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# Uniform Application for Broker-Dealer Registration

SEC 1490 (05-02)

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.

### FORM BD INSTRUCTIONS

#### A. GENERAL INSTRUCTIONS

- 1. Form BD is the Uniform Application for Broker-Dealer Registration. Broker-Dealers must file this form to register with the Securities and Exchange Commission, the self-regulatory organizations, and jurisdictions through the Central Registration Depository ("CRD") system, operated by the NASD.
- 2. UPDATING By law, the applicant must promptly update Form BD information by submitting amendments whenever the information on file becomes inaccurate or incomplete for any reason.
- 3. CONTACT EMPLOYEE The individual listed as the contact employee must be authorized to receive all compliance information, communications, and mailings, and be responsible for disseminating it within the *applicant's* organization.

#### 4. GOVERNMENT SECURITIES ACTIVITIES

- A. Broker-dealers registered or *applicants* applying for registration under Section 15(b) of the Exchange Act that conduct (or intend to conduct) a government securities business in addition to other broker-dealer activities (if any) must file a notice on Form BD by answering "yes" to Item 2B.
- B. Section 15C of the Securities Exchange Act of 1934 requires sole government securities broker-dealers to register with the SEC. To do so, answer "yes" to Item 2C if conducting <u>only</u> a government securities business.
- C. Broker-dealers registered under Section 15(b) of the Exchange Act that cease to conduct a government securities business must file notice when ceasing their activities in government securities. To do so, file an amendment to Form BD and answer "yes" to Item 2D.
- NOTE. Broker-dealers registered under Section 15C may register under Section 15(b) by filing an amendment to Form BD and answering "yes" to Items 2A and 2D. By doing so, broker-dealer expressly consents to withdrawal of broker-dealer's registration under 15C of the Exchange Act.
  - 5. FEDERAL INFORMATION LAW AND REQUIREMENTS An agency may not conduct or sponsor, and a *person* is not required to respond to, a collection of information unless it displays a currently valid control number. Section 15, 15c, 17(a) and 23(a) of the Exchange Act authorize the Commission to collect the information on this Form from registrants. See 15 U.S.C. §§780, 780-5, 78-q and 78w. Filing of this Form is mandatory; however the social security number information, which aids in identifying the *applicant*, is voluntary. The principal purpose of this Form is to permit the Commission to determine whether the *applicant* meets the statutory requirement to engage in the securities business. The Form also is used by *applicants* to register as broker-dealers with certain *self-regulatory organizations* and all of the states. The Commission and the National Association of Securities Dealers, Inc. maintain the files of the information on this Form and will make the information publicly available. Any member of the public may direct to the Commission any comments concerning the accuracy of the burden estimate on application facing page of this Form, and any suggestions for reducing this burden. This collection of information has been reviewed by the Office of Management and Budget in accordance with the clearance requirements of 44 U.S.C. §3507. The information contained in this form is part of a system of records subject to the Privacy Act of 1974, as amended. The Securities and Exchange Commission has published in the Federal Register the Privacy Act Systems of Records Notice for these records.

#### B. PAPER FILING INSTRUCTIONS (FIRST TIME APPLICANTS FILING WITH CRD AND WITH SOME JURISDICTIONS)

#### 1. FORMAT

- A. A full paper Form BD is required when the applicant is filing with the CRD for the first time. In addition, some jurisdictions may require a separate paper filing of Form BD. The applicant should contact the appropriate jurisdiction(s) for specific filing requirements.
- B. Attach an Execution Page (Page 1) with original manual signatures to the initial Form BD filing
- C. Type all information.
- D. Give the name of the broker-dealer and date on each page.
- E. Use only the current version of Form BD and its Schedules or a reproduction of them.
- 2. DISCLOSURE REPORTING PAGE (DRP) -- Information concerning the applicant or control affiliate that relates to the occurrence of an event reportable under item 11 must be provided on the applicant's appropriate DRP(BD). If a control affiliate is an individual or organization registered through the CRD, such control affiliate need only complete Part I of the applicant's appropriate DRP(BD) Details of the event must be submitted on the control affiliate's appropriate DRP(BD) or DRP(U-4). Attach a copy of the fully completed DRP(BD) or DRP(U-4) previously submitted. If a control affiliate is an individual or organization not registered through the CRD, provide complete answers to all of the items on the applicant's appropriate DRP(BD).
- 3 SCHEDULES A, B AND C File Schedules A and B only with initial applications for registration. Use Schedule C to update Schedules A and B. Individuals not required to file a Form U-4 (individual registration) with the CRD system who are listed on Schedules A, B, or C must attach page 2 of Form U-4. The applicant broker-dealer must be listed in Form U-4 Item 20 or 21. Signatures are not required.
- 4. SCHEDULE D Schedule D provides additional space for explaining answers to item 1C(2), and "yes" answers to items 5, 7, 8, 9, 10, 12, and 13 of Form BD.

#### C. ELECTRONIC FILING INSTRUCTIONS (APPLICANTS / REGISTERED BROKER-DEALERS FILING AMENDMENTS WITH CRD) 1. FORMAT

- A. Items 1-13 must be answered and all fields requiring a response must be completed before the filing will be accepted.
- B. Applicant must complete the execution screen certifying that Form BD and amendments thereto have been executed property and that the information contained therein is accurate and complete.
- C. To amend information, applicant must update the appropriate Form BD screens.
- D. A paper copy, with original manual signatures, of the initial Form BD filing and amendments to Disclosure Reporting Pages (DRPs BD) must be retained by the *applicant* and be made available for inspection upon a regulatory request.
- 2 DISCLOSURE REPORTING PAGE (DRP) Information concerning the applicant or control affiliate that relates to the occurrence of an event reportable under item 11 must be provided on the applicant's appropriate DRP(BD). If a control affiliate is an individual or organization registered through the CRD, such control affiliate need only complete the control affiliate name and CRD number of the applicant's appropriate DRP(BD). Details for the event must be submitted on the control affiliate's appropriate DRP(BD) or DRP(U-4). If a control affiliate is an individual or organization registered through the CRD, such control affiliate need only complete the control affiliate name and CRD number of the applicant's appropriate DRP(BD). Details for the event must be submitted on the control affiliate's appropriate DRP(BD) or DRP(U-4). If a control affiliate is an individual or organization not registered through the CRD, provide complete answers to all of the questions and complete all fields requiring a response on the applicant's appropriate DRP(BD) screen.

3. DIRECT AND INDIRECT OWNERS – Amend the Direct Owners and Executive Officers screen and the Indirect Owners screen when changes in ownership occur. *Control affiliates* that are individuals who are not required to file a Form U-4 (individual registration) with the CRD must complete page 2 of Form U-4 (i.e., submit/file the information elicited by the Personal Data. Residential History, and Employment and Personal History sections of that Form). The *applicant* broker-dealer must be listed in Form U-4 (tem 20 or 21.

e CRD mailing address for questions and correspondence is:

NASAA/NASD CENTRAL REGISTRATION DEPOSITORY P.O. BOX 9495 GAITHERSBURG, MD 20898-9495

### EXPLANATION OF TERMS

#### (The following terms are italicized throughout this form.)

#### 1. GENERAL

APPLICANT - The broker-dealer applying on or amending this form.

**CONTROL** – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or officer exercising executive responsibility (or having similar status or functions); (ii) directly or indirectly has the right to vote 25% or more of a class of a voting security or has the power to sell or direct the sale of 25% or more of a class of a class of voting securities; or (iii) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 25% or more of the capital, is presumed to control that company. (This definition is used solety for the purpose of Form BD.)

JURISDICTION - A state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

PERSON - An individual, partnership, corporation, trust, or other organization.

SELF-REGULATORY ORGANIZATION - Any national securities or commodifies exchange or registered securities association, or registered clearing agency.

#### 2. FOR THE PURPOSE OF ITEM 5 AND SCHEDULE D

SUCCESSOR – An unregistered entity that assumes or acquires substantially all of the assets and liabilities, and that continues the business of, a registered predecessor broker-dealer, who ceases its broker-dealer activities. [See Securities Exchange Act Release No. 31661 (December 28, 1992), 58 FR 7 (January 4, 1993)]

#### 3. FOR THE PURPOSE OF ITEM 11 AND THE CORRESPONDING DISCLOSURE REPORTING PAGES (DRPs)

**CONTROL AFFILIATE** – A person named in Items 1A, 9 or in Schedules A, B or C as a *control* person or any other individual or organization that directly or indirectly controls, is under common control with, or is controlled by, the *applicant*, including any current employee except one performing only clerical, administrative, support or similar functions, or who, regardless of title, performs no executive duties or has no senior policy making authority.

INVESTMENT OR INVESTMENT-RELATED – Pertaining to securities, commodities, banking, insurance, or real estate (including, but not limited to, acting as or being associated with a broker-dealer, municipal securities dealer, government securities broker or dealer, issuer, investment company, investment adviser, futures sponsor, bank, or savings association).

INVOLVED - Doing an act or aiding, abetting, counseling, commanding, inducing, conspiring with or failing reasonably to supervise another in doing an act.

FOREIGN FINANCIAL REGULATORY AUTHORITY – Includes (1) a foreign securities authority; (2) other governmental body or foreign equivalent of a *self-regulatory organization* empowered by a foreign government to administer or enforce its laws relating to the regulation of *investment* or *investment-related* activities; and (3) a foreign membership organization, a function of which is to regulate the participation of its members in the activities listed above.

**PROCEEDING** – Includes a formal administrative or civil action initiated by a governmental agency, self-regulatory organization or a foreign financial regulatory authority; a felony criminal indictment or information (or equivalent formal charge); or a misdemeanor criminal information (or equivalent formal charge). Does not include other civil litigation, investigations, or arrests or similar charges effected in the absence of a formal criminal indictment or information (or equivalent formal indictment or information (or equivalent formal indictment or information).

CHARGED - Being accused of a crime in a formal complaint, information, or indictment (or equivalent formal charge).

ORDER - A written directive issued pursuant to statutory authority and procedures, including orders of denial, suspension, or revocation; does not include special stipulations, undertakings or agreements relating to payments, limitations on activity or other restrictions unless they are included in an *order*.

FELONY - For jurisdictions that do not differentiate between a felony and a misdemeanor, a felony is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least \$1,000. The term also includes a general court martial.

MISDEMEANOR - For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *misdemeanor* is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than \$1,000. The term also includes a special court martial.

FOUND - Includes adverse final actions, including consent decrees in which the respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, letters of caution, admonishments, and similar informal resolutions of matters.

MINOR RULE VIOLATION – A violation of a self-regulatory organization rule that has been designated as "minor" pursuant to a plan approved by the U.S. Securities and Exchange Commission. A rule violation may be designated as "minor" under a plan if the sanction imposed consists of a fine of \$2,500 or less, and if the sanctioned person does not contest the fine. (Check with the appropriate selfregulatory organization to determine if a particular rule violation has been designated as "minor" for these purposes).

ENJOINED - includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction, or a temporary restraining order.

