FORM ADV

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

Deir	many Duainaga Nama, INDE	DENIDENT FINIANICIAL DADTNI	rne -		CD	D. N. 1986 ov. 125112
	mary Business Name: TNDE her-Than-Annual Amendmer	PENDENT FINANCIAL PARTN	FK2		CR	D Number: 125112 Rev. 10/2012
	ler-man-Annual Amendmer 19/2017 8:57:07 AM	it - All Sections				Rev. 1072012
0/	1972017 0.37.07 AW					
	prosecution. You n	n truthfully. False statements on truthfully. False statements on ust keep this form updated by	*	•	•	ration, or criminal
	m 1 Identifying Information	vho you are, where you are do	aing business, and how	we can contact you		
Res	•					
Α.	Your full legal name (if you IFP ADVISORS, INC.	are a sole proprietor, your las	t, first, and middle name	es):		
B.	Name under which you prir	narily conduct your advisory bu	usiness, if different from	Item 1.A.:		
	List on Section 1.B. of Scheo	dule D any additional names und	der which you conduct yo	our advisory business.		
C.	If this filing is reporting a c name change is of ☐ your legal name or ☐ yo	hange in your legal name (Item our primary business name:	n 1.A.) or primary busine	ess name (Item 1.B.), er	nter the new name and speci	fy whether the
D.		ith the SEC as an investment a C as an <i>exempt reporting advise</i>	•			
E.	If you have a number (" <i>CR</i>	D Number") assigned by the Fi	INRA's CRD system or by	the IARD system, your (CRD number: 125112	
	•	CRD number, skip this Item 1.1				5.
г	Dringing Office and Place of	Rusinass				
Γ.	Principal Office and Place of (1) Address (do not use a Number and Street 1: 3030 NORTH ROCKY PC City: TAMPA	P.O. Box):		Number and Street 2 SUITE 700 Country: United States	: ZIP+4/Postal Code: 33607	
		vate residence, check this box:		omica States	33007	
	List on Section 1.F. of S you are applying for req which you are applying	Schedule D any office, other than gistration, or are registered, with for registration or with whom yo he SEC as an exempt reporting	n your principal office and h one or more state secu ou are registered. If you a	rities authorities, you mus are applying for SEC regis	st list all of your offices in the tration, if you are registered o	state or states to
	(2) Days of week that you Monday - Friday	normally conduct business at Other:	your <i>principal office and</i>	place of business:		
	Normal business hours 8:30 AM-5:00 PM (3) Telephone number at t 813-341-0960					
	(4) Facsimile number at th 813-288-0701	is location:				
G.	Mailing address, if different	from your <i>principal office and p</i>	place of business address	::		
	Number and Street 1:		Number and Sti	reet 2:		
	City:	State:	Country:	ZIP+4/Post	al Code:	
	If this address is a private	e residence, check this box:				
Н.	If you are a sole proprietor	, state your full residence add	ress, if different from yo	ur <i>principal office and pla</i>	ce of business address in Item	1 1.F.:
	Number and Street 1:		Number and St	reet 2:		
	City:	State:	Country:	ZIP+4/Post	al Code:	

I. Do you have one or more websites?

Yes No

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If "yes," list all website addresses on Section 1.1. 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. Some advisers may need to list more than one portal address. Do not provide individual electronic mail (e-mail) addresses in response to this Item. 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: Other titles, if any: Telephone number: Facsimile number: Number and Street 1: Number and Street 2: City: State: Country: ZIP+4/Postal Code: Electronic mail (e-mail) address, if Chief Compliance Officer has one: 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: Titles: Telephone number: Facsimile number: Number and Street 1: Number and Street 2: City: Country: ZIP+4/Postal Code: State: Electronic mail (e-mail) address, if contact person has one: Yes No 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? If "yes," complete Section 1.L. of Schedule D. Yes No Are you registered with a foreign financial regulatory authority? \circ ⊚ 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. Yes No Are you a public reporting company under Sections 12 or 15(d) of the Securities Exchange Act of 1934? If "yes," provide your CIK number (Central Index Key number that the SEC assigns to each public reporting company): Yes No Did you have \$1 billion or more in assets on the last day of your most recent fiscal year? 0 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. In the first half of 2011, the legal entity identifier standard was still in development. 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: KOLB FINANCIAL Jurisdictions ☐ AL □ ID ☐ MO ☐ PA ☐ AK □ MT PR ☐ AZ II IN ■ NE RI AR IA ■ NV ☐ SC ☐ SD CA ■ KS ☐ NH □ NJ □ TN СО □ KY □ CT LA ■ NM □ TX ■ ME DE ■ NY UT UT ■ MD □ DC □ VT ■ NC

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List your other business namname.	nes and the jurisdictions in which y	ou use them. You must complete a sepa	rate Schedule D Section 1.B. for each busine	ess
Name: SD MARTIN FINANCIA	I SERVICES			
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_	nes and the jurisdictions in which y	ou use them. You must complete a sepa	rate Schedule D Section 1.B. for each busine	ess
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Name: DIVORCE DIRECTION				
Jurisdictions				
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Name: ASSET ADVISORS

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Name: FIRST FINANCIAL OF	CITRUS COUNTY		
Jurisdictions		1	
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	mes and the jurisdictions in which y	ou use them. You must complete a sepa	rate Schedule D Section 1.B. for each business
name.			
Name: ACUMEN CAPITAL GR	ROUP		
Jurisdictions			
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name.			
Name: TALMAGE FINANCIAL	GROUP		
Jurisdictions			
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name.	nes and the jurisdictions in which y	as as them. Too must complete a sepa	acto Somedate D Section 1.D. for each business
Name: ULIN FINANCIAL GRO			
Name. ULIN FINANCIAL GRO	JUF		
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Jurisdictions			

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_	e jurisdictions in which you use them. Yo	ou must complete a separate Schedule	D Section 1.B. for each business
name.			
Name: WEALTH ADVISORY GROUP			
Jurisdictions			
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_	e jurisdictions in which you use them. Yo	ou must complete a separate Schedule	D Section 1.B. for each business
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Name: WORLEY FINANCIAL SERVICES			
Jurisdictions			
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List your other business nam name.	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: W.J. YOST FINANCIAL	Name: W.J. YOST FINANCIAL SERVICES				
Jurisdictions					
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Name: HARRIS FAMILY CAPIT	AL MANAGEMENT				
Jurisdictions					
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Name: TRUE NORTH FINANCI	AL PLANNING				
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List your other business names and name.	the jurisdictions in which you us	e them. You must complete a sep	arate Schedule D Section 1.B. for each busin	iess
Name: GRACE FINANCIAL, LLC				
Jurisdictions				
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Name: 401K MATRIX				
Jurisdictions				
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List your other business names and the jurisdictions in which you use them. You must complete a separate Schedule D Section 1.B. for each business name.						
Name: CONNORS WEALTH MANAGEMENT						
Jurisdictions						
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List your other business n name.	ames and the jurisdictions in which y	ou use them. You must complete a sep	arate Schedule D Section 1.B. for each business			
name.						
Name: WEALTH PRESERVA	TION AND TRANSFER					
Jurisdictions						
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List your other business n	ames and the jurisdictions in which y	you use them. You must complete a sep	arate Schedule D Section 1.B. for each business			
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Name: INTEGRATED WEAL	TH MANAGEMENT					
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List your other business names and the	e jurisdictions in which you use them. Yo	ou must complete a sonarate Schodule I	2 Section 1 B for each husiness
name.	gurisaletions in which you use them. To	ou must complete a separate schedule i	5 Section 1.b. for each business
Name: PELICAN GROUP MANAGEMENT			
Jurisdictions			
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	Name: PELICAN GROUP MANAGEMENT					

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Name: PONTLITZ ASSET ADVISORS

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			Other:
list your other business names and the name.	e jurisdictions in which you use them. Yo	ou must complete a separate Schedule I	Section 1.B. for each business
Name: ALL BENEFITS CONSULTING COR	RP.		
Jurisdictions			
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Name: MACDONALD FINANCIAL			
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Name: GRACESON ASSE	Γ MANAGEMENT		
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Name: MARR FINANCIAL	GROUP		
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-	names and the jurisdictions in which you	ou use tnem. You must complete a sep	arate Schedule D Section 1.B. for each business
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Name: RETIREMENT & RE	ENEFITS PARTNERS, INC.		
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Jurisdictions			
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Name: PERRY FINANCIAL GRO	UP, INC.			
Jurisdictions				
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Name: ASSET ADVISORS				
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Name: ONE ADVOCATE GROUP

Jurisdictions

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Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU	☐ ID ☐ IL ☐ IN ☐ IA ☐ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI ☐ MN	MT	□ PR □ RI □ SC □ SD □ TN □ TX □ UT □ VT □ VI □ VA □ WA
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Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU HI List your other business names and th name. Name: FINANCIAL RESOURCE CENTER Jurisdictions	ID III IN IA KS KY LA ME MD MA MI MN MS	MT NE NV NV NH NJ NM NY NC ND OH OK OR	□ PR □ RI □ SC □ SD □ TN □ TX □ UT □ VT □ VI □ VA □ WA □ WV □ WI □ Other: D Section 1.B. for each business
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Name: CHANDLER O'REAR			
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Name: NEWMARKET GROUP			
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Name: GENERATIONS PLANNING GROU	P, LLC		
Jurisdictions			
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Name: DAWES WEALTH MANAGEMENT Jurisdictions AL AK AZ AR CA CO CT DE DE DC FL	ID IL IN IA KS KY LA ME MD MA	MO MT NE NV NH NJ NM NY NC ND	□ PA □ PR □ RI □ SC □ SD □ TN □ TX □ UT □ VT □ VI
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List your other business names and the name. Name: BRYSON WEALTH MANAGEMENT Jurisdictions	e jurisdictions in which you use them. Yo	ou must complete a separate Schedule	D Section 1.B. for each business
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List your other business names and the name.	e jurisdictions in which you use them. Yo	ou must complete a separate Schedule	D Section 1.B. for each business
Name: RETIREMENT ADVISORY SERVIC	ES, INC.		
Jurisdictions			
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List your other business names and the name. Name: THE PALMS FINANCIAL GROUP, Jurisdictions	e jurisdictions in which you use them. You	ou must complete a separate Schedule	D Section 1.B. for each business
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Name: NEXT LEVEL FINAL	NCIAL, LLC		
Jurisdictions			
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List your other business names and the jurisdictions in which you use them. You must complete a separate Schedule D Section 1.B. for each business

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Jurisdictions

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List your other business names and the	e jurisdictions in which you use them. Yo	ou must complete a separate Schedule	D Section 1.B. for each business
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Name: CS HUDGENS CAPITAL MANAGEN	MENT		
Jurisdictions			
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СО	□ KY	□ N1	□ TN
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	e jurisdictions in which you use them. Yo	ou must complete a separate Schedule	D Section 1.B. for each business
name.			
Name: RETIREMENT & BENEFITS PARTN	IERS OF CENTRAL NEW YORK		
Jurisdictions			
□ AL	□ID	□ мо	☑ PA
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name.			
Name: COLTON SMITH,	LLC		
Jurisdictions			
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Name: CBB FINANCIAL,	INC.		
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Name: DAN T. PEACOCK & ASSOCIATE	S		
Jurisdictions			
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name. Name: CAPITAL RETIREMENT GROUP	ne jurisdictions in which you use them. Y	ou must complete a separate Schedule I	D Section 1.B. for each business
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Name: DT MOREHEAD, INC. Jurisdictions AL AK AZ AR CA CO CT DE DC	□ ID □ IL □ IN □ IA □ KS □ KY	□ MO □ MT □ NE □ NV	□ PA □ PR
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-	e jurisdictions in which you use them. Yo	ou must complete a separate Schedule I	D Section 1.B. for each business
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Name: HISS SHERMAN WEALTH MANAG	EMENT		
Jurisdictions			
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Name: VINETTE ADVISORY SERVICES, I	NC.		
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List your other business names and the jurisdictions in which you use them. You must complete a separate Schedule D Section 1.B. for each business name.

