

Account Number -

# REQUEST FOR SALE OR LEGEND REMOVAL OF RESTRICTED SECURITIES BY NON-AFFILIATES OF THE ISSUER

This form should be completed by a non-affiliate who would like to request a sale or legend removal of restricted securities.

Non-affiliates are generally described as persons that are not officers, directors or control persons of the issuer. The complete definition of an affiliate, pursuant to Rule 144 can be found at: <http://taft.law.uc.edu/CCL/33ActRIs/rule144.html>

Form should be completed and faxed to your Broker/Dealer. If your sale requires an Irrevocable Stock or Bond Power, the original must be returned by mail.

Brokerage Firm Name

Brokerage Firm Address

## A. CUSTOMER INFORMATION

On the first field, you must provide the name as it appears on the certificate. If they are not restricted, you may enter the name on the account at your Broker/Dealer.

**NOTE:** The address you provide may be used to fill in other forms that ask for an address such as the SEC Form 144.

NAME AS IT APPEARS ON THE CERTIFICATE OR ACCOUNT NAME

CUSTOMER ADDRESS

CITY

STATE

ZIP

DAYTIME PHONE

FAX NUMBER

### 1. Security Information:

Security Name (Company) \_\_\_\_\_

Symbol \_\_\_\_\_ # of Shares to be sold or request legend removal \_\_\_\_\_

### 2. Where are the securities located?

in my account

shares held in book entry form at transfer agent Account Number \_\_\_\_\_

Other

NOTE: if the shares are held at the transfer agent, please include a copy of the most recent statement.

## B. CERTIFICATION

Please check one of the following:

I confirm that I have been the beneficial owner of such securities for a period of **at least one (1) year** as computed in accordance with paragraph (d) of Rule 144, and therefore am free to sell the shares or remove the restricted legend without restriction.

I confirm that I have been the beneficial owner of such securities for a period of **at least six (6) months**, but less than one year.

## C. ACQUISITION INFORMATION

### 3. When and how many shares were acquired?

Complete the fields below to indicate how you acquired each lot of shares. If you need more than 6 rows, attach an additional sheet. If any of the acquisitions are gifts, please indicate the date of the gift in the Date acquired field.

Date acquired	How acquired	From whom	# of shares	Payment date	Nature of payment
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

**C. ACQUISITION INFORMATION - cont'd.**

Date acquired	How acquired	From whom	# of shares	Payment date	Nature of payment
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____

**D. COMPANY CONTACT INFORMATION**

Company Counsel or contact to confirm shares are eligible for sale and trading window is open:

Name: \_\_\_\_\_ Title \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Comments/Other Pertinent Information: \_\_\_\_\_

**E. SIGNATURE**

I understand that this form is a questionnaire, and other documents are required before processing occurs. I certify that every statement made above is true to the best of my knowledge.

**Please print, sign and date this questionnaire and all attached forms. Check forms for completion and accuracy before faxing back to your broker/dealer.**

***The form must be signed by those individuals that appear on the stock certificate.***

**X** \_\_\_\_\_  
SIGNATURE DATE mm/dd/yyyy

**X** \_\_\_\_\_  
SIGNATURE (IF REQUIRED) DATE mm/dd/yyyy

# Sales or Legend Removal of Restricted Securities by Non-Affiliates of the Issuer

Please complete this form if you are selling or have sold securities under the Securities Act of 1933. **Return the completed form to Fidelity Investments, Attn: Restricted Stock Services Department, 200 Liberty Street, NY5M, New York, NY 10281.** If you have any questions, call our Control and Restricted Stock Services Group, Monday–Friday, 8:30 a.m.–8:00 p.m. ET at **800-544-6161**, or visit us at **Fidelity.com**.

## 1 CUSTOMER INFORMATION

Account Owner Name

Account Number

Joint Owner Name (if any)

## 2 CERTIFICATION

In connection with the proposed sale or legend removal by me of \_\_\_\_\_ shares of Common  
Number of Shares  
Stock of \_\_\_\_\_ (“the Company”), pursuant to the Securities Act of 1933, I hereby  
Name of Company  
represent to you that:

Please check **one** of the following:

- I confirm that I have been the beneficial owner of such securities for a period of **at least one (1) year** as computed in accordance with paragraph (d) of Rule 144, and therefore am free to sell the shares or remove the restricted legend without restriction.
- I confirm that I have been the beneficial owner of such securities for a period of **at least six (6) months**, but less than one year.
- A. I certify that I am not an affiliate of the Company and have not been an affiliate of the Company during the three months preceding the date of this letter. I have not had a short position in, or any put option or other options to dispose of any securities of the Company during such six (6) month or one (1) year holding period as indicated above.
- B. I confirm that “the Company” is not, and has not been, a shell issuer as described in Rule 144(i)(1).
- C. I affirm that I do not have any material information about the issuer of these securities that has not been publicly disclosed. If prior to the completion of the execution of this sale order or legend removal I obtain any such information, I will forthwith notify you so that you may terminate my sales or re-legend the certificate until after it has been publicly disclosed.
- D. If the undersigned is a pledgee, donee, trust, estate, or any other person permitted to “tack” its holding period for the purposes of Rule 144(b)(1)(i), representation is hereby made that the combined holding period is more than one year.
- E. In the event I’m selling the securities prior to removing the restricted legend, I understand that you may not pay me the net proceeds of the sale made pursuant to this order until the certificates representing the securities sold have been transferred by the issuer or its transfer agent at the issuer’s instructions to the purchasers or to you, for delivery to the purchaser, and until you have been paid in full by the buying brokers. I also understand at my risk and for my account that if for any reason the shares being sold cannot be transferred, you will be required to purchase shares in the open market to cover my sale. I hereby accept responsibility for any such buy-in and any deficit resulting therefrom.

**3 SIGNATURE**

I am familiar with Rule 144 and Rule 145 of the Securities Act of 1933, as amended, and agree that you may rely upon the above statements in executing the order or removing the legend referred to above. I declare I have answered the questions on this form honestly and to the best of my knowledge. I understand that Fidelity Brokerage Services LLC ("FBS") or National Financial Services LLC ("NFS") will use this information to assist me with selling or removing the restricted legend from these securities. I will not hold FBS or NFS liable for any misinformation I provide or for any losses related to transactions initiated in reliance upon this form.

SIGNATURE OF OWNER

DATE

X

SIGNATURE OF JOINT OWNER (IF ANY)

DATE

X

\_\_\_\_\_  
Print Name of Owner

\_\_\_\_\_  
Print Name of Joint Owner (if any)