Rev Form BD (7/1999)

FORM BD	UNIFORM APP	LICATION FOR BROK	ER-DEALER REGIST	RATION	OFFICIAL USE
PAGE 1 (Execution Page)	Date	SEC File No.: 8	Firm CRD No.		
(REV 7/1999)			······		
and	records or otherwise to co eral securities laws and the	nt and to file accurate supplet mply with the provisions of la laws of the <i>junsdictions</i> and n ATEMENTS OR OMISSIO	w applying to the conduct of nay result in disciplinary, admi	business as a brok inistrative, injunctive	er-dealer would violate the or criminal action
	<u></u>				
Exact name, p	rincipal business addres	s, mailing address, if differ	ent, and telephone numbe	r of <i>applicant</i> :	
A. Full name	of applicant (if sole prop	ietor, state last, first and m	iddle name):		
B. IRS Empl.	dent. No.:				
C. (1) Name	under which broker-dea	er business primarity is co	nducted, if different from it	em 1A.	
D. If this filing the ap	makes a name change oplicant name (1A) or	ection I any other name by on behalf of the <i>applicant</i> , o business name (1C):			
	<i>k above.</i> address: (Do not use a F	2.O. Box)			
<u> </u>	(Number and Street)	(Crty	)	(State/Country)	(Zip+4/Postal Code)
	ces or other business loo Iress, if different:	ations must be reported or	n Schedule E.		
G. Business T	elephone Number:	· · · · · · · · · · · · · · · ·	••••		
(Area Code)	(Telephone Number)				
H. Contact En	plovee:				
(Name and Title)			(Area Code	) (Telephone Nur	mber)
XECUTION:					<u> </u>
le undersigned a revocably appoin torney for the ap oplicant arising of i those State(s), a i competent jurisio ere a resident in the applicant const r any self-regulat y the Securities in mployee at the m he undersigned, oplicant. The und of other informati	Ind applicant hereby cent the administrator of eac blicant in said State(s), up it of or in connection with ind the applicant hereby of liction and proper venue said State(s) and had law ents that service of any c ory organization in connec ivestor Protection Corpor ain address, or mailing ad being first duly swom, de ersigned and applicant re on filed herewith, all of wh	of the State(s) designated in infy that the applicant is in h of those State(s) or such yon whom may be served and the offer or sale of securities onsents that any such action within said State(s) by servic ully been served with process vil action brought by or notic ation, may be given by regist dress if different, given in the poses and says that he/she present that the information lich are made a part hereof, previously submitted is not a	compliance with applicable other person designated b ny notice, process, or pleadi s or commodities, or out of the n or proceeding against the se of process upon said app is in said State(s). Se of any proceeding before ker-dealer activities, or of a tered or certified mail or cor ms 1E and 1F. The has executed this form on and statements contained are current, true and completered of the statements contained are current, true and completered to the statements contained are current, true and completered to the statements contained	a state surety bon y law, and the suc ng in any action or he violation or alleg applicant may be c iointee with the sar the Secunties and ny application for a nfirmed telegram to behalf of, and with herein, including ex- ste The undersigned	ding requirements and ccessors in such office, proceeding against the ged violation of the laws ommenced in any court ne effect as if applicant Exchange Commission a protective decree filed the applicant's contact the the authority of, said shibits attached hereto, ed and applicant further
te (MM/DD/YYYY)		Name of Applicant			
: Signature		<u></u>	Print Name and Title		
		day of		by	Notary Public
		County of			
7	This page must always	be completed in full with oms being amended. Affi	original, manual signatu x notary stamp or sael wi	ire and notarizati	ion.
		WRITE BELOW THIS LIN			

	ORM BD	Applicant Name				OFFICIAL USE	OFFICIA UBE ON		
	PAGE 2 (REV 7/1999)	Date		Firm	CRD No.,				
2		ecking the appropries a bro		nmental authority, organi	zation, or <i>jurisdiction</i> in which	n the <i>applicant</i> is			
	A. Is app Excha B. Is app 1934 a C. Is app the Se Do not D. Is app If applican	licant registered or nge Act of 1934? . licant registered or and also acting or it licant registered or curities Exchange t answer "yes" to it licant ceasing its au of answers "yes" to	registering as a broker- registering as a broker- ntending to act as a gov registering <u>solely</u> as a g Act of 1934? <i>em 2C if applicant answ</i> ctivities as a governmen <i>Items 2A and 2D, appli</i>	dealer under Section 15( dealer under Section 15( remment securities broke government securities brok vered "yes" to Item 2A or at securities broker or dea cant expressly consents t	b) of the Securities Exchang r or dealer? oker or dealer under Section	e Act of 15C of 			
		BSE CBOE CHX	CSE NASD NYSE	PHLX PCX OTHER (spec	wh/)				
	Alax Anz Anz Anz Cali Cali Col Con Con Det For	ona ansas forma brado unecticut aware nct of Columbia	Hawaii  Ideho Ikinota Indiana Iowa Kansas Kentucky Louisiana Maine Marytand Massachusetts	Michigan     Minnesota     Mississippi     Missoun     Moritana     Nebraska     Nevada     New Hampshire     New Jersey     New Mexico     New York	North Carolina North Dekota Ohio Okiehorne Oregon Pennsylvania Puerto Rico Rhode Island South Carolina South Dekota Tennessee	Texas Utah Vemont Virginia Washington West Virginia Wisconsin Wyoming			
3.	B. Month <i>appl</i>	ərship 🔲 L <i>licant's</i> fıscal year e n a sole proprietor,	Cole Proprietorship imited Liability Compan Inds: Indicate date and place		gal status (i.e., state or count				
	State/Country	y of formation	Date	e of formation:(MM/DD/YY	<del>~~)</del>				
		and, if applicable, wided on Schedule		mpleted as part of all init	ial applications. Amendments	to these schedules			
4.	lf applicant is a	sole proprietor, sta	ate full residence addres	as and Social Security Nu	imber.				
	Social Security N	umber							
		Number and Street)		(Сну)	(State/Country)	(Zip+4/Postal Code)	i t		
5.	5. is applicant at the time of this filing succeeding to the business of a currently registered broker-dealer?       YES       NO         Do not report previous successions already reported on Form BD.       Image: Contact CRD prior to submitting form; complete appropriate items on Schedule D, Page 1, Section III.       Image: Contact CRD prior to submitting form; complete appropriate items on Schedule D, Page 1, Section III.								
				·····	for any other broker or deal				
7.	••		customers to any other t ns on Schedule D, Page						

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F	:01	RM	BD	Applicant Name	OFFICIA	AL US	E	OFFICE UNE ON
•	-	AGE		Date				
	-	EV 7/1	_			<b>.</b>		
8.				t have any arrangement with any other <i>person</i> , firm, or organization under which: or records of <i>applicant</i> are kept or maintained by such other <i>person</i> , firm or organization?	•••••	YES	N0	
	B.	acc	ounts, f	unds, or securities of the applicant are held or maintained by such other person, firm, or organiza	ation?			
	C.		ounts, fi anizatio	unds, or securities of customers of the <i>applicant</i> are held or maintained by such other <i>person</i> , fir n?	m or			
			• •	es of 8B and 8C, do not include a bank or satisfactory control location as defined in paragraph ( ler the Securities Exchange Act of 1934 (17 CFR 240.15c3-3).	c) of Rule			
	If "Yes" to any part of Item 8, complete appropriate items on Schedule D, Page 1, Section IV.							
9.	Do	es a	ny <i>per</i> s	on not named in Item 1 or Schedules A, B, or C, directly or indurectly:				
	A.	con	trol the	management or policies of the <i>applicant</i> through agreement or otherwise?				
	В.	who	oily or pa	artially finance the business of <i>applicant</i> ?				
		ma and	de pursu l others;	wer "yes" to 9B if the person finances the business of the applicant through: 1) a public offering o iant to the Securities Act of 1933; 2) credit extended in the ordinary course of business by suppl or 3) a satisfactory subordination agreement, as defined in Rule 15c3-1 under the Securities Ex CFR 240.15c3-1).	iers, banks,			
		<i>lf</i> "Y	es" to a	ny part of Item 9, complete appropriate items on Schedule D, Page 1, Section IV.				
10	. <b>A</b> .	part	nership	ndirectly, does applicant control, is applicant controlled by, or is applicant under common control, corporation, or other organization that is engaged in the securities or investment advisory busin tem 10A, complete appropriate items on Schedule D, Page 2, Section V.				
	В.	Dıre Fed	ctly or i eral Rei	ndirectly, is <i>applicant controlled</i> by any bank holding company, national bank, state member ban serve System, state non-member bank, savings bank or association, credit union, or foreign ban tem 10B, complete appropriate items on Schedule D, Page 3, Section VI.				
11				priate DRP for providing details to "yes" answers to the questions in Item 11. Refer to the Explan of Form BD Instructions for explanations of italicized terms.	nation of			
				ten years has the applicant or a control affiliate:				
JUNO			felony	convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign or military cour ?				
	В.	in t	he past	ten years has the applicant or a control affiliate:				
			been o <i>misdel</i> omissi	convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign or military cour meanor involving: investments or an investment-related business, or any fraud, false statements ons, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspirat t any of these offenses?	or cy to			
		(2)	been d	harged with a misdemeanor specified in 11B(1)?				
	C.	Ha	the U.	S. Securities and Exchange Commission or the Commodity Futures Trading Commission ever:				
		(1)	found	the <i>applicant</i> or a <i>control affiliate</i> to have made a false statement or omission?				
		(2)	found	he applicant or a control affiliate to have been involved in a violation of its regulations or statutes				
		(3)		he <i>applicant</i> or a <i>control affiliate</i> to have been a cause of an <i>investment-related</i> business having zation to do business denied, suspended, revoked, or restricted?				
		(4)	entered	d an order against the applicant or a control affiliate in connection with investment-related activity	17			
		(5)		d a civil money penalty on the <i>applicant</i> or a <i>control affiliate</i> , or <i>ordered</i> the <i>applicant</i> or a <i>control</i> affiliate, or ordered the applicant or a control end desist from any activity?				

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	OR	M	PN		OFFICIA	LUSI	E	OFFICIAL UNE CHLY
		GE		Applicant Name:				
l		IGE / 7/19	-	Date Firm CRD No '				
.						YES	NO.	
	D.	На	anv o	ther federal regulatory agency, any state regulatory agency, or foreign financial regulatory autho	rity:			
			ever f	ound the applicant or a control affiliate to have made a false statement or omission or been dish	onest,			
				, or unethical?				
		(2)		ound the applicant or a control affiliate to have been involved in a violation of investment-related tutes?				
		(2)		ound the applicant or a control affiliate to have been a cause of an investment-related business				
			autho	rization to do business denied, suspended, revoked, or restricted?	• • • • • • • • •			
JRE		(4)	in the invest	past ten years, entered an order against the applicant or a control affiliate in connection with an imment-related activity?	···· · · · · · · ·			
NS NS		(5)		denied, suspended, or revoked the <i>applicant's</i> or a <i>control affiliate's</i> registration or license or othe				
DISCL		(3)	order,	prevented it from associating with an <i>investment-related</i> business or restricted its activities?				
S	E.	Ha	any s	elf-regulatory organization or commodities exchange ever.				
ACT		(1)	found	the applicant or a control affiliate to have made a false statement or omission?				
REGULATORY ACTION DISCLOSURE		(2)	found desig	the <i>applicant</i> or a <i>control affiliate</i> to have been <i>involved</i> in a violation of its rules (other than a vien nated as a " <i>minor rule violation</i> " under a plan approved by the U.S. Securities and Exchange Co	olation mmission)?			
REGU		(3)	<i>found</i> autho	the <i>applicant</i> or a <i>control affiliate</i> to have been the cause of an <i>investment-related</i> business hav rization to do business denied, suspended, revoked, or restricted?	ing its			
		(4)	discip suspe	lined the <i>applicant</i> or a <i>control affiliate</i> by expelling or suspending it from membership, barring of inding its association with other members, or otherwise restricting its activities?	r 			
1	-	110		oplicant's or a control affiliate's authorization to act as an attomey, accountant, or federal contrac	tor ever			
	г.			ked or suspended?				
	~	ال ما		licant or a control affiliate now the subject of any regulatory proceeding that could result in a "yes	answer to			
	G.	any	part o	i 11C, D, or E?				
Н								
Ĩ	н.	(1)		ny domestic or foreign court:	t-related			
<b>NSO</b>			(a) ir	n the past ten years, <i>enjoined</i> the <i>applicant</i> or a <i>control affiliate</i> in connection with any <i>investmen</i> ctivity?				
SCL				ver found that the applicant or a control affiliate was involved in a violation of investment-related	statutes or			
N D			(0) e r					
CIVIL JUDICIAL DISCLOSU			(c) e a	ver dismissed, pursuant to a settlement agreement, an investment-related civil action brought ag pplicant or control affiliate by a state or foreign financial regulatory authority?	ainst the			
CIVIL		(2)	is the any p	<i>applicant</i> or a <i>control affiliate</i> now the subject of any civil <i>proceeding</i> that could result in a "yes" art of 11H(1)?	answer to			
$\vdash$								
쀭	I.	affi	liate of	t ten years has the <i>applicant</i> or a <i>control affillate</i> of the <i>applicant</i> ever been a securities firm or a a securities firm that:		_	_	
<b>D</b> SO				een the subject of a bankruptcy petition?		L		
NCIAL DISCLOSURE		(2)	has h	ad a trustee appointed or a direct payment procedure initiated under the Securities Investor Prot	ection			
ALD								
2	J	Hae	a bon	ding company ever denied, paid out on, or revoked a bond for the <i>applicant?</i>			Ч	
	к.	Doe	e the <i>i</i>	upplicant have any unsatisfied judgments or ilens against it?				

FO	RM BD	Applicant Name	OFFICIA	LUSE	OFFICIAL UNE ONLY
	PAGE 5				
	REV 7/1999)	Date: Firm CRD No :			
12.C a	heck types of	business engaged in (or to be engaged in, if not yet active) by <i>applicant</i> . Do not check any cate r is expected to account for) less than 1% of annual revenue from the securities or investment a			
A	. Exchange r	nember engaged in exchange commission business other than floor activities			
8	. Exchange r	nember engaged in floor activities			
c	Broker or d	ealer making inter-dealer markets in corporate securities over-the-counter			
D	. Broker or d	ealer retailing corporate equity securities over-the-counter			
E	. Broker or d	ealer selling corporate debt securities		Пвор	
F	. Underwriter	or selling group participant (corporate securities other than mutual funds)		USG	
G	. Mutual fund	underwriter or sponsor			
н	. Mutual fund	retailer			
١.	1. U.S.go	vernment securities dealer		□GSD	
	2. U.S. go	vernment secunties broker		🖾 GSB	
J	Municipal s	ecurities dealer			
к	Municipal s	ecurities broker		🗆 мѕв	
L	Broker or d	ealer selling variable life insurance or annuities			
м	. Solicitor of	ime deposits in a financial institution			
N	. Real estate	syndicator	· <b>· · ·</b> · · · · · · · · · · · · · · ·		
0	. Broker or de	aler selling oil and gas interests			
Р	Put and cal	broker or dealer or option writer		🗆 РСВ	
Q	. Broker or de	ealer selling securities of only one issuer or associate issuers (other than mutual funds)			
R	. Broker or de	ealer seiling securities of non-profit organizations (e.g., churches, hospitals)			
S	Investment	advisory services			
T.	1. Broker o	r dealer selling tax shelters or limited partnerships in primary distributions			
	2. Broker o	r dealer selling tax shelters or limited partnerships in the secondary market	<i>.</i>		
U	Non-exchar	ge member arranging for transactions in listed securities by exchange member			
V	Trading sec	unties for own account			
W	. Private plac	ements of securities			
X	Broker or de	aler seiling interests in mortgages or other receivables			
Y.	Broker or de	aler involved in a networking, kiosk or similar arrangement with a:		_	
		vings bank or association, or credit union			
	2. insurance	e company or agency			
Ζ.	Other (give	details on Schedule D, Page 1, Section II)		Полн	
				YES NO	
13 A.	••	ant effect transactions in commodity futures, commodities or commodity options as a broker for a ior its own account?			
В.	Does applic	ant engage in any other non-securities business?			
		cribe each other business briefly on Schedule D, Page 1, Section II.			
	11 903, 003	and and and particle prony of contraine of tage if containing			

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S	che	edule A of FC	RM BD									OFFICIAL U	SE
	D	DIRECT OWNERS	AND	Applican Name.						<u></u>			
	_	Answer for Form BD It		Date		Firm C	RD No '			_			
1						nation on the direct ow						Use Schedule B in new	
			rmation on Ind	lirect owner	rs. Fl	le all amendments on S	ichedule	C. Com	piete each	i colum	<b>n.</b>		
2		below the names of each Chief Executive with similar status or f		Financial Of	ificer,	Chief Operations Offic	er, Chief	Legal O	fficer, Chie	af Compi	iance O	ficer, Director, and ind	ividuals
	(b)					n shareholder that directions in y subject to Sections							, uniess
		class of a voting secu stepchild, grandchild,	rity of the appli parent, steppa the same reside	<i>icant.</i> For pu	urpos parer	ally owns, has the right res of this Schedule, a j nt, spouse, sibling, moth he/she has the right to	person be ner-in-law	eneficiality /, father-	y owns any in-law, son	y secunt 1-111-law,	ues (i) ov daughte	vned by his/her child, ir-in-law, brother-in-law	, or
	(c)					eneral partners and tho artnership's capital, and		d and sp	ecial partr	ners that	have th	e right to receive upon	
	(d)					f a class of a voting sec I. the trust and each tru		he <i>applic</i>	cant, or tha	thas the	e right to	receive upon dissoluti	on, or
	(e)	in the case of an appli contributed, 5% or mo	cant that is a L re of the LLC's	.imited Liabi s capital, and	ility C d (#)	company ("LLC"), (i) the If managed by elected i	ise meml managen	bers that s, all elec	have the i	right to r gers.	eceive u	pon dissolution, or hav	0
3	Are t	there any indirect owne	irs of the applic	cant require	d to l	be reported on Schedul	e B?		Yes		6		
4.		e "DE/FE/I" column, en ir "I" if the owner is an i		owner is a c	dome	estic entity, or enter "FE	" if owne	r Is an er	ntity incorp	orated c	or domic	led in a foreign country	/, <b>O</b> F
5.		plete the "Title or Statu eholders, the class of s				anagement titles, statu me is issued)	s as part	ner, trus	tee, sole p	roprietor	, or sha	eholder, and for	
<b>6</b> .	Own	ership codes are:	NA - less t A - 5% b	than 5% but less thar	n 109	B – 10% but   6 C – 25% but				50% bu 75% or		an 75%	
						and the second se							
7						has " <i>control</i> " as define cutive officers and all 2							
7	.,	have control. Note that	t under this def	finition most	t exe	has " <i>control</i> " as define cutive officers and all 2 c reporting company un	5% owne der Sect	ins, gene ions 12 c	ral partner	s, and tr the Sec	ustees v unties E	vould be <sup>*</sup> control perso	
	(b)	have control. Note that	t under this definer "PR" if the AME	finition most owner is a p	t exe	cutive officers and all 2	5% owne der Secti Date	rs, gene	ral partner or 15(d) of	s, and tr the Sect Contro Perso	ustees v unties E o/	vould be <sup>*</sup> control perso	<b>1715"</b> .
	(b)	have control. Note that In the "PR" column, er FULL LEGAL N	t under this definer "PR" if the AME	finition most owner is a p	t exe public	cutive officers and all 2 c reporting company un	5% owne der Secti Date Status	ors, gene Ions 12 c Title or Acquired	ral partner or 15(d) of Ownership	s, and tr the Sect Contro Perso	unties E of on S	vould be <sup>*</sup> control perso kchange Act of 1934 CRD No If None S. No., IRS Tax No	Official Use
	(b)	have control. Note that In the "PR" column, er FULL LEGAL N	t under this definer "PR" if the AME	finition most owner is a p	t exe public	cutive officers and all 2 c reporting company un	5% owne der Secti Date Status	ors, gene Ions 12 c Title or Acquired	ral partner or 15(d) of Ownership	s, and tr the Sect Contro Perso	unties E of on S	vould be <sup>*</sup> control perso kchange Act of 1934 CRD No If None S. No., IRS Tax No	Official Use
	(b)	have control. Note that In the "PR" column, er FULL LEGAL N	t under this definer "PR" if the AME	finition most owner is a p	t exe public	cutive officers and all 2 c reporting company un	5% owne der Secti Date Status	ors, gene Ions 12 c Title or Acquired	ral partner or 15(d) of Ownership	s, and tr the Sect Contro Perso	unties E of on S	vould be <sup>*</sup> control perso kchange Act of 1934 CRD No If None S. No., IRS Tax No	Official Use
	(b)	have control. Note that In the "PR" column, er FULL LEGAL N	t under this definer "PR" if the AME	finition most owner is a p	t exe public	cutive officers and all 2 c reporting company un	5% owne der Secti Date Status	ors, gene Ions 12 c Title or Acquired	ral partner or 15(d) of Ownership	s, and tr the Sect Contro Perso	unties E of on S	vould be <sup>*</sup> control perso kchange Act of 1934 CRD No If None S. No., IRS Tax No	Official Use
	(b)	have control. Note that In the "PR" column, er FULL LEGAL N	t under this definer "PR" if the AME	finition most owner is a p	t exe public	cutive officers and all 2 c reporting company un	5% owne der Secti Date Status	ors, gene Ions 12 c Title or Acquired	ral partner or 15(d) of Ownership	s, and tr the Sect Contro Perso	unties E of on S	vould be <sup>*</sup> control perso kchange Act of 1934 CRD No If None S. No., IRS Tax No	Official Use
	(b)	have control. Note that In the "PR" column, er FULL LEGAL N	t under this definer "PR" if the AME	finition most owner is a p	t exe public	cutive officers and all 2 c reporting company un	5% owne der Secti Date Status	ors, gene Ions 12 c Title or Acquired	ral partner or 15(d) of Ownership	s, and tr the Sect Contro Perso	unties E of on S	vould be <sup>*</sup> control perso kchange Act of 1934 CRD No If None S. No., IRS Tax No	Official Use
	(b)	have control. Note that In the "PR" column, er FULL LEGAL N	t under this definer "PR" if the AME	finition most owner is a p	t exe public	cutive officers and all 2 c reporting company un	5% owne der Secti Date Status	ors, gene Ions 12 c Title or Acquired	ral partner or 15(d) of Ownership	s, and tr the Sect Contro Perso	unties E of on S	vould be <sup>*</sup> control perso kchange Act of 1934 CRD No If None S. No., IRS Tax No	Official Use
	(b)	have control. Note that In the "PR" column, er FULL LEGAL N	t under this definer "PR" if the AME	finition most owner is a p	t exe public	cutive officers and all 2 c reporting company un	5% owne der Secti Date Status	ors, gene Ions 12 c Title or Acquired	ral partner or 15(d) of Ownership	s, and tr the Sect Contro Perso	unties E of on S	vould be <sup>*</sup> control perso kchange Act of 1934 CRD No If None S. No., IRS Tax No	Official Use
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	(b)	have control. Note that In the "PR" column, er FULL LEGAL N	t under this definer "PR" if the AME	finition most owner is a p	t exe public	cutive officers and all 2 c reporting company un	5% owne der Secti Date Status	ors, gene Ions 12 c Title or Acquired	ral partner or 15(d) of Ownership	s, and tr the Sect Contro Perso	unties E of on S	vould be <sup>*</sup> control perso kchange Act of 1934 CRD No If None S. No., IRS Tax No	Official Use
	(b)	have control. Note that In the "PR" column, er FULL LEGAL N	t under this definer "PR" if the AME	finition most owner is a p	t exe public	cutive officers and all 2 c reporting company un	5% owne der Secti Date Status	ors, gene Ions 12 c Title or Acquired	ral partner or 15(d) of Ownership	s, and tr the Sect Contro Perso	unties E of on S	vould be <sup>*</sup> control perso kchange Act of 1934 CRD No If None S. No., IRS Tax No	Official Use
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	(b)	have control. Note that In the "PR" column, er FULL LEGAL N	t under this definer "PR" if the AME	finition most owner is a p	t exe public	cutive officers and all 2 c reporting company un	5% owne der Secti Date Status	ors, gene Ions 12 c Title or Acquired	ral partner or 15(d) of Ownership	s, and tr the Sect Contro Perso	unties E of on S	vould be <sup>*</sup> control perso kchange Act of 1934 CRD No If None S. No., IRS Tax No	Official Use

