

OFFICE OF THE ATTORNEY GENERAL
MARYLAND DIVISION OF SECURITIES
200 Saint Paul Place
Baltimore, Maryland 21202-2020
(410) 576-7050

FORM ISR: APPLICATION FOR RENEWAL OF ISSUER AGENT REGISTRATION

RENEWAL FILING FEE: \$50.00
Please make check payable to: "Office of the Attorney General"

Name of Agent: _____

Social Security No.: _____ CRD No.: _____

MD Issuer Agent Registration No.: _____

Home Address: _____

Home Telephone Number: _____

Name and File No. of _____
Securities Offerings: _____

Issuer's Contact Name: _____

Issuer's Contact Address: _____

Issuer's Telephone Number: _____

Issuer's Email Address: _____

On behalf of the Agent and pursuant to §11-406(b) of the Maryland Securities Act, the undersigned, being a duly authorized officer or general partner or sole proprietor of the Issuer, represents that to the best knowledge, information and belief of the Issuer, there has been no change in the information contained in the Agent's application for registration currently in effect, except as explained in the attached supplement.

Signature _____ Date _____

Type Name and Title of Signatory

THIS FORM MUST BE RECEIVED ON OR BEFORE DECEMBER 31, 2019