

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
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First Name	M.I.	Last Name	Soc. Sec. Number
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C/O 79860 Tangelo

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

CA

92253

City	State	Zip Code
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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