

SELLER'S REPRESENTATION LETTER – NON-AFFILIATE

Deposit of Restricted Shares

To whom it may concern:

I, the undersigned, submit this form to you in order to present all facts necessary, pursuant to SEC rule 144 of the Securities ACT on 1933 by a **non-affiliate** of the Issuer, to request and authorize the transfer agent for (the "Company") to remove the restrictive legend and any stop transfer instructions from the following issue:

(ISSUER)	(COMMON, PREFERRED, ETC.)	(CUSIP)	(QUANTITY)
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1. The undersigned is not at present and has not been during the preceding three months, an officer, director or 10% shareholder of the Company or in any other way an "affiliate" of the Company within the meaning of Rule 144(a)(1).
2. My holding period: (mark one box)
†
 Beneficial owner for at least 6 months but less than 1 year*
 Beneficial owner for one year or more

The shares are "restricted securities," as that term is used in Rule 144(a)(3), and I fully paid all consideration for, was the beneficial owner of, and bore the full risk of ownership on these securities since the later of the date the securities were acquired from the Issuer or from an affiliate of the Issuer. The shares were acquired on: _____

*If the holding period is for at least 6 months but less than 1 year, the company:

- (a) has been subject to the 1934 Exchange Act for at least 90 days
- (b) has complied with the current public information requirements set forth in Rule 144 (c), and
- (c) has filed all of its required 1934 Act reports

3. Below is a brief explanation of how these shares were acquired:

4. Manner of payment: _____
5. I know of no important development affecting the Company or its business or products which has not been made public, and I confirm that I have requested you to sell such shares for personal reasons and not because of any information which I may have with respect to the Company or its current or prospective operations.

The undersigned represents that the information furnished above is correct and complete to the best of his knowledge, information and belief. In the event that any of the information furnished is found to be no longer accurate or complete, the undersigned will promptly notify COR Clearing LLC in writing.

Account Holder Signature(s): _____	Account Number: _____
Printed Account Name(s): _____	Date: _____