Edgar Filing: Nielsen Jason - Form 4

| Nielsen Jaso Form 4 | on | | | | | | | | |
|---|---|---|---|--|-----------|--------------|--|--|---|
| April 08, 20 |)19 | | | | | | | | |
| FORM | 14 UNITED | STATES SEC | TIDITIFS | AND FY | THAT | NCF CO | MMISSION | | PROVAL |
| | UNITED | | Washingtor | | | | | OMB Number: | 3235-0287 |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to 5 | | | SECU | RITIES | | | Expires: Estimated av burden hour response | • | |
| obligatio may cor <i>See</i> Inst 1(b). (Print or Type | ntinue. Section 17(| | c Utility Ho e Investmen | • | · · | | 935 or Section | | |
| (I fint of Type | (Kesponses) | | | | | | | | |
| 1. Name and A Nielsen Jas | Address of Reporting | Symb | ssuer Name an ool ayit Corp [A | | Tradin | 0 | 5. Relationship of I ssuer | Reporting Perso | on(s) to |
| (Last) | (First) (| | te of Earliest | - | | | (Check | all applicable) |) |
| | | | th/Day/Year) 4/2019 | | | - - t | Director Officer (give t below) | itleOther below) | Owner r (specify |
| SCOTTS 1 | (Street) | Filed | Amendment, I (Month/Day/Ye | - | | A | 5. Individual or Joi Applicable Line) _X_ Form filed by Ou Form filed by Mo | ne Reporting Per | son |
| | ALLEY, CA 950 | | | | | ł | Person | | - |
| (City) | (State) | (Zip) | Fable I - Non- | Derivative | Securi | ties Acqui | ired, Disposed of, | or Beneficiall | y Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, any (Month/Day/Yea | Code | 4. Securitie oror Dispose (Instr. 3, 4 | d of (Î |)) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | (Instr. 4) | |
| Stock, | 04/04/2019 | | S | 20,000 | D | \$ 0.0416 | 135,006,445 | D | |
| Common Stock, \$0.001 par value per share | 04/04/2019 | | S | 24,000 | D | \$ 0.0417 | 134,982,445 | D | |
| Common Stock, | 04/04/2019 | | S | 20,000 | D | \$ 0.0415 | 134,962,445 | D | |

| \$0.001 par value per share | | | | | | | |
|---|------------|---|---------|---|--------------|-------------|---|
| Common Stock, \$0.001 par value per share | 04/04/2019 | S | 100,000 | D | \$ 0.042 | 134,862,445 | D |
| Common Stock, \$0.001 par value per share | 04/04/2019 | S | 40,000 | D | \$ 0.0417 | 134,822,445 | D |
| Common Stock, \$0.001 par value per share | 04/04/2019 | S | 7,659 | D | \$ 0.0419 | 134,814,786 | D |
| Common Stock, \$0.001 par value per share | 04/04/2019 | S | 277,341 | D | \$ 0.0416 | 134,537,445 | D |
| Common Stock, \$0.001 par value per share | 04/04/2019 | S | 10,000 | D | \$ 0.0425 | 134,527,445 | D |
| Common Stock, \$0.001 par value per share | 04/04/2019 | S | 45,000 | D | \$ 0.0422 | 134,482,445 | D |
| Common Stock, \$0.001 par value per share | 04/04/2019 | S | 10,000 | D | \$ 0.0427 | 134,472,445 | D |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | ınt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-------|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Addre | Relationships | | | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| Nielsen Jason | | | | | | | | | |
| P.O. BOX 66588 | | Х | | | | | | | |
| SCOTTS VALLEY, CA 950 | | | | | | | | | |
| Signatures | | | | | | | | | |
| /Jason Nielsen/ 0 | 4/08/2019 | | | | | | | | |
| <u>**</u> Signature of Reporting Person | Date | | | | | | | | |

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.