

FORM ADV

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

|                                                |                    |
|------------------------------------------------|--------------------|
| Primary Business Name: MARINER ADVISOR NETWORK | CRD Number: 283824 |
| Other-Than-Annual Amendment - All Sections     | Rev. 10 / 2021     |
| 5 / 26 / 2026 3:32:21 PM                       |                    |

**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):  
**MARINER INDEPENDENT ADVISOR NETWORK, LLC**

B. (1) Name under which you primarily conduct your advisory business, if different from Item 1.A.  
**MARINER ADVISOR NETWORK**

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 ☐

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  
☐ your legal name or ☐ your primary business name:

D. (1) If you are registered with the SEC as an investment adviser, your SEC file number: **801-107913**

(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 |
|------------|
| 1548916    |

E. (1) If you have a number ("CRD Number") assigned by the *FINRA's CRD* system or by the IARD system, your *CRD* number: **283824**

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:  
5700 W 112TH STREET

City:  
OVERLAND PARK

State:  
Kansas

Number and Street 2:  
SUITE 500

Country:  
United States

ZIP+4/Postal Code:  
66211

If this address is a private residence, check this box: ☐

List on [Section 1.F. of Schedule D](#) any office, other than your principal office and place of business, at which you conduct investment advisory business. If you are applying for registration, or are registered, with one or more state securities authorities, you must list all of your offices in the state or states to which you are applying for registration or with whom you are registered. If you are applying for SEC registration, if you are registered only with the SEC, or if you are reporting to the SEC as an exempt reporting adviser, list the largest twenty-five offices in terms of numbers of employees as of the end of your most recently completed fiscal year.

(2) Days of week that you normally conduct business at your *principal office and place of business*:  
☒ Monday - Friday ☐ Other:  
Normal business hours at this location:  
8:00 A.M. - 5:00 P.M.

(3) Telephone number at this location:  
650-571-1934

(4) Facsimile number at this location, if any:  
650-571-6301

(5) What is the total number of offices, other than your *principal office and place of business*, at which you conduct investment advisory business as of the end of your most recently completed fiscal year?

97

G. Mailing address, if different from your *principal office and place of business* address:

Number and Street 1:

City:

State:

Number and Street 2:

Country:

ZIP+4/Postal Code:

If this address is a private residence, check this box: ☐

H. If you are a sole proprietor, state your full residence address, if different from your *principal office and place of business* address in Item 1.F.:

Number and Street 1:

City:

State:

Number and Street 2:

Country:

ZIP+4/Postal Code:

I. Do you have one or more websites or accounts on publicly available social media platforms (including, but not limited to, Twitter, Facebook and LinkedIn)?

Yes

No

☒

☐

If "yes," list all firm website addresses and the address for each of the firm's accounts on publicly available social media platforms on [Section 1.I. of Schedule D](#). If a website address serves as a portal through which to access other information you have published on the web, you may list the portal without listing addresses for all of the other information. You may need to list more than one portal address. Do not provide the addresses of websites or accounts on publicly available social media platforms where you do not control the content. Do not provide the individual electronic mail (e-mail) addresses of employees or the addresses of employee accounts on publicly available social media platforms.

J. Chief Compliance Officer

(1) Provide the name and contact information of your Chief Compliance Officer. If you are an *exempt reporting adviser*, you must provide the contact information for your Chief Compliance Officer, if you have one. If not, you must complete Item 1.K. below.

Name:

Telephone number:

Number and Street 1:

City:

State:

Other titles, if any:

Facsimile number, if any:

Number and Street 2:

Country:

ZIP+4/Postal Code:

Electronic mail (e-mail) address, if Chief Compliance Officer has one:

(2) If your Chief Compliance Officer is compensated or employed by any *person* other than you, a *related person* or an investment company registered under the Investment Company Act of 1940 that you advise for providing chief compliance officer services to you, provide the *person's* name and IRS Employer Identification Number (if any):

Name:

IRS Employer Identification Number:

K. Additional Regulatory Contact Person: If a person other than the Chief Compliance Officer is authorized to receive information and respond to questions about this Form ADV, you may provide that information here.

Name:

Telephone number:

Number and Street 1:

City:

State:

Titles:

Facsimile number, if any:

Number and Street 2:

Country:

ZIP+4/Postal Code:

Electronic mail (e-mail) address, if contact person has one:

L. Do you maintain some or all of the books and records you are required to keep under Section 204 of the Advisers Act, or similar state law, somewhere other than your *principal office and place of business*?

Yes

No

☐

☒

If "yes," complete [Section 1.L. of Schedule D](#).

M. Are you registered with a *foreign financial regulatory authority*?

Yes

No

☐

☒

Answer "no" if you are not registered with a foreign financial regulatory authority, even if you have an affiliate that is registered with a foreign financial regulatory authority. If "yes," complete [Section 1.M. of Schedule D](#).

N. Are you a public reporting company under Sections 12 or 15(d) of the Securities Exchange Act of 1934?

Yes

No

☐

☒

O. Did you have \$1 billion or more in assets on the last day of your most recent fiscal year?

If yes, what is the approximate amount of your assets:

☐ \$1 billion to less than \$10 billion

\$10 billion to less than \$50 billion

\$50 billion or more

For purposes of Item 1.O. only, "assets" refers to your total assets, rather than the assets you manage on behalf of clients. Determine your total assets using the total assets shown on the balance sheet for your most recent fiscal year end.

P.

Provide your *Legal Entity Identifier* if you have one:

A *legal entity identifier* is a unique number that companies use to identify each other in the financial marketplace. You may not have a *legal entity identifier*.

SECTION 1.B. Other Business Names

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.

Name: DIAMOND GROUP WEALTH ADVISORS, THE

Jurisdictions

AL

AK

AZ

AR

CA

CO

CT

DE

DC

IL

IN

IA

KS

NE

NV

NH

NJ

SC

SD

TN

TX

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.

Name: AMERICAN FINANCIAL ADVISORS, INC.

Jurisdictions

AL

AK

AZ

AR

CA

CO

CT

DE

DC

IL

IN

IA

KS

NE

NV

NH

NJ

SC

SD

TN

TX

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.

Name: BROWN FINANCIAL SERVICES GROUP

Jurisdictions

|                                        |                             |                             |                                        |
|----------------------------------------|-----------------------------|-----------------------------|----------------------------------------|
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                        |

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.

Name: CAMINO ADVISORS

Jurisdictions

|                                        |                             |                             |                                        |
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| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
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| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
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| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |
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| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                        |

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.

Name: CLARITY FINANCIAL PLANNING, INC.

Jurisdictions

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| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
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| <input type="checkbox"/> HI | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other: |
| <input type="checkbox"/> ID | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                 |

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.

Name: COMMON SENSONOMICS WEALTH MANAGEMENT

|                                        |                             |                             |                                 |
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| Jurisdictions                          |                             |                             |                                 |
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC     |
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| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                 |

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.

Name: EQUITY DEVELOPMENT CORPORATION

|                                        |                                        |                             |                                        |
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| Jurisdictions                          |                                        |                             |                                        |
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL            | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN            | <input type="checkbox"/> NV | <input type="checkbox"/> SD            |
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| <input type="checkbox"/> HI            | <input type="checkbox"/> MO            | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT            | <input type="checkbox"/> RI |                                        |

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.

Name: INTEGRITY CAPITAL WEALTH MANAGEMENT, LLC

|                             |                             |                             |                             |
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| Jurisdictions               |                             |                             |                             |
| <input type="checkbox"/> AL | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC |
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| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                        |

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.

Name: KLEIN INVESTMENT STRATEGIES

Jurisdictions

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| <input type="checkbox"/> AL | <input type="checkbox"/> IL | <input type="checkbox"/> NE            | <input type="checkbox"/> SC     |
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| <input type="checkbox"/> GU | <input type="checkbox"/> MS | <input type="checkbox"/> PA            | <input type="checkbox"/> WY     |
| <input type="checkbox"/> HI | <input type="checkbox"/> MO | <input type="checkbox"/> PR            | <input type="checkbox"/> Other: |
| <input type="checkbox"/> ID | <input type="checkbox"/> MT | <input type="checkbox"/> RI            |                                 |

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.

Name: LIGHTHOUSE STRATEGIC ADVISORS, LLC

Jurisdictions

|                                        |                                        |                             |                                        |
|----------------------------------------|----------------------------------------|-----------------------------|----------------------------------------|
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL            | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
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| <input type="checkbox"/> AR            | <input type="checkbox"/> KS            | <input type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
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| <input type="checkbox"/> HI            | <input type="checkbox"/> MO            | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT            | <input type="checkbox"/> RI |                                        |

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.

Name: MILLS WEALTH MANAGEMENT GROUP

Jurisdictions

|                                        |                             |                             |                                 |
|----------------------------------------|-----------------------------|-----------------------------|---------------------------------|
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC     |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD     |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN     |
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| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI     |
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| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other: |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                 |

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.

Name: MULTIGEN WEALTH SERVICES, INC.

Jurisdictions

|                             |                             |                             |                                        |
|-----------------------------|-----------------------------|-----------------------------|----------------------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
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| <input type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input checked="" type="checkbox"/> WA |
| <input type="checkbox"/> FL | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                        |

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.

Name: NURTURED WEALTH

Jurisdictions

|                                        |                             |                             |                                        |
|----------------------------------------|-----------------------------|-----------------------------|----------------------------------------|
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |

|                             |                             |                             |                                 |
|-----------------------------|-----------------------------|-----------------------------|---------------------------------|
| <input type="checkbox"/> GA | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI     |
| <input type="checkbox"/> GU | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY     |
| <input type="checkbox"/> HI | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other: |
| <input type="checkbox"/> ID | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                 |

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.

Name: RFS WEALTH ADVISORS

Jurisdictions

|                                        |                             |                             |                                 |
|----------------------------------------|-----------------------------|-----------------------------|---------------------------------|
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC     |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD     |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN     |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input type="checkbox"/> TX     |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT     |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT     |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI     |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA     |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA     |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV     |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI     |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY     |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other: |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                 |

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.

Name: RETIREMENT WEALTH ADVISORS, INC.

Jurisdictions

|                                        |                             |                             |                                 |
|----------------------------------------|-----------------------------|-----------------------------|---------------------------------|
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC     |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD     |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN     |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input type="checkbox"/> TX     |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT     |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT     |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI     |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA     |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA     |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV     |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI     |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY     |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other: |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                 |

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.

Name: SONOMA COUNTY WEALTH ADVISORS

Jurisdictions

|                             |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC |
| <input type="checkbox"/> AK | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD |

|                                        |                             |                             |                                 |
|----------------------------------------|-----------------------------|-----------------------------|---------------------------------|
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN     |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input type="checkbox"/> TX     |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT     |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT     |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI     |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA     |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA     |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV     |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI     |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY     |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other: |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                 |

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.

Name: WESTERN WEALTH MANAGEMENT, INC.

Jurisdictions

|                                        |                             |                             |                                 |
|----------------------------------------|-----------------------------|-----------------------------|---------------------------------|
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC     |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD     |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN     |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input type="checkbox"/> TX     |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT     |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT     |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI     |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA     |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA     |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV     |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI     |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY     |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other: |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                 |

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.

Name: WESTLAKE FINANCIAL MANAGEMENT

Jurisdictions

|                                        |                             |                             |                                        |
|----------------------------------------|-----------------------------|-----------------------------|----------------------------------------|
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                        |

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.

Name: UNIFIED WEALTH ADVISORS

Jurisdictions

|                                        |                             |                             |                                 |
|----------------------------------------|-----------------------------|-----------------------------|---------------------------------|
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC     |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD     |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN     |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input type="checkbox"/> TX     |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT     |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT     |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI     |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA     |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA     |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV     |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI     |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY     |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other: |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                 |

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.

Name: ARAKELIAN WEALTH MANAGEMENT

Jurisdictions

|                                        |                             |                             |                                        |
|----------------------------------------|-----------------------------|-----------------------------|----------------------------------------|
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                        |

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.

Name: WARNER WEALTH STRATEGIES

Jurisdictions

|                                        |                             |                             |                             |
|----------------------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input type="checkbox"/> TX |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV |

|                             |                             |                             |                                 |
|-----------------------------|-----------------------------|-----------------------------|---------------------------------|
| <input type="checkbox"/> GA | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI     |
| <input type="checkbox"/> GU | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY     |
| <input type="checkbox"/> HI | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other: |
| <input type="checkbox"/> ID | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                 |

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.

Name: SPRAGUE WEALTH SOLUTIONS, LLC

|                                        |                             |                             |                                        |
|----------------------------------------|-----------------------------|-----------------------------|----------------------------------------|
| Jurisdictions                          |                             |                             |                                        |
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                        |

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.

Name: IMD FINANCIAL, LLC

|                                        |                                        |                             |                                 |
|----------------------------------------|----------------------------------------|-----------------------------|---------------------------------|
| Jurisdictions                          |                                        |                             |                                 |
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL            | <input type="checkbox"/> NE | <input type="checkbox"/> SC     |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN            | <input type="checkbox"/> NV | <input type="checkbox"/> SD     |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA            | <input type="checkbox"/> NH | <input type="checkbox"/> TN     |
| <input type="checkbox"/> AR            | <input checked="" type="checkbox"/> KS | <input type="checkbox"/> NJ | <input type="checkbox"/> TX     |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY            | <input type="checkbox"/> NM | <input type="checkbox"/> UT     |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA            | <input type="checkbox"/> NY | <input type="checkbox"/> VT     |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME            | <input type="checkbox"/> NC | <input type="checkbox"/> VI     |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD            | <input type="checkbox"/> ND | <input type="checkbox"/> VA     |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA            | <input type="checkbox"/> OH | <input type="checkbox"/> WA     |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI            | <input type="checkbox"/> OK | <input type="checkbox"/> WV     |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN            | <input type="checkbox"/> OR | <input type="checkbox"/> WI     |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS            | <input type="checkbox"/> PA | <input type="checkbox"/> WY     |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO            | <input type="checkbox"/> PR | <input type="checkbox"/> Other: |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT            | <input type="checkbox"/> RI |                                 |

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.

Name: MERCER PARTNERS WEALTH MANAGEMENT

|                             |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Jurisdictions               |                             |                             |                             |
| <input type="checkbox"/> AL | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC |
| <input type="checkbox"/> AK | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD |

|                                        |                             |                             |                                        |
|----------------------------------------|-----------------------------|-----------------------------|----------------------------------------|
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                        |

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.

Name: SLANKSTER FINANCIAL

Jurisdictions

|                             |                                        |                             |                                 |
|-----------------------------|----------------------------------------|-----------------------------|---------------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> IL            | <input type="checkbox"/> NE | <input type="checkbox"/> SC     |
| <input type="checkbox"/> AK | <input type="checkbox"/> IN            | <input type="checkbox"/> NV | <input type="checkbox"/> SD     |
| <input type="checkbox"/> AZ | <input type="checkbox"/> IA            | <input type="checkbox"/> NH | <input type="checkbox"/> TN     |
| <input type="checkbox"/> AR | <input type="checkbox"/> KS            | <input type="checkbox"/> NJ | <input type="checkbox"/> TX     |
| <input type="checkbox"/> CA | <input type="checkbox"/> KY            | <input type="checkbox"/> NM | <input type="checkbox"/> UT     |
| <input type="checkbox"/> CO | <input type="checkbox"/> LA            | <input type="checkbox"/> NY | <input type="checkbox"/> VT     |
| <input type="checkbox"/> CT | <input type="checkbox"/> ME            | <input type="checkbox"/> NC | <input type="checkbox"/> VI     |
| <input type="checkbox"/> DE | <input type="checkbox"/> MD            | <input type="checkbox"/> ND | <input type="checkbox"/> VA     |
| <input type="checkbox"/> DC | <input type="checkbox"/> MA            | <input type="checkbox"/> OH | <input type="checkbox"/> WA     |
| <input type="checkbox"/> FL | <input checked="" type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV     |
| <input type="checkbox"/> GA | <input type="checkbox"/> MN            | <input type="checkbox"/> OR | <input type="checkbox"/> WI     |
| <input type="checkbox"/> GU | <input type="checkbox"/> MS            | <input type="checkbox"/> PA | <input type="checkbox"/> WY     |
| <input type="checkbox"/> HI | <input type="checkbox"/> MO            | <input type="checkbox"/> PR | <input type="checkbox"/> Other: |
| <input type="checkbox"/> ID | <input type="checkbox"/> MT            | <input type="checkbox"/> RI |                                 |

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.

