



Entity Authorized Agent Form

PO Box 2209 ■ Omaha, NE 68103-2209
Fax: 866-468-6268

Questions? Call a Client Services representative at 800-669-3900.

Update to an existing account New Account Deposit of Securities

If you are wanting to add Full Trading Authorization/Limited Trading Authorization to the account and not an Authorized Agent/Officer/Partner/Trustee, please submit the Trading Authorization Agreement TDA 073 located within the forms library: <https://www.tdameritrade.com/form-library>

Select Entity Type: S Corporation C Corporation Foreign Corporation
 Non-Incorporated Organization Limited Liability Company Investment Club
 Partnership Limited Partnership Trust

1. ENTITY INFORMATION

Account Number: _____ Tax ID Number: _____

Title of Entity: _____

Business Address: _____
(no PO box or mail drop)

City: _____ State: _____ ZIP Code: _____ Country: _____

Mailing Address: _____
(if different from above)

City: _____ State: _____ ZIP Code: _____ Country: _____

Primary Phone: _____ Check here if this is not a U.S. phone number Secondary Phone: _____ Check here if this is not a U.S. phone number

Fax Number: _____

Email Address *(required for electronic delivery of your account statements and trade confirmations):* _____

U.S. Entity Foreign Entity – Country of Formation: _____
(complete appropriate Form W-8) State/Province of Formation/Organization: _____

Please choose from the list provided on page 7 the occupation code and industry of occupation code that most accurately describes your situation.
Occupation: _____ Industry of Occupation: _____

If this is a trust account, please specify name of Grantor and date of formation: _____

If this entity is a publicly traded company, please specify the stock symbol: _____ Is this a Pooled Asset Vehicle? Yes No

2. AUTHORIZED AGENT/PARTNER/TRUSTEE/OFFICER INFORMATION

Check here if this is a domestic entity and this person owns 25% or more. Check here if this is a foreign entity and this person owns 10% or more.

Name Prefix *(optional)*: Mr. Mrs. Ms. Dr. Rev. _____
Full Legal Name: _____

Date of Birth: _____
(MM-DD-YYYY) Number of Dependents: _____ U.S. Social Security Number: _____
*(SSN)**

Home Address: _____
(no PO box or mail drop)

City: _____ State: _____ ZIP Code: _____ Country: _____

Please specify if you are: Employed Unemployed Self-Employed Retired Homemaker Student Source of Income *(If Unemployed, Retired, Homemaker, or Student)*: _____

Please choose from the list provided on page 7 the occupation code and industry of occupation code that most accurately describes your situation.
Occupation: _____ Industry of Occupation: _____

Employer Name *(If Self-Employed, provide the name of your business)*: _____



Employer Street Address:			
City:	State:	ZIP Code:	Country:
<input type="checkbox"/> Check here if you are NOT a U.S. citizen.		Country of Citizenship:	
Country of Dual or Secondary Citizenship:		Country of Birth:	
Non-U.S. citizens:** Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No		Specify visa type:	Visa Number: Expiration:

*If none, I will submit a photocopy of my passport.

**Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement. If a U.S. address is listed, then attach a Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to form W-8. This form can be found on the TD Ameritrade Forms Library: <https://www.tdameritrade.com/form-library>

AUTHORIZED AGENT/PARTNER/TRUSTEE/OFFICER INFORMATION

Check here if this is a domestic entity and this person owns 25% or more. Check here if this is a foreign entity and this person owns 10% or more.

Name Prefix (optional): Mr. Mrs. Ms. Dr. Rev.

Full Legal Name:

Date of Birth: (MM-DD-YYYY)	Number of Dependents:	U.S. Social Security Number: (SSN)*	
Home Address: (no PO box or mail drop)			
City:	State:	ZIP Code:	Country:
Please specify if you are: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student			Source of Income (If Unemployed, Retired, Homemaker, or Student):
Please choose from the list provided on page 7 the occupation code and industry of occupation code that most accurately describes your situation.			
Occupation:		Industry of Occupation:	

Employer Name (If Self-Employed, provide the name of your business):

Employer Street Address:

City:	State:	ZIP Code:	Country:
<input type="checkbox"/> Check here if you are NOT a U.S. citizen.		Country of Citizenship:	
Country of Dual or Secondary Citizenship:		Country of Birth:	
Non-U.S. citizens:** Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No		Specify visa type:	Visa Number: Expiration:

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AUTHORIZED AGENT/PARTNER/TRUSTEE/OFFICER INFORMATION

Check here if this is a domestic entity and this person owns 25% or more. Check here if this is a foreign entity and this person owns 10% or more.

