

Lexington National Insurance Corporation

Affidavit of Loss and Indemnity Agreement

State of _____
County of _____

I, _____, residing at _____,
of legal age, being duly sworn, deposes and says:

1. I am the sole and lawful owner of certain securities more particularly described as follows:

(Give complete description of lost securities including how many shares and serial numbers)
("hereinafter collectively referred to as "the Shares"); and

The Share ____ were ____ were not endorsed.

(If endorsed, describe the exact manner of endorsement) ; and

The Shares were not sold, assigned, transferred, hypothecated, pledged, deposited or otherwise disposed of, or any interest therein, disposed of, in any manner whatsoever.

2. The Shares were acquired by me on or about the ____ day of _____, _____,
and were lost, stolen or destroyed on or about the ____ day of _____, _____, under the
following circumstances:
The Shares were kept in the following location and manner: _____
The Shares were last seen by _____, on the ____ day of _____, _____,
The Shares loss was discovered by _____, on the ____ day of _____, _____,
I have taken the following measures to recover the Shares: _____

3. I have made or caused to be made diligent search for the Shares and have been unable to find or recover them and make this Affidavit for the purpose of (1) inducing West Coast Stock Transfer, Inc., it's agents, registrars and trustees to cancel the Shares and replace them, without surrender of the original certificate(s), and (2) including Lexington National Insurance Corporation to assume liability with respect to the loss herein referred, under a Lost Securities Bond.

4. If I find or recover the Shares, I will immediately surrender them to West Cost Stock Transfer, Inc. or Lexington National Insurance Corporation for cancellation without receiving any consideration thereof.

5. In consideration of the foregoing, I agree to indemnify and hold harmless Lexington National Insurance Corporation and West Coast Stock Transfer, Inc., its agents, registrars, trustees, and other agents, individually and in such capacities, from any and all loss, damage and expense in connection with, or arising out of, their compliance with my request herein set forth.

Signed this _____ day of _____, 20____

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public
My Commission Expires: _____