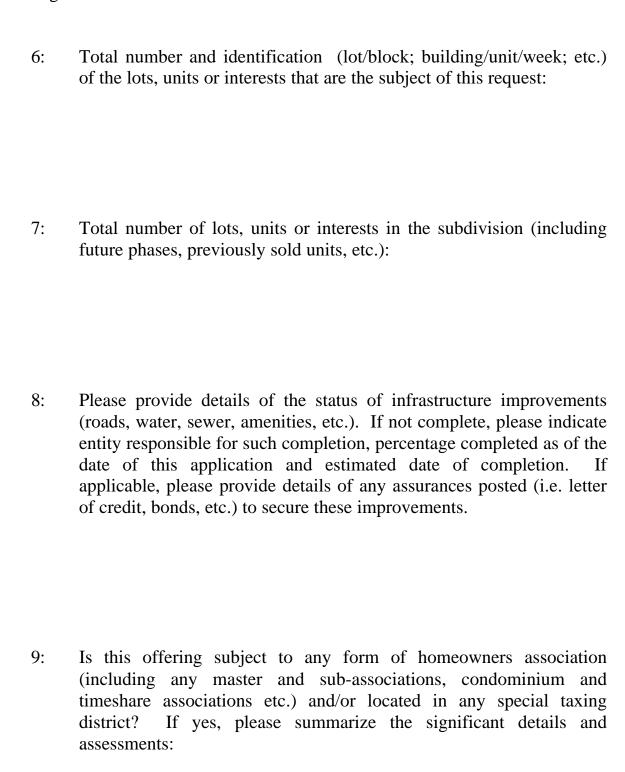
REQUEST FOR EXEMPTION APPLICATION/AFFIDAVIT

In order to apply for any exemption from the registration requirements of the New Jersey Real Estate Sales Full Disclosure Act, N.J.S.A. 45:15-16.27, et. seq., please print or type your answers to the following questions, and submit it along with the attached affidavit, any exhibits, and any applicable filing fees (made payable to the "State Treasurer of New Jersey") to:

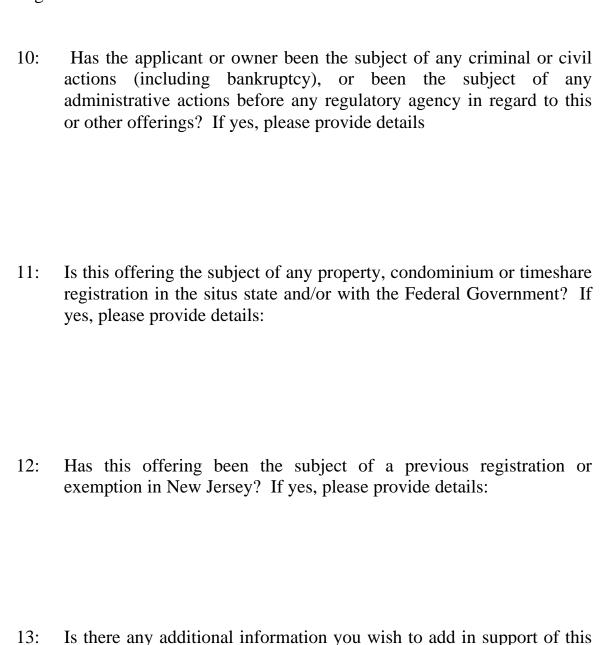
New Jersey Real Estate Commission Bureau of Subdivided Land Sales Control 20 West State Street PO Box 328 Trenton, New Jersey 08625-0328

In order to provide sufficient space for a full response to all applicable items, this form may be entered into a word processor, or you may attach additional pages if needed. BEFORE COMPLETING AND SUBMITING THIS APPLICATION, PLEASE FAMILIARIZE YOURSELF WITH THE PROVISIONS OF N.J.S.A. 45:15-16.32 and N.J.A.C. 11:5-9.18.

1: Please provide the promotional name and general description of the offering, along with the basis on which you believe this offering qualifies for an exemption from registration:



application?



jf/k:/forms/xmpapp

Affidavit of Applicant

Name	of Offering:			
State	of:		_	
Count	y of:		_	
I	being of full age, and being duly sworn (Type in name)			
Accor	ding to law upon my oath d	eposes and says:		
1:	I am the(Title)	of		
	(Title)	(The	e applicant)	
2:	And, I am the person authorized to make this application;			
3:	And, that I make this application with the knowledge that the New Jersey Real Estate Commission will rely upon its contents in determining whether to issue an exemption from the registration requirements of the New Jersey Real Estate Sales Full Disclosure Act, NJSA 45:15-16.27, et. seq. in regard to the above named offering;			
4:	And, that all of the statements made and information in the application, and any attachments hereto are true and correct. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.			
	(Signature)		(Date)	_
Sworr	and subscribed before me	this		
	Day of			
		(Month/Year)		
(Nam	e and title of person adminis	stering oath)		