S	chedule B of FORM B	BD	<u></u>	<u> </u>	<u></u>					OFFICIAL US	E
Ū			Applicant Name								
	(Answer for Form BD Item 3)		Date:		).'						
1	(REV 7/1999) Use Schedule B only in new applicat information on direct owners File all	ions to p amend	provide information on the ments on Schedule C. Co	indirect owners mplete each co	of the a lumin.	applicar	nt. Use (	Schedul	le /	A in new applications to provid	le
2	With respect to each owner listed on (a) in the case of an owner that is a	Schedu	ile A, (except individual ov	mers), list below		ns. has	the nah	it to voti	<del>0</del> , 0	or has the power to sell or dire	ict the
	sale of, 25% or more of a class For purposes of this Schedule, a	of a voti a <i>perso</i> r other-in	ing security of that corpora 7 beneficially owns any se -law, father-in-law, son-in-	ation; cunties (i) owned law. dauchter-in	i by his/ -law, bro	/her chi	id, step: law. or	child, gr sister-i	ano n-la	dchild, parent, stepparent, aw, sharing the same residenc	
	<ul> <li>(ii) that he/she has the right to a</li> <li>(b) in the case of an owner that is a dissolution, or have contributed.</li> </ul>	a parine	rship, all general partners	and those limited	d and s	, warrai special p	partners	that ha	VØ	the right to receive upon	
	<ul> <li>(c) in the case of an owner that is a</li> <li>(d) in the case of an owner that is a contributed, 25% or more of the</li> </ul>	Limited	i Liability Company ("LCC	"), (i) those mem	bers tha agers, a	at have di electe	the righ ad mana	it to reci agers	81V(	e upon dissolution, or have	
3	Continue up the chain of ownership I the Securities Exchange Act of 1934	isting al	25% owners at each leve	I. Once a public	reportin	ng comp	any (a (	compan	ny s e gi	subject to Sections 12 or 15(d) iven	) of
4.	in the "DE/FE/I" column, enter "DE" i enter "I" if the owner is an individual.	f the ow	ner is a domestic entity, o	r enter 'FE' if ow	<b>mer is a</b>	an entity	/ Incorpo	orated o	or d	iomiciled in a foreign country,	or
5.	Complete the "Status" column by ent issued).	tering st	atus as partner, trustee, s	hareholder, etc ,	and if s	harehoi	ider, cia	ss of se	cu	rities owned (if more than one	is .
6.	••••••••••••••••••••••••••••••••••••••			50% but less that			E - 75				
7.	(a) In the "Control Person" column,	enter *	Yes" if <i>person</i> has " <i>control</i> tion most executive office	r as defined in the sand all 25% ov	vners, d	ictions ( ieneral	to this fo	orm, and s, and tr	d ei rusi	nter "No" if the <i>person</i> does n tees would be " <i>control person</i>	ot 18"
	(b) in the "PR" column, enter "PR"	if the ow	mer is a public reporting c	ompany under S	ections	12 or 1	5(d) of 1	the Sec	unt	es Exchange Act of 1934.	
	(b) in the "PR" column, enter "PR"	if the ow	mer is a public reporting c Entity in Which	ompany under S	Date Sta Acquir	12 or 1 atus red Or	5(d) of t wnership	the Sec Contr Perso	unt vor	CRD No. If None.	Officia
	(b) in the "PR" column, enter "PR"	if the ow DE/FE/I	mer is a public reporting c	ompany under S Status	Date Sta Acquir	12 or 1 atus red Or	5(d) of 1	the Sector Contre Perso	unt vor	ues Exchange Act of 1934.	Officia Use
	(b) in the "PR" column, enter "PR" FULL LEGAL NAME (Individuals Last Name, First Name,	if the ow	ner is a public reporting c Entity in Which	ompany under S	Date Sta Acquir	12 or 1 atus red Or	5(d) of t wnership	the Sector Contre Perso	unt of on	CRD No. If None. S S. No., IRS Tax No	Officia Use
	(b) in the "PR" column, enter "PR" FULL LEGAL NAME (Individuals Last Name, First Name,	if the ow	ner is a public reporting c Entity in Which	ompany under S	Date Sta Acquir	12 or 1 atus red Or	5(d) of t wnership	the Sector Contre Perso	unt of on	CRD No. If None. S S. No., IRS Tax No	Officia
	(b) in the "PR" column, enter "PR" FULL LEGAL NAME (Individuals Last Name, First Name,	if the ow	ner is a public reporting c Entity in Which	ompany under S	Date Sta Acquir	12 or 1 atus red Or	5(d) of t wnership	the Sector Contre Perso	unt of on	CRD No. If None. S S. No., IRS Tax No	Officia
	(b) in the "PR" column, enter "PR" FULL LEGAL NAME (Individuals Last Name, First Name,	if the ow	ner is a public reporting c Entity in Which	ompany under S	Date Sta Acquir	12 or 1 atus red Or	5(d) of t wnership	the Sector Contre Perso	unt of on	CRD No. If None. S S. No., IRS Tax No	Officia Use
	(b) in the "PR" column, enter "PR" FULL LEGAL NAME (Individuals Last Name, First Name,	if the ow	ner is a public reporting c Entity in Which	ompany under S	Date Sta Acquir	12 or 1 atus red Or	5(d) of t wnership	the Sector Contre Perso	unt of on	CRD No. If None. S S. No., IRS Tax No	Officia Use
	(b) in the "PR" column, enter "PR" FULL LEGAL NAME (Individuals Last Name, First Name,	if the ow	ner is a public reporting c Entity in Which	ompany under S	Date Sta Acquir	12 or 1 atus red Or	5(d) of t wnership	the Sector Contre Perso	unt of on	CRD No. If None. S S. No., IRS Tax No	Officia Use
	(b) in the "PR" column, enter "PR" FULL LEGAL NAME (Individuals Last Name, First Name,	if the ow	ner is a public reporting c Entity in Which	ompany under S	Date Sta Acquir	12 or 1 atus red Or	5(d) of t wnership	the Sector Contre Perso	unt of on	CRD No. If None. S S. No., IRS Tax No	Officia
	(b) in the "PR" column, enter "PR" FULL LEGAL NAME (Individuals Last Name, First Name,	if the ow	ner is a public reporting c Entity in Which	ompany under S	Date Sta Acquir	12 or 1 atus red Or	5(d) of t wnership	the Sector Contre Perso	unt of on	CRD No. If None. S S. No., IRS Tax No	Officia Use
	(b) in the "PR" column, enter "PR" FULL LEGAL NAME (Individuals Last Name, First Name,	if the ow	ner is a public reporting c Entity in Which	ompany under S	Date Sta Acquir	12 or 1 atus red Or	5(d) of t wnership	the Sector Contre Perso	unt of on	CRD No. If None. S S. No., IRS Tax No	Officia
	(b) in the "PR" column, enter "PR" FULL LEGAL NAME (Individuals Last Name, First Name,	if the ow	ner is a public reporting c Entity in Which	ompany under S	Date Sta Acquir	12 or 1 atus red Or	5(d) of t wnership	the Sector Contre Perso	unt of on	CRD No. If None. S S. No., IRS Tax No	Officia
	(b) in the "PR" column, enter "PR" FULL LEGAL NAME (Individuals Last Name, First Name,	if the ow	ner is a public reporting c Entity in Which	ompany under S	Date Sta Acquir	12 or 1 atus red Or	5(d) of t wnership	the Sector Contre Perso	unt of on	CRD No. If None. S S. No., IRS Tax No	Officia Use
	(b) in the "PR" column, enter "PR" FULL LEGAL NAME (Individuals Last Name, First Name,	if the ow	ner is a public reporting c Entity in Which	ompany under S	Date Sta Acquir	12 or 1 atus red Or	5(d) of t wnership	the Sector Contre Perso	unt of on	CRD No. If None. S S. No., IRS Tax No	Officia Use
	(b) in the "PR" column, enter "PR" FULL LEGAL NAME (Individuals Last Name, First Name,	if the ow	ner is a public reporting c Entity in Which	ompany under S	Date Sta Acquir	12 or 1 atus red Or	5(d) of t wnership	the Sector Contre Perso	unt of on	CRD No. If None. S S. No., IRS Tax No	Officia Use
	(b) in the "PR" column, enter "PR" FULL LEGAL NAME (Individuals Last Name, First Name,	if the ow	ner is a public reporting c Entity in Which	ompany under S	Date Sta Acquir	12 or 1 atus red Or	5(d) of t wnership	the Sector Contre Perso	unt of on	CRD No. If None. S S. No., IRS Tax No	Officia Use
	(b) in the "PR" column, enter "PR" FULL LEGAL NAME (Individuals Last Name, First Name,	if the ow	ner is a public reporting c Entity in Which	ompany under S	Date Sta Acquir	12 or 1 atus red Or	5(d) of t wnership	the Sector Contre Perso	unt of on	CRD No. If None. S S. No., IRS Tax No	Officia Use

