

Short Form Application to Extend Time for Which Confidential Treatment Previously Has Been Granted

Applicant name: _____
 Date expiring confidential treatment application was filed: __/__/____
 Date expiring confidential treatment order was issued: __/__/____
 Date confidential treatment order will expire: __/__/____
 Contact Name: _____ Phone: _____

Exhibits subject to the request for an extension of time:

(Only exhibits for which confidential treatment has previously been granted will be considered)

<u>CF# from Order</u>	<u>Exhibit</u>	<u>Form</u>	<u>Filed on</u>
_____	_____	_____	__/__/____
_____	_____	_____	__/__/____
_____	_____	_____	__/__/____

Applicant requests confidential treatment for an additional:

Three years Five years Ten years

Reason for extension: _____

Affirmation

I, _____, am counsel for the applicant or am an otherwise duly authorized representative of the applicant. I affirm that the most recent application for which confidential treatment was granted continues to be true, complete and accurate in all material respects regarding the redacted information for which we continue to request confidential treatment, including the analyses relating to the materiality of the redacted information.

Signature: _____ Title _____ Date: __/__/____

Email this SHORT FORM form application to:
CTExtensions@sec.gov
DO NOT SEND ANY OTHER TYPE OF CONFIDENTIAL TREATMENT OR EXTENSION REQUEST TO THIS EMAIL ADDRESS