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Jurisdictions			
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Name: LASSO RETIREME	NT PLANNING		
Jurisdictions			
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Name: FRANCISCO X DAIZ I	ELNIANICIAL INIC			
Name. FRANCISCO & DAIZ I	FINANCIAL INC.			
Jurisdictions				
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Name: EQUITY, INC.				
Jurisdictions				
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Name: CAPITAL CONCLUSION CORPORATION

Jurisdictions

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Name: INTERGRATED WEALTH MANAGE	EMENT LLC		
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Name: BROWNING AGENCY OF PONTE Jurisdictions	VEDRA, INC. □ ID	□ мо	□ PA
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Jurisdictions			
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Name: STEPHAN FINANCIAL SERVICES			
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			Cother:

List your other business names and the name.	e jurisdictions in which you use them. Yo	ou must complete a separate Schedule	D Section 1.B. for each business
Name: KEY ADVISOR, KELLY WEALTH, k	CELLY RETIREMENT		
Jurisdictions			
□ AL	□ID	□мо	₽ PA
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			☑ WI
			☐ Other:
name. Name: LORD INVESTMENT GROUP	e jurisdictions in which you use them. Yo	ou must complete a separate Schedule	D Section 1.B. for each business
Jurisdictions			
□AL	□ID	□ мо	□ PA
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□ AR	ПА	□NV	□ sc
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Со	□ KY	□ NJ	□ TN
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□ DC	✓ MD	✓ NC	□ VT
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List your other business names and the name.	e jurisdictions in which you use them. Yo	ou must complete a separate Schedule	D Section 1.B. for each business
Name: WILLIAMS WEALTH MANAGEMEN	N I		
Jurisdictions			
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List your other business names and th name.	e jurisdictions in which you use them. Yo	ou must complete a separate Schedule	D Section 1.B. for each business
Name: KRISTIN A. JOHNSON, INC.			
Jurisdictions			
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☐ AK	□ IL	□ MT	□ PR
□ AZ	□IN	□ NE	□RI
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	e jurisdictions in which you use them. Yo	ou must complete a separate Schedule	D Section 1.B. for each business
name.			
Name: US INVESTMENT ADVISORS			
Jurisdictions			
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List your other business nanname.	ames and the jurisdictions in which y	ou use them. You must complete a sep	arate Schedule D Section 1.B. for each business
Name: LEWIS GRACE INVE	STMENT ADVISORS		
Jurisdictions			
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name.	arries and the jurisdictions in which y	od use them. Tod must complete a sep	arate schedule b section r.b. for each business
riarric.			
Name: HESSER WEALTH C	UNSULTANT		
Jurisdictions			
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	ames and the jurisdictions in which y	ou use them. You must complete a sep	arate Schedule D Section 1.B. for each business
name.			
Name: MISSION WEALTH A	ADVISORS		
Jurisdictions			
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□ AZ	□ IN	□ NE	RI
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name.			
Name: PINNACLE WEALTH MANAGEMEN	IT		
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Jurisdictions	_	_	p
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List your other business names and the	e jurisdictions in which you use them. Yo	ou must complete a separate Schedule [Section 1.B. for each business
name.			
Name: S&W INVESTMENT ENTERPRISES	S, LLC		
Jurisdictions			
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☑ CA	☑ KS	□ NH	□ SD
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Jurisdictions				
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_	es and the jurisdictions in which y	ou use them. You must complete a sepa	rate Schedule D Section 1.B. for each business	
name.				
Name: GI FINANCIAL SERVICE	ES			
Jurisdictions				
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name.	as and the jurisdictions in which y	you use them. You must complete a sepa	rate Schedule D Section 1.B. for each business	
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Name: STOECKLIEN FINANCIA	AL SERVICES			
Jurisdictions		· ·		
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Name: DAVIS FINANCIAL				
Name. DAVISTINANCIAL				
Jurisdictions				
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name. Name: THE LEGACY PLANNING G		ou use them. You must complete a sepa	rate schedule b section 1.b. for each business	
name. Name: THE LEGACY PLANNING G Jurisdictions	ROUP, LLC			
name. Name: THE LEGACY PLANNING G Jurisdictions AL	ROUP, LLC	Г мо	□ PA	
name. Name: THE LEGACY PLANNING G Jurisdictions ☑ AL ☐ AK	ROUP, LLC	□ MO □ MT	□ PA □ PR	
name. Name: THE LEGACY PLANNING G Jurisdictions ✓ AL — AK — AZ	ROUP, LLC	□ MO □ MT □ NE	□ PA □ PR □ RI	
name. Name: THE LEGACY PLANNING G Jurisdictions ☑ AL ☐ AK	ROUP, LLC	□ MO □ MT	□ PA □ PR	
name. Name: THE LEGACY PLANNING G Jurisdictions ✓ AL — AK — AZ	ROUP, LLC	□ MO □ MT □ NE	□ PA □ PR □ RI	
name. Name: THE LEGACY PLANNING G Jurisdictions ✓ AL — AK — AZ — AR — CA	ROUP, LLC ID IL IN IA KS	□ MO □ MT □ NE □ NV	□ PA □ PR □ RI □ SC □ SD	
name. Name: THE LEGACY PLANNING G Jurisdictions ✓ AL — AK — AZ — AR — CA ✓ CO	ROUP, LLC	□ MO □ MT □ NE □ NV □ NH □ NJ	PA PR RI SC SD TN	
name. Name: THE LEGACY PLANNING G Jurisdictions ✓ AL — AK — AZ — AR — CA ✓ CO — CT	ROUP, LLC ID IL IN IA KS KY LA	□ MO □ MT □ NE □ NV □ NH □ NJ □ NM	□ PA □ PR □ RI □ SC □ SD □ TN ■ TX	
name. Name: THE LEGACY PLANNING G Jurisdictions ✓ AL — AK — AZ — AR — CA — CO — CT — DE	ROUP, LLC ID IL IN IA KS KY LA ME	MO	□ PA □ PR □ RI □ SC □ SD □ TN □ TX □ UT	
name. Name: THE LEGACY PLANNING G Jurisdictions ✓ AL — AK — AZ — AR — CA ✓ CO — CT — DE — DC	ROUP, LLC ID IL IN IA KS KY LA ME MD	MO MT NE NV NH NJ NM NY NC	PA PR RI SC SD TN TX UT VT	
name. Name: THE LEGACY PLANNING G Jurisdictions ✓ AL — AK — AZ — AR — CA — CO — CT — DE	ROUP, LLC ID IL IN IA KS KY LA ME	MO	□ PA □ PR □ RI □ SC □ SD □ TN □ TX □ UT	
name. Name: THE LEGACY PLANNING G Jurisdictions ✓ AL ☐ AK ☐ AZ ☐ AR ☐ CA ✓ CO ☐ CT ☐ DE ☐ DC	ROUP, LLC ID IL IN IA KS KY LA ME MD	MO MT NE NV NH NJ NM NY NC	PA PR RI SC SD TN TX UT VT	
name. Name: THE LEGACY PLANNING G Jurisdictions ✓ AL — AK — AZ — AR — CA ✓ CO — CT — DE — DC — FL	ROUP, LLC ID IL IN IA KS KY LA ME MD MA	MO MT NE NE NV NH NJ NM NY NC ND	□ PA □ PR □ RI □ SC □ SD □ TN □ TX □ UT □ VT □ VI	
name. Name: THE LEGACY PLANNING G Jurisdictions ✓ AL — AK — AZ — AR — CA ✓ CO — CT — DE — DC — FL — GA — GU	ROUP, LLC ID IL IN IA KS KY LA ME MD MA MI	MO	PA PR RI SC SD TN TX UT VT VT	
name. Name: THE LEGACY PLANNING G Jurisdictions ✓ AL ☐ AK ☐ AZ ☐ AR ☐ CA ✓ CO ☐ CT ☐ DE ☐ DC ☐ FL ☐ GA	ROUP, LLC ID IL IN IA KS KY IV LA IME MD IMA IMA IMI IMN	MO	PA PR RI SC SD TN TX UT VT VT VI VA WA WA	
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name: Name: THE LEGACY PLANNING G Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU HI List your other business names a	ROUP, LLC ID IL IN IA KS KY IA ME MD MA MI MN MN MN MN MN	MO	PA	

Jurisdictions

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_	e jurisdictions in which you use them. Y	ou must complete a separate Schedule	D Section 1.B. for each business
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Name: AUDET WEALTH ADVISORS			
Jurisdictions			
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Name: BJORK ASSET MANAGEMENT			
lood all all all and			
Jurisdictions			
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List your other business name.	names and the jurisdictions in which y	ou use them. You must complete a sep	arate Schedule D Section 1.B. for each business
Name: THE VALOVICH GI	ROUP		
Jurisdictions			
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Name: RYON FINANCIAL Jurisdictions	INC.		
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			☐ Other:
List your other business name.	names and the jurisdictions in which y	ou use them. You must complete a sep	arate Schedule D Section 1.B. for each business
Name: CASTERLIN & YOS	ST FINANCIAL SERVICE GROUP		
Jurisdictions			
□ AL	□ID	□ мо	□РА
□ AK		□мт	□ PR
□ AZ	□ IN	□ NE	□ RI

