

## SUBSCRIPTION FORM

Registration:

individual  joint tenants  tenants in common  custodian  trust  corporation

---

First Name	M.I.	Last Name	Soc. Sec. Number
------------	------	-----------	------------------

---

First Name	M.I.	Last Name	Soc. Sec. Number
------------	------	-----------	------------------

---

Street Address	If held for a beneficiary, please indicate the State of residence of the beneficiary.
----------------	---

---

City	State	Zip Code
------	-------	----------

---

If cash make check payable to: Tensleep Financial Corporation

If debt enter amount \_\_\_\_\_

Amount Invested: Number of Units Purchased (Minimum 100 Units) \_\_\_\_\_ @ \$20 per Unit = \$ \_\_\_\_\_.

Mail Check and Subscription to: Tensleep Financial Corporation  
1623 Tradewinds Lane  
Newport Beach, CA 92660

Dealer Information:

Name of firm: \_\_\_\_\_

Name of Representative: \_\_\_\_\_

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

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Company use only

Number of Units to be issued \_\_\_\_\_ Units rejected \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**This Copy for Subscriber**