that you sent a copy of this report to a Transfer or Paying Agent for the issue, and enter the name and address.
- 21. Insurance Co.** — Check to indicate that you have sent a copy of this report to your insurance company, and enter the name and address.
- 22. Authorized Signature** — Form X-17F-1A must have an authorized signature to be accepted by the System. With respect to those reports filed with the Commission's designee, such signatures must be on file with the designee. Copies of reports sent to the transfer agent and the appropriate law enforcement agency should contain an original signature.
- 23. Date** — Enter date when form is signed.

NOTE — This form may be reproduced in any manner so long as the graphics and format are not altered and 8.5" x 11" paper is used.



APPLICATION FOR LOST INSTRUMENT BOND

Agent <i>E-Surety Brokerage</i>	Bond Number <i>105430984</i> <i>Blanket Lost Instrument Bond Program</i>
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 of Loss and Indemnity Agreement is made for the purpose of inducing the Issuing Corporation, its transfer agents, registrars and trustees (collectively called the "Obligee"), (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 and/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 ("Travelers") to assume liability in respect of the loss herein referred to under its Blanket Lost Instrument Bond No. 105430984 (the "Bond") to West Coast Stock Transfer, Inc. and the other Obligee.

(6) If Deponent should find or recover the Original, Deponent will immediately surrender the same to the Issuing Corporation for cancellation without receiving any consideration thereof. Notwithstanding the forgoing, should Deponent recover the Original within the first twelve months of coverage hereunder, Deponent shall be entitled to a return of fifty percent of the premium paid to the Travelers, 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 the 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 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 any time for any reason in the opinion of said Obligee or any of them afford sufficient protection.

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.

Signed, sealed and delivered by Applicant/Deponent this ____ day of _____, 20____.

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

IF APPLICANT IS A CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY, ETC., SIGN BELOW:

IF APPLICANT IS AN INDIVIDUAL, SIGN BELOW:

Name of Applicant _____

Name of Applicant _____

Signature _____

Signature _____

Printed Name and Title of Signatory _____

Name of Applicant _____

Signature _____

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 \$25,000

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. 105430984 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