FORM ADV

UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION AND REPORT BY EXEMPT REPORTING ADVISERS

Primary Business Name: TLG ADVISORS, INC. CRD Number: 111052

Annual Amendment - All Sections

Rev. 10/2021

3/30/2022 9:51:58 AM

WARNING: Complete this form truthfully. False statements or omissions may result in denial of your application, revocation of your registration, or criminal prosecution. You must keep this form updated by filing periodic amendments. See Form ADV General Instruction 4.

Item 1 Identifying Information

Responses to this Item tell us who you are, where you are doing business, and how we can contact you. If you are filing an *umbrella registration*, the information in Item 1 should be provided for the *filing adviser* only. General Instruction 5 provides information to assist you with filing an *umbrella registration*.

A. Your full legal name (if you are a sole proprietor, your last, first, and middle names):

TLG ADVISORS, INC.

3. (1) Name under which you primarily conduct your advisory business, if different from Item 1.A.

TLG ADVISORS, INC.

List on Section 1.B. of Schedule D any additional names under which you conduct your advisory business.

(2) If you are using this Form ADV to register more than one investment adviser under an *umbrella registration*, check this box \Box

If you check this box, complete a Schedule R for each relying adviser.

- C. If this filing is reporting a change in your legal name (Item 1.A.) or primary business name (Item 1.B.(1)), enter the new name and specify whether the name change is of
 - \square your legal name **or** \square your primary business name:
- D. (1) If you are registered with the SEC as an investment adviser, your SEC file number: 801-60458
 - (2) If you report to the SEC as an exempt reporting adviser, your SEC file number:
 - (3) If you have one or more Central Index Key numbers assigned by the SEC ("CIK Numbers"), all of your CIK numbers:

CIK Number

1856219

E. (1) If you have a number ("CRD Number") assigned by the FINRA's CRD system or by the IARD system, your CRD number:

111052

If your firm does not have a CRD number, skip this Item 1.E. Do not provide the CRD number of one of your officers, employees, or affiliates.

(2) If you have additional CRD Numbers, your additional CRD numbers:

No Information Filed

- F. Principal Office and Place of Business
 - (1) Address (do not use a P.O. Box):

Number and Street 1: Number and Street 2:

26 WEST DRY CREEK CIRCLE SUITE 800

City: State: Country: ZIP+4/Postal Code:

LITTLETON Colorado United States 80120

	If this address is a	private residence, chec	k this box: □					
	investment advisor authorities, you mu you are registered. to the SEC as an ex	y business. If you are a ust list all of your offices If you are applying for	pplying for registration, or s in the state or states to w SEC registration, if you an r, list the largest twenty-fiv	al office and place of business, at what are registered, with one or more standing to the standing of the second o	ate securities n or with whom you are reporting			
	(2) Days of week that	you normally conduct b	usiness at your <i>principal o</i> i	ffice and place of business:				
	Monday - Friday	Other:						
		Normal business hours at this location: 8:00 A.M. TO 4:00P.M.						
	8:00 A.M. TO 4:00I (3) Telephone number							
	888-371-0013							
	(4) Facsimile number a 303-797-7297	t this location, if any:						
	(5) What is the total nu		than your <i>principal office a</i> ost recently completed fisc	<i>nd place of business</i> , at which you c al year?	onduct investment			
G.	Mailing address, if differ	ent from your <i>principal</i>	office and place of busines	ss address:				
	Number and Street 1:		Number and Stree	t 2:				
	City:	State:	Country:	ZIP+4/Postal Code:				
	If this address is a priv	rate residence, check th	is box: □					
Н.	If you are a sole proprie in Item 1.F.:	etor, state your full resid	dence address, if different	from your <i>principal office and place c</i>	of business address			
	Number and Street 1:		Number and Stree	et 2:				
	City:	State:	Country:	ZIP+4/Postal Code:				
					Yes No			
I.	Do you have one or more to, Twitter, Facebook an		on publicly available socia	I media platforms (including, but not	t limited 👩 🔿			
If "yes," list all firm website addresses and the address for each of the firm's accounts on publicly available social mental platforms on Section 1.I. of Schedule D. If a website address serves as a portal through which to access other information have published on the web, you may list the portal without listing addresses for all of the other information. You may list more than one portal address. Do not provide the addresses of websites or accounts on publicly available social in platforms where you do not control the content. Do not provide the individual electronic mail (e-mail) addresses of endoyee accounts on publicly available social media platforms.				r information you 'ou may need to social media				
J.	Chief Compliance Office	Chief Compliance Officer						
	. ,			officer. If you are an exempt reporting you have one. If not, you must com				
	Name: Z. JANE RILEY		Other titles, if CCO	Other titles, if any: CCO				
	Telephone number: 303-797-9080 EXT 101	10	Facsimile num (303) 797-729					
	Number and Street 1: 26 WEST DRY CREEK C	CIRCLE	Number and S SUITE 800	treet 2:				
	City: LITTLETON	State: Colorado	Country: United States	ZIP+4/Postal Code: 80120				

	JANE@LEADERSGROUP.N	ddress, if Chief Compliance Off ET	ficer has one:			
	investment company regis	ce Officer is compensated or estered under the Investment Convide the person's name and IF	ompany Act of 1940 that you	advise for providing chief com		
	IRS Employer Identificatio 84-1275292	n Number:				
K.		tact Person: If a person other t about this Form ADV, you may			ıformatio	n
	Name: SEAN WICKERSHAM		Titles: PRESIDENT			
	Telephone number: 303-797-9080 EXT 1030		Facsimile number,	if any:		
	Number and Street 1: 26 W. DRY CREEK CIRCLE	E, SUITE 800	Number and Street	t 2:		
	City: LITTLETON	State: Colorado	Country: United States	ZIP+4/Postal Code: 80120		
	Electronic mail (e-mail) a SEAN.WICKERSHAM@LEA	ddress, if contact person has o ADERSGROUP.NET	one:			
L.		all of the books and records yo where other than your <i>principa</i>			Yes	No C
	If "yes," complete Section	1.L. of Schedule D.			Yes	No
М.	Are you registered with a	foreign financial regulatory aut	thority?		O	⊙
		t registered with a foreign finar qulatory authority. If "yes," cor			is registe	ered
					Yes	No
N.	Are you a public reporting	company under Sections 12 or	r 15(d) of the Securities Excha	ange Act of 1934?	0	⊙
^	Did bassa dd billian an				Yes	No
Ο.	If yes, what is the approxi	more in assets on the last day mate amount of your assets:	or your most recent fiscal year	ir?	0	0
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	C \$50 billion or more	, , , , , , , , , , , , , , , , , ,				
		only, "assets" refers to your to ts using the total assets shown			⁻ clients.	
P.	Provide your <i>Legal Entity</i> i	dentifier if you have one:				
	A legal entity identifier is a have a legal entity identifier	a unique number that companioner.	es use to identify each other i	n the financial marketplace. Y	ou may r	not

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List your other business names and the jurisdictions in which you use them. You must complete a separate Schedule D Section 1.B. for each business name.

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Name: SENIOR FINANCIAL PLANNING LLC				
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□ DC	□ма	□он	□ wa
□ FL	□ MI	□ок	□wv
□GA	□ MN	□ OR	□ wi
□ GU	□ MS	□ PA	□ wy
□ні	□мо	□ PR	☐ Other:
	□ MT	□ RI	Cottler.
		LKI	
List your other busin	ess names and the jurisdictions in	n which you use them. You must o	omplete a separate Schedule D Section 1.B.
for each business na	-	,	
Name: GIDEON STR	ATEGIC PARTNERS,		
	,		
Jurisdictions			
□ AL	□IL	□ NE	□ sc
□ ак	□ IN	□ NV	□ SD
□ AZ	□ IA	□ NH	□ TN
□ AR	□ KS	□ NJ	□ TX
☑ CA	□ KY	□ NM	□ UT
Со	□ LA	□ NY	□ VT
□ст	□ ME	□ NC	□ VI
□ DE	□ MD	□ ND	□ VA
□ DC	□ MA	□он	□ WA
			II
□ FL	□ MI	□ок	□ wv
□ GA	□ MN	□ OR	□wi
□ GU	☐ MS	□ PA	□ wy
□ні	□ мо	□ PR	☐ Other:
□ID	□мт	□RI	
· ·		n which you use them. You must c	omplete a separate Schedule D Section 1.B.
for each business na	me.		
Name: CLARITY FIN	ANCIAL		
Jurisdictions			
	F	PT	— -
□ AL		☑ NE	□sc
□ AK	□ IN	□ NV	□ SD
☐ AZ	∏ IA	□ NH	□ TN
☐ AR	□ KS	∏ NJ	□ TX
□ CA	□ KY	□ NM	□ ∪т
□со	□ LA	□ NY	□ VT
□ст	☐ ME	□ NC	□VI

offices (in terms of numbers of employees).

Number and Street 1: 5105 W GENESEE ST

Number and Street 2:

City:	State:	Country:	ZIP+4/Postal Code:	
CAMILLUS	New York	United States	13031	
If this address is a private residence, c	heck this box:			
Telephone Number: 315-488-09014	Facsimile Numb	per, if any:		
			s authority as a branch office location for a (Form BR), please provide the <i>CRD</i> Branch	
How many <i>employees</i> perform investm	ent advisory functi	ons from this office locatior	n?	
Are other business activities conducted	at this office locati	on? (check all that apply)		
🗹 (1) Broker-dealer (registered or unre	egistered)			
\square (2) Bank (including a separately ide	ntifiable departmen	t or division of a bank)		
☑ (3) Insurance broker or agent				
(4) Commodity pool operator or com	nmodity trading adv	visor (whether registered or	r exempt from registration)	
(5) Registered municipal advisor (6) Accountant or accounting firm				
(7) Lawyer or law firm				
(/) Lawyer or law min				
Describe any other investment-related	business activities	conducted from this office	location:	
investment advisory business. You mus	st complete a separ with the SEC, or if	ate Schedule D Section 1.F	nd place of business, at which you conduct for each location. If you are applying for SEC org adviser, list only the largest twenty-five	
investment advisory business. You must registration, if you are registered only	st complete a separ with the SEC, or if	ate Schedule D Section 1.F	for each location. If you are applying for SEC ag adviser, list only the largest twenty-five	
investment advisory business. You must registration, if you are registered only offices (in terms of numbers of <i>employ</i> Number and Street 1:	st complete a separ with the SEC, or if	ate Schedule D Section 1.F you are an <i>exempt reportin</i>	for each location. If you are applying for SEC ag adviser, list only the largest twenty-five	
investment advisory business. You must registration, if you are registered only offices (in terms of numbers of <i>employ</i> Number and Street 1: 1805 S BELLAIRE ST, SUITE 465	st complete a separ with the SEC, or if ^s <i>ees</i>).	ate Schedule D Section 1.F you are an <i>exempt reportin</i> Number and Street 2	for each location. If you are applying for SEC ag adviser, list only the largest twenty-five	
investment advisory business. You must registration, if you are registered only offices (in terms of numbers of <i>employ</i> Number and Street 1: 1805 S BELLAIRE ST, SUITE 465 City:	st complete a separ with the SEC, or if sees). State: Colorado	Number and Street 2 Country:	i. for each location. If you are applying for SEC and adviser, list only the largest twenty-five 2: ZIP+4/Postal Code:	
investment advisory business. You must registration, if you are registered only offices (in terms of numbers of <i>employ</i> Number and Street 1: 1805 S BELLAIRE ST, SUITE 465 City: DENVER	st complete a separ with the SEC, or if sees). State: Colorado	Number and Street 2 Country: United States	i. for each location. If you are applying for SEC and adviser, list only the largest twenty-five 2: ZIP+4/Postal Code:	
investment advisory business. You must registration, if you are registered only offices (in terms of numbers of employ) Number and Street 1: 1805 S BELLAIRE ST, SUITE 465 City: DENVER If this address is a private residence, control of the cont	st complete a separ with the SEC, or if sees). State: Colorado heck this box: Facsimile Num 3039791074 be registered with	Number and Street 2 Country: United States	i. for each location. If you are applying for SEC and adviser, list only the largest twenty-five 2: ZIP+4/Postal Code:	
investment advisory business. You must registration, if you are registered only offices (in terms of numbers of employ) Number and Street 1: 1805 S BELLAIRE ST, SUITE 465 City: DENVER If this address is a private residence, control of the cont	st complete a separ with the SEC, or if sees). State: Colorado heck this box: Facsimile Num 3039791074 be registered with the Uniform Brance	Number and Street 2 Country: United States The property of the securities of the office Registration 1.F.	is for each location. If you are applying for SEC and adviser, list only the largest twenty-five 2: ZIP+4/Postal Code: 80222 Solution and a branch office location for a (Form BR), please provide the CRD Branch	

(2) Bank (including a separat	ely identifiable department of	or division of a bank)			
(3) Insurance broker or agent	t				
(4) Commodity pool operator	or commodity trading advis	or (whether registered or e	exempt from registration)		
\square (5) Registered municipal advisor					
\square (6) Accountant or accounting	firm				
(7) Lawyer or law firm					
Describe any other investment-i	related business activities co	onducted from this office lo	cation:		
-					
investment advisory business. Y	ou must complete a separat d only with the SEC, or if yo	e Schedule D Section 1.F. f	place of business, at which you conductor each location. If you are applying for adviser, list only the largest twenty-five	r SEC	
Number and Street 1: 9311 SE 36TH ST		Number and Street 2 SUITE 105	:		
City: MERCER ISLAND	State: Washington	Country: United States	ZIP+4/Postal Code: 98040		
If this address is a private reside	ence, check this box: \Box				
Telephone Number: (206) 235-0201	Facsimile Number, (206) 232-0715	if any:			
			authority as a branch office location for form BR), please provide the <i>CRD</i> Branc		
How many <i>employees</i> perform i	nvestment advisory function	ns from this office location?			
Are other business activities con	nducted at this office location	n? (check all that apply)			
☑ (1) Broker-dealer (registered)	or unregistered)				
\square (2) Bank (including a separat	ely identifiable department	or division of a bank)			
(3) Insurance broker or agent	t				
\square (4) Commodity pool operator	or commodity trading advis	or (whether registered or e	exempt from registration)		
\square (5) Registered municipal advi	sor				
\square (6) Accountant or accounting	firm				
(7) Lawyer or law firm					
Describe any other investment-i	related business activities co	onducted from this office lo	cation:		
			place of business, at which you conductor each location. If you are applying fo		

registration, if you are registered only with the SEC, or if you are an exempt reporting adviser, list only the largest twenty-five offices (in terms of numbers of employees).

Number and Street 1:

Number and Street 2:

6900 WISCONSIN AVENUE, 5TH FLOOR

	State:	Country:	ZIP+4/Postal Code:	
CHEVY CHASE	Maryland	United States	20815	
If this address is a private residence, che	ack this hov:			
ir this address is a private residence, the	CCR CHIS DOX.			
Telephone Number:	Facsimile N	umber, if any:		
(301) 652-2500				
If this office location is also required to b	e reaistered with F	INRA or a <i>state securities a</i>	uthority as a branch office location for a	
broker-dealer or investment adviser on t				
Number here:		omeo region anom romm (r	sim bity, produce provide and one branch	
Hamber Herer				
How many <i>employees</i> perform investme	nt advisory functior	is from this office location?		
1				
Are other business activities conducted a	nt this office location	n? (check all that apply)		
▼ (1) Broker-dealer (registered or unregistered)				
\square (2) Bank (including a separately ident	ifiable department	or division of a bank)		
(3) Insurance broker or agent				
\square (4) Commodity pool operator or comm	nodity trading advis	or (whether registered or e	xempt from registration)	
(5) Registered municipal advisor				
(6) Accountant or accounting firm				
(7) Lawyer or law firm				
Describe any other investment-related b	usiness activities co	onducted from this office loo	cation:	
Complete the following information for e	ach office other th	an your principal office and	place of business at which you conduct	
Complete the following information for e				
investment advisory business. You must	complete a separat	e Schedule D Section 1.F. fo	or each location. If you are applying for SEC	<u> </u>
investment advisory business. You must registration, if you are registered only w	complete a separatith the SEC, or if yo	e Schedule D Section 1.F. fo	or each location. If you are applying for SEC	
investment advisory business. You must	complete a separatith the SEC, or if yo	e Schedule D Section 1.F. fo	or each location. If you are applying for SEC	
investment advisory business. You must registration, if you are registered only will offices (in terms of numbers of <i>employed</i>)	complete a separatith the SEC, or if yo	te Schedule D Section 1.F. fo tu are an <i>exempt reporting</i>	or each location. If you are applying for SEC	
investment advisory business. You must registration, if you are registered only wi offices (in terms of numbers of <i>employed</i>) Number and Street 1:	complete a separatith the SEC, or if yo	e Schedule D Section 1.F. fo	or each location. If you are applying for SEC	``
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investment advisory business. You must registration, if you are registered only win offices (in terms of numbers of <i>employed</i> Number and Street 1: 21515 HAWTHORNE BL #1059	complete a separate ith the SEC, or if your ses.	te Schedule D Section 1.F. for are an exempt reporting of the Number and Street 2:	or each location. If you are applying for SEC adviser, list only the largest twenty-five	
investment advisory business. You must registration, if you are registered only whoffices (in terms of numbers of employed Number and Street 1: 21515 HAWTHORNE BL #1059 City:	complete a separatith the SEC, or if your ses). State:	te Schedule D Section 1.F. for are an exempt reporting. Number and Street 2: Country:	or each location. If you are applying for SEC adviser, list only the largest twenty-five ZIP+4/Postal Code:	
investment advisory business. You must registration, if you are registered only win offices (in terms of numbers of employed Number and Street 1: 21515 HAWTHORNE BL #1059 City: TORRANCE	complete a separate ith the SEC, or if your ses). State: California	te Schedule D Section 1.F. for are an exempt reporting. Number and Street 2: Country:	or each location. If you are applying for SEC adviser, list only the largest twenty-five ZIP+4/Postal Code:	
investment advisory business. You must registration, if you are registered only whoffices (in terms of numbers of employed Number and Street 1: 21515 HAWTHORNE BL #1059 City:	complete a separate ith the SEC, or if your ses). State: California	te Schedule D Section 1.F. for are an exempt reporting. Number and Street 2: Country:	or each location. If you are applying for SEC adviser, list only the largest twenty-five ZIP+4/Postal Code:	
investment advisory business. You must registration, if you are registered only win offices (in terms of numbers of employed Number and Street 1: 21515 HAWTHORNE BL #1059 City: TORRANCE If this address is a private residence, che	complete a separate ith the SEC, or if your ses). State: California	ne Schedule D Section 1.F. for are an exempt reporting of the Number and Street 2: Country: United States	or each location. If you are applying for SEC adviser, list only the largest twenty-five ZIP+4/Postal Code:	
investment advisory business. You must registration, if you are registered only win offices (in terms of numbers of employed Number and Street 1: 21515 HAWTHORNE BL #1059 City: TORRANCE If this address is a private residence, che Telephone Number:	complete a separate ith the SEC, or if your ses). State: California	ne Schedule D Section 1.F. for are an exempt reporting of the Number and Street 2: Country: United States	or each location. If you are applying for SEC adviser, list only the largest twenty-five ZIP+4/Postal Code:	
investment advisory business. You must registration, if you are registered only win offices (in terms of numbers of employed Number and Street 1: 21515 HAWTHORNE BL #1059 City: TORRANCE If this address is a private residence, che	complete a separate ith the SEC, or if your ses). State: California	ne Schedule D Section 1.F. for are an exempt reporting of the Number and Street 2: Country: United States	or each location. If you are applying for SEC adviser, list only the largest twenty-five ZIP+4/Postal Code:	
investment advisory business. You must registration, if you are registered only win offices (in terms of numbers of employed Number and Street 1: 21515 HAWTHORNE BL #1059 City: TORRANCE If this address is a private residence, che Telephone Number:	complete a separate ith the SEC, or if your ses). State: California	ne Schedule D Section 1.F. for are an exempt reporting of the Number and Street 2: Country: United States	or each location. If you are applying for SEC adviser, list only the largest twenty-five ZIP+4/Postal Code:	
investment advisory business. You must registration, if you are registered only win offices (in terms of numbers of employed Number and Street 1: 21515 HAWTHORNE BL #1059 City: TORRANCE If this address is a private residence, checked Telephone Number: (310) 698-0698	complete a separate ith the SEC, or if your ses). State: California eck this box:	ne Schedule D Section 1.F. for are an exempt reporting of the Number and Street 2: Country: United States r, if any:	or each location. If you are applying for SEC adviser, list only the largest twenty-five ZIP+4/Postal Code: 90503	
investment advisory business. You must registration, if you are registered only win offices (in terms of numbers of employed Number and Street 1: 21515 HAWTHORNE BL #1059 City: TORRANCE If this address is a private residence, check the Telephone Number: (310) 698-0698 If this office location is also required to be	complete a separate ith the SEC, or if your ses). State: California eck this box: Facsimile Number one registered with F	te Schedule D Section 1.F. for are an exempt reporting. Number and Street 2: Country: United States r, if any: INRA or a state securities a	or each location. If you are applying for SEC adviser, list only the largest twenty-five ZIP+4/Postal Code: 90503	
investment advisory business. You must registration, if you are registered only win offices (in terms of numbers of employed Number and Street 1: 21515 HAWTHORNE BL #1059 City: TORRANCE If this address is a private residence, checked Telephone Number: (310) 698-0698	complete a separate ith the SEC, or if your ses). State: California eck this box: Facsimile Number one registered with F	te Schedule D Section 1.F. for are an exempt reporting. Number and Street 2: Country: United States r, if any: INRA or a state securities a	or each location. If you are applying for SEC adviser, list only the largest twenty-five ZIP+4/Postal Code: 90503	
investment advisory business. You must registration, if you are registered only win offices (in terms of numbers of employed Number and Street 1: 21515 HAWTHORNE BL #1059 City: TORRANCE If this address is a private residence, checked Telephone Number: (310) 698-0698 If this office location is also required to be broker-dealer or investment adviser on the second	complete a separate ith the SEC, or if your ses). State: California eck this box: Facsimile Number on registered with F	te Schedule D Section 1.F. for are an exempt reporting. Number and Street 2: Country: United States r, if any: INRA or a state securities a	or each location. If you are applying for SEC adviser, list only the largest twenty-five ZIP+4/Postal Code: 90503	
investment advisory business. You must registration, if you are registered only win offices (in terms of numbers of employed Number and Street 1: 21515 HAWTHORNE BL #1059 City: TORRANCE If this address is a private residence, checked Telephone Number: (310) 698-0698 If this office location is also required to be broker-dealer or investment adviser on the Number here:	complete a separate ith the SEC, or if your ses). State: California eck this box: Facsimile Number on registered with F	te Schedule D Section 1.F. for are an exempt reporting. Number and Street 2: Country: United States r, if any: INRA or a state securities a	or each location. If you are applying for SEC adviser, list only the largest twenty-five ZIP+4/Postal Code: 90503	
investment advisory business. You must registration, if you are registered only win offices (in terms of numbers of employed Number and Street 1: 21515 HAWTHORNE BL #1059 City: TORRANCE If this address is a private residence, checked the control of the control	complete a separate ith the SEC, or if your ses). State: California eck this box: Facsimile Number see registered with Fishe Uniform Branch	nu are an exempt reporting of the last and exempt reporting of the last and street 2: Country: United States To a state securities a Office Registration Form (Form)	or each location. If you are applying for SEC adviser, list only the largest twenty-five ZIP+4/Postal Code: 90503	
investment advisory business. You must registration, if you are registered only win offices (in terms of numbers of employed Number and Street 1: 21515 HAWTHORNE BL #1059 City: TORRANCE If this address is a private residence, check the control of the control o	complete a separate ith the SEC, or if your ses). State: California eck this box: Facsimile Number see registered with Fishe Uniform Branch	nu are an exempt reporting of the last and exempt reporting of the last and street 2: Country: United States To a state securities a Office Registration Form (Form)	or each location. If you are applying for SEC adviser, list only the largest twenty-five ZIP+4/Postal Code: 90503	
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investment advisory business. You must registration, if you are registered only win offices (in terms of numbers of employed Number and Street 1: 21515 HAWTHORNE BL #1059 City: TORRANCE If this address is a private residence, check the control of the control o	complete a separate ith the SEC, or if your ses). State: California eck this box: Facsimile Number se registered with Fishe Uniform Branch	Number and Street 2: Country: United States INRA or a state securities a Office Registration Form (Formula from this office location?	or each location. If you are applying for SEC adviser, list only the largest twenty-five ZIP+4/Postal Code: 90503	
investment advisory business. You must registration, if you are registered only wi offices (in terms of numbers of employed Number and Street 1: 21515 HAWTHORNE BL #1059 City: TORRANCE If this address is a private residence, che Telephone Number: (310) 698-0698 If this office location is also required to b broker-dealer or investment adviser on the Number here: 534179 How many employees perform investment advisement adviser on the Number here: 534179	state: California eck this box: Facsimile Numbe oe registered with F the Uniform Branch	Number and Street 2: Country: United States INRA or a state securities a Office Registration Form (Formula from this office location?	or each location. If you are applying for SEC adviser, list only the largest twenty-five ZIP+4/Postal Code: 90503	

\square (2) Bank (including a separately	identifiable departmen	it or division of a bank)			
☑ (3) Insurance broker or agent					
\square (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)					
☐ (5) Registered municipal advisor ☐ (6) Accountant or accounting firm					
,					
Describe any other investment-rela	ated business activities	conducted from this office	e location:		
investment advisory business. You	must complete a separanly with the SEC, or if	rate Schedule D Section 1.	and place of business, at which you conduct F. for each location. If you are applying for SEC ing adviser, list only the largest twenty-five		
Number and Street 1: 45 RESEARCH DRIVE		Number and Street 2	:		
City:	State:	Country:	ZIP+4/Postal Code:		
ANN ARBOR	Michigan	United States	48103		
If this address is a private residence	te, check this box:				
Telephone Number: (734) 786-6140	Facsimile Num	ber, if any:			
			es authority as a branch office location for a n (Form BR), please provide the <i>CRD</i> Branch		
How many <i>employees</i> perform inve	estment advisory functi	ons from this office locatio	on?		
Are other business activities condu	cted at this office locat	ion? (check all that apply)			
☑ (1) Broker-dealer (registered or	unregistered)				
\square (2) Bank (including a separately	identifiable departmen	nt or division of a bank)			
☑ (3) Insurance broker or agent					
\square (4) Commodity pool operator or	commodity trading adv	visor (whether registered o	or exempt from registration)		
(5) Registered municipal advisor	-				
\square (6) Accountant or accounting fir	m				
(7) Lawyer or law firm					
Describe any other investment-rela	ated business activities	conducted from this office	e location:		
investment advisory business. You	must complete a separ	rate Schedule D Section 1.	and place of business, at which you conduct F. for each location. If you are applying for SEC ing adviser, list only the largest twenty-five	,	

offices (in terms of numbers of employees).

Number and Street 1: 2200 CENTURY PKWY, SUITE 735 Number and Street 2:

3/30/22, 7:52 AM

City: ATLANTA	State: Georgia	Country: United States	ZIP+4/Postal Code: 30345				
ALLANIA	Georgia	omica states	30343				
If this address is a private residence, check this box: \Box							
Telephone Number: (404) 547-0223	Facsimile Num	nber, if any:					
	-		authority as a branch office location for a Form BR), please provide the <i>CRD</i> Branch				
How many <i>employees</i> perform inve	estment advisory function	s from this office location	?				
Are other business activities condu		n? (check all that apply)					
(1) Broker-dealer (registered or							
(2) Bank (including a separately	identifiable department of	or division of a bank)					
✓ (3) Insurance broker or agent✓ (4) Commodity pool operator or	commodity trading advis	or (whether registered or	evenut from registration)				
\Box (5) Registered municipal advisor		or (whether registered or	exempt from registration;				
\Box (6) Accountant or accounting fire							
\square (7) Lawyer or law firm							
Describe any other investment-related business activities conducted from this office location:							
investment advisory business. You	must complete a separat nly with the SEC, or if yo	e Schedule D Section 1.F.	d place of business, at which you conduct for each location. If you are applying for SEC g adviser, list only the largest twenty-five				
investment advisory business. You registration, if you are registered o	must complete a separat nly with the SEC, or if yo	e Schedule D Section 1.F.	for each location. If you are applying for SEC g adviser, list only the largest twenty-five				
investment advisory business. You registration, if you are registered o offices (in terms of numbers of <i>emp</i>) Number and Street 1: 34 CHADBOURNE STREET City:	must complete a separat nly with the SEC, or if yo	e Schedule D Section 1.F. u are an <i>exempt reporting</i> Number and Stre Country:	for each location. If you are applying for SEC g adviser, list only the largest twenty-five				
investment advisory business. You registration, if you are registered o offices (in terms of numbers of <i>emp</i>) Number and Street 1: 34 CHADBOURNE STREET	must complete a separat nly with the SEC, or if yo ployees).	e Schedule D Section 1.F. u are an <i>exempt reporting</i> Number and Stre	for each location. If you are applying for SEC g adviser, list only the largest twenty-five set 2:				
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investment advisory business. You registration, if you are registered o offices (in terms of numbers of <i>emp</i>) Number and Street 1: 34 CHADBOURNE STREET City: BLUFFTON	must complete a separat nly with the SEC, or if yo ployees). State: South Carolina	e Schedule D Section 1.F. u are an exempt reporting Number and Stre Country: United States	for each location. If you are applying for SEC g adviser, list only the largest twenty-five set 2: ZIP+4/Postal Code:				
investment advisory business. You registration, if you are registered o offices (in terms of numbers of employments) Number and Street 1: 34 CHADBOURNE STREET City: BLUFFTON If this address is a private residence Telephone Number: (310) 422-0801 If this office location is also require	must complete a separat nly with the SEC, or if yo ployees). State: South Carolina Se, check this box: Facsimile Number, if	e Schedule D Section 1.F. u are an exempt reporting Number and Stre Country: United States any:	for each location. If you are applying for SEC g adviser, list only the largest twenty-five set 2: ZIP+4/Postal Code:				
investment advisory business. You registration, if you are registered o offices (in terms of numbers of employment) Number and Street 1: 34 CHADBOURNE STREET City: BLUFFTON If this address is a private residence Telephone Number: (310) 422-0801 If this office location is also require broker-dealer or investment advise	must complete a separation of the second of	e Schedule D Section 1.F. u are an exempt reporting Number and Stre Country: United States any: INRA or a state securities Office Registration Form (for each location. If you are applying for SEC g adviser, list only the largest twenty-five Let 2: ZIP+4/Postal Code: 29910 authority as a branch office location for a Form BR), please provide the CRD Branch				
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☑ (3) Insurance broker or agent						
\square (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)						
☐ (5) Registered municipal advisor						
☐ (6) Accountant or accounting firm						
(7) Lawyer or law firm						
Lawyer or law firm						
Describe any other <i>investment-related</i> business activities conducted from this office location:						
investment advisory business. You must	complete a separith the SEC, or if	arate Schedule D Section	e and place of business, at which you conduct 1.F. for each location. If you are applying for SEC rting adviser, list only the largest twenty-five			
Number and Street 1: 700 CANAL STREET		Number and Str	eet 2:			
City:	State:	Country:	ZIP+4/Postal Code:			
STAMFORD	Connecticut	United States	06902			
If this address is a private residence, ch	eck this box: \Box					
Telephone Number: (203) 661-3441	Facsimile Numb	per, if any:				
			ties authority as a branch office location for a rm (Form BR), please provide the <i>CRD</i> Branch			
How many <i>employees</i> perform investme	ent advisory func	tions from this office loca	tion?			
Are other business activities conducted a	at this office loca	tion? (check all that annly	<i>(</i>)			
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(7) Lawyer or law firm						
Describe any other investment-related b	ousiness activities	s conducted from this offi	ce location:			
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Number and Street 1:		Number and Street 2	:			
7268 CHANDAN BLVD						
City: MACHESNEY PARK	State:	Country:	ZIP+4/Postal Code:			

If this address is a private residence, ch	eck this box: \square		
Telephone Number: (815) 900-7817	Facsimile Numbe	r, if any:	
If this office location is also required to broker-dealer or investment adviser on Number here:			
How many <i>employees</i> perform investme	ent advisory functions	from this office location?	
Are other business activities conducted a	at this office location?	(check all that apply)	
(1) Broker-dealer (registered or unreg			
(2) Bank (including a separately ident	tifiable department or	division of a bank)	
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Describe any other investment-related b	ousiness activities cond	ducted from this office local	tion:
Complete the following information for e investment advisory business. You must registration, if you are registered only w offices (in terms of numbers of <i>employe</i>	complete a separate with the SEC, or if you	Schedule D Section 1.F. for	each location. If you are applying for SEC
Number and Street 1:		Number and Street	2:
800 WATERFRONT DRIVE, 3RD FLOOR			
City:	State:	Country:	ZIP+4/Postal Code:
PITTSBURGH	Pennsylvania	United States	15222
If this address is a private residence, ch	eck this box: \Box		
Telephone Number: (412) 465-1493	Facsimile Number, if	any:	
If this office location is also required to laborate broker-dealer or investment adviser on Number here: 279860			
How many <i>employees</i> perform investme 13	ent advisory functions	from this office location?	
Are other business activities conducted a	at this office location?	(check all that apply)	
🗹 (1) Broker-dealer (registered or unreg			
	gisterea)		
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\square (4) Commodity pool operator or com	modity trading adv	visor (whether registered o	r exempt from registration)
\square (5) Registered municipal advisor			
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(7) Lawyer or law firm			
Describe any other investment-related	business activities	conducted from this office	location:
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Number and Street 1: 8762 LONGS PEAK CIRCLE		Number and Street 2:	
City: WINDSOR	State: Colorado	Country: United States	ZIP+4/Postal Code: 80550
If this address is a private residence, ch	neck this box:		
Telephone Number: (970) 795-2137	Facsimile Num	ber, if any:	
-			s authority as a branch office location for a (Form BR), please provide the <i>CRD</i> Branch
How many <i>employees</i> perform investment	ent advisory functi	ons from this office location	n?
Are other business activities conducted	at this office locati	ion? (check all that apply)	
☑ (1) Broker-dealer (registered or unregistered)		(
\square (2) Bank (including a separately iden	,	t or division of a bank)	
☑ (3) Insurance broker or agent			
(4) Commodity pool operator or com	modity trading adv	visor (whether registered or	r exempt from registration)
(5) Registered municipal advisor			
\square (6) Accountant or accounting firm			
(7) Lawyer or law firm			
Describe any other investment-related	business activities	conducted from this office	location:
investment advisory business. You mus	t complete a separ with the SEC, or if	ate Schedule D Section 1.F	nd place of business, at which you conduct for each location. If you are applying for SEC and adviser, list only the largest twenty-five
Number and Street 1: 9915 MIRA MESA BLVD, SUITE 110		Number and Stree	et 2:
City: SAN DIEGO	State: California	Country: United States	ZIP+4/Postal Code: 92131
I and the second			

If this address is a private residence, check	this box:					
Telephone Number: (858) 546-8686	Facsimile Nu	umber, if any:				
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:						
How many <i>employees</i> perform investment 1	advisory funct	ions from this office loca	ation?			
Are other business activities conducted at [7] [7] [7] [7] [7] [7] [7] [7] [7] [7]		tion? (check all that app	ly)			
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(5) Registered municipal advisor						
\square (6) Accountant or accounting firm \square (7) Lawyer or law firm						
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Describe any other investment-related bus	iness activities	conducted from this off	ice location:			
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Number and Street 1: 120 N 2ND AVE #108		Number and Street 2	:			
City: KETCHUM	State: Idaho	Country: United States	ZIP+4/Postal Code: 83340			
	_					
If this address is a private residence, check	k this box: 🗹					
Telephone Number: (949) 737-2626	Facsimile Nu	ımber, if any:				
			ities authority as a branch office location for a orm (Form BR), please provide the <i>CRD</i> Branch			
How many <i>employees</i> perform investment 2	advisory funct	ions from this office loca	ation?			
Are other business activities conducted at		tion? (check all that app	ly)			
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\square (5) Registered municipal advisor						

\square (6) Accountant or accounting firm					
\square (7) Lawyer or law firm					
Describe any other <i>investment-related</i> bus	iness activities condu	cted from this office location	on:		
Complete the following information for each investment advisory business. You must coregistration, if you are registered only with offices (in terms of numbers of <i>employees</i>)	mplete a separate Sc the SEC, or if you are	hedule D Section 1.F. for e	each location. If you are applying for SEC		
Number and Street 1: 6600 CITY WEST PARKWAY SUITE 308		Number and Street 2	2:		
City: EDEN PRAIRIE	State: Minnesota	Country: United States	ZIP+4/Postal Code: 55344		
If this address is a private residence, check	this box: 🔽				
Telephone Number: 952-657-5056	Facsimile Number,	if any:			
If this office location is also required to be broker-dealer or investment adviser on the Number here:					
How many <i>employees</i> perform investment 1	advisory functions fro	om this office location?			
Are other business activities conducted at t	this office location? (c	heck all that apply)			
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Describe any other investment-related bus	iness activities condu	cted from this office location	on:		
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Number and Street 1: 85 W. ALGONQUIN ROAD, SUITE 395		Number and Street 2:			
City: ARLINGTON HEIGHTS	State: Illinois	Country: United States	ZIP+4/Postal Code: 60005		
If this address is a private residence, check	this box:				

Telephone Number: 847-392-4100	Facsimile Nur 847-637-127	•	
If this office location is also required to be a broker-dealer or investment adviser on the Number here: 534192			
How many <i>employees</i> perform investment 3	advisory functions fro	om this office location?	
Are other business activities conducted at t (1) Broker-dealer (registered or unregist		heck all that apply)	
☐ (2) Bank (including a separately identifiad ☐ (3) Insurance broker or agent	•	vision of a bank)	
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\square (5) Registered municipal advisor \square (6) Accountant or accounting firm			
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Describe any other investment-related busi	ness activities condu	cted from this office locatio	n:
Complete the following information for each investment advisory business. You must co registration, if you are registered only with offices (in terms of numbers of <i>employees</i>)	mplete a separate Sc the SEC, or if you are	hedule D Section 1.F. for ea	ach location. If you are applying for SEC
Number and Street 1: 18801 VENTURA BLVD, SUITE 207		Number and Street 2:	
City: SHERMAN OAKS	State: California	Country: United States	ZIP+4/Postal Code: 91403
If this address is a private residence, check	this box:		
Telephone Number: (818) 614-3931	Facsimile Number, i	f any:	
If this office location is also required to be a broker-dealer or investment adviser on the Number here: 534180	•		•
How many <i>employees</i> perform investment 3	advisory functions fro	om this office location?	
Are other business activities conducted at t (1) Broker-dealer (registered or unregist	ered)		
□ (2) Bank (including a separately identifia☑ (3) Insurance broker or agent	ble department or di	vision of a bank)	
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\square (6) Accountant or accounting firm					
☐ (7) Lawyer or law firm					
Describe any other <i>investment-related</i> business activities conducted from this office location:					
_	complete a separath the SEC, or if y	ate Schedule D Section 1.F.	I place of business, at which you conduct for each location. If you are applying for SEC adviser, list only the largest twenty-five		
Number and Street 1: 17610 E NICHOLS PLACE		Number and Street 2:			
City: CENTENNIAL	State: Colorado	Country: United States	ZIP+4/Postal Code: 80016		
If this address is a private residence, che	eck this box: 🔽				
Telephone Number: 303-766-9599	Facsimile Numb	per, if any:			
			authority as a branch office location for a Form BR), please provide the <i>CRD</i> Branch		
How many <i>employees</i> perform investme	nt advisory functio	ons from this office location?			
Are other business activities conducted a	t this office locati	on? (check all that apply)			
(1) Broker-dealer (registered or unreg	istered)				
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(5) Registered municipal advisor			, ,		
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(7) Lawyer or law firm					
Describe any other investment-related business activities conducted from this office location:					
investment advisory business. You must	complete a separath	ate Schedule D Section 1.F.	I place of business, at which you conduct for each location. If you are applying for SEC adviser, list only the largest twenty-five		
Number and Street 1: 1479 FALKIRK LANE NW		Number and Street 2:			
City: KENNESAW	State: Georgia	Country: United States	ZIP+4/Postal Code: 30152		
If this address is a private residence, che	eck this box: \Box				

Telephone Number: (770) 217-7542	Facsimile Numb	ber, if any:	
If this office location is also required to be broker-dealer or investment adviser on the Number here:			
How many <i>employees</i> perform investment 1	advisory functio	ns from this office location?	
Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm			
Complete the following information for each investment advisory business. You must convergistration, if you are registered only with offices (in terms of numbers of <i>employees</i>)	mplete a separa the SEC, or if y	ate Schedule D Section 1.F. for	r each location. If you are applying for SEC
Number and Street 1: 7791 BELFORT PARKWAY		Number and Street 2:	
City: JACKSONVILLE	State: Florida	Country: United States	ZIP+4/Postal Code: 32256
If this address is a private residence, check	this box:		
Telephone Number: (904) 296-4100 129	Facsimile Num	nber, if any:	
If this office location is also required to be broker-dealer or investment adviser on the Number here: 219029	-		•
How many <i>employees</i> perform investment 3	advisory functio	ns from this office location?	
Are other business activities conducted at □ (1) Broker-dealer (registered or unregis (2) Bank (including a separately identified)	tered)		
☑ (3) Insurance broker or agent			
\square (4) Commodity pool operator or commo \square (5) Registered municipal advisor	dity trading advi	isor (whether registered or ex	empt from registration)

\square (6) Accountant or accounting firm			
\square (7) Lawyer or law firm			
Describe any other investment-related I	ousiness activities c	onducted from this office locati	on:
Complete the following information for a investment advisory business. You must registration, if you are registered only w	t complete a separa	te Schedule D Section 1.F. for e	each location. If you are applying for SEC
offices (in terms of numbers of employe			
Number and Street 1: 12701 WHITEWATER DRIVE, SUITE 200		Number and Street	: 2:
City:	State:	Country:	ZIP+4/Postal Code:
MINNETONKA	Minnesota	United States	55343
If this address is a private residence, ch	eck this box: 🗖		
Telephone Number:	Facsimile Nu	mber, if any:	
7634047105			
If this office location is also required to			
broker-dealer or investment adviser on Number here:	the Uniform Branch	Office Registration Form (Forn	n BK), please provide the CKD Branch
How many <i>employees</i> perform investme	ent advisory functio	ns from this office location?	
1	ene davisory rancelo	ns from this office location.	
Are other business activities conducted	at this office locatio	n? (check all that apply)	
$oldsymbol{arrho}$ (1) Broker-dealer (registered or unre	gistered)		
\square (2) Bank (including a separately iden	tifiable department	or division of a bank)	
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\square (4) Commodity pool operator or com	modity trading advi	sor (whether registered or exer	mpt from registration)
\square (5) Registered municipal advisor			
\square (6) Accountant or accounting firm			
\square (7) Lawyer or law firm			
Describe any other investment-related I	ousiness activities c	onducted from this office locati	on:
Complete the following information for e			
			each location. If you are applying for SEC
registration, if you are registered only woffices (in terms of numbers of employed		ou are an <i>exempt reporting ad</i> v	viser, list only the largest twenty-five
Number and Street 1:		Number and Street 2:	
1410 S SALISBURY BLVD		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:
SALISBURY	Maryland	United States	21801
If this address is a private residence, ch	eck this box:		

Telephone Number: (410) 546-3999	Facsimile Numbe	r, if any:	
			es authority as a branch office location for a n (Form BR), please provide the <i>CRD</i> Branch
How many <i>employees</i> perform investment 1	nt advisory function	s from this office locati	on?
Are other business activities conducted a (1) Broker-dealer (registered or unreg		n? (check all that apply)	
\square (2) Bank (including a separately ident		or division of a bank)	
▼ (3) Insurance broker or agent			
\square (4) Commodity pool operator or comm	nodity trading advis	or (whether registered	or exempt from registration)
\square (5) Registered municipal advisor			
(6) Accountant or accounting firm			
(7) Lawyer or law firm			
Describe any other investment-related b	usiness activities co	nducted from this offic	e location:
investment advisory business. You must	complete a separat th the SEC, or if yo	e Schedule D Section 1	and place of business, at which you conduct .F. for each location. If you are applying for SEC ing adviser, list only the largest twenty-five
Number and Street 1: 3330 GOAT FELL		Number and Street 2	2:
City:	State:	Country:	ZIP+4/Postal Code:
ANN ARBOR	Michigan	United States	48108
If this address is a private residence, che	eck this box:		
Telephone Number: (734) 277-6676	Facsimile Numbe	er, if any:	
			es authority as a branch office location for a n (Form BR), please provide the <i>CRD</i> Branch
How many <i>employees</i> perform investment	nt advisory function	s from this office locati	on?
Are other business activities conducted a	t this office location	n? (check all that apply)	
✓ (1) Broker-dealer (registered or unreg		(IIIIIIII all allac apply)	
\square (2) Bank (including a separately ident		or division of a bank)	
☑ (3) Insurance broker or agent		,	
\square (4) Commodity pool operator or comm	nodity trading advis	or (whether registered	or exempt from registration)
\square (5) Registered municipal advisor			
\square (6) Accountant or accounting firm			
\square (7) Lawyer or law firm			

Describe any other <i>investment-related</i> business activities conducted from this office location:			
Complete the following information for ea investment advisory business. You must oregistration, if you are registered only wit offices (in terms of numbers of <i>employee</i>)	complete a separa th the SEC, or if y	te Schedule D Section 1.F. f	or each location. If you are applying for SEC
Number and Street 1: 13702 COURSEY BLVD, BLDG 3B		Number and Street 2:	
City: BATON ROUGE	State: Louisiana	Country: United States	ZIP+4/Postal Code: 70817
If this address is a private residence, che	ck this box:		
Telephone Number: 2253618424	Facsimile Numb	per, if any:	
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here: 534169			
How many <i>employees</i> perform investmen	t advisory functio	ns from this office location?	
Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor			
(6) Accountant or accounting firm (7) Lawyer or law firm			
Describe any other investment-related bu	ısiness activities c	conducted from this office loo	cation:
Complete the following information for earlinvestment advisory business. You must or registration, if you are registered only with offices (in terms of numbers of employees)	complete a separa th the SEC, or if y	ate Schedule D Section 1.F. f	or each location. If you are applying for SEC
Number and Street 1: 26218 OAKRIDGE DRIVE		Number and Street 2:	
City: SPRING	State: Texas	Country: United States	ZIP+4/Postal Code: 77380
If this address is a private residence, che	ck this box:		
Telephone Number:	Facsimile Num	nher if any:	

(832) 381-2515				
If this office location is also required to be broker-dealer or investment adviser on the Number here: 197846				
How many <i>employees</i> perform investment 2	advisory function	ns from this office lo	ocation?	
Are other business activities conducted at (1) Broker-dealer (registered or unregis		n? (check all that ap	oply)	
\square (2) Bank (including a separately identifi		or division of a bank	()	
✓ (3) Insurance broker or agent				
(4) Commodity pool operator or commo	dity trading advis	sor (whether registe	red or exempt from registratio	on)
☐ (5) Registered municipal advisor ☐ (6) Accountant or accounting firm				
(7) Lawyer or law firm				
Describe any other investment-related bus	siness activities co	onducted from this o	office location:	
Complete the following information for each investment advisory business. You must corregistration, if you are registered only with offices (in terms of numbers of <i>employees</i>)	omplete a separa n the SEC, or if yo	te Schedule D Section	on 1.F. for each location. If you	are applying for SEC
Number and Street 1: 1A S ROUNTREE STREET		Number and Stree	et 2:	
City:	State:	Country:	ZIP+4/Postal Code	2:
METTER	Georgia	United States	30439	
If this address is a private residence, chec	k this box:			
Telephone Number: (912) 685-3556	Facsimile Numb	er, if any:		
If this office location is also required to be broker-dealer or investment adviser on the Number here:				
How many <i>employees</i> perform investment	advisory function	ns from this office lo	ocation?	
Are other business activities conducted at	this office locatio	n? (check all that ap	oply)	
✓ (1) Broker-dealer (registered or unregistered)				
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(6) Accountant or accounting firm				
(7) Lawyer or law firm				

Describe any other investment-related business activities conducted from this office location:			
Complete the following information for each off investment advisory business. You must comple registration, if you are registered only with the offices (in terms of numbers of <i>employees</i>).	ete a separate S	chedule D Section 1.F. for	each location. If you are applying for SEC
Number and Street 1: 3388 FOUNDERS ROAD, SUITE 100		Number and Street 2:	
City: INDIANAPOLIS	State: Indiana	Country: United States	ZIP+4/Postal Code: 46268
If this address is a private residence, check this	box:		
Telephone Number: (317) 805-6701	Facsimile Numb	per, if any:	
If this office location is also required to be regis broker-dealer or investment adviser on the Unif Number here: 706660			
How many <i>employees</i> perform investment advise	sory functions fr	om this office location?	
Are other business activities conducted at this of ✓ (1) Broker-dealer (registered or unregistered ✓ (2) Bank (including a separately identifiable ✓ (3) Insurance broker or agent	1)		
(3) Insurance broker or agent (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor			
\square (6) Accountant or accounting firm \square (7) Lawyer or law firm			
Describe any other investment-related business	activities condu	ucted from this office locat	ion:
Complete the following information for each offi investment advisory business. You must comple registration, if you are registered only with the offices (in terms of numbers of <i>employees</i>).	ete a separate S	chedule D Section 1.F. for	each location. If you are applying for SEC
Number and Street 1: 2413 W ALGONQUIN ROAD, SUITE 506		Number and Street	2:
City: ALGONQUIN	State: Illinois	Country: United States	ZIP+4/Postal Code: 60102
If this address is a private residence, check this	box: 🗆		
Telephone Number:	Facsimile N	umber, if any:	

(847) 459-8800				
	-		ties authority as a branch office location for a rm (Form BR), please provide the <i>CRD</i> Branch	
How many <i>employees</i> perform investment 1	advisory function	ns from this office loca	tion?	
 ✓ (1) Broker-dealer (registered or unregist ✓ (2) Bank (including a separately identified ✓ (3) Insurance broker or agent 	☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) ☐ (5) Registered municipal advisor ☐ (6) Accountant or accounting firm			
Describe any other investment-related bus	mess activities co	mudcted from this offi	ce location.	
investment advisory business. You must co	mplete a separat the SEC, or if yo	e Schedule D Section	e and place of business, at which you conduct 1.F. for each location. If you are applying for SEC rting adviser, list only the largest twenty-five	
Number and Street 1: 2551 ROSWELL RD STE 209		Number and Street	2:	
City: MARIETTA	State: Georgia	Country: United States	ZIP+4/Postal Code: 30062	
If this address is a private residence, check	this box:			
Telephone Number: (770) 973-5220	Facsimile Numb	er, if any:		
			ties authority as a branch office location for a rm (Form BR), please provide the <i>CRD</i> Branch	
How many <i>employees</i> perform investment 1	advisory function	ns from this office loca	tion?	
Are other business activities conducted at t	tered) able department (or division of a bank)		

Describe any other <i>investment-related</i> bus	iness activities cond	ucted from this office location	on:
Complete the following information for each investment advisory business. You must corregistration, if you are registered only with offices (in terms of numbers of <i>employees</i>)	omplete a separate S the SEC, or if you a	chedule D Section 1.F. for e	each location. If you are applying for SEC
Number and Street 1: 23482 PERALTA DRIVE, SUITE B1		Number and Street 2:	
City: LAGUNA HILLS	State: California	Country: United States	ZIP+4/Postal Code: 92653
If this address is a private residence, check	this box:		
Telephone Number: (949) 296-1161	Facsimile Number,	if any:	
If this office location is also required to be broker-dealer or investment adviser on the Number here:			
How many <i>employees</i> perform investment 1	advisory functions fi	rom this office location?	
Are other business activities conducted at the (1) Broker-dealer (registered or unregisted) (2) Bank (including a separately identified (3) Insurance broker or agent (4) Commodity pool operator or commod (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm	tered) able department or o dity trading advisor	livision of a bank) (whether registered or exer	
Complete the following information for each investment advisory business. You must convergistration, if you are registered only with offices (in terms of numbers of <i>employees</i>)	omplete a separate S the SEC, or if you a	schedule D Section 1.F. for e	each location. If you are applying for SEC
Number and Street 1: 24800 DENSO DRIVE, SUITE140		Number and Street 2:	
City: SOUTHFIELD	State: Michigan	Country: United States	ZIP+4/Postal Code: 48033
If this address is a private residence, check	this box:		
Telephone Number: 248-350-3400	Facsimile Number,	if any:	

If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here: 664854			
How many <i>employees</i> perform investment	ent advisory functions fro	om this office location?	
Are other business activities conducted	at this office location? (c	check all that apply)	
🗹 (1) Broker-dealer (registered or unre	egistered)		
\square (2) Bank (including a separately iden	tifiable department or di	ivision of a bank)	
☑ (3) Insurance broker or agent			
\square (4) Commodity pool operator or com	modity trading advisor (whether registered or e	exempt from registration)
\square (5) Registered municipal advisor			
\square (6) Accountant or accounting firm			
\square (7) Lawyer or law firm			
Describe any other investment-related	business activities condu	cted from this office lo	cation:
investment advisory business. You mus	t complete a separate So with the SEC, or if you ar	chedule D Section 1.F.	place of business, at which you conduct for each location. If you are applying for SEC adviser, list only the largest twenty-five
Number and Street 1: 1464 WARWICK AVE		Number and Street	2:
City:	State:	Country:	ZIP+4/Postal Code:
WARWICK	Rhode Island	United States	02888
If this address is a private residence, ch	neck this box:		
Telephone Number: (401) 780-9530	Facsimile Number, if an	y:	
			authority as a branch office location for a Form BR), please provide the <i>CRD</i> Branch
How many <i>employees</i> perform investment	ent advisory functions fro	om this office location?	
Are other business activities conducted at this office location? (check all that apply)			
✓ (1) Broker-dealer (registered or unre☐ (2) Bank (including a separately iden		ivision of a hank)	
(2) Bank (including a separately identification of the control of	amabic departificit of di	vision of a bank)	
(4) Commodity pool operator or com	modity trading advisor (whether registered or (exempt from registration)
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(6) Accountant or accounting firm			
\Box (7) Lawyer or law firm			
Describe any other <i>investment-related</i>	business activities condu	cted from this office lo	cation:
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investment advisory business.	ou must complete a separed only with the SEC, or if y	ate Schedule D Section 1.	and place of business, at which you conduct F. for each location. If you are applying for SEC ing adviser, list only the largest twenty-five
Number and Street 1: 9869 S 168TH AVENUE, SUITE	1C	Number and Stree	et 2:
City: OMAHA	State: Nebraska	Country: United States	ZIP+4/Postal Code: 68136
If this address is a private resid	ence, check this box:		
Telephone Number: 402-697-5074	Facsimile Nun	nber, if any:	
1			es authority as a branch office location for a n (Form BR), please provide the <i>CRD</i> Branch
How many <i>employees</i> perform 1	investment advisory function	ons from this office location	on?
Are other business activities col (1) Broker-dealer (registered (2) Bank (including a separat (3) Insurance broker or agen (4) Commodity pool operator (5) Registered municipal adv (6) Accountant or accounting (7) Lawyer or law firm Describe any other investment-	or unregistered) tely identifiable departmen t or commodity trading adv isor ifirm	t or division of a bank) risor (whether registered o	or exempt from registration)
Complete the following informa	tion for each office other t	han your <i>principal office a</i>	and place of business, at which you conduct
investment advisory business.	ou must complete a separed only with the SEC, or if y	ate Schedule D Section 1.	F. for each location. If you are applying for SEC ing adviser, list only the largest twenty-five
Number and Street 1: 120 VANTIS, SUITE 300		Number and Street 2	2:
City: ALISO VIEJO	State: California	Country: United States	ZIP+4/Postal Code: 92656
If this address is a private resid	ence, check this box:		
Telephone Number: 949-737-2626	Facsimile Numb	er, if any:	
If this office location is also req	uired to be registered with	FINRA or a state securities	es authority as a branch office location for a

broker-dealer or investment adviser on the Number here:	Uniform Branch Offi	ice Registration Form (Fo	orm BR), please provide the <i>CRD</i> Branch
How many <i>employees</i> perform investment a	advisory functions fr	rom this office location?	
Are other business activities conducted at tl	his office location? (check all that apply)	
lacksquare (1) Broker-dealer (registered or unregist	ered)		
\square (2) Bank (including a separately identifia	ble department or d	livision of a bank)	
(3) Insurance broker or agent			
(4) Commodity pool operator or commod	lity trading advisor ((whether registered or ex	kempt from registration)
(5) Registered municipal advisor			
\square (6) Accountant or accounting firm \square (7) Lawyer or law firm			
(7) Lawyer or law min			
Describe any other <i>investment-related</i> busi	ness activities condu	ucted from this office loca	ation:
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Complete the following information for each investment advisory business. You must corregistration, if you are registered only with offices (in terms of numbers of <i>employees</i>).	mplete a separate S the SEC, or if you a	chedule D Section 1.F. fo	or each location. If you are applying for SEC
Number and Street 1: 8500 KEYSTONE CROSSING STE 300		Number and Street	2:
City: INDIANAPOLIS	State: Indiana	Country: United States	ZIP+4/Postal Code: 46240
If this address is a private residence, check	this box:		
Telephone Number: 3177756110	Facsimile Num	ber, if any:	
If this office location is also required to be r broker-dealer or investment adviser on the Number here:	•		,
How many <i>employees</i> perform investment a	advisory functions fr	rom this office location?	
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lacksquare (3) Insurance broker or agent			
(4) Commodity pool operator or commod	lity trading advisor ((whether registered or ex	kempt from registration)
(5) Registered municipal advisor			
(6) Accountant or accounting firm			
(7) Lawyer or law firm			
Describe any other <i>investment-related</i> busi	ness activities condu	ucted from this office loca	ation:

Complete the following information for each office, other than your principal office and place of business, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an exempt reporting adviser, list only the largest twenty-five offices (in terms of numbers of employees). Number and Street 1: Number and Street 2: 3108 LITTLE ALDEN LAKE RD City: State: Country: ZIP+4/Postal Code: **DULUTH** Minnesota **United States** 55803 If this address is a private residence, check this box: 🔽 Telephone Number: Facsimile Number, if any: (612) 991-8906 If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here: How many employees perform investment advisory functions from this office location? Are other business activities conducted at this office location? (check all that apply) ☑ (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm Describe any other investment-related business activities conducted from this office location: Complete the following information for each office, other than your principal office and place of business, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an exempt reporting adviser, list only the largest twenty-five offices (in terms of numbers of employees). Number and Street 1: Number and Street 2: 26 N 2ND STREET City: State: Country: ZIP+4/Postal Code: **PICKENS** Mississippi United States 39146 If this address is a private residence, check this box: Telephone Number: Facsimile Number, if any: (662) 468-3832

broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a

Number here:			
How many <i>employees</i> perform 1	n investment advisory functions	from this office location?	
Are other business activities of	onducted at this office location?	(check all that apply)	
(1) Broker-dealer (registere		(6.120.1 0.1 0.101 0.11)	
(2) Bank (including a separ	ately identifiable department or	division of a bank)	
☑ (3) Insurance broker or age	ent		
(4) Commodity pool operate	or or commodity trading advisor	(whether registered or e	xempt from registration)
\square (5) Registered municipal ad	lvisor		
(6) Accountant or accounting	ng firm		
(7) Lawyer or law firm			
Describe any other investmen	t-related business activities con	ducted from this office loc	cation:
investment advisory business.	You must complete a separate red only with the SEC, or if you	Schedule D Section 1.F. fo	place of business, at which you conduct or each location. If you are applying for SEC adviser, list only the largest twenty-five
Number and Street 1: 10 SPINNAKER WAY		Number and Street	t 2:
City:	State:	Country:	ZIP+4/Postal Code:
SALEM	South Carolina	United States	29676
If this address is a private res	idence, check this box: \Box		
Telephone Number: (631) 882-5441	Facsimile Number, if a	ny:	
	· -		uthority as a branch office location for a orm BR), please provide the <i>CRD</i> Branch
How many <i>employees</i> perform 1	n investment advisory functions	from this office location?	
🗹 (1) Broker-dealer (registere	- '		
(3) Insurance broker or age	ately identifiable department or ent	uivision of a Dank)	
(4) Commodity pool operat	or or commodity trading advisor	(whether registered or e	xempt from registration)
\square (5) Registered municipal ad	lvisor		
(6) Accountant or accounting	ng firm		
(7) Lawyer or law firm			
Describe any other investmen	t-related business activities con	ducted from this office loc	cation:

investment advisory business. You must a registration, if you are registered only wit offices (in terms of numbers of <i>employee</i> s)	complete a separate s th the SEC, or if you	Schedule D Section 1.F. for e	each location. If you are applying for SEC
Number and Street 1: 7910 RALSTON ROAD, SUITE 7		Number and Street 2:	
City: ARVADA	State: Colorado	Country: United States	ZIP+4/Postal Code: 80002
If this address is a private residence, chec	ck this box:		
Telephone Number: (303) 589-4602	Facsimile Number,	if any:	
If this office location is also required to be broker-dealer or investment adviser on the Number here:			
How many <i>employees</i> perform investmen 1	t advisory functions	from this office location?	
Are other business activities conducted at (1) Broker-dealer (registered or unregistered (2) Bank (including a separately identified (3) Insurance broker or agent (4) Commodity pool operator or commodity (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm	stered) fiable department or odity trading advisor	division of a bank) (whether registered or exel	
Complete the following information for ea	ch office, other than	your principal office and pla	ace of business, at which you conduct
investment advisory business. You must of registration, if you are registered only with offices (in terms of numbers of <i>employee</i> .	complete a separate s th the SEC, or if you	Schedule D Section 1.F. for e	each location. If you are applying for SEC
Number and Street 1: 5820 STAGE ROAD		Number and Street 2:	
City: BARTLETT	State: Tennessee	Country: United States	ZIP+4/Postal Code: 38134
If this address is a private residence, chec	ck this box:		
Telephone Number: (901) 385-1234	Facsimile Number, if	any:	
If this office location is also required to be broker-dealer or investment adviser on the Number here:			

How many <i>employees</i> perform investment advised to the second of the sec	sory functions fro	om this office location?	
Are other business activities conducted at this o	office location? (c	check all that apply)	
▼ (1) Broker-dealer (registered or unregistered)		
\square (2) Bank (including a separately identifiable of	department or di	ivision of a bank)	
(3) Insurance broker or agent			
(4) Commodity pool operator or commodity t	rading advisor (whether registered or ex	empt from registration)
(5) Registered municipal advisor			
☐ (6) Accountant or accounting firm ☐ (7) Lawyer or law firm			
(7) Lawyer or law IIIII			
Describe any other <i>investment-related</i> business	activities condu	icted from this office loca	ition:
Complete the following information for each offi investment advisory business. You must comple registration, if you are registered only with the offices (in terms of numbers of <i>employees</i>).	ete a separate So	chedule D Section 1.F. for	r each location. If you are applying for SEC
Number and Street 1: 300 S WACKER DRIVE, SUITE 2000A		Number and Street	2:
City:	State:	Country:	ZIP+4/Postal Code:
CHICAGO	Illinois	United States	60606
If this address is a private residence, check this	box: 🗆		
Telephone Number: (708) 220-5011	Facsimile Nur	mber, if any:	
If this office location is also required to be regis broker-dealer or investment adviser on the Unif Number here:			
How many <i>employees</i> perform investment advis	sory functions fro	om this office location?	
Are other business activities conducted at this o (1) Broker-dealer (registered or unregistered		check all that apply)	
\square (2) Bank (including a separately identifiable of	department or di	ivision of a bank)	
☑ (3) Insurance broker or agent			
\square (4) Commodity pool operator or commodity t	rading advisor (whether registered or ex	empt from registration)
(5) Registered municipal advisor			
(6) Accountant or accounting firm			
(7) Lawyer or law firm			
Describe any other <i>investment-related</i> business	activities condu	icted from this office loca	ition:

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC

registration, if you are registered only with offices (in terms of numbers of <i>employees</i>)		ou are an <i>exempt reportin</i>	g adviser, list only the largest twenty-five
Number and Street 1: 395 GUNTER AVENUE		Number and Street 2:	
City: GUNTERSVILLE	State: Alabama	Country: United States	ZIP+4/Postal Code: 35976
If this address is a private residence, check	this box:		
Telephone Number: (770) 389-9060	Facsimile Numb	er, if any:	
If this office location is also required to be broker-dealer or investment adviser on the Number here:			
How many <i>employees</i> perform investment 1	advisory function	ns from this office location	?
Are other business activities conducted at a (1) Broker-dealer (registered or unregis (2) Bank (including a separately identified (3) Insurance broker or agent (4) Commodity pool operator or commod (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm	tered) able department	or division of a bank)	exempt from registration)
Describe any other investment-related bus	iness activities c	onducted from this office I	ocation:
Consultate the fellowing information for	l		dula a Charica a charle a canada h
Complete the following information for eac investment advisory business. You must coregistration, if you are registered only with offices (in terms of numbers of <i>employees</i>)	omplete a separa the SEC, or if yo	te Schedule D Section 1.F.	for each location. If you are applying for SEC
Number and Street 1: 94 WOODCHUCK HOLLOW ROAD		Number and Street	2:
City: COLD SPRING HARBOR	State: New York	Country: United States	ZIP+4/Postal Code: 11724
If this address is a private residence, check	this box:		
Telephone Number: (516) 677-6278	Facsimile Nur	nber, if any:	
If this office location is also required to be broker-dealer or investment adviser on the Number here:			
How many <i>employees</i> perform investment 1	advisory function	ns from this office location	?

Are other business activities conducted at a ✓ (1) Broker-dealer (registered or unregis ✓ (2) Bank (including a separately identific ✓ (3) Insurance broker or agent ✓ (4) Commodity pool operator or commod ✓ (5) Registered municipal advisor ✓ (6) Accountant or accounting firm ✓ (7) Lawyer or law firm Describe any other <i>investment-related</i> business.	tered) able department o dity trading advis	or division of a bank) or (whether registered	or exempt from registration)
investment advisory business. You must co	mplete a separat the SEC, or if yo	e Schedule D Section 1	and place of business, at which you conduct .F. for each location. If you are applying for SEC ing adviser, list only the largest twenty-five
Number and Street 1: 14500 S OUTER 40, SUITE 210		Number and Street 2	2:
City: CHESTERFIELD	State: Missouri	Country: United States	ZIP+4/Postal Code: 63017
If this address is a private residence, check	this box:		
Telephone Number: (312) 498-1425	Facsimile Numbe	er, if any:	
			es authority as a branch office location for an (Form BR), please provide the <i>CRD</i> Branch
How many <i>employees</i> perform investment 1	advisory function	s from this office locati	on?
Are other business activities conducted at a ✓ (1) Broker-dealer (registered or unregis ✓ (2) Bank (including a separately identifier ✓ (3) Insurance broker or agent ✓ (4) Commodity pool operator or commod ✓ (5) Registered municipal advisor ✓ (6) Accountant or accounting firm ✓ (7) Lawyer or law firm	tered) able department (or division of a bank)	
Describe any other investment-related bus	iness activities co	onducted from this office	e location:

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest twenty-five offices (in terms of numbers of *employees*).

Number and Street 1: 8 MACON STREET		Number and Street 2:	
City: MCDONOUGH	State: Georgia	Country: United States	ZIP+4/Postal Code: 30253
If this address is a private residence, chec	k this box:		
Telephone Number: (770) 389-9060	Facsimile Numbe	er, if any:	
If this office location is also required to be broker-dealer or investment adviser on th Number here:			
How many <i>employees</i> perform investment	advisory function	s from this office location?	
Are other business activities conducted at	stered) iable department o odity trading advis	or division of a bank) or (whether registered or e	
Complete the following information for each investment advisory business. You must or registration, if you are registered only with offices (in terms of numbers of <i>employees</i>)	omplete a separat n the SEC, or if yo	e Schedule D Section 1.F.	for each location. If you are applying for SEC
investment advisory business. You must c registration, if you are registered only with	omplete a separat n the SEC, or if yo	e Schedule D Section 1.F.	for each location. If you are applying for SEC
investment advisory business. You must c registration, if you are registered only with offices (in terms of numbers of <i>employees</i> Number and Street 1:	omplete a separat n the SEC, or if yo	e Schedule D Section 1.F. a u are an <i>exempt reporting</i>	for each location. If you are applying for SEC
investment advisory business. You must of registration, if you are registered only with offices (in terms of numbers of <i>employees</i>) Number and Street 1: 262 HALF HOLLOW ROAD City:	omplete a separat n the SEC, or if yo i). State: New York	e Schedule D Section 1.F. u are an exempt reporting Number and Street 2: Country:	for each location. If you are applying for SEC adviser, list only the largest twenty-five ZIP+4/Postal Code:
investment advisory business. You must of registration, if you are registered only with offices (in terms of numbers of employees) Number and Street 1: 262 HALF HOLLOW ROAD City: DIX HILLS	omplete a separat n the SEC, or if yo i). State: New York	e Schedule D Section 1.F. to u are an exempt reporting Number and Street 2: Country: United States	for each location. If you are applying for SEC adviser, list only the largest twenty-five ZIP+4/Postal Code:
investment advisory business. You must coregistration, if you are registered only with offices (in terms of numbers of employees) Number and Street 1: 262 HALF HOLLOW ROAD City: DIX HILLS If this address is a private residence, checked.	omplete a separate to the SEC, or if you it is separated to the SEC, or if you is separated to the SEC, or if you it is separated to the SEC, or if you is separated to the SEC, or if you it is separated to the SEC, or if you it is separated to the SEC, or if you it is separated to the SEC, or if you it is separated to the SEC, or if y	e Schedule D Section 1.F. tu are an exempt reporting Number and Street 2: Country: United States T, if any:	for each location. If you are applying for SEC adviser, list only the largest twenty-five ZIP+4/Postal Code: 11746 authority as a branch office location for a
investment advisory business. You must of registration, if you are registered only with offices (in terms of numbers of employees) Number and Street 1: 262 HALF HOLLOW ROAD City: DIX HILLS If this address is a private residence, checked the complex of the co	omplete a separation the SEC, or if your in the SEC, or if your in the SEC, or if you in	e Schedule D Section 1.F. in a re an exempt reporting Number and Street 2: Country: United States T, if any: INRA or a state securities a Office Registration Form (Fig. 1)	for each location. If you are applying for SEC adviser, list only the largest twenty-five ZIP+4/Postal Code: 11746 authority as a branch office location for a Form BR), please provide the CRD Branch

 $https://crd.finra.org/lad/Content/PrintHist/Adv/Sections/crd_iad_AdvAllSections.aspx?RefNum=\&viewChanges=N\&FLNG_PK=1610927$

Number and Street 1:

☑ (1) Broker-dealer (registered or unregistered or unregi	stered)			
☐ (2) Bank (including a separately identifiable department or division of a bank)				
☑ (3) Insurance broker or agent	•	•	,	
(4) Commodity pool operator or commo	odity trading ad	visor (whether register	ed or exempt from registration)	
(7) Commodity poor operator of commo	raity trading ad-	visor (whether register	ed of exempt from registration,	
(6) Accountant or accounting firm				
(7) Lawyer or law firm				
(7) Lawyer or law IIIII				
Describe any other investment-related bus	siness activities	conducted from this of	ffice location:	
			ce and place of business, at which you condu	
			n 1.F. for each location. If you are applying forting adviser, list only the largest twenty-fi	
offices (in terms of numbers of <i>employees</i>	•	you are an exempt rep	orthing daviser, list only the largest twenty in	VC
, , , , , , , , , , , , , , , , , , , ,	,			
Number and Street 1:		Number and Street	2:	
2850 GOLF ROAD				
City:	State:	Country:	ZIP+4/Postal Code:	
ROLLING MEADOWS	Illinois	United States	60008	
If this address is a private residence, chec	k this box:			
Telephone Number:	Facsimile Nu	mber, if any:		
(312) 982-7433				
broker-dealer or investment adviser on the			prities authority as a branch office location fo form (Form BR), please provide the <i>CRD</i> Bra	
Number here:				
How many <i>employees</i> perform investment	advisory functi	ions from this office loc	cation?	
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Annual branch and a branch and		: 2	-1.3	
Are other business activities conducted at		ion? (cneck all that app	oly)	
(1) Broker-dealer (registered or unregis				
(2) Bank (including a separately identifi	able departmer	nt or division of a bank,)	
☑ (3) Insurance broker or agent				
(4) Commodity pool operator or commo	dity trading adv	visor (whether register	ed or exempt from registration)	
(5) Registered municipal advisor				
(6) Accountant or accounting firm				
(7) Lawyer or law firm				
Describe any other investment-related bus	siness activities	conducted from this of	ffice location:	
investment advisory business. You must coregistration, if you are registered only with	omplete a separ n the SEC, or if	rate Schedule D Section	ce and place of business, at which you condon 1.F. for each location. If you are applying for corting adviser, list only the largest twenty-for	or SEC
offices (in terms of numbers of <i>employees</i>	<i>)</i> ·			

 $https://crd.finra.org/lad/Content/PrintHist/Adv/Sections/crd_iad_AdvAllSections.aspx? RefNum=\&viewChanges=N\&FLNG_PK=1610927$

4316 OLD CANTON ROAD, SUITE 100A			
City: JACKSON	State: Mississippi	Country: United States	ZIP+4/Postal Code: 39211
If this address is a private residence, chec	k this box:		
Telephone Number: (601) 982-1117	Facsimile Number, it	any:	
If this office location is also required to be broker-dealer or investment adviser on the Number here: 300062	-		•
How many <i>employees</i> perform investment 1	advisory functions fron	n this office location?	
Are other business activities conducted at (1) Broker-dealer (registered or unregis (2) Bank (including a separately identifi (3) Insurance broker or agent (4) Commodity pool operator or commod (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm Describe any other investment-related business.	stered) able department or divi odity trading advisor (wi	sion of a bank) nether registered or exem	
Complete the following information for each investment advisory business. You must coregistration, if you are registered only with offices (in terms of numbers of <i>employees</i>)	omplete a separate Sch n the SEC, or if you are	edule D Section 1.F. for ea	ach location. If you are applying for SEC
Number and Street 1: 350 HIGHWAY 7 #241	N	umber and Street 2:	
,		ountry: nited States	ZIP+4/Postal Code: 55331
If this address is a private residence, chec	k this box:		
Telephone Number: (763) 231-7316	Facsimile Number, if an	y:	
If this office location is also required to be broker-dealer or investment adviser on the Number here:			
How many <i>employees</i> perform investment 1	advisory functions fron	n this office location?	
Are other business activities conducted at (1) Broker-dealer (registered or unregis		eck all that apply)	

Number and Street 1:

\square (2) Bank (including a separately identifial	ble department o	or division of a bank)	
☑ (3) Insurance broker or agent			
\square (4) Commodity pool operator or commod	ity trading adviso	or (whether registered o	r exempt from registration)
(5) Registered municipal advisor			
(6) Accountant or accounting firm			
(7) Lawyer or law firm			
Describe any other investment-related busin	ness activities co	nducted from this office	location:
Complete the following information for each investment advisory business. You must cor registration, if you are registered only with offices (in terms of numbers of <i>employees</i>).	nplete a separate the SEC, or if you	e Schedule D Section 1.F	for each location. If you are applying for SEC
Number and Street 1: 10108 KRAUSE ROAD, SUITE 201		Number and Street	2:
City:	State:	Country:	ZIP+4/Postal Code:
CHESTERFIELD	Virginia	United States	23832
If this address is a private residence, check	this box:		
Telephone Number: 8047680541	Facsimile Num	nber, if any:	
If this office location is also required to be rebroker-dealer or investment adviser on the Number here: 698802	~		•
How many <i>employees</i> perform investment a	advisory functions	s from this office location	n?
Are other business activities conducted at the	nis office location	? (check all that apply)	
✓ (1) Broker-dealer (registered or unregiste		. (criccit all triat apply)	
\Box (2) Bank (including a separately identifial		or division of a bank)	
✓ (3) Insurance broker or agent	ore department o	articles of a bank,	
(4) Commodity pool operator or commod	ity trading adviso	or (whether registered o	r exempt from registration)
(f) (5) Registered municipal advisor	ity trading davist	or (whether registered of	exempe from registration/
(6) Accountant or accounting firm			
(7) Lawyer or law firm			
(7) Lawyer of law film			
Describe any other investment-related busin	ness activities co	nducted from this office	location:
Complete the following information for each	office, other tha	n vour <i>principal office ar</i>	nd place of business, at which you conduct
	mplete a separate the SEC, or if you	e Schedule D Section 1.F	for each location. If you are applying for SEC

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6330 N CENTER DRIVE, SUITE 140			
City: NORFOLK	State: Virginia	Country: United States	ZIP+4/Postal Code: 23502
If this address is a private residence, check t	his box:		
Telephone Number: (757) 366-0366	Facsimile Numb	er, if any:	
If this office location is also required to be re broker-dealer or investment adviser on the L Number here:			
How many <i>employees</i> perform investment ac 2	dvisory functions fr	om this office location?	
Are other business activities conducted at thi	red) le department or d	ivision of a bank)	empt from registration)
Describe any other investment-related busing	ess activities condu	cted from this office loca	tion:
Complete the following information for each investment advisory business. You must com registration, if you are registered only with the offices (in terms of numbers of <i>employees</i>).	plete a separate So	chedule D Section 1.F. for	each location. If you are applying for SEC
Number and Street 1: 2001 BOMAR STREET	Nur	nber and Street 2:	
/		ntry: ed States	ZIP+4/Postal Code: 75670
If this address is a private residence, check t	his box:		
Telephone Number: (484) 794-0574	Facsimile Number,	if any:	
If this office location is also required to be re broker-dealer or investment adviser on the UNumber here:	•		•
How many <i>employees</i> perform investment ac	dvisory functions fr	om this office location?	
Are other business activities conducted at thi (1) Broker-dealer (registered or unregister		check all that apply)	

\square (2) Bank (including a separately identifiable	department or	division of a bank)		
☑ (3) Insurance broker or agent				
(4) Commodity pool operator or commodity	trading advisor	r (whether registered or	exempt from registration)	
(5) Registered municipal advisor				
(6) Accountant or accounting firm				
(7) Lawyer or law firm				
_ (/,, 6. 6. 12.1				
Describe any other investment-related busines	ss activities con	ducted from this office l	ocation:	
Complete the following information for each of				_
investment advisory business. You must comp registration, if you are registered only with the offices (in terms of numbers of <i>employees</i>).				_
Number and Street 1: 1520 CARLEMONT DRIVE, SUITE J		Number and Street	2:	
City:	State:	Country:	ZIP+4/Postal Code:	
CRYSTAL LAKE	Illinois	United States	60014	
If this address is a private residence, check th	is box: \square			
Telephone Number: (260) 312-4800	Facsimile Nur	mber, if any:		
If this office location is also required to be reg broker-dealer or investment adviser on the Ur Number here:				
How many <i>employees</i> perform investment adv	visory functions	from this office location	?	
Are other business activities conducted at this	office location?	(check all that apply)		
☑ (1) Broker-dealer (registered or unregistere	ed)			
\square (2) Bank (including a separately identifiable	department or	division of a bank)		
☑ (3) Insurance broker or agent				
(4) Commodity pool operator or commodity	trading advisor	r (whether registered or	exempt from registration)	
(5) Registered municipal advisor	J	,	,	
(6) Accountant or accounting firm				
(7) Lawyer or law firm				
(7) Lawyer of law firm				
Describe any other investment-related busines	ss activities con	ducted from this office l	ocation:	
Complete the following information for each of	fice, other than	your <i>principal office and</i>	d place of business, at which you conduct	
investment advisory business. You must comp registration, if you are registered only with the				С

offices (in terms of numbers of employees).

Number and Street 1: 1210 JACKSBORO PIKE

City:	State:	Country:	ZIP+4/Postal Code:
LAFOLLETTE	Tennessee	United States	37766
If this address is a private residence, c	check this box:		
Telephone Number: (423) 562-3346	Facsimile Number	r, if any:	
			authority as a branch office location for a Form BR), please provide the <i>CRD</i> Branch
How many <i>employees</i> perform investm	nent advisory function	ns from this office location	?
Are other business activities conducted	d at this office locatio	n? (check all that apply)	
lacksquare (1) Broker-dealer (registered or unr	egistered)		
\square (2) Bank (including a separately ide	ntifiable department	or division of a bank)	
☑ (3) Insurance broker or agent			
\square (4) Commodity pool operator or con	nmodity trading advis	sor (whether registered or	exempt from registration)
(5) Registered municipal advisor			
(6) Accountant or accounting firm			
(7) Lawyer or law firm			
Describe any other investment-related	business activities c	onducted from this office lo	ocation:
investment advisory business. You mus	st complete a separa with the SEC, or if yo	te Schedule D Section 1.F.	d place of business, at which you conduct for each location. If you are applying for SEC adviser, list only the largest twenty-five
investment advisory business. You must registration, if you are registered only	st complete a separa with the SEC, or if yo	te Schedule D Section 1.F.	for each location. If you are applying for SEC and adviser, list only the largest twenty-five
investment advisory business. You must registration, if you are registered only offices (in terms of numbers of <i>employ</i> Number and Street 1:	st complete a separa with the SEC, or if yo	te Schedule D Section 1.F. ou are an <i>exempt reporting</i>	for each location. If you are applying for SEC and adviser, list only the largest twenty-five
investment advisory business. You must registration, if you are registered only offices (in terms of numbers of <i>employ</i> Number and Street 1: 518 W PALMETTO STREET	st complete a separa with the SEC, or if yo	te Schedule D Section 1.F. ou are an <i>exempt reporting</i> Number and Stree	for each location. If you are applying for SEC adviser, list only the largest twenty-five
investment advisory business. You must registration, if you are registered only offices (in terms of numbers of <i>employ</i> Number and Street 1: 518 W PALMETTO STREET City:	st complete a separa with the SEC, or if your vees). State: South Dakota	te Schedule D Section 1.F. bu are an exempt reporting Number and Stree Country:	for each location. If you are applying for SEC and adviser, list only the largest twenty-five t 2: ZIP+4/Postal Code:
investment advisory business. You must registration, if you are registered only offices (in terms of numbers of <i>employ</i> Number and Street 1: 518 W PALMETTO STREET City: FLORENCE	st complete a separa with the SEC, or if your vees). State: South Dakota	te Schedule D Section 1.F. bu are an exempt reporting Number and Stree Country: United States	for each location. If you are applying for SEC and adviser, list only the largest twenty-five t 2: ZIP+4/Postal Code:
investment advisory business. You must registration, if you are registered only offices (in terms of numbers of employ) Number and Street 1: 518 W PALMETTO STREET City: FLORENCE If this address is a private residence, of the complex of the com	st complete a separa with the SEC, or if your rees). State: South Dakota Check this box: Facsimile Number, So be registered with F	te Schedule D Section 1.F. bu are an exempt reporting Number and Stree Country: United States if any:	for each location. If you are applying for SEC and adviser, list only the largest twenty-five t 2: ZIP+4/Postal Code:
investment advisory business. You must registration, if you are registered only offices (in terms of numbers of employ) Number and Street 1: 518 W PALMETTO STREET City: FLORENCE If this address is a private residence, of the complex of the com	st complete a separa with the SEC, or if your rees). State: South Dakota Sheck this box: Facsimile Number, So be registered with Finithe Uniform Branch	te Schedule D Section 1.F. bu are an exempt reporting Number and Stree Country: United States if any: FINRA or a state securities Office Registration Form (for each location. If you are applying for SEC andviser, list only the largest twenty-five t 2: ZIP+4/Postal Code: 29501 authority as a branch office location for a Form BR), please provide the CRD Branch
investment advisory business. You must registration, if you are registered only offices (in terms of numbers of employ) Number and Street 1: 518 W PALMETTO STREET City: FLORENCE If this address is a private residence, of the complex of the com	st complete a separa with the SEC, or if your ees). State: South Dakota Check this box: Facsimile Number, be registered with For the Uniform Branch ment advisory function d at this office location registered)	te Schedule D Section 1.F. bu are an exempt reporting Number and Stree Country: United States if any: FINRA or a state securities Office Registration Form (ons from this office location on? (check all that apply)	for each location. If you are applying for SEC andviser, list only the largest twenty-five t 2: ZIP+4/Postal Code: 29501 authority as a branch office location for a Form BR), please provide the CRD Branch

★ (3) Insurance broker or agent			
\square (4) Commodity pool operator or comm	nodity trading a	dvisor (whether registered	d or exempt from registration)
\square (5) Registered municipal advisor			
☑ (6) Accountant or accounting firm			
\square (7) Lawyer or law firm			
Describe any other investment-related by	usiness activitie	s conducted from this offi	ce location:
investment advisory business. You must	complete a sep th the SEC, or i	arate Schedule D Section	e and place of business, at which you conduct 1.F. for each location. If you are applying for SEC rting adviser, list only the largest twenty-five
Number and Street 1: 156 S SAGE HOLLOW		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:
DRIPPING SPRINGS	Texas	United States	78620
If this address is a private residence, che	eck this box:		
Telephone Number: (512) 538-6271	Facsimile N	umber, if any:	
	he Uniform Bra	nch Office Registration For	ties authority as a branch office location for a rm (Form BR), please provide the <i>CRD</i> Branch tion?
Are other business activities conducted a (1) Broker-dealer (registered or unreg		ation? (check all that apply	y)
\square (2) Bank (including a separately identi	ifiable departme	ent or division of a bank)	
☑ (3) Insurance broker or agent			
\square (4) Commodity pool operator or comm	nodity trading a	dvisor (whether registered	d or exempt from registration)
\square (5) Registered municipal advisor			
\square (6) Accountant or accounting firm			
\square (7) Lawyer or law firm			
Describe any other <i>investment-related</i> be	usiness activitie	s conducted from this offi	ce location:
investment advisory business. You must	complete a sep th the SEC, or i	arate Schedule D Section	e and place of business, at which you conduct 1.F. for each location. If you are applying for SEC rting adviser, list only the largest twenty-five
Number and Street 1: 110 CHRISTIANA MEDICAL CENTER		Number and S	treet 2:
City:	State:	Country:	ZIP+4/Postal Code:
NEWARK	Delaware	United States	19702

If this address is a private residence, check	this box:		
Telephone Number: (302) 286-0777	Facsimile Number	r, if any:	
If this office location is also required to be rebroker-dealer or investment adviser on the Number here:			-
How many <i>employees</i> perform investment a 1	dvisory functions f	rom this office location?	
Are other business activities conducted at the (1) Broker-dealer (registered or unregister		(check all that apply)	
\square (2) Bank (including a separately identifial	ole department or o	division of a bank)	
☑ (3) Insurance broker or agent			
(4) Commodity pool operator or commodi	ity trading advisor	(whether registered or e	xempt from registration)
(5) Registered municipal advisor			
(6) Accountant or accounting firm			
(7) Lawyer or law firm			
Describe any other investment-related busin	ness activities cond	ucted from this office loc	cation:
Complete the following information for each investment advisory business. You must con registration, if you are registered only with toffices (in terms of numbers of <i>employees</i>).	nplete a separate S	Schedule D Section 1.F. fo	or each location. If you are applying for SEC
Number and Street 1: 5005 HORIZONS DRIVE, SUITE 100		Number and Street	2:
City: COLUMBUS	State: Ohio	Country: United States	ZIP+4/Postal Code: 43220
If this address is a private residence, check	this box:		
Telephone Number: (614) 459-9000	Facsimile Nu	ımber, if any:	
If this office location is also required to be rebroker-dealer or investment adviser on the Unmber here:			-
How many <i>employees</i> perform investment a 1	dvisory functions f	rom this office location?	
Are other business activities conducted at the (1) Broker-dealer (registered or unregistered)		(check all that apply)	
\square (2) Bank (including a separately identifial		division of a bank)	
✓ (3) Insurance broker or agent✓ (4) Commodity pool operator or commodi	ity trading advisor	(whether reaistered or e	xempt from registration)

(5) Registered municipal advisor			
\square (6) Accountant or accounting firm			
\square (7) Lawyer or law firm			
Describe any other investment-related	d business activities	conducted from this office	location:
investment advisory business. You mu	ust complete a separa with the SEC, or if y	ate Schedule D Section 1.F	and place of business, at which you conduct F. for each location. If you are applying for SEC and adviser, list only the largest twenty-five
Number and Street 1: 220 2ND AVENUE S		Number and Street 2	2:
City:	State:	Country:	ZIP+4/Postal Code:
FRANKLIN	Tennessee	United States	37064
If this address is a private residence,	check this box: \Box		
Telephone Number: (615) 628-3290	Facsimile Numbe	er, if any:	
-			<i>authority</i> as a branch office location for a (Form BR), please provide the <i>CRD</i> Branch
How many <i>employees</i> perform investi 1	ment advisory function	ons from this office location	1?
Are other business activities conducte (1) Broker-dealer (registered or un		on? (check all that apply)	
☐ (2) Bank (including a separately identified ☐ (3) Insurance broker or agent		t or division of a bank)	
☐ (4) Commodity pool operator or co ☐ (5) Registered municipal advisor	mmodity trading adv	risor (whether registered or	r exempt from registration)
(6) Accountant or accounting firm			
(7) Lawyer or law firm			
Describe any other investment-related	d business activities	conducted from this office	location:
investment advisory business. You mu	ust complete a separa with the SEC, or if y	ate Schedule D Section 1.F	nd place of business, at which you conduct F. for each location. If you are applying for SEC ong adviser, list only the largest twenty-five
Number and Street 1: 450 SKOKIE BLVD, SUITE 507		Number and Street 2:	
City: NORTHBROOK	State: Illinois	Country: United States	ZIP+4/Postal Code: 60062
If this address is a private residence,	check this box: \Box		

Telephone Number: 7737742600	Facsimile Numbe	er, if any:	
If this office location is also required to be broker-dealer or investment adviser on the Number here:			-
How many <i>employees</i> perform investment 3	advisory functions	from this office location?	
Are other business activities conducted at a (1) Broker-dealer (registered or unregis (2) Bank (including a separately identifie (3) Insurance broker or agent (4) Commodity pool operator or commod (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm	tered) able department or dity trading advisor	division of a bank) - (whether registered or exen	
Complete the following information for each investment advisory business. You must coregistration, if you are registered only with offices (in terms of numbers of <i>employees</i>)	omplete a separate the SEC, or if you	Schedule D Section 1.F. for e	each location. If you are applying for SEC
Number and Street 1: 425 RIESLING STREET		Number and Street 2:	
/	State: California	Country: United States	ZIP+4/Postal Code: 95425
If this address is a private residence, check	k this box:		
Telephone Number: (707) 473-2733	Facsimile Number,	if any:	
If this office location is also required to be broker-dealer or investment adviser on the Number here:			-
How many <i>employees</i> perform investment 1	advisory functions	from this office location?	
Are other business activities conducted at a ✓ (1) Broker-dealer (registered or unregis ✓ (2) Bank (including a separately identific ✓ (3) Insurance broker or agent ✓ (4) Commodity pool operator or commod ✓ (5) Registered municipal advisor ✓ (6) Accountant or accounting firm	tered) able department or	division of a bank)	npt from registration)

(7) Lawyer or law firm			
Describe any other investment-related bu	usiness activities cor	nducted from this office lo	ocation:
Complete the following information for earlinvestment advisory business. You must registration, if you are registered only wit offices (in terms of numbers of <i>employee</i>	complete a separate th the SEC, or if you	Schedule D Section 1.F.	for each location. If you are applying for SEC
Number and Street 1: 11225 COLLEGE BLVD, SUITE 105		Number and Street	2:
City: OVERLAND PARK	State: Kansas	Country: United States	ZIP+4/Postal Code: 66210
If this address is a private residence, che	eck this box:		
Telephone Number: (913) 951-5448	Facsimile Nui	mber, if any:	
If this office location is also required to be broker-dealer or investment adviser on the Number here:			authority as a branch office location for a Form BR), please provide the <i>CRD</i> Branch
How many <i>employees</i> perform investmer 1	nt advisory functions	from this office location?	
Are other business activities conducted at (1) Broker-dealer (registered or unreg		? (check all that apply)	
☐ (2) Bank (including a separately identidentidentidentidentidentidentident	•	r division of a bank)	
(4) Commodity pool operator or comm	nodity trading adviso	r (whether registered or	exempt from registration)
\square (6) Accountant or accounting firm \square (7) Lawyer or law firm			
Describe any other <i>investment-related</i> bu	usiness activities cor	nducted from this office lo	ocation:
	complete a separate th the SEC, or if you	Schedule D Section 1.F.	d place of business, at which you conduct for each location. If you are applying for SEC and adviser, list only the largest twenty-five
Number and Street 1: 81 TIMBER CREEK ROAD		Number and Street 2:	
City: ROZET	State: Wyoming	Country: United States	ZIP+4/Postal Code: 82727
If this address is a private residence, che	eck this box:		
Telephone Number:	Facsimile Number,	if any:	

(307) 689-0701							
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:							
How many <i>employees</i> perform investment 1	advisory function	ons from this office loo	cation?				
🗹 (1) Broker-dealer (registered or unregist	Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank)						
☑ (3) Insurance broker or agent							
(4) Commodity pool operator or commod	dity trading adv	risor (whether register	red or exempt from registration)				
(5) Registered municipal advisor							
(6) Accountant or accounting firm (7) Lawyer or law firm							
(7) Lawyer or law min							
Describe any other investment-related busi	ness activities	conducted from this o	ffice location:				
investment advisory business. You must co	mplete a separ the SEC, or if y	ate Schedule D Sectio	ce and place of business, at which you conduct n 1.F. for each location. If you are applying for SEC porting adviser, list only the largest twenty-five				
Number and Street 1: 670 SHEPARD LANE, #101		Number and Street	2:				
City:	State:	Country:	ZIP+4/Postal Code:				
FARMINGTON	Utah	United States	84025				
If this address is a private residence, check	this box:						
Telephone Number: (801) 447-9487	Facsimile Nur	mber, if any:					
			urities authority as a branch office location for a form (Form BR), please provide the <i>CRD</i> Branch				
How many <i>employees</i> perform investment 1	advisory function	ons from this office loo	cation?				
Are other business activities conducted at t ✓ (1) Broker-dealer (registered or unregist — (2) Bank (including a separately identifia	ered)						
(3) Insurance broker or agent (4) Commodity pool operator or commod (5) Registered municipal advisor	dity trading adv	risor (whether register	red or exempt from registration)				
(6) Accountant or accounting firm (7) Lawyer or law firm							

Describe any other <i>investment-related</i> b	usiness activities o	conducted from this offic	e location:		
investment advisory business. You must	complete a separa ith the SEC, or if y	ate Schedule D Section 1	and place of business, at which you conduct .F. for each location. If you are applying for SEC ing adviser, list only the largest twenty-five		
Number and Street 1: 225 FRIEND STREET, SUITE 600		Number and Street	2:		
City: BOSTON	State: Maine	Country: United States	ZIP+4/Postal Code: 02114		
If this address is a private residence, che	eck this box:				
Telephone Number: (203) 661-3441	Facsimile N	lumber, if any:			
			es authority as a branch office location for a n (Form BR), please provide the <i>CRD</i> Branch		
How many <i>employees</i> perform investme	nt advisory functio	ons from this office locati	on?		
Are other business activities conducted a		on? (check all that apply)			
(1) Broker-dealer (registered or unreg					
☐ (2) Bank (including a separately ident☐ (3) Insurance broker or agent☐	inable department	or division of a bank)			
(4) Commodity pool operator or comm	nodity trading adv	isor (whether registered	or event from registration)		
(4) Commodity pool operator of commodity pool op	nouncy trading adv	isor (whether registered	or exempt from registration)		
(6) Accountant or accounting firm					
(6) Accountant or accounting firm (7) Lawyer or law firm					
Describe any other <i>investment-related</i> b	usiness activities (conducted from this offic	e location:		
investment advisory business. You must	complete a separa ith the SEC, or if y	ate Schedule D Section 1	and place of business, at which you conduct .F. for each location. If you are applying for SEC cing adviser, list only the largest twenty-five		
Number and Street 1: 1666 S WOLFE ROAD		Number and Street	2:		
City: SUNNYVALE	State: California	Country: United States	ZIP+4/Postal Code: 94087		
If this address is a private residence, che	eck this box: \Box				
Telephone Number: (408) 685-2278	Facsimile Numb	er, if any:			

If this office location is also required to be regis broker-dealer or investment adviser on the Unif Number here:			
How many <i>employees</i> perform investment advis	sory functions fro	m this office location?	
Are other business activities conducted at this of (1) Broker-dealer (registered or unregistered)		
(2) Bank (including a separately identifiable of(3) Insurance broker or agent	repartment or an	vision of a bank)	
\Box (4) Commodity pool operator or commodity t	rading advisor (v	whether registered or exe	mpt from registration)
\square (5) Registered municipal advisor			
(6) Accountant or accounting firm			
(7) Lawyer or law firm			
Describe any other <i>investment-related</i> business	activities conduc	cted from this office locat	ion:
Complete the following information for each offi investment advisory business. You must comple registration, if you are registered only with the offices (in terms of numbers of <i>employees</i>).	te a separate Scl	hedule D Section 1.F. for	each location. If you are applying for SEC
Number and Street 1: 4525 S WASATCH BLVD, SUITE 210		Number and Street 2:	
City: SALT LAKE CITY	State: Utah	Country: United States	ZIP+4/Postal Code: 84124
If this address is a private residence, check this	box: 🗆		
Telephone Number: (801) 647-50	Facsimile Num	ber, if any:	
If this office location is also required to be regis broker-dealer or investment adviser on the Unif Number here:			
How many <i>employees</i> perform investment advis	sory functions fro	m this office location?	
Are other business activities conducted at this o (1) Broker-dealer (registered or unregistered		heck all that apply)	
\square (2) Bank (including a separately identifiable (department or div	vision of a bank)	
☑ (3) Insurance broker or agent			
(4) Commodity pool operator or commodity t	rading advisor (v	vhether registered or exe	mpt from registration)
☐ (5) Registered municipal advisor ☐ (6) Accountant or accounting firm			
(7) Lawyer or law firm			
Describe any other <i>investment-related</i> business	activities conduc	cted from this office locat	ion:

Complete the following information for each investment advisory business. You must comregistration, if you are registered only with toffices (in terms of numbers of <i>employees</i>).	nplete a separate	Schedule D Section 1.F	f. for each location. If you are applying for SEC
Number and Street 1: 1990 MAIN STREET, SUITE 750		Number and Street 2:	
City: SARASOTA	State: Florida	Country: United States	ZIP+4/Postal Code: 34236
If this address is a private residence, check to	this box:		
Telephone Number: 9413095239	Facsimile Numl	ber, if any:	
If this office location is also required to be rebroker-dealer or investment adviser on the Unumber here:			
How many <i>employees</i> perform investment a 1	dvisory functions	from this office location	1?
Are other business activities conducted at the (1) Broker-dealer (registered or unregister (2) Bank (including a separately identifiable (3) Insurance broker or agent (4) Commodity pool operator or commodin (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm	ered) ble department of ity trading adviso	r division of a bank) or (whether registered o	
Complete the following information for each investment advisory business. You must comregistration, if you are registered only with toffices (in terms of numbers of <i>employees</i>).	nplete a separate	Schedule D Section 1.F	F. for each location. If you are applying for SEC
Number and Street 1: 429 LENOX AVENUE, OFFICE #401		Number and Stree	t 2:
City: MIAMI	State: Florida	Country: United States	ZIP+4/Postal Code: 33139
If this address is a private residence, check to	this box:		
Telephone Number: 8475258967	Facsimile Nu	imber, if any:	
If this office location is also required to be re	•		•

Number here:							
How many <i>employees</i> perform in	vestment advisory funct	cions from this office loca	tion?				
Are other business activities cond	Are other business activities conducted at this office location? (check all that apply)						
🗹 (1) Broker-dealer (registered o	or unregistered)						
\square (2) Bank (including a separate	ly identifiable departme	nt or division of a bank)					
(3) Insurance broker or agent							
(4) Commodity pool operator of		lvisor (whether registered	d or exempt from registration)				
(5) Registered municipal advise							
(6) Accountant or accounting f	irm						
\square (7) Lawyer or law firm							
Describe any other investment-re	elated business activities	s conducted from this offi	ce location:				
investment advisory business. Yo	u must complete a sepa only with the SEC, or if	rate Schedule D Section	e and place of business, at which you conduct 1.F. for each location. If you are applying for SEC rting adviser, list only the largest twenty-five				
Number and Street 1: 218 HILLSIDE DRIVE		Number and Street	2:				
City:	State:	Country:	ZIP+4/Postal Code:				
WALESKA	Georgia	United States	30183				
If this address is a private resider	nce, check this box: 🗹						
Telephone Number: (678) 923-3828	Facsimile Nur	mber, if any:					
			ties authority as a branch office location for a rm (Form BR), please provide the <i>CRD</i> Branch				
How many <i>employees</i> perform in 1	vestment advisory funct	cions from this office loca	tion?				
Are other business activities cond (1) Broker-dealer (registered of	or unregistered)		у)				
☐ (2) Bank (including a separate ☐ (3) Insurance broker or agent							
\square (4) Commodity pool operator of \square (5) Registered municipal advise		lvisor (whether registered	d or exempt from registration)				
\square (6) Accountant or accounting f							
\square (7) Lawyer or law firm							
Describe any other investment-re	elated business activities	s conducted from this offi	ce location:				

investment advisory business. You	must complete a separ	rate Schedule D Section 1.	F. for each location. If you are applying for SEC ing adviser, list only the largest twenty-five	
Number and Street 1: 2935 PINE LAKE ROAD, SUITE I		Number and Street 2	2:	
City: LINCOLN	State: Nebraska	Country: United States	ZIP+4/Postal Code: 68516	
If this address is a private residence	e, check this box: \Box			
Telephone Number: (402) 430-0841	Facsimile Numb	per, if any:		
			es authority as a branch office location for a (Form BR), please provide the <i>CRD</i> Branch	
How many <i>employees</i> perform inve	stment advisory functi	ons from this office locatio	on?	
Are other business activities conduct (1) Broker-dealer (registered or (2) Bank (including a separately (3) Insurance broker or agent (4) Commodity pool operator or (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm Describe any other <i>investment-relation</i>	unregistered) identifiable departmen commodity trading adv	nt or division of a bank) visor (whether registered o		
investment advisory business. You	must complete a separ	rate Schedule D Section 1.	and place of business, at which you conduct F. for each location. If you are applying for SEC ing adviser, list only the largest twenty-five	
Number and Street 1: 515 W CENTER AVENUE		Number and Street 2	2:	
City: VISALIA	State: California	Country: United States	ZIP+4/Postal Code: 93291	
If this address is a private residence	e, check this box: \Box			
Telephone Number: (559) 733-3525	Facsimile Numb	ber, if any:		
	-		es authority as a branch office location for a (Form BR), please provide the <i>CRD</i> Branch	

How many <i>employees</i> perform investment	: advisory function	ns from this office location	on?	
Are other business activities conducted at (1) Broker-dealer (registered or unregis		n? (check all that apply)		
\square (2) Bank (including a separately identifi		or division of a bank)		
✓ (3) Insurance broker or agent				
(4) Commodity pool operator or commo	odity trading advis	sor (whether registered	or exempt from registration)	
(5) Registered municipal advisor (6) Accountant or accounting firm				
(7) Lawyer or law firm				
_ (, , , , , , , , , , , , , , , , , , ,				
Describe any other investment-related bus	siness activities co	onducted from this office	e location:	
	· ·		and place of business, at which you conduct	EC.
	h the SEC, or if yo		.F. for each location. If you are applying for S ing adviser, list only the largest twenty-five	EC
Number and Street 1: 2920 SANTIA DRIVE		Number and Street 2	2:	
City:	State:	Country:	ZIP+4/Postal Code:	
TROY	Michigan	United States	48085	
If this address is a private residence, chec	k this box: 🔽			
Telephone Number: (248) 953-3965	Facsimile Numbe	er, if any:		
			es authority as a branch office location for a n (Form BR), please provide the <i>CRD</i> Branch	
How many <i>employees</i> perform investment	: advisory functior	ns from this office location	on?	
Are other business activities conducted at	this office locatio	n? (check all that apply)		
✓ (1) Broker-dealer (registered or unregistered)		(================================		
\square (2) Bank (including a separately identifi	iable department	or division of a bank)		
(3) Insurance broker or agent				
(4) Commodity pool operator or commo	odity trading advis	sor (whether registered	or exempt from registration)	
(5) Registered municipal advisor (6) Accountant or accounting firm				
(7) Lawyer or law firm				
Describe any other <i>investment-related</i> bus	siness activities o	onducted from this office	e location:	
= 110.100 dily other mediane related but		insulation from this office		

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC

registration, if you are registered only offices (in terms of numbers of <i>employ</i>	· ·	are an <i>exempt reporting ac</i>	dviser, list only the largest twenty-five		
Number and Street 1: 11850 NICHOLAS STREET, SUITE 240		Number and Street	2:		
City: OMAHA	State: Nebraska	Country: United States	ZIP+4/Postal Code: 68154		
If this address is a private residence, o	check this box:				
Telephone Number: (402) 397-5440	Facsimile Numb	er, if any:			
If this office location is also required to broker-dealer or investment adviser of Number here:			thority as a branch office location for a rm BR), please provide the <i>CRD</i> Branch		
How many <i>employees</i> perform investn	nent advisory functions	from this office location?			
Are other business activities conducted at this office location? (check all that apply) ☑ (1) Broker-dealer (registered or unregistered) ☐ (2) Bank (including a separately identifiable department or division of a bank) ☑ (3) Insurance broker or agent ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) ☐ (5) Registered municipal advisor ☐ (6) Accountant or accounting firm ☐ (7) Lawyer or law firm					
Describe any other investment-related	business activities cond	ducted from this office loca	tion:		
	st complete a separate with the SEC, or if you	Schedule D Section 1.F. for	lace of business, at which you conduct reach location. If you are applying for SEC dviser, list only the largest twenty-five		
Number and Street 1: 2280 45TH STREET S, SUITE C		Number and Street 2	:		
City: FARGO	State: North Dakota	Country: United States	ZIP+4/Postal Code: 58104		
If this address is a private residence, check this box: \Box					
Telephone Number: (608) 848-0403	Facsimile Number, if a	any:			
If this office location is also required to broker-dealer or investment adviser of Number here:			thority as a branch office location for a m BR), please provide the <i>CRD</i> Branch		
How many <i>employees</i> perform investri	nent advisory functions	from this office location?			

Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm Describe any other investment-related business activities conducted from this office location:					
Complete the following information for each offi investment advisory business. You must comple registration, if you are registered only with the offices (in terms of numbers of <i>employees</i>).	te a separate So	chedule D Section 1.F. f	for each location. If you are applying for SEC		
Number and Street 1: 3597 E MONARCH SKY LANE, #240		Number and Street	2:		
City: MERIDIAN	State: Idaho	Country: United States	ZIP+4/Postal Code: 83646		
If this address is a private residence, check this	box: 🗆				
Telephone Number: (949) 455-0119	Facsimile Nun	nber, if any:			
If this office location is also required to be regis broker-dealer or investment adviser on the Unif Number here:					
How many <i>employees</i> perform investment advis	sory functions fro	om this office location?			
Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm					
Describe any other investment-related business	activities condu	icted from this office lo	cation:		

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an *exempt reporting adviser*, list only the largest twenty-five offices (in terms of numbers of *employees*).

Number and Street 1: 7901 STRICKLAND ROAD, SUITE 102		Number and Str	eet 2:				
City: RALEIGH	State: North Carolina	Country: United States	ZIP+4/Postal Code: 27615				
If this address is a private residence, check this box: \Box							
Telephone Number: (919) 271-6106	Facsimile Number, if	any:					
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:							
How many <i>employees</i> perform investn	nent advisory functions	from this office location	1?				
Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm							
Describe any other investment-related	business activities cor	nducted from this office	location:				
Complete the following information for	each office other than	o vour principal office ar	nd place of business, at which you conduct				
investment advisory business. You mu	st complete a separate with the SEC, or if you	Schedule D Section 1.F	a place of basiness, at which you conduct . for each location. If you are applying for SEC g adviser, list only the largest twenty-five				
Number and Street 1: 1411 5TH STREET, SUITE 306		Number and Street 2:					
City: SANTA MONICA	State: California	Country: United States	ZIP+4/Postal Code: 90401				
If this address is a private residence, o	check this box:						
Telephone Number: (310) 579-9560	Facsimile Number,	if any:					
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:							
How many <i>employees</i> perform investn 2	nent advisory functions	from this office location	1?				

Number and Street 1:

☑ (1) Broker-dealer (registered or unregistered)				
☐ (2) Bank (including a separately identifiable department or division of a bank)				
☑ (3) Insurance broker or agent				
☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)				
(5) Registered municipal advisor				
\Box (6) Accountant or accounting firm				
(7) Lawyer or law firm				
Describe any other investment-related business	iness activities	conducted from this	s office location:	
			office and place of business, at which you conduct	
			tion 1.F. for each location. If you are applying for SE reporting adviser, list only the largest twenty-five	C
offices (in terms of numbers of <i>employees</i>)		ou are an exempt i	reporting adviser, list only the largest twenty-live	
Number and Street 1: 20 GOULD AVENUE		Number and Stree	et 2:	
City:	State:	Country:	ZIP+4/Postal Code:	
COUNCIL BLUFFS	Iowa	United States	51503	
If this address is a private residence, check	this box:			
Telephone Number: (402) 590-2020	Facsimile Nur	mber, if any:		
			ecurities authority as a branch office location for a n Form (Form BR), please provide the <i>CRD</i> Branch	
How many <i>employees</i> perform investment 1	advisory function	ons from this office l	location?	
Are other business activities conducted at t	his office locati	on? (check all that a	apply)	
lacksquare (1) Broker-dealer (registered or unregist	cered)			
\square (2) Bank (including a separately identifia	able departmen	t or division of a bar	nk)	
☑ (3) Insurance broker or agent				
\square (4) Commodity pool operator or commod	dity trading adv	risor (whether regist	tered or exempt from registration)	
(5) Registered municipal advisor				
\square (6) Accountant or accounting firm				
(7) Lawyer or law firm				
Describe any other investment-related business	iness activities	conducted from this	s office location:	
Complete the following information for each office, other than your <i>principal office and place of business</i> , at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>).				

2935 MARBLE CREST DRIVE							
City: LAND O LAKES	State: Florida	Country: United States	ZIP+4/Postal Code: 34638				
If this address is a private residence, check	< this box: ☑						
Telephone Number: (303) 589-4602	Facsimile Nu	umber, if any:					
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:							
How many <i>employees</i> perform investment 1	advisory funct	tions from this office loca	ition?				
Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm							
Describe any other <i>investment-related</i> bus	iness activities	s conducted from this off	ice location:				
investment advisory business. You must co	omplete a sepa the SEC, or if	arate Schedule D Section	e and place of business, at which you conduct 1.F. for each location. If you are applying for SEC orting adviser, list only the largest twenty-five				
Number and Street 1: 306 ACADEMY AVENUE, SUITE 106		Number and S	treet 2:				
City: DUBLIN	State: Georgia	Country: United States	ZIP+4/Postal Code: 31021				
If this address is a private residence, check	< this box: □						
Telephone Number: (478) 279-0196	Facsimile	Number, if any:					
			ities authority as a branch office location for a rm (Form BR), please provide the <i>CRD</i> Branch				
How many <i>employees</i> perform investment 1	How many <i>employees</i> perform investment advisory functions from this office location?						
Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered)							

\square (2) Bank (including a separately identifiable department or division of a bank)						
☑ (3) Insurance broker or agent						
(4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)						
(f) Segistered municipal advisor						
(6) Accountant or accounting firm						
(7) Lawyer or law firm						
(/) Lawyer or law limit						
Describe any other investment-related business activities conducted from this office location:						
Complete the following information for	reach office other than yo	ur principal office and p	lace of business at which you conduct			
investment advisory business. You mu registration, if you are registered only	Complete the following information for each office, other than your <i>principal office and place of business</i> , at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>).					
Number and Street 1: 219 1ST AVENUE SW		Number and Street 2	2:			
City:	State:	Country:	ZIP+4/Postal Code:			
HICKORY	North Carolina	United States	28603			
If this address is a private residence, o	check this box:					
Telephone Number: (828) 455-9773	Facsimile Number, if any:					
If this office location is also required to broker-dealer or investment adviser of Number here:			thority as a branch office location for a m BR), please provide the <i>CRD</i> Branch			
How many <i>employees</i> perform investre	nent advisory functions fro	m this office location?				
Are other business activities conducted ✓ (1) Broker-dealer (registered or uni		neck all that apply)				
(1) Broker-dealer (registered of diff	-	vision of a hank)				
(3) Insurance broker or agent	entinable department of div	rision of a bank)				
(4) Commodity pool operator or cor	mmodity trading advisor (w	hether registered or eve	empt from registration)			
(5) Registered municipal advisor	innouncy trading advisor (w	mether registered or ext	empt from registration)			
(6) Accountant or accounting firm						
\square (7) Lawyer or law firm						
Describe any other investment-related	business activities conduc	ted from this office loca	tion:			
Complete the following information for each office, other than your <i>principal office and place of business</i> , at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an <i>exempt reporting adviser</i> , list only the largest twenty-five						

offices (in terms of numbers of employees).

Number and Street 1: 431 E HORATIO AVENUE, SUITE 210

	State:	Country:	ZIP+4/Postal Code:				
MAITLAND	Florida	United States	32751				
If this address is a private residence, check this box: \Box							
Telephone Number: (407) 898-5521	Facsimile N	umber, if any:					
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:							
How many <i>employees</i> perform investment	How many <i>employees</i> perform investment advisory functions from this office location?						
Are other business activities conducted	at this office location?	(check all that apply)					
🗹 (1) Broker-dealer (registered or unre	egistered)						
\square (2) Bank (including a separately iden	itifiable department o	division of a bank)					
☑ (3) Insurance broker or agent							
\square (4) Commodity pool operator or com	modity trading adviso	r (whether registered or e	xempt from registration)				
\square (5) Registered municipal advisor							
\square (6) Accountant or accounting firm							
\square (7) Lawyer or law firm							
Describe any other investment-related	business activities cor	ducted from this office loc	ation:				
Complete the following information for each office, other than your <i>principal office and place of business</i> , at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>).							
investment advisory business. You mus	t complete a separate vith the SEC, or if you	Schedule D Section 1.F. fo	or each location. If you are applying for SEC				
investment advisory business. You mus registration, if you are registered only v	t complete a separate vith the SEC, or if you	Schedule D Section 1.F. fo	or each location. If you are applying for SEC				
investment advisory business. You mus registration, if you are registered only voffices (in terms of numbers of <i>employe</i>) Number and Street 1:	t complete a separate vith the SEC, or if you	Schedule D Section 1.F. fo	or each location. If you are applying for SEC				
investment advisory business. You mus registration, if you are registered only voffices (in terms of numbers of <i>employe</i>) Number and Street 1: 1475 E CENTER STREET	t complete a separate vith the SEC, or if you ees).	Schedule D Section 1.F. for are an exempt reporting of Number and Street 2:	or each location. If you are applying for SEC adviser, list only the largest twenty-five				
investment advisory business. You mus registration, if you are registered only voffices (in terms of numbers of <i>employe</i>) Number and Street 1:	t complete a separate vith the SEC, or if you	Schedule D Section 1.F. for are an exempt reporting a	or each location. If you are applying for SEC				
investment advisory business. You mus registration, if you are registered only voffices (in terms of numbers of <i>employe</i> Number and Street 1: 1475 E CENTER STREET City:	t complete a separate vith the SEC, or if you ees). State: Tennessee	Schedule D Section 1.F. for are an exempt reporting of Number and Street 2: Country:	or each location. If you are applying for SEC adviser, list only the largest twenty-five ZIP+4/Postal Code:				
investment advisory business. You mus registration, if you are registered only voffices (in terms of numbers of employed Number and Street 1: 1475 E CENTER STREET City: KINGSPORT	t complete a separate vith the SEC, or if you ees). State: Tennessee	Schedule D Section 1.F. for are an exempt reporting at the Number and Street 2: Country: United States	or each location. If you are applying for SEC adviser, list only the largest twenty-five ZIP+4/Postal Code:				
investment advisory business. You mus registration, if you are registered only voffices (in terms of numbers of employed Number and Street 1: 1475 E CENTER STREET City: KINGSPORT If this address is a private residence, characteristic Telephone Number: (423) 247-1123 If this office location is also required to	t complete a separate vith the SEC, or if you sees). State: Tennessee neck this box: Facsimile Number, be registered with FII	Schedule D Section 1.F. for are an exempt reporting of the Number and Street 2: Country: United States If any:	or each location. If you are applying for SEC adviser, list only the largest twenty-five ZIP+4/Postal Code:				
investment advisory business. You mus registration, if you are registered only voffices (in terms of numbers of employed Number and Street 1: 1475 E CENTER STREET City: KINGSPORT If this address is a private residence, characteristic Telephone Number: (423) 247-1123 If this office location is also required to broker-dealer or investment adviser on	t complete a separate vith the SEC, or if you sees). State: Tennessee neck this box: Facsimile Number, be registered with FII the Uniform Branch C	Schedule D Section 1.F. for are an exempt reporting of the Number and Street 2: Country: United States ORA or a state securities and office Registration Form (Form)	or each location. If you are applying for SEC adviser, list only the largest twenty-five ZIP+4/Postal Code: 37664				
investment advisory business. You mus registration, if you are registered only woffices (in terms of numbers of employed Number and Street 1: 1475 E CENTER STREET City: KINGSPORT If this address is a private residence, characteristic Telephone Number: (423) 247-1123 If this office location is also required to broker-dealer or investment adviser on Number here: How many employees perform investment 1	t complete a separate vith the SEC, or if you sees). State: Tennessee neck this box: Facsimile Number, be registered with FII the Uniform Branch Complete the control of the control o	Schedule D Section 1.F. for are an exempt reporting of the Number and Street 2: Country: United States WRA or a state securities and office Registration Form (Form this office location?	or each location. If you are applying for SEC adviser, list only the largest twenty-five ZIP+4/Postal Code: 37664				
investment advisory business. You mus registration, if you are registered only woffices (in terms of numbers of employed Number and Street 1: 1475 E CENTER STREET City: KINGSPORT If this address is a private residence, characteristic Telephone Number: (423) 247-1123 If this office location is also required to broker-dealer or investment adviser on Number here: How many employees perform investment 1 Are other business activities conducted	state: Tennessee Tensimile Number, be registered with FII the Uniform Branch Coestat this office location?	Schedule D Section 1.F. for are an exempt reporting of the Number and Street 2: Country: United States WRA or a state securities and office Registration Form (Form this office location?	or each location. If you are applying for SEC adviser, list only the largest twenty-five ZIP+4/Postal Code: 37664				
investment advisory business. You mus registration, if you are registered only woffices (in terms of numbers of employed Number and Street 1: 1475 E CENTER STREET City: KINGSPORT If this address is a private residence, characteristic Telephone Number: (423) 247-1123 If this office location is also required to broker-dealer or investment adviser on Number here: How many employees perform investment 1	state: Tennessee Tennessee Teck this box: Facsimile Number, be registered with FII the Uniform Branch Company functions at this office location of the end of th	Schedule D Section 1.F. for are an exempt reporting of the Number and Street 2: Country: United States United States UNRA or a state securities and office Registration Form (Form this office location?	or each location. If you are applying for SEC adviser, list only the largest twenty-five ZIP+4/Postal Code: 37664				

☑ (3) Insurance broker or agent						
\square (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)						
\square (5) Registered municipal advisor						
\square (6) Accountant or accounting firm						
\square (7) Lawyer or law firm	\square (7) Lawyer or law firm					
Describe any other investment-related business activities conducted from this office location:						
investment advisory business. You must	complete a separate ith the SEC, or if you	Schedule D Section 1.F.	od place of business, at which you conduct for each location. If you are applying for SEC g adviser, list only the largest twenty-five			
Number and Street 1: 10551 NE GERTIE JOHNSON ROAD		Number and Street	t 2:			
City:	State:	Country:	ZIP+4/Postal Code:			
BAINBRIDGE ISLAND	Washington	United States	98110			
If this address is a private residence, cho	eck this box: 🔽					
Telephone Number: (559) 733-3525	Facsimile Number, i	if any:				
			authority as a branch office location for a (Form BR), please provide the <i>CRD</i> Branch			
How many <i>employees</i> perform investme 1	nt advisory functions	from this office location	1?			
Are other business activities conducted a (1) Broker-dealer (registered or unreg		(check all that apply)				
☐ (2) Bank (including a separately ident ☐ (3) Insurance broker or agent		division of a bank)				
\Box (4) Commodity pool operator or comm	nodity trading adviso	r (whether registered or	exempt from registration)			
☐ (5) Registered municipal advisor ☐ (6) Accountant or accounting firm						
(7) Lawyer or law firm						
Describe any other <i>investment-related</i> business activities conducted from this office location:						
Complete the following information for each office, other than your <i>principal office and place of business</i> , at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>).						
Number and Street 1: 400 HWY 169 S, SUITE 200		Number and Street 2	: :			
City: ST LOUIS PARK	State: Minnesota	Country: United States	ZIP+4/Postal Code: 55426			

If this address is a private residence, che	eck this box: 🔽				
Telephone Number: (916) 679-0281	Facsimile Number,	if any:			
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:					
How many <i>employees</i> perform investment advisory functions from this office location?					
Are other business activities conducted a (1) Broker-dealer (registered or unreg		? (check all that apply)			
\square (2) Bank (including a separately identity	•	r division of a bank)			
☑ (3) Insurance broker or agent					
(4) Commodity pool operator or comm	nodity trading adviso	or (whether registered or	exempt from registration)		
(5) Registered municipal advisor					
(6) Accountant or accounting firm					
(7) Lawyer or law firm					
Describe any other investment-related be	usiness activities co	nducted from this office lo	ocation:		
investment advisory business. You must	complete a separate th the SEC, or if you	Schedule D Section 1.F.	d place of business, at which you conduct for each location. If you are applying for SEC adviser, list only the largest twenty-five		
Number and Street 1: 580 EL CAMINO REAL, UNIT 3703		Number and Street 2	2:		
City:	State: Florida	Country: United States	ZIP+4/Postal Code: 34119		
If this address is a private residence, che	eck this box:				
Telephone Number: (412) 452-4105	Facsimile Nu	mber, if any:			
			authority as a branch office location for a Form BR), please provide the <i>CRD</i> Branch		
How many <i>employees</i> perform investment	nt advisory functions	s from this office location?	?		
Are other business activities conducted a		? (check all that apply)			
(1) Broker-dealer (registered or unreg (2) Bank (including a separately identi		r division of a bank)			
✓ (3) Insurance broker or agent	Department o				
, ,			exempt from registration)		

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	\square (5) Registered municipal advisor	
	\square (6) Accountant or accounting firm	
	\square (7) Lawyer or law firm	
	Describe any other <i>investment-related</i> business activities conducted from this office location:	
П		

SECTION 1.I. Website Addresses

List your website addresses, including addresses for accounts on publicly available social media platforms where you control the content (including, but not limited to, Twitter, Facebook and/or LinkedIn). You must complete a separate Schedule D Section 1.I. for each website or account on a publicly available social media platform.

Address of Website/Account on Publicly Available Social Media Platform: HTTP://WWW.STARLIGHTPORTFOLIOS.COM

Address of Website/Account on Publicly Available Social Media Platform: HTTP://WWW.TLGADVISORS.NET

SECTION 1.L. Location of Books and Records

Complete the following information for each location at which you keep your books and records, other than your *principal office and place of business*. You must complete a separate Schedule D, Section 1.L. for each location.

Name of entity where books and records are kept:

TLG ADVISORS INC

Number and Street 1: Number and Street 2:

94 WOODCHUCK HOLLOW ROAD

City: State: Country: ZIP+4/Postal Code:

COLD SPRING HARBOR New York United States 11724

Telephone Number: Facsimile number, if any:

(516) 677-6278

This is (check one):

• one of your branch offices or affiliates.

C a third-party unaffiliated recordkeeper.

O other.

Briefly describe the books and records kept at this location.

CLIENT FILES

Name of entity where books and records are kept:

TLG ADVISORS INC

Number and Street 1: 2200 CENTURY PKWY, SUITE 735

City: ATLANTA	State: Georgia	Country: United States	ZIP+4/Postal Code: 30345
If this address is a private residence, check t	his box:		
Telephone Number: 4045470223	Facsimile numbe	r, if any:	
This is (check one):			
• one of your branch offices or affiliates.			
C a third-party unaffiliated recordkeeper.			
C other.			
Briefly describe the books and records kept a CLIENT RECORDS.	at this location.		
Name of entity where books and records are TLG ADVISORS INC	kept:		
Number and Street 1: 9915 MIRA MESA BLVD, SUITE 110		Number and Street 2:	
City: SAN DIEGO	State: California	Country: United States	ZIP+4/Postal Code: 92131
SAN DIEGO	California	Officed States	92131
If this address is a private residence, check t	his box:		
Telephone Number: (858) 546-8686	Facsimile number,	if any:	
This is (check one):			
• one of your branch offices or affiliates.			
C a third-party unaffiliated recordkeeper.			
C other.			
Briefly describe the books and records kept a CLIENT RECORDS	at this location.		
Name of entity where books and records are TLG ADVISORS INC	kept:		
Number and Street 1: 6900 WISCONSIN AVENUE, 5TH FLOOR		Number and Street 2	2:
City: CHEVY CHASE	State: Maryland	Country: United States	ZIP+4/Postal Code: 20815
CHEVI CHASE	inai yiailu	omited States	20013
If this address is a private residence, check t	his box:		
Telephone Number: 3016522500	Facsimile numl	ber, if any:	

This is (check one):				
• one of your branch offices or affiliates.				
C a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept at this location. CLIENT RECORDS				
Name of entity where books and records are kept: TLG ADVISORS				
Number and Street 1: 1479 FALKIRK LANE NW		Number and Street 2:	Street 2:	
City: KENNESAW	State: Georgia	Country: United States	ZIP+4/Postal Code: 30152	
If this address is a private residence, check this box: \Box				
Telephone Number: 770-217-7542	Facsimile number, if any:			
This is (check one):				
• one of your branch offices or affiliates.				
C a third-party unaffiliated recordkeeper.				
C other.				
Briefly describe the books and records kept at this location. CLIENT RECORDS				
Name of entity where books and records are kept: TLG ADVISORS INC				
Number and Street 1: 1666 S WOLFE ROAD		Number and Street 2:		
City:	State:	Country:	ZIP+4/Postal Code:	
SUNNYVALE	California	United States	94087	
If this address is a private residence, check this box: $\ \square$				
Telephone Number: 4086852278	Facsimile number, if any:			
This is (check one):				
• one of your branch offices or affiliates.				
C a third-party unaffiliated recordkeeper.				
O other.				

CLIENT RECORDS				
Name of entity where books and record	ds are kept:			
Number and Street 1: 11225 COLLEGE BLVD, SUITE 105		Number and Stree	et 2:	
City: OVERLAND PARK	State: Kansas	Country: United States	ZIP+4/Postal Code: 66210	
If this address is a private residence, c	heck this box:			
Telephone Number: 9139515448	Facsimile	number, if any:		
This is (check one):				
one of your branch offices or affiliate	tes.			
C a third-party unaffiliated recordkee	per.			
O other.				
CLIENT RECORDS		n.		
Name of entity where books and record	ds are kept:			
Name of entity where books and record SCHMIDT FINANCIAL Number and Street 1: 450 SKOKIE BLVD, SUITE 507	ds are kept:	Number and Street 2:		
Name of entity where books and record SCHMIDT FINANCIAL Number and Street 1: 450 SKOKIE BLVD, SUITE 507 City:	State:	Number and Street 2: Country:	ZIP+4/Postal Code:	
Name of entity where books and record SCHMIDT FINANCIAL Number and Street 1: 450 SKOKIE BLVD, SUITE 507 City: NORTHBROOK	State: Illinois	Number and Street 2: Country: United States		
Name of entity where books and record SCHMIDT FINANCIAL Number and Street 1: 450 SKOKIE BLVD, SUITE 507 City: NORTHBROOK If this address is a private residence, of the content of the	State: Illinois theck this box:	Number and Street 2: Country: United States	ZIP+4/Postal Code:	
Name of entity where books and record SCHMIDT FINANCIAL Number and Street 1: 450 SKOKIE BLVD, SUITE 507 City: NORTHBROOK If this address is a private residence, of the content of the	State: Illinois theck this box:	Number and Street 2: Country: United States	ZIP+4/Postal Code:	
Name of entity where books and record SCHMIDT FINANCIAL Number and Street 1: 450 SKOKIE BLVD, SUITE 507 City: NORTHBROOK If this address is a private residence, control Telephone Number: 450 SKOKIE BLV This is (check one):	State: Illinois heck this box: Facsimile nu	Number and Street 2: Country: United States	ZIP+4/Postal Code:	
Name of entity where books and record SCHMIDT FINANCIAL Number and Street 1: 450 SKOKIE BLVD, SUITE 507 City: NORTHBROOK If this address is a private residence, control Telephone Number: 450 SKOKIE BLV This is (check one): one of your branch offices or affiliate	State: Illinois heck this box: Facsimile nutes.	Number and Street 2: Country: United States	ZIP+4/Postal Code:	
Name of entity where books and record SCHMIDT FINANCIAL Number and Street 1: 450 SKOKIE BLVD, SUITE 507 City: NORTHBROOK If this address is a private residence, control Telephone Number: 450 SKOKIE BLV This is (check one): one of your branch offices or affiliation at third-party unaffiliated recordkee	State: Illinois heck this box: Facsimile nutes.	Number and Street 2: Country: United States	ZIP+4/Postal Code:	
Name of entity where books and record SCHMIDT FINANCIAL Number and Street 1:	State: Illinois theck this box: Facsimile nutes. tes. per.	Number and Street 2: Country: United States	ZIP+4/Postal Code:	
Name of entity where books and record SCHMIDT FINANCIAL Number and Street 1: 450 SKOKIE BLVD, SUITE 507 City: NORTHBROOK If this address is a private residence, control of the series of the serie	State: Illinois theck this box: Facsimile nutes. tes. per.	Number and Street 2: Country: United States	ZIP+4/Postal Code:	
Name of entity where books and record SCHMIDT FINANCIAL Number and Street 1: 450 SKOKIE BLVD, SUITE 507 City: NORTHBROOK If this address is a private residence, control of the series of the serie	State: Illinois theck this box: Facsimile nutes. tes. per. kept at this location	Number and Street 2: Country: United States	ZIP+4/Postal Code:	

Number and Street 1: 17610 E. NICHOLS PLACE		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:
CENTENNIAL	Colorado	United States	80016
If this address is a private residence, chec	k this box:		
Telephone Number: 303-766-9599	Facsimile number,	if any:	
This is (check one):			
• one of your branch offices or affiliates.			
C a third-party unaffiliated recordkeeper.			
C other.			
Briefly describe the books and records kep CLIENT RECORDS	ot at this location.		
Name of entity where books and records a TLG ADVISORS INC	ire kept:		
Number and Street 1: 425 RIESLING STREET		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:
CLOVERDALE	California	United States	95425
If this address is a private residence, chec	k this box:		
Telephone Number: 7074732733	Facsimile number,	if any:	
This is (check one):			
• one of your branch offices or affiliates.			
C a third-party unaffiliated recordkeeper.			
O other.			
Briefly describe the books and records kep CLIENT RECORDS	ot at this location.		
Name of entity where books and records a TLG ADVISORS INC	ire kept:		
Number and Street 1: 700 CANAL STREET		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:
STAMFORD	Connecticut	United States	06902
If this address is a private residence, chec	k this box:		

Telephone Number: (203) 661-3441	Facsimile number	er, if any:	
This is (check one):			
• one of your branch offices or affiliates	5.		
C a third-party unaffiliated recordkeepe			
O other.			
Briefly describe the books and records ke CLIENT RECORDS	ept at this location	1.	
Name of entity where books and records TLG ADVISORS INC	are kept:		
Number and Street 1: 7268 CHANDAN BLVD		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:
MACHESNEY PARK	Illinois	United States	61115
If this address is a private residence, che	ck this box:		
Telephone Number: 8159007817	Facsimile nur	mber, if any:	
This is (check one):			
• one of your branch offices or affiliates	5.		
C a third-party unaffiliated recordkeepe	r.		
C other.			
Briefly describe the books and records ke CLIENT RECORDS	ept at this location	1.	
Name of entity where books and records TLG ADVISORS INC	are kept:		
Number and Street 1: 81 TIMBER CREEK ROAD		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:
ROZET	Wyoming	United States	82727
If this address is a private residence, che	eck this box:		
Telephone Number: 3076890701	Facsimile num	ber, if any:	
This is (check one):			
• one of your branch offices or affiliates	S.		
C a third-party unaffiliated recordkeepe	r.		
Cother			

Name of entity where books and r TLG ADVISORS INC	ecords are kept:			
Number and Street 1: 8762 LONGS PEAK CIRCLE		Number and Street	2:	
City:	State:	Country:	ZIP+4/Postal Code:	
WINDSOR	Colorado	United States	80550	
If this address is a private residen	ce, check this box: \Box			
Telephone Number: (970) 795-2137	Facsimile nun	nber, if any:		
This is (check one):				
$oldsymbol{\mathfrak{G}}$ one of your branch offices or a	ffiliates.			
C a third-party unaffiliated recor	dkeeper.			
Briefly describe the books and rec	ords kept at this locatio	n.		
Briefly describe the books and rec CLIENT RECORDS Name of entity where books and r TLG ADVISORS INC		n. Number and Street 2	:	
C other. Briefly describe the books and recollent RECORDS Name of entity where books and recollent ADVISORS INC Number and Street 1: 218 HILLSIDE DRIVE	ecords are kept:	Number and Street 2		
Briefly describe the books and rec CLIENT RECORDS Name of entity where books and r TLG ADVISORS INC Number and Street 1: 218 HILLSIDE DRIVE City:	ecords are kept: State:	Number and Street 2 Country:	ZIP+4/Postal Code:	
Briefly describe the books and rec CLIENT RECORDS Name of entity where books and r TLG ADVISORS INC Number and Street 1: 218 HILLSIDE DRIVE City:	ecords are kept:	Number and Street 2		
Briefly describe the books and rec CLIENT RECORDS Name of entity where books and r TLG ADVISORS INC Number and Street 1:	ecords are kept: State: Georgia	Number and Street 2 Country:	ZIP+4/Postal Code:	
Briefly describe the books and rec CLIENT RECORDS Name of entity where books and r TLG ADVISORS INC Number and Street 1: 218 HILLSIDE DRIVE City: WALESKA	ecords are kept: State: Georgia	Number and Street 2 Country: United States	ZIP+4/Postal Code:	
Briefly describe the books and rec CLIENT RECORDS Name of entity where books and r TLG ADVISORS INC Number and Street 1: 218 HILLSIDE DRIVE City: WALESKA If this address is a private residen Telephone Number: (678) 923-3828	ecords are kept: State: Georgia ce, check this box:	Number and Street 2 Country: United States	ZIP+4/Postal Code:	
Briefly describe the books and rec CLIENT RECORDS Name of entity where books and r TLG ADVISORS INC Number and Street 1: 218 HILLSIDE DRIVE City: WALESKA If this address is a private residen Telephone Number: (678) 923-3828 This is (check one):	ecords are kept: State: Georgia ce, check this box:	Number and Street 2 Country: United States	ZIP+4/Postal Code:	
Briefly describe the books and recCLIENT RECORDS Name of entity where books and rTLG ADVISORS INC Number and Street 1: 218 HILLSIDE DRIVE City: WALESKA If this address is a private residen Telephone Number: (678) 923-3828 This is (check one): one of your branch offices or a	ecords are kept: State: Georgia ce, check this box: Facsimile nui	Number and Street 2 Country: United States	ZIP+4/Postal Code:	
Briefly describe the books and rec CLIENT RECORDS Name of entity where books and r TLG ADVISORS INC Number and Street 1: 218 HILLSIDE DRIVE City: WALESKA If this address is a private residen Telephone Number:	ecords are kept: State: Georgia ce, check this box: Facsimile nui	Number and Street 2 Country: United States	ZIP+4/Postal Code:	

Number and Street 1: 395 GUNTER AVENUE		Number and Street 2:	
City: GUNTERSVILLE	State: Alabama	Country: United States	ZIP+4/Postal Code: 35976
If this address is a private residence, check	this box:		
Telephone Number: (678) 787-4728	Facsimile number,	, if any:	
This is (check one):			
$oldsymbol{\circ}$ one of your branch offices or affiliates.			
${f C}$ a third-party unaffiliated recordkeeper.			
C other.			
Briefly describe the books and records kept CLIENT FILES	at this location.		
Name of entity where books and records are TLG ADVISORS	e kept:		
Number and Street 1: 18801 VENTURA BLVD, SUITE 207		Number and Street 2:	
City: SHERMAN OAKS	State: California	Country: United States	ZIP+4/Postal Code: 91403
If this address is a private residence, check	this box:		
Telephone Number: 310-477-0694	Facsimile numbe	r, if any:	
This is (check one):			
$oldsymbol{\circ}$ one of your branch offices or affiliates.			
${f C}$ a third-party unaffiliated recordkeeper.			
O other.			
Briefly describe the books and records kept CLIENT RECORDS	at this location.		
Name of entity where books and records are TLG ADVISORS INC	e kept:		
Number and Street 1: 8 MACON STREET		Number and Street 2:	
City: MCDONOUGH	State: Georgia	Country: United States	ZIP+4/Postal Code: 30253
If this address is a private residence, check	this box:		

Telephone Number: (770) 389-9060	Facsimile number,	if any:	
This is (check one):			
• one of your branch offices or affiliates			
C a third-party unaffiliated recordkeeper	:		
C other.			
Briefly describe the books and records ke CLIENT FILES	pt at this location.		
Name of entity where books and records of TLG ADVISORS INC	are kept:		
Number and Street 1: 262 HALF HOLLOW ROAD		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:
DIX HILLS	New York	United States	11746
If this address is a private residence, chec	ck this box: 🔽		
Telephone Number: (516) 695-4662	Facsimile number, i	if any:	
This is (check one):			
• one of your branch offices or affiliates			
C a third-party unaffiliated recordkeeper	:		
C other.			
Briefly describe the books and records ke CLIENT FILES	pt at this location.		
Name of entity where books and records and TLG ADVISORS	are kept:		
Number and Street 1: 9311 SE 36 STREET		Number and Street 2: SUITE 105	
City:	State:	Country:	ZIP+4/Postal Code:
MERCER ISLAND	Washington	United States	98040
If this address is a private residence, chec	ck this box:		
Telephone Number: 206-236-0201	Facsimile number, if	any:	
This is (check one):			
• one of your branch offices or affiliates			

C a third-party unaffiliated recordkeeper.			
C other.			
Briefly describe the books and records kep CLIENT RECORDS	ot at this location.		
Name of entity where books and records a TLG ADVISORS	re kept:		
Number and Street 1: 350 HIGHWAY 7		Number and Street 2: #241	
City: EXCELSIOR	State: Minnesota	Country: United States	ZIP+4/Postal Code: 55331
If this address is a private residence, chec	k this box:		
Telephone Number: 763-231-7316	Facsimile number	; if any:	
This is (check one):			
• one of your branch offices or affiliates.			
C a third-party unaffiliated recordkeeper.			
C other.			
Briefly describe the books and records kep CLIENT RECORDS	ot at this location.		
Name of entity where books and records a TLG ADVISORS INC	ire kept:		
Number and Street 1: 14500 S OUTER 40, SUITE 210		Number and Street 2:	
City: CHESTERFIELD	State: Missouri	Country: United States	ZIP+4/Postal Code: 63017
If this address is a private residence, chec	k this box:		
Telephone Number: (312) 498-1425	Facsimile numbe	er, if any:	
This is (check one):			
• one of your branch offices or affiliates.			
C a third-party unaffiliated recordkeeper.			
O other.			
Briefly describe the books and records kep CLIENT FILES	ot at this location.		

Name of entity where books and records at TLG ADVISORS INC	re kept:		
Number and Street 1: 220 2ND AVENUE S		Number and Street 2:	
City: FRANKLIN	State: Tennessee	Country: United States	ZIP+4/Postal Code: 37064
If this address is a private residence, check	this box:		
Telephone Number: (615) 628-3290	Facsimile number, i	if any:	
This is (check one):			
$oldsymbol{\circ}$ one of your branch offices or affiliates.			
${f C}$ a third-party unaffiliated recordkeeper.			
O other.			
Briefly describe the books and records kep CLIENT FILES	t at this location.		
Name of entity where books and records at TLG ADVISORS INC	re kept:		
Number and Street 1: 45 RESEARCH DRIVE		Number and Street 2:	
City: ANN ARBOR	State: Michigan	Country: United States	ZIP+4/Postal Code: 48103
If this address is a private residence, check	this box:		
Telephone Number: (734) 786-6140	Facsimile number,	if any:	
This is (check one):			
• one of your branch offices or affiliates.			
C a third-party unaffiliated recordkeeper.			
C other.			
Briefly describe the books and records kept CLIENT FILES	t at this location.		
Name of entity where books and records at TLG ADVISORS INC	re kept:		
Number and Street 1: 225 FRIEND STREET, SUITE 600		Number and Street 2:	

If this address is a private residence, chec	ck this box:					
Telephone Number: 2036613441	Facsimile nu	ımber, if any:				
This is (check one):						
• one of your branch offices or affiliates.						
C a third-party unaffiliated recordkeeper	:					
C other.						
Briefly describe the books and records ker CLIENT RECORDS	pt at this location					
Name of entity where books and records a TLG ADVISORS INC	are kept:					
Number and Street 1: 120 N 2ND AVE #108		Number and Street 2:				
City:	State:	Country:	ZIP+4/Postal Code:			
KETCHUM	Idaho	United States	83340			
If this address is a private residence, check this box: $\ \square$						
Telephone Number: 9497372626	Facsimile nun	nber, if any:				
This is (check one):						
• one of your branch offices or affiliates.	<u>.</u>					
C a third-party unaffiliated recordkeeper	:					
C other.						
Briefly describe the books and records kell CLIENT RECORDS	pt at this location					
Name of entity where books and records a	are kept:					
Number and Street 1: 26 N 2ND STREET		Number and Street 2:				
City:	State:	Country:	ZIP+4/Postal Code:			
PICKENS	Mississippi	United States	39146			
If this address is a private residence, chec	ck this box:					
Telephone Number: 6624683832	Facsimile numbe	er, if any:				
This is (check one):						

C a third-party unaffiliated recordkeeper						
- a till a party allamiated recordiceper	:					
C other.						
Briefly describe the books and records ke	pt at this location.					
CLIENT RECORDS						
Name of entity where books and records a	are kept:					
WILLIAM STAPLES INS & FINANCIAL SVC						
Number and Street 1: 1410 S SALISBURY BLVD		Number and Street 2:				
City:	State:	Country:	ZIP+4/Postal Code:			
SALISBURY	Maryland	United States	21801			
If this address is a private residence, chec	ck this box:					
Telephone Number: (410) 546-3999	Facsimile numbe	r, if any:				
(410) 340 3333						
This is (check one):						
• one of your branch offices or affiliates.						
C a third-party unaffiliated recordkeeper						
O other.	•					
outier.						
Briefly describe the books and records ke	pt at this location.					
CLIENT FILES						
Name of entity where books and records a	are kept:					
Name of entity where books and records a TLG ADVISORS INC	are kept:					
	are kept:	Number and Street 2:				
TLG ADVISORS INC	are kept:	Number and Street 2:				
TLG ADVISORS INC Number and Street 1: 3330 GOAT FELL City:	State:	Country:	ZIP+4/Postal Code:			
TLG ADVISORS INC Number and Street 1: 3330 GOAT FELL			ZIP+4/Postal Code: 48108			
TLG ADVISORS INC Number and Street 1: 3330 GOAT FELL City: ANN ARBOR	State: Michigan	Country:				
TLG ADVISORS INC Number and Street 1: 3330 GOAT FELL City:	State: Michigan	Country:				
TLG ADVISORS INC Number and Street 1: 3330 GOAT FELL City: ANN ARBOR	State: Michigan	Country: United States				
Number and Street 1: 3330 GOAT FELL City: ANN ARBOR If this address is a private residence, check	State: Michigan ck this box:	Country: United States				
TLG ADVISORS INC Number and Street 1: 3330 GOAT FELL City: ANN ARBOR If this address is a private residence, chec Telephone Number: (734) 277-6676	State: Michigan ck this box:	Country: United States				
Number and Street 1: 3330 GOAT FELL City: ANN ARBOR If this address is a private residence, chec Telephone Number: (734) 277-6676 This is (check one):	State: Michigan ck this box: Facsimile numbe	Country: United States				
Number and Street 1: 3330 GOAT FELL City: ANN ARBOR If this address is a private residence, chec Telephone Number: (734) 277-6676 This is (check one): one of your branch offices or affiliates.	State: Michigan Ck this box: Facsimile number	Country: United States				
Number and Street 1: 3330 GOAT FELL City: ANN ARBOR If this address is a private residence, chec Telephone Number: (734) 277-6676 This is (check one): one of your branch offices or affiliates. a third-party unaffiliated recordkeeper	State: Michigan Ck this box: Facsimile number	Country: United States				
Number and Street 1: 3330 GOAT FELL City: ANN ARBOR If this address is a private residence, chec Telephone Number: (734) 277-6676 This is (check one): one of your branch offices or affiliates.	State: Michigan Ck this box: Facsimile number	Country: United States				
Number and Street 1: 3330 GOAT FELL City: ANN ARBOR If this address is a private residence, check Telephone Number: (734) 277-6676 This is (check one): one of your branch offices or affiliates. a third-party unaffiliated recordkeeper other.	State: Michigan ck this box: Facsimile number	Country: United States				
Number and Street 1: 3330 GOAT FELL City: ANN ARBOR If this address is a private residence, check Telephone Number: (734) 277-6676 This is (check one): one of your branch offices or affiliates. a third-party unaffiliated recordkeeper	State: Michigan ck this box: Facsimile number	Country: United States				

Name of entity where books and records are ELEMENT INSURANCE PARTNERS	e kept:			
Number and Street 1: 9869 SOUTH 168 AVE STE C		Number and Street 2	2:	
,	State: Nebraska	Country: United States	ZIP+4/Postal Code: 68136	
If this address is a private residence, check	this box:			
Telephone Number: (402) 697-5074	Facsimile number,	if any:		
This is (check one):				
• one of your branch offices or affiliates.				
C a third-party unaffiliated recordkeeper.				
C other.				
Briefly describe the books and records kept CLIENT RECORDS	at this location.			
Name of entity where books and records are TLG ADVISORS INC	e kept:			
Number and Street 1: 10108 KRAUSE ROAD, SUITE 201		Number and Street	2:	
City: CHESTERFIELD	State: Virginia	Country: United States	ZIP+4/Postal Code: 23832	
If this address is a private residence, check	this box:			
Telephone Number: 8047680541	Facsimile numl	ber, if any:		
This is (check one):				
$oldsymbol{\circ}$ one of your branch offices or affiliates.				
${f C}$ a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept CLIENT RECORDS	at this location.			
Name of entity where books and records are TLG ADVISORS INC	e kept:			
Number and Street 1: 4316 OLD CANTON ROAD, SUITE 100A		Number and S	treet 2:	

City: JACKSON	State: Mississippi	Country: United States	ZIP+4/Postal Code: 39211
If this address is a private residence, check	this box:		
Telephone Number: 6019821117	Facsimile num	ber, if any:	
This is (check one):			
• one of your branch offices or affiliates.			
C a third-party unaffiliated recordkeeper.			
C other.			
Briefly describe the books and records kept CLIENT RECORDS	at this location.		
Name of entity where books and records ar WEALTH ADVANTAGE GROUP	e kept:		
Number and Street 1: 5005 HORIZONS DRIVE, SUITE 100		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:
COLUMBUS	Ohio	United States	43220
If this address is a private residence, check	this box:		
Telephone Number: (614) 459-9000	Facsimile n	umber, if any:	
This is (check one):			
• one of your branch offices or affiliates.			
C a third-party unaffiliated recordkeeper.			
C other.			
Briefly describe the books and records kept CLIENT FILES	at this location.		
Name of entity where books and records ar TLG ADVISORS INC	e kept:		
Number and Street 1: 1A S ROUNTREE STREET		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:
METTER	Georgia	United States	30439
If this address is a private residence, check	this box:		
Telephone Number: (912) 685-3556	Facsimile numb	er, if any:	

This is (check one):			
• one of your branch offices or affiliates.			
C a third-party unaffiliated recordkeeper.			
C other.			
Briefly describe the books and records kept CLIENT RECORDS	t at this location.		
Name of entity where books and records at TLG ADVISORS INC	re kept:		
Number and Street 1: 1805 S BELLAIRE ST, SUITE 465		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:
DENVER	Colorado	United States	80222
If this address is a private residence, check	k this box:		
Telephone Number: (303) 979-8384	Facsimile number	er, if any:	
This is (check one):			
• one of your branch offices or affiliates.			
C a third-party unaffiliated recordkeeper.			
C other.			
Briefly describe the books and records kept CLIENT RECORDS	t at this location.		
Name of entity where books and records at TLG ADVISORS INC	re kept:		
Number and Street 1: 1990 MAIN STREET, SUITE 750		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:
SARASOTA	Florida	United States	34236
If this address is a private residence, check	k this box:		
Telephone Number: (941) 309-5243	Facsimile num	ber, if any:	
This is (check one):			
• one of your branch offices or affiliates.			
C a third-party unaffiliated recordkeeper.			
C other.			

Briefly describe the books and records kernel CLIENT RECORDS	ept at this locatior	1.	
Name of entity where books and records TLG ADVISORS INC	are kept:		
Number and Street 1: 2001 BOMAR STREET		Number and Street 2:	
City: MARSHALL	State: Texas	Country: United States	ZIP+4/Postal Code: 75670
If this address is a private residence, che	eck this box:		
Telephone Number: (484) 794-0574	Facsimile nur	mber, if any:	
This is (check one):			
$oldsymbol{\circ}$ one of your branch offices or affiliate	s.		
f C a third-party unaffiliated recordkeepe	er.		
C other.			
Name of entity where books and records TLG ADVISORS INC	are kept:		
Number and Street 1: 3388 FOUNDERS ROAD, SUITE 100		Number and Stree	t 2:
City:	State:	Country:	ZIP+4/Postal Code:
INDIANAPOLIS	Indiana	United States	46268
If this address is a private residence, che	eck this box:		
Telephone Number: 3178056701	Facsimile	number, if any:	
This is (check one):			
$oldsymbol{\circ}$ one of your branch offices or affiliate	s.		
C a third-party unaffiliated recordkeepe	er.		
O other.			
Briefly describe the books and records kernel RECORDS	ept at this locatior	n.	
Name of entity where books and records TLG ADVISORS	are kept:		

Number and Street 1: 1464 WARWICK AVENUE		Number and Street 2:	
City: WARWICK	State: Rhode Island	Country: United States	ZIP+4/Postal Code: 02888
If this address is a private residence, ch	eck this box:		
Telephone Number: 401-780-9530	Facsimile number, if any	r:	
This is (check one):			
• one of your branch offices or affiliate	s.		
C a third-party unaffiliated recordkeep	er.		
C other.			
Briefly describe the books and records k CLIENT RECORDS	ept at this location.		
Name of entity where books and records TLG ADVISORS INC	s are kept:		
Number and Street 1: 6330 N CENTER DRIVE, SUITE 140		Number and Street 2:	
City: NORFOLK	State: Virginia	Country: United States	ZIP+4/Postal Code: 23502
If this address is a private residence, che	eck this box:		
Telephone Number: (757) 366-0366	Facsimile number,	if any:	
This is (check one):			
• one of your branch offices or affiliate	S.		
C a third-party unaffiliated recordkeep	er.		
C other.			
Briefly describe the books and records k CLIENT FILES	ept at this location.		
Name of entity where books and records TLG ADVISORS INC	s are kept:		
Number and Street 1: 4525 S WASATCH BLVD, SUITE 210		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:
SALT LAKE CITY	Utah	United States	84124
If this address is a private residence, ch	eck this box: \square		

Telephone Number: (801) 647-5030	Facsimile	number, if any:	
This is (check one):			
• one of your branch offices or affiliates.			
a third-party unaffiliated recordkeeper.			
O other.			
Briefly describe the books and records kept CLIENT RECORDS	at this location		
Name of entity where books and records ar TLG ADVISORS INC	e kept:		
Number and Street 1: 670 SHEPARD LANE, #101		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:
FARMINGTON	Utah	United States	84025
If this address is a private residence, check	this box:		
Telephone Number: (801) 447-9487	Facsimile nun	nber, if any:	
This is (check one):			
• one of your branch offices or affiliates.			
C a third-party unaffiliated recordkeeper.			
O other.			
Briefly describe the books and records kept CLIENT RECORDS	at this location		
Name of entity where books and records ar TLG ADVISORS INC	e kept:		
Number and Street 1: 429 LENOX AVENUE, OFFICE #401		Number and Street 2	::
City:	State:	Country:	ZIP+4/Postal Code:
MIAMI	Florida	United States	33139
If this address is a private residence, check	this box:		
Telephone Number: 8475258967	Facsimile	number, if any:	
This is (check one):			
• one of your branch offices or affiliates.			
C a third-party unaffiliated recordkeeper.			
O other.			

Briefly describe the books and record CLIENT RECORDS	s kept at this location			
Name of entity where books and reco TLG ADVISORS INC	ords are kept:			
Number and Street 1: 1520 CARLEMONT DRIVE, SUITE J		Number and Street	: 2:	
City:	State:	Country:	ZIP+4/Postal Code:	
CRYSTAL LAKE	Illinois	United States	60014	
If this address is a private residence,	check this box: \Box			
Telephone Number: (260) 312-4800	Facsimile	number, if any:		
This is (check one):				
• one of your branch offices or affili	ates.			
C a third-party unaffiliated recordke	eper.			
C other.				
Name of entity where books and reco	ords are kept:			
Number and Street 1: 7910 RALSTON ROAD, SUITE 7		Number and Street 2	:	
City:	State:	Country:	ZIP+4/Postal Code:	
ARVADA	Colorado	United States	80002	
If this address is a private residence,	check this box:			
Telephone Number: (303) 589-4602	Facsimile num	ber, if any:		
This is (check one):				
• one of your branch offices or affili	ates.			
C a third-party unaffiliated recordke	eper.			
O other.				
Briefly describe the books and record CLIENT FILES	s kept at this location			

Number and Street 1: 580 EL CAMINO REAL, UNIT 3703		Number and Street 2:	
City: NAPLES	State: Florida	Country: United States	ZIP+4/Postal Code: 34119
If this address is a private residence, check th	is box: 🔽		
Telephone Number: 4124524105	Facsimile num	ber, if any:	
This is (check one):			
• one of your branch offices or affiliates.			
${f C}$ a third-party unaffiliated recordkeeper.			
O other.			
Briefly describe the books and records kept at CLIENT RECORDS	this location.		
Name of entity where books and records are k TLG ADVISORS INC	ept:		
Number and Street 1: 12701 WHITEWATER DRIVE, SUITE 200		Number and Street 2	2:
City:	State:	Country:	ZIP+4/Postal Code:
MINNETONKA	Minnesota	United States	55343
If this address is a private residence, check th	is box:		
Telephone Number: 7634047105	Facsimile numb	per, if any:	
This is (check one):			
• one of your branch offices or affiliates.			
O a third-party unaffiliated recordkeeper.			
O other.			
Briefly describe the books and records kept at CLIENT RECORDS	this location.		
Name of entity where books and records are k	ept:		
Number and Street 1: 2551 ROSWELL ROAD		Number and Street 2: SUITE 209	
•		•	ZIP+4/Postal Code: 30062
If this address is a private residence, check th	is box:		

Telephone Number: 770-973-5220	Facsimile numb	per, if any:	
This is (check one):			
• one of your branch offices or affiliates.			
C a third-party unaffiliated recordkeeper.			
C other.			
Briefly describe the books and records kep CLIENT RECORDS	et at this location.		
Name of entity where books and records a TLG ADVISORS	re kept:		
Number and Street 1: 3108 LITTLE ALDEN LAKE ROAD		Number and Street 2:	
City: DULUTH	State: Minnesota	Country: United States	ZIP+4/Postal Code: 55803
If this address is a private residence, chec	k this box:		
Telephone Number: 612-991-8906	Facsimile numbe	r, if any:	
This is (check one):			
• one of your branch offices or affiliates.			
C a third-party unaffiliated recordkeeper. C other.			
Briefly describe the books and records kep CLIENT RECORDS	et at this location.		
Name of entity where books and records a TLG ADVISORS	re kept:		
Number and Street 1: 7791 BELFORT PARKWAY		Number and Street 2:	
City: JACKSONVILLE	State: Florida	Country: United States	ZIP+4/Postal Code: 32256
If this address is a private residence, chec	k this box:		
Telephone Number: 904-296-4100	Facsimile num	ber, if any:	
This is (check one):			
• one of your branch offices or affiliates.			

C a third-party unaffiliated recordkeeper	:			
C other.				
Briefly describe the books and records ke CLIENT RECORDS	pt at this location.			
Name of entity where books and records TLG ADVISORS	are kept:			
Number and Street 1: 5105 W. GENESEE ST.		Numl	ber and Street 2:	
City:	State:	Coun		ZIP+4/Postal Code:
CAMILLUS	New York	Unite	ed States	13031
If this address is a private residence, chec	ck this box:			
Telephone Number: 315-488-0901	Facsimile number,	, if any:		
This is (check one):				
• one of your branch offices or affiliates				
C a third-party unaffiliated recordkeeper				
C other.				
Briefly describe the books and records ke CLIENT RECORDS	pt at this location.			
Name of entity where books and records TLG ADVISORS INC	are kept:			
Number and Street 1: 800 WATERFRONT DRIVE, 3RD FLOOR			Number and Street 2:	
City:	State:		Country:	ZIP+4/Postal Code:
PITTSBURGH	Pennsylvania		United States	15222
If this address is a private residence, che	ck this box:			
Telephone Number: 4124651493	Facsimile number, i	if any:		
This is (check one):				
• one of your branch offices or affiliates				
C a third-party unaffiliated recordkeeper				
O other.				
Briefly describe the books and records ke CLIENT RECORDS	pt at this location.			

Name of entity where books and r TLG ADVISORS INC	ecords are kept:			
Number and Street 1: 34 CHADBOURNE STREET		Number and Stre	et 2:	
City:	State:	Country:	ZIP+4/Postal Code:	
BLUFFTON	South Carolina	United States	29910	
If this address is a private residen	ice, check this box:			
Telephone Number: 3104220801	Facsimile number,	if any:		
This is (check one):				
• one of your branch offices or a	iffiliates.			
C a third-party unaffiliated recor				
O other.				
Briefly describe the books and rec CLIENT RECORDS	ords kept at this location.			
Name of entity where books and r TLG ADVISORS INC	ecords are kept:			
Number and Street 1:		Number and Street 2:		
2850 GOLF ROAD		Namber and Street 2.		
City:	State:	Country:	ZIP+4/Postal Code:	
	State: Illinois		ZIP+4/Postal Code: 60008	
City:	Illinois	Country:	•	
City: ROLLING MEADOWS	Illinois	Country: United States	•	
City: ROLLING MEADOWS If this address is a private resident Telephone Number:	Illinois	Country: United States	•	
City: ROLLING MEADOWS If this address is a private resident Telephone Number: 3129827433 This is (check one):	Illinois ice, check this box: Facsimile num	Country: United States	•	
City: ROLLING MEADOWS If this address is a private resident Telephone Number: 3129827433 This is (check one): one of your branch offices or a	Illinois Illinois Illinois Facsimile num Illinois	Country: United States	•	
City: ROLLING MEADOWS If this address is a private resident Telephone Number: 3129827433 This is (check one): one of your branch offices or a third-party unaffiliated record	Illinois Illinois Illinois Facsimile num Illinois	Country: United States	•	
City: ROLLING MEADOWS If this address is a private resident Telephone Number: 3129827433 This is (check one): one of your branch offices or a	Illinois Illinois Illinois Facsimile num Illinois	Country: United States	•	
City: ROLLING MEADOWS If this address is a private resident Telephone Number: 3129827433 This is (check one): one of your branch offices or a third-party unaffiliated record	Illinois Ice, check this box: Facsimile num Iffiliates. dkeeper.	Country: United States aber, if any:	•	
City: ROLLING MEADOWS If this address is a private resident Telephone Number: 3129827433 This is (check one): one of your branch offices or a control of the control	Illinois Illinois Illinois Ice, check this box: Facsimile num Iffiliates. Idkeeper. Icords kept at this location.	Country: United States aber, if any:	•	
City: ROLLING MEADOWS If this address is a private resident Telephone Number: 3129827433 This is (check one):	Illinois Ice, check this box: Facsimile num Iffiliates. dkeeper. Icords kept at this location. Icecords are kept:	Country: United States aber, if any:	60008	
City: ROLLING MEADOWS If this address is a private resident Telephone Number: 3129827433 This is (check one):	Illinois Ice, check this box: Facsimile num Iffiliates. dkeeper. Icords kept at this location. Icecords are kept:	Country: United States The property of the country	60008	

If this address is a private residence, chec	ck this box:			
Telephone Number: 6044846630	Facsimile	e number, if any:		
This is (check one):				
one of your branch offices or affiliates.				
a third-party unaffiliated recordkeeper	:			
C other.				
Briefly describe the books and records kep	ot at this location.			
Name of entity where books and records a TLG ADVISORS INC	are kept:			
Number and Street 1: 2413 W ALGONQUIN ROAD, SUITE 506		Number and Stre	eet 2:	
City:	State:	Country:	ZIP+4/Postal Code:	
ALGONQUIN	Illinois	United States	60102	
If this address is a private residence, chec	ck this box:			
Telephone Number: (847) 459-8800	Facsimil	le number, if any:		
This is (check one):				
• one of your branch offices or affiliates.				
C a third-party unaffiliated recordkeeper	:			
C other.				
Briefly describe the books and records kep CLIENT RECORDS	ot at this location.			
Name of entity where books and records a TLG ADVISORS INC	are kept:			
Number and Street 1: 13702 COURSEY BLVD, BLDG 3B		Number and Street 2:		
City:	State:	Country:	ZIP+4/Postal Code:	
BATON ROUGE	Louisiana	United States	70817	
If this address is a private residence, chec	ck this box:			
Telephone Number: 2253618424	Facsimile numb	er, if any:		
This is (check one):				

• one of your branch offices or affilia	ates.			
C a third-party unaffiliated recordked	eper.			
C other.				
Briefly describe the books and records	kept at this location.			
CLIENT RECORDS				
Name of entity where books and record TLG ADVISORS	rds are kept:			
TEG NEVISORS				
Number and Street 1:		Number and Street 2:	:	
6600 CITY WEST PARKWAY		SUITE 308		
City:	State:	Country:	ZIP+4/Postal Code:	
EDEN PRAIRE	Minnesota	United States	55344	
If this address is a private residence,	check this box:			
Tolophono Numberi	Esceimile sumbo	r if any		
Telephone Number: 952-657-5056	Facsimile numbe	r, ii diiy:		
This is (check one):				
• one of your branch offices or affilia	ates.			
C a third-party unaffiliated recordked				
a tillia-party unailillated recordice	epei.			
_ ·				
C other.				
	kent at this lesstion			
O other. Briefly describe the books and records CLIENT RECORDS	s kept at this location.			
Briefly describe the books and records	s kept at this location.			
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Briefly describe the books and records CLIENT RECORDS				
Briefly describe the books and records				
Briefly describe the books and records CLIENT RECORDS Name of entity where books and records				
Briefly describe the books and records CLIENT RECORDS Name of entity where books and record TLG ADVISORS INC Number and Street 1:		Number and Street 2	:	
Briefly describe the books and records CLIENT RECORDS Name of entity where books and record TLG ADVISORS INC Number and Street 1: 5820 STAGE ROAD	rds are kept:			
Briefly describe the books and records CLIENT RECORDS Name of entity where books and record TLG ADVISORS INC Number and Street 1: 5820 STAGE ROAD City:	rds are kept: State:	Country:	ZIP+4/Postal Code:	
Briefly describe the books and records CLIENT RECORDS Name of entity where books and record TLG ADVISORS INC Number and Street 1: 5820 STAGE ROAD	rds are kept:			
Briefly describe the books and records CLIENT RECORDS Name of entity where books and record TLG ADVISORS INC Number and Street 1: 5820 STAGE ROAD City: BARTLETT	rds are kept: State: Tennessee	Country:	ZIP+4/Postal Code:	
Briefly describe the books and records CLIENT RECORDS Name of entity where books and record TLG ADVISORS INC Number and Street 1: 5820 STAGE ROAD City:	rds are kept: State: Tennessee	Country:	ZIP+4/Postal Code:	
Briefly describe the books and records CLIENT RECORDS Name of entity where books and record TLG ADVISORS INC Number and Street 1: 5820 STAGE ROAD City: BARTLETT If this address is a private residence,	State: Tennessee check this box:	Country: United States	ZIP+4/Postal Code:	
Briefly describe the books and records CLIENT RECORDS Name of entity where books and record TLG ADVISORS INC Number and Street 1: 5820 STAGE ROAD City: BARTLETT	rds are kept: State: Tennessee	Country: United States	ZIP+4/Postal Code:	
Briefly describe the books and records CLIENT RECORDS Name of entity where books and record TLG ADVISORS INC Number and Street 1: 5820 STAGE ROAD City: BARTLETT If this address is a private residence, Telephone Number:	State: Tennessee check this box:	Country: United States	ZIP+4/Postal Code:	
Briefly describe the books and records CLIENT RECORDS Name of entity where books and record TLG ADVISORS INC Number and Street 1: 5820 STAGE ROAD City: BARTLETT If this address is a private residence, Telephone Number:	State: Tennessee check this box:	Country: United States	ZIP+4/Postal Code:	
Briefly describe the books and records CLIENT RECORDS Name of entity where books and record TLG ADVISORS INC Number and Street 1: 5820 STAGE ROAD City: BARTLETT If this address is a private residence, Telephone Number: (901) 385-1234	State: Tennessee check this box:	Country: United States	ZIP+4/Postal Code:	
Briefly describe the books and records CLIENT RECORDS Name of entity where books and record TLG ADVISORS INC Number and Street 1: 5820 STAGE ROAD City: BARTLETT If this address is a private residence, Telephone Number: (901) 385-1234 This is (check one): one of your branch offices or affiliate.	State: Tennessee check this box: Facsimile numbe	Country: United States	ZIP+4/Postal Code:	
Briefly describe the books and records CLIENT RECORDS Name of entity where books and record TLG ADVISORS INC Number and Street 1: 5820 STAGE ROAD City: BARTLETT If this address is a private residence, Telephone Number: (901) 385-1234 This is (check one): one of your branch offices or affiliation a third-party unaffiliated recordket	State: Tennessee check this box: Facsimile numbe	Country: United States	ZIP+4/Postal Code:	
Briefly describe the books and records CLIENT RECORDS Name of entity where books and record TLG ADVISORS INC Number and Street 1: 5820 STAGE ROAD City: BARTLETT If this address is a private residence, Telephone Number: (901) 385-1234 This is (check one): one of your branch offices or affiliate.	State: Tennessee check this box: Facsimile numbe	Country: United States	ZIP+4/Postal Code:	
Briefly describe the books and records CLIENT RECORDS Name of entity where books and record TLG ADVISORS INC Number and Street 1: 5820 STAGE ROAD City: BARTLETT If this address is a private residence, Telephone Number: (901) 385-1234 This is (check one): one of your branch offices or affiliation a third-party unaffiliated recordket	State: Tennessee check this box: Facsimile number ates.	Country: United States	ZIP+4/Postal Code:	

Name of entity where books and records ar TLG ADVISORS INC	re kept:			
Number and Street 1: 300 S WACKER DRIVE, SUITE 2000A		Number and Street	2:	
City: CHICAGO	State: Illinois	Country: United States	ZIP+4/Postal Code: 60606	
If this address is a private residence, check	this box:			
Telephone Number: (708) 220-5011	Facsimile r	number, if any:		
This is (check one):				
$oldsymbol{\circ}$ one of your branch offices or affiliates.				
C a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and records kept CLIENT FILES	at this location.			
Name of entity where books and records ar TLG ADVISORS INC	re kept:			
Number and Street 1: 23482 PERALTA DRIVE, SUITE B1		Number and Street 2:		
City: LAGUNA HILLS	State: California	Country: United States	ZIP+4/Postal Code: 92653	
If this address is a private residence, check	this box:			
Telephone Number: (949) 296-1161	Facsimile numbe	er, if any:		
This is (check one):				
$oldsymbol{\circ}$ one of your branch offices or affiliates.				
$\ensuremath{^{\mbox{\scriptsize C}}}$ a third-party unaffiliated record keeper.				
O other.				
Briefly describe the books and records kept CLIENT RECORDS	at this location.			
Name of entity where books and records ar TLG ADVISORS	e kept:			
Number and Street 1: 8500 KEYSTONE CROSSING		Number and Street 2: SUITE 300		

City: INDIANAPOLIS	State: Indiana	Country: United States	ZIP+4/Postal Code: 46240
	_		
If this address is a private residence, check	this box:		
Telephone Number: 317-775-6110	Facsimile numl	per, if any:	
This is (check one):			
• one of your branch offices or affiliates.			
C a third-party unaffiliated recordkeeper.			
C other.			
Briefly describe the books and records kept CLIENT RECORDS	at this location.		
Name of entity where books and records an TLG ADVISORS INC	re kept:		
Number and Street 1: 156 S SAGE HOLLOW		Number and Street 2:	
City: DRIPPING SPRINGS	State:	Country: United States	ZIP+4/Postal Code: 78620
DRIPPING SPRINGS	Texas	Officed States	76620
If this address is a private residence, check	this box: 🔽		
Telephone Number: (512) 538-6271	Facsimile num	ber, if any:	
This is (check one):			
• one of your branch offices or affiliates.			
C a third-party unaffiliated recordkeeper.			
C other.			
Briefly describe the books and records kept CLIENT FILES	at this location.		
Name of entity where books and records an TLG ADVISORS INC	re kept:		
Number and Street 1: 1210 JACKSBORO PIKE		Number and Street 2:	
City:	State:	Country: United States	ZIP+4/Postal Code: 37766
LAFOLLETTE	Texas	onited States	37700
If this address is a private residence, check	this box:		
Telephone Number: (423) 562-3346	Facsimile num	ber, if any:	

This is (check one):						
• one of your branch offices or affilia	tes.					
C a third-party unaffiliated recordkee						
C other.	•					
Briefly describe the books and records CLIENT FILES	kept at this location.					
Name of entity where books and record TLG ADVISORS INC	ds are kept:					
Number and Street 1: 518 W PALMETTO STREET		Number and Street	2:			
City: FLORENCE	State: South Carolina	Country: United States	ZIP+4/Postal Code: 29501			
If this address is a private residence, o	heck this box:					
Telephone Number: (843) 229-0667	Facsimile number, if	any:				
This is (check one):	This is (check one):					
• one of your branch offices or affilia	tes.					
C a third-party unaffiliated recordkee	per.					
C other.						
Briefly describe the books and records kept at this location. CLIENT FILES						
Name of entity where books and record TLG ADVISORS INC	ds are kept:					
Number and Street 1: 120 VANTIS, SUITE 300		Number and Street 2: SUITE 1060				
City:	State:	Country:	ZIP+4/Postal Code:			
ALISO VIEJO	California	United States	92656			
If this address is a private residence, check this box: $\ \square$						
Telephone Number: 9497372626	Facsimile number,	. if any:				
This is (check one):						
• one of your branch offices or affilia	tes.					
C a third-party unaffiliated recordkee	per.					
C other.						

Briefly describe the books and record CLIENT RECORDS	ds kept at this location	on.	
Name of entity where books and rec FINANCIAL ADVISORY ASSOCIATES	ords are kept:		
Number and Street 1: 24800 DENSO DR, STE 140		Number and Street	2:
City: SOUTHFIELD	State: Michigan	Country: United States	ZIP+4/Postal Code: 48033
If this address is a private residence	, check this box:	1	
Telephone Number: (248) 350-3400	Facsimile nu	mber, if any:	
This is (check one):			
• one of your branch offices or affil	liates.		
C a third-party unaffiliated recordk	eeper.		
C other.			
Name of entity where books and rec LEADERS FINANCIAL GROUP	ords are kept:		
Number and Street 1: 26218 OAKRIDGE DR		Number and Street 2	:
City: SPRING	State: Texas	Country: United States	ZIP+4/Postal Code: 77380
If this address is a private residence		_	
Telephone Number: (832) 381-2515	Facsimile n	umber, if any:	
This is (check one):			
$oldsymbol{\mathfrak{G}}$ one of your branch offices or affil	liates.		
C a third-party unaffiliated recordk	eeper.		
	eeper.		
 a third-party unaffiliated records other. Briefly describe the books and record CLIENT RECORDS 		on.	

Number and Street 1: 21515 HAWTHORNE BLVD.		Number and Street 2: #1059	
City:	State:	Country:	ZIP+4/Postal Code:
TORRANCE	California	United States	90503
If this address is a private residence, ch	eck this box:		
Telephone Number: 310-698-0698	Facsimile number,	if any:	
This is (check one):			
• one of your branch offices or affiliate	es.		
C a third-party unaffiliated recordkeep	er.		
C other.			
Briefly describe the books and records k CLIENT RECORDS	ept at this location.		
Name of entity where books and records	s are kept:		
Number and Street 1: 10 SPINNAKER WAY		Number and Street 2:	:
City:	State:	Country:	ZIP+4/Postal Code:
SALEM	South Carolina	United States	29676
If this address is a private residence, ch	eck this box: 🔽		
Telephone Number: (631) 882-5441	Facsimile number, if a	nny:	
This is (check one):			
• one of your branch offices or affiliate	es.		
C a third-party unaffiliated recordkeep	er.		
C other.			
Briefly describe the books and records k	ept at this location.		
Name of entity where books and records	s are kept:		
Number and Street 1: 5109 WATSON ROAD		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:
ERIE	Pennsylvania	United States	16505
If this address is a private residence, ch	eck this box: \square		

Telephone Number: 814-746-1049	Facsimile number, if a	any:	
This is (check one):			
• one of your branch offices or affiliate	S		
C a third-party unaffiliated recordkeeps			
other.	zı.		
other.			
Briefly describe the books and records k CLIENT RECORDS	ept at this location.		
Name of entity where books and records INSLEY INVESTMENT GROUP LLC	are kept:		
Number and Street 1: 110 CHRISTIANA MEDICAL CENTER		Number and Street 2	
City:	State:	Country:	ZIP+4/Postal Code:
NEWARK	Delaware	United States	19702
If this address is a private residence, che	eck this box:		
Telephone Number: (302) 286-0777	Facsimile numbe	r, if any:	
This is (check one):			
• one of your branch offices or affiliate	S.		
C a third-party unaffiliated recordkeepe	er.		
O other.			
Briefly describe the books and records k CLIENT FILES	ept at this location.		
Name of entity where books and records TLG ADVISORS	are kept:		
Number and Street 1: 85 W. ALGONQUIN ROAD, SUITE 395		Number and Street	2:
City:	State:	Country:	ZIP+4/Postal Code:
ARLINGTON HEIGHTS	Illinois	United States	60005
If this address is a private residence, cho	eck this box:		
Telephone Number: 847-392-4100	Facsimile nu	mber, if any:	
This is (check one):			
• one of your branch offices or affiliate	s.		
C a third-party unaffiliated recordkeeps	er.		
Cathor			

Briefly describe the books and rec CLIENT RECORDS	ords kept at this location	1.		
Name of entity where books and r CLARITY FINANCIAL	ecords are kept:			
Number and Street 1: 2935 PINE LAKE ROAD, SUITE I		Number and Street	2:	
City:	State:	Country:	ZIP+4/Postal Code:	
LINCOLN	Nebraska	United States	68516	
If this address is a private residen	ce, check this box:			
Telephone Number: (402) 430-0841	Facsimile numl	per, if any:		
This is (check one):				
• one of your branch offices or a	ffiliates.			
C a third-party unaffiliated recor	dkeeper.			
C other.				
Name of entity where books and r	ecords are kept:			
Number and Street 1: 515 W CENTER AVENUE		Number and Street	2:	
City:	State:	Country:	ZIP+4/Postal Code:	
VISALIA	California	United States	93291	
If this address is a private residen	ce, check this box:			
Telephone Number: (559) 733-3525	Facsimile numl	per, if any:		
This is (check one):				
• one of your branch offices or a	ffiliates.			
C a third-party unaffiliated recor	dkeeper.			
C other.				
Briefly describe the books and rec CLIENT RECORDS	ords kept at this locatior	1.		
Name of entity where books and r	ecords are kept:			

Number and Street 1: 2920 SANTIA DRIVE		Number and Street 2:	
City: TROY	State: Michigan	Country: United States	ZIP+4/Postal Code: 48085
If this address is a private residence, che	eck this box: 🔽		
Telephone Number: (248) 953-3965	Facsimile number	, if any:	
This is (check one):			
• one of your branch offices or affiliates	5.		
C a third-party unaffiliated recordkeepe	r.		
C other.			
Briefly describe the books and records ke CLIENT RECORDS	ept at this location.		
Name of entity where books and records TLG ADVISORS INC	are kept:		
Number and Street 1: 11850 NICHOLAS STREET, SUITE 240		Number and Street 2:	
City: OMAHA	State: Nebraska	Country: United States	ZIP+4/Postal Code: 68154
If this address is a private residence, che	eck this box:		
·			
Telephone Number: (402) 397-5440	Facsimile numl	per, if any:	
This is (check one):			
• one of your branch offices or affiliates	5.		
C a third-party unaffiliated recordkeepe	r.		
O other.			
Briefly describe the books and records ke CLIENT RECORDS	ept at this location.		
Name of entity where books and records E4 INSURANCE SERVICES LLC	are kept:		
Number and Street 1: 2280 45TH STREET S, SUITE C		Number and Street 2:	
City: FARGO	State: North Dakota	Country: United States	ZIP+4/Postal Code: 58104
If this address is a private residence, che	eck this box:		

Telephone Number: (608) 848-0403	Facsimile number, if ar	ny:		
This is (check one):				
• one of your branch offices or affiliat	ces.			
C a third-party unaffiliated recordkeep	per.			
C other.				
Briefly describe the books and records CLIENT RECORDS	kept at this location.			
Name of entity where books and record FINANCIAL PROFESSIONALS GROUP	ds are kept:			
Number and Street 1: 3597 E MONARCH SKY LANE, #240		Number and Street 2	:	
City:	State:	Country:	ZIP+4/Postal Code:	
MERIDIAN	Idaho	United States	83646	
If this address is a private residence, cl	heck this box:			
Telephone Number: (949) 455-0119	Facsimile numl	per, if any:		
This is (check one):				
• one of your branch offices or affiliat	es.			
C a third-party unaffiliated recordkeeper.				
C other.				
Briefly describe the books and records CLIENT FILES	kept at this location.			
Name of entity where books and record FLETCHER INSURANCE GROUP DBA FLI	•	N SERVICES		
Number and Street 1: 7901 STRICKLAND ROAD, SUITE 102		Number and Street	2:	
City:	State:	Country:	ZIP+4/Postal Code:	
RALEIGH	North Carolina	United States	27615	
If this address is a private residence, cl	heck this box:			
Telephone Number: (919) 271-6106	Facsimile number, if an	y:		
This is (check one):				
• one of your branch offices or affiliat	ces.			

C a third-party unaffiliated recordkeeper.						
C other.						
Briefly describe the books and records kep	t at this location.					
CLIENT FILES						
Name of entity where books and records a	ura kant:					
GIDEON STRATEGIC PARTNERS LLC	пе керс.					
Number and Street 1:		Number and Street 2:				
1411 5TH STREET, SUITE 306	_	_				
City: SANTA MONICA	State: California	Country: United States	ZIP+4/Postal Code: 90401			
3, WIX HOMES	Camorna	officed States	30101			
If this address is a private residence, chec	k this box:					
Telephone Number:	Facsimile number	er, if any:				
(310) 579-9560						
This is (sheek ana)						
This is (check one):						
• one of your branch offices or affiliates.						
C a third-party unaffiliated recordkeeper.						
C other.						
Duinfly describe the beats and accorde leave						
Briefly describe the books and records kep CLIENT FILES	ot at this location.					
Name of entity where books and records are kept:						
INTEGRITY FINANCIAL						
Number and Church 1.		Number and Church 2.				
Number and Street 1: 20 GOULD AVENUE		Number and Street 2:				
City:	State:	Country:	ZIP+4/Postal Code:			
COUNCIL BLUFFS	Iowa	United States	51503			
If this address is a private residence, chec	k this box:					
Telephone Number:	Facsimile num	hor if any				
(402) 590-2020	r acsimile mam	bei, ii dily.				
This is (check one):						
• one of your branch offices or affiliates.						
C a third-party unaffiliated recordkeeper.						
C a third-party unaffiliated recordkeeper. C other.						
C other.						

Name of entity where books and records TLG ADVISORS INC	s are kept:		
Number and Street 1: 2935 MARBLE CREST DRIVE		Number and Street 2:	
City: LAND O LAKES	State: Florida	Country: United States	ZIP+4/Postal Code: 34638
If this address is a private residence, ch	eck this box: 🔽		
Telephone Number: (303) 589-4602	Facsimile nur	mber, if any:	
This is (check one):			
• one of your branch offices or affiliate	s.		
C a third-party unaffiliated recordkeepe	er.		
C other.			
Briefly describe the books and records k CLIENT RECORDS	ept at this location	1.	
Name of entity where books and records TLG ADVISORS INC	s are kept:		
Number and Street 1: 306 ACADEMY AVENUE, SUITE 106		Number and Stre	eet 2:
City: DUBLIN	State: Georgia	Country: United States	ZIP+4/Postal Code: 31021
If this address is a private residence, che	eck this box:		
Telephone Number: (478) 279-0196	Facsimile n	number, if any:	
This is (check one):			
• one of your branch offices or affiliate	s.		
C a third-party unaffiliated recordkeepe	er.		
C other.			
Briefly describe the books and records k CLIENT RECORDS	ept at this location	1.	
Name of entity where books and records PREMIER PLANNING GROUP NC LLC	s are kept:		
Number and Street 1: 219 1ST AVENUE SW		Number and S	treet 2:
City: HICKORY	State: North Carolina	Country: United States	ZIP+4/Postal Code: 28603

If this address is a private residence, c	heck this box:			
Telephone Number: (828) 455-9773	Facsimile number, if	fany:		
This is (check one):				
• one of your branch offices or affiliat	es.			
C a third-party unaffiliated recordkee	per.			
C other.				
Briefly describe the books and records CLIENT RECORDS	kept at this location.			
Name of entity where books and record THE BROKERS NETWORK LLC	ds are kept:			
Number and Street 1: 431 E HORATIO AVENUE, SUITE 210		Number and Street	2:	
City:	State:	Country:	ZIP+4/Postal Code:	
MAITLAND	Florida	United States	32751	
If this address is a private residence, c	heck this box:			
Telephone Number: (407) 898-5521	Facsimile r	number, if any:		
This is (check one):				
• one of your branch offices or affiliat	ces.			
C a third-party unaffiliated recordkee	per.			
C other.				
Briefly describe the books and records CLIENT RECORDS	kept at this location.			
Name of entity where books and record THE YATES AGENCY	ds are kept:			
Number and Street 1: 1475 E CENTER STREET		Number and Street 2:		
City:	State:	Country:	ZIP+4/Postal Code:	
KINGSPORT	Tennessee	United States	37664	
If this address is a private residence, c	heck this box:			
Telephone Number: (423) 247-1123	Facsimile number	r, if any:		
This is (check one):				

• one of your branch offices or affiliates	S.		
C a third-party unaffiliated recordkeepe	er.		
C other.			
Briefly describe the books and records kee CLIENT RECORDS	ept at this location.		
Name of entity where books and records TLG ADVISORS INC	are kept:		
Number and Street 1: 10551 NE GERTIE JOHNSON ROAD		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:
BAINBRIDGE ISLAND	Washington	United States	98110
If this address is a private residence, che	eck this box: 🔽		
Telephone Number: (559) 733-3525	Facsimile number, if	any:	
This is (check one):			
• one of your branch offices or affiliates	S.		
C a third-party unaffiliated recordkeepe			
O other.			
cinen			
Briefly describe the books and records ke	ept at this location.		
CLIENT RECORDS			
Name of entity where books and records TLG ADVISORS INC	are kept:		
Number and Street 1: 400 HWY 169 S, SUITE 200		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:
ST LOUIS PARK	Minnesota	United States	55426
If this address is a private residence, che	eck this box:		
Telephone Number: (916) 679-0281	Facsimile number, i	f any:	
This is (check one):			
• one of your branch offices or affiliates	-		
one of your branch offices or affiliates a third-party unaffiliated recordkeepe			
	:r.		
C other.			
Briefly describe the books and records ke CLIENT RECORDS	ept at this location.		

SECTION 1.M. Registration with Foreign Financial Regulatory Authorities

Item 2 SEC Registration/Reporting

Responses to this Item help us (and you) determine whether you are eligible to register with the SEC. Complete this Item 2.A. only if you are applying for SEC registration or submitting an *annual updating amendment* to your SEC registration. If you are filing an *umbrella registration*, the information in Item 2 should be provided for the *filing adviser* only.

A.	you SEC	are so	er (or remain registered) with the SEC, you must check at least one of the Items 2.A.(1) through 2.A.(12), below. If ubmitting an <i>annual updating amendment</i> to your SEC registration and you are no longer eligible to register with the ck Item 2.A.(13). Part 1A Instruction 2 provides information to help you determine whether you may affirmatively o each of these items.
			adviser):
	✓	(1)	are a large advisory firm that either:
			(a) has regulatory assets under management of \$100 million (in U.S. dollars) or more; or
			(b) has regulatory assets under management of \$90 million (in U.S. dollars) or more at the time of filing its most recent <i>annual updating amendment</i> and is registered with the SEC;
		(2)	are a mid-sized advisory firm that has regulatory assets under management of \$25 million (in U.S. dollars) or more but less than \$100 million (in U.S. dollars) and you are either:
			(a) not required to be registered as an adviser with the <i>state securities authority</i> of the state where you maintain your <i>principal office and place of business</i> ; or
			(b) not subject to examination by the <i>state securities authority</i> of the state where you maintain your <i>principal office</i> and place of business;
			Click HERE for a list of states in which an investment adviser, if registered, would not be subject to examination by the state securities authority.
		(3)	Reserved
		(4)	have your principal office and place of business outside the United States;
		(5)	are an investment adviser (or subadviser) to an investment company registered under the Investment Company Act of 1940;
		(6)	are an investment adviser to a company which has elected to be a business development company pursuant to section 54 of the Investment Company Act of 1940 and has not withdrawn the election, and you have at least \$25 million of regulatory assets under management;
		(7)	are a pension consultant with respect to assets of plans having an aggregate value of at least \$200,000,000 that qualifies for the exemption in rule 203A-2(a);
		(8)	are a related adviser under rule 203A-2(b) that <i>controls</i> , is <i>controlled</i> by, or is under common <i>control</i> with, an investment adviser that is registered with the SEC, and your <i>principal office and place of business</i> is the same as the registered adviser;
			If you check this box, complete Section 2.A.(8) of Schedule D.
		(9)	are an adviser relying on rule 203A-2(c) because you expect to be eligible for SEC registration within 120 days;
			If you check this box, complete Section 2.A.(9) of Schedule D.
		(10)	are a multi-state adviser that is required to register in 15 or more states and is relying on rule 203A-2(d);
			If you check this box, complete Section 2.A.(10) of Schedule D.
		(11)	are an Internet adviser relying on rule 203A-2(e);
		(12)	have received an SEC order exempting you from the prohibition against registration with the SEC;
			If you check this box, complete Section 2.A.(12) of Schedule D.
		(13)	are no longer eligible to remain registered with the SEC.

State Securities Authority Notice Filings and State Reporting by Exempt Reporting Advisers

C. Under state laws, SEC-registered advisers may be required to provide to *state securities authorities* a copy of the Form ADV and any amendments they file with the SEC. These are called *notice filings*. In addition, *exempt reporting advisers* may be

required to provide *state securities authorities* with a copy of reports and any amendments they file with the SEC. If this is an initial application or report, check the box(es) next to the state(s) that you would like to receive notice of this and all subsequent filings or reports you submit to the SEC. If this is an amendment to direct your *notice filings* or reports to additional state(s), check the box(es) next to the state(s) that you would like to receive notice of this and all subsequent filings or reports you submit to the SEC. If this is an amendment to your registration to stop your *notice filings* or reports from going to state(s) that currently receive them, uncheck the box(es) next to those state(s).

Jurisdictions			
☑ AL	☑ IL	☑ NE	☑ sc
□ AK	☑ IN	□ NV	□ SD
☑ AZ	☑ IA	☑ NH	☑ TN
☑ AR	☑ KS	▽ NJ	☑ TX
☑ CA	☑ KY	□ NM	☑ UT
▽ co	☑ LA	▼ NY	□ vt
☑ CT	□ ME	☑ NC	□ vi
☑ DE	☑ MD	▼ ND	☑ VA
□ DC	☑ MA	Г он	☑ WA
▽ FL	☑ MI	Г ок	☑ w∨
☑ GA	☑ MN	□ OR	☑ WI
□ GU	☑ MS	₽ PA	☑ WY
□ ні	☑ MO	□ PR	
☑ ID	☑ MT	☑ RI	

If you are amending your registration to stop your notice filings or reports from going to a state that currently receives them and you do not want to pay that state's notice filing or report filing fee for the coming year, your amendment must be filed before the end of the year (December 31).

SECTION 2.A.(8) Related Adviser

If you are relying on the exemption in rule 203A-2(b) from the prohibition on registration because you *control*, are *controlled* by, or are under common *control* with an investment adviser that is registered with the SEC and your *principal office and place of business* is the same as that of the registered adviser, provide the following information:

Name of Registered Investment Adviser

CRD Number of Registered Investment Adviser

SEC Number of Registered Investment Adviser

SECTION 2.A.(9) Investment Adviser Expecting to be Eligible for Commission Registration within 120 Days

If you are relying on rule 203A-2(c), the exemption from the prohibition on registration available to an adviser that expects to be eligible for SEC registration within 120 days, you are required to make certain representations about your eligibility for SEC registration. By checking the appropriate boxes, you will be deemed to have made the required representations. You must make both of these representations:

I am not registered or required to be registered with the SEC or a state securities authority and I have a reasonable expectation
that I will be eligible to register with the SEC within 120 days after the date my registration with the SEC becomes effective.

	I undertake to withdraw from SEC registration if, on the 120th day after my registration with the SEC becomes effective	, I would
t	pe prohibited by Section 203A(a) of the Advisers Act from registering with the SEC.	

SECTION 2.A.(10) Multi-State Adviser

If you are relying on rule 203A-2(d), the multi-state adviser exemption from the prohibition on registration, you are required to make certain representations about your eligibility for SEC registration. By checking the appropriate boxes, you will be deemed to have made the required representations.
If you are applying for registration as an investment adviser with the SEC, you must make both of these representations:
I have reviewed the applicable state and federal laws and have concluded that I am required by the laws of 15 or more states to register as an investment adviser with the <i>state securities authorities</i> in those states.
I undertake to withdraw from SEC registration if I file an amendment to this registration indicating that I would be required by the laws of fewer than 15 states to register as an investment adviser with the <i>state securities authorities</i> of those states.
If you are submitting your annual updating amendment, you must make this representation:
Within 90 days prior to the date of filing this amendment, I have reviewed the applicable state and federal laws and have concluded that I am required by the laws of at least 15 states to register as an investment adviser with the <i>state securities authorities</i> in those states.
SECTION 2.4 (12) SEC Everyntive Order
SECTION 2.A.(12) SEC Exemptive <i>Order</i>
If you are relying upon an SEC <i>order</i> exempting you from the prohibition on registration, provide the following information:
Application Number:
803-
Date of order:

Item 3 Form of Organization

If you are filing an *umbrella registration*, the information in Item 3 should be provided for the *filing adviser* only.

- A. How are you organized?

 - Sole Proprietorship
 - C Limited Liability Partnership (LLP)
 - Partnership
 - Limited Liability Company (LLC)
 - Limited Partnership (LP)
 - Other (specify):

If you are changing your response to this Item, see Part 1A Instruction 4.

- B. In what month does your fiscal year end each year? DECEMBER
- C. Under the laws of what state or country are you organized?

State Country

Colorado United States

If you are a partnership, provide the name of the state or country under whose laws your partnership was formed. If you are a sole proprietor, provide the name of the state or country where you reside.

If you are changing your response to this Item, see Part 1A Instruction 4.

Item 4 Successions

Yes No

A. Are you, at the time of this filing, succeeding to the business of a registered investment adviser, including, for example, a change of your structure or legal status (e.g., form of organization or state of incorporation)?

• •

If "yes", complete Item 4.B. and Section 4 of Schedule D.

B. Date of Succession: (MM/DD/YYYY)

If you have already reported this succession on a previous Form ADV filing, do not report the succession again. Instead, check "No." See Part 1A Instruction 4.

SECTION 4 Successions

Item 5 Information About Your Advisory Business - Employees, Clients, and Compensation

Responses to this Item help us understand your business, assist us in preparing for on-site examinations, and provide us with data we use when making regulatory policy. Part 1A Instruction 5.a. provides additional guidance to newly formed advisers for completing this Item 5.

Employees

If you are organized as a sole proprietorship, include yourself as an employee in your responses to Item 5.A. and Items 5.B.(1), (2), (3), (4), and (5). If an employee performs more than one function, you should count that employee in each of your responses to Items 5.B.(1), (2), (3), (4), and (5).

- A. Approximately how many *employees* do you have? Include full- and part-time *employees* but do not include any clerical workers.

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- B. (1) Approximately how many of the *employees* reported in 5.A. perform investment advisory functions (including research)?
 - (2) Approximately how many of the *employees* reported in 5.A. are registered representatives of a broker-dealer? 228
 - (3) Approximately how many of the *employees* reported in 5.A. are registered with one or more *state securities authorities* as *investment adviser representatives*?

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(4) Approximately how many of the *employees* reported in 5.A. are registered with one or more *state securities authorities* as *investment adviser representatives* for an investment adviser other than you?

2

- (5) Approximately how many of the *employees* reported in 5.A. are licensed agents of an insurance company or agency?
- (6) Approximately how many firms or other *persons* solicit advisory *clients* on your behalf?

In your response to Item 5.B.(6), do not count any of your employees and count a firm only once – do not count each of the firm's employees that solicit on your behalf.

Clients

In your responses to Items 5.C. and 5.D. do not include as "clients" the investors in a private fund you advise, unless you have a separate advisory relationship with those investors.

- C. (1) To approximately how many *clients* for whom you do not have regulatory assets under management did you provide investment advisory services during your most recently completed fiscal year?
 - (2) Approximately what percentage of your *clients* are non-*United States persons*? 0%
- D. For purposes of this Item 5.D., the category "individuals" includes trusts, estates, and 401(k) plans and IRAs of individuals and their family members, but does not include businesses organized as sole proprietorships.

 The category "business development companies" consists of companies that have made an election pursuant to section 54 of the

The category "business development companies" consists of companies that have made an election pursuant to section 54 of the Investment Company Act of 1940. Unless you provide advisory services pursuant to an investment advisory contract to an investment company registered under the Investment Company Act of 1940, do not answer (1)(d) or (3)(d) below.