□ AR	ПА	□NV	☑ SC
□ CA	□ KS	□NH	□ SD
□со	□ KY	□ NJ	□TN
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List your other business names and the name.	e jurisdictions in which you use them. Yo	ou must complete a separate Schedule I	D Section 1.B. for each business
Name: MADISON PENSION SERVICES, I	NC.		
Jurisdictions			
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□ AK	☑ IL	□ MT	□ PR
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name.	Julisaletions in which you use them. To	ou must complete a separate senedale i	5 Section 1.B. for each business
Name: ADVANTAGE BENEFIT SERVICE			
Jurisdictions			
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List your other business names and the name.	e jurisdictions in which you use them. Yo	ou must complete a separate Schedule	D Section 1.B. for each business
Name: ARENA & BROWN RETIREMENT C	CONSULTANTS		
Jurisdictions			
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List your other business names and the	e jurisdictions in which you use them. Yo	ou must complete a separate Schedule	D Section 1 B. for each business
name. Name: AVILA INVESTMENTS & INSURAN Jurisdictions			
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List your other business names and the name. Name: ASSURE FINANCIAL SERVICES, I	e jurisdictions in which you use them. You	ou must complete a separate Schedule	D Section 1.B. for each business
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Name: BAY AREA WEALTH MANAGEMEN	Т		
Jurisdictions			
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-	e jurisdictions in which you use them. Yo	ou must complete a separate Schedule I	D Section 1.B. for each business
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Name: BJORK ASSET MANAGEMENT, INC	2.		
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Jurisdictions 	_	_	_
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Name: DAN T. PEACOCK & ASSOCIATES			
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Jurisdictions			
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List your other business names and the	e jurisdictions in which you use them. Y	ou must complete a separate Schedule	D Section 1.B. for each business
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Name: KEVIN T SLATTERY, MS, CFP			
Name. Revin i Stattert, WS, CFP			
Jurisdictions			
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Name: DEW FINANCIAL MANAGEMENT	GROUP		
Jurisdictions			
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□ AK		□ MT	□ PR
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Name: ELLIS-SUMMER GROUP			
Jurisdictions			
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name. Name: EXEUNT, LLC Jurisdictions □ AL □ AK □ AZ □ AR □ CA □ CO □ CT □ DE □ DC □ FL □ GA □ GU	☑ ID ☑ IL ☐ IN ☐ IA ☐ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI ☐ MN	□ MO	□ PA □ PR □ RI □ SC □ SD ☑ TN ☑ TX □ UT □ VT □ VI □ VA ☑ WA □ WV □ WI
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Name: EXEUNT, LLC Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU HI	 ☑ ID ☑ IL ☐ IN ☐ IA ☐ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI ☐ MN ☐ MS 	□ MO	PA PR RI SC SD TN TX UT VI VI VA WA WW WA Other:

Name: GLOVER CONSULTING, INC

Jurisdictions			
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List your other business names and name. Name: GUITIAN WEALTH MANAGEME Jurisdictions	the jurisdictions in which you use them.	You must complete a separate Schedule	D Section 1.B. for each business
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Name: HARNETT FINANCIAL SERVIC Jurisdictions	ES		
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	les and the jurisdictions in which y	ou use them. You must complete a sepa	rate Schedule D Section 1.B. for each busine	ess
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Name: HERBERT, DANIELS &	CO			
Name. HERBERT, DANTEES &	CO			
Jurisdictions				
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□ AZ	□ IN	□ NE	□ RI	
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name. Name: HORIZON WEALTH MA		ou use them. You must complete a sepa	rate Schedule D Section 1.B. for each busine	ess
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name. Name: HORIZON WEALTH MA Jurisdictions □ AL □ AK □ AZ ☑ AR □ CA	INAGEMENT ID IL IN IA KS	☐ MO ☐ MT ☐ NE ☐ NV ☐ NH	✓ PA ☐ PR ☐ RI ☐ SC ☐ SD	ess
name. Name: HORIZON WEALTH MA Jurisdictions AL AK AZ AR CA CO	NAGEMENT ID IL IN IA	□ MO □ MT □ NE □ NV	✓ PA ☐ PR ☐ RI ☐ SC	ess
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name. Name: HORIZON WEALTH MA Jurisdictions AL AK AZ AR CA CO CT DE	NAGEMENT ID IL IN IA KS KY LA ME	☐ MO ☐ MT ☐ NE ☐ NV ☐ NH ☐ NJ ☑ NM ☑ NY	PA PR RI SC SD TN TX UT	ess
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name. Name: HORIZON WEALTH MA Jurisdictions AL AK AZ AR CA CO CT DE DC	NAGEMENT ID IL IN IA KS KY LA ME MD	☐ MO ☐ MT ☐ NE ☐ NV ☐ NH ☐ NJ ☑ NM ☑ NY ☑ NC	PA PR RI SC SD TN TX UT VT	255
name. Name: HORIZON WEALTH MA Jurisdictions AL AK AZ AR CA CO CT DE DC FL	NAGEMENT ID IL IN IA KS KY LA ME MD MD	MO MT NE NE NV NH NJ NM NY NY NY NC ND	PA PR RI SC SD TN TX UT VI	ess
name. Name: HORIZON WEALTH MA Jurisdictions AL AK AZ AR CA CO CT DE DC	NAGEMENT ID IL IN IA KS KY LA ME MD	☐ MO ☐ MT ☐ NE ☐ NV ☐ NH ☐ NJ ☑ NM ☑ NY ☑ NC	PA PR RI SC SD TN TX UT VT	ess
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Jurisdictions

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			☐ Other:
List your other business names and the	e jurisdictions in which you use them. Yo	ou must complete a separate Schedule	D Section 1.B. for each business
name.	granisalettens in which you use them. To	ou must complete a separate seneuale	B Section 1.B. for each business
nume.			
Name: INNOVATIVE PLAN SOLUTIONS/F	RETIREMENT PLAN SOUU.?		
Jurisdictions			
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List your other business names and the	e jurisdictions in which you use them. Yo	ou must complete a separate Schedule	D Section 1.B. for each business
name.			
Name: JC FINANCIAL			
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Jurisdictions			
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List your other business	names and the jurisdictions in which y	ou use them. You must complete a sepa	arate Schedule D Section 1.B. for each business
name.			
Name: JEFFERY W MAST	ERS & ASSOCIATES, INC.		
Jurisdictions			
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Jurisdictions			
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List your other business name. Name: LASSO WEALTH Nurisdictions	I LA I ME I MD I MA I MI I MN I MS MANAGEMENT	NH NJ NM NY NC ND OH OOK OR	SC SD TN TX UT VT VI VA WA WV WV Other:
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DC	□ MD	□ NC	□ VT
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List your other business names and th	o jurisdictions in which you use them. V	ou must complete a separate Schedule I	2 Section 1 R for each business
name. Name: MADISON PENSION SERVICES	e jansalettons in which you use them. T	ou must complete a separate semedale i	5 Section 1.B. for each business
Jurisdictions			—
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List your other business names and the name. Name: MAGERAS FINANCIAL PLANNING Jurisdictions		ou must complete a separate Schedule I	D Section 1.B. for each business
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List your other business name.	names and the jurisdictions in which y	ou use them. You must complete a sep	arate Schedule D Section 1.B. for each business
Name: MANES & BEIGHT	FINANCIALSERVICES		
Jurisdictions			
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	names and the jurisdictions in which y	ou use them. You must complete a sep	arate Schedule D Section 1.B. for each business
name.			
Name: MANNING & NURS	E		
Jurisdictions			
□ AL	□ ID	□мо	□ PA
□ AK	□ IL	∥ □ MT	□ PR
□ AZ	☑ IN	□ NE	□RI
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List your other business	names and the jurisdictions in which y	ou use them. You must complete a sep	arate Schedule D Section 1.B. for each business
name.			
Name: MERRILL & BROW	N INVESTMENTS		
Jurisdictions			
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-	e jurisdictions in which you use them. Yo	ou must complete a separate Schedule [Section 1.B. for each business
name.			
Name: RJ GOLDSTEIN & ASSOCIATES, II	NC.		
Jurisdictions			
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□ AK	☑IL	□ MT	□ PR
□ AZ	□IN	□ NE	RI
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			Other:
List your other business names and the	e jurisdictions in which you use them. Yo	ou must complete a separate Schedule [Section 1.B. for each business
name.			
Name: RYCON FINANCIAL GROUP, LLC			
Jurisdictions			
□ AL	□ID	□мо	□ PA
□ AK	☑IL	□ MT	□ PR
□az	□IN	□ NE	□ RI
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			Other:

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: SAMSON FINANCI	AL		
lurisdictions			
□ AL	F .5	□мо	□ PA
	□ ID		
AK	□ IL	☑ MT	□ PR
AZ	□ IN	□ NE	□ RI
AR	□ IA	₽ NV	□ sc
CA	□ KS	□ NH	□ SD
CO	□ KY	□ NJ	∥ □ TN
СТ	□ LA	□ NM	☑ TX
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ame: THE HOSKINS & R	AMIEREZ GROUP		
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st your other business ime.	names and the jurisdictions in which y	ou use them. You must complete a sep	arate Schedule D Section 1.B. for each business
ame: VINETTE ADVISOR	Y SERVICES		
risdictions		<u>-</u>	
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List your other business names and	the jurisdictions in which you use them.	Vou must complete a separate Schedule	D Section 1 B for each business
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Name: WALTER ICKERT & ASSOCIAT	FS		
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Name: WILLIAMS WEALTH MANAGEN	MENT		
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Name: YOUNGBLOOD WEALTH MANAGEMENT

Jurisdictions

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Name: HALBERG FINANCIAL			
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Jurisdictions			
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Name: HARDING CAPITAL MANAGEMEN	JT		
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name.	,		
Name: SUNCOAST ADVISORY GROUP			
Jurisdictions			
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Name: PASCO FRS/BAY AREA WEALTH I	MANAGEMENT		
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Name: FINANCIAL PARTNERS			
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Name: LANDMARK ADVISORS			
Jurisdictions			
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Name: EQUITY WEALTH MANAGEMENT			
Jurisdictions			
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name.			
Name: DIVIDENT WEALTH MANAGEMEN	IT		
Jurisdictions			
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Name: NORTON FINANCIAL INC.			
Jurisdictions			
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Name: ST MARIE			
Jurisdictions			
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Name: WELDEN FINANCI Jurisdictions	AL		
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Name: WIGEN FINANCIA	L SERVICES, LLC		
Jurisdictions			
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AL	Name. ELGACT CAFTTOL, LLC			
AL	Jurisdictions			
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List your other business names and the jurisdictions in which you use them. You must complete a separate Schedule D Section 1.B. for each business name.

Name: IRONGATE FINANC	CIAL GROUP		
Jurisdictions			
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Name: PREMIER INDEPEN	IDENT ADVISORS		
Jurisdictions			
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-	names and the jurisdictions in which y	ou use them. You must complete a sep	arate Schedule D Section 1.B. for each business
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Name: DAVIS ADVANTAG	E WEALTH MANAGEMENT		
Jurisdictions			
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Name: HESSER FINANCIAL CO	ONSHI TANTS		
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	nes and the jurisdictions in which y	ou use them. You must complete a sepa	rate Schedule D Section 1.B. for each business
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Name: NEWMARKET FINANCI	AL ADVISORS		
Jurisdictions			
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name.			

Jurisdictions

Name: COLLABORATIVE FINANCIAL SOLUTIONS, LLC

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Name: SOCIA FINANCIAL SERVICES			
Jurisdictions			
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Name: FAGO WEALTH MANAGEMENT			
Jurisdictions			
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Name: INSIGHT INVESTM	MENT STRATEGIES		
Jurisdictions			
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Name: AFG, LLC			
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Name: SYME FINANCIAL S	SERVICES		
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Name: F4 WEALTH ADVISOR	!S			
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List your other business names and the jurisdictions in which you use them. You must complete a separate Schedule D Section 1.B. for each business

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Name: GPS WEALTH MAN	IAGEMENT			
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Name: BLUEPRINT FINAN	ICIAL CORPORATION			
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Name: SHERIDAN ROAD I	FAMILY ADVISORS			
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Name: STONESTREET EQUI	TY. LLC			
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Name: ROME FINANCIAL LLC

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			Other:
List your other business names and the	e jurisdictions in which you use them. Yo	ou must complete a separate Schedule I	D Section 1.B. for each business
name.			
Name: E2E FINANCIAL			
Jurisdictions			
□ AL	□ID	□мо	□ PA
□ AK	□ IL	□ MT	□ PR
□ AZ	□IN	□ NE	□ RI
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List your other business names and the jurisdictions in which you use them. You must complete a separate Schedule D Section 1.B. for each business name.

Name: BCG TERMINAL FUD	NING CO.		
Jurisdictions			
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			□ Other:
List your other business n	ames and the jurisdictions in which yo	ou use them. You must complete a sepa	arate Schedule D Section 1.B. for each business
name.			
Name: WELLSPRING PRIVA	ATE CAPITAL, LLC		
Jurisdictions			
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List your other business n	ames and the jurisdictions in which yo	u use them. You must complete a sepa	arate Schedule D Section 1.B. for each business
name.			
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Name: WELLSPRING ADVIS	SOR GROUP		
Jurisdictions			
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Nama: DADTNEDS WEALTH MA	ANAGEMENT OF GREATER AUSTIN			
Name. PARTNERS WEALTH MA	ANAGEMENT OF GREATER AUSTIN			
Jurisdictions				
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List your other business name	es and the jurisdictions in which y	ou use them. You must complete a sepa	arate Schedule D Section 1.B. for each busi	iness
name.				
Name: SPENCER, WERNLI & V	VILSON ADVISORS			
Jurisdictions				
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Name: KELLY ADVISORY

Jurisdictions

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	names and the jurisdictions in which y	ou use them. You must complete a sepa	arate Schedule D Section 1.B. for each business
name.			
Name: WEALTH PLANNIN	G CONCEPTS		
Jurisdictions			
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Name: HOLLOWELL FINAL	NCIAL GROUP		
Jurisdictions			
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List your other business names and th	e jurisdictions in which you use them. Y	ou must complete a separate Schedule	D Section 1.B. for each business
name.	- J		
Name: ROME CAPITAL WEALTH MANAG	EMENT		
Name. Rowl Carmal Wealth Manag	LIVILIVI		
Jurisdictions			
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Name: WEALTHBRIDGE FINANCIAL PAR	RTNERS		
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Name: WEALTHBRIDGE FINANCIAL PAR Jurisdictions □ AL □ AK □ AZ □ AR □ CA □ CO □ CT	□ ID □ IL □ IN □ IA □ KS □ KY □ LA	□ MT □ NE □ NV □ NH □ NJ □ NM	□ PR □ RI □ SC □ SD □ TN □ TX
Name: WEALTHBRIDGE FINANCIAL PAR Jurisdictions □ AL □ AK □ AZ □ AR □ CA □ CO □ CT □ DE	□ ID □ IL □ IN □ IA ■ KS □ KY □ LA □ ME	 □ MT □ NE □ NV □ NH □ NJ □ NM □ NY 	□ PR □ RI □ SC □ SD □ TN □ TX □ UT
Name: WEALTHBRIDGE FINANCIAL PAR Jurisdictions □ AL □ AK □ AZ □ AR □ CA □ CO □ CT	□ ID □ IL □ IN □ IA □ KS □ KY □ LA	□ MT □ NE □ NV □ NH □ NJ □ NM	□ PR □ RI □ SC □ SD □ TN ☑ TX □ UT □ VT
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Name: WEALTHBRIDGE FINANCIAL PAR Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU	☐ ID ☐ IL ☐ IN ☐ IA ☑ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI ☐ MN	MT	□ PR □ RI □ SC □ SD □ TN ☑ TX □ UT □ VT □ VI □ VA □ WA
Name: WEALTHBRIDGE FINANCIAL PAR Jurisdictions □ AL □ AK □ AZ □ AR □ CA □ CO □ CT □ DE □ DC □ FL □ GA	☐ ID ☐ IL ☐ IN ☐ IA ☑ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI	MT	□ PR □ RI □ SC □ SD □ TN ☑ TX □ UT □ VI □ VA □ WA □ WV
Name: WEALTHBRIDGE FINANCIAL PAR Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU	☐ ID ☐ IL ☐ IN ☐ IA ☑ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI ☐ MN	MT	□ PR □ RI □ SC □ SD □ TN ☑ TX □ UT □ VT □ VI □ VA □ WA □ WV □ WI
Name: WEALTHBRIDGE FINANCIAL PAR Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU	☐ ID ☐ IL ☐ IN ☐ IA ☑ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI ☐ MN	MT	□ PR □ RI □ SC □ SD □ TN ☑ TX □ UT □ VI □ VA □ WA □ WV
Name: WEALTHBRIDGE FINANCIAL PAR Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU	☐ ID ☐ IL ☐ IN ☐ IA ☑ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI ☐ MN	MT	□ PR □ RI □ SC □ SD □ TN ☑ TX □ UT □ VT □ VI □ VA □ WA □ WV □ WI
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Name: WEALTHBRIDGE FINANCIAL PAR Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU	☐ ID ☐ IL ☐ IN ☐ IA ☑ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI ☐ MN	MT	□ PR □ RI □ SC □ SD □ TN ☑ TX □ UT □ VT □ VI □ VA □ WA □ WV □ WI
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Name: WEALTHBRIDGE FINANCIAL PARA Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU HI	□ ID □ IL □ IN □ IA ■ KS □ KY □ LA □ ME □ MD □ MA □ MI □ MN □ MN	MT	□ PR □ RI □ SC □ SD □ TN ☑ TX □ UT □ VI □ VA □ WA □ WV □ WI □ Other:
Name: WEALTHBRIDGE FINANCIAL PARA Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU HI List your other business names and the	□ ID □ IL □ IN □ IA ■ KS □ KY □ LA □ ME □ MD □ MA □ MI □ MN □ MN	MT	□ PR □ RI □ SC □ SD □ TN ☑ TX □ UT □ VI □ VA □ WA □ WV □ WI □ Other:
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Name: WEALTHBRIDGE FINANCIAL PARA Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU HI List your other business names and the name. Name: GOTTLIEB WEALTH MANAGEMEN Jurisdictions	ID II IN IA KS KY LA ME MD MA MI MN MN MS e jurisdictions in which you use them. Y	MT NE NV NV NH NJ NM NY NC ND OH OK OR	□ PR □ RI □ SC □ SD □ TN □ TX □ UT □ VT □ VI □ VA □ WA □ WV □ WI □ Other: D Section 1.B. for each business
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name. Name: MCINNES RETIREMEN Jurisdictions				
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List your other business names and the name.	e jurisdictions in which you use them. Yo	ou must complete a separate Schedule	D Section 1.B. for each business
Name: BENEDICT WEALTH ADVISORY G	GROUP, LLC		
Jurisdictions			
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Name: WRIGHT WEALTH MANAGEMENT Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA	☐ ID ☐ IL ☐ IN ☐ IA ☐ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI	 MO MT NE NV NH NJ NM NY NC ND OH 	□ PA □ PR □ RI □ SC □ SD □ TN □ TX □ UT □ VT □ VI □ VA
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List your other business names and the name. Name: TRUE NORTH WEALTH MANAGEMENT Jurisdictions	e jurisdictions in which you use them. You	ou must complete a separate Schedule	D Section 1.B. for each business
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List your other business names and th name.	e jurisdictions in which you use them. Y	ou must complete a separate Schedule	D Section 1.B. for each business
Name - MOINING WEATTH MANAGEMEN	IT III C		
Name: MCINNES WEALTH MANAGEMEN	II, LLC		
Jurisdictions			
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Name: INNOVATIVE FINANICAL SOLUT	ION. INC.		
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Name: RAWLS EMPLOYEE BENEFITS			
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Name: CALLESEN WEALTH MANAGEMEN	IT		
Jurisdictions			
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Name: YORKE & LAURO WEALTH MANAGEMENT & PLANNING

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	Name: PENSIONMARK HOUSTON, LLC			
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Name: THOMPSON WEAL	TH MANAGEMENT, LLC			
Jurisdictions				
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Name: HERMES WEALTH STRATEGIES			
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Name: SERVE AND PROTECT FINANCIAL	- INC		
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Name: RBG PRIVATE CLIENT GROUP			
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name.			
Name: HILL WEALTH MANAGEMENT			
Jurisdictions			
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□AK	☑ IL	□ MT	□ PR
✓ AZ	□IN	□ NE	□RI
□ AR	□ IA	□ NV	□ sc
☑ CA	☑ KS	□ NH	□ SD
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Name: MFP FINANCIAL SERVICE	ES INC			
Jurisdictions				
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□ AK	☑ IL	□ MT	□ PR	
☑ AZ	☑ IN	□ NE	□ RI	
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name. Name: INTERGROWTH FINANCIA Jurisdictions ✓ AL ☐ AK ☐ AZ ☐ AR ✓ CA	AL GROUP □ ID □ IL □ IN □ IA □ KS	☐ MO ☐ MT ☐ NE ☐ NV ☐ NH	PA □ PR □ RI □ SC □ SD	
name. Name: INTERGROWTH FINANCIA Jurisdictions ✓ AL ☐ AK ☐ AZ ☐ AR ✓ CA ☐ CO	AL GROUP ID IL IN IA KS KY	☐ MO ☐ MT ☐ NE ☐ NV ☐ NH ☐ NJ	PA □ PR □ RI □ SC □ SD □ TN	
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name. Name: INTERGROWTH FINANCIA Jurisdictions ✓ AL ☐ AK ☐ AZ ☐ AR ✓ CA ☐ CO ✓ CT ☐ DE	AL GROUP ID III IN IA KS KY IA ME	☐ MO ☐ MT ☐ NE ☐ NV ☐ NH ☐ NJ ☐ NM ☑ NY	PA PR RI SC SD TN TX UT	
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List your other business names and the jurisdictions in which you use them. You must complete a separate Schedule D Section 1.B. for each business

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Name: HISS SHERMAN V	VEALTH MANAGEMENT GROUP			
Jurisdictions				
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Jurisdictions				
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□ DE	□ ME	☑ NY	□ UT	
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name.