Name Prefix (optional): Mr. Mrs. Ms. Dr. Rev.

Full Legal Name:

Date of Birth: (MM-DD-YYYY)	Number of Dependents:	U.S. Social Security Number: (SSN)*	
Home Address: (no PO box or mail drop)			
City:	State:	ZIP Code:	Country:
Please specify if you are: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student			Source of Income (If Unemployed, Retired, Homemaker, or Student):
Please choose from the list provided on page 7 the occupation code and industry of occupation code that most accurately describes your situation.			
Occupation:		Industry of Occupation:	

Employer Name (If Self-Employed, provide the name of your business):

Employer Street Address:

City:	State:	ZIP Code:	Country:
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<input type="checkbox"/> Check here if you are NOT a U.S. citizen.	Country of Citizenship:
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Country of Dual or Secondary Citizenship:	Country of Birth:
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Non-U.S. citizens:** Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify visa type:	Visa Number:	Expiration:
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**Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement. If a U.S. address is listed, then attach a Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to form W-8. This form can be found on the TD Ameritrade Forms Library:
<https://www.tdameritrade.com/form-library>

3. CONTROL PERSON (Required)

Control Person means a single individual with significant responsibility to control, manage, or direct a legal entity customer, including an executive officer or senior manager (for example, a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer); or any other individual who regularly performs similar functions.

Name Prefix (optional): Mr. Mrs. Ms. Dr. Rev.

Full Legal Name:

Check here if you have already provided your contact information above in section 2.

Home Street Address:
(no PO box or mail drop)

City:	State:	ZIP Code:	Country:
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Date of Birth: (MM-DD-YYYY)	U.S. Social Security Number (SSN)*
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<input type="checkbox"/> Check here if you are NOT a U.S. citizen.	Country of Citizenship:
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Country of Dual or Secondary Citizenship:	Country of Birth:
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Non-U.S. citizens:* Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify visa type:	Visa Number:	Expiration:
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**Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement. If a U.S. address is listed, then attach a Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to form W-8. This form can be found on the TD Ameritrade Forms Library:
<https://www.tdameritrade.com/form-library>

4. BENEFICIAL OWNERS (This section should be completed by only beneficial owners that are not already listed in section 2.)

Beneficial Owner means each individual, if any, who, directly or indirectly, owns 25% or more of the equity interest of a legal entity customer (10% or more if the legal entity customer is foreign).

BENEFICIAL OWNER #1

Name Prefix (optional): Mr. Mrs. Ms. Dr. Rev.

Full Legal Name:

Home Street Address:
(no PO box or mail drop)

City:	State:	ZIP Code:	Country:
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Date of Birth: (MM-DD-YYYY)	U.S. Social Security Number: (SSN)*
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<input type="checkbox"/> Check here if you are NOT a U.S. citizen.	Country of Citizenship:
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Country of Dual or Secondary Citizenship:	Country of Birth:
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Non-U.S. citizens:* Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify visa type:	Visa Number:	Expiration:
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*If none, I will submit a photocopy of my passport.
**Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement. If a U.S. address is listed, then attach a Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to form W-8. This form can be found on the TD Ameritrade Forms Library:
<https://www.tdameritrade.com/form-library>

BENEFICIAL OWNER #2Name Prefix (optional): Mr. Mrs. Ms. Dr. Rev.

Full Legal Name:

Home Street Address:
(no PO box or mail drop)

City:	State:	ZIP Code:	Country:
Date of Birth: (MM-DD-YYYY)	U.S. Social Security Number: (SSN)*		
<input type="checkbox"/> Check here if you are NOT a U.S. citizen.	Country of Citizenship:		
Country of Dual or Secondary Citizenship:	Country of Birth:		
Non-U.S. citizens:* Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify visa type:	Visa Number:	Expiration:

*If none, I will submit a photocopy of my passport.

Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement. If a U.S. address is listed, then attach a Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to form W-8. This form can be found on the TD Ameritrade Forms Library: <https://www.tdameritrade.com/form-library>.BENEFICIAL OWNER #3**Name Prefix (optional): Mr. Mrs. Ms. Dr. Rev.

Full Legal Name:

Home Street Address:
(no PO box or mail drop)

City:	State:	ZIP Code:	Country:
Date of Birth: (MM-DD-YYYY)	U.S. Social Security Number: (SSN)*		
<input type="checkbox"/> Check here if you are NOT a U.S. citizen.	Country of Citizenship:		
Country of Dual or Secondary Citizenship:	Country of Birth:		
Non-U.S. citizens:* Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify visa type:	Visa Number:	Expiration:

*If none, I will submit a photocopy of my passport.

Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement. If a U.S. address is listed, then attach a Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to form W-8. This form can be found on the TD Ameritrade Forms Library: <https://www.tdameritrade.com/form-library>.BENEFICIAL OWNER #4**Name Prefix (optional): Mr. Mrs. Ms. Dr. Rev.

Full Legal Name:

Home Street Address:
(no PO box or mail drop)

City:	State:	ZIP Code:	Country:
Date of Birth: (MM-DD-YYYY)	U.S. Social Security Number: (SSN)*		
<input type="checkbox"/> Check here if you are NOT a U.S. citizen.	Country of Citizenship:		
Country of Dual or Secondary Citizenship:	Country of Birth:		
Non-U.S. citizens:* Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify visa type:	Visa Number:	Expiration:

*If none, I will submit a photocopy of my passport.

Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement. If a U.S. address is listed, then attach a Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to form W-8. This form can be found on the TD Ameritrade Forms Library: <https://www.tdameritrade.com/form-library>.If additional beneficial owners need to be disclosed, please copy this page as needed.**

5. AFFILIATIONS

Check here if any Partner/Authorized Agent, Trustee or Officer is a member of the board of directors, 10% shareholder, or policy-making officer of a publicly traded company. Specify the name of the affiliated person/Authorized Agent, the company ticker symbol, name, address, city, and state/province:

Check here if any Partner/Authorized Agent, Trustee, or Officer is licensed or employed by a registered broker/dealer, securities exchange, or member of a securities exchange. We must receive a compliance letter along with this application. Specify the name of the affiliated person/Authorized Agent:

Check here if any Partner/Authorized Agent/Trustee is, or is employed by, a federal or state registered Investment Advisor. Specify the name of the affiliated person/Authorized Agent and Investment Advisor company name:

Check here if any Partner/Authorized Agent/Trustee is using a license in a professional sale or trading capacity. Specify the name of the affiliated person/Authorized Agent:

6. AUTHORIZED AGENT COMPENSATION

Check here if any Authorized Agent (unaffiliated with the entity) is being compensated for providing investment advice, placing trades, or otherwise managing the account.

7. INVESTMENTS PERMITTED

The undersigned certify that the entity permits purchases and sales of securities in the following types of accounts as well as all transaction types indicated below:

Cash **Options:** Write covered calls, write cash-secured puts Create spreads
 Margin Purchase options Write uncovered options

8. CHECKWRITING/DEBIT CARD

If you are adding a new Authorized Agent/Partner/Officer/Trustee to the account, the new Authorized Agent/Partner/Officer/Trustee will also be able to sign checks and use a debit card against funds in this account. (Authorized Agents are not eligible for a debit card) The new Authorized Agent/Partner/Officer/Trustee will also be bound by the terms and conditions of the TD Ameritrade Checking/Debit Card Agreement. If you would like new checks or a new card with the new Authorized Agent/Partner/Trustee/Officer name on them please check the boxes below.

Any Authorized Agent/Partner/Officer/Trustee that is removed will no longer be able to sign checks against this account. Any existing checks/debit cards will be invalid. Any automatic transactions established on the account are now canceled, and you will need to re-establish new automatic transactions.

Please check the check order box below to get a new set of checks with the new Authorized Agent/Partner/Officer/Trustee name.

Send me a new order of checks.

Note that we will only mail checks to the original Authorized Agent/Partner/Trustee/Officer address, which will be printed on the checks.

Send me a debit card for my new Co-owner.

Note that we can only add checks for an Authorized agent and checks and cards for Partner/Officer/Trustee, if the account is already enabled with checks and debit cards. Authorized Agents are NOT permitted to have a debit card, and no card will be issued with their name on it.

9. ACCOUNT AGREEMENT

I have received and read the Client Agreement, which is incorporated by this reference, that will govern my account.

In this agreement, "Account Owner," "I," and "my" refer to the entity for which this account is established and/or the natural person(s) authorized to represent and act on behalf of the entity. I release and agree to indemnify and hold harmless TD Ameritrade, Inc., its divisions and affiliates thereof ("TD Ameritrade") from any and all liability and claims for damages resulting from any action taken pursuant to this Agreement. By my signature below, I attest that I am of legal age to contract and that the information contained in this application is true and correct. I acknowledge that I have received and read the "Client Agreement," available at www.tdameritrade.com or by calling 800-669-3900, that will govern my account. I agree to be bound by the "Client Agreement" which may be amended from time to time and which is incorporated by this reference. All securities, dividends, and proceeds will be held at TD Ameritrade Clearing, Inc. unless otherwise instructed. I understand that TD Ameritrade may obtain a current consumer or credit report to determine my eligibility, or continuing eligibility, for credit or for other legitimate business purposes. Any decision by TD Ameritrade to extend credit may be based on information contained in a consumer or credit report, as well as the policies of TD Ameritrade Clearing, Inc. I understand that TD Ameritrade may relate information regarding this account, including account delinquency and voluntary closures, to consumer or credit reporting agencies. Upon my request, TD Ameritrade shall inform me of each consumer or credit reporting agency from which they have obtained and/or reported my consumer or credit report. TD Ameritrade agrees to notify the consumer or credit reporting agencies if I dispute the completeness or accuracy of the information furnished by TD Ameritrade. By my signature below, I authorize TD Ameritrade to obtain consumer or credit reports for the name(s) set forth below. I understand that nondeposit investments purchased through TD Ameritrade are not insured by the Federal Deposit Insurance Corporation (FDIC), are not obligations of or guaranteed by any financial institution and are subject to investment risk and loss that may exceed the principal invested. Unless I have declined the margin feature, I acknowledge that securities securing loans from TD Ameritrade may be lent to TD Ameritrade and lent by TD Ameritrade to others. I also acknowledge that if I trade "on margin," I am borrowing money from TD Ameritrade and that I understand the requirements and risks associated with margin as summarized in the Margin Handbook and Margin Disclosure Document.

Important information about procedures for opening a new account:

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents. By my signature below, I attest that I am of legal age to contract, and I certify, to the best of my knowledge that the information provided on this application is complete and correct.

All Authorized Agents and Officers must provide their signatures below.

If I am a U.S. person for tax purposes:
 Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number; (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Services (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; (3) I am a U.S. citizen or other U.S. person; and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

If I have been notified by the IRS that I am subject to backup withholding because I have failed to report all interest and dividends on my tax return, I must cross out (2) in this certification.

If I am not a U.S. Person for tax purposes:
 I am submitting the applicable Form W-8 with this form to certify my foreign status.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

The Client Agreement applicable to this brokerage account contains a predispute arbitration clause. By signing this agreement, the parties agree to be bound by the terms of the Client Agreement, including the arbitration agreement located in Section 12 of the Client Agreement on page 8.

I am the sole officer. Single Member LLC

Authorized Agent's Signature:	Title:	Date:
Authorized Agent's Signature:	Title:	Date:
Authorized Agent's Signature:	Title:	Date:
Authorized Agent's Signature:	Title:	Date:
Authorized Agent's Signature:	Title:	Date:

If this form is being used to update an authorized agent on an existing TD Ameritrade account, then the rescinding officers needs to sign below.

Rescinding Authorized Agent's Signature:	Title:	Date:
Rescinding Authorized Agent's Signature:	Title:	Date:

Original signature required; electronic signatures and/or signature fonts are not authorized.

10. SECRETARY (Only for Corporate Accounts)

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of said corporation this (today's date) _____

Printed Name of Secretary:

Secretary's Signature:

Original signature required; electronic signatures and/or signature fonts are not authorized.