Indicate the approximate number of your *clients* and amount of your total regulatory assets under management (reported in Item 5.F. below) attributable to each of the following type of *client*. If you have fewer than 5 *clients* in a particular category (other than (d), (e), and (f)) you may check Item 5.D.(2) rather than respond to Item 5.D.(1).

The aggregate amount of regulatory assets under management reported in Item 5.D.(3) should equal the total amount of regulatory assets under management reported in Item 5.F.(2)(c) below.

If a *client* fits into more than one category, select one category that most accurately represents the *client* to avoid double counting *clients* and assets. If you advise a registered investment company, business development company, or pooled investment vehicle, report those assets in categories (d), (e), and (f) as applicable.

Type of <i>Client</i>	(1) Number of Client(s)	(2) Fewer than 5 <i>Clients</i>	(3) Amount of Regulatory Assets under Management
(a) Individuals (other than high net worth individuals)	2697		\$ 404,662,000
(b) High net worth individuals	139		\$ 383,768,442
(c) Banking or thrift institutions		V	\$ 0
(d) Investment companies			\$ 0
(e) Business development companies			\$ 0
(f) Pooled investment vehicles (other than investment companies and business development companies)			\$ 0
(g) Pension and profit sharing plans (but not the plan participants or government pension plans)	26		\$ 57,823,635
(h) Charitable organizations		~	\$ 0
(i) State or municipal <i>government entities</i> (including government pension plans)		D	\$ 0
(j) Other investment advisers		~	\$ 0
(k) Insurance companies		V	\$ 0
(I) Sovereign wealth funds and foreign official institutions		✓	\$ 0
(m) Corporations or other businesses not listed above	29		\$ 62,966,036
(n) Other: TRUSTS	173		\$ 194,690,917

Com	pen	sation	Arrangements
E.	You	are co	mpensated for your investment advisory services by (check all that apply):
	V	(1)	A percentage of assets under your management
	V	(2)	Hourly charges
		(3)	Subscription fees (for a newsletter or periodical)
	V	(4)	Fixed fees (other than subscription fees)
		(5)	Commissions
		(6)	Performance-based fees
	✓	(7)	Other (specify): PLACEMENT FEES

Item 5 Information About Your Advisory Business - Regulatory Assets Under Management

Regulatory Assets Under Management

Yes No

 \circ

- F. (1) Do you provide continuous and regular supervisory or management services to securities portfolios?
 - . .
 - (2) If yes, what is the amount of your regulatory assets under management and total number of accounts?

U.S. Dollar Amount

Total Number of Accounts

Discretionary: (a) \$ 1,103,911,030 (d) 3,064

Non-Discretionary: (b) \$ 0 (e) 0

Total: (c) \$ 1,103,911,030 (f) 3,064

Part 1A Instruction 5.b. explains how to calculate your regulatory assets under management. You must follow these instructions carefully when completing this Item.

(3) What is the approximate amount of your total regulatory assets under management (reported in Item 5.F.(2)(c) above) attributable to *clients* who are non-*United States persons*?

\$ 0

			ation About Your Advisory Business - Advisory Activities	_
		/ Activ		
G.	Wha	(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Financial planning services Portfolio management for individuals and/or small businesses Portfolio management for investment companies (as well as "business development companies" that have made an election pursuant to section 54 of the Investment Company Act of 1940) Portfolio management for pooled investment vehicles (other than investment companies) Portfolio management for businesses (other than small businesses) or institutional clients (other than registered investment companies and other pooled investment vehicles) Pension consulting services Selection of other advisers (including private fund managers) Publication of periodicals or newsletters Security ratings or pricing services Market timing services Educational seminars/workshops Other(specify): PLACEMENT OF INSTITUTIONAL FUNDS	
	com the	pany i	eck Item 5.G.(3) unless you provide advisory services pursuant to an investment advisory contract to an investment registered under the Investment Company Act of 1940, including as a subadviser. If you check Item 5.G.(3), report r 814 number of the investment company or investment companies to which you provide advice in Section 5.G.(3) of D.	
Н.	If yo	ou pro	vide financial planning services, to how many clients did you provide these services during your last fiscal year?	
	\circ	0		
	0	1 - 1	0	
	•	11 -	25	
	0	26 -	50	
	Ö	51 -	100	
	Ö	101 -	- 250	
	Ö	251 -	- 500	
	Ö	More	than 500	
			ore than 500, how many? and to the nearest 500)	
	-		sponses to this Item 5.H., do not include as "clients" the investors in a private fund you advise, unless you have a advisory relationship with those investors.	
			Yes N	lo
I.	(1)	Do you	u participate in a wrap fee program?	•
		If you ng as:	participate in a wrap fee program, what is the amount of your regulatory assets under management attributable to	
		\$	nsor to a wrap fee program	
	(1	5) port \$	tfolio manager for a <i>wrap fee program</i> ?	
	((c) <i>spoi</i> \$	nsor to and portfolio manager for the same wrap fee program?	
	If yo	ou repo	ort an amount in Item $5.I.(2)(c)$, do not report that amount in Item $5.I.(2)(a)$ or Item $5.I.(2)(b)$.	
	If vo	ou are	a portfolio manager for a wrap fee program. list the names of the programs, their sponsors and related information i	in

Section 5.I.(2) of Schedule D.

	If your involvement in a wrap fee program is limited to recommending wrap fee programs to your clients, or you advise mutual fund that is offered through a wrap fee program, do not check Item 5.I.(1) or enter any amounts in response to 5.I.(2).		
		Yes	No
J.	(1) In response to Item 4.B. of Part 2A of Form ADV, do you indicate that you provide investment advice only with respect to limited types of investments?	0	•
	(2) Do you report <i>client</i> assets in Item 4.E. of Part 2A that are computed using a different method than the method used to compute your regulatory assets under management?	0	•
K.	Separately Managed Account <i>Clients</i>	Yes	No
	(1) Do you have regulatory assets under management attributable to <i>clients</i> other than those listed in Item 5.D.(3) (d)-(f) (separately managed account <i>clients</i>)?	•	0
	If yes, complete Section 5.K.(1) of Schedule D.		
	(2) Do you engage in borrowing transactions on behalf of any of the separately managed account <i>clients</i> that you advise?	0	•
	If yes, complete Section 5.K.(2) of Schedule D.		
	(3) Do you engage in derivative transactions on behalf of any of the separately managed account <i>clients</i> that you advise?	0	•
	If yes, complete Section 5.K.(2) of Schedule D.		
	(4) After subtracting the amounts in Item $5.D.(3)(d)-(f)$ above from your total regulatory assets under management, does any custodian hold ten percent or more of this remaining amount of regulatory assets under management?	•	0
	If yes, complete Section 5.K.(3) of Schedule D for each custodian.		
L.	Marketing Activities	Yes	No
	(1) Do any of your <i>advertisements</i> include:		
	(a) Performance results?	0	•
	(b) A reference to specific investment advice provided by you (as that phrase is used in rule 206(4)-1(a)(5))?	0	•
	(c) Testimonials (other than those that satisfy rule 206(4)-1(b)(4)(ii))?	0	•
	(d) Endorsements (other than those that satisfy rule 206(4)-1(b)(4)(ii))?	0	•
	(e) Third-party ratings?	0	•
	(2) If you answer "yes" to L(1)(c), (d), or (e) above, do you pay or otherwise provide cash or non-cash compensation, directly or indirectly, in connection with the use of <i>testimonials</i> , <i>endorsements</i> , or <i>third-party ratings</i> ?	0	0
	(3) Do any of your advertisements include hypothetical performance?	0	•
	(4) Do any of your advertisements include predecessor performance ?	0	•

No Information Filed

SECTION 5.I.(2) Wrap Fee Programs

No Information Filed

SECTION 5.K.(1) Separately Managed Accounts

After subtracting the amounts reported in Item 5.D.(3)(d)-(f) from your total regulatory assets under management, indicate the approximate percentage of this remaining amount attributable to each of the following categories of assets. If the remaining amount is at least \$10 billion in regulatory assets under management, complete Question (a). If the remaining amount is less than \$10 billion in regulatory assets under management, complete Question (b).

Any regulatory assets under management reported in Item 5.D.(3)(d), (e), and (f) should not be reported below.

If you are a subadviser to a separately managed account, you should only provide information with respect to the portion of the account that you subadvise.

End of year refers to the date used to calculate your regulatory assets under management for purposes of your *annual updating amendment*. Mid-year is the date six months before the end of year date. Each column should add up to 100% and numbers should be rounded to the nearest percent.

Investments in derivatives, registered investment companies, business development companies, and pooled investment vehicles should be reported in those categories. Do not report those investments based on related or underlying portfolio assets. Cash equivalents include bank deposits, certificates of deposit, bankers' acceptances and similar bank instruments.

Some assets could be classified into more than one category or require discretion about which category applies. You may use your own internal methodologies and the conventions of your service providers in determining how to categorize assets, so long as the methodologies or conventions are consistently applied and consistent with information you report internally and to current and prospective clients. However, you should not double count assets, and your responses must be consistent with any instructions or other guidance relating to this Section.

(a)	Asse	t Type	Mid-year	End of year
	(i)	Exchange-Traded Equity Securities	%	%
	(ii)	Non Exchange-Traded Equity Securities	%	%
	(iii)	U.S. Government/Agency Bonds	%	%
	(iv)	U.S. State and Local Bonds	%	%
	(v)	Sovereign Bonds	%	%
	(vi)	Investment Grade Corporate Bonds	%	%
	(vii)	Non-Investment Grade Corporate Bonds	%	%
	(viii)	Derivatives	%	%
	(ix)	Securities Issued by Registered Investment Companies or Business Development Companies	%	%
	(x)	Securities Issued by Pooled Investment Vehicles (other than Registered Investment Companies or Business Development Companies)	%	%
	(xi)	Cash and Cash Equivalents	%	%
	(xii)	Other	%	%

Generally describe any assets included in "Other"

(b)	Asset Type	End of year
	(i) Exchange-Traded Equity Securities	17 %

(ii)	Non Exchange-Traded Equity Securities	0 %
(iii)	U.S. Government/Agency Bonds	1 %
(iv)	U.S. State and Local Bonds	1 %
(v)	Sovereign Bonds	0 %
(vi)	Investment Grade Corporate Bonds	1 %
(vii)	Non-Investment Grade Corporate Bonds	0 %
(viii)	Derivatives	0 %
(ix)	Securities Issued by Registered Investment Companies or Business Development Companies	68 %
(x)	Securities Issued by Pooled Investment Vehicles (other than Registered Investment Companies or Business Development Companies)	0 %
(xi)	Cash and Cash Equivalents	12 %
(xii)	Other	0 %

Generally describe any assets included in "Other"

SECTION 5.K.(2) Separately Managed Accounts - Use of Borrowingsand Derivatives

☑ No information is required to be reported in this Section 5.K.(2) per the instructions of this Section 5.K.(2)

If your regulatory assets under management attributable to separately managed accounts are at least \$10 billion, you should complete Question (a). If your regulatory assets under management attributable to separately managed accounts are at least \$500 million but less than \$10 billion, you should complete Question (b).

(a) In the table below, provide the following information regarding the separately managed accounts you advise. If you are a subadviser to a separately managed account, you should only provide information with respect to the portion of the account that you subadvise. End of year refers to the date used to calculate your regulatory assets under management for purposes of your annual updating amendment. Mid-year is the date six months before the end of year date.

In column 1, indicate the regulatory assets under management attributable to separately managed accounts associated with each level of gross notional exposure. For purposes of this table, the gross notional exposure of an account is the percentage obtained by dividing (i) the sum of (a) the dollar amount of any *borrowings* and (b) the *gross notional value* of all derivatives, by (ii) the regulatory assets under management of the account.

In column 2, provide the dollar amount of borrowings for the accounts included in column 1.

In column 3, provide aggregate *gross notional value* of derivatives divided by the aggregate regulatory assets under management of the accounts included in column 1 with respect to each category of derivatives specified in 3(a) through (f).

You may, but are not required to, complete the table with respect to any separately managed account with regulatory assets under management of less than \$10,000,000.

Any regulatory assets under management reported in Item 5.D.(3)(d), (e), and (f) should not be reported below.

(i) Mid-Year

Gross Notional Exposure	(1) Regulatory Assets Under Management	(2) Borrowings			(3) Deriva	itive Exposu	ıres	
			(a) Interest Rate Derivative	(b) Foreign Exchange Derivative			(e) Commodity Derivative	(f) Other Derivative
Less than 10%	\$	\$	%	%	%	%	%	%

10-149%	\$ \$	%	%	%	%	%	%
150% or more	\$ \$	%	%	%	%	%	%

Optional: Use the space below to provide a narrative description of the strategies and/or manner in which *borrowings* and derivatives are used in the management of the separately managed accounts that you advise.

(ii) End of Year

Gross Notional Exposure	(1) Regulatory Assets Under Management	(2) Borrowings			(3) Deriva	itive Exposu	ıres	
			(a) Interest Rate Derivative	(b) Foreign Exchange Derivative	(c) Credit Derivative	(d) Equity Derivative	(e) Commodity Derivative	(f) Other Derivative
Less than 10%	\$	\$	%	%	%	%	%	%
10-149%	\$	\$	%	%	%	%	%	%
150% or more	\$	\$	%	%	%	%	%	%

Optional: Use the space below to provide a narrative description of the strategies and/or manner in which *borrowings* and derivatives are used in the management of the separately managed accounts that you advise.

(b) In the table below, provide the following information regarding the separately managed accounts you advise as of the date used to calculate your regulatory assets under management for purposes of your *annual updating amendment*. If you are a subadviser to a separately managed account, you should only provide information with respect to the portion of the account that you subadvise.

In column 1, indicate the regulatory assets under management attributable to separately managed accounts associated with each level of gross notional exposure. For purposes of this table, the gross notional exposure of an account is the percentage obtained by dividing (i) the sum of (a) the dollar amount of any *borrowings* and (b) the *gross notional value* of all derivatives, by (ii) the regulatory assets under management of the account.

In column 2, provide the dollar amount of borrowings for the accounts included in column 1.

You may, but are not required to, complete the table with respect to any separately managed accounts with regulatory assets under management of less than \$10,000,000.

Any regulatory assets under management reported in Item 5.D.(3)(d), (e), and (f) should not be reported below.

Gross Notional Exposure	(1) Regulatory Assets Under Management	(2) Borrowings
Less than 10%	\$	\$
10-149%	\$	\$
150% or more	\$	\$

Optional: Use the space below to provide a narrative description of the strategies and/or manner in which *borrowings* and derivatives are used in the management of the separately managed accounts that you advise.

SECTION 5.K.(3) Custodians for Separately Managed Accounts

Complete a separate Schedule D Section 5.K.(3) for each custodian that holds ten percent or more of your aggregate separately managed account regulatory assets under management.

(a)	Legal name of custodian:			
(b)	TD AMERITRADE, INC. Primary business name of cus	stodian:		
	TD AMERITRADE, INC.			
(c)		an's office(s) responsible for <i>custo</i>		
	City: OMAHA	State: Nebraska	Country: United States	
	OT IN THE	Nebrasika	officed States	Yes No
(4)	Is the sustadian a related nor	can of your firm?		res No
(u)	Is the custodian a related per	Son or your firm?		\circ
(e)	If the custodian is a broker-do 8 - 23395	ealer, provide its SEC registration	number (if any)	
(f)	If the custodian is not a broke entity identifier (if any)	er-dealer, or is a broker-dealer but	does not have an SEC registration number, provide it	s legal
(g)	What amount of your regulate custodian?	ory assets under management attr	ibutable to separately managed accounts is held at th	е
	\$ 200,395,961			
(a)	Legal name of custodian:	CES II C		
(h)	Primary business name of cus			
	FIDELITY BROKERAGE SERVI			
(c)		an's office(s) responsible for custo	dy of the assets :	
	City:	State:	Country:	
	City: SMITHFIELD	State: Rhode Island	Country: United States	
	•		,	Yes No
(d)	•	Rhode Island	,	Yes No
	SMITHFIELD Is the custodian a <i>related per</i> If the custodian is a broker-de	Rhode Island	United States	
(e)	SMITHFIELD Is the custodian a <i>related per</i> If the custodian is a broker-de 8 - 23292 If the custodian is not a broke	Rhode Island rson of your firm? ealer, provide its SEC registration	United States	0 @
(e) (f)	Is the custodian a related per If the custodian is a broker-de 8 - 23292 If the custodian is not a broke entity identifier (if any) What amount of your regulator	Rhode Island son of your firm? ealer, provide its SEC registration er-dealer, or is a broker-dealer but	United States number (if any)	C
(e) (f)	Is the custodian a related per If the custodian is a broker-de 8 - 23292 If the custodian is not a broke entity identifier (if any)	Rhode Island son of your firm? ealer, provide its SEC registration er-dealer, or is a broker-dealer but	United States number (if any) does not have an SEC registration number, provide it	C
(e) (f)	Is the custodian a related per If the custodian is a broker-de 8 - 23292 If the custodian is not a broke entity identifier (if any) What amount of your regulate custodian?	Rhode Island son of your firm? ealer, provide its SEC registration er-dealer, or is a broker-dealer but	United States number (if any) does not have an SEC registration number, provide it	C
(e) (f) (g)	Is the custodian a related per If the custodian is a broker-de 8 - 23292 If the custodian is not a broke entity identifier (if any) What amount of your regulate custodian? \$ 100,574,889 Legal name of custodian:	Rhode Island rson of your firm? ealer, provide its SEC registration er-dealer, or is a broker-dealer but ory assets under management attr	United States number (if any) does not have an SEC registration number, provide it	C
(e) (f) (g)	Is the custodian a related per If the custodian is a broker-de 8 - 23292 If the custodian is not a broke entity identifier (if any) What amount of your regulate custodian? \$ 100,574,889 Legal name of custodian: SEI INVESTMENTS DISTRIBU	Rhode Island son of your firm? ealer, provide its SEC registration er-dealer, or is a broker-dealer but ory assets under management attri TION CO.	United States number (if any) does not have an SEC registration number, provide it	C
(e) (f) (g)	Is the custodian a related per If the custodian is a broker-de 8 - 23292 If the custodian is not a broke entity identifier (if any) What amount of your regulate custodian? \$ 100,574,889 Legal name of custodian:	Rhode Island rson of your firm? ealer, provide its SEC registration er-dealer, or is a broker-dealer but ory assets under management attr TION CO. stodian:	United States number (if any) does not have an SEC registration number, provide it	C
(e) (f) (g) (a) (b)	Is the custodian a related per If the custodian is a broker-de 8 - 23292 If the custodian is not a broke entity identifier (if any) What amount of your regulate custodian? \$ 100,574,889 Legal name of custodian: SEI INVESTMENTS DISTRIBU Primary business name of custodians	Rhode Island rson of your firm? ealer, provide its SEC registration er-dealer, or is a broker-dealer but ory assets under management attr TION CO. stodian:	United States number (if any) does not have an SEC registration number, provide it ributable to separately managed accounts is held at the	C
(e) (f) (g) (a) (b)	Is the custodian a related per If the custodian is a broker-de 8 - 23292 If the custodian is not a broke entity identifier (if any) What amount of your regulate custodian? \$ 100,574,889 Legal name of custodian: SEI INVESTMENTS DISTRIBU Primary business name of custodian: SEI INVESTMENTS DISTRIBU The location(s) of the custodian City: State	Rhode Island rson of your firm? ealer, provide its SEC registration er-dealer, or is a broker-dealer but ory assets under management attr TION CO. stodian: TION CO. an's office(s) responsible for custo	United States number (if any) does not have an SEC registration number, provide it ributable to separately managed accounts is held at the dy of the assets: Country:	C
(e) (f) (g) (a) (b)	Is the custodian a related per If the custodian is a broker-de 8 - 23292 If the custodian is not a broke entity identifier (if any) What amount of your regulate custodian? \$ 100,574,889 Legal name of custodian: SEI INVESTMENTS DISTRIBU Primary business name of custodian: SEI INVESTMENTS DISTRIBU The location(s) of the custodian City: State	Rhode Island rson of your firm? ealer, provide its SEC registration er-dealer, or is a broker-dealer but ory assets under management attr TION CO. stodian: TION CO. an's office(s) responsible for custor	United States number (if any) does not have an SEC registration number, provide it ributable to separately managed accounts is held at the dy of the assets:	C
(e) (f) (g) (a) (b) (c)	Is the custodian a related per If the custodian is a broker-de 8 - 23292 If the custodian is not a broke entity identifier (if any) What amount of your regulate custodian? \$ 100,574,889 Legal name of custodian: SEI INVESTMENTS DISTRIBU Primary business name of cus SEI INVESTMENTS DISTRIBU The location(s) of the custodia City: Stat OAKS Peni	Rhode Island rson of your firm? ealer, provide its SEC registration er-dealer, or is a broker-dealer but ory assets under management attr TION CO. stodian: TION CO. an's office(s) responsible for custo te: nsylvania	United States number (if any) does not have an SEC registration number, provide it ributable to separately managed accounts is held at the dy of the assets: Country:	C
(e) (f) (g) (a) (b) (c)	Is the custodian a related per If the custodian is a broker-de 8 - 23292 If the custodian is not a broke entity identifier (if any) What amount of your regulate custodian? \$ 100,574,889 Legal name of custodian: SEI INVESTMENTS DISTRIBU Primary business name of custodian: SEI INVESTMENTS DISTRIBU The location(s) of the custodian City: State	Rhode Island rson of your firm? ealer, provide its SEC registration er-dealer, or is a broker-dealer but ory assets under management attr TION CO. stodian: TION CO. an's office(s) responsible for custo te: nsylvania	United States number (if any) does not have an SEC registration number, provide it ributable to separately managed accounts is held at the dy of the assets: Country:	C

(f) If the custodian is not a broker-dealer, or is a broker-dealer but does not have an SEC registration number, provide its legal

8 - 27897

(g)	entity identifier (if any)								
	g) What amount of your regulatory assets under management attributable to separately managed accounts is held at the custodian? \$ 257,067,035								
(a)	Legal name of custodian:								
()	CHARLES SCHWAB & CO., INC.								
(b)	Primary business name of custodian:								
	CHARLES SCHWAB & CO., INC.								
(c)	The location(s) of the custodian's office	e(s) responsible for custody of	of the assets :						
	City:	State:	Country:						
	LONE TREE	Colorado	United States						
				Yes	No				
(q)	Is the custodian a <i>related person</i> of you	ur firm?		_	_				
				0	⊚				
(e)	If the custodian is a broker-dealer, prov 8 - 16514	vide its SEC registration num	ber (if any)						
(f)	If the custodian is not a broker-dealer, entity identifier (if any)	or is a broker-dealer but doe	es not have an SEC registration number, provide	its <i>legal</i>					
(g)	What amount of your regulatory assets custodian?	under management attribut	able to separately managed accounts is held at t	the					
	\$ 65,649,359								
(a)	Legal name of custodian:								
(a)	Legal name of custodian: PERSHING ADVISOR SOLUTIONS LLC								
	PERSHING ADVISOR SOLUTIONS LLC								
(b)	PERSHING ADVISOR SOLUTIONS LLC Primary business name of custodian:	e(s) responsible for <i>custody</i> c	of the assets :						
(b)	PERSHING ADVISOR SOLUTIONS LLC Primary business name of custodian: PERSHING ADVISOR SOLUTIONS LLC The location(s) of the custodian's office City:	State:	Country:						
(b)	PERSHING ADVISOR SOLUTIONS LLC Primary business name of custodian: PERSHING ADVISOR SOLUTIONS LLC The location(s) of the custodian's office								
(b)	PERSHING ADVISOR SOLUTIONS LLC Primary business name of custodian: PERSHING ADVISOR SOLUTIONS LLC The location(s) of the custodian's office City:	State:	Country:	Yes	No				
(b)	PERSHING ADVISOR SOLUTIONS LLC Primary business name of custodian: PERSHING ADVISOR SOLUTIONS LLC The location(s) of the custodian's office City:	State: New Jersey	Country:		No ⊙				
(b) (c)	PERSHING ADVISOR SOLUTIONS LLC Primary business name of custodian: PERSHING ADVISOR SOLUTIONS LLC The location(s) of the custodian's office City: JERSEY CITY	State: New Jersey ur firm?	Country: United States						
(b) (c)	PERSHING ADVISOR SOLUTIONS LLC Primary business name of custodian: PERSHING ADVISOR SOLUTIONS LLC The location(s) of the custodian's office City: JERSEY CITY Is the custodian a <i>related person</i> of you If the custodian is a broker-dealer, provided the custodian is a broker-dealer, provided to the custodian is a broker-dealer.	State: New Jersey ur firm? vide its SEC registration num	Country: United States	0					

Iten	160	ther Business Activities		
In th	nis Ite	em, we request information about your firm's other business activities.		
Α.	You	are actively engaged in business as a (check all that apply): (1) broker-dealer (registered or unregistered) (2) registered representative of a broker-dealer (3) commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (4) futures commission merchant (5) real estate broker, dealer, or agent (6) insurance broker or agent (7) bank (including a separately identifiable department or division of a bank) (8) trust company (9) registered municipal advisor (10) registered security-based swap dealer (11) major security-based swap participant (12) accountant or accounting firm (13) lawyer or law firm (14) other financial product salesperson (specify):		
		ou engage in other business using a name that is different from the names reported in Items 1.A. or 1.B.(1), comp tion 6.A. of Schedule D.	lete	
	500	tion o.A. of Schedule D.	Yes	No
В.	(1)	Are you actively engaged in any other business not listed in Item 6.A. (other than giving investment advice)?	0	•
	(2)	If yes, is this other business your primary business?	0	0
		If "yes," describe this other business on Section 6.B.(2) of Schedule D, and if you engage in this business under different name, provide that name.	a	
	(3)	Do you sell products or provide services other than investment advice to your advisory <i>clients</i> ?	Yes ⊙	No C
		If "yes," describe this other business on Section 6.B.(3) of Schedule D, and if you engage in this business under different name, provide that name.	a	
SEC	TION	I 6.A. Names of Your Other Businesses		
		No Information Filed		
SEC.	TTON	I. S. P. (2) Description of Brimany Business		
		Vour primary business (not your investment advisory business):		
DCS	CITOC	your printary business (not your investment duvisory business).		
If y	ou en	gage in that business under a different name, provide that name:		
SFC	TION	6.B.(3) Description of Other Products and Services		
Des abo INS	cribe ve. URAN	other products or services you sell to your <i>client</i> . You may omit products and services that you listed in Section 6.1	B.(2)	
-				

Item 7 Financial Industry Affiliations

In this Item, we request information about your financial industry affiliations and activities. This information identifies areas in which conflicts of interest may occur between you and your *clients*.

A. This part of Item 7 requires you to provide information about you and your *related persons*, including foreign affiliates. Your *related persons* are all of your *advisory affiliates* and any *person* that is under common *control* with you.

You have a related person that is a (check all that apply):

Iou	iiave d	a related person that is a (check all that apply).
V	(1)	broker-dealer, municipal securities dealer, or government securities broker or dealer (registered or unregistered)
V	(2)	other investment adviser (including financial planners)
	(3)	registered municipal advisor
	(4)	registered security-based swap dealer
	(5)	major security-based swap participant
	(6)	commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
	(7)	futures commission merchant
	(8)	banking or thrift institution
	(9)	trust company
E-7	(40)	

(10) accountant or accounting firm

(11) lawyer or law firm

(12) insurance company or agency

(13) pension consultant

(14) real estate broker or dealer

 \square (15) sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles

(16) sponsor, general partner, managing member (or equivalent) of pooled investment vehicles

Note that Item 7.A. should not be used to disclose that some of your employees perform investment advisory functions or are registered representatives of a broker-dealer. The number of your firm's employees who perform investment advisory functions should be disclosed under Item 5.B.(1). The number of your firm's employees who are registered representatives of a broker-dealer should be disclosed under Item 5.B.(2).

Note that if you are filing an umbrella registration, you should not check Item 7.A.(2) with respect to your relying advisers, and you do not have to complete Section 7.A. in Schedule D for your relying advisers. You should complete a Schedule R for each relying adviser.

For each related person, including foreign affiliates that may not be registered or required to be registered in the United States, complete Section 7.A. of Schedule D.

You do not need to complete Section 7.A. of Schedule D for any related person if: (1) you have no business dealings with the related person in connection with advisory services you provide to your clients; (2) you do not conduct shared operations with the related person; (3) you do not refer clients or business to the related person, and the related person does not refer prospective clients or business to you; (4) you do not share supervised persons or premises with the related person; and (5) you have no reason to believe that your relationship with the related person otherwise creates a conflict of interest with your clients.

You must complete Section 7.A. of Schedule D for each related person acting as qualified custodian in connection with advisory services you provide to your clients (other than any mutual fund transfer agent pursuant to rule 206(4)-2(b)(1)), regardless of whether you have determined the related person to be operationally independent under rule 206(4)-2 of the Advisers Act.

SECTION 7.A. Financial Industry Affiliations

Complete a separate Schedule D Section 7.A. for each related person listed in Item 7.A.

1. Legal Name of Related Person:

THE LEADERS GROUP, INC.

2. Primary Business Name of Related Person:

THE LEADERS GROUP, INC.

3. Related Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)

8 - 47639

or

	Othe	er en						
	5 /							
4.		ted Person's						
	(a)	CRD Number (if any): 37157						
	(b)	CIK Number(s) (if any):						
	(-)	No Information Filed						
				1				
5.	Rela	Related Person is: (check all that apply)						
	(a)	broker-dealer, municipal securities dealer, or government securities broker or dealer						
	(b)	other investment adviser (including financial planners)						
	(c)	registered municipal advisor						
	(d)	registered security-based swap dealer						
	(e)	major security-based swap participant						
	(f)	commodity pool operator or commodity trading advisor (whether registered or exempt from registration)						
	(g)	futures commission merchant						
		banking or thrift institution						
	(i)	□ trust company□ accountant or accounting firm						
	(j) (k)	□ accountant or accounting firm □ lawyer or law firm						
	(k) (l)	insurance company or agency						
	(m)	, , , , , , , , , , , , , , , , , , , ,						
		real estate broker or dealer						
	(o)	sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles						
	(p)	sponsor, general partner, managing member (or equivalent) of pooled investment vehicles						
			Yes	No				
6.	Do y	ou control or are you controlled by the related person?	О	•				
7.	Are y	you and the <i>related person</i> under common <i>control</i> ?	\odot	0				
8.	(a)	Does the <i>related person</i> act as a qualified custodian for your <i>clients</i> in connection with advisory services you provide to <i>clients</i> ?	0	⊙				
	(b)	If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you	0	0				
	()	overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the						
		related person and thus are not required to obtain a surprise examination for your clients' funds or securities that						
		are maintained at the related person?						
	(c)	If you have answered "yes" to question 8.(a) above, provide the location of the <i>related person's</i> office responsible for <i>custody</i> of your <i>clients'</i> assets:	or					
		Number and Street 1: Number and Street 2:						
		City: State: Country: ZIP+4/Postal Code:						
		If this address is a private residence, check this box: \Box						
			Yes	No				
9.	(a)	If the <i>related person</i> is an investment adviser, is it exempt from registration?	\circ	⊙				
	(b)	If the answer is yes, under what exemption?						
10.	(a)	Is the related person registered with a foreign financial regulatory authority ?	0	•				
	(b)	If the answer is yes, list the name and country, in English of each foreign financial regulatory authority with which the	he					
	` ,	related person is registered.						
		No Information Filed						
11.	Do y	ou and the related person share any supervised persons?	\odot	0				
12.	Do y	ou and the <i>related person</i> share the same physical location?	\odot	0				

Item 7 Private Fund Reporting

Yes No

B. Are you an adviser to any private fund?

• •

If "yes," then for each private fund that you advise, you must complete a Section 7.B.(1) of Schedule D, except in certain circumstances described in the next sentence and in Instruction 6 of the Instructions to Part 1A. If you are registered or applying for registration with the SEC or reporting as an SEC exempt reporting adviser, and another SEC-registered adviser or SEC exempt reporting adviser reports this information with respect to any such private fund in Section 7.B.(1) of Schedule D of its Form ADV (e.g., if you are a subadviser), do not complete Section 7.B.(1) of Schedule D with respect to that private fund. You must, instead, complete Section 7.B.(2) of Schedule D.

In either case, if you seek to preserve the anonymity of a private fund client by maintaining its identity in your books and records in numerical or alphabetical code, or similar designation, pursuant to rule 204-2(d), you may identify the private fund in Section 7.B.(1) or 7.B.(2) of Schedule D using the same code or designation in place of the fund's name.

SECTION 7.B.	(1	Private Fu	ind Reporting
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No Information Filed

SECTION 7.B.(2) Private Fund Reporting

Item 8 Participation or Interest in Client Transactions

In this Item, we request information about your participation and interest in your *clients*' transactions. This information identifies additional areas in which conflicts of interest may occur between you and your *clients*. Newly-formed advisers should base responses to these questions on the types of participation and interest that you expect to engage in during the next year.