Name: STANFORD FEDERAL CREDIT UNION

Jurisdictions

|                                        |                             |                             |                                        |
|----------------------------------------|-----------------------------|-----------------------------|----------------------------------------|
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                        |

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.

Name: RED TOWER ADVISORS

Jurisdictions

|                                        |                             |                             |                                        |
|----------------------------------------|-----------------------------|-----------------------------|----------------------------------------|
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                        |

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.

Name: BLACK STONE FINANCIAL, INC.

Jurisdictions

|                             |                             |                             |                                        |
|-----------------------------|-----------------------------|-----------------------------|----------------------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input type="checkbox"/> TX            |
| <input type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input checked="" type="checkbox"/> WA |
| <input type="checkbox"/> FL | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                        |

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.

Name: VAN KESTEREN CAPITAL MANAGEMENT

Jurisdictions

|                                        |                             |                             |                                        |
|----------------------------------------|-----------------------------|-----------------------------|----------------------------------------|
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |

|                             |                             |                             |                                 |
|-----------------------------|-----------------------------|-----------------------------|---------------------------------|
| <input type="checkbox"/> GA | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI     |
| <input type="checkbox"/> GU | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY     |
| <input type="checkbox"/> HI | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other: |
| <input type="checkbox"/> ID | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                 |

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.

Name: NAPOLI WEALTH MANAGEMENT

|                                        |                             |                             |                                 |
|----------------------------------------|-----------------------------|-----------------------------|---------------------------------|
| Jurisdictions                          |                             |                             |                                 |
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC     |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD     |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN     |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input type="checkbox"/> TX     |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT     |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT     |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI     |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA     |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA     |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV     |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI     |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY     |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other: |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                 |

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.

Name: HAPPINESS WEALTH MANAGEMENT

|                                        |                             |                             |                                 |
|----------------------------------------|-----------------------------|-----------------------------|---------------------------------|
| Jurisdictions                          |                             |                             |                                 |
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC     |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD     |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN     |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input type="checkbox"/> TX     |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT     |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT     |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI     |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA     |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA     |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV     |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI     |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY     |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other: |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                 |

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.

Name: BAKER WEALTH MANAGEMENT

|                             |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Jurisdictions               |                             |                             |                             |
| <input type="checkbox"/> AL | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC |
| <input type="checkbox"/> AK | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD |

|                                        |                             |                             |                                        |
|----------------------------------------|-----------------------------|-----------------------------|----------------------------------------|
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                        |

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.

Name: OAK TREE WEALTH MANAGEMENT

Jurisdictions

|                                        |                             |                                        |                                 |
|----------------------------------------|-----------------------------|----------------------------------------|---------------------------------|
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE            | <input type="checkbox"/> SC     |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input checked="" type="checkbox"/> NV | <input type="checkbox"/> SD     |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH            | <input type="checkbox"/> TN     |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ            | <input type="checkbox"/> TX     |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM            | <input type="checkbox"/> UT     |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY            | <input type="checkbox"/> VT     |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC            | <input type="checkbox"/> VI     |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND            | <input type="checkbox"/> VA     |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH            | <input type="checkbox"/> WA     |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK            | <input type="checkbox"/> WV     |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR            | <input type="checkbox"/> WI     |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA            | <input type="checkbox"/> WY     |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR            | <input type="checkbox"/> Other: |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI            |                                 |

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.

Name: EQ PRIVATE WEALTH ADVISORS

Jurisdictions

|                                        |                             |                             |                                        |
|----------------------------------------|-----------------------------|-----------------------------|----------------------------------------|
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                        |

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.

Name: DILDAY AND ASSOCIATES

Jurisdictions

|                                        |                             |                             |                                        |
|----------------------------------------|-----------------------------|-----------------------------|----------------------------------------|
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                        |

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.

Name: HICKS FINANCIAL SERVICES, LLC

Jurisdictions

|                             |                                        |                             |                                        |
|-----------------------------|----------------------------------------|-----------------------------|----------------------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> IL            | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK | <input type="checkbox"/> IN            | <input type="checkbox"/> NV | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ | <input type="checkbox"/> IA            | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR | <input type="checkbox"/> KS            | <input type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input type="checkbox"/> CA | <input type="checkbox"/> KY            | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO | <input type="checkbox"/> LA            | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT | <input type="checkbox"/> ME            | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE | <input type="checkbox"/> MD            | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC | <input type="checkbox"/> MA            | <input type="checkbox"/> OH | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL | <input type="checkbox"/> MI            | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA | <input type="checkbox"/> MN            | <input type="checkbox"/> OR | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU | <input checked="" type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI | <input type="checkbox"/> MO            | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID | <input type="checkbox"/> MT            | <input type="checkbox"/> RI |                                        |

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.

Name: COVENANT WEALTH ADVISORS

Jurisdictions

|                             |                             |                                        |                                        |
|-----------------------------|-----------------------------|----------------------------------------|----------------------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> IL | <input type="checkbox"/> NE            | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK | <input type="checkbox"/> IN | <input type="checkbox"/> NV            | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ | <input type="checkbox"/> IA | <input type="checkbox"/> NH            | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR | <input type="checkbox"/> KS | <input type="checkbox"/> NJ            | <input checked="" type="checkbox"/> TX |
| <input type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM            | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO | <input type="checkbox"/> LA | <input type="checkbox"/> NY            | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT | <input type="checkbox"/> ME | <input type="checkbox"/> NC            | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE | <input type="checkbox"/> MD | <input type="checkbox"/> ND            | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC | <input type="checkbox"/> MA | <input type="checkbox"/> OH            | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL | <input type="checkbox"/> MI | <input checked="" type="checkbox"/> OK | <input type="checkbox"/> WV            |

|                             |                             |                             |                                 |
|-----------------------------|-----------------------------|-----------------------------|---------------------------------|
| <input type="checkbox"/> GA | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI     |
| <input type="checkbox"/> GU | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY     |
| <input type="checkbox"/> HI | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other: |
| <input type="checkbox"/> ID | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                 |

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.

Name: CROW CANYON INVESTMENTS AND FINANCIAL PLANNING

|                                        |                             |                             |                                 |
|----------------------------------------|-----------------------------|-----------------------------|---------------------------------|
| Jurisdictions                          |                             |                             |                                 |
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC     |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD     |
| <input checked="" type="checkbox"/> AZ | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN     |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input type="checkbox"/> TX     |
| <input type="checkbox"/> CA            | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT     |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT     |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI     |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA     |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA     |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV     |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI     |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY     |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other: |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                 |

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.

Name: PUTNAM AND MAIN WEALTH MANAGEMENT

|                                        |                             |                             |                                 |
|----------------------------------------|-----------------------------|-----------------------------|---------------------------------|
| Jurisdictions                          |                             |                             |                                 |
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC     |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD     |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN     |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input type="checkbox"/> TX     |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT     |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT     |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI     |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA     |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA     |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV     |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI     |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY     |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other: |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                 |

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.

Name: DIME AND ASSOCIATES

|                             |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Jurisdictions               |                             |                             |                             |
| <input type="checkbox"/> AL | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC |
| <input type="checkbox"/> AK | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD |

|                             |                             |                             |                                        |
|-----------------------------|-----------------------------|-----------------------------|----------------------------------------|
| <input type="checkbox"/> AZ | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input type="checkbox"/> TX            |
| <input type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input checked="" type="checkbox"/> WA |
| <input type="checkbox"/> FL | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                        |

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.

Name: IDEAL FINANCIAL ADVISORS LLC

Jurisdictions

|                                        |                             |                             |                                 |
|----------------------------------------|-----------------------------|-----------------------------|---------------------------------|
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC     |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD     |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN     |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input type="checkbox"/> TX     |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT     |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT     |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI     |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA     |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA     |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV     |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI     |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY     |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other: |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                 |

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.

Name: BROWN FINANCIAL SERVICES GROUP OF TEXAS, INC.

Jurisdictions

|                                        |                             |                             |                                        |
|----------------------------------------|-----------------------------|-----------------------------|----------------------------------------|
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                        |

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.

Name: CAMBER WEALTH

Jurisdictions

|                                        |                             |                             |                                        |
|----------------------------------------|-----------------------------|-----------------------------|----------------------------------------|
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                        |

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.

Name: MISSE WEALTH MANAGEMENT

Jurisdictions

|                             |                                        |                             |                                        |
|-----------------------------|----------------------------------------|-----------------------------|----------------------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> IL            | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK | <input type="checkbox"/> IN            | <input type="checkbox"/> NV | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ | <input type="checkbox"/> IA            | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR | <input type="checkbox"/> KS            | <input type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input type="checkbox"/> CA | <input type="checkbox"/> KY            | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO | <input checked="" type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT | <input type="checkbox"/> ME            | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE | <input type="checkbox"/> MD            | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC | <input type="checkbox"/> MA            | <input type="checkbox"/> OH | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL | <input type="checkbox"/> MI            | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA | <input type="checkbox"/> MN            | <input type="checkbox"/> OR | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU | <input type="checkbox"/> MS            | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI | <input type="checkbox"/> MO            | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID | <input type="checkbox"/> MT            | <input type="checkbox"/> RI |                                        |

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.

Name: MARINER INDEPENDENT

Jurisdictions

|                                        |                                        |                                        |                                        |
|----------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|
| <input checked="" type="checkbox"/> AL | <input checked="" type="checkbox"/> IL | <input checked="" type="checkbox"/> NE | <input checked="" type="checkbox"/> SC |
| <input checked="" type="checkbox"/> AK | <input checked="" type="checkbox"/> IN | <input checked="" type="checkbox"/> NV | <input checked="" type="checkbox"/> SD |
| <input checked="" type="checkbox"/> AZ | <input checked="" type="checkbox"/> IA | <input checked="" type="checkbox"/> NH | <input checked="" type="checkbox"/> TN |
| <input checked="" type="checkbox"/> AR | <input checked="" type="checkbox"/> KS | <input checked="" type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input checked="" type="checkbox"/> CA | <input checked="" type="checkbox"/> KY | <input checked="" type="checkbox"/> NM | <input checked="" type="checkbox"/> UT |
| <input checked="" type="checkbox"/> CO | <input checked="" type="checkbox"/> LA | <input checked="" type="checkbox"/> NY | <input checked="" type="checkbox"/> VT |
| <input checked="" type="checkbox"/> CT | <input checked="" type="checkbox"/> ME | <input checked="" type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input checked="" type="checkbox"/> DE | <input checked="" type="checkbox"/> MD | <input checked="" type="checkbox"/> ND | <input checked="" type="checkbox"/> VA |
| <input checked="" type="checkbox"/> DC | <input checked="" type="checkbox"/> MA | <input checked="" type="checkbox"/> OH | <input checked="" type="checkbox"/> WA |
| <input checked="" type="checkbox"/> FL | <input checked="" type="checkbox"/> MI | <input checked="" type="checkbox"/> OK | <input checked="" type="checkbox"/> WV |

|                                        |                                        |                                        |                                        |
|----------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|
| <input checked="" type="checkbox"/> GA | <input checked="" type="checkbox"/> MN | <input checked="" type="checkbox"/> OR | <input checked="" type="checkbox"/> WI |
| <input type="checkbox"/> GU            | <input checked="" type="checkbox"/> MS | <input checked="" type="checkbox"/> PA | <input checked="" type="checkbox"/> WY |
| <input checked="" type="checkbox"/> HI | <input checked="" type="checkbox"/> MO | <input type="checkbox"/> PR            | <input type="checkbox"/> Other:        |
| <input checked="" type="checkbox"/> ID | <input checked="" type="checkbox"/> MT | <input checked="" type="checkbox"/> RI |                                        |

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.

Name: CLEARLIFE WEALTH MANAGEMENT

Jurisdictions

|                                        |                             |                             |                                        |
|----------------------------------------|-----------------------------|-----------------------------|----------------------------------------|
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                        |

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.

Name: WEST CAPITAL WEALTH MANAGEMENT

Jurisdictions

|                                        |                             |                             |                                 |
|----------------------------------------|-----------------------------|-----------------------------|---------------------------------|
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC     |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD     |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN     |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input type="checkbox"/> TX     |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT     |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT     |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI     |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA     |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA     |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV     |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI     |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY     |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other: |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                 |

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.

Name: ALADINO FINANCIAL SERVICES

Jurisdictions

|                             |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC |
| <input type="checkbox"/> AK | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD |

|                                        |                             |                             |                                 |
|----------------------------------------|-----------------------------|-----------------------------|---------------------------------|
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN     |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input type="checkbox"/> TX     |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT     |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT     |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI     |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA     |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA     |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV     |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI     |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY     |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other: |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                 |

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.

Name: WEALTH VISION ADVISORS

Jurisdictions

|                                        |                             |                             |                                        |
|----------------------------------------|-----------------------------|-----------------------------|----------------------------------------|
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                        |

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.

Name: ENRICH360 WEALTH ADVISORS

Jurisdictions

|                                        |                             |                             |                                 |
|----------------------------------------|-----------------------------|-----------------------------|---------------------------------|
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC     |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD     |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN     |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input type="checkbox"/> TX     |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT     |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT     |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI     |
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| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA     |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV     |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI     |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY     |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other: |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                 |

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.

Name: UNIQUE PLANNING

Jurisdictions

|                                        |                             |                             |                                        |
|----------------------------------------|-----------------------------|-----------------------------|----------------------------------------|
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input checked="" type="checkbox"/> WA |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                        |

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.

Name: EXECUTIVE WEALTH STRATEGIES

Jurisdictions

|                                        |                             |                             |                                 |
|----------------------------------------|-----------------------------|-----------------------------|---------------------------------|
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC     |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD     |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN     |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input type="checkbox"/> TX     |
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| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT     |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI     |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA     |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA     |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV     |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI     |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY     |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other: |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                 |

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.

Name: HUMANITY WEALTH ADVISORS

Jurisdictions

|                                        |                             |                             |                                        |
|----------------------------------------|-----------------------------|-----------------------------|----------------------------------------|
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |

|                             |                             |                             |                                        |
|-----------------------------|-----------------------------|-----------------------------|----------------------------------------|
| <input type="checkbox"/> GA | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input checked="" type="checkbox"/> WI |
| <input type="checkbox"/> GU | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                        |

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.

Name: BROOKS WEALTH MANAGEMENT

|                                        |                             |                             |                                        |
|----------------------------------------|-----------------------------|-----------------------------|----------------------------------------|
| Jurisdictions                          |                             |                             |                                        |
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                        |

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.

Name: SAXE CAPITAL

|                                        |                             |                             |                                        |
|----------------------------------------|-----------------------------|-----------------------------|----------------------------------------|
| Jurisdictions                          |                             |                             |                                        |
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                        |

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.

Name: AERO CAPITAL

|                             |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Jurisdictions               |                             |                             |                             |
| <input type="checkbox"/> AL | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC |
| <input type="checkbox"/> AK | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD |

|                             |                                        |                             |                                        |
|-----------------------------|----------------------------------------|-----------------------------|----------------------------------------|
| <input type="checkbox"/> AZ | <input type="checkbox"/> IA            | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR | <input checked="" type="checkbox"/> KS | <input type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input type="checkbox"/> CA | <input type="checkbox"/> KY            | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO | <input type="checkbox"/> LA            | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT | <input type="checkbox"/> ME            | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE | <input type="checkbox"/> MD            | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC | <input type="checkbox"/> MA            | <input type="checkbox"/> OH | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL | <input type="checkbox"/> MI            | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA | <input type="checkbox"/> MN            | <input type="checkbox"/> OR | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU | <input type="checkbox"/> MS            | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI | <input type="checkbox"/> MO            | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID | <input type="checkbox"/> MT            | <input type="checkbox"/> RI |                                        |

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.

Name: LEGACY WEALTH PLANNING, LLC

Jurisdictions

|                                        |                             |                                        |                                        |
|----------------------------------------|-----------------------------|----------------------------------------|----------------------------------------|
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE            | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input checked="" type="checkbox"/> NV | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH            | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ            | <input checked="" type="checkbox"/> TX |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM            | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY            | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC            | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND            | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH            | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input checked="" type="checkbox"/> OK | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR            | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA            | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR            | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI            |                                        |

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.

