



NEVADA SECRETARY OF STATE, SECURITIES DIVISION

555 E. WASHINGTON AVE., SUITE 5200
LAS VEGAS, NV 891 01
TELEPHONE: (702) 486-2440

QUESTIONNAIRE

The Securities Division will begin a preliminary investigation upon receipt of this form. All information you provide will be deemed confidential and neither the content nor the source of the questionnaire will be available for public inspection unless the Division institutes formal proceedings. Please type or print all information requested.

Section 1: Personal Information Section

<input type="checkbox"/> Mr.	First Name:		Social Security Number
<input type="checkbox"/> Mrs.	Last Name:		
<input type="checkbox"/> Ms.	Middle Name:		

Home Address:	
Street:	
City:	
State:	
Zip Code:	
Telephone:	

Business Address:	
Street:	
City:	
State:	
Zip Code:	
Telephone:	
Your Trade or Occupation:	

Your Date of Birth	
Your Place of Birth	

Prior Investment Experience: *(attach additional sheets if needed)*

Level of Education Completed:	<input type="checkbox"/> High School
	<input type="checkbox"/> Bachelor of Science/Arts
	<input type="checkbox"/> Masters/MBA
	<input type="checkbox"/> Doctorate Ph.D.
	<input type="checkbox"/> Other

Marital Status:	<input type="checkbox"/> Married
	<input type="checkbox"/> Single
	<input type="checkbox"/> Widowed
	<input type="checkbox"/> Divorced
	<input type="checkbox"/> Other

Section 2: Spouse Information Section

If married, spouse's name:	First Name	
	Last Name	
	Middle Name	

Spouse's Trade or Occupation: _____

Date of Birth: _____

Prior Investment Experience:
(attach additional sheets if needed)

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Level of Education Completed:

<input type="checkbox"/> High School
<input type="checkbox"/> Bachelor of Science/Arts
<input type="checkbox"/> Masters/MBA
<input type="checkbox"/> Doctorate Ph.D.
<input type="checkbox"/> Other

If spouse is an investor,
should spouse be
contacted?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Section 3: Information About Offeror/Promoter Name all persons involved (if unknown please indicate)

General Information:

Name of Individual:	
Firm/Company:	
Doing Business As:	
Address:	
City:	
State:	
Zip Code:	
Telephone Number(s):	

List all persons that were involved in this transaction

Last Name:	
First Name:	
Middle Name:	
Position:	
Telephone Number:	
Address:	
City:	
State:	
Zip Code:	

Last Name:	
First Name:	
Middle Name:	
Position:	
Telephone Number:	
Address:	
City:	
State:	
Zip Code:	

Last Name:	
First Name:	
Middle Name:	
Position:	
Telephone Number:	
Address:	
City:	
State:	
Zip Code:	

Last Name:	
First Name:	
Middle Name:	
Position:	
Telephone Number:	
Address:	
City:	
State:	
Zip Code:	

Manner of Offering

Please check all that apply	<input type="checkbox"/> Telephone Solicitation	<input type="checkbox"/> Radio
	<input type="checkbox"/> Personal Visit	<input type="checkbox"/> Letter
	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Advertising Pamphlet
	<input type="checkbox"/> Television	<input type="checkbox"/> Group Sales Presentation
	<input type="checkbox"/> Internet	<input type="checkbox"/> Other (attach statement)

Did you make an investment? Yes No

How much did you invest? _____

If you were solicited to invest, name the person who solicited you		Person's address, if known	
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List the name and address of the company, corporation or association that you invested in

Company Name:		Company Name:	
Telephone Number:		Telephone Number:	
Address:		Address:	
City:		City:	
State:		State:	
Zip Code:		Zip Code:	

Company Name:		Company Name:	
Telephone Number:		Telephone Number:	
Address:		Address:	
City:		City:	
State:		State:	
Zip Code:		Zip Code:	

List the type(s) of security you bought (stocks, bonds, mutual funds, etc.),

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List all investments related to this complaint:

Date of Investment	Company	# of Shares or Units	\$ Amount	Salesperson	Method of Payment

Where were you when the offer/sale was made?

Address:	
City:	
State:	
Zip Code:	

Where was the salesperson(s) that made the offer/sale to you?
If by telephone where did salesperson say he/she was calling from?

Address:	
City:	
State:	
Zip Code:	

Section 4: Information Concerning Your Investment:

1. How/when did you first become aware of the investment?

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2.	Was the investment recommended to you?
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, who recommended it? <input type="text"/>	
Is this person an investor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list the person's address and telephone number below:	
<input type="text"/>	
3.	What were you told about how your money would be used? Who told you this?
<input type="text"/>	
4.	What were you told about the RISKS of the investment? Who told you this?
<input type="text"/>	
5.	Were you given a PROSPECTUS, NEWSLETTER, OFFERING CIRCULAR or ANY OTHER WRITTEN MATERIALS concerning you investment?
<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.	Did you receive a confirmation of purchase?
<input type="checkbox"/> Yes <input type="checkbox"/> No	
What was the confirmation? <input type="text"/>	
7.	Have you made a written complaint to the broker/dealer and/or to the sale representative?
<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.	If you now know of fraud, please explain the nature of the fraud & when did you discover the fraud.
<input type="text"/>	
9.	How much money did you lose because of this investment?
<input type="text"/>	
10.	Do you know what bank account your money was deposited into? If so, please provide details
<input type="text"/>	

11. If the investment was cash, did you receive a receipt?

YES NO

12. Did you make a report or complaint to any other government agency, or to an attorney? If so, please provide the available facts below or with an additional sheet

ARE YOU WILLING TO TESTIFY IN A COURT OF LAW REGARDING THIS CASE?

YES NO

IN THE SPACE PROVIDED BELOW, PLEASE DESCRIBE THE REASONS WHY YOU ARE FILING A COMPLAINT AGAINST THE COMPANY AND/OR SALESPERSON. (Please feel free to attach additional pages.) Please attach a copy of any written materials (checks, contracts, advertisement, letters, etc.) that may to your investment. Please tell us the full story and begin with the date of first contact to present. Keep dates of events in sequence and include misrepresentations: (Include full names of individuals, including all witnesses present during the transaction(s). Be factual. Try to answer the questions "who" "what" "where" and "when".

This space is limited to 3500 characters.

In filing this complaint, what results do you expect from the Nevada Securities Division?

Section 5: Officiating Section

Signature of Complainant

Date

IF THIS REPORT WAS PREPARED BY SOMEONE OTHER THAN COMPLAINANT, PLEASE INDICATE WHO PREPARED THIS REPORT

Signature of person completing report

Date