Name: MERIDIAN RETIREMENT PLAN ADVISORS

Jurisdictions				
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Name: PPA FINANCIAL SI	ERVICES			
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name.			
Name: TALBOT INVESTMENT GROUP			
Name. Medor investment Groot			
Jurisdictions			
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name. Name: THE ELLIS FINANCIAL GROUP Jurisdictions			
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Jurisdictions			
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Name: SILVER KEY WEALTH MANAGEM	ENT		
Jurisdictions			
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Name: FREEMAN FINANC	IAL		
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Name: FORTUS FINANCIA	AL, LLC		
Jurisdictions			
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Name: FRANKLIN FINANCIAL SERVICES			
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Name: CENTERPOINTE WE	ALTH MANAGEMENT		
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Name: DARPEL, DICKMAN & HARRIGAN WEALTH MANAGEMENT

Jurisdictions

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Name: FRANKLIN WEALT Jurisdictions	TH ADVISORS			
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Name: KELLY FINANCIAL GROUP, LLC			
Name. Relly Financial Group, LLC			
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Jurisdictions			
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	e jurisdictions in which you use them. Y	ou must complete a separate Schedule	D Section 1.B. for each business
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Name: DELGADO WEALTH MANAGEMEN	ΝΤ		
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Name: DELGADO WEALTH MANAGEMEN	NT ID	□ мо	□ PA
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Name: DELGADO WEALTH MANAGEMEN Jurisdictions AL AK AZ AR	□ ID □ IL ☑ IN □ IA	□ MT □ NE □ NV	□ PR □ RI □ SC
Name: DELGADO WEALTH MANAGEMEN Jurisdictions AL AK AZ AR CA	□ ID □ IL □ IN □ IA □ KS	□ MT □ NE □ NV □ NH	□ PR □ RI □ SC □ SD
Name: DELGADO WEALTH MANAGEMEN Jurisdictions AL AK AZ AR CA CO	□ ID □ IL ■ IN □ IA □ KS □ KY	□ MT□ NE□ NV□ NH□ NJ	□ PR □ RI □ SC □ SD □ TN
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Name: DELGADO WEALTH MANAGEMEN Jurisdictions AL AK AZ AR CA CO CT DE DC FL	☐ ID ☐ IL ☑ IN ☐ IA ☐ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA	MT	□ PR □ RI □ SC □ SD □ TN □ TX □ UT □ VT □ VI
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Name: DELGADO WEALTH MANAGEMEN Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU	☐ ID ☐ IL ☑ IN ☐ IA ☐ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI ☐ MN	MT	□ PR □ RI □ SC □ SD □ TN □ TX □ UT □ VT □ VI □ VA □ WA
Name: DELGADO WEALTH MANAGEMEN Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA	☐ ID ☐ IL ☑ IN ☐ IA ☐ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI	MT	□ PR □ RI □ SC □ SD □ TN □ TX □ UT □ VT □ VI □ VA □ WA □ WV
Name: DELGADO WEALTH MANAGEMEN Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU	☐ ID ☐ IL ☑ IN ☐ IA ☐ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI ☐ MN	MT	□ PR □ RI □ SC □ SD □ TN □ TX □ UT □ VT □ VI □ VA □ WA
Name: DELGADO WEALTH MANAGEMEN Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU	☐ ID ☐ IL ☑ IN ☐ IA ☐ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI ☐ MN	MT	□ PR □ RI □ SC □ SD □ TN □ TX □ UT □ VT □ VI □ VA □ WA □ WV
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Name: DELGADO WEALTH MANAGEMEN Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU HI List your other business names and the name. Name: HUNTER FINANCIAL SERVICES,	ID IL IN IN IA KS KY LA ME MD MA MI MN MN MS	MT	□ PR □ RI □ SC □ SD □ TN □ TX □ UT □ VI □ VI □ VA □ WA □ WV □ WI □ Other:
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Name: INVESTED CONSULTING, INC.			
Name. INVESTED CONSOLTING, INC.			
Jurisdictions			
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name.			
Name: HEIRLOOM WEALTH MANAGEME	NT		
Jurisdictions			
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Name: SHERIDAN ROAD FINANCIAL, LL	<u>^</u>		
Name. SHEKIDAN KOAD FINANCIAL, LL			
Jurisdictions			
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Name: MRP			
Jurisdictions			
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Name: KELLER STONE BRAKER FINANCI	AL		
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Name: GREENSTAR ADVISO	DRS		
Jurisdictions			
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Name: THE LEGACY PLANN	ING GROUP		
Jurisdictions			
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	ames and the jurisdictions in which y	ou use them. You must complete a sep	arate Schedule D Section 1.B. for each business
name.			
Name: FOUR OAKS FINANC	CIAL		
Jurisdictions			
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Name: SEVEN HILLS BENEFIT PARTNERS	5		
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Name: MERIDIAN RPA			
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List your other business names and the jurisdictions in which you use them. You must complete a separate Schedule D Section 1.B. for each business name.

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Jurisdictions			
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	e jurisdictions in which you use them. Y	ou must complete a separate Schedule	D Section 1.B. for each business
name.			
Name: RBG			
Jurisdictions			
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Name: MPC WEALTH MANAGEMENT			
Name. Wil & WEXETT WIXING CONERT			
Jurisdictions			
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Name: PROSPERITY WEAL	TH ADVISORS, INC.			
Jurisdictions				
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-	ames and the jurisdictions in which y	ou use them. You must complete a sepa	arate Schedule D Section 1.B. for each business	
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Name: ACUMEN WEALTH A	ADVISORS			
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List your other business n	ames and the jurisdictions in which y	ou use them. You must complete a sepa	arate Schedule D Section 1.B. for each business	
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Jurisdictions

Name: SHERIDAN ROAD ROBERTSON STEPHENS

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Name: MADARIS INVESTMENT GROUP			
Jurisdictions			
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Name: HERITAGE FINAN	CIAL SERVICES, LLC		
Jurisdictions			
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Name: PPA RETIREMENT	SERVICES		
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Name: FM FINANCIAL SE	RVICES, INC.		
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Name: KIMMEL FINANCIAL ADVISORS			
Jurisdictions			
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Name: PARTNERS WEALTH MANAGEMEN	1T		
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Name: SHERIDAN ROAD AD	VISORS		
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Name: YORK WEALTH MANA	AGEMENT		
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Name: ASHWOOD WEALTH MANAGEME	INT		
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Name: TRUE NORTH FINANCIAL SERVICES

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name. Name: SAGE FINANCIAL GROU Jurisdictions AL AK AZ AR CA CO CT DE DC FL GA GU	JP, LLC	MO MT NE NV NH NJ NM NY NC ND MD OH OK	PA PR RI SC SD TN TX UT VT VI VA WA	SS
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Jurisdictions

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	e jurisdictions in which you use them. Y	ou must complete a separate Schedule	D Section 1.B. for each business
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Name: FLAUTT HARE DAVIS LLC			
Jurisdictions			
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List your other business names and the	e jurisdictions in which you use them. Y	ou must complete a separate Schedule	D Section 1.B. for each business
name.			
Name: SLATTERY & ASSOCIATES			
Jurisdictions			
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Name: LITTLETON FINAN	CIAL, INC.		
Jurisdictions			
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□ AZ	□ IN	□ NE	□ RI
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Name: WRIGHT FINANCI	AL SERVICES & ASSOCIATES, LLC		
Jurisdictions			
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	names and the jurisdictions in which y	ou use them. You must complete a sep	arate Schedule D Section 1.B. for each business
name.			
Name: DEHAAN WEALTH	MANAGEMENT		
Jurisdictions			
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			Other:
List your other business names and the name.	e jurisdictions in which you use them. Yo	ou must complete a separate Schedule I	D Section 1.B. for each business
Name: MUELLER FINANCIAL GROUP			
Jurisdictions			
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□ AZ	□IN	□ NE	□RI
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name.			
Name: VANTEDGE ADVISORS			
Jurisdictions			□ pa
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List your other business name.	names and the jurisdictions in which y	you use them. You must complete a sep	arate Schedule D Section 1.B. for each business
Name: ADVANCED STRAT	EGIES GROUP, LLC		
	·		
Jurisdictions			
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Name: SBC WEALTH MAN	AGEMENT		
Jurisdictions			
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name.	marines and the jurisdictions in willers	you ase them. Too must complete a sep	arate Schedule D Section 1.D. for each publicas
Name: WILLOW CREEK W	/FALTH MANAGEMENT		
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Jurisdictions			
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CTION 1.F. Other Offices				
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you are an <i>exempt reporting advi</i>	iser, list only the largest five offi	ices (in terms of numbers of <i>em</i>	ployees).	
umber and Street 1:		Number and Street 2:		
11 N. MAGNOLIA AVENUE		SUITE 1025		
ity:	State:	Country:	ZIP+4/Postal Code:	
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this address is a private residen	ce, check this box:			
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07-246-1515	407-246-16	75		
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must complete a separate Sch you are an exempt reporting advi umber and Street 1: 07 CENTRE VIEW BLVD. ty: RESTVIEW HILLS this address is a private residen elephone Number: 69-341-6444 complete the following information ou must complete a separate Sch you are an exempt reporting advi umber and Street 1: 503 NW MILITARY HWY ty: AN ANTONIO this address is a private residen	State: Kentucky ce, check this box: Facsimile Num 859-341-7630 n for each office, other than you nedule D Section 1.F. for each lo	Number and Street 2: Country: United States Dices (in terms of numbers of employed) Our principal office and place of busing places (in terms of numbers of employed) Number and Street 2: STE 201 Country: United States	SEC registration, if you are registered only with the poloyees). ZIP+4/Postal Code: 41017 Siness, at which you conduct investment advisory but SEC registration, if you are registered only with the poloyees). ZIP+4/Postal Code:	SEC,
bu must complete a separate Sch you are an exempt reporting advi umber and Street 1: 07 CENTRE VIEW BLVD. ty: RESTVIEW HILLS this address is a private residen elephone Number: 59-341-6444 complete the following information ou must complete a separate Sch you are an exempt reporting advi umber and Street 1: 1503 NW MILITARY HWY ty: AN ANTONIO this address is a private residen elephone Number:	State: Kentucky ce, check this box: Facsimile Num 859-341-7630 n for each office, other than you nedule D Section 1.F. for each lo	Number and Street 2: Country: United States Dices (in terms of numbers of employed) Our principal office and place of busing places (in terms of numbers of employed) Number and Street 2: STE 201 Country: United States	SEC registration, if you are registered only with the poloyees). ZIP+4/Postal Code: 41017 Siness, at which you conduct investment advisory but SEC registration, if you are registered only with the poloyees). ZIP+4/Postal Code:	SEC,
pu must complete a separate Sch you are an exempt reporting advi umber and Street 1: 07 CENTRE VIEW BLVD. ty: RESTVIEW HILLS this address is a private residen elephone Number: 59-341-6444 complete the following information ou must complete a separate Sch you are an exempt reporting advi umber and Street 1: 1503 NW MILITARY HWY ty: AN ANTONIO this address is a private residen elephone Number: 105241049	State: Kentucky ce, check this box: Facsimile Num 859-341-7630 n for each office, other than you nedule D Section 1.F. for each lo	Country: United Street 2: Number and place of busices (in terms of numbers of employed) Our principal office and place of busices (in terms of numbers of employed) Number and Street 2: STE 201 Country: United States	SEC registration, if you are registered only with the poloyees). ZIP+4/Postal Code: 41017 Siness, at which you conduct investment advisory but SEC registration, if you are registered only with the poloyees). ZIP+4/Postal Code:	usines SEC,