Schedule C of FO	RM E	3D										OFFICIAL US	SE
AMENDMENTS T			Applica	nt									
SCHEDULES A &			Name:	<u></u>		·····							
Amendments to answers for For (REV 7/1999)		m 3)	Date:			_ Firm CR	D No			-			
1 This Schedule C is used to a Complete each column. Fi							schedu	les for s	pecific inst	ruction	s for	r completing this Schedule C.	
2. In the Type of Amendment (	"Type of	Amd."	) column	i, indic	ate "A" (ad	dition), "D" (d	eletion),	or "C" (	change in	informa	ation	about the same person).	••••••••
3. Ownership codes are N A	A - les - 5%		5% ss than	10%	B - 10 C - 2	0% but less th 5% but less th	an 25% an 50%	D E	- 50% bi - 75% or		than	75% F - Other General F	artners
4. List below all changes to S	Scheduk	e A: (l	DIRECT	OWN	ERS AND	EXECUTIVE	T			· · · · · ·			
FULL LEGAL NAI (Individuals Last Name, First Name		Namej	DE/FE/I	Type of Amd	Titie	or Status		Title Or Acquired YYYY	Ownership Code	Con Pers		CRD No If None S.S. No , IRS Tax No or Employer ID	Official Use Only
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												<u>84</u>	
5 List below all changes to S	chedule	B: ()	NDIREC	TOW	NERS)			I					1
FULL LEGAL NAME	05/554	Туре	En	tity in	Which	0		te Status cquired	Ownership	Cont Pers		CRD No. If None:	Official
(Individuals Last Name, First Name, Middle Name)	DE/FE/	Amd			Owned	Status		A 7777	Code		PR	or Employer ID	Use Only
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					OFFICIAL USE	UNE
Page 1	Applicant Name:					
-	Date:					
(REV 7/1999)						
Use this Schedule D Page 1 to report de submitted details. Do not repeat previou				rmation or changes/upda	ites to previously	
	ED detail fili	ng for the For	m BD items checked be	elow:		
SECTION I Other Business I	Names				·····	
(Check if applicable) Item 1C(2)						
List each of the "other" names and the ju		in which they	are used.		Junsdiction	4
I. Hearing			2. 194110			
3. Name	-	lunsdiction	4. Name		Junsdiction	
SECTION II Other Business				·····		
(Check one) Item 12Z	المسميل ا	m 13B				
Applicant must complete a separate Sche						
Briefly describe any other business (ITEN additional comments if necessary.	vi 12Z); or ar	ny other non-e	securities business (ITE	M 13B). Use reverse sid	e of this sheet for	
SECTION III Successions						-
(Check if applicable) Item 5			······			-
	YY Name of P	redecessor		<u></u>		-
im CRD Number	IRS Emplo	yer Identification	Number (if any)	SEC File Number (if any)		
Bnefly describe details of the succession	Including an	v assets or lia	abilities not assumed by	the <i>successor</i> . Use reve	arse side of this shee	
		,	······································			
for additional comments if necessary.						
for additional comments if necessary.						
for additional comments if necessary.						
tor additional comments if necessary.						
·	Clearing A	rrangement	ts / Control Persons	/ Financings		
·	Clearing A	mangement			em 98	
SECTION IV Introducing and ( (Check one) Item 7 Applicant must complete a separate Sche	Item 8A edule D Page	item 8 I for each a	IB Item 8C ( ffirmative response in ti	Item 9A	multiple responses	
SECTION IV Introducing and ( (Check one) Item 7 Applicant must complete a separate Sche to any item. Complete the "Effective Date"	Item 8A edule D Page " box with th	item 8 e 1 for each a e Month, Day	IB III Item 8C ( ffirmative response in the array	item 9A It his section including any ngement or agreement b	multiple responses	
SECTION IV Introducing and ( (Check one) Item 7 Applicant must complete a separate Sche to any item. Complete the "Effective Date" When reporting a change or termination o	Item 8A edule D Page " box with th	item 8 e 1 for each a e Month, Day	IB III Item 8C ( ffirmative response in the array	item 9A It his section including any ngement or agreement b	multiple responses	
SECTION IV Introducing and C (Check one) Item 7 Applicant must complete a separate Sche to any item. Complete the "Effective Date" When reporting a change or termination o wm or Organization Name	Item 8A edule D Page " box with th of an arrange	item 8 e 1 for each a e Month, Day	IB III Item 8C ( ffirmative response in the array	Item 9A Item 9	multiple responses	
SECTION IV       Introducing and 0         (Check one)       Item 7         (Check one)       Item 7         Applicant must complete a separate Schetory item. Complete the "Effective Date"         When reporting a change or termination or or organization Name	Item 8A edule D Page " box with th of an arrange	item 8 e 1 for each a e Month, Day	IB III Item 8C ( ffirmative response in the array	Item 9A Item 9	multiple responses ecame effective.	
SECTION IV Introducing and ( (Check one) Item 7 Applicant must complete a separate Sche to any item. Complete the "Effective Date" When reporting a change or termination o im or Organization Name	Item 8A edule D Page " box with th of an arrange	item 8 e 1 for each a e Month, Day	IB III Item 8C ( ffirmative response in the array	item 9A It his section including any ngement or agreement be ve date of the change. CRD Number (if any)	multiple responses ecame effective.	
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Schedule D of FORM BD	Applicant							OFFICIAL	052
Page 2	Name:								
(REV 7/1999)	Date	<u></u>	Firm CRD N	o ·		_			
Use this Schedule D Page 2 to report of details. Do not repeat previously submi- individuals necessary to answer each i Use the "Effective Date" box to enter th in the affiliation. This is an NITIAL AMEND	tted information. Iom completely. L Io Month, Day, ar	Supply del Use additio nd Year tha	tails for all pa nal copies of at the affiliatic	rtnership Schedul	is, corporat ie D Page 2	tions, org 2 if neces	anization sary.	s, institutio	ns and
10A. Directly or indirectly, does a partnership, corporation, or o	oplicant control, is other organization	s <i>applicant</i> n that is en	<i>controlled</i> by gaged in the	y, or is <i>aț</i> securitie	oplicant un s or investi	der comm ment adv	ion <i>contr</i> i isory bus	o/ with, any iness?	/
SECTION V Complete this s	ection for cont	trol issue	s relating t	to ITEM	10A only				
he details supplied relate to:									<b>.</b>
Partnership, Corporation, or Organization Na 1	me				CRD Nurr	nber (If any)		_	
(check only one)									
This Partnership, Corporation, or Organiza		applicant	Is control	lled by app	licant	is under c		ntrol with ap	oplicant
lusiness Address (Street, City, State/Country, Zp-	4/Postal Code)			E	Effective Dale	/ m	Termina	ation Date	~~~
Parimership, Corporation or If Yes, provide c	the state of the s								
	ountry of comicile of	Check "Yes"		- Secur	thes 🗔	<u> </u>	Investment		
Transformer of the control relationship. Use		activities of t corporation,	this partnership, or organization	Activit		No	Activities	Yes (	No
Prgenization à foreign entity? Incorporation Yes No Briefty describe the <i>control</i> relationship. Use Partnership, Corporation, or Organization Na	reverse side of this	activities of t corporation,	this partnership, or organization	Activit	ige Ten	ber (If any)	Advisory		No
Organization à loreign entity?       incorporation         Yes       No         Briefty describe the control relationship. Use         Partnership, Corporation, or Organization Na	reverse side of this	activities of t corporation,	this partnership, or organization	Activit	ige Ten		Advisory		No
Organization a foreign entity?       incorporation         Yes       No         Briefly describe the control relationship. Use         2       Partnership, Corporation, or Organization Na         (check only one)	reverse side of this	activities of t corporation, s sheet for a	Ihre parinership, or organization idditional comm	Activit	CRD Num	ber (if any)	Advisory Activities		
Organization is foreign entity?       incorporation         Yes       No         Briefty describe the control relationship. Use         2       Partnership, Corporation, or Organization Na         (check only one)         This Partnership, Corporation, or Organization	reverse side of this	activities of t corporation, s sheet for a	Ihre parinership, or organization idditional comm	Activit nents if ne	CRD Num	is under c	Advisory Activities		
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Presentation a foreign entity?       Incorporation         Yes       No         Briefty describe the control relationship. Use         2       Partnership, Corporation, or Organization Na         2       (check only one)         This Partnership, Corporation, or Organization         This Partnership, Corporation, or Organization         spannership, Corporation, or Organization         usiness Address (Street, City, State/Country, Zp-         spanization a foreign entity?	reverse side of this	activities of t corporation, s sheet for a applicant Check "Yes" activities of t corporation,	the partnership, or organization idditional comm idditional comm is control	Activition	CRD Num	ber (if any) is under c / ****	Advisory Activities ommon co Termine MM	Introl with ap	pplicant vvvv
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Incorporation       Incorporation         Yes       No         Incorporation       Incorporation         Partnership       Corporation, or Organization         Read of the control relationship.       Use         Incorporation       Incorporation         Partnership, Corporation, or Organization       Na         (check only one)       This Partnership, Corporation, or Organization         Partnership, Corporation or riganization a foreign entity?       If Yes, provide confront relationship.         Yes       No         Incorporation       If Yes, provide confront relationship.         Use       No         Incorporation       Incorporation         Yes       No         Interfly describe the control relationship.       Use         3       Partnership, Corporation, or Organization Na	reverse side of this me don controls d/Postal Code) puntry of domicile or reverse side of this	activities of t corporation, s sheet for a applicant Check "Yes" activities of t corporation, s sheet for a	the partnership, or organization idditional comm is control or "No" for his partnership, or organization idditional comm	Activition	CRD Num	ber (If any) is under c / <sup>YYYY</sup> / No ber (If any)	Advisory Activities	Introl with ap	xplicant yyyy
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Importation a foreign entity?       Incorporation         Yes       No         Briefly describe the control relationship. Use         2       Partnership, Corporation, or Organization Na         2       (check only one)         This Partnership, Corporation, or Organization Na         (check only one)         This Partnership, Corporation, or Organization         (check only one)         Partnership, Corporation or incorporation         (Partnership, Corporation or incorporation         (Partnership, Corporation or incorporation         (Partnership, Corporation or incorporation         (Partnership, Corporation or incorporation         (another only one)         Reality describe the control relationship. Use         (check only one)         This Partnership, Corporation, or Organization         (check only one)         This Partnership, Corporation, or Organization         (check only one)         This Partnership, Corporation, or Organization         (Partnership, Corporation or incorporation, or Organization         (another only one)         This Partnership, Corporation or incorporation or incorporation         Partnership, Corporation or incorporation or incorporation	reverse side of this me con controls d/Postal Code) suntry of domicile or reverse side of this me con controls	activities of t corporation, s sheet for a applicant Check "Yes" activities of t corporation, s sheet for a applicant Check "Yes" activities of t	the partnership, or organization id ditional comm is control or "No" for his partnership, or organization is control is control	Activit ments if ne	CRD Num	ber (if any) is under c / ''''' D No ber (if any) is under c / '''''	Advisory Activities ommon co Termine MM Investment Advisory Activities	Introl with ap thon Date / Do / 	plicant No
Argenization à loreign entity?       Incorporation         Yes       No         Briefty describe the control relationship. Use         2       Partnership, Corporation, or Organization Na         2       (check only one)         This Partnership, Corporation, or Organization         (check only one)         This Partnership, Corporation, or Organization         (check only one)         This Partnership, Corporation or riganization a foreign entity?         Yes         No         Briefty describe the control relationship. Use         3         Partnership, Corporation, or Organization Na         (check only one)         This Partnership, Corporation, or Organization Na         (check only one)         This Partnership, Corporation, or Organization Na         (check only one)         This Partnership, Corporation, or Organization Na         (check only one)         This Partnership, Corporation, or Organization Na         (check only one)         This Partnership, Corporation, or Organization         Usiness Address (Street, City, State/Country, Zp-         Partnership, Corporation or         If Yes, provide co	reverse side of this me ion controls 4/Postal Code) ountry of domicile or reverse side of this me ion controls 4/Postal Code) ountry of domicile or	activities of t corporation, s sheet for a applicant Check "Yes" activities of t corporation, s sheet for a applicant Check "Yes" activities of th	ins control     is control	Activit  Ac	ICESSALY.	ber (if any) is under c / ''''' D No ber (if any) is under c / '''''	Advisory Activities	Introl with ap	plicant vvvv
ganization a foreign entity? incorporation Yes No Inefty describe the control relationship. Use Reading the control relationship. Use Reading the control relationship. Use (check only one) This Partnership, Corporation, or Organization (check only one) Partnership, Corporation or rganization a foreign entity? Yes No Reading the control relationship. Use Reading the control relation of t	reverse side of this me ion controls 4/Postal Code) ountry of domicile or reverse side of this me ion controls 4/Postal Code) ountry of domicile or	activities of t corporation, s sheet for a applicant Check "Yes" activities of t corporation, s sheet for a applicant Check "Yes" activities of th	ins control     is control	Activit  Ac	ICESSALY.	ber (if any) is under c / ''''' D No ber (if any) is under c / '''''	Advisory Activities	Introl with ap	plicant vvvv

Schedule D of FORM BD				OF	FICIAL USE	OFF
Page 3	Applicant Name					
•	Date: Firm CRD No					
(REV 7/1999)						_
details. Do not repeat previously submit	etails for Item 10B. Report only new information ted information. Supply details for all partnersh em completely. Use additional copies of Sched	nips, corpo	orations, orga	nizations, i		
in the affiliation.	9 Month, Day, and Year that the affiliation was ED detail filing for Form BD Item 10B	effective	or the date of	the most re	ecent change	
		. <u> </u>				_
	ant controlled by any bank holding company, r nember bank, savings bank or association, cre				of the Federa	
SECTION VI Complete this se	ction for control issues relating to ITE	M 10B of	nly.			-
Provide the details for each organization applicant's chain of ownership. The detai	or institution that <i>controls</i> the <i>applicant</i> , includi Is supplied relate to:	ing each c	organization o	r institution	in the	
Financial Institution Name		CRD	Number (il applica	ible)		
Institution Type (i e , bank holding company, nati	onal bank, state member bank of the Federal Reserve Syste clation, credit union, or foreign bank)	em, state	Effective Date	/	00 / 1111	
non-memoer deak, sevings asso	Clauton, creok union, or lorengi banky		Termination Da	te MM /	00 / 1111	
Business Address (Street, City, State/Country, Zip+	4/Postal Code)		If foreign, cour	try of domicile	or incorporation	
	onal bank, state member bank of the Federal Reserve Syste		Effective Date	019) Mar /	00 , 1111	
	onal bank, state member bank of the Federal Reserve Syste cration, credit union, or foreign bank)	om, state	Effective Date	444 /	00 YYYY 00 YYYY	
Jusinges Addiges (Street, City, State/Country, Zip++	VPostal Code)			<u> </u>	/ or incorporation	
Briefly describe the <i>control</i> relationship. Use reverse	side of this sheet for additional comments if necessary		]			
Financial Institution Name		CRD N	lumber (il appica	ble)		
	onal bank, state member bank of the Federal Reserve Syste cration, credit union, or foreign bank)	m, state	Effective Date	MM /	00 YYYY 00 YYYY	
Jusiness Address (Street, City, State/Country, Zp+4	/Postal Code)			<u> </u>	or incorporation	
Ingly describe the <i>control</i> relationship. Use reverse	side of this sheet for additional comments if necessary					
Financial Institution Name		CRD N	umber (if applicat	Di <b>e)</b>		
stitution Type (i e , bank holding company, nation	mal bank, state member bank of the Federal Reserve System	m, state	Effective Date	MM	00 , 1111	
non-member bank, savings assoc	iation, credit union, or foreign bank)		Termination Dat	/ 9 MM /	200 / VVVV	
usiness Address (Street, City, State/Country, Zip+4	/Postal Code)		lf fo <b>reign, co</b> un	ry of domicile	or incorporation	
riefly describe the <i>control</i> relationship. Use reverse	side of this sheet for additional comments if necessary		L			
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Schedule E of FORM BD			OFFICIAL USE
	Applicant Name.		_
·		5	
(REV 7/1999)		Firm CRD No	
General: Use this schedule to register or report bra		TRUCTIONS locations of the <i>applicant</i> Repeat Items 1-12 for each branch	office or other business location
Each item must be completed unless oth	erwise noted. Use additional co	opies of this schedule as necessary. If this branch office or ot name, such name must be reported under them 1C(2) on Page	her business location is using a
Specific: Item 1 Specify only one box. Check "Add" whe	an a branch office or other bu	isiness location is opened and the <i>applicant</i> is filing the ini	tial notice, "Delete" when a
		" to indicate any other change to previously filed information ich office or other business location as discussed in Item 1	
	alue consisting of up to eight	characters it is the responsibility of the firm to establish a	nd maintain its own unique billing
Item 4 Complete this item for all entries A phy		ed, post office box designations alone are not sufficient	
Item 6 If the branch office or other business lo	cation occupies or shares spi	an existing branch office or other business location ace on premises within a bank, savings bank or associatio	n, credit union, or other financial
	the name of the supervisor of	or registered representative in charge who is physically at	this location
	· · · · · · · · · · · · · · · · · · ·	tiem / ffice or other business location was opened (ADD), closed	(DELETE), or the effective date
		of Supervisory Jurisdiction (OSJ) as defined in NASD Ru	
insurance agency agreement) with the	main office and any one or m	cation that will operate pursuant to a written agreement or lore of the following will apply the location (A) assumes he	bility for its own expenses or has
representatives, (C) deems 5% or more	of its total registered represe	y responsibility for decisions relating to the employment all entatives to be "independent contractors" for tax purposes	nd remuneration of its registered , or (D) engages in separate
market making and/or underwriting actr Item 12 Check the appropriate box(es) if the bra		on is registering with the NASD or registering or reporting	with a <i>jurisdiction</i>
1. Check only one box:			
Add Delete Amend	Iment		
2. CRD Branch Number		- 6. Institution Name (if applicable)	
3. Billing Code		- 7. Supervisor Name	
4			
		8. CRD Number of Supervisor	
P O Box (d applicable), Suite, Floor		9. Effective Date (MM/DD/YYYY)	
City, State/Country, Zip Code + 4/Postal Code if applicant is changing the address, enter the i	new address in item 5.	10. OSJ 🗌 Yes 🗌 No	
5		11. 🛄 Yes 🛄 No	
Street		If Yes, indicate each item 11 subset that a	applies:
P O Box (I applicable), Suite, Floor		12 NASD Junsdiction	
City, State/Country, Zip Code + 4/Postal Code			
1. Check only one box <sup>.</sup>	ment		
2 CRD Branch Number		6 Institution Name (if applicable)	
3 Billing Code		7 Supervisor Name	
4 Street	<u>,</u>	•	
P O Box (d applicable), Suite, Floor		8. CRD Number of Supervisor	
City, Stale/Country, Zip Code + 4/Postal Code		9. Effective Date (MM/DD/YYY)	
If applicant is changing the address, enter the n	ew address in Item 5	10 OSJ 🗌 Yes 🗌 No	
J. Biroot			
		If Yes, Indicate each item 11 subset that a	ppues.
P O Box (il applicable). Suite, Floor		12. NASD Junsdiction	
City, State/Country, Zip Code + 4/Postal Code			

CRIMINAL	DISCL	OSURE	REPOR	ΓING	PAGE	(BD)
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GENERAL INSTRUCTIONS			
This Disclosure Reporting Page (DRP BD) is an INITIAL OR AMENDED response used to report details for affirmative responses to Items 11A and 11B of Form BD;			
Check 🗹 item(s) being responded to:			
<ul> <li>11A In the past ten years has the applicant or a control affiliate.</li> <li>(1) been convicted of or pled guilty or nois contendere ("no contest") in a domestic, foreign, or military court to any felony?</li> <li>(2) been charged with any felony?</li> <li>11B In the past ten years has the applicant or a control affiliate:</li> </ul>			
<ul> <li>(1) been convicted or pied guilty or nois contendere ("no contest") in a domestic, foreign or military court to a <i>misdemeanor involving</i> investments or an <i>investment-related</i> business, or any fraud, false statements or omissions, wrongful taking of property, bibery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?</li> <li>(2) been <i>charged</i> with a <i>misdemeanor</i> specified in 11B(1)?</li> </ul>			
Use a separate DRP for each event or proceeding. An event or proceeding may be reported for more than one person or entity using one DRP. File with a completed Execution Page.			
Multiple counts of the same charge arising out of the same event(s) should be reported on the same DRP. Unrelated criminal actions, including separate cases arising out of the same event, must be reported on separate DRPs. Use this DRP to report all charges arising out of the same event. One event may result in more than one affirmative answer to the above items.			
if a control affikate is an individual or organization registered through the CRD, such control affikate need only complete Part I of the applicant's appropriate DRP (BD) Details of the event must be submitted on the control affikate's appropriate DRP (BD) or DRP (U-4). If a control affikate is an individual or organization not registered through the CRD, provide complete answers to all the items on the applicant's appropriate DRP (BD). The completion of this DRP does not relieve the control affikate of its obligation to update its CRD records.			
Applicable court documents (i.e., criminal complaint, information or indictment as well as judgment of conviction or sentencing documents) must be provided to the CRD if not previously submitted. Documents will not be accepted as disclosure in lieu of answering the questions on this DRP.			

### PART I

• .

A. The person(s) or entity(ies) for whom this DRP is being filed is (are):

The Applicant

Applicant and one or more control affiliate(s)

One or more *control affiliate(s)* 

If this DRP is being filed for a *control affiliate*, give the full name of the *control affiliate* below (for individuals, Last name, First name, Middle name).

If the control affiliate is registered with the CRD, provide the CRD number. If not, Indicate "non-registered" by checking the appropriate checkbox.

NAME OF APPLICANT	APPLICANT CRD NUMBER
BD DRP - CONTROL AFFILIATE	
CRD NUMBER	This Control Affiliate is 🔲 Firm 🔲 Individual
Registered: 🔲 Yes 🔲 No	
NAME (For individuals, Last, First, Middle)	

This DRP should be removed from the BD record because the *control affiliate(s)* are no longer associated with the BD.

B. If the control affiliate is registered through the CRD, has the control affiliate submitted a DRP (with Form U-4) or BD DRP to the CRD System for the event? If the answer is "Yes," no other information on this DRP must be provided.

NOTE: The completion of this form does not relieve the control affiliate of its obligation to update its CRD records.

### **CRIMINAL DISCLOSURE REPORTING PAGE (BD)**

(continuation)

	PART II
1.	If charge(s) were brought against an organization over which the applicant or control affiliate exercise(d) control: Enter organization name, whether or not the organization was an investment-related business and the applicant's or control affiliate's position, title or relationship.
2.	Formal Charge(s) were brought in: (Include name of Federal, Military, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case number).
3	Event Disclosure Detail (Use this for both organizational and individual charges )
3	A. Date First Charged (MM/DD/YYYY)
	If not exact, provide explanation:
	B. Event Disclosure Detail (include Charge(s)/Charge Description(s), and for each charge provide: <u>1</u> . number of counts, <u>2</u> . felony or misdemeanor, <u>3</u> . plea for each charge, and <u>4</u> . product type if charge is investment-related):
	C. Did any of the Charge(s) within the Event involve a <i>Felony</i> ? D. Current status of the Event? Pending On Appeal Final
	D. Current status of the Event? Pending On Appeal Final E. Event Status Date (complete unless status is Pending) (MM/DD/YYYY): Exact Explanation
	If not exact, provide explanation
١.	<b>Disposition Disclosure Detail</b> : Include for each charge, <u>A</u> . Disposition Type [e.g., convicted, acquitted, dismissed, pretrial, etc.], <u>B</u> . Date, <u>C</u> , Sentence/Penalty, <u>D</u> . Duration [if sentence-suspension, probation, etc.], <u>E</u> . Start Date of Penalty, <u>F</u> . Penalty/Fine Amount and <u>G</u> . Date Paid.
5.	Provide a brief summary of circumstances leading to the charge(s) as well as the disposition. Include the relevant dates when the conduct which was the subject of the charge(s) occurred. (The information must fit within the space provided )

Rev Form BD (7/1999)

### **REGULATORY ACTION DISCLOSURE REPORTING PAGE (BD)**

#### GENERAL INSTRUCTIONS This Disclosure Reporting Page (DRP BD) is an L INITIAL OR AMENDED response used to report details for affirmative responses to Items 11C, 11D, 11E, 11F or 11G of Form BD: Check I item(s) being responded to: Has the U.S. Securities and Exchange Commission or the Commodity Futures Trading Commission ever 110 (1) Sound the applicant or a control affidate to have made a false statement or omission? (2) Jound the applicant or a control affidate to have been involved in a violation of its regulation. one or statutes? (3) bound the applicant or a control affiliate to have been a cause of an investment-related business having its authonization to do business denied, suspended, revoked, or restricted? (4) entered an order against the applicant or a control alfiliate in connection with investment-related activity? 55 mposed a civil money penalty on the applicant or a control affiliate, or ordered the applicant or a control affiliate to cease and desist from any activity? 11D Has any other federal regulatory agency, any state regulatory agency, or foreign financial regulatory authority (1) ever found the applicant or a control affinite to have made a false statement or omnetion or been dishonest unliair or unathical? (2) ever found the applicant or a control affinite to have been involved in a violation of investment-related regulations or statutes? (3) ever found the applicant or a control affinite to have been a cause of an investment-related business having its authorization to do business demed, suspended, revoked, or restricted? (4) In the past ten years, entered an order against the applicant or a control affiliate in connection with an investment-related activity? **(**5) ever denied suspended or revoked the applicant's or a control affiniate's registration or license or otherwise, by order, prevented it from associating with an investment-related business or restricted its activities? Has any self-regulatory organization or commodities exchange ever 11E found the applicant or a control affiliate to have made a false statement or omission? lound the applicant or a control affiliate to have been molved in a volation of its rules (other than a volation designated as a "minor rule violation" under a plan approved by the U.S. Securities and Exchange Commission)? (3) found the applicant or a control alfikate to have been the cause of an investment-related business having its authorization to do business denied, suspended, revoked, or restricted? (4) disciplined the applicant or a control alfikate by expelling or suspending it from membership, bering or suspending its association with other members, or otherwise restricting its activities? Has the applicant's or a control affikate's authonization to act as an attorney, socountant, or recersi contractor even used in source on a superior of a control affikate now the subject of any regulatory proceeding that could result in a "yee" answer to any part of 11C, D, or E? 11F 11G Use a separate DRP for each event or proceeding. An event or proceeding may be reported for more than one person or entity using one DRP. File with a completed Execution Page One event may result in more than one affirmative answer to litems 11C, 11D, 11E, 11F or 11G. Use only one DRP to report details related to the same event if an event gives rise to actions by more than one regulator, provide details for each action on a separate DRP. It is not a requirement that documents be provided for each event or proceeding. Should they be provided, they will not be accepted as disclosure in lieu of answering the questions on this DRP If a control affiliate is an individual or organization registered through the CRD, such control affiliate need only complete Part I of the applicant's appropriate DRP (BD) Details of the event must be submitted on the control affikate's appropriate DRP (BD) or DRP (U-4) If a control affikate is an individual or organization not registered through the CRD, provide complete answers to all the items on the applicant's appropriate DRP (BD). The completion of this DRP does not relieve the control affiliate of its obligation to update its CRD records.

### PARTI

A. The person(s) or entity(ies) for whom this DRP is being filed is (are):

#### The Applicant

Applicant and one or more control affiliate(s)

One or more control affiliate(s)

If this DRP is being filed for a *control affiliate*, give the full name of the *control affiliate* below (for individuals, Last name, First name, Middle name).

If the control affiliate is registered with the CRD, provide the CRD number. If not, indicate "non-registered" by checking the appropriate checkbox.

NAME OF APPLICANT	APPLICANT CRD NUMBER
BD DRP - CONTROL AFFILIATE	
CRD NUMBER	This Control Affiliate is Firm Individual
Registered: Yes No	
NAME (For individuels, Last, First, Middle)	

This DRP should be removed from the BD record because the *control affiliate(s)* are no longer associated with the BD.

B. If the control affiliate is registered through the CRD, has the control affiliate submitted a DRP (with Form U-4) or BD DRP to the CRD System for the event? If the answer is "Yes," no other information on this DRP must be provided.

NOTE: The completion of this form does not relieve the control affiliate of its obligation to update its CRD records.

