Form BD

OMB APPROVAL

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Uniform Application for Broker-Dealer Registration

FORM BD INSTRUCTIONS

A. GENERAL INSTRUCTIONS

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

4. GOVERNMENT SECURITIES ACTIVITIES

- A. Broker-dealers registered or *applicants* applying for registration under Section 15(b) of the Exchange Act that conduct (or intend to conduct) a government securities business in addition to other broker-dealer activities (if any) must file a notice on Form BD by answering "yes" to Item 2B.
- B. Section 15C of the Securities Exchange Act of 1934 requires sole government securities broker-dealers to register with the SEC. To do so, answer "yes" to Item 2C if conducting only a government securities business.
- C. Broker-dealers registered under Section 15(b) of the Exchange Act that cease to conduct a government securities business must file notice when ceasing their activities in government securities. To do so, file an amendment to Form BD and answer "yes" to Item 2D.

NOTE: Broker-dealers registered under Section 15C may register under Section 15(b) by filing an amendment to Form BD and answering "yes" to Items 2A and 2D. By doing so, broker-dealer expressly consents to withdrawal of broker-dealer's registration under 15C of the Exchange Act.

5. **FEDERAL INFORMATION LAW AND REQUIREMENTS** – An agency may not conduct or sponsor, and a *person* is not required to respond to, a collection of information unless it displays a currently valid control number. Section 15, 15B, 15C, 17(a) and 23(a) of the Exchange Act authorize the Commission to collect the Information on this Form from registrants. See 15 U.S.C. 78o, 78o-4, 78o-5, 78-q and 78w. Filing of this Form is mandatory; however the social security number information, which aids in identifying the *applicant*, is voluntary. The principal purpose of this Form is to permit the Commission to determine whether the *applicant* meets the statutory requirement to engage in the securities business. The Form also is used by *applicants* to register as broker-dealers with certain *self-regulatory organizations* and all of the states. The Commission and the Financial Industry Regulatory Authority, Inc. maintain the files of the information on this Form and will make the information publicly available. Any member of the public may direct to the Commission any comments concerning the accuracy of the burden estimate on application facing page of this Form, and any suggestions for reducing this burden. This collection of information has been reviewed by the Office of Management and Budget in accordance with the clearance requirements of 44 U.S.C. §3507. The information contained in this form is part of a system of records subject to the Privacy Act of 1974, as amended. The Securities and Exchange Commission has published in the Federal Register the Privacy Act Systems of Records Notice for these records.

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

1. FORMAT

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

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

1. FORMAT

A. Items 1-13 must be answered and all fields requiring a response must be completed before the filing will be accepted.

- B. Applicant must complete the execution screen certifying that Form BD and amendments thereto have been executed properly and that the information contained therein is accurate and complete.
- C. To amend information, applicant must update the appropriate Form BD screens.
- D. A paper copy, with original manual signatures, of the initial Form BD filing and amendments to Disclosure Reporting Pages (DRPs BD) must be retained by the *applicant* and be made available for inspection upon a regulatory request.
- 2. **DISCLOSURE REPORTING PAGE (DRP)** Information concerning the *applicant* or *control affiliate* that relates to the occurrence of an event reportable under Item 11 must be provided on the *applicant's* appropriate DRP(BD). If a *control affiliate* is an individual or organization registered through the CRD, such *control affiliate* need only complete the *control affiliate* name and CRD number of the *applicant's* appropriate DRP(BD). Details for the event must be submitted on the *control affiliate's* appropriate DRP(BD) or DRP(U-4). If a *control affiliate* is an individual or organization <u>not</u> registered through the CRD, provide complete answers to all of the questions and complete all fields requiring a response on the *applicant's* appropriate DRP(BD) screen.
- 3. **DIRECT AND INDIRECT OWNERS** Amend the Direct Owners and Executive Officers screen and the Indirect Owners screen when changes in ownership occur. *Control affiliates* that are individuals who are not required to file a Form U-4 (individual registration) with the CRD must complete page 2 of Form U-4 (i.e., submit/file the information elicited by the Personal Data, Residential History, and Employment and Personal History sections of that Form). The *applicant* broker-dealer must be listed in Form U-4 Item 20 or 21.

The CRD mailing address for questions and correspondence is:

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

EXPLANATION OF TERMS

(The following terms are italicized throughout this form.)

1. **GENERAL**

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

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

JURISDICTION – A state, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, or any subdivision or regulatory body thereof.

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

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

2. FOR THE PURPOSE OF ITEM 5 AND SCHEDULE D

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

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

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

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

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

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

regulate the participation of its members in the activities listed above.

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

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

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

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

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

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

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

ENJOINED – Includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction, or a temporary restraining order.

UNIFORM APPLICATION FOR BROKER-DEALER REGISTRATION FORM BD **OFFICIAL USE** (Execution Page) SEC File No: 8-_____ Firm CRD No.: _____ **WARNING:** Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the provisions of law applying to the conduct of business as a broker-dealer would violate the Federal securities laws and the laws of the jurisdictions and may result in disciplinary, administrative, injunctive or criminal action. INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS MAY CONSTITUTE CRIMINAL VIOLATIONS. **APPLICATION** AMENDMENT Exact name, principal business address, mailing address, if different, and telephone number of applicant: A. Full name of applicant (if sole proprietor, state last, first and middle name): IRS Empl. Ident. No.: (1) Name under which broker-dealer business primarily is conducted, if different from Item 1A. (2) List on Schedule D, Page1, Section I any other name by which the firm conducts business and where it is used. D. If this filing makes a name change on behalf of the applicant, enter the new name and specify whether the name change is of the applicant name (1A) or business name (1C): Please check above. E. Firm main address: (Do not use a P.O. Box) (Number and Street) (State/Country) (Zip+4/Postal Code) Branch offices or other business locations must be reported on Schedule E. Mailing address, if different: G. Business Telephone Number: (Area Code) (Telephone Number) H. Contact Employee: (Name and Title) (Area Code) (Telephone Number) **EXECUTION:** For the purposes of complying with the laws of the State(s) designated in Item 2 relating to either the offer or sale of securities or commodities, the undersigned and applicant hereby certify that the applicant is in compliance with applicable state surety bonding requirements and irrevocably appoint the administrator of each of those State(s) or such other person designated by law, and the successors in such office, attorney for the applicant in said State(s), upon whom may be served any notice, process, or pleading in any action or proceeding against the applicant arising out of or in connection with the offer or sale of securities or commodities, or out of the violation or alleged violation of the laws of those State(s), and the applicant hereby consents that any such action or proceeding against the applicant may be commenced in any court of competent jurisdiction and proper venue within said State(s) by service of process upon said appointee with the same effect as if applicant were a resident in said State(s) and had lawfully been served with process in said State(s). The applicant consents that service of any civil action brought by or notice of any proceeding before the Securities and Exchange Commission or any self-regulatory organization in connection with the applicant's broker-dealer activities, or of any application for a protective decree filed by the Securities Investor Protection Corporation, may be given by registered or certified mail or confirmed telegram to the applicant's contact employee at the main address, or mailing address if different, given in Items 1E and IF. The undersigned, being first duly sworn, deposes and says that he/she has executed this form on behalf of, and with the authority of, said applicant. The undersigned and applicant represent that the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete. The undersigned and applicant further represent that to the extent any information previously submitted is not amended such information is currently accurate and complete. Date (MM/DD/YYYY) Name of Applicant Print Name and Title Signature Subscribed and sworn before me this _____ day of _____ Notary Public

This page must always be completed in full with original, manual signature and notarization.

To amend, circle items being amended. Affix notary stamp or seal where applicable.

My Commision expires _____ County of _____

State of _

F	ORM BD	Applicant Name:	OFFICIAL USE OFFICIAL USE						
	PAGE 2	Date: Firm CRD No.:							
2.	Indicate by checking the appropriate box(es) each governmental authority, organization, or <i>jurisdiction</i> in which the <i>applicant</i> is registered or registering as a broker-dealer.								
>	If applicant is registered or registering with the SEC, check here and answer Items 2A through 2D below.								
SSIG	YES NO								
COMMISSION	A. Is applicant registered or registering as a broker-dealer under Section 15(b) or Section 15B of the Securities Exchange Act of 1934?								
EXCHANGE									
р ЕХСН	C. Is applicant registered or registering solely as a government securities broker or dealer under Section								
SAND		ver "yes" to Item 2C if applicant answered "yes" to Item 2A or Item 2B.							
SECURITIES	D. Is applicant	ceasing its activities as a government securities broker or dealer?							
CUR	 If applicant ansv	vers "yes" to Items 2A and 2D, applicant expressly consents to the withdrawal of its registration							
SE	as a government	securities broker or dealer under Section 15C of the Securities Exchange Act of 1934. See "Instruction of the Securities Exchange Act of 1934."	tions."						
RO	AMEY BC	CROS CHY NCY SINDA NOY NYCS BULY ARCA ICS OTHER	ionocify)						
S	AMEX BS	E CBOE CHX NSX FINRA NQX NYSE PHLX ARCA ISE OTHER (specily)						
	Alabama Alaska	Hawaii Michigan North Carolina Idaho Minnesota North Dakota	Texas Utah						
N C		Illinois Mississippi Ohio	Vermont						
JURISDICTION	Arkansas	Indiana Missouri Oklahoma	Virgin Islands						
SDI	California Colorado		Virginia Washington						
IRIS	Connection	eut Kentucky Nevada Puerto Rico	West Virginia						
3		Louisiana New Hampshire Rhode Island	Wisconsin						
	District of Florida	Columbia Maine New Jersey South Carolina Maryland New Mexico South Dakota	Wyoming						
	Georgia	Massachusetts New York Tennessee							
	A ladicata la								
3.	_	al status of applicant.							
	Corpo								
	B. Month app	licant's fiscal year ends:							
	C. If other than where partr	a sole proprietor, indicate date and place <i>applicant</i> obtained its legal status (i.e., state or countriership agreement was filed, or where <i>applicant</i> entity was formed):	y where incorporated,						
	State/Country of formation: Date of formation: (MM/DD/YYYY)								
	(MM/DD/YYYY) Schedule A and, if applicable, Schedule B must be completed as part of all initial applications. Amendments to these schedules must be provided on Schedule C.								
4.	If applicant is a	sole proprietor, state full residence address and Social Security Number.							
	Social Security	Number:							
	(Nu	mber and Street) (City) (State/Country)	(Zip+4/Postal Code)						
5.		ne time of this filing succeeding to the business of a currently registered broker-dealer?	YES NO						
		evious successions already reported on Form BD CRD prior to submitting form; complete appropriate items on Schedule D, Page 1, Section III.							
6.	Does applicant	hold or maintain any funds or securities or provide clearing services for any other broker or de	ealer?						
7.		refer or introduce customers to any other broker or dealer?e appropriate items on Schedule D, Page 1, Section IV.							

F	OR	M BD	ApplicantName:	OFFICI	AL US	E
	РΑ	GE 3	Date: Firm CRD No.:			
8.			nt have any arrangement with any other <i>person</i> , firm, or organization under which:		YES	NO
	A.	•	s or records of applicant are kept or maintained by such other person, firm or organization?			
	B.		s, funds, or securities of the <i>applicant</i> are held or maintained by such other <i>person</i> , firm, or organ			
	C.		s, funds, or securities of customers of the <i>applicant</i> are held or maintained by such other <i>person</i> , tion?	firm or		
		For purpo Rule 15c	oses of 8B and 8C, do not include a bank or satisfactory control location as defined in paragraph 3-3 under the Securities Exchange Act of 1934 (17 CFR 240.15c3-3).	(c) of		
		if "Yes" to	o any part of Item 8, complete appropriate items on Schedule D, Page 1, Section IV.			
9.	Doe	es any <i>per</i>	son not named in Item 1 or Schedules A, B, or C, directly or indirectly:			
	A.	control th	ne management or policies of the applicant through agreement or otherwise?			
	B.	wholly or	partially finance the business of applicant?			
	mad and of 1	de pursua I others; o 1934 (17 C	er "Yes" to 9B if the person finances the business of the applicant through: 1) a public offering of and to the Securities Act of 1933; 2) credit extended in the ordinary course of business by suppliers of 3) a satisfactory subordination agreement, as defined in Rule 15c3-1 under the Securities Excha	s, banks,		
	If "Y	es" to an	y part of Item 9, complete appropriate items on Schedule D, Page 1, Section IV.			
10.	A.	any partr	or indirectly, does <i>applicant control</i> , is <i>applicant controlled</i> by, or is <i>applicant</i> under common <i>con</i> nership, corporation, or other organization that is engaged in the securities or investment adviso?	ry		
		If "Yes" to	o Item 10A, complete appropriate items on Schedule D, Page 2, Section V.			
	B.		or indirectly, is <i>applicant controlled</i> by any bank holding company, national bank, state member ral Reserve System, state non-member bank, savings bank or association, credit union, or foreign			
		If "Yes" to	Item 10B, complete appropriate items on Schedule D, Page 3, Section VI.			
11.			opriate DRP for providing details to "yes" answers to the questions in Item 11. Refer to the Explant of Form BD Instructions for explanations of italicized terms.	nation of		
	A.	In the pa	st ten years has the applicant or a control affiliate:			
UKE		(1) beer to ar	n convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign or military on the state of the sta	court		
î l		(2) beer	n charged with any felony?			
120	B.	In the pa	st ten years has the applicant or a control affiliate:			
CKIMINAL DISCLUSU		a <i>mi</i> or o	n convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign or military of significant statements or an investment-related business, or any fraud, false statement missions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a commit any of these offenses?	nts Ispiracy		
		(2) beer	n charged with a misdemeanor specified in 11B(1)?			
불	C.	Has the	J.S. Securities and Exchange Commission or the Commodity Futures Trading Commission ever	:		
1021		(1) foun	d the applicant or a control affiliate to have made a false statement or omission?			
180		(2) foun	d the applicant or a control affiliate to have been involved in a violation of its regulations or statu	tes?		
NOIL			d the applicant or a control affiliate to have been a cause of an investment-related business having orization to do business denied, suspended, revoked, or restricted?			
KY A		(4) ente	red an <i>order</i> against the <i>applicant</i> or a <i>control affiliate</i> in connection with <i>investment-related</i> activ	/ity?		
KEGULAIUKY ACIIUN DISCLUSUKE		(5) impo	osed a civil money penalty on the applicant or a control affiliate, or ordered the applicant or a control affiliate, or ordered the applicant or a control affiliate.	ntrol		
¥						

FOR	M	BD	ApplicantName:	OFFICI	AL U	SE
PAC	GE	4	Date: Firm CRD No.:			
D.	Has	any ot	her federal regulatory agency, any state regulatory agency, or foreign financial regulatory auth	ority:	YES	NO
	(1)	ever fo unfair,	ound the applicant or a control affiliate to have made a false statement or omission or been distortion or unethical?	honest,		
	(2)	ever for	ound the applicant or a control affiliate to have been involved in a violation of investment-related tions or statutes?	<i>1</i>		
	(3)		ound the applicant or a control affiliate to have been a cause of an investment-related business horization to do business denied, suspended, revoked, or restricted?			
	(4)	in the investr	past ten years, entered an <i>order</i> against the <i>applicant</i> or a <i>control affiliate</i> in connection with a ment-related activity?	n		
	(5)	ever d	enied, suspended, or revoked the applicant's or a control affiliate's registration or license or of ler, prevented it from associating with an investment-related business or restricted its activities	:herwise, ;?		
E.		•	elf-regulatory organization or commodities exchange ever:			
	(1) (2)		the <i>applicant</i> or a <i>control affiliat</i> e to have made a false statement or omission? the <i>applicant</i> or a <i>control affiliat</i> e to have been <i>involved</i> in a violation of its rules (other than a v			Ш
	(-)	design	nated as a "minor rule violation" under a plan approved by the U.S. Securities and Exchange ission)?			
	(3)	found author	the applicant or a control affiliate to have been the cause of an investment-related business ha ization to do business denied, suspended, revoked, or restricted?	ving its		
	(4)	discipl susper	ined the applicant or a control affiliate by expelling or suspending it from membership, barring nding its association with other members, or otherwise restricting its activities?	j or		
F.	Has bee	the <i>ap</i> en revok	plicant's or a control affiliate's authorization to act as an attorney, accountant, or federal control dedoctions are detailed in the control of the control	actor ever		
G.	ls th ans	ne <i>appli</i> wer to a	cant or a control affiliate now the subject of any regulatory proceeding that could result in a "y any part of 11C, D, or E?	es"		
H.	(1)	Has ar	ny domestic or foreign court:			
			the past ten years, enjoined the applicant or a control affiliate in connection with any investme stivity?			
			ver found that the applicant or a control affiliate was involved in a violation of investment-related regulations?			
		(c) ev	rer dismissed, pursuant to a settlement agreement, an investment-related civil action brought a e applicant or control affiliate by a state or foreign financial regulatory authority?	against		
	(2)		applicant or a control affiliate now the subject of any civil proceeding that could result in a "yes part of 11H(1)?			
l.	In tl	he past iate of a	ten years has the <i>applicant</i> or a <i>control affiliate</i> of the <i>applicant</i> ever been a securities firm or a securities firm that:	a control		
	(1)	has be	een the subject of a bankruptcy petition?			
	(2)		d a trustee appointed or a direct payment procedure initiated under the Securities Investor Pr			
J.	Has		ding company ever denied, paid out on, or revoked a bond for the applicant?	I		
K.	Doe	es the a	pplicant have any unsatisfied judgments or liens against it?			

FORM E	Applicant Name:		OFFICIAL	. USE OFFICIAL USE ONLY
PAGE 5		Firm CRD No.:		
category	pes of business engaged in (or to be engaged in, that accounts for (or is expected to account for) lenent advisory business.			
B. Exchi C. Broke D. Broke E. Broke F. Unde G. Mutur H. Mutur I. 1. L 2. L J. Munic K. Munic L. Broke M. Solici N. Real O. Broke P. Put a Q. Broke S. Inves T. 1. E	ange member engaged in floor activities	business other than floor activities rate securities over-the-counter ver-the-counter urities other than mutual funds) rassociate issuers (other than mutual funds) ations (e.g., churches, hospitals) nerships in primary distributions nerships in the secondary market		EMC EMF IDM BDR BDD USG MFU MFR GSD GSB MSD WSB VLA SSL RES OGI PCB BIA NPB IAD TAP TAS
U. Non-o V. Tradi W. Privat X. Broke Y. Broke 1. L 2. ii	exchange member arranging for transactions in listing securities for own account	sted securities by exchange member		□ NEX □ TRA □ PLA □ MRI □ BNA □ INA □ OTH
13. A. [c B. [Does applicant effect transactions in commodity furthers or as a dealer for its own account?	utures, commodities or commodity options as a br	oker for	ES NO

Sc	hedule A of FORM BD									OFFICIAL	USE
	DIRECT OWNERS AND	Applicant Name:									
	EXECUTIVE OFFICERS	Date:_		Fir	m CRD i	No.:					
	(Answer for Form BD Item 3)										
1.		olications to provide information on the direct o wners and executive officers of the <i>applicant</i> . Use Schedule le information on indirect owners. File all amendments on Schedule C. Complete each column .									
2.	List below the names of:										
	 (a) each Chief Executive Officer, Chie and individuals with similar statu. (b) in the case of an applicant that is applicant, unless the applicant of 1934); Direct owners include any person or more of a class of a voting seconned by his/her child, stepchild law, daughter-in-law, brother-in-law, daughter-in-law, brother-in-law, through the exercise of in the case of an applicant that is a upon dissolution, or have contributed, 5 in the case of an applicant that (e) in the case of an applicant that 	s or function a corporate a public restricted that ownstruction of the grandchinaw, or sister any option partnershouted, 5% owns 5% ow	ons; tion, each shareho porting company s, beneficially owns e applicant. For pu ld, parent, steppar er-in-law, sharing n, warrant or right ip, all general partr or more of the par or more of a class o e of the applicant's ed Liability Comp	Ider t (a cor s, has irpos ent, g the sa to pu ners a tners f a vo s cap anv (hat dire mpany s the rigles of the randpa ame res rchase nd thos hip's ca ting sec ital, the "LLC").	ctly owns 5 subject to S on to vote, of is Schedule rent, spous idence; or the security e limited an apital; and curity of the trust and e	% or mo ections r has the e, a pers e, siblin (ii) that y. d special applica, ach trus nembers	pre con la contra con la contra contr	of a class or 15(d) of the second of the sec	of a voting secur the Securities E Il or direct the sa ly owns any sec law, father-in-law he right to acquir at have the right to the right to rece	rity of the xchange alle of, 5% urities (i) v, son-in-re, within o receive live upon
3.	dissolution, or have contributed, Are there any indirect owners of the a							rea Ye		rs, all elected ma	anagers.
4.											
5.	5. Complete the "Title or Status" column by entering board/management titles; status as partner, trustee, sole proprietor, or shareholder; and for shareholders, the class of securities owned (if more than one is issued).										
6.	Ownership codes are: NA - less t A - 5% bu		B - 10% n 10% C - 25%				D - 509 E - 759		ut less tha more	an 75%	
7.	(a) In the "Control Person" column, e person does not have control. N trustees would be "control perso	ote that u									
	(b) In the "PR" column, enter "PR" if to of 1934.	he owner	is a public reportin	g cor	npany u	ınder Sectio	ons 12 c	r 15	(d) of the	Securities Excha	ange Act
4	FULL LEGAL NAME	DE/FE/I	Title or Status		e Title or Acquired		Contro Perso		S.S. N	No. If None: lo., IRS Tax No.	Official Use
(Inai	viduals: Last Name, First Name, Middle Name)			MM	YYYY	Code		PR	Or E	Employer ID.	Only

Sc	hedule B of FORM INDIRECT OWNERS	BD	<i>Applicant</i> Name	e:							OFFICIAL U	SE
	(Answer for Form BD Item 3)		Date:						_			
1.	Use Schedule B only in new applications to provide information on the indirect owners of the <i>applicant</i> . Use Schedule A in new applications to provide information on direct owners. File all amendments on Schedule C. Complete each column.								in new			
2.	2. With respect to each owner listed on Schedule A, (except individual owners), list below:											
	(a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of a class of a voting security of that corporation;											
	For purposes of this Schedule, a <i>person</i> 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 <i>right to acquire</i> , within 60 days, through the exercise of any option, warrant or right to purchase the security.								in-law,			
	(b) in the case of an owner the upon dissolution, or have								ıl par	tners tha	t have the right to	receive
	(c) in the case of an owner	that is a	trust, the trust ar	nd each trus	tee.							
	(d) in the case of an owner the or have contributed, 25%	hat is a Li % or mor	mited Liability Co e of the LLC's ca	ompany ("LO apital, and (i	CC"), i) if m	(i) those anage	e members d by elected	that hav	e the	e right to , all elect	receive upon disso ed managers.	olution,
3.	Continue up the chain of own 12 or 15(d) of the Securities E											
4.												
5.	Complete the "Status" colum more than one is issued).	nn by ent	ering status as p	artner, trust	ee, sl	harehol	lder, etc., a	nd if sha	areh	older, cla	ss of securities ov	vned (if
6.	Ownership codes are: C -	25% but	t less than 50%	D - 50% b	ut les	s than 7	75% E - 7	75% or r	nore	F - Ot	ther General Partn	ers
7.	(a) In the "Control Person" of person does not have control trustees would be "control In the "PR" column, enter of 1934.	ontrol. N ol persol	ote that under th	is definition	most	execut	tive officers	and all	25%	owners	, general partners	, and
		DE/FE/I	Entity in Which			Date S Acquired			S.S. N	No. If None: lo., IRS Tax No.	Official Use	
((Individuals: Last Name, First Name, Middle Name)		Interest is Owned	Status	MM	YYYY	ode		PR	or Em	ployer ID.	Only

Schedule C of FORM BI	D										OFFICIA	L USE
AMENDMENTS TO	1	Applicant Name:										
SCHEDULES A & B (Amendments to answers for Form BD Item)	3) [Date: Firm CRD No.:										
(Amendments to unswers for Form by Item)	0)											
1. This Schedule C is used to amend Schedules A and B of Form BD. Refer to those schedules for specific instruction Schedule C. Complete each column. File with a completed Execution Page (Page 1).							ctions for comp	oleting this				
In the Type of Amendment ("Type person).	of Amd	.") colı	umn, indicate '	"Α" (a	dditio	n), "D	" (deletion),	or"C"	(cha	nge in inf	ormation abou	t the same
3. Ownership codes are: NA - less A - 5% b			B - 10% b % C - 25% b				D - 50% k		than	175% F	- Other General	Partners
4. List below all changes to Scheo	dule A:	(DIRE	CT OWNERS	AND	EXE	CUTIV	E OFFICEF	RS)				
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	DE/FE/I	Type of Amd.	Title or Status		Date Ti Status A	cquired	Control Ownership Code	CRD N	n 	or Employ	IRS Tax No yer ID	Official Use Only
					MM `	7 Y Y Y			PR			
5. List below all changes to Scheo	dule B:	(INDIF	RECT OWNER	RS)								·
FULL LEGAL NAME	DE/FE/I	Type of	Entity in Which	Statu		Status	Ownership	Contr Perso			O No. If None: No., IRS Tax No.	Official Use
(Individuals: Last Name, First Name, Middle Name)	<i>DE/112/1</i>	Amd.	Interest is Owned	Otata	tus Acquired MM YYYY		Code	7 0700	PR	or	Employer ID.	Only

Schedule D of FORM BD				OFFICIAL USE		
Page 1	Applicant Name:					
	Date:					
Use this Schedule D Page 1 to report des submitted details. Do not repeat previous			nformation or changes/upo	dates to previously		
This is an $\ \square$ INITIAL $\ \square$ AMENDED	detail filing for the	e Form BD items checked be	elow:			
SECTION I Other Business Names	5					
(Check if applicable) \square Item 1C(2) List each of the "other" names and the jui	risdiction(s) in wh	nich they are used.				
1. Name	Jurisdiction	2. Name		Jurisdiction		
3. Name	Jurisdiction	isdiction 4. Name Ju				
SECTION II Other Business		,				
(Check one) Item 12Z	☐ Item 13B					
Applicant must complete a separate Sche	edule D Page 1 fo	r each affirmative response i	n this section.			
Briefly describe any other business (ITEM additional comments if necessary.	1 12Z); or any oth	ner non-securities business (ITEM 13B). Use reverse sid	de of this sheet for		
•						
SECTION III Successions						
(Check if applicable) Litem 5						
Date of Succession MM DD YYYY	Name of Predece	essor				
/ / Firm CRD Number	IRS Employer Ide	entification Number (if any)	SEC File Number (if any)			
Briefly describe details of the succession in	icluding any asse	ets or liabilities not assumed b	y the successor. Use revers	se side of this sheet		
for additional comments if necessary.			-			
SECTION IV Introducing and Clear	ing Arrangement	ts / Control Persons / Finan	cings			
(Check one)	em 8A 🔲 It	em 8B 🔲 Item 8C	☐ Item 9A ☐ Iter	m 9B		
Applicant must complete a separate Sched	lule D Page 1 for e	each affirmative response in th	nis section including any mu	ultiple responses to		
any item. Complete the "Effective Date" be				me effective. When		
reporting a change or termination of an arr Firm or Organization Name	angement or agre	eement, enter the ellective da	CRD Number (if any)			
Business Address (Street, City, State/Country, Zip+4	Postal Code)		Effective Date MM DD YYYY	Termination Date MM DD YYYY		
			1 1	1 1		
Individual Name (if applicable) (Last, First, Middle)			CRD Number (if any)			
Business Address (if applicable) (Street, City, State/Cou	ıntry, Zip+4 Postal Co	de)	Effective Date MM DD YYYY	Termination Date MM DD YYYY		
Briefly describe the nature of reference or an	rangement /ITEM	7 or ITEM 8): the peture of the	control or agreement (ITEM	QA): or the method		
Briefly describe the nature of reference or ar and amount of financing (ITEM 9B). Use rev				SA), or the method		
5 (· - · · · · · · · · · · · · · · · · · · ·			,			

Schedule D of FORM BD				OFFICIAL USE
Page 2	Applicant Name:			
	Date:	Firm CRD No.:		
Use this Schedule D Page 2 to report of details. Do not repeat previously submit ndividuals necessary to answer each i	ted information. Supply details	for all partnerships, corpor	ations, organization	
lse the "Effective Date" box to enter the affiliation.	ne Month, Day, and Year that t	ne affiliation was effective o	or the date of the m	ost recent change
his is an	AMENDED detail filing for For	m BD Item 10A		
10A. Directly or indirectly, does appartnership, corporation, or o	oplicant control, is applicant control, is applicant control that is enga			
ECTION V Complete this se	ction for control issues	relating to ITEM 10A o	only.	
ne details supplied relate to:				
Partnership, Corporation, or Organization Nam	ne	CRD Number (if any)		
(check only one)				
This Partnership, Corporation, or Organization Business Address (Street, City, State/Country, Zip-	**	ontrolled by applicant is u	nder common <i>control</i> with Effective Date	n applicant Termination Date
			MM DD YYYY / /	MM DD YYYY
s Partnership, Corporation or If Yes, pro Organization a foreign entity? or incorpo Yes No	vide country of domicile ration: Check "Yes" o activities of thi corporation, or	s partnership, Securities	Yes No No Advisory Activities:	☐ Yes ☐ No
Briefly describe the <i>control</i> relationship. Use reversible the <i>control</i> relationship. Use reversible the reversible the control relationship.		CRD Number (if any)		
2	ic	CRD Number (ii arry)		
(check only one)				
This Partnership, Corporation, or Organization		ontrolled by applicant is u	nder common <i>control</i> with	
Business Address (<i>Street, City, State/Country, Zip</i> -	+4/Postal Code)		Effective Date MM DD YYYY / /	Termination Date MM DD YYYY / /
s Partnership, Corporation or Organization a foreign entity? or incorpo	vide country of domicile Check "Yes" o activities of thi corporation, or	s partnership, Securities	Yes No Advisory Activities:	Yes No
Briefly describe the <i>control</i> relationship. Use rever	se side of this sheet for additional comm	ents if necessary.		
Partnership, Corporation, or Organization Nam	ne	CRD Number (if any)		
(check only one)		1		
This Partnership, Corporation, or Organization Business Address (Street, City, State/Country, Zip-		ontrolled by applicant is u	nder common <i>control</i> with Effective Date	a applicant Termination Date
			MM DD Y YYY / /	MM DD Y YYY /
s Partnership, Corporation or If Yes, pro Organization a foreign entity? or incorpo Yes No	vide country of domicile Check "Yes" o activities of thi corporation, or	s partnership, Securities	Yes No No Advisory Activities:	nt Yes No
Briefly describe the <i>control relationship</i> . Use revers		<u> </u>	1	

or changes/updates to previously submittee, corporations, organizations, institutions and le D Page 3 if necessary. fective or the date of the most recent change ional bank, state member bank of the Federal union, or foreign bank? Infly. uding each organization or institution in the ber (if applicable) Effective Date MM DD YYYY If foreign, country of domicile or incorporation ber (if applicable)
or changes/updates to previously submitted, corporations, organizations, institutions and le D Page 3 if necessary. fective or the date of the most recent change ional bank, state member bank of the Federa union, or foreign bank? Inly. uding each organization or institution in the ber (if applicable) Effective Date MM DD YYYY Termination Date MM DD YYYY If foreign, country of domicile or incorporation ber (if applicable)
rective or the date of the most recent change ional bank, state member bank of the Federal union, or foreign bank? Indigenal bank and the federal union, or foreign bank? Indigenal bank and the federal union are foreign bank? Indigenal bank and the federal union
ional bank, state member bank of the Federa union, or foreign bank? Inly. uding each organization or institution in the ber (if applicable) Effective Date MM DD YYYY Termination Date MM DD YYYY If foreign, country of domicile or incorporation ber (if applicable)
union, or foreign bank? unity. uding each organization or institution in the ber (if applicable) Effective Date MM DD YYYY Termination Date MM DD YYYY If foreign, country of domicile or incorporation ber (if applicable)
union, or foreign bank? unity. uding each organization or institution in the ber (if applicable) Effective Date MM DD YYYY Termination Date MM DD YYYY If foreign, country of domicile or incorporation ber (if applicable)
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Termination Date MM DD YYYY
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ber (if applicable)
e Effective Date MM_DD_YYYY
Termination Date MM DD YYYY
If foreign, country of domicile or incorporation
1

Scl	nedule E of FORM BD			OFFICIAL USE				
		Applicant Name:						
		Date: F	Firm CRD No.:					
		Dale F	HIIII CAD No					
	<u>'</u>	INSTRUCTIO	DNS					
Gene	General: Use this schedule to register or report branch offices or other business locations of the applicant. Repeat Items 1-12 for each branch office or other business location. Each item m completed unless otherwise noted. Use additional copies of this schedule as necessary. If this branch office or other business location is using a name in connection with securities act							
Speci								
Item :	location is closed, and "Amendment" to indicate any other change to previously filed information.							
Item (amendments.							
Item 4	 Complete this item for all entries. A physical I Complete this item <u>only</u> when the <u>applicant</u> cl 	ocation must be included; post office box desi nanges the address of an existing branch office	e or other business location.					
Item (of the institution in the space provided.		n bank, savings bank or association, credit union, or other ive in charge who is physically at this location.	financial institution, enter the name				
Item 8	 Provide the CRD number for the branch office 	supervisor named in Item 7.	ation was opened (ADD), closed (DELETE), or the effective	date of the change (AMENDMENT).				
Item	10. Check "Yes" or "No" to denote whether the lo	cation will be an Office of Supervisory Jurisdic	tion (OSJ) as defined in FINRA rules. oursuant to a written agreement or contract (other than an	- , , ,				
ittiii	the main office and any one or more of the fol	lowing will apply: the location (A) assumes liab	ility for its own expenses or has its expenses paid by a pa	rty other than the <i>applicant;</i> (B) has				
		o tne employment and remuneration of its reg or (D) engages in separate market making and/	istered representatives; (C) deems 5% or more of its to or underwriting activities.	tal registered representatives to de				
Item ⁻	12. Check the appropriate box(es) if the branch o	r other business location is registering with FIN	IRA or registering or reporting with a jurisdiction.					
1.	Check only one box: Add De	lete Amendment						
2.		6.	Institution Name (if applicable)					
3.	Billing Code							
			Supervisor Name					
4.	Street	8.	CRD Number of Supervisor					
	P.O. Box (if applicable), Suite, Floor	9.	Effective Date (MM/DD/YYYY)					
		10.						
If ani	City, State/Country, Zip Code + 4/Postal Code							
л <i>ар</i> д 5.		11.	Yes No					
0.	Street		If Yes, indicate each Item 11 subset that applies:					
	P.O. Box (if applicable), Suite, Floor		□ A □ B □ C □ D					
		12.	☐ FINRA ☐ Jurisdiction					
1.	City, State/Country, Zip Code + 4/Postal Code Check only one box: Add De	lete Amendment						
2.	CRD Branch Number							
۷.			Institution Name (if applicable)					
3.	Billing Code	7.	Supervisor Name					
4.	Street	8.	CRD Number of Supervisor					
	P.O. Box (if applicable), Suite, Floor	9. 10.	Effective Date (MM/DD/YYYY) OSJ Yes No					
	City, State/Country, Zip Code + 4/Postal Code							
	plicant is changing the address, enter the new add	ress in Item 5.	☐ Yes ☐ No					
5.	Street		If Yes, indicate each Item 11 subset that applies:					
	P.O. Box (if applicable), Suite, Floor		□ A □ B □ C □ D					
	City, State/Country, Zip Code + 4/Postal Code	12.	FINRA Jurisdiction					

CRIMINAL DISCLOSURE REPORTING PAGE (BD)

GENERAL INSTRUC	IONS					
This Disclosure Reporting Page (DRP BD) is an \square INITIAL OR \square AMENDE Items 11A and 11B of Form BD;	D response used to report details for affirmative responses to					
	in a domestic, foreign, or military court to any felony? a domestic, foreign or military court to a misdemeanor involving: investments omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting,					
Use a separate DRP for each event or <i>proceeding</i> . An event or <i>proceeding</i> may be reported for mage.	ore than one <i>person</i> or entity using one DRP. File with a completed Execution					
Multiple counts of the same charge arising out of the same event(s) should be reported on the of the same event, must be reported on separate DRPs. Use this DRP to report all charges arisinanswer to the above items.						
If a control affiliate is an individual or organization registered through the CRD, such control affiliate need only complete Part I of the applicant's appropriate DRP (BD). Details of the event must be submitted on the control affiliate's appropriate DRP (BD) or DRP (U-4). If a control affiliate is an individual or organization not registered through the CRD, provide complete answers to all the items on the applicant's appropriate DRP (BD). The completion of this DRP does not relieve the control affiliate of its obligation to update its CRD records.						
Applicable court documents (i.e., criminal complaint, information or indictment as well as judgr not previously submitted. Documents will not be accepted as disclosure in lieu of answering the						
PART I						
A. The person(s) or entity(ies) for whom this DRP is being filed is (are): The Applicant Applicant and one or more control affifiate(s) One or more control affiliate(s) If this DRP is being filed for a control affiliate, give the full name of the control affiliate If the control affiliate is registered with the CRD, provide the CRD number. If not, India						
NAME OF APPLICANT	APPLICANT CRD NUMBER					
BD DRP - CONTROL AFFILIATE	<u> </u>					
CRD NUMBER	This <i>Control Affiliate</i> is ☐ Firm ☐ Individual					
Registered:						
NAME (For individuals, Last, First, Middle)						
☐ This DRP should be removed from the BD record because the <i>control affi</i>	iliate(s) are no longer associated with the BD.					
B. If the control affiliate is registered through the CRD, has the control affiliate subresystem for the event? If the answer is "Yes," no other information on this DRP in						
☐ Yes ☐ No						

NOTE: The completion of this Form does <u>not</u> relieve the *control affiliate* of its obligation to update its CRD records.

CRIMINAL DISCLOSURE REPORTING PAGE (BD) (continuation)

	•	•	
PART II			

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

REGULATORY ACTION DISCLOSURE REPORTING PAGE (BD)

GE	ENERAL INSTRUCTIONS
,	INITIAL OR AMENDED response used to report details for affirmative
responses to <i>Items 11C, 11D, 11E, 11F or 11G</i> of Form B	3D;
Check ☑ item(s) being responded to: 11C. Has the U.S. Securities and Exchange Commission or the Commodity Futures Trading Commiss	ssion ever:
 (1) found the applicant or a control affiliate to have made a false statement or omiss (2) found the applicant or a control affiliate to have been involved in a violation of its 	
	I-related business having its authorization to do business denied, suspended, revoked, or restricted?
(5) imposed a civil money penalty on the <i>applicant</i> or a <i>control affiliate</i> , or ordered the	the applicant or a control affiliate to cease and desist from any activity?
 Has any other federal regulatory agency, any state regulatory agency, or foreign financial regulating (1) ever found the applicant or a control affiliate to have made a false statement or or a control affiliate. 	
	on of <i>investment-related</i> regulations or statutes? Iment-related business having its authorization to do business denied, suspended, revoked, or restricted?
(4) in the past ten years, entered an <i>order</i> against the <i>applicant</i> or a <i>control affiliate</i>	te in connection with an investment-related activity? tration or license or otherwise, by order, prevented it from associating with an investment-related business or restricted its activities?
Has any self-regulatory organization or commodities exchange ever: (1) found the applicant or a control affiliate to have made a false statement or omiss	
(2) found the applicant or a control affiliate to have been involved in a violation of its	its rules (other than a violation designated as a "minor rule violation" under a plan approved by the U.S. Securities and Exchange Commission
(4) disciplined the applicant or a control affiliate by expelling or suspending it from m	nt-related business having its authorization to do business denied, suspended, revoked, or restricted? membership, barring or suspending its association with other members, or otherwise restricting its activities?
 Has the applicant's or a control affiliate's authorization to act as an attorney, accountant, Is the applicant or a control affiliate now the subject of any regulatory proceeding that cor 	
Use a separate DRP for each event or <i>proceeding</i> . An event or <i>proceeding</i> may	ay be reported for more than one <i>person</i> or entity using one DRP. File with a completed Execution Page.
One event may result in more than one affirmative answer to Items 11C, 11D, 11 by more than one regulator, provide details for each action on a separate DRP.	11E, 11F or 11G. Use only one DRP to report details related to the same event. If an event gives rise to action
It is not a requirement that documents be provided for each event or <i>proceeding</i> DRP.	ing. Should they be provided, they will not be accepted as disclosure in lieu of answering the questions on the
If a control affiliate is an individual or organization registered through the CRD,	o, such control affiliate need only complete Part I of the applicant's appropriate DRP (BD). Details of the eve
	 If a control affiliate is an individual or organization <u>not</u> registered through the CRD, provide complete answering DRP does not relieve the control affiliate of its obligation to update its CRD records.
PART I	
A. The <i>person(s)</i> or entity(ies) for whom this DRP is being	filled is (are):
☐ The Applicant	
 ☐ Applicant and one or more control affiliate(s) ☐ One or more control affiliate(s) 	
	ull name of the control affiliate below (for individuals, Last name, First name,
If the control affiliate is registered with the CRD, provide checkbox.	e the CRD number. If not, indicate "non-registered" by checking the appropriat
NAME OF APPLICANT	APPLICANT CRD NUMBER
BD DRP - CONTROL AFFILIATE	·
CRD NUMBER	This Control Affiliate is Firm Individual
OND HOMBER	This control time is a finite in the finite
Registered:	
NAME (For individuals, Last, First, Middle)	
☐ This DRP should be removed from the BD reco	ord because the control affiliate(s) are no longer associated with the BD.
B. If the control affiliate is registered through the CRD, has System for the event? If the answer; "Yes," no other info	s the control affiliate submitted a DRP (with Form U-4) or BD DRP to the CRD formation on this DRP must be provided.
☐ Yes ☐ No	•
NOTE: The completion of this form does not relieve the	e control affiliate of its obligation to update its CRD records.

REGULATORY ACTION DISCLOSURE REPORTING PAGE (BD)

(continuation)

P	ART II
1.	Regulatory Action initiated by: SEC Other Federal State SRO Foreign (Full name of regulator, foreign financial regulatory authority, federal, state or SRO)
2.	Principal Sanction: (check appropriate item)
	Civil and Administrative Penalty(ies)/Fine(s) Bar Expulsion Cease and Desist Injunction Censure Denial Restitution Revocation Suspension Undertaking Other Other
	Other Sanctions:
3.	Date Initiated (MM/DD/YYYY):
	If not exact, provide explanation:
4.	Docket/Case Number:
5.	Control Affiliate Employing Firm when activity occurred which led to the regulatory action (if applicable):
_	Principal Product Type: (check appropriate item)
6.	Annuity(ies) - Fixed
7.	Describe the allegations related to this regulatory action. (The information must fit within the space provided.):
8.	Current Status?
9.	If on appeal, regulatory action appealed to: (SEC, SRO, Federal or State Court) and Date Appeal Filed:
	(continued)

REGULATORY ACTION DISCLOSURE REPORTING PAGE (BD)

(continuation)

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only. 10. How was matter resolved: (check appropriate item) Settled Acceptance, Waiver & Consent (AWC) Decision & Order of Offer of Settlement Consent Dismissed Stipulation and Consent Decision Order ∇acated 11. Resolution Date (MM/DD/YYYY): Exact Explanation If not exact, provide explanation: 12. A. Were any of the following Sanctions Ordered? (Check all appropriate items): Monetary/Fine ☐ Revocation/Expulsion/Denial ☐ Disgorgement/Restitution ☐ Cease and Desist/Injunction ☐ Bar Amount: \$ Censure Suspension B. Other Sanctions Ordered: Sanction detail: If suspended, enjoined or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against applicant or control affiliate, date paid and if any portion of penalty was waived: 13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates. (The information must fit within the space provided.)

CIVIL JUDICIAL ACTION DISCLOSURE REPORTING PAGE (BD)

GENERAL INSTRUCTIONS			
This Disclosure Reporting Page (DRP BD) is an \square INITIAL OR \square AMENDED response used to report details for affirmative responses to Item 11H of Form BD;			
Check ☑ item(s) being responded to:			
11H(1) Has any domestic or foreign cour	:		
 (a) in the past ten years, enjoined the applicant or a control affiliate in connection with any investment-related activity? (b) ever found that the applicant or a control affiliate was involved in a violation of investment-related statutes or regulations? (c) ever dismissed, pursuant to a settlement agreement, an investment-related civil action brought against the applicant or a control affiliate by a state or foreign financial regulatory authority? 11H(2) Is the applicant or a control affiliate now the subject of any civil proceeding that could result in a "yes" answer to any part of 11H? 			
Use a separate DRP for each event or <i>proceeding</i> . An ev Execution Page.	ent or <i>proceeding</i> may be reported for more than	n one <i>person</i> or entity using one DRP. File with a completed	
One event may result in more than one affirmative answer must be reported on separate DRPs.	r to Item 11H. Use only one DRP to report detail	Is related to the same event. Unrelated civil judicial actions	
It is not a requirement that documents be provided for eather questions on this DRP.	ch event or <i>proceeding</i> . Should they be provided	d, they will not be accepted as disclosure in lieu of answering	
Details of the event must be submitted on the control affin	iate's appropriate DRP (BD) or DRP (U-4). If a α	only complete Part I of the <i>applicant's</i> appropriate DRP (BD). control affiliate is an individual or organization <u>not</u> registered e completion of this DRP does not relieve the <i>control affiliate</i> of	
PART I			
A. The person(s) or entity(ies) for whom this DRP	is being filed is (are):		
☐ The Applicant	• , ,		
Applicant and one or more control affiliatOne or more control affiliate(s)	e(s)		
If this DRP is being filed for a $\it control$ $\it affiliate$, give t	he full name of the control affiliate below	(for individuals, Last name, First name, Middle name).	
If the control affiliate is registered with the CRD, pro	ovide the CRD number. If not, indicate "no	on-registered" by checking the appropriate checkbox.	
NAME OF APPLICANT		APPLICANT CRD NUMBER	
BD DRP - CONTROL AFFILIATE			
CRD NUMBER	This Control	rol Affiliate is Firm Individual	
Registered:			
NAME (For individuals, Last, First, Middle)			
This DRP should be removed from the E	D record because the <i>control affiliate(s)</i> are	no longer associated with the BD.	
		d a DRP (with Form U-4) or BD DRP to the CRD	
System for the event? If the answer is "Yes," no other information on this DRP must be provided.			
☐ Yes ☐ No NOTE: The completion of this Form does <u>not</u> relieve the <i>control affiliate</i> of its obligation to update its CRD records.			
PART II			
	eign financial regulatory authority, SRO, co	ommodities exchange, agency, firm, private plaintiff, etc.)	
	reign financial regulatory authority, SRO, co	ommodities exchange, agency, firm, private plaintiff, etc.)	

CIVIL JUDICIAL ACTION DISCLOSURE REPORTING PAGE (BD) (continuation)

2.	Principal Relief Sought: (check appropriate item)
	□ Cease and Desist □ Disgorgement □ Money Damages (Private/Civil Complaint) □ Restraining Order □ Civil Penalty(ies)/Fine(s) □ Injunction □ Restitution □ Other
	Other Relief Sought:
3.	Filing Date of Court Action (MM/DD/YYYY):
	If not exact, provide explanation:
4.	Principal Product Type: (check appropriate item)
	Annuity(ies) - Fixed
	Other Product Types:
5.	Formal Action was brought in (include name of Federal, State or Foreign Court, Location of Court - City or County <u>and</u> State or Country, Docket/Case Number):
6.	Control Affiliate Employing Firm when activity occurred which led to the civil judicial action (if applicable):
7.	Describe the allegations related to this civil action. (The information must fit within the space provided.):
8.	Current Status?
9.	If on appeal, action appealed to (provide name of court): Date Appeal Filed (MM/DD/YYYY):
10.	If pending, date notice/process was served (MM/DD/YYYY):
	If not exact, provide explanation:

CIVIL JUDICIAL ACTION DISCLOSURE REPORTING PAGE (BD)

(continuation) If Final or On Appeal, complete all items below. For Pending Actions, complete Item 14 only. 11. How was matter resolved: (check appropriate item) Consent Judgment Rendered Settled Other Dismissed Opinion Withdrawn ☐ Exact 12. Resolution Date (MM/DD/YYYY): Explanation If not exact, provide explanation: 13. Resolution Detail: A. Were any of the following Sanctions Ordered or Relief Granted? (Check appropriate items): ☐ Revocation/Expulsion/Denial ☐ Disgorgement/Restitution Monetary/Fine Amount \$ Censure ☐ Cease and Desist/injunction Bar Suspension Other Sanctions: Sanction detail: if suspended, enjoined or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against applicant or control affiliate, date paid and if any portion of penalty was waived: 14. Provide a brief summary of circumstances related to action(s), allegation(s), disposition(s) and/or finding(s) disclosed above. (The information must fit within the space provided.):

BANKRUPTCY / SIPC DISCLOSURE REPORTING PAGE (BD)

	GENERAL INSTRUCTIONS
	his Disclosure Reporting Page (DRP BD) is an \Box INITIAL OR \Box AMENDED response used to report details for affirmative responses to em 111 of Form BD;
С	heck d item(s) being responded to:
	11I In the past ten years has the applicant or a control affiliate of the applicant ever been a securities firm or a control affiliate of a securities firm that:
	(1) has been the subject of a bankruptcy petition?
	(2) has had a trustee appointed or a direct payment procedure initiated under the Securities Investor Protection Act?
	se a separate DRP for each event or <i>proceeding</i> . An event or <i>proceeding</i> may be reported for more than one <i>person</i> or entity using one DRP. ile with a completed Execution Page.
	is not a requirement that documents be provided for each event or <i>proceeding</i> . Should they be provided, they will not be accepted as isclosure in lieu of answering the questions on this DRP.
ap is	a control affiliate is an individual or organization registered through the CRD, such control affiliate need only complete Part I of the applicant's ppropriate DRP (BD). Details of the event must be submitted on the control affiliate's appropriate DRP (BD) or DRP (U-4). If a control affiliate an individual or organization not registered through the CRD, provide complete answers to all the items on the applicant's appropriate DRP (BD). The completion of this DRP does not relieve the control affiliate of its obligation to update its CRD records.
D	ART I
	The person(s) or entity(ies) for whom this DRP is being filed is (are):
A.	
	The Applicant
	Applicant and one or more control affiliate(s)
	☐ One or more control affiliate(s)
	If this DRP is being filed for a <i>control affiliate</i> , give the full name of the <i>control affiliate</i> below (for individuals, Last name, First name, Middle name).
	If the control affiliate is registered with the CRD, provide the CRD number. If not, indicate "non-registered" by checking the appropriate checkbox.
	NAME OF APPLICANT CRD NUMBER APPLICANT CRD NUMBER
	BD DRP - CONTROL AFFILIATE
	CRD NUMBER
	This Control Affiliate is ☐ Firm ☐ Individual
	Registered: Yes No
	NAME (For individuals, Last, First, Middle)
В.	This DRP should be removed from the BD record because the <i>control affilliate(s)</i> are no longer associated with the BD. If the <i>control affiliate</i> is registered through the CRD, has the <i>control affiliate</i> submitted a DRP (with Form U-4) or BD DRP to the CRD System for the event? If the answer is "Yes," no other information on this DRP must be provided.
	Yes No NOTE: The completion of this Form does <u>not</u> relieve the <i>control affiliate</i> of its obligation to update its CRD records.
P	ART II
	Action Type: (check appropriate item)
١.	☐ Bankruptcy ☐ Declaration ☐ Receivership
	☐ Compromise ☐ Liquidated ☐ Other
2.	Action Date (MM/DD/YYYY):
	Lact — Expanation
	If not exact, provide explanation:

BANKRUPTCY / SIPC DISCLOSURE REPORTING PAGE (BD)

(continuation)

not pending, provide Disposition Type: (check appropriate item) Direct Payment Procedure	Court action brought in (Nar	ne of Federal, State or Foreign Court), Location of Court (City or County <u>and</u> State or Country), Dock	et/Cas
Direct Payment Procedure Dismissed Satisfied/Released Discharged Dissolved SIPA Trustee Appointed Other	s action currently pending?	☐ Yes ☐ No	
Discharged Dissolved SIPA Trustee Appointed Other	f not pending, provide Disp	osition Type: (check appropriate item)	
If not exact, provide explanation: rovide a brief summary of events leading to the action and if not discharged, explain. (The information must fit within the space provided a brief summary of events leading to the action and if not discharged, explain. (The information must fit within the space provided as SIPA trustee was appointed or a direct payment procedure was begun, enter the amount paid or agreed to be paid by you; or the next of the trustee: Courrently Open?	<u> </u>		
Provide a brief summary of events leading to the action and if not discharged, explain. (The information must fit within the space provided a brief summary of events leading to the action and if not discharged, explain. (The information must fit within the space provided a brief summary of events leading to the action and if not discharged, explain. (The information must fit within the space provided a brief summary of events leading to the action and if not discharged, explain. (The information must fit within the space provided a brief summary of events leading to the action and if not discharged, explain. (The information must fit within the space provided as SIPA trustee was appointed or a direct payment procedure was begun, enter the amount paid or agreed to be paid by you; or the note that the trustee: Currently Open?	Disposition Date (MM/DD/Y	YY): Exact Explanation	
a SIPA trustee was appointed or a direct payment procedure was begun, enter the amount paid or agreed to be paid by you; or the nef the trustee: Currently Open?	If not exact, provide explanat	on:	
a SIPA trustee was appointed or a direct payment procedure was begun, enter the amount paid or agreed to be paid by you; or the nef the trustee: Currently Open?		vents leading to the action and if not discharged, explain. (The information must fit within the space p	rovide
Surrently Open?	-		
Surrently Open?			
Currently Open?	f a SIPA trustee was appoint	ad ay a diyaat waxwaant waxaadayya waxaa baayya antay tha ayaayyat waid ay agyaad ta ba waid by yyayyay	tha no
Date Direct Payment Initiated/Filed or Trustee Appointed (MM/DD/YYYY): If not exact, provide explanation: Provide details to any status/disposition. Include details as to creditors, terms, conditions, amounts due and settlement scheduling.		ed or a direct payment procedure was begun, enter the amount paid or agreed to be paid by you; or	1116 116
Date Direct Payment Initiated/Filed or Trustee Appointed (MM/DD/YYYY): If not exact, provide explanation: Provide details to any status/disposition. Include details as to creditors, terms, conditions, amounts due and settlement scheduling.	of the trustee:	ed or a direct payment procedure was begun, enter the amount paid or agreed to be paid by you; or	uie iie
Date Direct Payment Initiated/Filed or Trustee Appointed (MM/DD/YYYY): If not exact, provide explanation: Provide details to any status/disposition. Include details as to creditors, terms, conditions, amounts due and settlement scheduling.		ed or a direct payment procedure was begun, enter the amount paid or agreed to be paid by you; or	
If not exact, provide explanation:	of the trustee:		
Provide details to any status/disposition. Include details as to creditors, terms, conditions, amounts due and settlement schedul	of the trustee: Currently Open?	☐ Yes ☐ No	
Provide details to any status/disposition. Include details as to creditors, terms, conditions, amounts due and settlement schedul	of the trustee: Currently Open?	☐ Yes ☐ No	
	of the trustee: Currently Open? Date Direct Payment Initiate	☐ Yes ☐ No d/Filed or Trustee Appointed (MM/DD/YYYY): ☐ ☐ Exact ☐ Explanation	
	of the trustee: Currently Open? Date Direct Payment Initiate	☐ Yes ☐ No d/Filed or Trustee Appointed (MM/DD/YYYY): ☐ ☐ Exact ☐ Explanation	
	of the trustee: Currently Open? Date Direct Payment Initiate	☐ Yes ☐ No d/Filed or Trustee Appointed (MM/DD/YYYY): ☐ ☐ Exact ☐ Explanation	
	Of the trustee: Currently Open? Date Direct Payment Initiate If not exact, provide explanat	☐ Yes ☐ No d/Filed or Trustee Appointed (MM/DD/YYYY): ☐ ☐ Exact ☐ Explanation on:	
	Of the trustee: Currently Open? Date Direct Payment Initiate If not exact, provide explanat Provide details to any statu	☐ Yes ☐ No d/Filed or Trustee Appointed (MM/DD/YYYY): ☐ ☐ Exact ☐ Explanation on: s/disposition. Include details as to creditors, terms, conditions, amounts due and settlement sci	
	Of the trustee: Currently Open? Date Direct Payment Initiate If not exact, provide explanat Provide details to any statu	☐ Yes ☐ No d/Filed or Trustee Appointed (MM/DD/YYYY): ☐ ☐ Exact ☐ Explanation on: s/disposition. Include details as to creditors, terms, conditions, amounts due and settlement sci	
	Of the trustee: Currently Open? Date Direct Payment Initiate If not exact, provide explanat Provide details to any statu	☐ Yes ☐ No d/Filed or Trustee Appointed (MM/DD/YYYY): ☐ ☐ Exact ☐ Explanation on: s/disposition. Include details as to creditors, terms, conditions, amounts due and settlement sci	
	Of the trustee: Currently Open? Date Direct Payment Initiate If not exact, provide explanat Provide details to any statu	☐ Yes ☐ No d/Filed or Trustee Appointed (MM/DD/YYYY): ☐ ☐ Exact ☐ Explanation on: s/disposition. Include details as to creditors, terms, conditions, amounts due and settlement sci	
	Of the trustee: Currently Open? Date Direct Payment Initiate If not exact, provide explanat Provide details to any statu	☐ Yes ☐ No d/Filed or Trustee Appointed (MM/DD/YYYY): ☐ ☐ Exact ☐ Explanation on: s/disposition. Include details as to creditors, terms, conditions, amounts due and settlement sci	
	Of the trustee: Currently Open? Date Direct Payment Initiate If not exact, provide explanat Provide details to any statu	☐ Yes ☐ No d/Filed or Trustee Appointed (MM/DD/YYYY): ☐ ☐ Exact ☐ Explanation on: s/disposition. Include details as to creditors, terms, conditions, amounts due and settlement sci	
	Of the trustee: Currently Open? Date Direct Payment Initiate If not exact, provide explanate Provide details to any state	☐ Yes ☐ No d/Filed or Trustee Appointed (MM/DD/YYYY): ☐ ☐ Exact ☐ Explanation on: s/disposition. Include details as to creditors, terms, conditions, amounts due and settlement sci	
	Of the trustee: Currently Open? Date Direct Payment Initiate If not exact, provide explanat Provide details to any statu	☐ Yes ☐ No d/Filed or Trustee Appointed (MM/DD/YYYY): ☐ ☐ Exact ☐ Explanation on: s/disposition. Include details as to creditors, terms, conditions, amounts due and settlement sci	
	Of the trustee: Currently Open? Date Direct Payment Initiate If not exact, provide explanat Provide details to any statu	☐ Yes ☐ No d/Filed or Trustee Appointed (MM/DD/YYYY): ☐ ☐ Exact ☐ Explanation on: s/disposition. Include details as to creditors, terms, conditions, amounts due and settlement sci	
	Of the trustee: Currently Open? Date Direct Payment Initiate If not exact, provide explanat Provide details to any statu	☐ Yes ☐ No d/Filed or Trustee Appointed (MM/DD/YYYY): ☐ ☐ Exact ☐ Explanation on: s/disposition. Include details as to creditors, terms, conditions, amounts due and settlement sci	
	Of the trustee: Currently Open? Date Direct Payment Initiate If not exact, provide explanat Provide details to any statu	☐ Yes ☐ No d/Filed or Trustee Appointed (MM/DD/YYYY): ☐ ☐ Exact ☐ Explanation on: s/disposition. Include details as to creditors, terms, conditions, amounts due and settlement sci	
	Currently Open? Date Direct Payment Initiate If not exact, provide explanat	☐ Yes ☐ No d/Filed or Trustee Appointed (MM/DD/YYYY): ☐ ☐ Exact ☐ Explanation on: s/disposition. Include details as to creditors, terms, conditions, amounts due and settlement sci	
	Currently Open? Date Direct Payment Initiate If not exact, provide explanat	☐ Yes ☐ No d/Filed or Trustee Appointed (MM/DD/YYYY): ☐ ☐ Exact ☐ Explanation on: s/disposition. Include details as to creditors, terms, conditions, amounts due and settlement sci	
	Currently Open? Date Direct Payment Initiate If not exact, provide explanat	☐ Yes ☐ No d/Filed or Trustee Appointed (MM/DD/YYYY): ☐ ☐ Exact ☐ Explanation on: s/disposition. Include details as to creditors, terms, conditions, amounts due and settlement sci	

BOND DISCLOSURE REPORTING PAGE (BD)

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

JUDGMENT / LIEN DISCLOSURE REPORTING PAGE (BD)

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