Number and Street 1: 24 EAST COTA STREET		Number and Street 2: STE 200	
City:	State:	Country:	ZIP+4/Postal Code:
SANTA BARBARA	California	United States	93101
If this address is a private residence, check this bo	ox: 🗖		
Telephone Number: 888-201-5488	Facsimile Number:		
·	1.F. for each location	n. If you are applying for SE	ness, at which you conduct investment advisory business. C registration, if you are registered only with the SEC, or
	Ç	·	oyees).
Number and Street 1: 707 SKOKIE BLVD		Number and Street 2: STE 250	
			710 4/0
City: NORTHBROOK		Country: United States	ZIP+4/Postal Code: 60062
If this address is a private residence, check this bo	ox:		
Telephone Number: 847-205-9073	Facsimile Number: 847-205-9385		
047 200 7070	047 203 7003		
You must complete a separate Schedule D Section if you are an exempt reporting adviser, list only the Number and Street 1: 6165 GREENWICH DRIVE City: SAN DIEGO If this address is a private residence, check this both Telephone Number: 858-551-4015	1.F. for each location largest five offices (in State:	n. If you are applying for SE	ness, at which you conduct investment advisory business. C registration, if you are registered only with the SEC, or oyees). ZIP+4/Postal Code: 92122
SECTION 1.1. Website Addresses			
List your website addresses. You must complete a Website Address: HTTPS://WWW.IFPARTNERS.C	·	Section 1.I. for each webs	site address.
SECTION 1.L. Location of Books and Records			
	No	Information Filed	
SECTION 1.M. Registration with Foreign Financia	l Regulatory Authori	ties	
	No	Information Filed	
tem 2 SEC Registration/Reporting			
Posponsos to this Itom holp us (and you) dotormin	no whother you are al	igible to register with the S	EC Complete this Itom 2. A longy if you are applying for

SEC registration or submitting an annual updating amendment to your SEC registration.

	ann prov	<i>ual u_l</i> vides	odating amendment to your SE information to help you deter	•	e of the Items 2.A.(1) through 2.A.(12) eligible to register with the SEC, check espond to each of these items.	
		(the	adviser):			
	V	(1)	are a large advisory firm th	at either:		
			(a) has regulatory assets un	der management of \$100 million (in U	S. dollars) or more, or	
			(b) has regulatory assets una amendment and is regist	_	5. dollars) or more at the time of filing	its most recent <i>annual updating</i>
		(2)	are a mid-sized advisory fir (in U.S. dollars) and you are		nanagement of \$25 million (in U.S. doll	ars) or more but less than \$100 million
			(a) not required to be regist of business, or	ered as an adviser with the state secu	urities authority of the state where you	maintain your principal office and place
			(b) not subject to examination	on by the state securities authority of t	he state where you maintain your <i>prir</i>	ncipal office and place of business;
			Click HERE for a list of sta authority.	ates in which an investment adviser, if r	egistered, would not be subject to exam	ination by the state securities
		(3)	have your principal office and	place of business in Wyoming (which	does not regulate advisers);	
		(4)	have your principal office and	place of business outside the United S	States;	
		(5)	are an investment adviser	· (or sub-adviser) to an investment co	mpany registered under the Investme	ent Company Act of 1940:
		(6)	are an investment adviser t	o a company which has elected to be	e a business development company pricion, and you have at least \$25 million	oursuant to section 54 of the
		(7)	are a pension consultant wi in rule 203A-2(a);	th respect to assets of plans having a	n aggregate value of at least \$200,00	0,000 that qualifies for the exemption
		(8)			lled by, or is under common control with ess is the same as the registered advis	
			If you check this box, complete	te Section 2.A.(8) of Schedule D.		
		(9)	are a newly formed adviser	relying on rule 203A-2(c) because yo	u expect to be eligible for SEC registra	ition within 120 days;
			If you check this box, complete	te Section 2.A.(9) of Schedule D.		
		(10)	•		e states and is relying on rule 203A-2(o	d):
		(/		te Section 2.A.(10) of Schedule D.		
		(11)	are an Internet adviser rely			
			,	r exempting you from the prohibition a	against registration with the CEC.	
		(12)		, , , , , , , , , , , , , , , , , , , ,	against registration with the SEC;	
			•	te Section 2.A.(12) of Schedule D.		
		(13)	are no longer eligible to rer	nain registered with the SEC.		
C.	Und file of re to r add the box	ler st with eport eceiv itiona SEC. (es) I	ate laws, SEC-registered advithe SEC. These are called <i>not</i> is and any amendments they be notice of this and all subsect state(s), check the box(es). If this is an amendment to you next to those state(s).	ice filings. In addition, exempt reporting file with the SEC. If this is an initial apquent filings or reports you submit to to next to the state(s) that you would like	ate securities authorities a copy of the gadvisers may be required to provide splication or report, check the box(es) he SEC. If this is an amendment to direct to receive notice of this and all subs	state securities authorities with a copy next to the state(s) that you would like
		isdict	ions	☑ ID		F
		AL AK		☑ IL	MO MT	✓ PA✓ PR
		AZ		✓ IN	✓ NE	☑ RI
		AR		☑ IA	₽ NV	▼ SC
		СА		☑ KS	☑ NH	☑ SD
		СО		☑ KY	<u>E</u> NJ	<u></u> TN
		СТ		☑ LA	☑ NM	☑ TX
		DE		☑ ME	☑ NY	☑ UT
		DC FL		✓ MD ✓ MA	✓ NC ✓ ND	✓ VT ✓ VI
	B.7.	FL		— IVIA	עוו –	VI

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				☑ WI				
		, 3	going to a state that currently receives ust be filed before the end of the year (De	, ,				
SECT	ION 2.A.(8) Related Adviser							
		203A-2(b) from the prohibition on rec	gistration because you control, are contr	rolled by or are under common control				
with				that of the registered adviser, provide				
Nam	e of Registered Investment Adviser							
CRD	Number of Registered Investment Adv	iser						
SEC 801	SEC Number of Registered Investment Adviser 301 -							
SECT	ION 2.A.(9) Newly Formed Adviser							
repre		EC registration. By checking the appro	ne prohibition on registration, you are repriate boxes, you will be deemed to ha	•				
	am not registered or required to be re egister with the SEC within 120 days a		rities authority and I have a reasonable SEC becomes effective.	expectation that I will be eligible to				
		tration if, on the 120th day after my r	egistration with the SEC becomes effec	ctive, I would be prohibited by Section				
SECT	ION 2.A.(10) Multi-State Adviser							
_		·	prohibition on registration, you are requiviely will be deemed to have made the rec	•				
		-	must make both of these representation					
	have reviewed the applicable state an vestment adviser with the <i>state secur</i>		at I am required by the laws of 15 or r	nore states to register as an				
	undertake to withdraw from SEC regis ates to register as an investment adv		registration indicating that I would be rest of those states.	equired by the laws of fewer than 15				
	u are submitting your annual updating							
			e applicable state and federal laws and e <i>state securities authorities</i> in those st					
SECT	ION 2.A.(12) SEC Exemptive <i>Order</i>							
	•	oting you from the prohibition on regis	tration, provide the following informati	on:				
Appli 803-	cation Number:							
Date	of <i>order</i> :							
Item	3 Form of Organization							
A.	How are you organized?							
	© Corporation							
	O Sole Proprietorship							
	C Limited Liability Partnership (LLP)							
	O Partnership							
	C Limited Liability Company (LLC)							
	C Limited Partnership (LP)							

B.	,	ou are changing your response to this Item, see Part 1A Instruction 4.		
Д.		what month does your fiscal year end each year? CEMBER		
C.	Und	der the laws of what state or country are you organized?		
	Sta	ate Country		
	Flo	orida United States		
	-	ou 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 ne of the state or country where you reside.	the	
	If yo	ou are changing your response to this Item, see Part 1A Instruction 4.		
Iten	n 4 S	Successions		
			Yes N	0
Α.	Are	you, at the time of this filing, succeeding to the business of a registered investment adviser?	0 ()
	If "y	yes", complete Item 4.B. and Section 4 of Schedule D.		
B.	Date	e of Succession: (MM/DD/YYYY)		
	If yo	ou have already reported this succession on a previous Form ADV filing, do not report the succession again. Instead, check "No." See Part 1A Instr	uction 4	
SEC	TION	N 4 Successions		
		No Information Filed		
Iton	n 5 li	nformation About Your Advisory Business - Employees, Clients, and Compensation		
		ses to this Item help us understand your business, assist us in preparing for on-site examinations, and provide us with data we use when m	aking	
	•	ry policy. Part 1A Instruction 5.a. provides additional guidance to newly formed advisers for completing this Item 5.		
Em	nlov	ry policy. Fart 14 mstruction 5.a. provides additional guidance to newly formed advisers for completing this frem 5.	акту	
	, p. c.y	rees		
	ipicy			
_	ou ar		_	e
_	ou ar	re 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 is more than one function, you should count that employee in each of your responses to Items 5.B.(1), (2), (3), (4), and (5). Proximately how many employees do you have? Include full- and part-time employees but do not include any clerical workers.	_	'e
per	ou ar forms App	re 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 is more than one function, you should count that employee in each of your responses to Items 5.B.(1), (2), (3), (4), and (5). Proximately how many employees do you have? Include full- and part-time employees but do not include any clerical workers.	_	ee.
per.	ou ar forms App 755	re 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 is more than one function, you should count that employee in each of your responses to Items 5.B.(1), (2), (3), (4), and (5). Proximately how many employees do you have? Include full- and part-time employees but do not include any clerical workers. Approximately how many of the employees reported in 5.A. perform investment advisory functions (including research)? 755 Approximately how many of the employees reported in 5.A. are registered representatives of a broker-dealer?	_	ee.
per.	you ar forms App 755 (1)	re 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 is more than one function, you should count that employee in each of your responses to Items 5.B.(1), (2), (3), (4), and (5). proximately how many employees do you have? Include full- and part-time employees but do not include any clerical workers. Approximately how many of the employees reported in 5.A. perform investment advisory functions (including research)? Approximately how many of the employees reported in 5.A. are registered representatives of a broker-dealer? 465 Approximately how many of the employees reported in 5.A. are registered with one or more state securities authorities as investment advisor representatives?	employe	ee
per.	70u ar forms App 755 (1) (2)	re 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 is more than one function, you should count that employee in each of your responses to Items 5.B.(1), (2), (3), (4), and (5). proximately how many employees do you have? Include full- and part-time employees but do not include any clerical workers. Approximately how many of the employees reported in 5.A. perform investment advisory functions (including research)? 755 Approximately how many of the employees reported in 5.A. are registered representatives of a broker-dealer? 465 Approximately how many of the employees reported in 5.A. are registered with one or more state securities authorities as investment advisor representatives? 465	employe	ee
per.	you ar forms App 755 (1)	re 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 is more than one function, you should count that employee in each of your responses to Items 5.B.(1), (2), (3), (4), and (5). Oroximately how many employees do you have? Include full- and part-time employees but do not include any clerical workers. Approximately how many of the employees reported in 5.A. perform investment advisory functions (including research)? 755 Approximately how many of the employees reported in 5.A. are registered representatives of a broker-dealer? 465 Approximately how many of the employees reported in 5.A. are registered with one or more state securities authorities as investment advisor representatives? 465 Approximately how many of the employees reported in 5.A. are registered with one or more state securities authorities as investment advisor representatives for an investment advisor other than you?	employe	ee
per.	(4)	re 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 is more than one function, you should count that employee in each of your responses to Items 5.B.(1), (2), (3), (4), and (5). Oroximately how many employees do you have? Include full- and part-time employees but do not include any clerical workers. Approximately how many of the employees reported in 5.A. perform investment advisory functions (including research)? 755 Approximately how many of the employees reported in 5.A. are registered representatives of a broker-dealer? 465 Approximately how many of the employees reported in 5.A. are registered with one or more state securities authorities as investment advisor representatives? 465 Approximately how many of the employees reported in 5.A. are registered with one or more state securities authorities as investment advisor representatives for an investment advisor other than you?	employe	ee
per.	70u ar forms App 755 (1) (2)	re 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 is more than one function, you should count that employee in each of your responses to Items 5.B.(1), (2), (3), (4), and (5). Oroximately how many employees do you have? Include full- and part-time employees but do not include any clerical workers. Approximately how many of the employees reported in 5.A. perform investment advisory functions (including research)? 755 Approximately how many of the employees reported in 5.A. are registered representatives of a broker-dealer? 465 Approximately how many of the employees reported in 5.A. are registered with one or more state securities authorities as investment advisor representatives? 465 Approximately how many of the employees reported in 5.A. are registered with one or more state securities authorities as investment advisor representatives for an investment advisor other than you?	employe	ee
per.	(4)	re 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 is more than one function, you should count that employee in each of your responses to Items 5.B.(1), (2), (3), (4), and (5). If an is more than one function, you should count that employee in each of your responses to Items 5.B.(1), (2), (3), (4), and (5). If an is more than one function, you should count that employee in each of your responses to Items 5.B.(1), (2), (3), (4), and (5). If an is more than one function, you should count that employees but do not include any clerical workers. Approximately how many of the employees reported in 5.A. perform investment advisory functions (including research)? Approximately how many of the employees reported in 5.A. are registered representatives of a broker-dealer? 465 Approximately how many of the employees reported in 5.A. are registered with one or more state securities authorities as investment advisor representatives for an investment advisor representatives for an investment advisor other than you? 20 Approximately how many of the employees reported in 5.A. are licensed agents of an insurance company or agency? 420 Approximately how many firms or other persons solicit advisory clients on your behalf?	employe	ee
per.	(1) (2) (3) (4)	re 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 is more than one function, you should count that employee in each of your responses to Items 5.B.(1), (2), (3), (4), and (5). Froximately how many employees do you have? Include full- and part-time employees but do not include any clerical workers. Approximately how many of the employees reported in 5.A. perform investment advisory functions (including research)? 755 Approximately how many of the employees reported in 5.A. are registered representatives of a broker-dealer? 465 Approximately how many of the employees reported in 5.A. are registered with one or more state securities authorities as investment advisor representatives? 465 Approximately how many of the employees reported in 5.A. are registered with one or more state securities authorities as investment advisor representatives for an investment advisor other than you? 20 Approximately how many of the employees reported in 5.A. are licensed agents of an insurance company or agency? 420	employe	ee

Other (specify):

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

C.	(1)	To approximately how many <i>clients</i> did you provide investment advisory services during your most recently completed fiscal year?

 \circ **1**-10 **11-25** C 26-100 • More than 100 If more than 100, how many? (round to the nearest 100) 22700

Approximately what percentage of your clients are non-United States persons?

with those investors.

- 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, check "None" in response to Item 5.D.(1)(d) and do not check any of the boxes in response to Item 5.D.(2)(d).
 - What types of clients do you have? Indicate the approximate percentage that each type of client comprises of your total number of clients. If a client fits into more than one category, check all that apply.

	<u>None</u>	<u>Up to 10%</u>	<u>11-25%</u>	<u>26-50%</u>	<u>51-75%</u>	<u>76-99%</u>	<u>100%</u>
(a) Individuals (other than high net worth individuals)	0	0	0	⊙	0	0	0
(b) High net worth individuals	0	•	0	0	0	0	0
(c) Banking or thrift institutions	•	0	0	0	0	0	0
(d) Investment companies	•	0	0	0	0	0	0
(e) Business development companies	•	0	0	0	0	0	0
(f) Pooled investment vehicles (other than investment companies)	•	0	0	0	0	0	0
(g) Pension and profit sharing plans (but not the plan participants)	0	0	•	0	0	0	0
(h) Charitable organizations	0	•	0	0	0	0	0
(i) Corporations or other businesses not listed above	0	•	0	0	0	0	0
(j) State or municipal government entities	0	•	0	0	0	0	0
(k) Other investment advisers	•	0	0	0	0	0	0
(I) Insurance companies	•	0	0	0	0	0	0
(m) Other:	\odot	0	0	0	0	0	0

Indicate the approximate amount of your regulatory assets under management (reported in Item 5.F. below) attributable to each of the following type of *client*. If a *client* fits into more than one category, check all that apply.

	<u>None</u>	<u>Up to 25%</u>	<u>Up to 50%</u>	<u>Up to 75%</u>	>75%
(a) Individuals (other than high net worth individuals)	0	0	0	•	0
(b) High net worth individuals	0	•	0	0	0
(c) Banking or thrift institutions	•	0	0	0	0
(d) Investment companies	•	0	0	0	0
(e) Business development companies	•	0	0	0	0
(f) Pooled investment vehicles (other than investment companies)	•	0	0	0	0
(g) Pension and profit sharing plans (but not the plan participants)	0	•	0	0	0
(h) Charitable organizations	0	•	0	0	0
(i) Corporations or other businesses not listed above	0	•	0	0	0
(j) State or municipal government entities	0	•	0	0	0
(k) Other investment advisers	•	0	0	0	0
(I) Insurance companies	•	0	0	0	0
(m) Other:	•	0	0	0	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
 - V (2) Hourly charges
 - - (3) Subscription fees (for a newsletter or periodical)

	V	(7) Other (specify): PERCENTA	AGE OF ASSETS UNDER ADVISEMENT		
ter	n 5 I	nformation About Your Advisor	y Business - Regulatory Assets Under Mai	nagement	
Re	gulat	ory Assets Under Management			
_	(1)	Do you provide continuous and	regular supervisory or management service	os to socuritios portfolios?	Yes No
			our regulatory assets under management a	·	⊙ ○
	(2)	in yes, what is the amount of ye	U.S. Dollar Amount	Total Number of Accounts	
		Discretionary:	(a) \$ 4,805,486,814	(d) 2,999	
		Non-Discretionary:	(b) \$ 492,385,106	(e) 27,261	
		Total:	(c) \$ 5,297,871,920	(f) 30,260	
		Part 1A Instruction 5.b. explains completing this Item.	how to calculate your regulatory assets unde	ler management. You must follow these instructions carefu	ılly when
			y Business - Advisory Activities		
Ad G.		y Activities	o you provide? Check all that apply.		
	Inv	 (3) Portfolio management for section 54 of the Investm (4) Portfolio management for (5) Portfolio management for other pooled investment of the pension consulting servic (7) Selection of other adviser (8) Publication of periodicals (9) Security ratings or pricing (10) Market timing services (11) Educational seminars/wo (12) Other(specify): not check Item 5.G.(3) unless your estment Company Act of 1940, incompany Act of 1940, inco	r individuals and/or small businesses r investment companies (as well as "busine ent Company Act of 1940) r pooled investment vehicles (other than invertibusinesses (other than small businesses) vehicles) es rs (including private fund managers) or newsletters y services rkshops	or institutional <i>clients</i> (other than registered investment ovestment advisory contract to an investment company reg. G. (3), report the 811 or 814 number of the investment co	t companies and
Н.	lf y 0 0 0 0 0 0 0 €	ou provide financial planning ser 0 1 - 10 11 - 25 26 - 50 51 - 100 101 - 250 251 - 500 More than 500 If more than 500, how many? 500 (round to the nearest 500)	vices, to how many <i>clients</i> did you provide i	these services during your last fiscal year?	
	-	your responses to this Item 5.H., oh those investors.	do not include as "clients" the investors in a	private fund you advise, unless you have a separate advise	ory relationship
Ι.	If y	ou participate in a wrap fee progr	ram, do you (check all that apply):		
		(1) sponsor the wrap fee progra			
		(2) act as a portfolio manager	for the wrap fee program?		
	If y	ou are a portfolio manager for a w	rap fee program, list the names of the progra	ams and their sponsors in Section 5.1.(2) of Schedule D.	
	-	rour involvement in a wrap fee prog an fee program, do not check eithe		rograms to your clients, or you advise a mutual fund that is	offered through a

✓ (4) Fixed fees (other than subscription fees)
 ☐ (5) Commissions
 ☐ (6) Performance-based fees

