URBANA-CHAMPAIGN ANGEL NETWORK APPLICATION FOR MEMBERSHIP

This application is being provided to potential members of the Urbana-Champaign Angel Network ("UCAN") to provide UCAN with information to confirm that the undersigned (hereinafter "Member") has sufficient sophistication and ability to take financial risk to meet the standards for availability of the private offering exemption from the registration requirements of the Securities Act of 1933, as amended (the "33 Act"), and the qualification requirements of other applicable securities laws.

Please provide a response to each question. If an answer to any question is "none" or "not applicable," please state the reason.

Member Contact Information

A.

	Full Name:		
	Occupation:		
	Primary Employer:		
	Title:		
	Company Address:		
	Business Phone:		
	Home Address:		
	Home Phone:		
	Preferred Email:		
	Preferred Fax:		
	Mobile Phone:		
B.	Accredited Investor		
UCAN	I. The Member represents	Fined in Regulation D under the 1933 Act, may be a that he or she is an accredited investor because he Please initial each applicable category).	
		al whose net worth, or joint net worth with the including the value of a primary residence, as of the	
	\$200,000 or joint incom	ual whose income in each of the two most recent ye with that person's spouse was in excess of \$300 ple expectation of reaching the same income level	,000 in each of those

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(c)	A corporation,	private equity,	venture capital,	family office,	other investment	
partnership	or entity that q	_l ualifies as an a	ccredited investo	or under the ap	plicable securities	laws.

To the best of my knowledge and belief, the above information supplied by me is true and complete in all respects. I have read and agree to the terms and conditions of membership as set forth in the Membership Agreement attached hereto. I also agree to notify UCAN immediately upon any material change in any of the foregoing information prior to making any investment from any Issuer. I understand that the information provided by me in this application is required primarily to determine whether I am qualified to be a Member of UCAN and that the submittal of information does not constitute an acceptance of Membership in UCAN but that the UCAN has the sole discretion to determine whether I am qualified to become a Member of UCAN.

Signature:		
Name:		
Date:		