



**Michael Watson**  
SECRETARY OF STATE

## Notice of Offering of Securities Pursuant To Rule 7.03

Section 75-71-203, Mississippi Code of 1972, as amended,  
Exemption from Registration for Certain Offerings by Domestic Issuers

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### General Instructions

- Who May File:** Any issuer organized in the State of Mississippi and making an offering of securities in reliance upon the exemption provided in Rule 7.03, Section 75-71-203, Mississippi Code 1972, as amended.
- When To File:** A notice must be filed before the first sale of securities in the offering.
- Where To File:** A notice must be filed with the Secretary of State's Office, Securities Division.  
Physical address:  
  
Mississippi Secretary of State's Office  
Securities Division  
125 South Congress Street  
Jackson, Mississippi 39202  
  
Mailing address:  
  
Mississippi Secretary of State's Office  
Securities Division  
Post Office Box 136  
Jackson, Mississippi 39205-0136
- Required Forms and Fees** Manually signed Notice of Offering of Securities Pursuant to Rule 7.03 Form and the prospectus, private placement memorandum, offering circular, or similar disclosure document. The SCOR Form, which may be used as a disclosure document can be found on the Division website under the "FORMS" link.
- Additional Information:** Additional information may be required. If required, the information will be requested from the filer.

#### NOTICE

**The *Notice of Offering of Securities Pursuant to Rule 7.03* does not relieve the issuer of its obligation to provide the investor full, meaningful disclosure as required under the Mississippi Securities Act and the Rules promulgated thereunder.**



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### A. General Information

1. Name of offering:
2. Name of issuer:
3. Address of principal office of issuer (include number and street, city, state and zip code of physical location):
4. Website of issuer:
5. Telephone number for principal office of issuer:
6. Fax number for principal office of issuer:
7. Name, address, telephone number, fax number, and email address of correspondent to whom notices may be sent:

8. Type of business organization and date of organization:

Corporation                      Date organized:

Limited Partnership      Date organized:

Other                              Date organized:

(Specify)

9. Description of business for which the securities are issued:

## B. Basic Identification Data

10. Enter the requested information for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five (5) years;
- Each beneficial owner having the power to vote or dispose, or direct the vote of disposition of, ten percent (10%) or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issues and of corporate general and managing partners of partnership issuer; and
- Each general and managing partner of partnership issuers.

**(a) Check all that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> Promoter           | <input type="checkbox"/> Director                        |
| <input type="checkbox"/> Beneficial Owner   | <input type="checkbox"/> General and/or Managing Partner |
| <input type="checkbox"/> Executive Director |  |

Full name:

Address:

City, State, Zip:

**(b) Check all that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> Promoter           | <input type="checkbox"/> Director                        |
| <input type="checkbox"/> Beneficial Owner   | <input type="checkbox"/> General and/or Managing Partner |
| <input type="checkbox"/> Executive Director |  |

Full name:

Address:

City, State, Zip:

**(c) Check all that apply:**

Promoter

Director

Beneficial Owner

General and/or Managing Partner

Executive Director

Full name:

Address:

City, State, Zip:

**(d) Check all that apply:**

Promoter

Director

Beneficial Owner

General and/or Managing Partner

Executive Director

Full name:

Address:

City, State, Zip:

**(e) Check all that apply:**

Promoter

Director

Beneficial Owner

General and/or Managing Partner

Executive Director

Full name:

Address:

City, State, Zip:

## C. Information about Offering

11. Describe the securities to be offered.

12. What is the minimum investment that will be accepted from any individual?

13. Enter information concerning the payment of any commission or similar remuneration for the solicitation of purchasers in connection with sales of securities in the offering. (***NOTE: Commissions for Rule 7.03 Offerings are not permitted unless approved by the Mississippi Secretary of State.***)

(a) State commission per unit in dollar amount as a percentage of unit purchase price:

(b) State commission for total offering in dollar amount and as a percentage of total offering proceeds:

(c) List name and address of person(s) to whom commissions or other remuneration for sales will be paid:

14. Did the issuer sell any securities in Mississippi during the twelve (12) months preceding the date of the filing? If so, describe the securities and indicate the number of purchasers and the dollar amount sold to each purchaser.

## D. Offering Price, Expenses and Use of Proceeds

15. Enter the aggregate offering price of securities included in this offering.

Type of Security	Aggregate Offering Price
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Debt	\$
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Equity	\$
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Common

Preferred

Convertible securities (including warrants)	\$
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Partnership interests	\$
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Other (Specify)	\$
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**TOTAL AGGREGATE OFFERING PRICE \$**

16. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Printing costs \$

Legal fees \$

Accounting fees \$

Engineering fees \$

Sales commissions \$

Other expenses \$  
(Specify)

**TOTAL EXPENSES** \$

17. Enter the difference of the aggregate offering price in response to Question 15 and total expenses furnished in response to Question 16. The difference is the "Adjusted Gross Proceeds to the Issuer."

**Adjusted Gross Proceeds to the Issuer** \$



18. Indicate below the amount of the **Adjusted Gross Proceeds to the Issuer** used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the **Adjusted Gross Proceeds to the Issuer** set forth in response to Question 17.

	<u>Payment to Officers Directors &amp; Affiliates</u>	<u>Payments to Others</u>
Salaries and fees	\$	\$
Purchase of real estate	\$	\$
Purchase, rental or leasing and installation of machinery and equipment	\$	\$
Acquisition of other businesses (See <b>NOTE</b> below)	\$	\$
Repayment of indebtedness	\$	\$
Working capital	\$	\$
Other (Specify)	\$	\$
<b>COLUMN TOTALS</b>	<b>\$</b>	<b>\$</b>
<b>TOTAL PAYMENTS LISTED</b>		<b>\$</b>

(**NOTE:** Acquisition of other businesses should include the value of securities involved in this offering that may be used in exchange for the assets of securities of another issuer pursuant to merger.)

19. (a) List the states in which it is proposed to offer the securities for sale to the public.

(b) List the states, if any, in which the securities are eligible for sale to the public.

20. (a) List the states, if any, which have refused, by order or otherwise, to authorize the sale of the securities.

(b) List the states, if any, which have revoked, enjoined, or suspended the right of anyone listed in response to Question 10 or 13(c) to sell securities in that state.

(c) List the states, if any, in which an application has been withdrawn.

21. What, if any, suitability standards will be used in determining an investor's qualifications for the purchase of the securities?

22. Describe any conflicts of interest on the part of any promoter, director, sales person, or affiliated person.

23. Describe significant risk factors.

**The Issuer has read this notification and knows the contents to be true and correct and has duly caused this notice to be signed on its behalf by the undersigned authorized person.**

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ISSUER

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NAME

TITLE

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SIGNATURE

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DATE

Subscribed and sworn before me, this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

State of \_\_\_\_\_

Signature of Notary Public

County of \_\_\_\_\_