



440 East 400 South, Suite 200, Salt Lake City, UT 84111 Phone: (801) 571-8844

## LOST STOCK REPLACEMENT REQUEST

Shareholder Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Shareholder Phone Number: \_\_\_\_\_

Email Address (Optional): \_\_\_\_\_

Name of Securities: \_\_\_\_\_

CUSIP# \_\_\_\_\_

Certificate #	Share Amount	Issue Date

Approximate Date and Details of Loss:

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Upon receipt of this completed form and a \$50.00 filing fee, we will proceed with a stop transfer on the certificate, process the SIC reporting, and forward the bond application & fee requirements. We accept Visa or MasterCard. Additional fees once the bond is approved to replace Certificate.

Shareholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_