

# **LOST CERTIFICATES – DOCUMENTS TO BE FILED AND INSTRUCTIONS**

*Prompt delivery of all completed forms, with the fees specified below, will expedite the replacement process.*

**INSTRUCTIONS:** Please print the attached forms from this site for your use. To process requests for the replacement of lost or stolen stock certificates, the forms must be filed with the transfer agent and fees paid.

1. **X-17F-1A FORM – MISSING/LOST/STOLEN/COUNTERFEIT SECURITIES REPORT:** This attached form must be fully completed. The required information may be entered onto the form before printing it from this site. The form must be signed in two places by the shareholder(s) or the shareholder(s) legal representative, with the signature(s) notarized on the 2<sup>nd</sup> page. Upon receipt by the transfer agent of the X-17F-1A Form, a “lost certificate/stop transfer” order will be placed against the certificate(s), and the certificate(s) will be reported to the Securities Information Center as lost in accordance with SEC rules.

*In order to assist shareholders in arranging for the required lost instrument bond, we have adopted, as a convenience, a Blanket Lost Instrument Bond through Travelers<sup>1</sup>. The premium under this blanket bond is generally lower than the standard premium charged for individual bonds.\* The premium is 2% of the market value of the securities (4% for foreign shareholders), subject to a minimum premium of \$50.00. (The market value is calculated as the value on the day First American Stock Transfer Company received report of the loss and put a “Stop Transfer” order on the certificate.) **To replace your certificate(s) under this Blanket Lost Security Bond, please complete the following additional forms that are attached - in duplicate (2 originals):***

2. **“APPLICATION FOR LOST INSTRUMENT BOND”** (Top Half of Page 1 of form)
3. **“AFFIDAVIT OF LOSS AND INDEMNITY AGREEMENT”** (Page 1 and 2 of form)
4. **“FINANCIAL STATEMENT”** (Page 3)

**If the value of the lost securities EXCEEDS \$50,000.00, this page must also be completed.**

Replacement of lost certificates worth more than \$50,000 is subject to the approval of Travelers<sup>1</sup>. Because Travelers<sup>1</sup> may need to verify assets listed on the Financial Statement, be sure to complete the financial references section.

5. **If the registered owner of the stock certificate(s) is a corporation,** include a copy of the company’s **Corporate resolution**, authorizing the officer who is signing the documents to sign on behalf of the corporation.
6. **FEES** (in US dollars) – Make **Both Checks Payable to “First American Stock Transfer”**:
  1. **Fee for X-17 Filing and Certificate Replacement: \$ 50.00 - per certificate**
  2. **Insurance Premium: 2% of securities market value (4% for foreign holders)** subject to **minimum of \$50.00**

7. **Send all completed documents – and both checks – together in one package to:**

**First American Stock Transfer  
4747 N 7<sup>th</sup> Street, Suite 170  
Phoenix, AZ 85014**

**Phone: (602) 485-1346  
Toll Free (877-271-0548**

*\* **Please Note:** You are not required to utilize the above lost instrument indemnity arrangement with Travelers<sup>1</sup>. You may furnish a lost instrument indemnity bond from an acceptable surety company of your own choosing. However, the surety company must be authorized to do business in the State of Arizona, and must first be acceptable to First American Stock Transfer. The original indemnity bond, issued in favor of First American Stock Transfer, must first be received in order to replace the lost certificate(s). If you provide your own lost instrument indemnity bond, the only form required above is # 1 – **Form 17F-1A -MISSING/LOST/STOLEN/COUNTERFEIT SECURITIES REPORT***

<sup>1</sup>Bond underwritten by Travelers Casualty and Surety Company of America and its property casualty affiliates, Hartford, CT 06183

Please Type  
Print Clearly

**FORM X-17F-1A**  
**MISSING/LOST/STOLEN/COUNTERFEIT**  
**SECURITIES REPORT**

1. **REPORTING INSTITUTION:** NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ZIP CODE \_\_\_\_\_

ATTENTION \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

FINS/SIC IDENTIFIER NUMBER \_\_\_\_\_ (2) (2) (2)

