RASTEGAR OPPORTUNITY REIT, INC.

(the "Company")

INSTRUCTIONS FOR COMPLETION OF INVESTOR REPRESENTATION AND SUITABILITY QUESTIONNAIRE

<u>Item I:</u> Name and address information must be provided. Securities will be issued in the

name(s) set forth in this Item and delivered to the address set forth in this Item. If two people are subscribing jointly, both people must provide their names and social security numbers. A telephone number must also be provided.

<u>Item II</u>: If the securities are to be held in a different name than the investor and sent to a

different address (i.e., an IRA or other account held at a brokerage firm), this Item must be completed. If the securities are to be issued and delivered directly

to the entity listed in Item I, this Item need not be completed.

<u>Item III</u>: This Item needs to be read by the investor, but nothing needs to be written here.

The Securities are suitable for investment only by prospective investors who are

"Accredited Investors."

<u>Item IV</u>: A. Only complete this Item by checking the appropriate line if you are

an individual investor.

B. Only complete this Item if you are an entity investor.

C. Only complete this Item if you are a trust investor.

<u>Item V</u>: This Item must be completed only if you are relying on an income standard (i.e.,

you checked or initialed Item IV.A.1).

Item VI: At least one of the numbered verification methods must be initialed in this Item

and the indicated documents provided.

Item VII: This Item needs to be read by the investor, but nothing needs to be written here.

<u>Item VIII</u>: The USA Freedom Act requires us to collect information on the sources of

funds. Please complete section 1, add the documents requested in section 2 only

if funds did not come from an approved country (U.S. is approved), and

complete section 3.

<u>Suitability</u> You must thoroughly complete the Suitability Questionnaire, in order for the

Questionnaire: Company and the Managing Dealer to make a determination whether this is a

suitable investment for you.

<u>Item IX</u>: You and must sign and date here.

<u>Item X:</u> The Managing Dealer must complete this item and sign to verify that this is

a suitable investment for you, as well as for record keeping purposes.

INSTRUCTIONS FOR PAYMENT

Review and complete the Investor Representation and Suitability Questionnaire and mail, fax or deliver it to:

Boustead Securities, LLC 6 Venture, Suite 395 Irvine, CA 92618

For: Rastegar Opportunity REIT, Inc.

Email: keith@boustead1828.com

If you prefer to send a wire transfer instead of a check, please mail or deliver your completed Investor Representation and Suitability Questionnaire to the address above and send the wire transfer using these instructions:

Wiring Instructions

Routing Number: 122242869 Account Number: 45528804

REF: Rastegar - [Subscriber Name]

If you need assistance, please contact:

Contact: Keith Moore

6 Venture, Suite 395 Irvine, CA 92618

Email: keith@boustead1828.com Phone: 949-295-1580

INVESTOR REPRESENTATION AND SUITABILITY QUESTIONNAIRE RASTEGAR OPPORTUNITY REIT, INC. (THE "COMPANY")

Please read all instructions of this Investor Representation and Suitability Questionnaire (this "Questionnaire") carefully before filling out this Questionnaire. This is a legally binding document. If you need assistance, please call Keith Moore at 949-295-1580 or by email at keith@boustead1828.com.

| email at keith@boustead1 | 828.com. | | · |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------|
| • When the Question | onnaire is complete, mail it and your inves | stment to: | 6 Venture, Suite 395, Irvine, CA 92618 Email: <u>keith@boustead1828.com</u> |
| | Check here if you are sending | g your subscription fu | nds by wire transfer. |
| I. | ACCOUNTI | REGISTRAT | ION |
| Individual Account Individual Retirement Account (IRA) | ☐ Joint Registration If no box below is checked, we will issue the securities as JTWROS. ☐ Joint Tenants with Rights of Survivo ☐ Tenants in Common ☐ Tenants by Entirety ☐ Community Property | ☐ Trust rship | Corporation, Partnership, LLC, Pension or Profit Sharing Plan, Association, or Other Entity |
| PLEASE PUT A CHECK NI WE WILL REPORT THIS N | | ER OR TAX ID NUM | IBER THAT IS RESPONSIBLE FOR TAXES. |
| | dual, Entity, Custodian, Trust or Beneficiary) | Date of Birth | Soc. Sec /Tax ID # |
| Name of SIGNER (Signer to | r Entity, Trust. Name of IRA Participant) | Date of Birth | Soc. Sec./Tax ID # |
| | or CO- TRUSTEE (if applicable) | Date of Birth | Soc. Sec/Tax ID # |
| Marital Status (please check of | | ☐ Separated | Divorced |
| *(\$[] minimum investmen | Total_Investment Amount nt unless otherwise approved by the Company). | | |
| (of 1 mmmen m.egene) | _ | SE THIS ADDRESS | FOR MAILING |
| City Home Phone Number (with A | State Area Code) () BUSINESS ADDRESS | | umber (with Area Code) () |
| | | Email | Address |
| | | Unit N | Tumber |
| City | State | ZIP+4 | |
| Business Phone Number (wit | h Area Code) () | Fax Nı | umber (with Area Code) () |

| II. | ALTERNATIVE DISTRIBUTION INFORMATION |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| To direc | ct distributions to a party other than the registered owner, complete the information below. YOU MUST COMPLETE THIS IF THIS IS AN IRA INVESTMENT. |
| Name o | of Firm (Bank or Brokerage): |
| Accoun | t Name: |
| Accoun | t Number: |
| Address | s: |
| City, St | ate Zip Code: |
| III. | INVESTOR REPRESENTATIONS AND AUTHORIZATIONS |
| Question state sector represerved Your and complete securities. This Question INDIVI If the securities Question spouse of CORPC The information state of the sector of the | an individual or you on behalf of the subscribing entity are being asked to complete this Investor Representation and Suitability onnaire so a determination can be made as to whether or not you are qualified to purchase securities under applicable federal and curities laws. Your answers to the questions contained herein must be true and correct in all respects, and a false entation by you may constitute a violation of law for which a claim for damages may be made against you. Inswers will be kept strictly confidential; however, by signing this Questionnaire, you will be authorizing the Company to present a ted copy of this Questionnaire to such parties as they may deem appropriate in order to make certain that the offer and sale of the ses will not result in a violation of the Securities Act of 1933, as amended (the "Act") or of the securities laws of any state. In the appropriate answer is "None" or "Not Applicable," please state so. Please print or type your answers to all an an attach additional sheets if necessary to complete your answers to any item. Please initial any correction. IDUAL SUBSCRIBERS: Becurities subscribed for are to be owned by more than one person, you and the other co-subscriber must each complete separate mainers (except if the co-subscriber is your spouse or spousal equivalent) and sign the Signature Page annexed hereto. If your or spousal equivalent is a co-subscriber, you must indicate their name and social security number. DRATIONS, PARTNERSHIPS, PENSION PLANS AND TRUSTS: DEPARTNERSHIPS, PENSION PLANS AND TRUSTS: DEPARTNERSHIPS, PENSION PLANS AND TRUSTS: DEPARTNERSHIPS of the subscribing entity and not to you personally (unless otherwise determined in the Item IV. Intellegence of the subscribing entity and not to you personally (unless otherwise determined in the Item IV. Intellegence of the subscribing entity and not to you personally (unless otherwise determined in the Item IV. Intellegence of the subscribing entity and not to you personally (unless otherwise determined in t |
| | ited Investor Status). |
| IV. TO BE | ACCREDITED INVESTOR STATUS AN ACCREDITED INVESTOR, YOU MUST MEET ONE OF THE FOLLOWING TESTS, PLEASE CHECK THE |
| | OPRIATE SPACES BELOW. |
| | IVIDUAL ACCOUNTS that I am an "accredited investor" because: |
| 1. | I had an individual income of more than \$200,000 in each of the two most recent calendar years, and I reasonably expect to have an individual income in excess of \$200,000 in the current calendar year; or my spouse or spousal equivalent and I had joint income in excess of \$300,000 in each of the two most recent calendar years, and we reasonably expect to have a joint income in excess of \$300,000 in the current calendar year (<i>please complete "Item V. Income Statement"</i>); or |
| 2. | I have an individual net worth, or my spouse or spousal equivalent and I have a joint net worth, in excess of \$1,000,000 (excluding my (our) primary residence); or |
| 3. | I hold in good standing the FINRA Series 7, Series 65 or Series 82 licenses, and/or other such certain professional certifications, designations or credentials or other credentials issued by an accredited educational institution, which the SEC may designate from time to time by order; or |
| 4. | I am a knowledgeable employee of the fund. (<i>This should only be answered with respect to investments in a private fund</i>); or |
| 5. | I am a director, executive officer, or general partner of the issuer of the securities being offered or sold, or any director, executive officer, or general partner of that issuer. |
| | |

| $\mathbf{V}.$ | ACCREDITED INVESTOR STATUS | (Continued) |
|---------------|-----------------------------------|-------------|
| | | |

For purposes of this Questionnaire "individual income" means "adjusted gross income" as reported for Federal income tax purposes, exclusive of any income attributable to a spouse or spousal equivalent or to property owned by a spouse or spousal equivalent, and increased by the following amounts:

(i) the amount of any interest income received which is tax-exempt under Section 103 of the Internal Revenue Code of 1986, as amended, (the "Code"); (ii) the amount of losses claimed as a limited partner in a limited partnership (as reported on Schedule E of form 1040); (iii) any deduction claimed for depletion under Section 611 et seq. of the Code; and (iv) any amount by which income from long-term capital gains has been reduced in arriving at adjusted gross income pursuant to the provisions of Sections 1202 of the Code as it was in effect prior to enactment of the Tax Reform Act of 1986.

For purposes of this Questionnaire, "joint income" means "adjusted gross income" as reported for federal income tax purposes, including any income attributable to a spouse or spousal equivalent or to property owned by a spouse or spousal equivalent and increased by the following amounts:

(i) the amount of any interest income received which is tax-exempt under Section 103 of the Code; (ii) the amount of losses claimed as a limited partner in a limited partnership (as reported on Schedule E of Form 1040); (iii) any deduction claimed for depletion under Section Code; and (iv) any amount by which income from long-term capital gains has been reduced in arriving at adjusted gross income pursuant to the provisions of Section 1202 of the Code as it was in effect prior to enactment of the Tax Reform Act of 1986.

For the purposes of this Questionnaire, "net worth" means (except as otherwise specifically defined) the excess of total assets at fair market value over total liabilities, excluding your primary residence and the related amount of indebtedness secured by the primary residence up to its fair market value; *provided*, *however*, that indebtedness secured by the primary residence should be considered a liability and deducted from net worth to the extent that (i) the amount of such indebtedness outstanding at the time of completion of this Questionnaire exceeds the amount outstanding 60 calendar days before such time, other than as a result of the acquisition of the primary residence; and (ii) the amount of the indebtedness exceeds the estimated fair market value of the primary residence at the time of completion of this Questionnaire.

For the purpose of this Questionnaire, "spousal equivalent" means a cohabitant occupying a relationship generally equivalent to that of a spouse or spousal equivalent.

| B. CORPORATIONS, PARTNERSHIPS, LIMITED LIABILITY COMPANIES, EMPLOYEE BENEFIT PLANS, OR OTHER ENTITIES (Please provide a copy of the Corporate Resolution authorizing this investment, Partnership Agreement, Limited Liability Company Operating Agreement, Employee Benefit Plan, or other entity documentation as applicable.) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Has the subscribing entity been formed for the specific purpose of investing in the securities?YESNO |
| If your answer to question 1 is "No," CHECK whichever of the following statements (a-e) is applicable to the subscribing entity. If your answer to question 1 is "Yes," the subscribing entity must be able to certify to statement (c) below in order to qualify as an "accredited investor." |
| The undersigned certifies that: |
| (a)the undersigned entity is an "accredited investor," because it is an employee benefit plan within the meaning of Title I of the Employee Retirement Income Security Act of 1974 ("ERISA"), provided that the investment decision is made by a plan fiduciary, as defined in Section 3(21) of ERISA, and the plan fiduciary is a bank, savings and loan association, insurance company or registered investment adviser; or |
| (b) the undersigned entity is an "accredited investor," because it is an employee benefit plan within the meaning of ERISA, Title I that has total assets in excess of \$5,000,000; or |
| (c)Any private business development company as defined in Section 202(a)(22) of the Investment Advisers Act of 1940, as |

amended; or

| Ι ν. | ACCREDITED INVESTOR STATUS (Continued) |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (d) | the undersigned entity is an "accredited investor, because it is an entity whose shareholders, partners, beneficiaries or equity owners are all accredited investors (If you are checking this option, please submit a list of all owners; <u>EACH</u> owner of the entity must complete Item IV and, complete Item V, if applicable, and Item VI. Make copies of this Item IV, Item VI (and V if applicable) to do this and note each owner's name on each copy); I am one of its equity owners; and I meet at least one of the conditions described below (Please also CHECK the appropriate space below): |
| | I had an individual income of more than \$200,000 in each of the two most recent calendar years, and I reasonably expect to have an individual income in excess of \$200,000 in the current calendar year; or my spouse or spousal equivalent and I had joint income in excess of \$300,000 in each of the two most recent calendar years, and we reasonably expect to have a joint income in excess of \$300,000 in the current calendar year (please complete "Item V. Income Statement"); or |
| | I have an individual net worth, or my spouse or spousal equivalent and I have a joint net worth, in excess of \$1,000,000 (excluding my (our) primary residence); or |
| | I hold in good standing the FINRA Series 7, Series 65 or Series 82 licenses, and/or other such certain professional certifications, designations or credentials or other credentials issued by an accredited educational institution, which the SEC may designate from time to time by order; or |
| | I am a knowledgeable employee of the fund; or |
| | I am a director, executive officer, or general partner of the issuer of the securities being offered or sold, or any director, executive officer, or general partner of a general partner of that issuer. or |
| (e) | the undersigned entity is an "accredited investor," because it is a self-directed employee benefit plan; I solely make its investment decisions; and I meet at least one of the conditions described below (Please also CHECK the appropriate space below): |
| | I had an individual income of more than \$200,000 in each of the two most recent calendar years, and I reasonably expect to have an individual income in excess of \$200,000 in the current calendar year; or my spouse or spousal equivalent and I had joint income in excess of \$300,000 in each of the two most recent calendar years, and we reasonably expect to have a joint income in excess of \$300,000 in the current calendar year (please complete "Item V. Income Statement"); or |
| | I have an individual net worth, or my spouse or spousal equivalent and I have a joint net worth, in excess of \$1,000,000 (excluding my (our) primary residence); or |
| | I hold in good standing the FINRA Series 7, Series 65 or Series 82 licenses, and/or other such certain professional certifications, designations or credentials or other credentials issued by an accredited educational institution, which the SEC may designate from time to time by order; or |
| | I am a knowledgeable employee of the fund; or |
| | I am a director, executive officer, or general partner of the issuer of the securities being offered or sold, or any director, executive officer, or general partner of a general partner of that issuer. or |
| (f) | the undersigned entity is an "accredited investor," because it is an organization described in section 501(c)3 of the Internal Revenue Code, corporation, Massachusetts or similar business trust, or partnership, not formed for the specific purpose of acquiring the securities offered, with total assets in excess of \$5,000,000; or |
| (g) | the undersigned entity is an "accredited investor," because it is a limited liability company, SEC or state -registered Investment Adviser, Exempt Reporting Adviser or a rural business investment company (RBIC) with \$5,000,000 in assets; or |
| (h) | the undersigned entity is an "accredited investor," because it is an Indian tribe, governmental body, fund or any entity organized under the laws of foreign countries, that own "investments," as defined in Rule 2a51-1(b) under the Investment Company Act, in excess of \$5,000,000 and that was not formed for the specific purpose of investing in the securities offered; or |
| (i) | the undersigned entity is an "accredited investor," because it is a family office with at least \$5,000,000 in assets under management and their "family clients," as each term is defined under the Investment Advisers Act. |

ACCREDITED INVESTOR STATUS (Continued) IV. **C. TRUST ACCOUNTS** (Please provide a complete copy of the Trust document.) 1. Has the subscribing entity been formed for the specific purpose of investing in the securities? ___YES If your answer to question 1 is "No," CHECK whichever of the following statements (a-c) is applicable to the subscribing entity. If your answer to question 1 is "Yes," the subscribing entity must be able to certify to the statement (c) below in order to qualify as an "accredited investor." The undersigned trustee certifies that the trust is an "accredited investor" because: _the trust has total assets in excess of \$5,000,000 and the investment decision has been made by a "sophisticated person," as described in Rule 506(b)(ii) promulgated under the Act; or (b) the trustee making the investment decision on its behalf is a bank (as defined in Section 3(a)(2) of the Act), a saving and loan association or other institution as defined in Section 3(a)(5)(A) of the Act, acting in its fiduciary capacity; or (c) the grantor(s) of the trust may revoke the trust at any time and regain title to the trust assets and has (have) retained sole investment control over the assets of the trust and the (each) grantor(s) meets at least one of the conditions described below. Each grantor must also INITIAL the appropriate space below. I had an individual income of more than \$200,000 in each of the two most recent calendar years, and I reasonably expect to have an individual income in excess of \$200,000 in the current calendar year; or my spouse or spousal equivalent and I had joint income in excess of \$300,000 in each of the two most recent calendar years, and we reasonably expect to have a joint income in excess of \$300,000 in the current calendar year (please complete "Item V. Income Statement"); or I have an individual net worth, or my spouse or spousal equivalent and I have a joint net worth, in excess of \$1,000,000 (excluding my (our) primary residence); or I hold in good standing the FINRA Series 7, Series 65 or Series 82 licenses, and/or other such certain professional certifications, designations or credentials or other credentials issued by an accredited educational institution, which the SEC may designate from time to time by order; or I am a knowledgeable employee of the fund; or ___I am a director, executive officer, or general partner of the issuer of the securities being offered or sold, or any director, executive officer, or general partner of a general partner of that issuer.

INCOME STATEMENT IF YOU ARE RELYING ON AN INCOME STANDARD TO BE AN ACCREDITED INVESTOR (I.E., YOU CHECKED OR INITIALED ITEM IV.A.1), YOU MUST COMPLETE THIS ITEM. Please specify the type of entity whose Income appears below: Trust Shareholder Individual Joint Beneficiary Partner Please specify the amount of income (see definitions of individual income and joint income in Item IV.A) in the previous two calendar years and your projected income for the current calendar year. Two Years Ago: \$ One Year Ago: \$ _____ This Year: \$ (projected) Current occupation: Name of Employer: Position or Title: Former employment (if current employment is less than five years): Name of Employer: Period Employed:_____to ____ Position or Title:

VI. ACCREDITATION VERIFICATION

| | erify accreditation, please provide a copy of the attached Accredited Investor Status Certification form signed by your CPA, Attorney, FINRA registered Broker, Investment Advisor or Certified Financial Planner (other than yourself if you hold such icenses). If you would like Boustead Securities, LLC to verify your accreditation, please select one of the methods below and provide the appropriate documentation. |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | . Income Verification – Please select one of the following for income verification and provide copies for the previous two years for the item selected. |
| | \square W-2 |
| | □ Form 1099 |
| | ☐ Schedule K-1 |
| | □ Form 1040 |
| | ☐ Other - Please explain and attach relevant documents: |
| | 2. Net Worth Verification – If you have selected this method of accreditation then your assets (excluding your primary residence) less your liabilities (excluding your primary residence mortgage) must exceed \$1,000,000. To support the value of your assets, please provide any of the following documents so that Boustead Securities, LLC can verify that the total of your assets exceeds \$1,000,000 (net of your liabilities). The documents provided must be dated within the last 90 days. |
| | ☐ Bank Statements |
| | ☐ Brokerage Statements and other statements of securities holdings |
| | ☐ Certificates of Deposit |
| | ☐ Tax Assessments |
| | ☐ Appraisal Reports issued by independent third parties |
| | ☐ Other - Please explain and attach relevant documents:) |
| | determine the amount of your liabilities. Should you have additional liabilities not disclosed on your credit report, please list those here (description and amounts): If relying on the net worth verification, please initial the following statement: |
| | All liabilities necessary to make a determination of net worth have been disclosed on my credit report and above. |
| | rofessional certificate verification — Please select one of the following and provide CRD number and documentation for the item elected. Series 7 Series 65 Series 82 CRD Number Documentation Attached |
| | Inowledgeable employee verification (This should only applicable with respect to investments in a private fund)—Please provide a igned supporting statement from a principle of the fund on letterhead |
| | |

| VI. | ACCREDITATION VERIFICATION (Continued) |
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| 5. | Director/Executive/General Partner of the issuer or general partner of the issuer verification —Please select one of the following and provide a signed supporting statement from a principial of the issuer or general partner on company letterhead. |
| | □ Director □ Executive officer □ General partner |
| 6. | ERISA Employee benefit plan verification — Please select one of the following and provide proper documentation for the item selected. |
| | ☐ The investment decision is made by a plan fiduciary, as defined in Section 3(21) of ERISA, and the plan fiduciary is a bank, savings and loan association, insurance company or registered investment adviser. —Please provide a signed supporting statement from the fiduciary. |
| | \Box The plan has total assets in excess of \$5,000,000—Please provide financial statements. |
| 7. | An organization described in section 501(c)3 of the Internal Revenue Code, corporation, Massachusetts or similar business trust, or partnership, not formed for the specific purpose of acquiring the securities offered, with total assets in excess of \$5,000,000 verification — Please provide a signed statement confirming the organization was no formed for the specific purpose of acquiring the securities offered and financial statements. |
| 8. | A limited liability company, SEC or state-registered Investment Adviser, Exempt Reporting Adviser or a rural business investment company (RBIC) that has total assets in excess of \$5,000,000. — <i>Please provide financial statements</i> . |
| | An Indian tribe, governmental body, fund or any entity organized under the laws of foreign countries, that own "investments," as defined in Rule 2a51-1(b) under the Investment Company Act, not formed for the specific purpose of acquiring the securities offered, with total assets in excess of \$5,000,000 verification — Please provide a signed statement confirming the organization was no formed for the specific purpose of acquiring the securities offered and financial statements. |
| 10. | Family office with total assets in excess of \$5,000,000 verification — <i>Please provide financial statements</i> . |
| 11. | A trust verification |
| | ☐ The trust has total assets in excess of \$5,000,000 and the investment decision has been made by a "sophisticated person," as described in Rule 506(b)(ii) promulgated under the Act— <i>Please provide financial statements</i> . ☐ The trustee making the investment decision on its behalf is a bank (as defined in Section 3(a)(2) of the Act), a saving and loan association or other institution as defined in Section 3(a)(5)(A) of the Act, acting in its fiduciary capacity— <i>Please provide supporting documents that show the institution's fiduciary role to the trust</i> . |
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VII.

CERTIFICATIONS

I understand that investment in the securities is an **illiquid investment**. In particular, I recognize that I must bear the economic risk of investment in the securities for an indefinite period of time since the securities have not been registered under the Act and therefore cannot be sold unless either they are subsequently registered under the Act or an exemption from such registration is available and a favorable opinion of counsel for the Company to that effect is obtained if requested by the Company. I consent to the affixing by the Company of such legends on certificates representing the securities as any applicable federal or state securities law may require from time to time.

I represent and warrant to the Company that: (i) all information provided in this Questionnaire is complete, true and correct; (ii) I and my investment managers, if any, have carefully reviewed and understand the risks of, and other considerations relating to, a purchase of these securities, including, but not limited to, the risks set forth in the risk factor disclosure document and other Offering Materials provided to me; (iii) I and my investment managers, if any, have been afforded the opportunity to obtain all information necessary to verify the accuracy of any representations or information in the transaction documents for this offering and other information provided to the undersigned and have had all inquiries to the Company answered, and have been furnished all requested materials relating to the Company and the offering and sale of the securities; (iv) I have such knowledge and experience in financial and investment matters, either alone or with my investment managers, that I am capable of evaluating the merits and risks of this investment; (v) neither I nor my investment managers, if any, have been furnished any offering literature by the Company or any of its affiliates, associates or agents other than the transaction documents, the term sheet, Risk Factor Disclosure Document, as amended, and the investor presentation provided to the undersigned by the Company related to this investment (collectively, the "Offering Materials") relating to this investment, and the documents referenced therein; and (vi) I am acquiring the securities for which I am subscribing for my own account, as principal, for investment and not with a view to the resale or distribution of all or any part of the securities. By my completion of this Questionnaire and execution of other transaction documents, I confirm and agree that I have reviewed and understand the provisions of each such transaction document and, should my subscription be accepted by the Company, agree to be bound thereby.

The undersigned, if a corporation, partnership, trust or other form of business entity: (i) is authorized and otherwise duly qualified to purchase and hold the securities; (ii) has obtained such additional tax and other advice that it has deemed necessary; (iii) has its principal place of business at its address set forth in this Questionnaire; and (iv) has not been formed for the specific purpose of acquiring the securities (although this may not necessarily disqualify the subscriber as a purchaser). The persons completing this Questionnaire and executing all other documents related to the offering, represent that they are duly authorized to complete or execute all such documents on behalf of the entity. (If the undersigned is one of the aforementioned entities, it agrees to supply any additional written information that may be required.

All of the information which I have furnished to the Company and which is set forth in this Questionnaire is correct and complete as of the date of this Questionnaire. If any material change in this information should occur prior to my subscription being accepted, I will immediately furnish the revised or corrected information. I further agree to be bound by all of the terms and conditions of the Offering Materials. I am the only person with a direct or indirect interest in the securities subscribed for hereby.

I agree to indemnify and hold harmless the Company and its Officers, Directors, employees, affiliates, and agents as well as the brokerage firm through which I am subscribing (if any) and all of its officers, directors, employees, affiliates, and agents from and against all damages, losses, costs and expenses (including reasonable attorneys' fees) they may incur by reason of the failure of the undersigned to fulfill any of the terms or conditions set forth in the transaction documents. This subscription is not transferable or assignable by me without the written consent of the Company. If more than one person is completing this Questionnaire, the obligations of each shall be joint and several, and the representations contained in this Questionnaire shall be deemed to be made by, and be binding upon, each of these persons and his or her heirs, executors, administrators, successors, and assigns. This subscription, upon acceptance by the Company, shall be binding upon my heirs, executors, administrators, successors, and assigns.

This Questionnaire and all acts and transactions pursuant hereto and the rights and obligations of the parties hereto shall be governed, construed and interpreted in accordance with the laws of the State of Calfornia, without giving effect to principles of conflicts of law.

Under penalties of perjury, I certify that (i) my taxpayer identification number shown in this Questionnaire is correct; and (ii) I am not subject to backup withholding because: (a) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest and dividends; or (b) the Internal Revenue Service has notified me that I am no longer subject to backup withholding. (If you have been notified that you are subject to backup withholding and the Internal Revenue Service has not advised you that backup withholding has been terminated, strike out item (ii)).

VIII. INFORMATION REQUIRED BY FEDERAL LAW

The USA Freedom Act requires us to obtain the following information from you to detect and prevent misuse of the world financial system.

1. In the space provided below, please provide details of **where monies were transferred from** to the Company in relation to your subscription for the securities.

| COUNTRY | NAME OF BANK/FINANCIAL INSTITUTION | CONTACT NAME/PHONE NUMBER AT BANK/FINANCIAL INSTITUTION | NAME OF ACCOUNTHOLDER | ACCOUNT NUMBER |
|---------|------------------------------------------|---------------------------------------------------------|--------------------------|-------------------|
| | | | | |
| | | | | |

If the country from which the monies were transferred appears in the Approved Country List below, please skip to section 3. If the country does not appear, please go to section 2.

Approved Country List

| Argentina | Australia | Austria | Belgium | Brazil |
|----------------|--------------------------|----------------------------------------------------------------|---------------------|-----------|
| Canada | Denmark | Finland | France | Germany |
| Greece | Gulf Cooperation Council | Hong Kong | *Iceland | Ireland |
| Italy | Japan | The Netherlands (including the Netherlands Antilles and Aruba) | Luxembourg | Mexico |
| New Zealand | Norway | Portugal | *Russian Federation | Singapore |
| South Africa | Spain | Sweden | Switzerland | Turkey |
| United Kingdom | United States | | | |

^{*}Vision Financial Markets will require enhanced due diligence as applicable.

2. If subscription monies were transferred to the Company from any country other than on the "Approved Country List" (see above), please provide the following documentation to the Company (all copies should be in English and certified as being "true and correct copies of the original" by a notary public of the jurisdiction of which you are resident).

(a) For Individuals:

- (i) evidence of name, signature, date of birth and photographic identification;
- (ii) evidence of permanent address; and
- (iii) where possible, a reference from a bank with whom the individual maintains a current relationship and has maintained such relationship for at least two years.

INFORMATION REQUIRED BY FEDERAL LAW (Continued) IX. (a) **For Companies:** (i) a copy of its certificate of incorporation and any change of name certificate; (ii) a certificate of good standing; a register or other acceptable list of directors and officers; (iii) a properly authorized mandate of the company to subscribe in the form, for example, of a certified resolution (iv) which includes naming authorized signatories; a description of the nature of the business of the company; (v) identification, as described above for individuals, for at least two directors and authorized signatories; (vi) (vii) a register of members or list of shareholders holding a controlling interest; and (viii) identification, as described above, for individuals who are beneficial owners of corporate shareholders which hold 10% or more of the capital share of the company. (b) For Partnerships and Unincorporated Businesses: a copy of any certificate of registration and a certificate of good standing, if registered; (i) identification, as described above, for individuals and, where relevant, companies constituting a majority of the (ii) partners, owners or managers and authorized signatories; (iii) a copy of the mandate from the partnership or business authorizing the subscription in the form, for example, of a certified resolution which includes naming authorized signatories; and (iv) a copy of constitutional documents (formation and partnership agreements). (d) For Trustees: (i) identification, as described above, for individuals or companies (as the case may be) in respect of the trustees; (ii) identification, as described above for individuals, of beneficiaries, any person on whose instructions or in accordance with those wishes the trustee/nominee is prepared or accustomed to act and the settlor of the trust; (iii) evidence of the nature of the duties or capacity of the trustee. 3. The Company is also required to verify the source of funds. To this end, summarize the underlying source of the funds remitted to us (for example, where subscription monies were the profits of business (and if so please specify type of business), investment income, savings, etc.). Source of Funds

SUITABILITY QUESTIONNAIRE

This is a speculative investment

(Each responding individual must complete his/her own Suitability Questionnaire)

| ID Number:Place of Issuance: Place of Issuance: Issue Date: Expiration Date: | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Place of Issuance: Issue Date: | | | | |
| | | | | |
| Expiration Date: | | | | |
| | | | | |
| Are you a U.S. Citizen? | | | | |
| | | | | |
| provide a copy of the photo | o page of | f your governmen | :-issued identi | ification. |
| <u>To</u> | <u>In</u> | stitution | <u>Degree</u> | <u>ee</u> |
| provide the following infor | rmation | concerning your b | usiness exper | ience: |
| provide the following information in the foll | usiness e | experience or other | er occupations | s during the last t |
| | usiness e recent, p | experience or othe osition first and the | er occupations | s during the last t |
| Indicate your principal bullist your present, or most | usiness e recent, p <u>Name</u> | experience or othe osition first and the and Address | er occupations ne others in re | s during the last t verse chronologica |
| Indicate your principal bu | usiness e recent, p <u>Name</u> | experience or othe osition first and the | er occupations | s during the last t verse chronologica |
| Indicate your principal bullist your present, or most | usiness e recent, p <u>Name</u> | experience or othe osition first and the and Address | er occupations ne others in re | s during the last t verse chronologica |
| Indicate your principal bullist your present, or most | usiness e recent, p <u>Name</u> | experience or othe osition first and the and Address | er occupations ne others in re | s during the last t verse chronologica |
| Indicate your principal bullist your present, or most | usiness e recent, p <u>Name</u> | experience or othe osition first and the and Address | er occupations ne others in re | s during the last t verse chronologica |
| Indicate your principal by list your present, or most a To Describe, in greater detail | usiness erecent, p Name of | experience or other osition first and the and Address Employer present or most recovery. | er occupations ne others in research positions processes the contract of the processes are not processes and processes are not processes a | or occupation, as |
| Indicate your principal but list your present, or most seem. | Name of 1, your pase indic | experience or other osition first and the and Address Employer present or most relate such information | er occupations the others in respect to the properties of the prop | or occupation, as re of your employ |
| | orovide a copy of the photosist all of the educational is schools) and indicate the To | Yes provide a copy of the photo page of ist all of the educational institution schools) and indicate the dates attempted to the educational institution of the educational institution schools. | Yes No provide a copy of the photo page of your government ist all of the educational institutions you have attended and indicate the dates attended and the degree of the photo page of your government is all of the educational institutions you have attended and the degree of the photo page of your government is all of the educational institutions you have attended and the degree of your government is all of the educational institutions you have attended and the degree of your government is all of the educational institutions you have attended and the degree of your government is all of the educational institutions you have attended and the degree of your government is all of the educational institutions you have attended and the degree of your government is all of the educational institutions. | Yes No provide a copy of the photo page of your government-issued identifies all of the educational institutions you have attended (including schools) and indicate the dates attended and the degree(s) obtained |

| C-3. Describe any significant bus above. | siness you enga | ge in or intend | to engage in other than as specifie |
|-----------------------------------------------------------------------------|-------------------------|---------------------|-------------------------------------|
| | | | |
| Please provide the following inform | nation concerni | ng your financi | al experience: |
| D-1. Indicate by check mark wh prior experience in the areas of inve | | | es best describes the extent of you |
| Stock & Bonds | Substantial Experience | Limited Experience | No <u>Experience</u> □ |
| Penny Stocks | | | |
| Government Securities | | | |
| Municipal (tax-exempt) Securities | | | |
| Stock options | | | |
| Commodities | | | |
| Real estate programs | | | |
| Private Placements | | | |
| Other Securities for which no market exists | | | |
| Limited partnerships (tax deferred) | | | |
| Investments generally | | | |

D.

D-2. For those investments for which you indicated "substantial experience" above, please answer the following additional questions by checking the appropriate box:

(a) Do you make your own investment decisions with respect to such investments? (Please check the appropriate box with respect to your involvement in making investment decisions).

| | [[| Always Usually (i.e. most often) Frequently (i.e. regularly) Rarely |
|--------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | n C C C C | What are your principal sources of investment knowledge or advice? (You may check nore than one.) First-hand experience with industry First-hand current industry licensure or credential Financial publication(s) Trade or industry publication(s) Banker(s) Broker(s) Investment Adviser(s) Attorney(s) |
| D-3 . | Indicate types: | the value that best represents your current holdings in the following investment |
| | 1 1 1 1 1 1 1 1 | erage: Under \$25,000 \$25,001 - \$50,000 \$50,001 - \$65,000 \$65,001 - \$100,000 \$100,001 - \$150,000 \$150,001 - \$200,000 \$2200,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$5,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,001 |
| | 0 0 0 0 0 | modities: Under \$25,000 \$25,001 - \$50,000 \$50,001 - \$65,000 \$65,001 - \$100,000 \$100,001 - \$150,000 \$150,001 - \$200,000 \$200,001 - \$250,000 \$250,001 - \$500,000 |

| | \$500,001 - \$1,000,000 | |
|-------------------------|---------------------------|--|
| | \$1,000,001 - \$5,000,000 | |
| | Over \$5,000,001 | |
| | | |
| (c) REITs/ | BDCs: | |
| | Under \$25,000 | |
| | \$25,001 - \$50,000 | |
| | \$50,001 - \$65,000 | |
| | \$65,001 - \$100,000 | |
| | \$100,001 - \$150,000 | |
| | \$150,001 - \$200,000 | |
| | \$200,001 - \$250,000 | |
| | \$250,001 - \$500,000 | |
| | \$500,001 - \$1,000,000 | |
| | \$1,000,001 - \$5,000,000 | |
| | Over \$5,000,001 | |
| | . , , | |
| (d) Private Placements: | | |
| | Under \$25,000 | |
| | \$25,001 - \$50,000 | |
| | \$50,001 - \$65,000 | |
| | \$65,001 - \$100,000 | |
| | \$100,001 - \$150,000 | |
| | \$150,001 - \$200,000 | |
| | \$200,001 - \$250,000 | |
| | \$250,001 - \$500,000 | |
| | \$500,001 - \$1,000,000 | |
| | \$1,000,001 - \$5,000,000 | |
| | Over \$5,000,001 | |
| | , , | |
| (e) Other In | nvestments: | |
| | Under \$25,000 | |
| | \$25,001 - \$50,000 | |
| | \$50,001 - \$65,000 | |
| | \$65,001 - \$100,000 | |
| | \$100,001 - \$150,000 | |
| | \$150,001 - \$200,000 | |
| | \$200,001 - \$250,000 | |
| | \$250,001 - \$500,000 | |
| | \$500,001 - \$1,000,000 | |
| | \$1,000,001 - \$5,000,000 | |
| | Over \$5,000,001 | |

| | • | third party, exe | r you maintain any of the following types of accounts over ercise investment discretion, and the length of time you have |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Securities (cash) | ☐ ☐ Yes No | Number of years |
| | Securities (margin | Yes No | Number of years |
| | Commodities | ☐ ☐ Yes No | Number of years |
| D-5 | □ Speculand very lin □ Aggree limited lique □ Mode illiquidity. risk losing □ Low | nlative - You are mited liquidity. Y essive - You are idity. Values los rate - You are Values enhancis MUCH of your - You are willi | e willing to accept substantial risk. May endure extensive volatility Values maximizing long-term returns over principal preservation. willing to accept considerable risk. May endure high volatility and ng-term appreciation over principal preservation. willing to accept limited risk. May endure some volatility and ng returns and principal preservation equally. You are willing to investment. Ing to accept low risk for greater stability and liquidity. Values nizing principal preservation. |
| D-6 | ☐ Invest☐ Stead☐ Partia☐ Other | tment speculati ily accumulate lly fund my re | wealth over the long term |
| D-7 | D-7. Please state the approximate number and total dollar amount of your prior inv restricted securities (e.g., private placements): | | · · · · · · · · · · · · · · · · · · · |
| | Total Number | | Total Amount Invested: |
| D-8 | • What % of your n | et worth is inv | ested in restricted securities (e.g., private placements): |
| | □ 0 - 10 □ 11 - 2 □ 21 - 3 | 0% | |

| | | 31 - 40% $41 - 50%$ $51 - 60%$ $61 - 70%$ $71 - 80%$ $81 - 90%$ |
|-------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D-9. | My current automobile | 91 - 100% and the worth, after making this investment and exclusive of homes, furnishings, and its is: |
| | | Under \$25,000 \$25,001 - \$50,000 \$50,001 - \$65,000 \$65,001 - \$100,000 \$100,001 - \$150,000 \$150,001 - \$200,000 \$200,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,001 |
| D-10. | Please indi | cate your annual income, net worth, and tax rate: |
| | (a) Annual | Income |
| | | Under \$25,000 \$25,001 - \$50,000 \$50,001 - \$65,000 \$65,001 - \$100,000 \$100,001 - \$150,000 \$150,001 - \$200,000 \$200,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,001 |
| | (b) Net Wo | orth |
| | | Under \$25,000 \$25,001 - \$50,000 \$50,001 - \$65,000 \$65,001 - \$100,000 |

□ \$100,001 - \$150,000

| | \$150,001 - \$200,000 \$200,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,001 |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (c) Liquid | Net worth |
| | Under \$25,000 \$25,001 - \$50,000 \$50,001 - \$65,000 \$65,001 - \$100,000 \$100,001 - \$150,000 \$150,001 - \$200,000 \$200,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,001 |
| (d) Tax Ra | te (Highest Marginal) |
| | Over 35% 31-35% 26-30% 16-25% 0-15% |
| have sufficient known | wide in the space below any additional information which would indicate that you owledge and experience in financial and business matters so that you are capable or erits and risks of investing in restricted securities of private or thinly tradec |
| | |

| includ | ing parer | u, your spouse or spousal equivalent, or any other immediate family members its, in-laws, and siblings that are dependents, an officer, director or greater than tershareholder of the Company offering securities? |
|----------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | Yes | No |
| includ securit manag | ing parenties industreer or bro | u, your spouse or spousal equivalent, or any other immediate family members ats, in-laws, and siblings that are dependents, employed by or associated with the stry (for example, investment advisor, sole proprietor, partner, officer, director, branch oker at a broker-dealer firm or municipal securities dealer) or a financial regulatory is FINRA or the New York Stock Exchange? |
| | | |
| | Yes | No |
| If Yes | , please p | provide the name and contact information for such firm. |
| | | |
| D-14. | Are you | a senior military, governmental or political official in a non-US country? |
| | | |
| | Yes | No |
| If Yes | , please p | provide the name of the country. |
| | | . |
| D-15. contac | • | re over 65 years old, please provide the name and contact phone number of a trusted |
| Name | | Contact Number |
| D-16. | Time ho | orizon for the investment (# of Months): |
| D-17. | Liquidit | ty Needs (check one): High Medium Low |
| D-18. | Did any | one at Boustead Securities, LLC recommend the investment to you? |
| | | |
| | Yes | No |
| If yes, | please p | rovide the name of the broker. |
| | | |

| X. SIGNAT | TURES |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| This Questionnaire contains various statements and reprits entirety before executing this signature page. I herebinstructions of this Questionnaire. | esentations by subscribers and should be carefully reviewed in by certify that I have reviewed and am familiar with the |
| | isly invested in the Company and that, unless otherwise ovided in the Questionnaire dated for my previous investment by reference into this Questionnaire. |
| Dated | |
| Print name of individual subscriber, custodian, person, trustee: corporation, trustee: | Signature of individual subscriber, authorized |
| Print name of co-subscriber, authorized person, co-trustee if required by trust instrument: | Signature of co-subscriber, authorized person, co-trustee if required by trust instrument: |
| Investment Authorization. The undersigned corporation, phas all requisite authority to acquire the securities hereby sufurther, the undersigned officer, partner, manager, or fiduciall requisite action on the part of such entity to execute thes been revoked and is still in full force and effect. | abscribed for and to complete the Questionnaire, and ary of the subscribing entity has been duly authorized by |
| Check Box: □Yes □No □ | Not Applicable |
| CAPACITY CLAIMED BY SIGNER: (check one box) | |
| ☐Individual(s) ☐Partner(s) ☐Corporate Officer: | ☐ Attorney-In-Fact☐ Trustee(s)☐ Other: |
| Title | Title |
| X. VERIFICATIO | ON OF BROKER DEALER |
| believe that a purchase of the securities is a suitable investment together with his, her, or its investment managers, if any, un offering. I acknowledge: that I have reviewed the risk factor disclosure, investor presented to me, and attachments (if any) thereto: | nave been fully completed and executed by the appropriate party; and |
| (Name of Broker/Dealer) | (Signature) |
| (Street Address of Broker/Dealer Office) | (Print Name) |
| (City of Broker/Dealer Office) (State) (Zip) | (Representative I.D. Number) |
| ()(Telephone Number of Broker/Dealer Off | ice) (Date) |
| (Fax Number of Broker/Dealer Office) | (E-mail Address of Account Executive) |

Accredited Investor Status Certification Form

Please verify that your client (or his/her investing entity) is an accredited investor as defined by the SEC. Your client is investing in an SEC Rule 506(c) offering through Boustead Securities, LLC, a FINRA registered broker dealer, and has requested that you verify that they are an accredited investor by filling out and signing the form below.

If you have any questions, you can contact us at: compliance@boustead1828.com.

| Boustead Securities, LLC ("Boustead") |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6 Venture, Suite 395 |
| Irvine, CA 92618 |
| Attention: Office of Compliance |
| To Whom It May Concern: |
| I hereby submit this Written Confirmation of Accredited Investor Status in favor of (the "Investor"), in connection with the Investor's anticipated investment(s) being made in reliance on the safe harbor exemption provided by Rule 506(c) of Regulation D of the Securities Act of 1933, as amended (and the rules and regulations promulgated thereunder) (the "Act"). |
| I hereby confirm that (1) I am personally familiar with the financial condition, income and/or net worth of the Investor, (2) I have taken reasonable steps to verify the Investor's status as an "accredited investor", as such term is defined in Rule 501(a) of Regulation D of the Act, within three months of this Written Confirmation, including review of relevant financial documents of the Investor, and (3) I have determined that the Investor is an accredited investor. |
| I have determined and hereby certify that the Investor is an accredited investor, because the investor fulfills one of the below statuses (check applicable ones): |
| A. INDIVIDUAL ACCOUNTS |
| I certify that the Investor is an "accredited investor" because: |
| The Investor is an individual with income of more than \$200,000 in each of the two most recent calendar years, and they reasonably expect to have an individual income in excess of \$200,000 in the current calendar year; or their spouse or spousal equivalent and they had joint income in excess of \$300,000 in each of the two most recent calendar years, and they reasonably expect to have a joint income in excess of \$300,000 in the current calendar year: or |
| The Investor is an individual with a net worth, or their spouse or spousal equivalent and they have a joint net worth, in excess of \$1,000,000 (excluding my (our) primary residence); or |
| The Investor is in good standing the FINRA Series 7, Series 65 or Series 82 licenses, and/or other such certain professional certifications, designations or credentials or other credentials issued by an accredited educational institution, which the SEC may designate from time to time by order; or |
| The Investor is a knowledgeable employee of the fund. (<i>This should only be answered with respect to investments in a private. fund</i>); or |

director, executive officer, or general partner of a general partner of that issuer.