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

Occupation Codes

A42	Accountant/Auditor/Bookkeeper	C82	Compliance/Regulatory Professional	N21	Nurse
A62	Adjuster	C92	Consultant	O11	Office Associate
A82	Advertiser/Marketer/PR Professional	C43	Counselor/Therapist	O21	Other; If Other, include a description in the Occupation box.
A33	Air Traffic Controller	C53	Customer Service Representative	P81	Pharmacist
A43	Ambassador/Consulate Professional	D11	Dealer	P91	Physical Therapist
A53	Analyst	D61	Dentist	P22	Pilot
A63	Appraiser	D31	Distributor	P32	Police Officer/Firefighter/Law Enforcement Professional
A73	Architect/Designer	D41	Doctor/Surgeon/Physician	P42	Politician
A83	Artist/Performer/Actor/Dancer	D51	Driver	P52	Project Manager
A93	Assistant/Executive Assistant	E51	Engineer	R81	Real Estate Professional
A44	Athlete	E71	Exterminator	R71	Researcher
A64	Attorney/Judge/Legal Professional	F71	Factory/Warehouse Worker	S41	Salesperson
A74	Auctioneer	F81	Farmer/Rancher	S51	Scientist
L51	Banker/Lending Professional	F91	Financial Planner/Advisor	S61	Seamstress/Tailor
B21	Barber/Beautician/Hairstylist	F22	Flight Attendant	S71	Security Guard
B31	Broker/Registered Rep	F32	Human Resources Professional	S81	Social Worker
B41	Business Executive (VP, Director, etc.)	I41	Importer/Exporter	T41	Teacher/Professor
B51	Business Owner	I51	Inspector/Investigator	T51	Technician
C81	Caregiver	I81	Investor	T61	Teller
C91	Carpenter/Construction Worker/Contractor	I91	IT Professional/IT Associate	T71	Tradesperson/Craftsperson
C22	Cashier	J31	Janitor	T81	Trainer/Instructor
C32	Chef/Cook	J41	Jeweler	U21	Underwriter
C42	Chiropractor	L31	Laborer	V11	Veterinarian
C52	Civil Servant	L41	Landscaper	W21	Writer/Journalist/Editor
C62	Clergy	M91	Mechanic		
C72	Clerk	M22	Military, Officer or Associated		
		M32	Mortician/Funeral Director		

Industry of Occupation Codes

A11	Accounting	F11	Fashion/Clothing	O31	Other; If Other, include a description in the Industry of Occupation box
A21	Advertising/Marketing	F21	Financial Services	P11	Parking and Car Washes
A31	Aerospace/Defense	F51	Firearms and Explosives	P21	Pawn Shops/Brokers
A41	Agriculture/Forestry	G11	Gaming/Casino/Card Club	P31	Personal Care/Hygiene (Beauty, Salon, Cosmetics, Massage, etc.)
A51	Amusement and Recreation	G21	Government/Public Administration	P41	Pharmaceuticals
A61	Animal Services and Veterinary	G31	Grocery/Supermarket	P51	Printing/Publishing
A71	Architecture/Design	H11	Healthcare/Medical Services	P71	Professional/Civic Organizations (Non-Retail)
A81	Arts/Antiques	H21	Hotel/Hospitality	R11	Real Estate
A91	Athletics/Fitness	I11	Import/Export	R21	Religious Organization
A32	Automotive	I21	Information Technology (IT)	R31	Repair Services - Home, Auto, and Other
B11	Aviation	I31	Insurance	R41	Restaurant/Food Service
C11	Bar/Nightclub/Adult Entertainment Club	J11	Jewelry, Gems, and Precious Metals	R51	Retail Sales/Retail Trade
C21	Childcare	L11	Legal Services/Public Safety	S11	Science and Biotechnology
C31	Cleaning/Janitorial/Housekeeping	L21	Logistics/Supply Chain	S21	Security
C41	Communications/Telecommunications	M11	Manufacturing	T11	Transportation
C51	Construction/Carpentry/Landscaping	M21	Maritime	T31	Travel
C61	Convenience Store/Liquor Store/Gas Station	M31	Media/Entertainment	U11	Utilities (Public)
C71	Customer Service and Support	M41	Mining, Oil, and Gas	W11	Wholesale Sales/Trade
E11	Education	M51	Money Services Businesses (Check Cashing, Money Transmitting, Payday Loans, Currency Exchange)		
E21	Embassy/Consulate	N11	Non-Profit/NGO (Non-Government Agency)/Charity		
E31	Energy				
E41	Engineering				