# REGULATORY ACTION DISCLOSURE REPORTING PAGE (BD)

(continuation)

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Principal Sanction: (check ap	• • •	Disgorgement		
Bar				
Cease and Desist				
			Undertaking	
Denial		Reprimand	Other	
Other Sanctions.				
[				
		**** <u>-</u>		
			· · · · · · · · · · · · · · · · · · ·	
Date Initiated (MM/DD/YYY	Y):		xplanation	
If not exact, provide explai	nation:			
Docket/Case Number:				
Control Affiliate Employing Fil	m when activity occurre	d which led to the regulatory ac	tion (if applicable)	
Principal Product Type (chec	k appropriate Item)			·
Annuity(ies) - Fixed	Derivative(s)		Investment Contract(s)	
		nt(s) - DPP & LP Interest(s)	Money Market Fund(s)	
	Equity - OTC		Mutual Fund(s)	
Annuity(ies) - Variable				
		mmon & Preferred Stock)		
CD(s)	Equity Listed (Co	ommon & Preferred Stock)		
CD(s) Commodity Option(s) Debt - Asset Backed	Equity Listed (Co	odity	Options     Penay Stock(s)	
CD(s) Commodity Option(s) Debt - Asset Backed Debt - Corporate	Equity Listed (Co	odity	Penny Stock(s)	
CD(s) Commodity Option(s) Debt - Asset Backed Debt - Corporate Debt - Government	Equity Listed (Co Futures - Comm Futures - Financ Index Option(s)	odity	Penny Stock(s)     Unit Investment Trust(s)	
CD(s) Commodity Option(s) Debt - Asset Backed Debt - Corporate Debt - Government Debt - Municipal	Equity Listed (Co	odity	Penny Stock(s)	
CD(s) Commodity Option(s) Debt - Asset Backed Debt - Corporate Debt - Government	Equity Listed (Co Futures - Comm Futures - Financ Index Option(s)	odity	Penny Stock(s)     Unit Investment Trust(s)	
CD(s) Commodity Option(s) Debt - Asset Backed Debt - Corporate Debt - Government Debt - Municipal	Equity Listed (Co Futures - Comm Futures - Financ Index Option(s)	odity	Penny Stock(s)     Unit Investment Trust(s)	
CD(s) Commodity Option(s) Debt - Asset Backed Debt - Corporate Debt - Government Debt - Municipal Dther Product Types:	Equity Listed (Ca Futures - Comm Futures - Financ Index Option(s)	odity Ial	Penny Stock(s) Unit Investment Trust(s) Other	
CD(s) Commodity Option(s) Debt - Asset Backed Debt - Corporate Debt - Government Debt - Municipal Other Product Types:	Equity Listed (Ca Futures - Comm Futures - Financ Index Option(s)	odity	Penny Stock(s) Unit Investment Trust(s) Other	
CD(s) Commodity Option(s) Debt - Asset Backed Debt - Corporate Debt - Government Debt - Municipal Other Product Types:	Equity Listed (Ca Futures - Comm Futures - Financ Index Option(s)	odity Ial	Penny Stock(s) Unit Investment Trust(s) Other	
CD(s) Commodity Option(s) Debt - Asset Backed Debt - Corporate Debt - Government Debt - Municipal Other Product Types:	Equity Listed (Ca Futures - Comm Futures - Financ Index Option(s)	odity Ial	Penny Stock(s) Unit Investment Trust(s) Other	
CD(s) Commodity Option(s) Debt - Asset Backed Debt - Corporate Debt - Government Debt - Municipal Other Product Types:	Equity Listed (Ca Futures - Comm Futures - Financ Index Option(s)	odity Ial	Penny Stock(s) Unit Investment Trust(s) Other	

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# REGULATORY ACTION DISCLOSURE REPORTING PAGE (BD)

(continuation)

If Final or On Appeal, complete all items b	elow. For Pending Actions, complete Item 13 only.
10. How was matter resolved: (check appropriate ite	m)
<ul> <li>Acceptance, Walver &amp; Consent (AWC)</li> <li>Consent</li> <li>Decision</li> </ul>	Decision & Order of Offer of Settlement       Settled         Dismissed       Stipulation and Consent         Order       Vacated
11. Resolution Date (MM/DD/YYYY):	Exact Explanation
If not exact, provide explanation:	
12.	
A. Were any of the following Sanctions Order	ed? (Check all appropriate items):           Revocation/Expulsion/Denial         Disgorgement/Restitution           Censure         Cease and Desist/Injunction         Bar         Suspension
B. Other Sanctions Ordered <sup>.</sup>	
Principal, Financial Operations Principal, e given to requalify/retrain, type of exam req	parred, provide duration including start date and capacities affected (General Securities tc.). If requalification by exam/retraining was a condition of the sanction, provide length of time ulred and whether condition has been satisfied. If disposition resulted in a fine, penalty, pensation, provide total amount, portion levied against <i>applicant</i> or <i>control affiliate</i> , date paid
13. Provide a brief summary of details related to the information must fit within the space provided.)	e action status and (or) disposition and include relevant terms, conditions and dates. (The

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### **CIVIL JUDICIAL ACTION DISCLOSURE REPORTING PAGE (BD)**

GENERAL INSTRUCTIO	DNS
This Disclosure Reporting Page (DRP BD) is an INITIAL OR A affirmative responses to Item 11H of Form BD;	AMENDED response used to report details for
Check 2 item(s) being responded to:	
11H(1) Has any domestic or foreign court	
(a) in the past ten years, <i>enjoined</i> the <i>applicant</i> or a <i>control affiliate</i> in co	
$\Box$ (b) ever found that the applicant or a control affiliate was involved in a vis	-
(c) ever dismissed, pursuant to a settlement agreement, an investment- control affiliate by a state or foreign financial regulatory authority?	related civil action brought against the applicant or a
11H(2) Is the applicant or a control affiliate now the subject of any civil proceeding	ng ihat could result in a "yes" answer to any part of 11H?
Use a separate DRP for each event or <i>proceeding</i> . An event or <i>proceeding</i> may be reporte a completed Execution Page	ed for more than one <i>person</i> or entity using one DRP. File with
One event may result in more than one affirmative answer to them 11H. Use only one DRP judicial actions must be reported on separate DRPs.	to report details related to the same event. Unrelated civil
It is not a requirement that documents be provided for each event or <i>proceeding</i> . Should the of answering the questions on this DRP.	ney be provided, they will not be accepted as disclosure in lieu
if a control affiliate is an individual or organization registered through the CRD, such control appropriate DRP (BD). Details of the event must be submitted on the control affiliate's apprindividual or organization not registered through the CRD, provide complete answers to all completion of this DRP does not relieve the control affiliate of its obligation to update its CF	ropriate DRP (BD) or DRP (U-4). If a <i>control affikate</i> is an the items on the <i>applicant's</i> appropriate DRP (BD). The
PARTI	
. The person(s) or entity(ies) for whom this DRP is being filed is (are):	
The Applicant	
Applicant and one or more control affiliate(s)	
One or more <i>control atfiliate(s)</i>	
If this DRP is being filed for a <i>control affiliate</i> , give the full name of the <i>control a</i> Middle name).	affiliate below (for individuals, Last name, First name,
	ot, indicate "non-registered" by checking the appropriate
If the control affiliate is registered with the CRD, provide the CRD number. If no checkbox.	
	APPLICANT CRD NUMBER
checkbox.	APPLICANT CRD NUMBER
Checkbox.	APPLICANT CRD NUMBER
Checkbox.	
CRD NUMBER	
checkbox.     NAME OF APPLICANT     BD DRP - CONTROL AFFILIATE     CRD NUMBER     CRD NUMBER     Th     Registered:     Yes     No     NAME (For individualis, Last, First, Middle)	his <i>Control Affiliate</i> is Firm Individual
Checkbox.       NAME OF APPLICANT       BD DRP - CONTROL AFFILIATE       CRD NUMBER       Th       Registered:     Yes       No	his <i>Control Affiliate</i> is Firm Individual affiliate(s) are no longer associated with the BD.

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NOTE: The completion of this form does not relieve the control affiliate of its obligation to update its CRD records.

### PART II

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1. Court Action initiated by (Name of regulator, foreign financial regulatory authority, SRO, commodities exchange, agency, firm, private plaintiff, etc.)

# CIVIL JUDICIAL ACTION DISCLOSURE REPORTING PAGE (BD)

(continuation)

	Principal Relief Sought: (cheo	ck appropriate item)	Money Damages (Priv	ate/Crvil Complaint)	Restraining Order
	Civil Penalty(ies)/Fine(s)	Injunction	Restitution		Other
	Other Relief Sought				
		<u></u>		<u></u>	
3.	Filing Date of Court Action (N		Exa	ct Explanation	
	If not exact, provide explana	ation:			
4.	Principal Product Type: (chec	k appropriate item)			
	Annuity(ies) - Fixed	Derivative(s)		Investment Con	tract(s)
	Annuity(ies) - Variable	Direct Investment	(s) - DPP & LP Interest(s)	Money Market F	Fund(s)
	CD(s)	Equity - OTC		Mutual Fund(s)	
	Commodity Option(s)	Equity Listed (Cor	mmon & Preferred Stock)	No Product	
	Debt - Asset Backed	E Futures - Commo	dity	Options	
	Debt - Corporate	Futures - Financia	ıl	Penny Stock(s)	
	Debt - Government	Index Option(s)		Unit Investment	Trust(s)
	Debt - Municipal	Insurance		Other	
	Other Product Types:	<u></u>			
	· · · · · · · · · · · · · · · · · · ·		*** · · · · · · · · · · · · · · · · · ·		· · · · ·
5.	Formal Action was brought in Docket/Case Number):	(include name of Fede	ral, State or Foreign Court, L	ocation of Court - City	or County and State or Country,
6	Control Affiliate Employing Fir	m when activity occurre	ed which led to the civil judici	al action (If applicable	):
	<u> </u>				
7.	Describe the allegations relate	ed to this civil action (T	he information must fit within	the space provided.):	······································
				· · · · · · · · · · · · · · · ·	
				······	
	L				
8.	Current Status?   Pendir	ng 🗌 On Appeal	🗌 Final		
9.	If on appeal, action appealed t	lo (provide name of cou	urt). Date Appeal Filed (MM/	DD/YYYY):	
10	If pending, date notice/process		~~~~		Explanation
10.					
	If not exact, provide explanat	tion:			

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# CIVIL JUDICIAL ACTION DISCLOSURE REPORTING PAGE (BD)

### (continuation)

11. How was matter resolved: (check appropriate item)
Dismissed Opinion Withdrawn Other
12. Resolution Date (MM/DD/YYYY):
If not exact, provide explanation:
13 Resolution Detail:
A. Were any of the following Sanctions Ordered or Relief Granted? (Check appropriate items):     Description:      Anotary/Fine      Revocation/Expulsion/Denial      Disgorgement/Restitution
Amount: \$ Censure Cease and Desist/Injunction Bar Suspension
B. Other Sanctions.
C Sanction detail: if suspended, enjoined or barred, provide duration including start date and capacities affected (General Securities
given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against <i>applicant</i> or <i>control affiliate</i> , date pa and if any portion of penalty was waived:
4. Provide a bnef summary of circumstances related to action(s), allegation(s), disposition(s) and/or finding(s) disclosed above. (The
information must fit within the space provided.):
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Howe a bier summary of circumstances related to action(s), anegation(s), disposition(s) and/or minding(s) discussed above. (The information must fit within the space provided.):
Howe a bier summary of circumstances related to action(s), anegation(s), disposition(s) and/or infiding(s) discussed above. (The information must fit within the space provided.):
information must fit within the space provided.):
Howe a previous a during of circumstances related to action(s), anegation(s), disposition(s) and/or initiality(s) discussed above. (The information must fit within the space provided.):
Information must fit within the space provided.):

