

**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 and competitive harm 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**