Office of the Secretary of State
Commissioner of Securities

Form GA-1
Invest Georgia Exemption

This form provides the notice for claiming the “Invest Georgia Exemption” and the information required by Rule 590-4-2-.08. The exemption is available only to issuers conducting offerings in compliance with Rule 590-4-2-.08. This filing must be filed with the Commissioner of Securities before conducting any offering pursuant to the Invest Georgia Exemption. Please complete the information requested below, sign and have notarized.

The filing may be submitted electronically to: InvestGeorgia@sos.ga.gov or a hardcopy sent directly to:

Georgia Securities Division
Office of the Secretary of State of Georgia,
2 Martin Luther King Jr. Drive SE, Suite 317 West Tower
Atlanta, Georgia 30334

All provisions of Rule 590-4-2-.08 should be reviewed carefully for compliance with the regulation.

1. Issuer Name and Address (the issuer is the entity issuing securities):

<table>
<thead>
<tr>
<th>Name of Issuer</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
</table>

2. All persons involved in making offers and sales of the Issuer’s securities in Georgia:

<table>
<thead>
<tr>
<th>Name</th>
<th>Street Address, City, State &amp; Zip Code</th>
<th>Telephone</th>
</tr>
</thead>
</table>

* Should you need additional space, please attach an addendum with the required information.
3. The bank or other depository institution(s) where investor funds are to be deposited:

<table>
<thead>
<tr>
<th>Name</th>
<th>Street Address, City, State &amp; Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
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4. Signature Page:
I hereby attest the above information is correct, the security is offered in accordance with the regulations of Rule 590-4-2-.09, and the issuer is not subject to the disqualifying events specified in Rule 590-4-2-.06.

___________________________     _______________________________  __/__/____
Representative of Issuer (print)  Signature  Date

Sworn before me this _______ day of __________, 20____.

_____________________________
Notary Public