

STATE OF UTAH
DEPARTMENT OF COMMERCE
UTAH SECURITIES DIVISION

FORM 14-2p
Reorganization Exemption Application

1. _____
(Name of Applicant)

2. _____

(Address of Applicant) (Telephone #)

3. _____

(Name & Address of Correspondent) (Telephone #)

4. _____
(Expected date of commencement of offering)

5. Transaction to be exempt (check one):

_____ Reclassification/Recapitalization

_____ Merger/Consolidation

(Name & Address of other party/parties to transaction)

_____ Transfer of Assets

(Name & Address of other party/parties to transactions)

6. Securities to be distributed:

<u>TITLE</u>	<u>AMOUNT</u>	<u>CONSIDERATION</u>
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7. Securities to be exchanged (if any):

<u>TITLE</u>	<u>AMOUNT</u>	<u>CONSIDERATION</u>
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8. Present number of holders of applicant: _____

Present number of holders of other person (if any): _____

Number of holders if offering is completed: _____

9. Brief description of the transaction, including dates and names of persons involved:

