| DATE | | | |
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ANGEL INVESTOR TAX CREDIT- INVESTOR ELIGIBILITY LIST

| LEB NAME |
|--|
| Please list all eligible accredited investors who intend on utilizing Angel Investor Credits and submit with proof of investment. Investors not listed will be |
| considered ineligible for receiving tax credits. |

| INVESTOR/ENTITY NAME | MAILING ADDRESS | SSN/EIN | INVESTMENT AMOUNT | % OWNERSHIP | INVESTING ENTITY OWNERSHIP BREAKDOWN |
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