2. **TYPE OF REPORT:**       LOSS                       RECOVERY                       UPDATE

3. **DATE OF LOSS/RECOVERY** \_\_\_\_\_

4. **TYPE OF LOSS:**     MAIL     DELIVERY     ON PREMISES     CLEARING     OTHER \_\_\_\_\_

5. **TYPE OF SECURITY:**     COMMON STOCK     PREFERRED STOCK     CORPORATE BOND

MUNICIPAL BOND     GOVERNMENT/AGENCY     OTHER \_\_\_\_\_

6. **NAME OF ISSUE** \_\_\_\_\_

7. **INTEREST RATE** \_\_\_\_\_      8. **MATURITY DATE** \_\_\_\_\_

9. **CUSIP NUMBER** \_\_\_\_\_

10. **PCOG OF REGISTERED HOLDER** \_\_\_\_\_

11. **CERTIFICATES/SERIAL NUMBERS**                      12. **DENOMINATION/SHARES**                      13. **ISSUE DATE**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14.  **ADDITIONAL PAGES ATTACHED**      15. **TOTAL CURRENT MARKET OR FACE VALUE \$** \_\_\_\_\_

16.  **COUNTERFEIT** \_\_\_\_\_

*If Counterfeit --Distinguishing Characteristics*

17.  **CRIMINALITY INDICATED**      **REPORTS FILED WITH:**    18.  **FBI**    19.  **LOCAL POLICE**

20.  **TRANSFER/PAY AGENT** \_\_\_\_\_

21.  **INSURANCE CO.** \_\_\_\_\_

22. \_\_\_\_\_

AUTHORIZED SIGNATURE

23. \_\_\_\_\_

DATE



**APPLICATION FOR LOST INSTRUMENT BOND**

Agent	Bond Number <b>105167385</b> <b>Blanket Lost Instrument Bond Program</b>
Applicant	Social Security or Tax ID No.
Telephone No.	
Residence Address: (street, city, state, zip code)	
Business Address: (street, city, state, zip code)	
Occupation or Business:	

1. Complete description of Lost Instrument (includes certificate numbers, dates of issue, purchase, maturity): \_\_\_\_\_

\_\_\_\_\_

Market Value \$ \_\_\_\_\_

No. of Shares \_\_\_\_\_

2. In whose name are the securities registered? \_\_\_\_\_

3. To whom are dividends being paid? \_\_\_\_\_

4. When, how and for what price did you become the owner? \_\_\_\_\_

5. Do you have absolute title, free of any claims or liens?  Yes  No

If No, give full details: \_\_\_\_\_

**AFFIDAVIT OF LOSS AND INDEMNITY AGREEMENT**

State of \_\_\_\_\_

ss.

County of \_\_\_\_\_

\_\_\_\_\_ (hereinafter called "deponent", of legal age, being duly sworn, deposes and says):

(1) Deponent resides at \_\_\_\_\_ and is entitled to the possession and is the legal and beneficial owner of (here describe security or securities) \_\_\_\_\_ (hereinafter collectively called the "original" issued by \_\_\_\_\_ a corporation organized under the laws of the State of \_\_\_\_\_ in the name of \_\_\_\_\_.

(2) The original was acquired by deponent on or about \_\_\_\_\_, \_\_\_\_\_, and was lost, stolen or destroyed on or about the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, under the following circumstances:

Whom did you notify of the loss?  
Transfer Agent:  Yes  No      Police:  Yes  No      Others:  Yes  No

Give details: \_\_\_\_\_

Where was the original kept and who had access to it? \_\_\_\_\_

When and by whom was the loss discovered? \_\_\_\_\_

When and where was the original last seen? \_\_\_\_\_

What measures have been taken to recover the original? \_\_\_\_\_

(3) The original  was or  was not (check one) endorsed/pledged. (If endorsed/pledged, describe exact manner of endorsement including name and address of endorsee/pledgee. If the endorsement was a separate instrument of assignment, so state.) \_\_\_\_\_

(4) Deponent has made or caused to be made diligent search for the original, and has been unable to find or recover the same; deponent has not sold, assigned, transferred, deposited under any agreement, or hypothecated the original or any interest therein, or (except as may be stated in the foregoing paragraph) signed any Power of Attorney or other authorization respecting same which is now outstanding and in force; and no person, firm or corporation other than deponent has any right, title, claim, equity or interest in, to, or respecting the original or the proceeds thereof.

(5) Deponent hereby requests, and this affidavit and agreement of indemnity is made for the purpose of inducing the Obligee, its transfer agents, registrars and trustees, (1) to refuse to recognize any person other than deponent as the owner of the original and to refuse to make any payment, transfer, delivery or exchange called for by the original to any person other than deponent or to refuse to take any other action pursuant to the request or demand of any person other than the deponent, and (2) to issue a new or duplicate or definitive security in substitution for the original, or to make the payment, transfer, registration, delivery or exchange called for by the original without the surrender thereof for cancellation. Deponent furthermore requests TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA to assume liability in respect of the loss herein referred to under its Blanket Lost Instrument Bond No. **105167385** to **First American Stock Transfer, Inc.** and others, collectively called Obligee.

(6) If deponent should find or recover the original, deponent will immediately surrender the same to the Corporation for cancellation without receiving any consideration thereof. Notwithstanding the forgoing, should deponent recover the original within the first twelve months of coverage hereunder, the deponent shall be entitled to a return of fifty percent of the premium paid to the surety, subject to any minimum premium.

(7) Deponent agrees in consideration of the foregoing to indemnify and protect TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA and its Obligee under its said Bond, their Co-Transfer Agents, Co-Registrars, Co-Trustees and Co-Paying Agents, Individually and as Trustee, Depository, Fiscal or Paying Agents, Registrar, Transfer Agent and in any other capacity, their respective legal representatives, successors and assigns, and also any successors in any such capacities, from any and all loss, damage or expense in connection with, or arising out of their compliance with the request of deponent herein set forth, and further agrees to furnish to the above-name Obligee, without any expense to them, a new bond of indemnity, in such form and amount as said Obligee may require, with satisfactory surety or sureties, in case the above described Blanket Lost Instrument Bond and this Agreement of Indemnity should not at anytime for any reason in the opinion of said Obligee or any of them afford sufficient protection.

Signed, sealed and delivered by deponent this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

The applicant(s) (the "Undersigned") hereby represent that all the information contained in this application is true and complete and agree that it may be relied upon by Travelers Casualty and Surety Company of America, St. Paul Fire and Marine Insurance Company and/or any of their affiliates, successors or assigns (the "Surety") as an inducement to execute the bond applied for herein. In consideration of the execution of said bond and any modification thereof, or additional bonds, the Undersigned hereby undertake and agree:

1. To pay the Surety in advance such premium as the Surety shall charge, while said bond remains in force.
2. To indemnify the Surety against every claim, demand, liability, loss, costs, damages, expenses and attorneys' fees, and any and all liability which the Surety may, at any time, sustain or incur by reason of having executed or procured the execution of said bond.
3. To place the Surety in funds to satisfy any claim, demand, expense or contingent liability in connection with the execution of said bond.

The Undersigned hereby authorize the Surety to make such pertinent inquiry as may be necessary from financial institutions, persons, firms, credit reporting agencies and corporations in order to confirm and verify information referred to or listed on this application. To the extent required by law, the Undersigned, upon request, shall be informed whether or not a consumer report has been requested by Surety, and if so, of the name and address of the consumer reporting agency furnishing the report.

**SIGNATURE(S) OF APPLICANT(S), DEPONENT(S), INDEMNITOR(S):**

Named Printed \_\_\_\_\_

\_\_\_\_\_  
Signature Date

Named Printed \_\_\_\_\_

\_\_\_\_\_  
Signature Date

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

On the \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_,

Notary Public, personally appeared \_\_\_\_\_ personally known to me or proven to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity on behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

\_\_\_\_\_  
, Notary Public

My Commission Expires \_\_\_\_\_

**COMPLETE FINANCIAL INFORMATION SECTION IF MARKET VALUE OF THE LOST SECURITIES EXCEEDS \$50,000**

**FINANCIAL STATEMENT as of \_\_\_\_\_, 20\_\_\_\_**

Cash in Bank (provide current bank statement)	Bank Loan
Securities (Market Value) (provide current brokerage statement)	Borrowed on Securities
Accounts Receivable	Accounts Payable
Notes Receivable	Notes Payable
Real Estate	Mortgage of Real Estate
Cash Value of Life Insurance	Other Liabilities
Other Assets	
Total	Total

*\*You may attach copies of bank or brokerage account statements to this application.*

Have you ever filed for bankruptcy?  Yes  No If Yes, what year filed? \_\_\_\_\_

Describe the outcome (dismissal or discharge)  
\_\_\_\_\_

Are there any judgments or legal proceedings against you?  Yes  No

If Yes, describe.  
\_\_\_\_\_

List financial references, including bank/brokerage firm:

Name of Firm	Contact Person	Address	Telephone No.

**Do not write below this line**

We hereby assume liability under Blanket Lost Instrument Bond No. **105167385** in respect of the securities alleged to have been lost, stolen or destroyed as describe above.

Said Liability is:  limited to \$ \_\_\_\_\_  
 not limited except as specified in said Bond.

Signed, Sealed and delivered in \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

BY: \_\_\_\_\_, Attorney-In-Fact