

SUBSCRIPTION FORM

Registration:

individual joint tenants tenants in common custodian trustee XX_other (specify)

Tensleep Financial Corporation

91-2015224

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

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

C/O 79860 Tangelo

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

La Quinta	CA	92253
-----------	----	-------

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

Make check payable to: **RX HealthCare Systems, Ltd. Cancellation of Debt for License Agreement**

Amount Invested: Number of Shares Purchased (Minimum 100 Units) 5,200 @ \$25 per Unit = \$130,000.

Mail Check and Subscription to: RX Healthcare Systems, Ltd.
3631 East 7th Avenue Parkway
Denver, CO 80206

Dealer Information:

Name of firm: _____

Name of Representative: _____

Address: _____

Telephone: (____) _____

Company use only

Number of Shares to be issued 5,200 Investment Units Shares rejected _____


Authorized Signature _____

This Copy for Company