

ALLIED HORROR, LLC

GENERAL "ACCREDITED INVESTOR" QUESTIONNAIRE INQUIRY

Full Name: _____

Business Name (If Applicable): _____

Home and Business Address: _____

Home Telephone: () _____

Business Telephone: () _____

Facsimile: () _____

Email: _____

Occupation: _____ Retired/Past Occupation: _____

Are you an "Accredited Investor"? _____ Age: _____

Do you have an individual net worth in excess of \$1,000,000? _____

Do you have a minimum net worth of \$500,000? _____

Do you earn at least \$100,000 annually & have a net worth of at least \$250,000 or do you expect to earn at least \$100,000 this next year? _____

Previous Investment types and the dates where you have participated either as an "active" or "passive" investor in any Regulation D offering, or specific Investment Experience: _____

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Are you liquid now? _____ What amount is available, if liquid? \$ _____

Who will make the decisions for an investment?

SELF _____ WIFE _____

BROKER _____ CPA/ATTORNEY _____