The Investor is a director, executive officer, or general partner of the issuer of the securities being offered or sold, or any

| B. CORPORATIONS, PARTNERSHIPS, LIMITED LIABILITY COMPANIES, EMPLOYEE BENEFIT PLANS, OR OTHER ENTITIES (Please provide a copy of the Corporate Resolution authorizing this investment, Partnership Agreement, Limited Liability Company Operating Agreement, Employee Benefit Plan, or other entity documentation as applicable.) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Has the subscribing entity been formed for the specific purpose of investing in the securities?YESNO |
| If the answer to question 1 is "No," CHECK whichever of the following statements (a-e) is applicable to the subscribing entity. If the answer to question 1 is "Yes," the subscribing entity must be able to certify to statement (c) below in order to qualify as an "accredited investor." |
| I certify that: |
| the undersigned entity is an "accredited investor," because it is an employee benefit plan within the meaning of Title I of the Employee Retirement Income Security Act of 1974 ("ERISA"), provided that the investment decision is made by a plan fiduciary, as defined in Section 3(21) of ERISA, and the plan fiduciary is a bank, savings and loan association, insurance company or registered investment adviser; or |
| the undersigned entity is an "accredited investor," because it is an employee benefit plan within the meaning of ERISA, Title I that has total assets in excess of \$5,000,000; or |
| A private business development company as defined in Section 202(a)(22) of the Investment Advisers Act of 1940, as amended; or |
| the undersigned entity is an "accredited investor, because it is an entity whose shareholders, partners, beneficiaries or equity owners are all accredited investors (If you are checking this option, please submit a list of all owners; <u>EACH</u> owner of the entity must complete Item IV <u>and</u> , complete Item V, if applicable, and Item VI. Make copies of this Item IV, Item VI (and V if applicable) to do this and note each owner's name on each copy); One undersigned entity owners meet at least one of the conditions described below (Please also CHECK the appropriate space below): |
| an individual with income of more than \$200,000 in each of the two most recent calendar years, and they reasonably expect to have an individual income in excess of \$200,000 in the current calendar year; or their spouse or spousal equivalent and they had joint income in excess of \$300,000 in each of the two most recent calendar years, and they reasonably expect to have a joint income in excess of \$300,000 in the current calendar year: or |
| an individual with a net worth, or their spouse or spousal equivalent and they have a joint net worth, in excess of \$1,000,000 (excluding my (our) primary residence); or |
| is in good standing the FINRA Series 7, Series 65 or Series 82 licenses, and/or other such certain professional certifications, designations or credentials or other credentials issued by an accredited educational institution, which the SEC may designate from time to time by order; or |
| a knowledgeable employee of the fund. (<i>This should only be answered with respect to investments in a private.</i> fund); or |
| a director, executive officer, or general partner of the issuer of the securities being offered or sold, or any director, executive officer, or general partner of a general partner of that issuer. |
| the undersigned entity is an "accredited investor," because it is a self-directed employee benefit plan; the undersigned entity solely make its investment decisions; and the account owner meets at least one of the conditions described below (Please also CHECK the appropriate space below): |
| an individual with income of more than \$200,000 in each of the two most recent calendar years, and they |

| reasonably expect to have an individual income in excess of \$200,000 in the current calendar year; or their spouse or spousal equivalent and they had joint income in excess of \$300,000 in each of the two most recent calendar years, and they reasonably expect to have a joint income in excess of \$300,000 in the current calendar year: or |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| an individual with a net worth, or their spouse or spousal equivalent and they have a joint net worth, in excess of \$1,000,000 (excluding my (our) primary residence); or |
| is in good standing the FINRA Series 7, Series 65 or Series 82 licenses, and/or other such certain professional certifications, designations or credentials or other credentials issued by an accredited educational institution, which the SEC may designate from time to time by order; or |
| a knowledgeable employee of the fund. (<i>This should only be answered with respect to investments in a private. fund</i>); or |
| a director, executive officer, or general partner of the issuer of the securities being offered or sold, or any director, executive officer, or general partner of a general partner of that issuer. or |
| the undersigned entity is an "accredited investor," because it is an organization described in section 501(c)3 of the Internal Revenue Code, corporation, Massachusetts or similar business trust, or partnership, not formed for the specific purpose of acquiring the securities offered, with total assets in excess of \$5,000,000; or |
| the undersigned entity is an "accredited investor," because it is a limited liability company, SEC or state -registered Investment Adviser, Exempt Reporting Adviser or a rural business investment company (RBIC) with \$5,000,000 in asset; or |
| the undersigned entity is an "accredited investor," because it is an Indian tribe, governmental body, fund or any entity organized under the laws of foreign countries, that own "investments," as defined in Rule 2a51-1(b) under the Investment Company Act, in excess of \$5,000,000 and that was not formed for the specific purpose of investing in the securities offered; or |
| the undersigned entity is an "accredited investor," because it is a family office with at least \$5,000,000 in assets under management and their "family clients," as each term is defined under the Investment Advisers Act. |
| D. TRUST ACCOUNTS |
| Has the subscribing entity been formed for the specific purpose of investing in the securities?YESNO |
| If the answer to question 1 is "No," CHECK whichever of the following statements (a-c) is applicable to the subscribing entity. If the answer to question 1 is "Yes," the subscribing entity must be able to certify to the statement (c) below in order to qualify as an "accredited investor." |
| I certify that the undersigned trustee is an "accredited investor" because: |
| (a)the trust has total assets in excess of \$5,000,000 and the investment decision has been made by a "sophisticated person," as described in Rule 506(b)(ii) promulgated under the Act; or |
| (b) the trustee making the investment decision on its behalf is a bank (as defined in Section 3(a)(2) of the Act), a saving and loan association or other institution as defined in Section 3(a)(5)(A) of the Act, acting in its fiduciary capacity; or |
| (c)the grantor(s) of the trust may revoke the trust at any time and regain title to the trust assets and has (have) retained sole investment control over the assets of the trust and the (each) grantor(s) meets at least one of the conditions described below. Must apply to each Grantor. |
| an individual with income of more than \$200,000 in each of the two most recent calendar years, and they reasonably expect to have an individual income in excess of \$200,000 in the current calendar year; or their spouse or spousal equivalent and they had joint income in excess of \$300,000 in each of the two most recent calendar years, and they reasonably expect to have a joint income in excess of \$300,000 in the current calendar year: or |

| an individual with a net worth, or their spous \$1,000,000 (excluding my (our) primary residence | e or spousal equivalent and they have a joint net wee); or | orth, in excess of |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| | ies 65 or Series 82 licenses, and/or other such certa credentials issued by an accredited educational ins r; or | |
| $\frac{1}{fund}$; or | s should only be answered with respect to investm | ents in a private. |
| a director, executive officer, or general partner executive officer, or general partner of a general p | ner of the issuer of the securities being offered or so partner of that issuer. | old, or any director, |
| I hereby confirm that the information I provided is complete. I understand and acknowledge that the Inv. Boustead in its verification of Investor's status as a purchase of securities offered for sale by one or mor Boustead and any Issuer in which the Investor investor. | vestor has requested that I provide this certific n accredited investor in connection with the re companies ("Issuer", collectively "Issuers") | eation letter to assist Investor's potential) through Boustead. |
| Sincerely, | | |
| Signature | Full Name | |
| | Date | |
| Role (CPA, Registered Investment Advisor, Registered Broker-Dealer, Certified Financial Planner, Attorney or non-US equivalent) | Professional License Number (Required) | |
| | Professional License State | |
| Phone Number | Email Address | |