

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.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

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FORM X-17F-1A

PLEASE TYPE OR
PRINT CLEARLY

MISSING/LOST/STOLEN/COUNTERFEIT
SECURITIES REPORT

1. REPORTING INSTITUTION: NAME _____
ADDRESS _____
_____ ZIP _____
ATTENTION: _____
TELEPHONE NO. _____
FIN/SIC IDENTIFIER NUMBER _____/() () ()

2. TYPE OF REPORT: LOSS RECOVERY UPDATE

3. DATE OF LOSS/RECOVERY _____

4. TYPE OF LOSS: MAIL DELIVERY ON PREMISES
 CLEARING OTHER _____

5. TYPE OF SECURITY: COMMON STOCK PREFERRED STOCK CORPORATE BOND
 MUNICIPAL BOND GOVERNMENT/AGENCY OTHER _____

6. NAME OF ISSUER _____

7. INTEREST RATE _____ 8. MATURITY DATE _____

9. CUSIP NUMBER _____

10. BEARER/NAME OF REGISTERED HOLDER _____

11. CERTIFICATE/SERIAL NUMBERS _____ 12. DENOMINATION/SHARES _____ 13. ISSUE DATE _____

14. ADDITIONAL PAGES ATTACHED 15. TOTAL CURRENT MARKET OR FACE VALUE \$ _____

16. COUNTERFEIT _____
If counterfeit - Distinguishing Characteristics

17. CRIMINALITY INDICATED REPORTS FILED WITH: 18. FBI 19. LOCAL POLICE

20. TRANSFER/PAY AGENT _____

21. INSURANCE COMPANY _____

22. _____ 23. _____
Authorized Signature Date

Persons who respond to the collection of information contained
in this form are not required to respond unless the form displays
a currently valid OMB control number.

**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.

**Affidavit of Loss
and Indemnity Agreement**

**Travelers Casualty and Surety Company of America
One Tower Square, Hartford, CT 06183**

State of _____ } ss. Bond No. _____
County of _____

_____ (hereinafter called "Deponent") of legal age, being duly sworn, deposes and says:

(1) Deponent resides at _____ and is by occupation
(if a fiduciary, state facts) _____ and is entitled to the possession and
is the legal and beneficial owner of (describe security or securities) _____
(hereinafter collectively called the "Original") issued by _____
(hereinafter called "Assured"), a corporation organized under the laws of the State of _____,
in the name of _____.

(2) The Original was acquired by Deponent on or about the _____ day of _____, _____, and was lost,
stolen, or destroyed on or about the _____ day of _____, _____, under the following circumstances:

State where the Original was kept and who had access to it: _____

State when and by whom the loss was discovered: _____

State when and where the Original was last seen: _____

State what measures have been taken to recover the Original: _____

(3) The Original WAS / WAS NOT endorsed. (If endorsed, describe exact manner of endorsement including name and
address of endorsee. If the endorsement was a separate instrument of assignment, so state.) _____

(4) Deponent has made or caused to be made a 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 and agreement of indemnity is made for the purpose of inducing, Assured, its transfer
agents, registrars and trustees, (1) to refuse to recognize any person other than Deponent as the owner of the Original and to refuse or
to make any payment, transfer, delivery or exchange called for by the Original to any person other than Deponent or to refuse to take
any other action pursuant to the request or demand of any person other than Deponent, and (2) to issue a new or duplicate or definitive
security in lieu of the Original. Deponent furthermore requests Travelers Casualty and Surety Company of America to assume liability in
respect of the loss herein referred to under a Lost Securities Bond.

(6) If Deponent should find or recover the original, Deponent will immediately surrender the same to the Assured for cancellation
without receiving any consideration thereof.

(7) Deponent agrees in consideration of the foregoing to indemnify and hold harmless Travelers Casualty and Surety Company of
America, the Assured and Assured's transfer 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 the request of Deponent herein set forth,
and further agrees to furnish to the above-named Assured, without any expense to them, a new bond of indemnity, in such form and
amount as said Assured may require, with satisfactory surety or sureties, in case the above described Lost Securities Bond and this
Agreement of Indemnity should at any time for any reason in the opinion of said Assured or any of them not afford sufficient protection.

Signed, sealed and delivered by Deponent this _____ day of _____, _____.

_____ (Seal)

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

(Affix Notarial Seal)

S-1984 (2/07)

Notary Public

My Commission Expires _____

INDEMNITY AGREEMENT

The undersigned Applicant and Indemnitor(s), all hereinafter referred to as "Indemnitors," hereby certify that the declarations made and answers given are the truth without reservation, and are made for the purpose of inducing TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, ST. PAUL FIRE AND MARINE INSURANCE COMPANY, any of their present or future direct or indirect parent companies, any of the respective present or future direct or indirect affiliates or subsidiaries of such companies and parent companies, and/or any of the aforementioned entities' successors or assigns, hereinafter referred to, individually and/or collectively, as "Company," to furnish a certain bond or undertaking applied for and any renewal and increase of the same or of any bond or undertaking of similar nature given in substitution or renewal thereof (all comprehended in the word "Bond" as herein used). Indemnitors agree that Company may decline the Bond applied for or may cancel or terminate same without incurring liability whatsoever to Indemnitors. In consideration of Company executing said Bond or the forbearance of cancellation of said Bond, Indemnitors do undertake and agree as follows:

Indemnitors will pay all premiums, as they fall due, until Company has been provided with competent legal evidence that the Bond has been duly discharged. Indemnitors will at all times indemnify and exonerate Company from and against any and all loss, cost and expense of whatever kind which it may incur or sustain as a result of or in connection with the furnishing of the Bond and/or the enforcement of this Agreement, including unpaid premiums, interest, court costs and counsel fees, and any expense incurred or sustained by reason of making any investigation. To this end Indemnitors promise: a) to promptly reimburse Company for all sums paid and b) to deposit with Company on demand an amount sufficient to discharge any claim made against the Company on the Bond. This sum may be used by Company to pay such claim or be held by Company as collateral security against loss or cost on the Bond.

Indemnitors hereby expressly authorize Company to access credit records and to make such pertinent inquiries as may be necessary from third party sources for underwriting purposes, claim purposes and/or debt collection. To the extent required by law, Company will, upon request, provide notice whether or not a consumer report has been requested by Company, and if so, the name and address of the consumer reporting agency furnishing the report.

Regardless of the date of signature(s), this Agreement is effective as of the date of execution of the Bond and is continuous until Company is satisfactorily discharged from liability pursuant to the terms and conditions contained herein.

Attention: Any person who knowingly and with intent to defraud a surety company or any other person files an application for a surety bond containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act and may be subject to civil and/or criminal penalties.

Signed this _____ day of _____, _____.

CORPORATE INDEMNITY

Name of Applicant: _____

Social Security Number/Tax I.D.: _____

X _____
Witness Sign Here

X _____
Applicant Sign Here

Print Name

If Applicant is an Entity, Print Name and Title of Signatory

INDIVIDUAL / ADDITIONAL INDEMNITORS MUST SIGN BELOW

Name of Indemnitor: _____

Social Security Number/Tax I.D.: _____

X _____
Witness Sign Here

X _____
Indemnitor Sign Here

Print Name

If Indemnitor is an Entity, Print Name and Title of Signatory

Name of Indemnitor: _____

Social Security Number/Tax I.D.: _____

X _____
Witness Sign Here

X _____
Indemnitor Sign Here

Print Name

If Indemnitor is an Entity, Print Name and Title of Signatory