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Check 🖉 item(s) being responded to:  11. If the past ten years has the applicant or a control affiliate of the applicant ever been a securities firm or a control affiliate of a securities in the tent in the interval of a bankrupply petition?  (2) has been the subject of a bankrupply petition? (2) has hed a trustee appointed or a direct payment proceeding may be reported for more than one person or entity using one DRP. File a completed Execution Page It is not a requirement that documents be provided for each event or proceeding may be reported for more than one person or entity using one DRP. File a completed Execution Page It is not a requirement that documents be provided for each event or proceeding. Should they be provided, they will not be accepted as disclosure in of anxwang the questions on this DRP. It is not a requirement that documents be provided for each event or proceeding. Should they be provided, they will not be accepted as disclosure in of anxwang the questions on the event must be accentred affiliate need only complete DRP (BD) or DRP (U4). It accorder affiliate is an individual or organization egginesis through the CRD, guide complete answers to all the items on the applicant's appropriate DRP (BD) or DRP (U4). It accorder affiliate of its obligation to update its CRD records. <b>22ART1</b> The person(s) or entity(iss) for whom this DRP is being filed is (are):  The <i>Applicant</i> and one or more control affiliate(s)  D nee or more control affiliate(s)  Multice of APPLCAWT  Nome or APPLCAWT  Nee of APPLCAWT  Nome or more dominal the CRD, provide the CRD number. If not, indicate 'non-registered' by checking the appropriete DRP (BD) with form \left individual  Registerice: Nome or APPLCAWT  Note: i		
Attemptive responses to <i>item</i> 111 of Form BD;         Check (2) item(s) being responded to:         111       In the period is a sounded at the exploration or a control affiliate of the applecant ever been a securities tim or a control affiliate of a securities investor Protection Act?         116       Integration period         117       Integration period         118       Integration period         119       Integration period         110       Integration period         111       Integration period         116       Integration period     <	GENERAL INSTR	UCTIONS
11       In the past tery years has the applicant or a control affiliate of the applicant ever been a securities firm or a control affiliate of a securities for the securities investor Protection ACI?         (1)       The been the subject of a bankruptcy pation?       (2) has had a trastee appointed or a direct payment procedure initiated under the Securities Investor Protection ACI?         Use a sequence DRP for each event or proceeding. An event or proceeding may be reported for more than one parsan or entity using one DRP. Fee a completed Exaction Page.       (2) has had a trastee appointed for a control affiliate page on the parsan or entity using one DRP. Fee a completed Exaction Page.         It is control affiliate is an individual or organization registered through the CRD, such control affiliate need only complete Part of the applicant's appropriate DRP (10) or DRP (124). If a control affiliate is an individual or organization page the control affiliate of a solution to update is CRD records.         PARET       The parson(4) or entity(se) for whom this DRP is being filed is (are):       (1) The parson(4) or entity(se) for whom this DRP is being filed is (are):         (1)       The paperant (1)       (1) Control affiliate(s)       (1) The control affiliate(s)         (2)       One or more control affiliate(s)       (1) The control affiliate is registered with the CRD, provide the CRD number. If not, indicate "non-registered" by checking the appropriet DPP (10) the control affiliate is registered with the CRD, provide the CRD number. If not, indicate "non-registered" by checking the appropriet DPP (10) the control affiliate is registered through the CRD, has the control affiliate is an on-registered with the BD.	This Disclosure Reporting Page (DRP BD) is an INITIAL OF affirmative responses to Item 11I of Form BD;	AMENDED response used to report details for
the: <ul> <li>(1) has been the subject of a bankruptcy pation?</li> <li>(2) has hed a trustee appointed or a direct payment procedure initiated under the Securities Investor Protection Act?</li> </ul> <li>Use a separate DRP for each event or proceeding. An event or proceeding may be reported for more than one person or entity using one DRP. Fee a completed Execution Page         <ul> <li>It is not a requirement that documents be provided for each event or proceeding. Should they be provided, they will not be accepted as disclosure in of answering the questions on this DRP.</li> <li>If a control affiliate is an individual or organization registered through the CRD, such control affiliate appropriate DRP (SD) or DRP (U-4). If a control affiliate is an individual or organization or registered through the CRD, provide complete answers to all the lama on the applicant's appropriate DRP (SD) or DRP (U-4). If a control affiliate is an individual or organization or registered through the CRD, provide complete answers to all the lama. In the applicant's appropriate DRP (SD) or DRP (U-4). If a control affiliate is an individual or graphicant appropriate DRP (SD) or DRP (U-4). If a control affiliate is an individual or applicant appropriate DRP (SD) or DRP (U-4). If a control affiliate is an individual is applicant appropriate DRP (SD) or DRP (D-1). The control affiliate (SD) or DRP (D-1) or DRP (D-1), provide the CRD number. If not, indicate "non-registered" by checking the appropriate DRP (SD) Provide the CRD, provide the CRD number. If not, indicate "non-registered" by checking the appropriate DRP (SD) DRP to the CRD NUMBER</li> </ul> </li> <li>BD DRP - CONTROL AFFILIATE         <ul> <li>COD NUMBER</li> <li>BD DRP - CONTROL AFFILIATE</li> <li>COD NUMBER</li> <li>DRP is build be removed from the BD record because the control affiliate (a recontrol affiliate is a registered th</li></ul></li>	Check of item(s) being responded to	
(2) has had a trustee appointed or a direct payment procedure initiated under the Securities Investor Protection Act?  Use a separate DRP for each event or proceeding. An event or proceeding may be reported for more than one person or entity using one DRP. Fee a complete Execution Page It is not a requirement that documents be provided for each event or proceeding may be reported for more than one person or entity using one DRP. Fee a complete the sent intervent or advancement that documents be provided for each event or proceeding. Should they be provided, they will not be accepted as disclosure in of anxwering the questions on this DRP. It is not a requirement that documents be provided for each event or proceeding. Should they be provided, they will not be accepted as disclosure in of anxwering the questions on this DRP. CONT calls are need only complete Part 1 of the explorance appropriate DRP (60) or DRP (U-4). If a control affiliate is an individual or organization participation that person the provided of its obligation to update its CRD records.  PARE I  The person(s) or entity(ise) for whom this DRP is being filed is (are):     Dre Applicant     depricant and one or more control affiliate(s)     Dre Applicant     depricant and one or more control affiliate(s)     One or m		ent ever been a securities firm or a <i>control affiliate</i> of a securities firm
a completed Execution Page It is not a requirement that documents be provided for each event or proceeding. Should they be provided, they will not be accepted as disclosure in of answering the questions on this DRP. It is control affiliate is an individual or organization registered through the CRD, such control affiliate DRP (BD) or DRP (U-4). It a control affiliate is an individual or organization right registered through the CRD, such control affiliate DRP (BD) or DRP (U-4). It a control affiliate is an individual or organization right registered through the CRD, provide complete answers to all the items on the applicant's appropriate DRP (BD) or DRP (U-4). It a control affiliate is an individual or organization right registered through the CRD, provide complete answers to all the items on the applicant's appropriate DRP (BD) or DRP (U-4). It a control affiliate is an individual or organization right registered through the CRD provide complete answers to all the items on the applicant's appropriate DRP (BD) or DRP (U-4). It a control affiliate is an individual or organization right registered through the CRD provide organization right registered through the CRD provide organization right registered. <b>2ART I</b> The person(4) or entity(ies) for whom this DRP is being filed is (are):  The <i>Applicant</i> and none or more control affiliate(s)  One or more control affiliate(s)  If this DRP is being filed for a control affiliate(s)  If the control affiliate is registered with the CRD, provide the CRD number. If not, indicate 'non-registered'' by checking the appropri- the cohord affiliate is registered from the CD record because the control affiliate(a) are no longer associated with the BD.  MME (for nonnease, Last, First, Motion)  This DRP should be removed from the CD record because the control affiliate(a) are no longer associated with the BD.  If the control affiliate is registered through the CRD, has the control affiliate and the privided.  Yes No NoTE: The completion of this form does right releave the control		tialed under the Securities Investor Protection Act?
It is not a requirement that documents be provided for each event or proceeding. Should they be provided, they will not be accepted as disclosure in of answing the questions on this DRP. It is control affiliates an individual or organization registered through the CRD, <i>such control affiliate</i> need only complete Part I of the explicient's appropriate DRP (BD) Delais of the event must be submitted on the <i>control affiliate</i> suppropriate DRP (BD) To DRP (U-4). It a <i>control affiliate</i> is an individual or organization on present (BD) or DRP (U-4). It a <i>control affiliate</i> is a mindvall or organization present the <i>control affiliate</i> of its obligation to update its CRD records   PART I  The <i>person(s)</i> or entity(ice) for whom this DRP is being filed is (are):		e reported for more than one <i>person</i> or entity using one DRP. File w
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The person(s) or entity(ies) for whom this DRP is being filed is (are):  Applicant Applicant and one or more control affiliate(s) One or more control affiliate(s) The DRP is being filed for a control affiliate, give the full name of the control affiliate below (for individuals, Last name, First name, Middle name). If the control affiliate is registered with the CRD, provide the CRD number. If not, indicate "non-registered" by checking the approprice checkbox  NAME OF APPLICANT APPLICANT CRD NUMBER BD DRP - CONTROL AFFILIATE CRD NUMBER CRD NUMBER CRD NUMBER CRD NUMBER Individual to the control affiliate is registered through the CRD, has the control affiliate is on longer associated with the BD. If the CRD Physical transment is 'Yes,' no other information on this DRP must be provided. Yes No NOTE: The completion of this form does not relieve the control affiliate of its obligation to update its CRD records. CRT The component is the one of the control affiliate its CRD records. CRT NUMBER CRD NUMBER CRD NUMBER CRD ND NOTE: The completion of this form does not relieve the control affiliate of its obligation to update its CRD records. CRT NUME (for movement is 'Yes,'' no other information on this DRP must be provided. CRD NUMBER CRD ND NOTE: The completion of the form does not relieve the control affiliate of its obligation to update its CRD records. CRT NUME CRT II CRD NUMBER CRD ND CRD CHeck appropriate item) Bankruptcy CRD Check appropriate item) CRD CHeck CRD CRD CHECK CR	appropriate DRP (BD) Details of the event must be submitted on the control affilial individual or organization not registered through the CRD, provide complete answe	te's appropriate DRP (BD) or DRP (U-4). If a <i>control affiliate</i> is an ers to all the items on the <i>applicant's</i> appropriate DRP (BD) The
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If not exact, provide explanation:

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## BANKRUPTCY / SIPC DISCLOSURE REPORTING PAGE (BD)

(continuation)

3. If the financial action relates to an organization over which the applicant or control affiliate exercise(d) control, enter organization name and the applicant's or control affiliate's position, title or relationship: Was the Organization investment-related? Yes Court action brought in (Name of Federal, State or Foreign Court), Location of Court (City or County and State or Country), Docket/Case 4. Number and Bankruptcy Chapter Number (if Federal Bankruptcy Filing) T Yes 5. Is action currently pending? 6. If not pending, provide Disposition Type. (check appropriate item) Direct Payment Procedure Dismissed Satisfied/Released Discharged Dissolved SIPA Trustee Appointed Other 7 Disposition Date (MM/DD/YYYY): Exact Explanation If not exact, provide explanation: 8. Provide a brief summary of events leading to the action and if not discharged, explain. (The information must fit within the space provided ): 9. If a SIPA trustee was appointed or a direct payment procedure was begun, enter the amount paid or agreed to be paid by you; or the name of the trustee: Currently Open? Yes Date Direct Payment Instated/Filed or Trustee Appointed (MM/DD/YYYY): E Exact Explanation If not exact, provide explanation: 10 Provide details to any status/disposition. Include details as to creditors, terms, conditions, amounts due and settlement schedule (if applicable). (The information must fit within the space provided.)

Rev Form BD (7/1999)

### BOND DISCLOSURE REPORTING PAGE (BD)

	GENERAL INSTRUCTIONS					
	This Disclosure Reporting Page (DRP BD) is an INITIAL OR AMENDED response used to report details for affirmative responses to Item 11J of Form BD;					
	Check i item(s) being responded to:					
	11J Has a bonding company ever denied, paid out on, or revoked a bond for the <i>applicant</i> ?					
	Use a separate DRP for each event or proceeding. An event or proceeding may be reported for more than one person or entity using one DRP. File with a completed Execution Page					
	It is not a requirement that documents be provided for each event or proceeding. Should they be provided, they will not be accepted as disclosure in lieu of answering the questions on this DRP					
	NAME OF APPLICANT APPLICANT CRD NUMBER					
1.	Firm Name: (Policy Holder)					
2.	Bonding Company Name.					
	Disposition Type. (check appropriate item)					
,	Disposition Date (MM/DD/YYYY):					
	If not exact, provide explanation:					
5.	If disposition resulted in Payout, list Payout Amount and Date Paid:					
6	Summarize the details of circumstances leading to the necessity of the bonding company action. (The information must fit within the space provided )					

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# JUDGMENT / LIEN DISCLOSURE REPORTING PAGE (BD)

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	GENERAL INSTRUCTIONS
	This Disclosure Reporting Page (DRP BD) is an INITIAL OR AMENDED response used to report details for affirmative responses to Item 11K of Form BD;
	Check 🗹 item(s) being responded to:
	11K Does the <i>applicant</i> have any unsatisfied judgments or liens against it?
	Use a separate DRP for each event or proceeding. An event or proceeding may be reported for more than one person or entity using one DRP. File with a completed Execution Page.
	It is not a requirement that documents be provided for each event or proceeding. Should they be provided, they will not be accepted as disclosure in lieu of answering the questions on this DRP.
	NAME OF APPLICANT APPLICANT CRD NUMBER
1.	Judgment/Lien Amount:
2.	Judgment/Lien Holder:
3.	Judgment/Lien Type: (check appropriate item)
4	Date Filed (MM/DD/YYYY):
	If not exact, provide explanation
5.	Is Judgment/Lien outstanding? Yes No
	If No, provide status date (MM/DD/YYYY):
	If not exact, provide explanation:
	If No, how was matter resolved? (check appropriate item)
6.	Court (Name of Federal, State or Foreign Court), Location of Court (City or County and State or Country) and Docket/Case Number:
7.	Provide a brief summary of events leading to the action and any payment schedule details including current status (if applicable). (The information must fit within the space provided.):
	Rev Form BD (7/1999)