NOTICE OF CLAIM OF EXEMPTION

DATE		File #					
		FEE:					
APPLI	ICATION FOR (Check only one):	APPLICATION TYPE (Check only one):					
	INITIAL FILING	SEASONED FRANCHISOR					
	RENEWAL FILING	INSTITUTIONAL FRANCHISEE					
	_AMENDMENT FILING	SUBSTANTIAL INVESTMENT					
1.	Name of Franchisor:						
	Name of Franchise:						
2.	Franchisor's principal business address:						
3.	Name, address and telephone number of sub franchisors, if any, for this state:						
4.	Name, address, telephone number, and e-mail of person to whom communications regarding this application should be directed:						

The undersigned Franchisor represents that it shall provide prospective purchasers in the Commonwealth of Virginia a Franchise Disclosure Document that complies with 21 VAC 5-110-55 and 21 VAC 5-110-95 14 calendar days prior to the signing of an agreement or receipt of consideration.

Form H (Rev. 3/01/18)

For

Type or Print Name of Franchisor

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In addition, if claiming t	ne Seasonea Franchisor exem _l	ption, the undersigned represents that:
(1) (Check the ap	plicable box)	
	hisor has a net equity on a contactenent, of not less than \$15,0	nsolidated basis, according to its most recent audited 000,000;
Or		
financial s equity on a	tatement and is at least 80% ov a consolidated basis, according 15,000,000 and the owner gua	00,000 according to its most recent unaudited wned by a corporation or other entity which has a net g to its most recent audited financial statement, of not arantees the performance of the Franchisor's
combination the	reof, has had at least 25 franch	chisor or the franchisor's predecessor, or any hisees conducting the same franchise business to be od immediately preceding the offer or sale.
		t Franchise Disclosure Document and, if applicable, is relying on to qualify for the exemption.
		a period of 12 months from the date it is granted. A the expiration of the effective period.
Certified this	day of	, 20
By		
<u> </u>	Signature	
Type or Print N	Jame and Title	
For		