Date: ___ / ___ / ____

PAF	RTICIPANT INFORMATION			
Maili	ing Address:			
Prefe	erred contact information (ex. email,	phone number	, twitter/x,	or discord):
				_
BIL	L INFORMATION			
	Serial Number	Deno	mination	
1.		\$.00	
2.		\$.00	
3.		\$.00	
4.		\$.00	
5.		\$.00	
	SD RECIPIENT INFORMATI	ION		
Ethe	reum address or ENS name:			
ا hav	/e: ☐ Read Burn Agreement 1.2.0 in full (w	hich can be four	nd at	
	https://busd.steviep.xyz/burn-agreei		ia at	
) 1	Accurately filled out all required requEnsured that all submitted bills mate			I INFORMATION coction
(I have included the \$50.00 processir confirmation from the Burn Agent the	ng fee for each s	submitted I	
	-			
Full I	Name:			

Signature: