

BROKER-DEALER QUESTIONNAIRE AND AFFIDAVIT: PRIOR SALES

		Firm CRD No.:
Date:	Full Name of Broker-Dealer:	SEC File No.: 8-

The undersigned certifies as follows: I have conducted a thorough review into the activities of the Broker-Dealer listed above and, to the best of my knowledge within the past 36 months, the firm has not effected non-exempt transactions in the state(s) indicated below.

<input type="checkbox"/> Alabama	<input type="checkbox"/> Idaho	<input type="checkbox"/> Michigan	<input type="checkbox"/> New York	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Alaska	<input type="checkbox"/> Illinois	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Tennessee
<input type="checkbox"/> Arizona	<input type="checkbox"/> Indiana	<input type="checkbox"/> Mississippi	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Texas
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> Utah
<input type="checkbox"/> California	<input type="checkbox"/> Kansas	<input type="checkbox"/> Montana	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Vermont
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Oregon	<input type="checkbox"/> Virginia
<input type="checkbox"/> Delaware	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Nevada	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Washington
<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maine	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Puerto Rico	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Florida	<input type="checkbox"/> Maryland	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Georgia	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> New Mexico	<input type="checkbox"/> South Carolina	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Hawaii	<input type="checkbox"/> ts			<input type="checkbox"/> ALL

If any transaction were made in reliance upon an exemption, I have attached a list of those transactions. As to those transactions, I have identified the exemption upon which the broker-dealer relied and an explanation.

For those transaction that occurred within the past 36 months which were effected without the benefit of an exemption.

I am providing the following information:

- The accountholder's name, address and telephone number.
- Name of the security.
- Date and amount of the trade, including the commission paid to the Broker-dealer and to the Agent.
- The Agent who effected the transaction.

I am aware that the state may verify this information with my clearing firm.

I further certify that the Broker-dealer listed above will refrain from transacting business as a Broker-Dealer in the jurisdictions shown until registration is completed.

I acknowledge that if my response to any of the above is false or if the Broker-Dealer transacts business during the period prior to registration, the Broker-Dealer and I are subject to sanctions pursuant to the laws of the particular jurisdiction involved.

Name of Principal (please print)

Signature of Principal

Subscribed and sworn before me this _____ day of _____, _____.
County of _____, State of _____.

My commission expires _____.

(Rev 08-23) _____
Notary Public