Name: MARINER

Jurisdictions

|                                        |                                        |                                        |                                        |
|----------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|
| <input checked="" type="checkbox"/> AL | <input checked="" type="checkbox"/> IL | <input checked="" type="checkbox"/> NE | <input checked="" type="checkbox"/> SC |
| <input checked="" type="checkbox"/> AK | <input checked="" type="checkbox"/> IN | <input checked="" type="checkbox"/> NV | <input checked="" type="checkbox"/> SD |
| <input checked="" type="checkbox"/> AZ | <input checked="" type="checkbox"/> IA | <input checked="" type="checkbox"/> NH | <input checked="" type="checkbox"/> TN |
| <input checked="" type="checkbox"/> AR | <input checked="" type="checkbox"/> KS | <input checked="" type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input checked="" type="checkbox"/> CA | <input checked="" type="checkbox"/> KY | <input checked="" type="checkbox"/> NM | <input checked="" type="checkbox"/> UT |
| <input checked="" type="checkbox"/> CO | <input checked="" type="checkbox"/> LA | <input checked="" type="checkbox"/> NY | <input checked="" type="checkbox"/> VT |
| <input checked="" type="checkbox"/> CT | <input checked="" type="checkbox"/> ME | <input checked="" type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input checked="" type="checkbox"/> DE | <input checked="" type="checkbox"/> MD | <input checked="" type="checkbox"/> ND | <input checked="" type="checkbox"/> VA |
| <input checked="" type="checkbox"/> DC | <input checked="" type="checkbox"/> MA | <input checked="" type="checkbox"/> OH | <input checked="" type="checkbox"/> WA |
| <input checked="" type="checkbox"/> FL | <input checked="" type="checkbox"/> MI | <input checked="" type="checkbox"/> OK | <input checked="" type="checkbox"/> WV |
| <input checked="" type="checkbox"/> GA | <input checked="" type="checkbox"/> MN | <input checked="" type="checkbox"/> OR | <input checked="" type="checkbox"/> WI |
| <input type="checkbox"/> GU            | <input checked="" type="checkbox"/> MS | <input checked="" type="checkbox"/> PA | <input checked="" type="checkbox"/> WY |
| <input checked="" type="checkbox"/> HI | <input checked="" type="checkbox"/> MO | <input type="checkbox"/> PR            | <input type="checkbox"/> Other:        |
| <input checked="" type="checkbox"/> ID | <input checked="" type="checkbox"/> MT | <input checked="" type="checkbox"/> RI |                                        |

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.

Name: ZION CAPITAL WEALTH MANAGEMENT

Jurisdictions

|                                        |                             |                             |                                        |
|----------------------------------------|-----------------------------|-----------------------------|----------------------------------------|
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                        |

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.

Name: STRATEGIC WEALTH ADVISORS GROUP

Jurisdictions

|                                        |                                        |                                        |                                        |
|----------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|
| <input checked="" type="checkbox"/> AL | <input checked="" type="checkbox"/> IL | <input checked="" type="checkbox"/> NE | <input checked="" type="checkbox"/> SC |
| <input checked="" type="checkbox"/> AK | <input checked="" type="checkbox"/> IN | <input checked="" type="checkbox"/> NV | <input checked="" type="checkbox"/> SD |
| <input checked="" type="checkbox"/> AZ | <input checked="" type="checkbox"/> IA | <input checked="" type="checkbox"/> NH | <input checked="" type="checkbox"/> TN |
| <input checked="" type="checkbox"/> AR | <input checked="" type="checkbox"/> KS | <input checked="" type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input checked="" type="checkbox"/> CA | <input checked="" type="checkbox"/> KY | <input checked="" type="checkbox"/> NM | <input checked="" type="checkbox"/> UT |
| <input checked="" type="checkbox"/> CO | <input checked="" type="checkbox"/> LA | <input checked="" type="checkbox"/> NY | <input checked="" type="checkbox"/> VT |
| <input checked="" type="checkbox"/> CT | <input checked="" type="checkbox"/> ME | <input checked="" type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input checked="" type="checkbox"/> DE | <input checked="" type="checkbox"/> MD | <input checked="" type="checkbox"/> ND | <input checked="" type="checkbox"/> VA |
| <input checked="" type="checkbox"/> DC | <input checked="" type="checkbox"/> MA | <input checked="" type="checkbox"/> OH | <input checked="" type="checkbox"/> WA |
| <input checked="" type="checkbox"/> FL | <input checked="" type="checkbox"/> MI | <input checked="" type="checkbox"/> OK | <input checked="" type="checkbox"/> WV |
| <input checked="" type="checkbox"/> GA | <input checked="" type="checkbox"/> MN | <input checked="" type="checkbox"/> OR | <input checked="" type="checkbox"/> WI |
| <input type="checkbox"/> GU            | <input checked="" type="checkbox"/> MS | <input checked="" type="checkbox"/> PA | <input checked="" type="checkbox"/> WY |
| <input checked="" type="checkbox"/> HI | <input checked="" type="checkbox"/> MO | <input type="checkbox"/> PR            | <input type="checkbox"/> Other:        |
| <input checked="" type="checkbox"/> ID | <input checked="" type="checkbox"/> MT | <input checked="" type="checkbox"/> RI |                                        |

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.

Name: JSO PARTNERS

Jurisdictions

|                             |                             |                             |                                        |
|-----------------------------|-----------------------------|-----------------------------|----------------------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |

|                             |                             |                                        |                                 |
|-----------------------------|-----------------------------|----------------------------------------|---------------------------------|
| <input type="checkbox"/> GA | <input type="checkbox"/> MN | <input type="checkbox"/> OR            | <input type="checkbox"/> WI     |
| <input type="checkbox"/> GU | <input type="checkbox"/> MS | <input checked="" type="checkbox"/> PA | <input type="checkbox"/> WY     |
| <input type="checkbox"/> HI | <input type="checkbox"/> MO | <input type="checkbox"/> PR            | <input type="checkbox"/> Other: |
| <input type="checkbox"/> ID | <input type="checkbox"/> MT | <input type="checkbox"/> RI            |                                 |

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.

Name: WATCH HILL FINANCIAL, INC

|                             |                             |                             |                                        |
|-----------------------------|-----------------------------|-----------------------------|----------------------------------------|
| Jurisdictions               |                             |                             |                                        |
| <input type="checkbox"/> AL | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input type="checkbox"/> TX            |
| <input type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input checked="" type="checkbox"/> VA |
| <input type="checkbox"/> DC | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                        |

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.

Name: ALNA WEALTH MANAGEMENT

|                             |                             |                             |                                        |
|-----------------------------|-----------------------------|-----------------------------|----------------------------------------|
| Jurisdictions               |                             |                             |                                        |
| <input type="checkbox"/> AL | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input checked="" type="checkbox"/> VA |
| <input type="checkbox"/> DC | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                        |

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.

Name: ECS CAPITAL INVESTMENTS

|                             |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Jurisdictions               |                             |                             |                             |
| <input type="checkbox"/> AL | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC |
| <input type="checkbox"/> AK | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD |

|                             |                                        |                             |                                 |
|-----------------------------|----------------------------------------|-----------------------------|---------------------------------|
| <input type="checkbox"/> AZ | <input type="checkbox"/> IA            | <input type="checkbox"/> NH | <input type="checkbox"/> TN     |
| <input type="checkbox"/> AR | <input type="checkbox"/> KS            | <input type="checkbox"/> NJ | <input type="checkbox"/> TX     |
| <input type="checkbox"/> CA | <input type="checkbox"/> KY            | <input type="checkbox"/> NM | <input type="checkbox"/> UT     |
| <input type="checkbox"/> CO | <input type="checkbox"/> LA            | <input type="checkbox"/> NY | <input type="checkbox"/> VT     |
| <input type="checkbox"/> CT | <input type="checkbox"/> ME            | <input type="checkbox"/> NC | <input type="checkbox"/> VI     |
| <input type="checkbox"/> DE | <input type="checkbox"/> MD            | <input type="checkbox"/> ND | <input type="checkbox"/> VA     |
| <input type="checkbox"/> DC | <input type="checkbox"/> MA            | <input type="checkbox"/> OH | <input type="checkbox"/> WA     |
| <input type="checkbox"/> FL | <input type="checkbox"/> MI            | <input type="checkbox"/> OK | <input type="checkbox"/> WV     |
| <input type="checkbox"/> GA | <input type="checkbox"/> MN            | <input type="checkbox"/> OR | <input type="checkbox"/> WI     |
| <input type="checkbox"/> GU | <input type="checkbox"/> MS            | <input type="checkbox"/> PA | <input type="checkbox"/> WY     |
| <input type="checkbox"/> HI | <input checked="" type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other: |
| <input type="checkbox"/> ID | <input type="checkbox"/> MT            | <input type="checkbox"/> RI |                                 |

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.

Name: WATERSHED WEALTH MANAGEMENT

Jurisdictions

|                             |                             |                             |                                        |
|-----------------------------|-----------------------------|-----------------------------|----------------------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                        |

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.

Name: ASCEND INTEGRATED WEALTH

Jurisdictions

|                             |                             |                             |                                        |
|-----------------------------|-----------------------------|-----------------------------|----------------------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                        |

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.

Name: CAPLAN CAPITAL MANAGEMENT

Jurisdictions

|                             |                             |                                        |                                        |
|-----------------------------|-----------------------------|----------------------------------------|----------------------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> IL | <input type="checkbox"/> NE            | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK | <input type="checkbox"/> IN | <input type="checkbox"/> NV            | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ | <input type="checkbox"/> IA | <input type="checkbox"/> NH            | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR | <input type="checkbox"/> KS | <input checked="" type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM            | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO | <input type="checkbox"/> LA | <input type="checkbox"/> NY            | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT | <input type="checkbox"/> ME | <input type="checkbox"/> NC            | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE | <input type="checkbox"/> MD | <input type="checkbox"/> ND            | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC | <input type="checkbox"/> MA | <input type="checkbox"/> OH            | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL | <input type="checkbox"/> MI | <input type="checkbox"/> OK            | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA | <input type="checkbox"/> MN | <input type="checkbox"/> OR            | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU | <input type="checkbox"/> MS | <input type="checkbox"/> PA            | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI | <input type="checkbox"/> MO | <input type="checkbox"/> PR            | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID | <input type="checkbox"/> MT | <input type="checkbox"/> RI            |                                        |

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.

Name: MCCREA ALLEN

Jurisdictions

|                                        |                             |                             |                                        |
|----------------------------------------|-----------------------------|-----------------------------|----------------------------------------|
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input type="checkbox"/> CA            | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input checked="" type="checkbox"/> CO | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA            | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU            | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI            | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID            | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                        |

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.

Name: LOGIKI FINANCIAL

Jurisdictions

|                                        |                             |                             |                             |
|----------------------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL            | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC |
| <input type="checkbox"/> AK            | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD |
| <input type="checkbox"/> AZ            | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN |
| <input type="checkbox"/> AR            | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input type="checkbox"/> TX |
| <input checked="" type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT |
| <input type="checkbox"/> CO            | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT |
| <input type="checkbox"/> CT            | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI |
| <input type="checkbox"/> DE            | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA |
| <input type="checkbox"/> DC            | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA |
| <input type="checkbox"/> FL            | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV |

|                             |                             |                             |                                 |
|-----------------------------|-----------------------------|-----------------------------|---------------------------------|
| <input type="checkbox"/> GA | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI     |
| <input type="checkbox"/> GU | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY     |
| <input type="checkbox"/> HI | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other: |
| <input type="checkbox"/> ID | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                 |

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.

Name: MASTER PLAN ADVISORY, INC.

Jurisdictions

|                             |                             |                                        |                                 |
|-----------------------------|-----------------------------|----------------------------------------|---------------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> IL | <input type="checkbox"/> NE            | <input type="checkbox"/> SC     |
| <input type="checkbox"/> AK | <input type="checkbox"/> IN | <input type="checkbox"/> NV            | <input type="checkbox"/> SD     |
| <input type="checkbox"/> AZ | <input type="checkbox"/> IA | <input type="checkbox"/> NH            | <input type="checkbox"/> TN     |
| <input type="checkbox"/> AR | <input type="checkbox"/> KS | <input type="checkbox"/> NJ            | <input type="checkbox"/> TX     |
| <input type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM            | <input type="checkbox"/> UT     |
| <input type="checkbox"/> CO | <input type="checkbox"/> LA | <input checked="" type="checkbox"/> NY | <input type="checkbox"/> VT     |
| <input type="checkbox"/> CT | <input type="checkbox"/> ME | <input type="checkbox"/> NC            | <input type="checkbox"/> VI     |
| <input type="checkbox"/> DE | <input type="checkbox"/> MD | <input type="checkbox"/> ND            | <input type="checkbox"/> VA     |
| <input type="checkbox"/> DC | <input type="checkbox"/> MA | <input type="checkbox"/> OH            | <input type="checkbox"/> WA     |
| <input type="checkbox"/> FL | <input type="checkbox"/> MI | <input type="checkbox"/> OK            | <input type="checkbox"/> WV     |
| <input type="checkbox"/> GA | <input type="checkbox"/> MN | <input type="checkbox"/> OR            | <input type="checkbox"/> WI     |
| <input type="checkbox"/> GU | <input type="checkbox"/> MS | <input type="checkbox"/> PA            | <input type="checkbox"/> WY     |
| <input type="checkbox"/> HI | <input type="checkbox"/> MO | <input type="checkbox"/> PR            | <input type="checkbox"/> Other: |
| <input type="checkbox"/> ID | <input type="checkbox"/> MT | <input type="checkbox"/> RI            |                                 |

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.

Name: SAIL FINANCIAL

Jurisdictions

|                             |                             |                             |                                        |
|-----------------------------|-----------------------------|-----------------------------|----------------------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> IL | <input type="checkbox"/> NE | <input type="checkbox"/> SC            |
| <input type="checkbox"/> AK | <input type="checkbox"/> IN | <input type="checkbox"/> NV | <input type="checkbox"/> SD            |
| <input type="checkbox"/> AZ | <input type="checkbox"/> IA | <input type="checkbox"/> NH | <input type="checkbox"/> TN            |
| <input type="checkbox"/> AR | <input type="checkbox"/> KS | <input type="checkbox"/> NJ | <input checked="" type="checkbox"/> TX |
| <input type="checkbox"/> CA | <input type="checkbox"/> KY | <input type="checkbox"/> NM | <input type="checkbox"/> UT            |
| <input type="checkbox"/> CO | <input type="checkbox"/> LA | <input type="checkbox"/> NY | <input type="checkbox"/> VT            |
| <input type="checkbox"/> CT | <input type="checkbox"/> ME | <input type="checkbox"/> NC | <input type="checkbox"/> VI            |
| <input type="checkbox"/> DE | <input type="checkbox"/> MD | <input type="checkbox"/> ND | <input type="checkbox"/> VA            |
| <input type="checkbox"/> DC | <input type="checkbox"/> MA | <input type="checkbox"/> OH | <input type="checkbox"/> WA            |
| <input type="checkbox"/> FL | <input type="checkbox"/> MI | <input type="checkbox"/> OK | <input type="checkbox"/> WV            |
| <input type="checkbox"/> GA | <input type="checkbox"/> MN | <input type="checkbox"/> OR | <input type="checkbox"/> WI            |
| <input type="checkbox"/> GU | <input type="checkbox"/> MS | <input type="checkbox"/> PA | <input type="checkbox"/> WY            |
| <input type="checkbox"/> HI | <input type="checkbox"/> MO | <input type="checkbox"/> PR | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> ID | <input type="checkbox"/> MT | <input type="checkbox"/> RI |                                        |

SECTION 1.F. Other Offices

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:<br>3610 AMERICAN RIVER DR. | Number and Street 2:<br>SUITE 120 |
| City:<br>SACRAMENTO                             | State:<br>California              |
|                                                 | Country:<br>United States         |
|                                                 | ZIP+4/Postal Code:<br>95864       |

If this address is a private residence, check this box: ☐

Telephone Number:6505711934

Facsimile Number, if any:

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?  
0

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:  
1930 DEL PASO ROAD

City:  
SACRAMENTO

State:  
California

Number and Street 2:  
SUITE 122

Country:  
United States

ZIP+4/Postal Code:  
95834

If this address is a private residence, check this box: ☐

Telephone Number:(916) 928-2207

Facsimile Number, if any:

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?  
2

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:

108 WILD BASIN RD

City:

State:

Country:

ZIP+4/Postal Code:

AUSTIN

Texas

United States

78746

If this address is a private residence, check this box:

☐

Telephone Number:

Facsimile Number, if any:

9258668600

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?

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 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:

1350 TREAT BLVD

SUITE 390

City:

State:

Country:

ZIP+4/Postal Code:

WALNUT CREEK

California

United States

94597

If this address is a private residence, check this box:

☐

Telephone Number:

Facsimile Number, if any:

9252334172

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?

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 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:<br>150 N MAIN |                  | Number and Street 2:<br>CC10 |                             |
| City:<br>WICHITA                   | State:<br>Kansas | Country:<br>United States    | ZIP+4/Postal Code:<br>67202 |

If this address is a private residence, check this box: ☐

Telephone Number:  
3162162377

Facsimile Number, if any:

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?  
2

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:<br>113 W CHESTNUT STREET |                      | Number and Street 2:      |                             |
| City:<br>BELLINGHAM                           | State:<br>Washington | Country:<br>United States | ZIP+4/Postal Code:<br>98225 |

If this address is a private residence, check this box: ☐

Telephone Number:  
3603922882

Facsimile Number, if any:

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?  
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 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:<br>3801 N CAUSEWAY BLVD |                     | Number and Street 2:<br>SUITE 207 |                             |
| City:<br>METAIRIE                            | State:<br>Louisiana | Country:<br>United States         | ZIP+4/Postal Code:<br>70002 |

If this address is a private residence, check this box: ☐

|                                 |                           |
|---------------------------------|---------------------------|
| Telephone Number:<br>5047107766 | Facsimile Number, if any: |
|---------------------------------|---------------------------|

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?  
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 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:<br>694 PAMPAS LANE |                      | Number and Street 2:      |                             |
| City:<br>STANFORD                       | State:<br>California | Country:<br>United States | ZIP+4/Postal Code:<br>94305 |

If this address is a private residence, check this box: ☐

|                                 |                           |
|---------------------------------|---------------------------|
| Telephone Number:<br>6503523106 | Facsimile Number, if any: |
|---------------------------------|---------------------------|

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?  
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 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: |                    |
| 5491 N UNIVERSITY DRIVE |         | SUITE 101            |                    |
| City:                   | State:  | Country:             | ZIP+4/Postal Code: |
| CORAL SPRINGS           | Florida | United States        | 33067              |

If this address is a private residence, check this box: ☐

|                   |                           |
|-------------------|---------------------------|
| Telephone Number: | Facsimile Number, if any: |
| 954-723-0350      |                           |

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?  
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 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: |                    |
| 6581 PINION STREET   |            |                      |                    |
| City:                | State:     | Country:             | ZIP+4/Postal Code: |
| OAK PARK             | California | United States        | 91377              |

If this address is a private residence, check this box: ☐

|                   |                           |
|-------------------|---------------------------|
| Telephone Number: | Facsimile Number, if any: |
| 8056031331        |                           |

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?  
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 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:<br>3600 S YOSEMITE ST |                    | Number and Street 2:<br>SUITE 650 |                             |
| City:<br>DENVER                            | State:<br>Colorado | Country:<br>United States         | ZIP+4/Postal Code:<br>80237 |

If this address is a private residence, check this box: ☐

|                                 |                           |
|---------------------------------|---------------------------|
| Telephone Number:<br>3037576556 | Facsimile Number, if any: |
|---------------------------------|---------------------------|

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?  
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 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:<br>2999 DOUGLAS BLVD |                      | Number and Street 2:<br>SUITE 180 |                             |
| City:<br>ROSEVILLE                        | State:<br>California | Country:<br>United States         | ZIP+4/Postal Code:<br>95661 |

If this address is a private residence, check this box: ☐

|                                 |                           |
|---------------------------------|---------------------------|
| Telephone Number:<br>6692310200 | Facsimile Number, if any: |
|---------------------------------|---------------------------|

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?  
1

Are other business activities conducted at this office location? (check all that apply)

- ☐ (1) Broker-dealer (registered or unregistered)
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- ☒ (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

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|                                          |                      |                                    |                             |
|------------------------------------------|----------------------|------------------------------------|-----------------------------|
| Number and Street 1:<br>500 CAPITAL MALL |                      | Number and Street 2:<br>SUITE 2350 |                             |
| City:<br>SACRAMENTO                      | State:<br>California | Country:<br>United States          | ZIP+4/Postal Code:<br>95814 |

If this address is a private residence, check this box: ☐

|                                 |                           |
|---------------------------------|---------------------------|
| Telephone Number:<br>9162573699 | Facsimile Number, if any: |
|---------------------------------|---------------------------|

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?  
1

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- ☐ (1) Broker-dealer (registered or unregistered)
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- ☐ (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:

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|                                               |                      |                           |                             |
|-----------------------------------------------|----------------------|---------------------------|-----------------------------|
| Number and Street 1:<br>1860 EMBARCADERO ROAD |                      | Number and Street 2:      |                             |
| City:<br>PALO ALTO                            | State:<br>California | Country:<br>United States | ZIP+4/Postal Code:<br>94303 |

If this address is a private residence, check this box: ☐

|                                 |                           |
|---------------------------------|---------------------------|
| Telephone Number:<br>8887232328 | Facsimile Number, if any: |
|---------------------------------|---------------------------|

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?  
2

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:

City:

State:

Country:

Number and Street 2:

ZIP+4/Postal Code:

If this address is a private residence, check this box: ☒

Telephone Number:

Facsimile Number, if any:

(360) 392-2882

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?

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 conducted from this office location:

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Number and Street 1:

City:

State:

Country:

Number and Street 2:

ZIP+4/Postal Code:

If this address is a private residence, check this box: ☒

Telephone Number:

Facsimile Number, if any:

(925) 287-9999

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?

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 conducted from this office location:

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|                                             |                      |                                   |                             |
|---------------------------------------------|----------------------|-----------------------------------|-----------------------------|
| Number and Street 1:<br>2880 LAKESIDE DRIVE |                      | Number and Street 2:<br>SUITE 100 |                             |
| City:<br>SANTA CLARA                        | State:<br>California | Country:<br>United States         | ZIP+4/Postal Code:<br>95054 |

If this address is a private residence, check this box: ☐

|                                 |                           |
|---------------------------------|---------------------------|
| Telephone Number:<br>4085968091 | Facsimile Number, if any: |
|---------------------------------|---------------------------|

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?  
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

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|                                             |                      |                           |                             |
|---------------------------------------------|----------------------|---------------------------|-----------------------------|
| Number and Street 1:<br>2127 MONTECITO AVE. |                      | Number and Street 2:      |                             |
| City:<br>SANTA ROSA                         | State:<br>California | Country:<br>United States | ZIP+4/Postal Code:<br>95404 |

If this address is a private residence, check this box: ☐

|                                 |                           |
|---------------------------------|---------------------------|
| Telephone Number:<br>7072842975 | Facsimile Number, if any: |
|---------------------------------|---------------------------|

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?  
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
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Number and Street 1:  
1904 OLYMPIC BLVD.

City:  
WALNUT CREEK

State:  
California

Country:  
United States

Number and Street 2:  
SUITE 200

ZIP+4/Postal Code:  
94596

If this address is a private residence, check this box: ☐

Telephone Number:  
9259324700

Facsimile Number, if any:

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?  
3

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:

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Number and Street 1:  
3445 N. CAUSEWAY BLVD

City:  
METAIRIE

State:  
Louisiana

Country:  
United States

Number and Street 2:  
SUITE 202

ZIP+4/Postal Code:  
70002

If this address is a private residence, check this box: ☐

Telephone Number:  
9252190080

Facsimile Number, if any:

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?  
1

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- ☐ (7) Lawyer or law firm

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Number and Street 1:  
3840 PINE LAKE KNOLL DRIVE

Number and Street 2:

City:  
BLOOMFIELD

State:  
Michigan

Country:  
United States

ZIP+4/Postal Code:  
48324

If this address is a private residence, check this box: ☐

Telephone Number:  
9164867350

Facsimile Number, if any:

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?  
1

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- ☒ (3) Insurance broker or agent
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Number and Street 1:  
6 NORTH 9TH ST.

Number and Street 2:  
STE. 302

City:  
COLUMBIA FALLS

State:  
Montana

Country:  
United States

ZIP+4/Postal Code:  
59912

If this address is a private residence, check this box: ☐

Telephone Number:  
9259324700

Facsimile Number, if any:

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?  
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Number and Street 1:  
224 W MAIN ST.

City:  
LEWISTOWN

State:  
Montana

Country:  
United States

Number and Street 2:  
SUITE 509

ZIP+4/Postal Code:  
59457

If this address is a private residence, check this box: ☐

Telephone Number:  
(406) 538-2318

Facsimile Number, if any:

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?  
1

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Number and Street 1:

City:

State:

Country:

Number and Street 2:

ZIP+4/Postal Code:

If this address is a private residence, check this box: ☒

Telephone Number:  
(516) 538-9333

Facsimile Number, if any:

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?  
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Number and Street 1:

City:

State:

Country:

Number and Street 2:

ZIP+4/Postal Code:

If this address is a private residence, check this box: ☒

Telephone Number:

Facsimile Number, if any:

(775) 850-2500

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:

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- ☒ (3) Insurance broker or agent
- ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
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Number and Street 1:

City:

State:

Country:

Number and Street 2:

ZIP+4/Postal Code:

If this address is a private residence, check this box: ☒

Telephone Number:

Facsimile Number, if any:

(619) 807-5476

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:

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- ☐ (7) Lawyer or law firm

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Number and Street 1:  
2430 CAMINO RAMON

City:  
SAN RAMON

State:  
California

Country:  
United States

Number and Street 2:  
SUITE 103

ZIP+4/Postal Code:  
94583

If this address is a private residence, check this box: ☐

Telephone Number:  
9252190080

Facsimile Number, if any:

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?  
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- ☐ (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)
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- ☐ (7) Lawyer or law firm

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Number and Street 1:  
3907 PARK DRIVE

City:  
EL DORADO HILLS

State:  
California

Country:  
United States

Number and Street 2:  
SUITE 230

ZIP+4/Postal Code:  
95762

If this address is a private residence, check this box: ☐

Telephone Number:  
9169397604

Facsimile Number, if any:

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?  
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 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:  
8733 LAKEWOOD DRIVE

City:  
WINDSOR

State:  
California

Country:  
United States

Number and Street 2:  
SUITE 210

ZIP+4/Postal Code:  
95492

If this address is a private residence, check this box: ☐

Telephone Number:  
(707) 837-7910

Facsimile Number, if any:

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?  
2

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

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Number and Street 1:  
1303 BELLA ARTES CIRCLE

City:  
SAN RAMON

State:  
California

Country:  
United States

Number and Street 2:

ZIP+4/Postal Code:  
94582

If this address is a private residence, check this box: ☐

Telephone Number:  
9252627855

Facsimile Number, if any:

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?

1

Are other business activities conducted at this office location? (check all that apply)

- ☒ (1) Broker-dealer (registered or unregistered)
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- ☒ (3) Insurance broker or agent
- ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- ☐ (5) Registered municipal advisor
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- ☐ (7) Lawyer or law firm

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Number and Street 1:  
12647 ALCOSTA BLVD

City:  
SAN RAMON

State:  
California

Country:  
United States

Number and Street 2:  
SUITE 165

ZIP+4/Postal Code:  
94583

If this address is a private residence, check this box: ☐

Telephone Number:  
9258668600

Facsimile Number, if any:

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?

2

Are other business activities conducted at this office location? (check all that apply)

- ☐ (1) Broker-dealer (registered or unregistered)
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- ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
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- ☐ (6) Accountant or accounting firm
- ☐ (7) Lawyer or law firm

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Number and Street 1:  
902 GRALAND LANE

City:  
HIGHLANDS RANCH

State:  
Colorado

Country:  
United States

Number and Street 2:

ZIP+4/Postal Code:  
80126

If this address is a private residence, check this box: ☐

Telephone Number:  
3039025877

Facsimile Number, if any:

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?  
1

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- ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
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Number and Street 1:  
156 DIABLO ROAD

City:  
DANVILLE

State:  
California

Country:  
United States

Number and Street 2:  
SUITE 320

ZIP+4/Postal Code:  
94526

If this address is a private residence, check this box: ☐

Telephone Number:  
925-262-7855

Facsimile Number, if any:

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?  
2

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- ☐ (1) Broker-dealer (registered or unregistered)
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- ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
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Number and Street 1:  
560 FIRST STREET

City:  
BENICIA

State:  
California

Country:  
United States

Number and Street 2:  
SUITE A201

ZIP+4/Postal Code:  
94510

If this address is a private residence, check this box: ☐

Telephone Number:

Facsimile Number, if any:

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?

1

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- ☐ (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

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Number and Street 1:  
1495 LAUREL STREET

City:  
SAN CARLOS

State:  
California

Country:  
United States

Number and Street 2:

ZIP+4/Postal Code:  
94070

If this address is a private residence, check this box: ☐

Telephone Number:  
6504139435

Facsimile Number, if any:

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?

1

Are other business activities conducted at this office location? (check all that apply)

- ☐ (1) Broker-dealer (registered or unregistered)
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- ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
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- ☐ (7) Lawyer or law firm

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Number and Street 1:  
788 E. SILVERSWORD LN

City:  
SAN TAN VALLEY

State:  
California

Country:  
United States

Number and Street 2:

ZIP+4/Postal Code:  
95140

If this address is a private residence, check this box: ☐

Telephone Number:92521656047

Facsimile Number, if any:

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?9252166047

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

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Number and Street 1:1777 BARCELONA AVE.

Number and Street 2:

City:SAN JOSE

State:California

Country:United States

ZIP+4/Postal Code:95124

If this address is a private residence, check this box: ☐

Telephone Number:8887237328

Facsimile Number, if any:

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?  
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

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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: ☒

Telephone Number:  
(775) 298-2982

Facsimile Number, if any:

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?  
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Number and Street 1:  
1125 EMANCIPATION HWY

City:  
FREDERICKSBURG

State:  
Virginia

Country:  
United States

Number and Street 2:  
SUITE 3021

ZIP+4/Postal Code:  
22401

If this address is a private residence, check this box: ☐

Telephone Number:  
5406421204

Facsimile Number, if any:

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?  
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Number and Street 1:  
251 LAFEYETTE CIRCLE

City:

State:

Country:

Number and Street 2:  
SUITE 320

ZIP+4/Postal Code:

If this address is a private residence, check this box: ☐

Telephone Number:9252991300

Facsimile Number, if any:

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?  
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Number and Street 1:  
525 UNIVERSITY AVENUE

City:  
PALO ALTO

State:  
California

Number and Street 2:  
SUITE 200

Country:  
United States

ZIP+4/Postal Code:  
94303

If this address is a private residence, check this box: ☐

Telephone Number:6504637658

Facsimile Number, if any:

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?  
1

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Number and Street 1:

Number and Street 2:

5444 WESTHEIMER ROAD

SUITE 1685

City:

State:

Country:

ZIP+4/Postal Code:

HOUSTON

Texas

United States

77056

If this address is a private residence, check this box: ☐

Telephone Number:

Facsimile Number, if any:

7138176776

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?

2

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Number and Street 1:

Number and Street 2:

908 TAYLORVILLE RD

SUITE 100

City:

State:

Country:

ZIP+4/Postal Code:

GRASS VALLEY

California

United States

95949

If this address is a private residence, check this box: ☐

Telephone Number:

Facsimile Number, if any:

5309555402

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?

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Number and Street 1:  
2654 RIDGEWOOD RD

City:  
JACKSON

State:  
Mississippi

Country:  
United States

Number and Street 2:  
SUITE A

ZIP+4/Postal Code:  
39216

If this address is a private residence, check this box: ☐

Telephone Number:  
601-345-8304

Facsimile Number, if any:

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?  
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- ☒ (3) Insurance broker or agent
- ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
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Number and Street 1:  
582 MARKET ST.

City:  
SAN FRANCISCO

State:  
California

Country:  
United States

Number and Street 2:  
SUITE 407

ZIP+4/Postal Code:  
94104

If this address is a private residence, check this box: ☐

Telephone Number:  
415-677-9611

Facsimile Number, if any:

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?  
2

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|                                               |                      |                           |                             |
|-----------------------------------------------|----------------------|---------------------------|-----------------------------|
| Number and Street 1:<br>735 UNIVERSITY AVENUE |                      | Number and Street 2:      |                             |
| City:<br>SACRAMENTO                           | State:<br>California | Country:<br>United States | ZIP+4/Postal Code:<br>95825 |

If this address is a private residence, check this box: ☐

|                                   |                                           |
|-----------------------------------|-------------------------------------------|
| Telephone Number:<br>916-486-7350 | Facsimile Number, if any:<br>916-527-2245 |
|-----------------------------------|-------------------------------------------|

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?  
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- ☐ (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:<br>501 DEEP VALLEY DR. |                      | Number and Street 2:<br>SUITE 202 |                             |
| City:<br>ROLLING HILLS ESTATES              | State:<br>California | Country:<br>United States         | ZIP+4/Postal Code:<br>90274 |

If this address is a private residence, check this box: ☐

|                                 |                           |
|---------------------------------|---------------------------|
| Telephone Number:<br>4243940800 | Facsimile Number, if any: |
|---------------------------------|---------------------------|

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?  
2

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:<br>770 MENLO AVENUE |                      | Number and Street 2:<br>SUITE 200 |                             |
| City:<br>MENLO PARK                      | State:<br>California | Country:<br>United States         | ZIP+4/Postal Code:<br>94025 |

If this address is a private residence, check this box: ☐

|                                   |                           |
|-----------------------------------|---------------------------|
| Telephone Number:<br>650-419-8620 | Facsimile Number, if any: |
|-----------------------------------|---------------------------|

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?  
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 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:<br>1200 NW SOUTH OUTER RD |                    | Number and Street 2:<br>SUITE 224 |                             |
| City:<br>BLUE SPRINGS                          | State:<br>Missouri | Country:<br>United States         | ZIP+4/Postal Code:<br>64015 |

If this address is a private residence, check this box: ☐

|                                 |                           |
|---------------------------------|---------------------------|
| Telephone Number:<br>8165109067 | Facsimile Number, if any: |
|---------------------------------|---------------------------|

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?  
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 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:<br>24 NORTH 3RD AVE |                      | Number and Street 2:<br>SUITE 201 |                             |
| City:<br>HIGHLAND PARK                   | State:<br>New Jersey | Country:<br>United States         | ZIP+4/Postal Code:<br>08904 |

If this address is a private residence, check this box: ☐

|                                 |                           |
|---------------------------------|---------------------------|
| Telephone Number:<br>7322498600 | Facsimile Number, if any: |
|---------------------------------|---------------------------|

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?  
2

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:

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|                      |        |                      |                    |
|----------------------|--------|----------------------|--------------------|
| 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: ☒

|                                 |                           |
|---------------------------------|---------------------------|
| Telephone Number:<br>7078156295 | Facsimile Number, if any: |
|---------------------------------|---------------------------|

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?  
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 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:<br>618 FISH CREEK THROUGHFARE |                 | Number and Street 2:<br>SUITE 110 OFFICE 112 |                             |
| City:<br>MONTGOMERY                                | State:<br>Texas | Country:<br>United States                    | ZIP+4/Postal Code:<br>77316 |

If this address is a private residence, check this box: ☐

|                                 |                           |
|---------------------------------|---------------------------|
| Telephone Number:<br>9169282207 | Facsimile Number, if any: |
|---------------------------------|---------------------------|

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?  
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 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:<br>4308 LIVE OAK LANE |                      | Number and Street 2:<br>SUITE B |                             |
| City:<br>ROCKLIN                           | State:<br>California | Country:<br>United States       | ZIP+4/Postal Code:<br>95765 |

If this address is a private residence, check this box: ☐

|                                   |                           |
|-----------------------------------|---------------------------|
| Telephone Number:<br>916-549-4144 | Facsimile Number, if any: |
|-----------------------------------|---------------------------|

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?  
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 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:<br>13001 SEAL BEACH BLVD |                      | Number and Street 2:<br>SUITE 375 |                             |
| City:<br>SEAL BEACH                           | State:<br>California | Country:<br>United States         | ZIP+4/Postal Code:<br>90740 |

If this address is a private residence, check this box: ☐

|                                 |                           |
|---------------------------------|---------------------------|
| Telephone Number:<br>5625987575 | Facsimile Number, if any: |
|---------------------------------|---------------------------|

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?  
2

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:<br>9545 KATY FREEWAY |                 | Number and Street 2:<br>SUITE 400 |                             |
| City:<br>HOUSTON                          | State:<br>Texas | Country:<br>United States         | ZIP+4/Postal Code:<br>77024 |

If this address is a private residence, check this box: ☐

|                                     |                           |
|-------------------------------------|---------------------------|
| Telephone Number:<br>(303) 757-6556 | Facsimile Number, if any: |
|-------------------------------------|---------------------------|

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?  
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

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Number and Street 1:  
819 COMMERCIAL AVE.

City:  
ANACORTES

State:  
Washington

Number and Street 2:  
SUITE G

Country:  
United States

ZIP+4/Postal Code:  
98221

If this address is a private residence, check this box: ☐

Telephone Number:  
(360) 392-2882

Facsimile Number, if any:

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?  
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 conducted from this office location:

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Number and Street 1:  
6101 BOLLINGER CANYON RD

City:  
SAN RAMON

State:  
California

Number and Street 2:  
SUITE 367

Country:  
United States

ZIP+4/Postal Code:  
94583

If this address is a private residence, check this box: ☐

Telephone Number:  
925-219-0080

Facsimile Number, if any:

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?  
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 conducted from this office location:

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Number and Street 1:  
39555 ORCHARD HILL PLACE

City:  
NOVI

State:  
Michigan

Country:  
United States

Number and Street 2:  
SUITE 169

ZIP+4/Postal Code:  
48375

If this address is a private residence, check this box: ☐

Telephone Number:  
7348386285

Facsimile Number, if any:

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?  
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 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:  
10599 DOUBLE R BLVD

City:  
RENO

State:  
Nevada

Country:  
United States

Number and Street 2:

ZIP+4/Postal Code:  
89521

If this address is a private residence, check this box: ☐

Telephone Number:  
7758502500

Facsimile Number, if any:

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?  
8

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:  
7447 NORTH FIRST STREET

City:  
FRESNO

State:  
California

Country:  
United States

Number and Street 2:  
SUITE 203

ZIP+4/Postal Code:  
93720

If this address is a private residence, check this box: ☐

Telephone Number:  
(559) 436-4717

Facsimile Number, if any:

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?  
2

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:

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Number and Street 1:  
593 HORSEBARN ROAD

City:  
ROGERS

State:  
Arkansas

Country:  
United States

Number and Street 2:  
SUITE 203

ZIP+4/Postal Code:  
72758

If this address is a private residence, check this box: ☐

Telephone Number:  
(479) 878-8126

Facsimile Number, if any:

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:

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Number and Street 1:  
815 UNIVERSITY AVENUE

City:  
SACRAMENTO

State:  
California

Country:  
United States

Number and Street 2:

ZIP+4/Postal Code:  
95825

If this address is a private residence, check this box: ☐

Telephone Number:  
916-974-6996

Facsimile Number, if any:

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?  
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 conducted from this office location:

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Number and Street 1:  
1255 TREAT BLVD

City:  
WALNUT CREEK

State:  
California

Country:  
United States

Number and Street 2:  
SUITE 300

ZIP+4/Postal Code:  
94597

If this address is a private residence, check this box: ☐

Telephone Number:  
925-287-9999

Facsimile Number, if any:

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?  
3

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:  
19575 VICTOR PKWY

City:  
LIVONIA

State:  
Michigan

Country:  
United States

Number and Street 2:  
SUITE 190

ZIP+4/Postal Code:  
48152

If this address is a private residence, check this box: ☐

Telephone Number:  
734-838-6285

Facsimile Number, if any:

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?  
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 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:  
550 NW FRANKLIN AVENUE

City:  
BEND

State:  
Oregon

Country:  
United States

Number and Street 2:  
SUITE 270

ZIP+4/Postal Code:  
97703

If this address is a private residence, check this box: ☐

Telephone Number:  
541-639-3131

Facsimile Number, if any:

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?

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

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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:

123 2ND AVE S

City:

EDMONDS

State:

Washington

Number and Street 2:

SUITE 230

Country:

United States

ZIP+4/Postal Code:

98020

If this address is a private residence, check this box: ☐

Telephone Number:

2063334234

Facsimile Number, if any:

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?

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 conducted from this office location:

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Number and Street 1:

818 W RIVERSIDE AVE

City:

SPOKANE

State:

Washington

Number and Street 2:

SUITE 425

Country:

United States

ZIP+4/Postal Code:

99201

If this address is a private residence, check this box: ☐

Telephone Number:509-991-7123

Facsimile Number, if any:

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?  
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 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:  
39899 BALENTINE DRIVE

City:  
NEWARK

State:  
California

Country:  
United States

Number and Street 2:  
SUITE 200

ZIP+4/Postal Code:  
94560

If this address is a private residence, check this box: ☐

Telephone Number:510-881-6174

Facsimile Number, if any:

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?  
2

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:  
865 UNIVERSITY AVENUE

City:  
SACRAMENTO

State:  
California

Country:  
United States

Number and Street 2:

ZIP+4/Postal Code:  
95825

If this address is a private residence, check this box: ☐

Telephone Number:916-549-4144

Facsimile Number, if any:

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?  
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 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:  
52 EAST LAKESHORE DRIVE

City:  
RANSOM CANYON

State:  
Texas

Country:  
United States

Number and Street 2:

ZIP+4/Postal Code:  
79366

If this address is a private residence, check this box: ☐

Telephone Number:5757693965

Facsimile Number, if any:

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?  
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 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:  
1150 WHITE OAK WAY

City:

State:

Country:

Number and Street 2:  
SUITE 115

ZIP+4/Postal Code:

If this address is a private residence, check this box: ☐

Telephone Number:

6507538333

Facsimile Number, if any:

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?

2

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

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Number and Street 1:

7501 BOULDERS VIEW DR

City:

RICHMOND

State:

Virginia

Number and Street 2:

SUITE 620

Country:

United States

ZIP+4/Postal Code:

23225

If this address is a private residence, check this box: ☐

Telephone Number:

(804) 677-9685

Facsimile Number, if any:

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?

2

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
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- ☐ (7) Lawyer or law firm

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Number and Street 1:

Number and Street 2:

212 NORTH MAIN STREET

City:

State:

Country:

ZIP+4/Postal Code:

PORTERVILLE

California

United States

93257

If this address is a private residence, check this box: ☐

Telephone Number:

Facsimile Number, if any:

5597841472

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?

1

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- ☐ (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

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Number and Street 1:

Number and Street 2:

3625 E THOUSAND OAKS BLVD

SUITE 208

City:

State:

Country:

ZIP+4/Postal Code:

WESTLAKE VILLAGE

California

United States

91362

If this address is a private residence, check this box: ☐

Telephone Number:

Facsimile Number, if any:

8059912600

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?

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 conducted from this office location:

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Number and Street 1:  
350 W JULIAN ST

City:  
SAN JOSE

State:  
California

Number and Street 2:  
BLDG # 3

Country:  
United States

ZIP+4/Postal Code:  
95110

If this address is a private residence, check this box: ☐

Telephone Number:  
4087999659

Facsimile Number, if any:

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?  
4

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:

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Number and Street 1:  
1030 SEMINARY STREET

City:  
NAPA

State:  
California

Number and Street 2:  
SUITE D

Country:  
United States

ZIP+4/Postal Code:  
94559

If this address is a private residence, check this box: ☐

Telephone Number:  
(707) 254-0155

Facsimile Number, if any:

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?  
1

Are other business activities conducted at this office location? (check all that apply)

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- ☐ (2) Bank (including a separately identifiable department or division of a bank)
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- ☐ (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

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|                                             |                      |                                   |                             |
|---------------------------------------------|----------------------|-----------------------------------|-----------------------------|
| Number and Street 1:<br>6020 COMMERCE BLVD. |                      | Number and Street 2:<br>SUITE 127 |                             |
| City:<br>ROHNERT PARK                       | State:<br>California | Country:<br>United States         | ZIP+4/Postal Code:<br>94928 |

If this address is a private residence, check this box: ☐

|                                   |                           |
|-----------------------------------|---------------------------|
| Telephone Number:<br>707-284-2975 | Facsimile Number, if any: |
|-----------------------------------|---------------------------|

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?  
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 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:<br>1504 EUREKA ROAD |                      | Number and Street 2:<br>SUITE 210 |                             |
| City:<br>ROSEVILLE                       | State:<br>California | Country:<br>United States         | ZIP+4/Postal Code:<br>95661 |

If this address is a private residence, check this box: ☐

|                                     |                           |
|-------------------------------------|---------------------------|
| Telephone Number:<br>(916) 789-9420 | Facsimile Number, if any: |
|-------------------------------------|---------------------------|

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?  
4

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:<br>3011 VICTOR AVENUE |                      | Number and Street 2:      |                             |
| City:<br>REDDING                           | State:<br>California | Country:<br>United States | ZIP+4/Postal Code:<br>96002 |

If this address is a private residence, check this box: ☐

|                                   |                           |
|-----------------------------------|---------------------------|
| Telephone Number:<br>530-223-2020 | Facsimile Number, if any: |
|-----------------------------------|---------------------------|

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?  
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 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:<br>548 GIBSON DRIVE |                      | Number and Street 2:<br>SUITE 130 |                             |
| City:<br>ROSEVILLE                       | State:<br>California | Country:<br>United States         | ZIP+4/Postal Code:<br>95678 |

If this address is a private residence, check this box: ☐

|                                   |                           |
|-----------------------------------|---------------------------|
| Telephone Number:<br>916-886-5380 | Facsimile Number, if any: |
|-----------------------------------|---------------------------|

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?  
6

- 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:<br>400 W VENTURA BLVD |                      | Number and Street 2:<br>SUITE 205 |                             |
| City:<br>CAMARILLO                         | State:<br>California | Country:<br>United States         | ZIP+4/Postal Code:<br>93010 |

If this address is a private residence, check this box: ☐

|                                   |                           |
|-----------------------------------|---------------------------|
| Telephone Number:<br>805-603-1331 | Facsimile Number, if any: |
|-----------------------------------|---------------------------|

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?  
3

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:<br>2010 CROW CANYON PLACE |                      | Number and Street 2:<br>SUITE 100 |                             |
| City:<br>SAN RAMON                             | State:<br>California | Country:<br>United States         | ZIP+4/Postal Code:<br>94583 |

If this address is a private residence, check this box: ☐

|                                 |                           |
|---------------------------------|---------------------------|
| Telephone Number:<br>5108816174 | Facsimile Number, if any: |
|---------------------------------|---------------------------|

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?  
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 conducted from this office location:

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|                                          |                                 |                           |                             |
|------------------------------------------|---------------------------------|---------------------------|-----------------------------|
| Number and Street 1:<br>884 THIRD STREET | Number and Street 2:<br>SUITE A |                           |                             |
| City:<br>SANTA ROSA                      | State:<br>California            | Country:<br>United States | ZIP+4/Postal Code:<br>95404 |

If this address is a private residence, check this box: ☐

|                                    |                                             |
|------------------------------------|---------------------------------------------|
| Telephone Number:<br>(707) 284-297 | Facsimile Number, if any:<br>(707) 284-2977 |
|------------------------------------|---------------------------------------------|

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?  
1

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- ☐ (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:

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|                                           |                                   |                           |                             |
|-------------------------------------------|-----------------------------------|---------------------------|-----------------------------|
| Number and Street 1:<br>725 SKIPPACK PIKE | Number and Street 2:<br>SUITE 200 |                           |                             |
| City:<br>BLUE BELL                        | State:<br>Pennsylvania            | Country:<br>United States | ZIP+4/Postal Code:<br>19422 |

If this address is a private residence, check this box: ☐

|                                   |                           |
|-----------------------------------|---------------------------|
| Telephone Number:<br>215-283-3131 | Facsimile Number, if any: |
|-----------------------------------|---------------------------|

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?  
4

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:  
5857 OWENS AVENUE

City:  
CARLSBAD

State:  
California

Country:  
United States

Number and Street 2:  
SUITE 300

ZIP+4/Postal Code:  
92009

If this address is a private residence, check this box: ☐

Telephone Number:  
916-342-0663

Facsimile Number, if any:

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?  
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

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Number and Street 1:

City:

State:

Country:

Number and Street 2:

ZIP+4/Postal Code:

If this address is a private residence, check this box: ☒

Telephone Number:  
7143965436

Facsimile Number, if any:

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?  
1

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- ☐ (1) Broker-dealer (registered or unregistered)
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- ☐ (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

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|                      |                      |               |                    |
|----------------------|----------------------|---------------|--------------------|
| Number and Street 1: | Number and Street 2: |               |                    |
| 27709 NE 16TH AVENUE |                      |               |                    |
| City:                | State:               | Country:      | ZIP+4/Postal Code: |
| RIDGEFIELD           | Washington           | United States | 98642              |

If this address is a private residence, check this box: ☐

|                   |                           |
|-------------------|---------------------------|
| Telephone Number: | Facsimile Number, if any: |
| 9253816100        |                           |

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?  
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☒ (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

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|                      |                      |               |                    |
|----------------------|----------------------|---------------|--------------------|
| Number and Street 1: | Number and Street 2: |               |                    |
| 2431 E 61ST STREET   | SUITE 305            |               |                    |
| City:                | State:               | Country:      | ZIP+4/Postal Code: |
| TULSA                | Oklahoma             | United States | 74136              |

If this address is a private residence, check this box: ☐

|                   |                           |
|-------------------|---------------------------|
| Telephone Number: | Facsimile Number, if any: |
| 9187464711        |                           |

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?  
2

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

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Number and Street 1:  
8425 BRENTWOOD BLVD

City:  
BRENTWOOD

State:  
California

Country:  
United States

Number and Street 2:  
SUITE B5

ZIP+4/Postal Code:  
94513

If this address is a private residence, check this box: ☐

Telephone Number:  
9256345549

Facsimile Number, if any:

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?  
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- ☐ (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)
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Number and Street 1:  
6234 FLAMINGO WAY

City:  
ROCKLIN

State:  
California

Country:  
United States

Number and Street 2:

ZIP+4/Postal Code:  
95765

If this address is a private residence, check this box: ☐

Telephone Number:  
9168865380

Facsimile Number, if any:

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?  
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- ☒ (3) Insurance broker or agent
- ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
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Number and Street 1:  
333 NORTH LANTANA ST.

City:  
CAMARILLO

State:  
California

Number and Street 2:  
SUITE 118

Country:  
United States

ZIP+4/Postal Code:  
93010

If this address is a private residence, check this box: ☐

Telephone Number:  
8053880044

Facsimile Number, if any:

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?  
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- ☐ (5) Registered municipal advisor
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Number and Street 1:  
13001 SEAL BEACH BLVD.

City:  
LONG BEACH

State:  
California

Number and Street 2:  
SUITE 375

Country:  
United States

ZIP+4/Postal Code:  
90740

If this address is a private residence, check this box: ☐

Telephone Number:  
5625987575

Facsimile Number, if any:

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?

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Number and Street 1:  
14830 LOS GATOS BLVD.,

City:  
LOS GATOS

State:  
California

Country:  
United States

Number and Street 2:  
SUITE 201

ZIP+4/Postal Code:  
95032

If this address is a private residence, check this box: ☐

Telephone Number:  
6692212033

Facsimile Number, if any:

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:

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Number and Street 1:  
555 UNIVERSITY AVENUE

City:  
SACRAMENTO

State:  
California

Country:  
United States

Number and Street 2:  
SUITE 240

ZIP+4/Postal Code:  
95825

If this address is a private residence, check this box: ☐

Telephone Number:  
9169746996

Facsimile Number, if any:

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?  
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- ☒ (3) Insurance broker or agent
- ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
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Number and Street 1:  
10255 KNOLL COURT

City:  
HIGHLANDS RANCH

State:  
Colorado

Country:  
United States

Number and Street 2:

ZIP+4/Postal Code:  
80130

If this address is a private residence, check this box: ☐

Telephone Number:  
3038861234

Facsimile Number, if any:

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?  
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Are other business activities conducted at this office location? (check all that apply)

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- ☒ (3) Insurance broker or agent
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Number and Street 1:  
13351 VALLEY VISTA CT

City:  
PINE GROVE

State:  
California

Country:  
United States

Number and Street 2:

ZIP+4/Postal Code:  
95665

If this address is a private residence, check this box: ☐

Telephone Number:  
209-457-2778

Facsimile Number, if any:

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?

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Number and Street 1:  
51 E CAMPBELL RD

City:  
CAMPBELL

State:  
California

Number and Street 2:  
SUITE 101E

Country:  
United States

ZIP+4/Postal Code:  
95008

If this address is a private residence, check this box: ☐

Telephone Number:  
408-471-8460

Facsimile Number, if any:

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?

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- ☒ (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:

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.LIGHTHOUSE-SA.COM

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

|                                                                         |                                            |
|-------------------------------------------------------------------------|--------------------------------------------|
| Address of Website/Account on Publicly Available Social Media Platform: | HTTP://WWW.WESTCAPITALWEALTHMANAGEMENT.COM |
| Address of Website/Account on Publicly Available Social Media Platform: | HTTP://WWW.MERCERPARTNERSWEALTH.COM        |
| Address of Website/Account on Publicly Available Social Media Platform: | HTTP://WWW.WESTLAKEFM.COM                  |
| Address of Website/Account on Publicly Available Social Media Platform: | HTTP://WWW.SWSLLC.NET                      |
| Address of Website/Account on Publicly Available Social Media Platform: | HTTP://WWW.ENRICH360WEALTH.COM             |
| Address of Website/Account on Publicly Available Social Media Platform: | HTTP://WWW.WARNERWEALTH.COM                |
| Address of Website/Account on Publicly Available Social Media Platform: | HTTP://WWW.JSOPARTNERS.COM                 |
| Address of Website/Account on Publicly Available Social Media Platform: | HTTP://WWW.ZIONCAPITAL.IO                  |
| Address of Website/Account on Publicly Available Social Media Platform: | HTTP://WWW.JOHNHALLADVISOR.COM             |
| Address of Website/Account on Publicly Available Social Media Platform: | HTTP://WWW.AERO.CAPITAL                    |
| Address of Website/Account on Publicly Available Social Media Platform: | HTTP://WWW.KLEININVESTMENTSTRATEGIES.COM   |
| Address of Website/Account on Publicly Available Social Media Platform: | HTTP://WWW.CAMBERWEALTH.COM                |
| Address of Website/Account on Publicly Available Social Media Platform: | HTTP://WWW.ALNAFINANCIAL.COM               |
| Address of Website/Account on Publicly Available Social Media Platform: | HTTP://WWW.CAPLANCAPITAL.COM               |
| Address of Website/Account on Publicly Available Social Media Platform: | HTTP://WWW.MARINERADVISORNETWORK.COM       |
| Address of Website/Account on Publicly Available Social Media Platform: | HTTP://WWW.SFCU.ORG/WEALTH-MANAGEMENT      |
| Address of Website/Account on Publicly Available Social Media Platform: | HTTP://WWW.SLANKSTERFINANCIAL.COM          |
| Address of Website/Account on Publicly Available Social Media Platform: | HTTP://WWW.BROOKSWMG.T.COM                 |
| Address of Website/Account on Publicly Available Social Media Platform: | HTTP://WWW.LWPRENO.COM                     |
|                                                                         |                                            |

|                                                                         |                                                                                                   |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Address of Website/Account on Publicly Available Social Media Platform: | <a href="http://www.redtoweradvisors.com">HTTP://WWW.REDTOWERADVISORS.COM</a>                     |
| Address of Website/Account on Publicly Available Social Media Platform: | <a href="http://www.diamondgroupwealthadvisors.com">HTTP://WWW.DIAMONDGROUPWEALTHADVISORS.COM</a> |
| Address of Website/Account on Publicly Available Social Media Platform: | <a href="http://www.nurturedwealth.com">HTTP://WWW.NURTUREDWEALTH.COM</a>                         |
| Address of Website/Account on Publicly Available Social Media Platform: | <a href="http://www.integritycapital.com">HTTP://WWW.INTEGRITYCAPITAL.COM</a>                     |
| Address of Website/Account on Publicly Available Social Media Platform: | <a href="http://www.wealthvisionadvisors.com">HTTP://WWW.WEALTHVISIONADVISORS.COM</a>             |
| Address of Website/Account on Publicly Available Social Media Platform: | <a href="http://www.rfswealth.com">HTTP://WWW.RFSWEALTH.COM</a>                                   |
| Address of Website/Account on Publicly Available Social Media Platform: | <a href="http://www.brownfsg.com">HTTP://WWW.BROWNFSG.COM</a>                                     |
| Address of Website/Account on Publicly Available Social Media Platform: | <a href="http://www.ecscapitalinvestments.com">HTTP://WWW.ECSCAPITALINVESTMENTS.COM</a>           |
| Address of Website/Account on Publicly Available Social Media Platform: | <a href="http://www.caminoadvisors.com">HTTP://WWW.CAMINOADVISORS.COM</a>                         |
| Address of Website/Account on Publicly Available Social Media Platform: | <a href="http://www.oaktreewealth.com">HTTP://WWW.OAKTREEWEALTH.COM</a>                           |
| Address of Website/Account on Publicly Available Social Media Platform: | <a href="http://www.multigenws.com">HTTP://WWW.MULTIGENWS.COM</a>                                 |
| Address of Website/Account on Publicly Available Social Media Platform: | <a href="http://www.vkwealth.com">HTTP://WWW.VKWEALTH.COM</a>                                     |
| Address of Website/Account on Publicly Available Social Media Platform: | <a href="http://www.socowealthadvisors.com">HTTP://WWW.SOCOWEALTHADVISORS.COM</a>                 |
| Address of Website/Account on Publicly Available Social Media Platform: | <a href="http://www.ascendintegratedwealth.com">HTTP://WWW.ASCENDINTEGRATEDWEALTH.COM</a>         |
| Address of Website/Account on Publicly Available Social Media Platform: | <a href="http://www.watchhillfinancial.com">HTTP://WWW.WATCHHILLFINANCIAL.COM</a>                 |
| Address of Website/Account on Publicly Available Social Media Platform: | <a href="http://www.watershedwealthmgt.com">HTTP://WWW.WATERSHEDWEALTHMGT.COM</a>                 |
| Address of Website/Account on Publicly Available Social Media Platform: | <a href="http://www.dimeandassociates.com">HTTP://WWW.DIMEANDASSOCIATES.COM</a>                   |
| Address of Website/Account on Publicly Available Social Media Platform: | <a href="http://www.commonswm.com">HTTP://WWW.COMMONSWM.COM</a>                                   |
| Address of Website/Account on Publicly Available Social Media Platform: | <a href="http://www.unique-planning.com">HTTP://WWW.UNIQUE-PLANNING.COM</a>                       |
| Address of Website/Account on Publicly Available Social Media Platform: | <a href="http://www.clarityfinancialplanning.com">HTTP://WWW.CLARITYFINANCIALPLANNING.COM</a>     |

|                                                                         |                                          |
|-------------------------------------------------------------------------|------------------------------------------|
| Address of Website/Account on Publicly Available Social Media Platform: | HTTP://WWW.LEFEVREFINANCIAL.COM          |
| Address of Website/Account on Publicly Available Social Media Platform: | HTTP://WWW.HAPPINESSWEALTHMANAGEMENT.COM |
| Address of Website/Account on Publicly Available Social Media Platform: | HTTP://WWW.UNIFIEDWA.COM                 |
| Address of Website/Account on Publicly Available Social Media Platform: | HTTP://WWW.EWEALTHSTRATEGIES.COM         |
| Address of Website/Account on Publicly Available Social Media Platform: | HTTP://WWW.EQPWA.COM                     |
| Address of Website/Account on Publicly Available Social Media Platform: | HTTP://WWW.AWMFS.COM                     |
| Address of Website/Account on Publicly Available Social Media Platform: | HTTP://WWW.EDC.NET                       |
| Address of Website/Account on Publicly Available Social Media Platform: | HTTP://WWW.AFA-INC.BIZ                   |
| Address of Website/Account on Publicly Available Social Media Platform: | HTTP://WWW.HUMANITYWEALTH.COM            |
| Address of Website/Account on Publicly Available Social Media Platform: | HTTP://WWW.ZACKMATTOS.COM                |
| Address of Website/Account on Publicly Available Social Media Platform: | HTTP://WWW.COVENANTOK.COM                |
| Address of Website/Account on Publicly Available Social Media Platform: | https://logikifinancial.com/             |

|                                            |
|--------------------------------------------|
| SECTION 1.L. Location of Books and Records |
| No Information Filed                       |

|                                                                         |
|-------------------------------------------------------------------------|
| SECTION 1.M. Registration with Foreign Financial Regulatory Authorities |
| No Information Filed                                                    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 <i>annual updating amendment</i> to your SEC registration. If you are filing an <i>umbrella registration</i> , the information in Item 2 should be provided for the <i>filing adviser</i> only.                                                         |
| A. To register (or remain registered) with the SEC, you must check <b>at least one</b> of the Items 2.A.(1) through 2.A.(12), below. If you are submitting an <i>annual updating amendment</i> to your SEC registration and you are no longer eligible to register with the SEC, check Item 2.A.(13). <a href="#">Part 1A Instruction 2</a> provides information to help you determine whether you may affirmatively respond to each of these items. |
| You (the adviser):                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <input checked="" type="checkbox"/> (1) are a <b>large advisory firm</b> 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 *annual updating amendment* 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 *state securities authority* of the state where you maintain your *principal office and place of business*; or

(b) not subject to examination by the *state securities authority* of the state where you maintain your *principal office 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 *controls*, is *controlled* by, or is 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 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);

If you check this box, complete [Section 2.A.\(11\) of Schedule D](#).

(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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div><div><input checked="" type="checkbox"/> AL</div><div><input checked="" type="checkbox"/> AK</div><div><input checked="" type="checkbox"/> AZ</div><div><input checked="" type="checkbox"/> AR</div><div><input checked="" type="checkbox"/> CA</div><div><input checked="" type="checkbox"/> CO</div><div><input checked="" type="checkbox"/> CT</div><div><input checked="" type="checkbox"/> DE</div><div><input checked="" type="checkbox"/> DC</div><div><input checked="" type="checkbox"/> FL</div><div><input checked="" type="checkbox"/> GA</div><div><input type="checkbox"/> GU</div><div><input checked="" type="checkbox"/> HI</div><div><input checked="" type="checkbox"/> ID</div></div> | <div><div><input checked="" type="checkbox"/> IL</div><div><input checked="" type="checkbox"/> IN</div><div><input checked="" type="checkbox"/> IA</div><div><input checked="" type="checkbox"/> KS</div><div><input checked="" type="checkbox"/> KY</div><div><input checked="" type="checkbox"/> LA</div><div><input checked="" type="checkbox"/> ME</div><div><input checked="" type="checkbox"/> MD</div><div><input checked="" type="checkbox"/> MA</div><div><input checked="" type="checkbox"/> MI</div><div><input checked="" type="checkbox"/> MN</div><div><input checked="" type="checkbox"/> MS</div><div><input checked="" type="checkbox"/> MO</div><div><input checked="" type="checkbox"/> MT</div></div> | <div><div><input checked="" type="checkbox"/> NE</div><div><input checked="" type="checkbox"/> NV</div><div><input checked="" type="checkbox"/> NH</div><div><input checked="" type="checkbox"/> NJ</div><div><input checked="" type="checkbox"/> NM</div><div><input checked="" type="checkbox"/> NY</div><div><input checked="" type="checkbox"/> NC</div><div><input checked="" type="checkbox"/> ND</div><div><input checked="" type="checkbox"/> OH</div><div><input checked="" type="checkbox"/> OK</div><div><input checked="" type="checkbox"/> OR</div><div><input checked="" type="checkbox"/> PA</div><div><input type="checkbox"/> PR</div><div><input checked="" type="checkbox"/> RI</div></div> | <div><div><input checked="" type="checkbox"/> SC</div><div><input checked="" type="checkbox"/> SD</div><div><input checked="" type="checkbox"/> TN</div><div><input checked="" type="checkbox"/> TX</div><div><input checked="" type="checkbox"/> UT</div><div><input checked="" type="checkbox"/> VT</div><div><input type="checkbox"/> VI</div><div><input checked="" type="checkbox"/> VA</div><div><input checked="" type="checkbox"/> WA</div><div><input checked="" type="checkbox"/> WV</div><div><input checked="" type="checkbox"/> WI</div><div><input checked="" type="checkbox"/> WY</div></div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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 be 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 *state securities authorities* 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 *state securities authorities* 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 *state securities authorities* in those states.

SECTION 2.A.(11) Internet Adviser

If you are relying on rule 203A-2(e), the Internet adviser exemption from the prohibition on registration, you are required to make a representation about your eligibility for SEC registration. By checking the appropriate box, you will be deemed to have made the required representation.

If you are applying for registration as an investment adviser with the SEC or changing your existing Item 2 response regarding your eligibility for SEC registration, you must make this representation:

☐ I will provide investment advice on an ongoing basis to more than one client exclusively through an *operational interactive website*.

If you are filing an annual updating amendment to your existing registration and are continuing to rely on the Internet adviser exemption for SEC registration, you must make this representation:

☐ I have provided and will continue to provide investment advice on an ongoing basis to more than one client exclusively through an *operational interactive website*.

SECTION 2.A.(12) SEC Exemptive Order

If you are relying upon an SEC *order* 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?

- ☐ Corporation
- ☐ Sole Proprietorship
- ☐ 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       |
|------------|---------------|
| California | 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

- 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

No Information Filed

## 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 |     |
|-----------|-----|
| 1         | 2   |
| 3         | 4   |
| 5         | 6   |
| 7         | 8   |
| 9         | 10  |
| 11        | 12  |
| 13        | 14  |
| 15        | 16  |
| 17        | 18  |
| 19        | 20  |
| 21        | 22  |
| 23        | 24  |
| 25        | 26  |
| 27        | 28  |
| 29        | 30  |
| 31        | 32  |
| 33        | 34  |
| 35        | 36  |
| 37        | 38  |
| 39        | 40  |
| 41        | 42  |
| 43        | 44  |
| 45        | 46  |
| 47        | 48  |
| 49        | 50  |
| 51        | 52  |
| 53        | 54  |
| 55        | 56  |
| 57        | 58  |
| 59        | 60  |
| 61        | 62  |
| 63        | 64  |
| 65        | 66  |
| 67        | 68  |
| 69        | 70  |
| 71        | 72  |
| 73        | 74  |
| 75        | 76  |
| 77        | 78  |
| 79        | 80  |
| 81        | 82  |
| 83        | 84  |
| 85        | 86  |
| 87        | 88  |
| 89        | 90  |
| 91        | 92  |
| 93        | 94  |
| 95        | 96  |
| 97        | 98  |
| 99        | 100 |

*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.

- B. (1) Approximately how many of the *employees* reported in 5.A. perform investment advisory functions (including research)?
- 150

- (2) Approximately how many of the *employees* reported in 5.A. are registered representatives of a broker-dealer?
- 168

- (3) Approximately how many of the *employees* reported in 5.A. are registered with one or more *state securities authorities* as *investment adviser representatives*?
- 150

- (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?

- (5)

Approximately how many of the *employees* reported in 5.A. are licensed agents of an insurance company or agency?

133
- (6)

Approximately how many firms or other *persons* solicit advisory *clients* on your behalf?

2

*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?

209

(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 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 <i>Client(s)</i> | (2) Fewer than 5 <i>Clients</i> | (3) Amount of Regulatory Assets under Management |
|-----------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------|--------------------------------------------------|
| (a) Individuals (other than <i>high net worth individuals</i> )                                     | 13898                          | <input type="checkbox"/>        | \$ 3,815,431,251                                 |
| (b) <i>High net worth individuals</i>                                                               | 2202                           | <input type="checkbox"/>        | \$ 5,505,253,538                                 |
| (c) Banking or thrift institutions                                                                  | 0                              | <input type="checkbox"/>        | \$ 0                                             |
| (d) Investment companies                                                                            | 0                              |                                 | \$ 0                                             |
| (e) Business development companies                                                                  | 0                              |                                 | \$ 0                                             |
| (f) Pooled investment vehicles (other than investment companies and business development companies) | 0                              |                                 | \$ 0                                             |
| (g) Pension and profit sharing plans (but not the plan participants or government pension plans)    | 3                              | <input type="checkbox"/>        | \$ 3,505,214                                     |
| (h) Charitable organizations                                                                        | 54                             | <input type="checkbox"/>        | \$ 126,688,128                                   |
| (i) State or municipal <i>government entities</i> (including government pension plans)              | 0                              | <input type="checkbox"/>        | \$ 0                                             |
| (j) Other investment advisers                                                                       | 0                              | <input type="checkbox"/>        | \$ 0                                             |
| (k) Insurance companies                                                                             | 0                              | <input type="checkbox"/>        | \$ 0                                             |
| (l) Sovereign wealth funds and foreign official institutions                                        | 0                              | <input type="checkbox"/>        | \$ 0                                             |
| (m) Corporations or other businesses not listed above                                               | 84                             | <input type="checkbox"/>        | \$ 117,960,256                                   |
| (n) Other:                                                                                          | 0                              | <input type="checkbox"/>        | \$ 0                                             |

Compensation Arrangements

- E.

You are compensated for your investment advisory services by (check all that apply):

- ☒

(1)

A percentage of assets under your management
- ☒

(2)

Hourly charges
- ☐

(3)

Subscription fees (for a newsletter or periodical)
- ☒

(4)

Fixed fees (other than subscription fees)
- ☐

(5)

Commissions
- ☐

(6)

*Performance-based fees*
- ☐

(7)

Other (specify):

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

## Regulatory Assets Under Management

Yes No

- 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) \$ 9,568,838,387 | (d) 27,362               |
| Non-Discretionary: | (b) \$ 0             | (e) 0                    |
| Total:             | (c) \$ 9,568,838,387 | (f) 27,362               |

*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?

\$ 171,128

## Item 5 Information About Your Advisory Business - Advisory Activities

## Advisory Activities

- G. What type(s) of advisory services do you provide? Check all that apply.

- ☒ (1) Financial planning services
  - ☒ (2) Portfolio management for individuals and/or small businesses
  - ☐ (3) 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)
  - ☐ (4) Portfolio management for pooled investment vehicles (other than investment companies)
  - ☒ (5) Portfolio management for businesses (other than small businesses) or institutional *clients* (other than registered investment companies and other pooled investment vehicles)
  - ☒ (6) Pension consulting services
  - ☒ (7) Selection of other advisers (including *private fund* managers)
  - ☐ (8) Publication of periodicals or newsletters
  - ☐ (9) Security ratings or pricing services
  - ☐ (10) Market timing services
  - ☐ (11) Educational seminars/workshops
  - ☐ (12) Other(specify):

*Do not check Item 5.G.(3) unless you provide advisory services pursuant to an investment advisory contract to an investment company registered under the Investment Company Act of 1940, including as a subadviser. If you check Item 5.G.(3), report the 811 or 814 number of the investment company or investment companies to which you provide advice in [Section 5.G.\(3\) of Schedule D](#).*

- H. If you provide financial planning services, to how many *clients* did you provide these services during your last fiscal year?

- ☐ 0
- ☐ 1 - 10
- ☐ 11 - 25
- ☐ 26 - 50
- ☐ 51 - 100
- ☒ 101 - 250
- ☐ 251 - 500
- ☐ More than 500

If more than 500, how many?  
(round to the nearest 500)

*In your responses to this Item 5.H., do not include as "clients" the investors in a private fund you advise, unless you have a separate advisory relationship with those investors.*

Yes No

- I. (1) Do you participate in a *wrap fee program*?

- (2) If you participate in a *wrap fee program*, what is the amount of your regulatory assets under management attributable to acting as:

- (a) *sponsor to a wrap fee program*  
\$

- (b) portfolio manager for a *wrap fee program*?  
\$

- (c) *sponsor* to and portfolio manager for the same *wrap fee program*?  
\$

If you report 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 you are a portfolio manager for a wrap fee program, list the names of the programs, their sponsors and related information 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 a mutual fund that is offered through a wrap fee program, do not check Item 5.I.(1) or enter any amounts in response to Item 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?                                                                                           | <input type="radio"/>            | <input checked="" type="radio"/> |
| (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?                                                                      | <input type="radio"/>            | <input checked="" type="radio"/> |
| 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> )?                                                                          | <input checked="" type="radio"/> | <input type="radio"/>            |
| If yes, complete <a href="#">Section 5.K.(1) of Schedule D</a> .                                                                                                                                                                                        |                                  |                                  |
| (2) Do you engage in borrowing transactions on behalf of any of the separately managed account <i>clients</i> that you advise?                                                                                                                          | <input checked="" type="radio"/> | <input type="radio"/>            |
| If yes, complete <a href="#">Section 5.K.(2) of Schedule D</a> .                                                                                                                                                                                        |                                  |                                  |
| (3) Do you engage in derivative transactions on behalf of any of the separately managed account <i>clients</i> that you advise?                                                                                                                         | <input checked="" type="radio"/> | <input type="radio"/>            |
| If yes, complete <a href="#">Section 5.K.(2) of Schedule D</a> .                                                                                                                                                                                        |                                  |                                  |
| (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?                          | <input checked="" type="radio"/> | <input type="radio"/>            |
| If yes, complete <a href="#">Section 5.K.(3) of Schedule D</a> for each custodian.                                                                                                                                                                      |                                  |                                  |
| L. Marketing Activities                                                                                                                                                                                                                                 | Yes                              | No                               |
| (1) Do any of your <i>advertisements</i> include:                                                                                                                                                                                                       |                                  |                                  |
| (a) Performance results?                                                                                                                                                                                                                                | <input checked="" type="radio"/> | <input type="radio"/>            |
| (b) A reference to specific investment advice provided by you (as that phrase is used in rule 206(4)-1(a)(5))?                                                                                                                                          | <input checked="" type="radio"/> | <input type="radio"/>            |
| (c) <i>Testimonials</i> (other than those that satisfy rule 206(4)-1(b)(4)(ii))?                                                                                                                                                                        | <input checked="" type="radio"/> | <input type="radio"/>            |
| (d) <i>Endorsements</i> (other than those that satisfy rule 206(4)-1(b)(4)(ii))?                                                                                                                                                                        | <input checked="" type="radio"/> | <input type="radio"/>            |
| (e) <i>Third-party ratings</i> ?                                                                                                                                                                                                                        | <input checked="" type="radio"/> | <input type="radio"/>            |
| (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> ? | <input checked="" type="radio"/> | <input type="radio"/>            |
| (3) Do any of your <i>advertisements</i> include <i>hypothetical performance</i> ?                                                                                                                                                                      | <input checked="" type="radio"/> | <input type="radio"/>            |
| (4) Do any of your <i>advertisements</i> include <i>predecessor performance</i> ?                                                                                                                                                                       | <input type="radio"/>            | <input checked="" type="radio"/> |

SECTION 5.G.(3) Advisers to Registered Investment Companies and Business Development Companies

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)

| Asset 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                                                                                              | 19 %        |
| (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                                        | 71 %        |
| (x) Securities Issued by Pooled Investment Vehicles (other than Registered Investment Companies or Business Development Companies) | 0 %         |
| (xi) Cash and Cash Equivalents                                                                                                     | 7 %         |
| (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) Derivative Exposures     |                                 |                       |                       |                          |                      |
|-------------------------|----------------------------------------|----------------|------------------------------|---------------------------------|-----------------------|-----------------------|--------------------------|----------------------|
|                         |                                        |                | (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.

(ii) End of Year

| Gross Notional Exposure | (1) Regulatory Assets Under Management | (2) Borrowings | (3) Derivative Exposures     |                                 |                       |                       |                          |                      |
|-------------------------|----------------------------------------|----------------|------------------------------|---------------------------------|-----------------------|-----------------------|--------------------------|----------------------|
|                         |                                        |                | (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 <i>borrowings</i> 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:  
LPL FINANCIAL LLC

(b)

Primary business name of custodian:  
LPL FINANCIAL LLC

(c)

The location(s) of the custodian's office(s) responsible for *custody* of the assets :

City:  
BOSTON

State:  
Massachusetts

Country:  
United States

YesNo

(d)

Is the custodian a *related person* of your firm?

(e)

If the custodian is a broker-dealer, provide its SEC registration number (if any)  
8 - 17668

(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 entity identifier* (if any)

(g)

What amount of your regulatory assets under management attributable to separately managed accounts is held at the custodian?  
\$ 6,945,675,623

(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(s) responsible for *custody* of the assets :

City:  
SAN FRANCISCO

State:  
California

Country:  
United States

YesNo

(d)

Is the custodian a *related person* of your firm?

(e)

If the custodian is a broker-dealer, provide its SEC registration number (if any)  
8 - 16514

(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 entity identifier* (if any)

(g)

What amount of your regulatory assets under management attributable to separately managed accounts is held at the custodian?  
\$ 2,102,454,871

Item 6 Other Business Activities

In this Item, we request information about your firm's other business activities.

A. 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):

If you engage in other business using a name that is different from the names reported in Items 1.A. or 1.B.(1), complete **Section 6.A. of Schedule D.**

Yes No

- B. (1) Are you actively engaged in any other business not listed in Item 6.A. (other than giving investment advice)?
- (2) If yes, is this other business your primary business?

If "yes," describe this other business on **Section 6.B.(2) of Schedule D**, and if you engage in this business under a different name, provide that name.

Yes No

- (3) Do you sell products or provide services other than investment advice to your advisory *clients*?

If "yes," describe this other business on **Section 6.B.(3) of Schedule D**, and if you engage in this business under a different name, provide that name.

## SECTION 6.A. Names of Your Other Businesses

No Information Filed

## SECTION 6.B.(2) Description of Primary Business

Describe your primary business (not your investment advisory business):

If you engage in that business under a different name, provide that name:

### SECTION 6.B.(3) Description of Other Products and Services

Describe other products or services you sell to your *client*. You may omit products and services that you listed in Section 6.B.(2) above.

PREVIOUSLY DISCLOSED

If you engage in that business under a different name, provide that name:

DBAS OF MIAN HAVE BEEN PROVIDED. ALL INVESTMENT ADVICE IS OFFERED UNDER MIAN AND IS DISCLOSED THAT WAY TO THE CLIENTS.

## 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):

- ☒ (1) broker-dealer, municipal securities dealer, or government securities broker or dealer (registered or unregistered)
  - ☒ (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
  - ☒ (10) accountant or accounting firm
  - ☒ (11) lawyer or law firm
  - ☐ (12) insurance company or agency
  - ☒ (13) pension consultant
  - ☐ (14) real estate broker or dealer
  - ☐ (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 |  |  |
|----------------------------------------------|--|--|
| No Information Filed                         |  |  |

| Item 7 <i>Private Fund</i> Reporting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes | No |
| B. Are you an adviser to any <i>private fund</i> ?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |    |
| <div><div></div><div></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| <p><i>If "yes," then for each private fund that you advise, you must complete a <a href="#">Section 7.B.(1) of Schedule D</a>, except in certain circumstances described in the next sentence and in Instruction 6 of the <a href="#">Instructions to Part 1A</a>. 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 <a href="#">Section 7.B.(2) of Schedule D</a>.</i></p> <p><i>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.</i></p> |     |    |

| SECTION 7.B.(1) <i>Private Fund</i> Reporting |  |  |
|-----------------------------------------------|--|--|
| No Information Filed                          |  |  |

| SECTION 7.B.(2) <i>Private Fund</i> Reporting |  |  |
|-----------------------------------------------|--|--|
| No Information Filed                          |  |  |

| Item 8 Participation or Interest in <i>Client</i> Transactions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                        |                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <p>In this Item, we request information about your participation and interest in your <i>clients'</i> transactions. This information identifies additional areas in which conflicts of interest may occur between you and your <i>clients</i>. 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.</p> <p>Like Item 7, Item 8 requires you to provide information about you and your <i>related persons</i>, including foreign affiliates.</p> |                                                                                                                                                                                                                                                        |                                   |
| Proprietary Interest in <i>Client</i> Transactions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                        |                                   |
| A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Do you or any <i>related person</i> :                                                                                                                                                                                                                  | YesNo                             |
| (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | buy securities for yourself from advisory <i>clients</i> , or sell securities you own to advisory <i>clients</i> (principal transactions)?                                                                                                             | <div><div></div><div></div></div> |
| (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | buy or sell for yourself securities (other than shares of mutual funds) that you also recommend to advisory <i>clients</i> ?                                                                                                                           | <div><div></div><div></div></div> |
| (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))?                         | <div><div></div><div></div></div> |
| Sales Interest in <i>Client</i> Transactions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                        |                                   |
| B.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Do you or any <i>related person</i> :                                                                                                                                                                                                                  | YesNo                             |
| (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)?        | <div><div></div><div></div></div> |
| (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?   | <div><div></div><div></div></div> |
| (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)? | <div><div></div><div></div></div> |
| Investment or Brokerage Discretion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                        |                                   |
| C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Do you or any <i>related person</i> have <i>discretionary authority</i> to determine the:                                                                                                                                                              | YesNo                             |
| (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | securities to be bought or sold for a <i>client's</i> account?                                                                                                                                                                                         | <div><div></div><div></div></div> |

- (2) amount of securities to be bought or sold for a *client's* account? ☒ ☐

(3) broker or dealer to be used for a purchase or sale of securities for a *client's* account? ☒ ☐

(4) commission rates to be paid to a broker or dealer for a *client's* securities transactions? ☒ ☐

D. If you answer "yes" to C.(3) above, are any of the brokers or dealers *related persons*? ☐ ☒

E. Do you or any *related person* recommend brokers or dealers to *clients*? ☒ ☐

F. If you answer "yes" to E. above, are any of the brokers or dealers *related persons*? ☐ ☒

G. (1) Do you or any *related person* receive research or other products or services other than execution from a broker-dealer or a third party ("soft dollar benefits") in connection with *client* securities transactions? ☒ ☐

(2) If "yes" to G.(1) above, are all the "soft dollar benefits" you or any *related persons* receive eligible "research or brokerage services" under section 28(e) of the Securities Exchange Act of 1934? ☒ ☐

H. (1) Do you or any *related person*, directly or indirectly, compensate any *person* that is not an *employee* for *client* referrals? ☒ ☐

(2) Do you or any *related person*, directly or indirectly, provide any *employee* compensation that is specifically related to obtaining *clients* for the firm (cash or non-cash compensation in addition to the *employee's* regular salary)? ☒ ☐

I. Do you or any *related person*, including any *employee*, directly or indirectly, receive compensation from any *person* (other than you or any *related person*) for *client* referrals? ☒ ☐

*In your response to Item 8.I., do not include the regular salary you pay to an employee.*

*In responding to Items 8.H. and 8.I., consider all cash and non-cash compensation that you or a related person gave to (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.*

### Item 9 Custody

In this Item, we ask you whether you or a *related person* has *custody* of *client* (other than *clients* that are investment companies registered under the Investment Company Act of 1940) assets and about your custodial practices.

- |    |                                                                  |                                  |                       |
|----|------------------------------------------------------------------|----------------------------------|-----------------------|
| A. | (1) Do you have <i>custody</i> of any advisory <i>clients</i> ': | <b>Yes</b>                       | <b>No</b>             |
|    | (a) cash or bank accounts?                                       | <input checked="" type="radio"/> | <input type="radio"/> |
|    | (b) securities?                                                  | <input checked="" type="radio"/> | <input type="radio"/> |

*If you are registering or registered with the SEC, answer "No" to Item 9.A.(1)(a) and (b) if you have custody solely because (i) you deduct your advisory fees directly from your clients' accounts, or (ii) a related person has custody of client assets in connection with advisory services you provide to clients, but you have overcome the presumption that you are not operationally independent (pursuant to Advisers Act rule 206(4)-2(d)(5)) from the related person.*

- |                                                                                                                                                                                                 |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| (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 total number of <i>clients</i> for which you have <i>custody</i> : |                                |
| U.S. Dollar Amount                                                                                                                                                                              | Total Number of <i>Clients</i> |
| (a) \$ 1,290,843,031                                                                                                                                                                            | (b) 2,938                      |

*If you are registering or registered with the SEC and you have custody solely because you deduct your advisory fees directly from your clients' accounts, do not include the amount of those assets and the number of those clients in your response to Item 9.A.(2). If your related person has custody of client assets in connection with advisory services you provide to clients, do not include the amount of those assets and number of those clients in your response to 9.A.(2). Instead, include that information in your response to Item 9.B.(2).*

- |    |                                                                                                                                                                              |                       |                                  |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------|
| B. | (1) In connection with advisory services you provide to <i>clients</i> , do any of your <i>related persons</i> have <i>custody</i> of any of your advisory <i>clients</i> ': | <b>Yes</b>            | <b>No</b>                        |
|    | (a) cash or bank accounts?                                                                                                                                                   | <input type="radio"/> | <input checked="" type="radio"/> |
|    | (b) securities?                                                                                                                                                              | <input type="radio"/> | <input checked="" type="radio"/> |

*You are required to answer this item regardless of how you answered Item 9.A.(1)(a) or (b).*

- |                                                                                                                                                                                                                         |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| (2) If you checked "yes" to Item 9.B.(1)(a) or (b), what is the approximate amount of <i>client</i> funds and securities and total number of <i>clients</i> for which your <i>related persons</i> have <i>custody</i> : |                                |
| U.S. Dollar Amount                                                                                                                                                                                                      | Total Number of <i>Clients</i> |
| (a) \$                                                                                                                                                                                                                  | (b)                            |

- C. If you or your *related persons* have *custody of client* funds or securities in connection with advisory services you provide to *clients*, check all the following that apply:
- (1) A qualified custodian(s) sends account statements at least quarterly to the investors in the pooled investment vehicle(s) you manage. ☐
- (2) An *independent public accountant* audits annually the pooled investment vehicle(s) that you manage and the audited financial statements ☐

are distributed to the investors in the pools.

(3) An *independent public accountant* conducts an annual surprise examination of *client* funds and securities.

(4) An *independent public accountant* prepares an internal control report with respect to custodial services when you or your *related persons* are qualified custodians for *client* funds and securities.

If you checked Item 9.C.(2), C.(3) or C.(4), list in *Section 9.C. of Schedule D* the accountants that are engaged to perform the audit or examination or prepare an internal control report. (If you checked Item 9.C.(2), you do not have to list auditor information in *Section 9.C. of Schedule D* if you already provided this information with respect to the private funds you advise in *Section 7.B.(1) of Schedule D*).

D. Do you or your *related person(s)* act as qualified custodians for your *clients* in connection with advisory services you provide to *clients*?

(1) you act as a qualified custodian

(2) your *related 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*?

3

SECTION 9.C. Independent Public Accountant

No Information Filed

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.

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

No Information Filed

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 <i>supervised persons</i> ?                                                                                                                                                                                                                                                                                                           | <input type="radio"/> | <input checked="" type="radio"/> |
| <u>For "yes" answers to the following questions, complete a Criminal Action DRP:</u>                                                                                                                                                                                                                                                                                                        |                       |                                  |
| A. In the past ten years, have you or any <i>advisory affiliate</i> :                                                                                                                                                                                                                                                                                                                       | Yes                   | No                               |
| (1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ?                                                                                                                                                                                                                                                     | <input type="radio"/> | <input checked="" type="radio"/> |
| (2) been <i>charged</i> with any <i>felony</i> ?                                                                                                                                                                                                                                                                                                                                            | <input type="radio"/> | <input checked="" type="radio"/> |
| <i>If you are registered or registering with the SEC, or if you are reporting as an exempt reporting adviser, you may limit your response to Item 11.A.(2) to charges that are currently pending.</i>                                                                                                                                                                                       |                       |                                  |
| B. In the past ten years, have you or any <i>advisory affiliate</i> :                                                                                                                                                                                                                                                                                                                       |                       |                                  |
| (1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor</i> involving: investments or an <i>investment-related</i> 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? | <input type="radio"/> | <input checked="" type="radio"/> |
| (2) been <i>charged</i> with a <i>misdemeanor</i> listed in Item 11.B.(1)?                                                                                                                                                                                                                                                                                                                  | <input type="radio"/> | <input checked="" type="radio"/> |
| <i>If you are registered or registering with the SEC, or if you are reporting as an exempt reporting adviser, you may limit your response to Item 11.B.(2) to charges that are currently pending.</i>                                                                                                                                                                                       |                       |                                  |
| <u>For "yes" answers to the following questions, complete a Regulatory Action DRP:</u>                                                                                                                                                                                                                                                                                                      |                       |                                  |
| C. Has the SEC or the Commodity Futures Trading Commission (CFTC) ever:                                                                                                                                                                                                                                                                                                                     | Yes                   | No                               |
| (1) <i>found</i> you or any <i>advisory affiliate</i> to have made a false statement or omission?                                                                                                                                                                                                                                                                                           | <input type="radio"/> | <input checked="" type="radio"/> |
| (2) <i>found</i> you or any <i>advisory affiliate</i> to have been <i>involved</i> in a violation of SEC or CFTC regulations or statutes?                                                                                                                                                                                                                                                   | <input type="radio"/> | <input checked="" type="radio"/> |
| (3) <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?                                                                                                                                                                                      | <input type="radio"/> | <input checked="" type="radio"/> |
| (4) entered an <i>order</i> against you or any <i>advisory affiliate</i> in connection with <i>investment-related</i> activity?                                                                                                                                                                                                                                                             | <input type="radio"/> | <input checked="" type="radio"/> |
| (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?                                                                                                                                                                                                                   | <input type="radio"/> | <input checked="" type="radio"/> |
| D. Has any other federal regulatory agency, any state regulatory agency, or any <i>foreign financial regulatory authority</i> :                                                                                                                                                                                                                                                             |                       |                                  |
| (1) ever <i>found</i> you or any <i>advisory affiliate</i> to have made a false statement or omission, or been dishonest, unfair, or unethical?                                                                                                                                                                                                                                             | <input type="radio"/> | <input checked="" type="radio"/> |
| (2) ever <i>found</i> you or any <i>advisory affiliate</i> to have been <i>involved</i> in a violation of <i>investment-related</i> regulations or statutes?                                                                                                                                                                                                                                | <input type="radio"/> | <input checked="" type="radio"/> |
| (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?                                                                                                                                                                                 | <input type="radio"/> | <input checked="" type="radio"/> |
| (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?                                                                                                                                                                                                                                   | <input type="radio"/> | <input checked="" type="radio"/> |
| (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?                                                                         | <input type="radio"/> | <input checked="" type="radio"/> |
| E. Has any <i>self-regulatory organization</i> or commodities exchange ever:                                                                                                                                                                                                                                                                                                                |                       |                                  |
| (1) <i>found</i> you or any <i>advisory affiliate</i> to have made a false statement or omission?                                                                                                                                                                                                                                                                                           | <input type="radio"/> | <input checked="" type="radio"/> |
| (2) <i>found</i> you or any <i>advisory affiliate</i> to have been <i>involved</i> in a violation of its rules (other than a violation designated as a " <i>minor rule violation</i> " under a plan approved by the SEC)?                                                                                                                                                                   | <input type="radio"/> | <input checked="" type="radio"/> |
| (3) <i>found</i> you or any <i>advisory affiliate</i> to have been the cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted?                                                                                                                                                                                    | <input type="radio"/> | <input checked="" type="radio"/> |
| (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?                                                                          | <input type="radio"/> | <input checked="" type="radio"/> |
| F. Has an authorization to act as an attorney, accountant, or federal contractor granted to you or any <i>advisory affiliate</i> ever been revoked or suspended?                                                                                                                                                                                                                            | <input type="radio"/> | <input checked="" type="radio"/> |
| G. Are you or any <i>advisory affiliate</i> now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of Item 11.C., 11.D., or 11.E.?                                                                                                                                                                                                             | <input type="radio"/> | <input checked="" type="radio"/> |

|                                                                                            |     |    |
|--------------------------------------------------------------------------------------------|-----|----|
| <u>For "yes" answers to the following questions, complete a Civil Judicial Action DRP:</u> |     |    |
| H. (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?                                                                           | <input type="radio"/> | <input checked="" type="radio"/> |
| (b) | ever <i>found</i> that you or any <i>advisory affiliate</i> were <i>involved</i> in a violation of <i>investment-related</i> statutes or regulations?                                                            | <input type="radio"/> | <input checked="" type="radio"/> |
| (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> ? | <input type="radio"/> | <input checked="" type="radio"/> |
| (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)?                                                        | <input type="radio"/> | <input checked="" type="radio"/> |

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?                                                                                                                                                                | <input type="radio"/> | <input type="radio"/> |
| If "yes," you do not need to answer Items 12.B. and 12.C.                                                                                                                                                                                                           |                       |                       |
| B. Do you:                                                                                                                                                                                                                                                          |                       |                       |
| (1) <i>control</i> 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?                                           | <input type="radio"/> | <input type="radio"/> |
| (2) <i>control</i> another <i>person</i> (other than a natural person) that had total assets of \$5 million or more on the last day of its most recent fiscal year?                                                                                                 | <input type="radio"/> | <input type="radio"/> |
| C. Are you:                                                                                                                                                                                                                                                         |                       |                       |
| (1) <i>controlled</i> by or under common <i>control</i> 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? | <input type="radio"/> | <input type="radio"/> |
| (2) <i>controlled</i> by or under common <i>control</i> with another <i>person</i> (other than a natural person) that had total assets of \$5 million or more on the last day of its most recent fiscal year?                                                       | <input type="radio"/> | <input type="radio"/> |

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, all 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 | Ownership Code | Control Person | PR | CRD No. If None: S.S. No. and Date of Birth, IRS Tax No. or Employer ID No. |
|-------------------------------------------------------------------|---------|--------------------------|---------------------------------------|----------------|----------------|----|-----------------------------------------------------------------------------|
| PAG HOLDINGS, LLC                                                 | DE      | OWNER, MANAGING MEMBER   | 05/2026                               | E              | Y              | N  |                                                                             |
| HOOKS, JAMES, ALAN                                                | I       | CHIEF COMPLIANCE OFFICER | 05/2026                               | NA             | Y              | N  | 1601278                                                                     |
| PERHACS, JAMES, J                                                 | I       | CHIEF OPERATING OFFICER  | 05/2026                               | NA             | Y              | N  | 4285685                                                                     |
| SULLIVAN, JAMES, DANIEL                                           | I       | MANAGING DIRECTOR        | 05/2026                               | NA             | Y              | N  | 2550473                                                                     |

Schedule B

- Indirect Owners**
- 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.
  - Indirect Owners. With respect to each owner listed on Schedule A (except individual owners), list below:
    - 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.

    - in the case of an owner that is a partnership, all 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;
    - in the case of an owner that is a trust, the trust and each trustee; and
    - 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.
  - 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.
  - 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.
  - 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).
  - 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)
  - 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*.
    - In the PR column, enter "PR" if the owner is a public reporting company under Sections 12 or 15(d) of the Exchange Act.
    - Complete each column.

| FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name) | DE/FE/I | Entity in Which Interest is Owned | Status | Date Status Acquired MM/YYYY | Ownership Code | Control Person | PR | CRD No. If None: S.S. No. and Date of Birth, IRS Tax No. or Employer ID No. |
|-------------------------------------------------------------------|---------|-----------------------------------|--------|------------------------------|----------------|----------------|----|-----------------------------------------------------------------------------|
| PAG PARTNERSHIP HOLDCO LLC                                        | DE      | PAG HOLDINGS, LLC                 | OWNER  | 12/2021                      | E              | Y              | N  |                                                                             |
| PAG LEGACY PARTNERS LLC                                           | DE      | PAG PARTNERSHIP HOLDCO LLC        | OWNER  | 12/2021                      | D              | Y              | N  |                                                                             |
| SULLIVAN, PATRICK, JAMES                                          | I       | PAG LEGACY PARTNERS LLC           | OWNER  | 01/2020                      | C              | Y              | N  | 2401130                                                                     |

Schedule D - Miscellaneous

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

Note, the firm answered “yes” to Item 5L(1)(d) solely because the firm compensates third parties for endorsements. The advertisements that the firm disseminates do not contain such statements. The firm can provide a supplemental list of minority affiliates upon request. These may include persons for which the firm has no business dealings in connection with advisory services we provide and therefore no conflicts to address.

Schedule R

DRP Pages

CRIMINAL DISCLOSURE REPORTING PAGE (ADV)

No Information Filed

REGULATORY ACTION DISCLOSURE REPORTING PAGE (ADV)

No Information Filed

CIVIL JUDICIAL ACTION DISCLOSURE REPORTING 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?

*If no, complete the ADV Part 2 filing below.*

Amend, retire or file new brochures:

Part 3

| CRS                      | Type(s)            | Affiliate Info | Retire |
|--------------------------|--------------------|----------------|--------|
| <input type="checkbox"/> | Investment Advisor |                |        |

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 |
| SEAN P SULLIVAN     | 05/26/2026       |
| Printed Name:       | Title:           |
| SEAN P SULLIVAN     | LEGAL COUNSEL    |
| Adviser CRD Number: |                  |
| 283824              |                  |

**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: |                  |
| 283824              |                  |