Like Item 7, Item 8 requires you to provide information about you and your related persons, including foreign affiliates.

Pro	priet	ary Interest in <i>Client</i> Transactions		
Α.	Do y	you or any related person:	Yes	No
	(1)	buy securities for yourself from advisory <i>clients</i> , or sell securities you own to advisory <i>clients</i> (principal transactions)?	0	•
	(2)	buy or sell for yourself securities (other than shares of mutual funds) that you also recommend to advisory <i>clients</i> ?	0	•
	(3)	recommend securities (or other investment products) to advisory <i>clients</i> in which you or any <i>related person</i> has some other proprietary (ownership) interest (other than those mentioned in Items 8.A.(1) or (2))?	•	0
Sal	es In	terest in <i>Client</i> Transactions		
В.	Do y	you or any <i>related person</i> :	Yes	No
	(1)	as a broker-dealer or registered representative of a broker-dealer, execute securities trades for brokerage customers in which advisory <i>client</i> securities are sold to or bought from the brokerage customer (agency cross transactions)?	0	•
	(2)	recommend to advisory <i>clients</i> , or act as a purchaser representative for advisory <i>clients</i> with respect to, the purchase of securities for which you or any <i>related person</i> serves as underwriter or general or managing partner?	0	•
	(3)	recommend purchase or sale of securities to advisory <i>clients</i> for which you or any <i>related person</i> has any other sales interest (other than the receipt of sales commissions as a broker or registered representative of a broker-dealer)?	0	•
Inv	estm	ent or Brokerage Discretion		
C.	Do y	you or any related person have discretionary authority to determine the:	Yes	No
	(1)	securities to be bought or sold for a <i>client's</i> account?	\odot	\circ
	(2)	amount of securities to be bought or sold for a <i>client's</i> account?	•	0
	(3)	broker or dealer to be used for a purchase or sale of securities for a client's account?	•	0
	(4)	commission rates to be paid to a broker or dealer for a <i>client's</i> securities transactions?	•	0
D.	If yo	ou answer "yes" to C.(3) above, are any of the brokers or dealers related persons?	0	•
E.	Do y	you or any <i>related person</i> recommend brokers or dealers to <i>clients</i> ?	•	0
F.	If yo	ou answer "yes" to E. above, are any of the brokers or dealers <i>related persons</i> ?	0	•
G.	(1)	Do you or any <i>related person</i> receive research or other products or services other than execution from a broker-dealer or a third party ("soft dollar benefits") in connection with <i>client</i> securities transactions?	0	•
	(2)	If "yes" to G.(1) above, are all the "soft dollar benefits" you or any <i>related persons</i> receive eligible "research or brokerage services" under section 28(e) of the Securities Exchange Act of 1934?	0	•
Н.	(1)	Do you or any <i>related person</i> , directly or indirectly, compensate any <i>person</i> that is not an <i>employee</i> for <i>client</i> referrals?	⊙	0
	(2)	Do you or any <i>related person</i> , directly or indirectly, provide any <i>employee</i> compensation that is specifically related to obtaining <i>clients</i> for the firm (cash or non-cash compensation in addition to the <i>employee's</i> regular salary)?	0	•
I.		you or any <i>related person</i> , including any <i>employee</i> , directly or indirectly, receive compensation from any <i>person</i> er than you or any <i>related person</i>) for <i>client</i> referrals?	•	0
	In y	our response to Item 8.I., do not include the regular salary you pay to an employee.		
	In re	esponding to Items 8.H. and 8.I., consider all cash and non-cash compensation that you or a related person gave to	o (in	

answering Item 8.H.) or received from (in answering Item 8.I.) any person in exchange for client referrals, including any bonus that is based, at least in part, on the number or amount of client referrals.

Iten	n 9 C	ustody						
			ated person has custody of client (other than clients that are investment compa t of 1940) assets and about your custodial practices.	anies				
Α.	(1)	Do you have <i>custody</i> of any advisor	y clients':	Yes	No			
		(a) cash or bank accounts?		0	•			
		(b) securities?		О	⊙			
	you coni	deduct your advisory fees directly fron nection with advisory services you pr	the SEC, answer "No" to Item 9.A.(1)(a) and (b) if you have custody solely become your clients' accounts, or (ii) a related person has custody of client assets in ovide to clients, but you have overcome the presumption that you are not operalle 206(4)-2(d)(5)) from the related person.	'n				
	(2) If you checked "yes" to Item 9.A.(1)(a) or (b), what is the approximate amount of <i>client</i> funds and securities and tot number of <i>clients</i> for which you have <i>custody</i> :							
		U.S. Dollar Amount	Total Number of <i>Clients</i>					
		(a) \$	(b)					
	fron 9.A. inclu	n your clients' accounts, do not includ (2). If your related person has custo	The SEC and you have custody solely because you deduct your advisory fees did the the amount of those assets and the number of those clients in your response dy of client assets in connection with advisory services you provide to clients, of number of those clients in your response to 9.A.(2). Instead, include that inform	e to It do not	tem t			
В.	(1)	In connection with advisory services your advisory <i>clients</i> ':	s you provide to <i>clients</i> , do any of your <i>related persons</i> have <i>custody</i> of any of	Yes	No			
		(a) cash or bank accounts?		0	•			
		(b) securities?		0	•			
	You	are required to answer this item reg	ardless of how you answered Item 9.A.(1)(a) or (b).					
	(2)	If you checked "yes" to Item 9.B.(1 number of <i>clients</i> for which your <i>rel</i>	(a) or (b), what is the approximate amount of <i>client</i> funds and securities and lated persons have <i>custody</i> :	total				
		U.S. Dollar Amount	Total Number of <i>Clients</i>					
		(a) \$	(b)					
C.		ou or your <i>related persons</i> have <i>cust</i> onts, check all the following that apply	ody of client funds or securities in connection with advisory services you provid:	e to				
	(1)	A qualified custodian(s) sends according vehicle(s) you manage.	unt statements at least quarterly to the investors in the pooled investment					
	(2)		udits annually the pooled investment vehicle(s) that you manage and the tributed to the investors in the pools.					
	(3)	An independent public accountant of	onducts an annual surprise examination of <i>client</i> funds and securities.					
	(4)		repares an internal control report with respect to custodial services when you d custodians for <i>client</i> funds and securities.					
	aud. info	it or examination or prepare an inter	(4), list in Section 9.C. of Schedule D the accountants that are engaged to performal control report. (If you checked Item 9.C.(2), you do not have to list auditor of if you already provided this information with respect to the private funds you	-				
D.		you or your related person(s) act as or ide to clients?	qualified custodians for your <i>clients</i> in connection with advisory services you	Yes	No			

(1) you act as a qualified custodian

<i>,</i> ~	`			,			1.6.		, ,	
(2) '	your	reiatea	person(.	s) act	as (qualified	custodian(S)

If you checked "yes" to Item 9.D.(2), all related persons that act as qualified custodians (other than any mutual fund transfer agent pursuant to rule 206(4)-2(b)(1)) must be identified in Section 7.A. of Schedule D, regardless of whether you have determined the related person to be operationally independent under rule 206(4)-2 of the Advisers Act.

- E. If you are filing your *annual updating amendment* and you were subject to a surprise examination by an *independent public accountant* during your last fiscal year, provide the date (MM/YYYY) the examination commenced:
- F. If you or your *related persons* have *custody* of *client* funds or securities, how many *persons*, including, but not limited to, you and your *related persons*, act as qualified custodians for your *clients* in connection with advisory services you provide to *clients*?

CECTION		T	- + D1-11-	A
SECTION	9.L.	Independer	IT PUDIIC	ACCOUNTANT

Item 10 Control Persons

In this Item, we ask you to identify every *person* that, directly or indirectly, *controls* you. If you are filing an *umbrella registration*, the information in Item 10 should be provided for the *filing adviser* only.

If you are submitting an initial application or report, you must complete Schedule A and Schedule B. Schedule A asks for information about your direct owners and executive officers. Schedule B asks for information about your indirect owners. If this is an amendment and you are updating information you reported on either Schedule A or Schedule B (or both) that you filed with your initial application or report, you must complete Schedule C.

Yes No

A. Does any *person* not named in Item 1.A. or Schedules A, B, or C, directly or indirectly, *control* your management or policies?

⊚

If yes, complete Section 10.A. of Schedule D.

B. If any *person* named in Schedules A, B, or C or in Section 10.A. of Schedule D is a public reporting company under Sections 12 or 15(d) of the Securities Exchange Act of 1934, please complete Section 10.B. of Schedule D.

SECTION 10.A. Control Persons

No Information Filed

SECTION 10.B. Control Person Public Reporting Companies

Item 11 Disclosure Information

In this Item, we ask for information about your disciplinary history and the disciplinary history of all your advisory affiliates. We use this information to determine whether to grant your application for registration, to decide whether to revoke your registration or to place limitations on your activities as an investment adviser, and to identify potential problem areas to focus on during our on-site examinations. One event may result in "yes" answers to more than one of the questions below. In accordance with General Instruction 5 to Form ADV, "you" and "your" include the *filing adviser* and all *relying advisers* under an *umbrella registration*.

Your advisory affiliates are: (1) all of your current employees (other than employees performing only clerical, administrative, support or similar functions); (2) all of your officers, partners, or directors (or any person performing similar functions); and (3) all persons directly or indirectly controlling you or controlled by you. If you are a "separately identifiable department or division" (SID) of a bank, see the Glossary of Terms to determine who your advisory affiliates are.

If you are registered or registering with the SEC or if you are an exempt reporting adviser, you may limit your disclosure of any event listed in Item 11 to ten years following the date of the event. If you are registered or registering with a state, you must respond to the questions as posed; you may, therefore, limit your disclosure to ten years following the date of an event only in responding to Items 11.A.(1), 11.A.(2), 11.B.(1), 11.B.(2), 11.D.(4), and 11.H.(1)(a). For purposes of calculating this ten-year period, the date of an event is the date the final order, judgment, or decree was entered, or the date any rights of appeal from preliminary orders, judgments, or decrees lapsed.

You	must complete the appropriate Disclosure Reporting Page ("DRP") for "yes" answers to the questions in this Item 11.		
		Yes	No
Do	any of the events below involve you or any of your supervised persons?	\circ	\odot
For	"yes" answers to the following questions, complete a Criminal Action DRP:		
A.	In the past ten years, have you or any advisory affiliate:	Yes	No
	(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?	0	•
	(2) been <i>charged</i> with any <i>felony</i> ?	0	⊙
	If you are registered or registering with the SEC, or if you are reporting as an exempt reporting adviser, you may limit response to Item 11.A.(2) to charges that are currently pending.	your	
В.	In the past ten years, have you or any advisory affiliate:		
	(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a misdemeanor involving: investments or an investment-related business, or any fraud, false statements, or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?	0	•
	(2) been <i>charged</i> with a <i>misdemeanor</i> listed in Item 11.B.(1)?	0	•
	If you are registered or registering with the SEC, or if you are reporting as an exempt reporting adviser, you may limit response to Item 11.B.(2) to charges that are currently pending.	your	
For	"yes" answers to the following questions, complete a Regulatory Action DRP:		
C.	Has the SEC or the Commodity Futures Trading Commission (CFTC) ever:	Yes	No
	(1) found you or any advisory affiliate to have made a false statement or omission?	\circ	\odot
	(2) found you or any advisory affiliate to have been involved in a violation of SEC or CFTC regulations or statutes?	0	\odot
	(3) found you or any advisory affiliate to have been a cause of an investment-related business having its authorization to do business denied, suspended, revoked, or restricted?	0	•
	(4) entered an order against you or any advisory affiliate in connection with investment-related activity?	\circ	\odot
	(5) imposed a civil money penalty on you or any <i>advisory affiliate</i> , or <i>ordered</i> you or any <i>advisory affiliate</i> to cease and desist from any activity?	0	•
D.	Has any other federal regulatory agency, any state regulatory agency, or any foreign financial regulatory authority:		
	(1) ever found you or any advisory affiliate to have made a false statement or omission, or been dishonest, unfair, or unethical?	0	⊙
	(2) ever found you or any advisory affiliate to have been involved in a violation of investment-related regulations or	•	0

		statutes?		
	(3)	ever <i>found</i> you or any <i>advisory affiliate</i> to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted?	0	•
	(4)	in the past ten years, entered an <i>order</i> against you or any <i>advisory affiliate</i> in connection with an <i>investment-related</i> activity?	0	•
	(5)	ever denied, suspended, or revoked your or any <i>advisory affiliate's</i> registration or license, or otherwise prevented you or any <i>advisory affiliate</i> , by <i>order</i> , from associating with an <i>investment-related</i> business or restricted your or any <i>advisory affiliate's</i> activity?	0	0
E.	Has	s any self-regulatory organization or commodities exchange ever:		
	(1)	found you or any advisory affiliate to have made a false statement or omission?	0	•
	(2)	found you or any advisory affiliate to have been involved in a violation of its rules (other than a violation designated as a "minor rule violation" under a plan approved by the SEC)?	•	0
	(3)	found you or any advisory affiliate to have been the cause of an investment-related business having its authorization to do business denied, suspended, revoked, or restricted?	0	•
	(4)	disciplined you or any <i>advisory affiliate</i> by expelling or suspending you or the <i>advisory affiliate</i> from membership, barring or suspending you or the <i>advisory affiliate</i> from association with other members, or otherwise restricting your or the <i>advisory affiliate's</i> activities?	•	0
F.		an authorization to act as an attorney, accountant, or federal contractor granted to you or any <i>advisory affiliate</i> r been revoked or suspended?	0	•
G.		you or any <i>advisory affiliate</i> now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to part of Item 11.C., 11.D., or 11.E.?	0	•
For	<u>"yes</u> '	answers to the following questions, complete a Civil Judicial Action DRP:		
Н.	(1)	Has any domestic or foreign court:	Yes	No
		(a) in the past ten years, <i>enjoined</i> you or any <i>advisory affiliate</i> in connection with any <i>investment-related</i> activity?	0	•
		(b) ever found that you or any advisory affiliate were involved in a violation of investment-related statutes or regulations?	0	•
		(c) ever dismissed, pursuant to a settlement agreement, an <i>investment-related</i> civil action brought against you or any <i>advisory affiliate</i> by a state or <i>foreign financial regulatory authority</i> ?	0	•
	(2)	Are you or any <i>advisory affiliate</i> now the subject of any civil <i>proceeding</i> that could result in a "yes" answer to any part of Item 11.H.(1)?	0	•

Item 12 Small Businesses

The SEC is required by the Regulatory Flexibility Act to consider the effect of its regulations on small entities. In order to do this, we need to determine whether you meet the definition of "small business" or "small organization" under rule 0-7.

Answer this Item 12 only if you are registered or registering with the SEC **and** you indicated in response to Item 5.F.(2)(c) that you have regulatory assets under management of less than \$25 million. You are not required to answer this Item 12 if you are filing for initial registration as a state adviser, amending a current state registration, or switching from SEC to state registration.

For purposes of this Item 12 only:

- Total Assets refers to the total assets of a firm, rather than the assets managed on behalf of *clients*. In determining your or another *person's* total assets, you may use the total assets shown on a current balance sheet (but use total assets reported on a consolidated balance sheet with subsidiaries included, if that amount is larger).
- Control means the power to direct or cause the direction of the management or policies of a *person*, whether through ownership of securities, by contract, or otherwise. Any *person* that directly or indirectly has the right to vote 25 percent or more of the voting securities, or is entitled to 25 percent or more of the profits, of another *person* is presumed to *control* the other *person*.

		Yes	No
A.	Did you have total assets of \$5 million or more on the last day of your most recent fiscal year?	0	\circ
If "y	yes," you do not need to answer Items 12.B. and 12.C.		
В.	Do you:		
	(1) control another investment adviser that had regulatory assets under management (calculated in response to Item 5.F.(2)(c) of Form ADV) of \$25 million or more on the last day of its most recent fiscal year?	0	0
	(2) control another person (other than a natural person) that had total assets of \$5 million or more on the last day of its most recent fiscal year?	0	0
C.	Are you:		
	(1) controlled by or under common control with another investment adviser that had regulatory assets under management (calculated in response to Item 5.F.(2)(c) of Form ADV) of \$25 million or more on the last day of its most recent fiscal year?	0	0
	(2) controlled by or under common control with another person (other than a natural person) that had total assets of \$5 million or more on the last day of its most recent fiscal year?	0	0

Schedule A

Direct Owners and Executive Officers

- 1. Complete Schedule A only if you are submitting an initial application or report. Schedule A asks for information about your direct owners and executive officers. Use Schedule C to amend this information.
- 2. Direct Owners and Executive Officers. List below the names of:
 - (a) each Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer (Chief Compliance Officer is required if you are registered or applying for registration and cannot be more than one individual), director, and any other individuals with similar status or functions;
 - (b) if you are organized as a corporation, each shareholder that is a direct owner of 5% or more of a class of your voting securities, unless you are a public reporting company (a company subject to Section 12 or 15(d) of the Exchange Act); Direct owners include any *person* that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 5% or more of a class of your voting securities. For purposes of this Schedule, a *person* beneficially owns any securities: (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant, or right to purchase the security.
 - (c) if you are organized as a partnership, <u>all</u> general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 5% or more of your capital;
 - (d) in the case of a trust that directly owns 5% or more of a class of your voting securities, or that has the right to receive upon dissolution, or has contributed, 5% or more of your capital, the trust and each trustee; and
 - (e) if you are organized as a limited liability company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 5% or more of your capital, and (ii) if managed by elected managers, all elected managers.
- 3. Do you have any indirect owners to be reported on Schedule B? Yes No
- 4. In the DE/FE/I column below, enter "DE" if the owner is a domestic entity, "FE" if the owner is an entity incorporated or domiciled in a foreign country, or "I" if the owner or executive officer is an individual.
- 5. Complete the Title or Status column by entering board/management titles; status as partner, trustee, sole proprietor, elected manager, shareholder, or member; and for shareholders or members, the class of securities owned (if more than one is issued).
- 6. Ownership codes are: NA less than 5%
- B 10% but less than 25%
- D 50% but less than 75%

- A 5% but less than 10%
- C 25% but less than 50%
- E 75% or more
- 7. (a) In the *Control Person* column, enter "Yes" if the *person* has *control* as defined in the Glossary of Terms to Form ADV, and enter "No" if the *person* does not have *control*. Note that under this definition, most executive officers and all 25% owners, general partners, elected managers, and trustees are *control persons*.
 - (b) In the PR column, enter "PR" if the owner is a public reporting company under Sections 12 or 15(d) of the Exchange Act.
 - (c) Complete each column.

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	DE/FE/I	Title or Status	Date Title or Status Acquired MM/YYYY	•	Control Person		CRD No. If None: S.S. No. and Date of Birth, IRS Tax No. or Employer ID No.
RILEY, ZORAH, JANE	I	CHIEF COMPLIANCE OFFICER	06/2001	NA	N	N	3015509
WICKERSHAM, SEAN, DAVID	I	PRESIDENT	02/2018	NA	Υ	N	4994630
BERNADETTE M. WICKERSHAM AMENDED AND RESTATED LIVING REVOCABLE TRUST	DE	OWNER	07/2018	С	N	N	52-1888351
BERNADETTE M. WICKERSHAM 2018 IRREVOCABLE TRUST FBO SEAN D. WICKERSHAM	DE	OWNER	07/2018	А	N	N	52-1888351
DAVID R WICKERSHAM AMENDED AND RESTATED LIVING REVOCABLE FRUST	DE	OWNER	07/2018	С	N	N	52-1640601
DAVID R WICKERSHAM 2018 IRREVOCABLE TRUST FBO SEAN D. WICKERSHAM	DE	OWNER	07/2018	А	N	N	52-1640601
WICKERSHAM, BERNADETTE, MARIE	I	TRUSTEE OF ALL TRUSTS	07/2018	NA	N	N	2799089
WICKERSHAM, BERNADETTE, MARIE	I	TRUSTEE OF ALL IRREVOCABLE TRUSTS	07/2018	NA	N	N	2799089

Tiller, Benjamin, Ryan	I	PRINCIPAL	10/2020	NA	Υ	N	5742792
		FINANCIAL					
		OFFICER					
Mann, Warren, Brennan	I	PRINCIPAL	01/2022	NA	Υ	N	4871135
		OPERATIONS					
		OFFICER					

Schedule B

Indirect Owners

- 1. Complete Schedule B only if you are submitting an initial application or report. Schedule B asks for information about your indirect owners; you must first complete Schedule A, which asks for information about your direct owners. Use Schedule C to amend this information.
- 2. Indirect Owners. With respect to each owner listed on Schedule A (except individual owners), list below:
 - (a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of a class of a voting security of that corporation;
 - For purposes of this Schedule, a *person* beneficially owns any securities: (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant, or right to purchase the security.
 - (b) in the case of an owner that is a partnership, <u>all</u> general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital;
 - (c) in the case of an owner that is a trust, the trust and each trustee; and
 - (d) in the case of an owner that is a limited liability company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers.
- 3. Continue up the chain of ownership listing all 25% owners at each level. Once a public reporting company (a company subject to Sections 12 or 15(d) of the Exchange Act) is reached, no further ownership information need be given.
- 4. In the DE/FE/I column below, enter "DE" if the owner is a domestic entity, "FE" if the owner is an entity incorporated or domiciled in a foreign country, or "I" if the owner is an individual.
- 5. Complete the Status column by entering the owner's status as partner, trustee, elected manager, shareholder, or member; and for shareholders or members, the class of securities owned (if more than one is issued).
- 6. Ownership codes are: C 25% but less than 50% E 75% or more
 - D 50% but less than 75% F Other (general partner, trustee, or elected manager)
- 7. (a) In the *Control Person* column, enter "Yes" if the *person* has *control* as defined in the Glossary of Terms to Form ADV, and enter "No" if the *person* does not have *control*. Note that under this definition, most executive officers and all 25% owners, general partners, elected managers, and trustees are *control persons*.
 - (b) In the PR column, enter "PR" if the owner is a public reporting company under Sections 12 or 15(d) of the Exchange Act.
 - (c) Complete each column.

Schedule D - Miscellaneous

You may use the space below to explain a response to an Item or to provide any other information.

Schedule R	
	No Information Filed

DRP Pages										
CRIMINAL DISCLOSURE REPORTING PAGE (ADV) No Information Filed										
						REGULATORY ACT	TION DISCLOSURE RE	PORTING PAGE (ADV)		
								GENERAL INSTRUC		
•	, ,	is an O INITIAL OR O AME .F. or 11.G. of Form ADV.	NDED response used to re	port details for affirmative						
		Regulatory Act	ion							
Check item(s) bein										
11.C(1)	11.C(2)	☐ 11.C(3)	☐ 11.C(4)	11.C(5)						
□ 11.D(1)	☑ 11.D(2)	□ 11.D(3)	□ 11.D(4)	☑ 11.D(5)						
□ 11.E(1)	☑ 11.E(2)	☐ 11.E(3)	☑ 11.E(4)							
□ 11.F.	□ 11.G.									
One event may residetails related to the separate DRP. PART I A. The person(s C You (the second of the context) O You and context of the person of the second of the s	the same event. If an event of the same event of the same event of your advisory affiled for an advis the same event of your advisory affiled for an advis	firmative answer to Items 11. ent gives rise to actions by more than this DRP is being filed is (are isory affiliates	ore than one regulator, pro	1.G. Use only one DRP to report ovide details for each action on a selow (for individuals, Last name						
If the <i>advisor</i> box.	Aiddle name). Ty affiliate has a CRD nu ADVISORY AFFILIATE	ımber, provide that number. If	not, indicate "non-registe	ered" by checking the appropriate						
CRD	2171289	This advisory affiliate is C	a Firm 🏿 🙃 an Individual							
Number:										
Registered:	⊙ Yes ○ No									
Name:	BUCARO, PHILLIP,									
	JOHN (For individuals, Last, First, Middle)									
CRD	256420	This sales are a	- Fi 6							
Number:		This <i>advisory affiliate</i> is C	a Firm 🤨 an Individual							
Registered:	⊙ Yes ○ No									
Namo										
Name:	Jacobs, James, Allen (For individuals, Last,									

	☐ This DRP should be removed from the ADV record because the <i>advisory affiliate(s)</i> is no longer associated with the adviser.
	This DRP should be removed from the ADV record because: (1) the event or <i>proceeding</i> occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC or reporting as an <i>exempt reporting adviser</i> with the SEC and the event was resolved in the adviser's or <i>advisory affiliate's</i> favor.
	If you are registered or registering with a <i>state securities authority</i> , you may remove a DRP for an event you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.
	☐ This DRP should be removed from the ADV record because it was filed in error, such as due to a clerical or data-entry mistake. Explain the circumstances:
В.	If the <i>advisory affiliate</i> is registered through the IARD system or <i>CRD</i> system, has the <i>advisory affiliate</i> submitted a DRP (with Form ADV, BD or U-4) to the IARD or <i>CRD</i> for the event? If the answer is "Yes," no other information on this DRP must be provided.
	⊙ Yes C No
	NOTE: The completion of this form does not relieve the <i>advisory affiliate</i> of its obligation to update its IARD or <i>CRD</i> records.
PART	
1.	Regulatory Action initiated by: O SEC Other Federal O State O SRO O Foreign
	(Full name of regulator, foreign financial regulatory authority, federal, state, or SRO)
2.	Principal Sanction:
	Other Sanctions:
3.	Date Initiated (MM/DD/YYYY):
	C Exact C Explanation If not exact, provide explanation:
4.	Docket/Case Number:
5.	Advisory Affiliate Employing Firm when activity occurred which led to the regulatory action (if applicable):
6.	Principal Product Type:
	Other Product Types:
7.	Describe the allegations related to this regulatory action (your response must fit within the space provided):
8.	Current Status? C Pending C On Appeal C Final
9.	If on appeal, regulatory action appealed to (SEC, SRO, Federal or State Court) and Date Appeal Filed:
If Fi	inal or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.
10.	How was matter resolved:
11.	Resolution Date (MM/DD/YYYY):

	0	Exact C Explanation	
	If no	t exact, provide explanation:	
12.	Resc	olution Detail:	
	A.	Were any of the following Sanctions Ordere	d (check all appropriate items)?
		\square Monetary/Fine Amount: \$	
		\square Revocation/Expulsion/Denial	Disgorgement/Restitution
		☐ Censure	\square Cease and Desist/Injunction
		□ Bar	☐ Suspension
	В.	Other Sanctions Ordered:	
13.		sanction, provide length of time given to re satisfied. If disposition resulted in a fine, pe amount, portion levied against you or an ac	incipal, etc.). If requalification by exam/retraining was a condition of the qualify/retrain, type of exam required and whether condition has been enalty, restitution, disgorgement or monetary compensation, provide total dvisory affiliate, date paid and if any portion of penalty was waived: action status and (or) disposition and include relevant terms, conditions and ovided).
CIVI	L JUI	DICIAL ACTION DISCLOSURE REPORTING	S PAGE (ADV) No Information Filed

Part 2

Exemption from brochure delivery requirements for SEC-registered advisers

SEC rules exempt SEC-registered advisers from delivering a firm brochure to some kinds of clients. If these exemptions excuse you from delivering a brochure to *all* of your advisory clients, you do not have to prepare a brochure.

Yes No

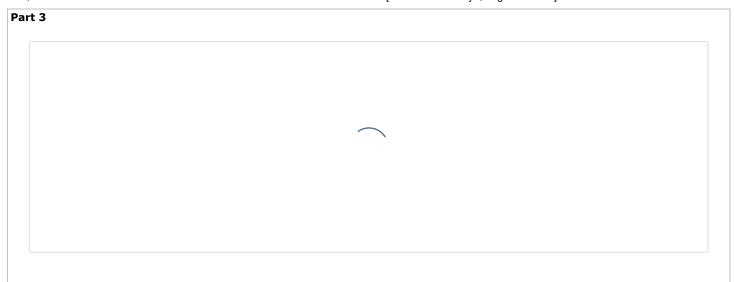
Are you exempt from delivering a brochure to all of your clients under these rules?

0.0

If no, complete the ADV Part 2 filing below.

Amend, retire or file new brochures:

Brochure ID	Brochure Name	Brochure Type(s)
349664	MARCH 2021 BROCHURE	Individuals, High net worth individuals, Foundations/charities, Financial Planning Services, Selection of Other Advisers/Solicitors
365903	2022 TLG ADVISORS BROCHURE	Individuals, High net worth individuals, Pension plans/profit sharing plans, Pension consulting, Foundations/charities, Other institutional, Financial Planning Services, Selection of Other Advisers/Solicitors



Execution Pages

DOMESTIC INVESTMENT ADVISER EXECUTION PAGE

You must complete the following Execution Page to Form ADV. This execution page must be signed and attached to your initial submission of Form ADV to the SEC and all amendments.

Appointment of Agent for Service of Process

By signing this Form ADV Execution Page, you, the undersigned adviser, irrevocably appoint the Secretary of State or other legally designated officer, of the state in which you maintain your *principal office and place of business* and any other state in which you are submitting a *notice filing*, as your agents to receive service, and agree that such *persons* may accept service on your behalf, of any notice, subpoena, summons, *order* instituting *proceedings*, demand for arbitration, or other process or papers, and you further agree that such service may be made by registered or certified mail, in any federal or state action, administrative *proceeding* or arbitration brought against you in any place subject to the jurisdiction of the United States, if the action, *proceeding*, or arbitration (a) arises out of any activity in connection with your investment advisory business that is subject to the jurisdiction of the United States, and (b) is *founded*, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these acts, or (ii) the laws of the state in which you maintain your *principal office and place of business* or of any state in which you are submitting a *notice filing*.

Signature

I, the undersigned, sign this Form ADV on behalf of, and with the authority of, the investment adviser. The investment adviser and I both certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this ADV, including exhibits and any other information submitted, are true and correct, and that I am signing this Form ADV Execution Page as a free and voluntary act.

I certify that the adviser's books and records will be preserved and available for inspection as required by law. Finally, I authorize any *person* having *custody* or possession of these books and records to make them available to federal and state regulatory representatives.

Signature: Date: MM/DD/YYYY

Z. JANE RILEY 03/30/2022

Printed Name: Title:

Z. JANE RILEY CHIEF COMPLIANCE OFFICER

Adviser CRD Number:

111052

NON-RESIDENT INVESTMENT ADVISER EXECUTION PAGE

You must complete the following Execution Page to Form ADV. This execution page must be signed and attached to your initial submission of Form ADV to the SEC and all amendments.

1. Appointment of Agent for Service of Process

By signing this Form ADV Execution Page, you, the undersigned adviser, irrevocably appoint each of the Secretary of the SEC, and the Secretary of State or other legally designated officer, of any other state in which you are submitting a *notice filing*, as your agents to receive service, and agree that such persons may accept service on your behalf, of any notice, subpoena, summons, *order* instituting *proceedings*, demand for arbitration, or other process or papers, and you further agree that such service may be made by registered or certified mail, in any federal or state action, administrative *proceeding* or arbitration brought against you in any place subject to the jurisdiction of the United States, if the action, *proceeding* or arbitration (a) arises out of any activity in connection with your investment advisory business that is subject to the jurisdiction of the United States, and (b) is *founded*, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these acts, or (ii) the laws of any state in which you are submitting a *notice filing*.

2. Appointment and Consent: Effect on Partnerships

If you are organized as a partnership, this irrevocable power of attorney and consent to service of process will continue in effect if

any partner withdraws from or is admitted to the partnership, provided that the admission or withdrawal does not create a new partnership. If the partnership dissolves, this irrevocable power of attorney and consent shall be in effect for any action brought against you or any of your former partners.

3. Non-Resident Investment Adviser Undertaking Regarding Books and Records

By signing this Form ADV, you also agree to provide, at your own expense, to the U.S. Securities and Exchange Commission at its principal office in Washington D.C., at any Regional or District Office of the Commission, or at any one of its offices in the United States, as specified by the Commission, correct, current, and complete copies of any or all records that you are required to maintain under Rule 204-2 under the Investment Advisers Act of 1940. This undertaking shall be binding upon you, your heirs, successors and assigns, and any *person* subject to your written irrevocable consents or powers of attorney or any of your general partners and *managing agents*.

Signature

I, the undersigned, sign this Form ADV on behalf of, and with the authority of, the *non-resident* investment adviser. The investment adviser and I both certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this ADV, including exhibits and any other information submitted, are true and correct, and that I am signing this Form ADV Execution Page as a free and voluntary act.

I certify that the adviser's books and records will be preserved and available for inspection as required by law. Finally, I authorize any *person* having *custody* or possession of these books and records to make them available to federal and state regulatory representatives.

Signature: Date: MM/DD/YYYY

Printed Name: Title:

Adviser CRD Number:

111052

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