J. 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?	•
SECTION 5.G.(3) Advisers to Registered Investment Companies and Business Development Companies	
No Information Filed	
SECTION 5.1.(2) Wrap Fee Programs	
No Information Filed	
Item 6 Other Business Activities	
In this Item, we request information about your firm's other business activities.	
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.	s No ⊙ ⊙ s No
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 <i>client</i> , You may omit products and services that you listed in Section 6.B.(2) above.	
If you engage in that business under a different name, provide that name.	
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 m	nay

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 	
	☐ (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	
	(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	
	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.	ıf
	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 connects 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 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 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 calculations.	s to the n the
	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 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 operationally independent under rule 206(4)-2 of the Advisers Act.	-
SEC	CTION 7.A. Financial Industry Affiliations	
Cor	mplete a separate Schedule D Section 7.A. for each <i>related person</i> listed in Item 7.A.	
1.	Legal Name of <i>Related Person</i> : IFP INSURANCE GROUP, INC.	
2.	Primary Business Name of <i>Related Person</i> : IFP INSURANCE GROUP	
3.	Related Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-)	
	or	
	Other State of the Control of the Co	
4.	Related Person's CRD Number (if any):	
5.	Related Person is: (check all that apply)	
	(a) broker-dealer, municipal securities dealer, or government securities broker or dealer	
	(b) other investment adviser (including financial planners)	
	(c) registered municipal advisor	
	(d) registered security-based swap dealer(e) major security-based swap participant	
	(f) commodity pool operator or commodity trading advisor (whether registered or exempt from registration)	
	(g) utures commission merchant	
	(h) banking or thrift institution	
	(i) Tust company	
	(j) accountant or accounting firm	
	(k) I lawyer or law firm	
	(I) Insurance company or agency	
	(m) □ pension consultant(n) □ real estate broker or dealer	
	(i) I real estate broker of dealer (o) sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles	
	 (p) □ sponsor, general partner, managing member (or equivalent) of pooled investment vehicles 	
		Yes No
6.	Do you control or are you controlled by the related person?	⊙ ○

7.	. Are you and the related person under common control?		\odot	0
8.	. (a) Does the <i>related person</i> act as a qualified custodian for your <i>clients</i> in connection with advisory services you provide to <i>clients</i> .	ents?	0	•
	(b) If you are registering or registered with the SEC and you have answered "yes," to question 8(a) above, have you overco presumption that you are not operationally independent (pursuant to rule 206(4)-(2)(d)(5)) from the related person and the required to obtain a surprise examination for your clients' funds or securities that are maintained at the related person?		0	0
	(c) If you have answered "yes" to question 8.(a) above, provide the location of the <i>related person's</i> office responsible for <i>customass</i> . Number and Street 1: Number and Street 2:	tody of your clients' a	asse	ets:
	City: State: Country: ZIP+4/Postal Code:			
	If this address is a private residence, check this box: \square	,	Yes	No
9.	. (a) If the related person is an investment adviser, is it exempt from registration?		0	
	(b) If the answer is yes, under what exemption?		~	~
10.	0. (a) Is the <i>related person</i> registered with a <i>foreign financial regulatory authority</i> ?		0	•
	(b) If the answer is yes, list the name and country, in English, of each foreign financial regulatory authority with which the relative No Information Filed	ed person is register		
11.	1. Do you and the related person share any supervised persons?		\odot	0
12.	2. Do you and the <i>related person</i> share the same physical location?		•	0
Item	em 7 <i>Private Fund</i> Reporting		Yes	No
			res	INO
B. A	. Are you an adviser to any <i>private fund</i> ?		0	•
C II C	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 f complete Section 7.B.(2) of Schedule D. In either case, if you seek to preserve the anonymity of a private fund client by maintaining its identity in your books and records in n 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 u designation in place of the fund's name.	umerical or alphabeti	ical	
SEC ⁻	ECTION 7.B.(1) <i>Private Fund</i> Reporting			
	No Information Filed			
SEC ⁻	ECTION 7.B.(2) <i>Private Fund</i> Reporting			
	No Information Filed			
Item	em 8 Participation or Interest in <i>Client</i> Transactions			
	n this Item, we request information about your participation and interest in your <i>clients</i> ' transactions. This information identifies aconflicts of interest may occur between you and your <i>clients</i> .	ditional areas in wh	nich	
Like	ike Item 7, Item 8 requires you to provide information about you and your related persons, including foreign affiliates.			
Pro	Proprietary Interest in <i>Client</i> Transactions			
A.	Do you or any related person:	Υ	Yes	No
	(1) buy securities for yourself from advisory clients, or sell securities you own to advisory clients (principal transactions)?		0	•
	(2) buy or sell for yourself securities (other than shares of mutual funds) that you also recommend to advisory clients?		\odot	0
	(3) recommend securities (or other investment products) to advisory <i>clients</i> in which you or any <i>related person</i> has some other (ownership) interest (other than those mentioned in Items 8.A.(1) or (2))?	r proprietary	0	•
Sale	Sales Interest in <i>Client</i> Transactions			
B.	3. Do you or any <i>related person</i> :	Y	Yes	No

(1) as a broker-dealer or registered representative of a broker-dealer, execute securities trades for brokerage customers in which advisory

 \odot

(2) recommend purchase of securities to advisory clients for which you or any related person serves as underwriter, general or managing

client securities are sold to or bought from the brokerage customer (agency cross transactions)?

	(3)	•	advisory <i>clients</i> for which you or any <i>related person</i> has any other sales interest (other than r or registered representative of a broker-dealer)?	•	0
In	vestm	nent or Brokerage Discretion			
C.	Do y	you or any <i>related person</i> have <i>discretionary a</i>	uthority to determine the:	Yes	No
	(1)	securities to be bought or sold for a client's a	account?	\odot	0
	(2)	amount of securities to be bought or sold for	r a <i>client's</i> account?	\odot	0
	(3)	broker or dealer to be used for a purchase of	or sale of securities for a <i>client's</i> account?	0	\odot
	(4)	commission rates to be paid to a broker or d	dealer for a <i>client's</i> securities transactions?	0	⊙
D.	If yo	ou answer "yes" to C.(3) above, are any of th	ne brokers or dealers related persons?	0	•
E.	Do y	you or any <i>related person</i> recommend brokers	or dealers to <i>clients</i> ?	•	0
F.	If yo	ou answer "yes" to E above, are any of the bi	rokers or dealers <i>related persons</i> ?	0	•
G.	(1)	Do you or any <i>related person</i> receive researc ("soft dollar benefits") in connection with <i>clie</i>	h or other products or services other than execution from a broker-dealer or a third party ent securities transactions?	0	•
	(2)		ar benefits" you or any related persons receive eligible "research or brokerage services" under	0	0
Н.	Doy	you or any <i>related person</i> , directly or indirectly	, compensate any <i>person</i> for <i>client</i> referrals?	•	0
1.	Do y	you or any <i>related person</i> , directly or indirectly	r, receive compensation from any <i>person</i> for <i>client</i> referrals?	•	0
	fron		ash and non-cash compensation that you or a related person gave to (in answering Item 8.H) or rec ge for client referrals, including any bonus that is based, at least in part, on the number or amount		
In	this It	ustody em, we ask you whether you or a <i>related per</i> sent Company Act of 1940) assets and about y	son has custody of client (other than clients that are investment companies registered under the cour custodial practices.	e	
A.	(1)	Do you have <i>custody</i> of any advisory <i>clients</i>		Yes	No
		(a) cash or bank accounts?		0	\odot
		(b) securities?		0	•
	dire	ctly from your clients' accounts, or (ii) a related	nswer "No" to Item 9.A.(1)(a) and (b) if you have custody solely because (i) you deduct your advisor person has custody of client assets in connection with advisory services you provide to clients, but ionally 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 (byou have <i>custody</i> :	b), what is the approximate amount of <i>client</i> funds and securities and total number of <i>clients</i> for	which	า
		U.S. Dollar Amount	Total Number of <i>Clients</i>		
		(a) \$	(b)		
	inclu coni	ude the amount of those assets and the numbe	Indigiously described your deduct your advisory fees directly from your clients' account for of those clients in your response to Item 9.A. (2). If your related person has custody of client ass ients, do not include the amount of those assets and number of those clients in your response to 9 to Item 9.B. (2).	ets in	
В.	(1)	· · ·	ovide to clients, do any of your related persons have custody of any of your advisory clients':	Yes	No.
		(a) cash or bank accounts?		0	•
		(b) securities?		0	•
	You	are required to answer this item regardless of h	how you answered Item 9.A.(1)(a) or (b).		
	(2)	If you checked "yes" to Item 9.B.(1)(a) or (by your related persons have custody:	o), what is the approximate amount of <i>client</i> funds and securities and total number of <i>clients</i> for	which	า
		U.S. Dollar Amount	Total Number of <i>Clients</i>		
		(a) \$	(b)		

partner, or purchaser representative?

C.	If you or your <i>related persons</i> have <i>custody</i> of <i>client</i> funds or securities in connection with advisory services you provide to <i>clients</i> , check all the that apply:	following
	(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 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 provide information with respect to the private funds you advise in Section 7.B.(1) of Schedule D).	
D.		Yes No
	(1) you act as a qualified custodian	○ ⊙
	(2) your <i>related person(s)</i> act as qualified custodian(s)	0 0
	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 industry 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 yo fiscal year, provide the date (MM/YYYY) the examination commenced:	ur last
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 as qualified custodians for your clients in connection with advisory services you provide to clients?	ersons, act
SEC	CTION 9.C. Independent Public Accountant	
	No Information Filed	
Ito	em 10 Control Persons	
	this Item, we ask you to identify every <i>person</i> that, directly or indirectly, <i>controls</i> you.	
an	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. If this is an amendment and you are updating information you received either Schedule B (or both) that you filed with your initial application or report, you must complete Schedule C.	eported
A.	Does any person not named in Item 1.A. or Schedules A, B, or C, directly or indirectly, control your management or policies?	Yes No
	If yes, complete Section 10.A. of Schedule D.	
В.	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 Section 1934, please complete Section 10.B. of Schedule D.	ecurities
SEC	CTION 10.A. Control Persons	
	No Information Filed	
SEC	CTION 10.B. Control Person Public Reporting Companies	
	No Information Filed	
Ite	em 11 Disclosure Information	
det	this Item, we ask for information about your disciplinary history and the disciplinary history of all your advisory affiliates. We use this information to termine whether to grant your application for registration, to decide whether to revoke your registration or to place limitations on your activities vestment adviser, and to identify potential problem areas to focus on during our on-site examinations. One event may result in "yes" answers to e of the questions below.	as an

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.B.(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.

Yes No

You must complete the appropriate Disclosure Reporting Page ("DRP") for "yes" answers to the questions in this Item 11.

Do	any of the events below involve you or any of your supervised persons?	0	•	
For	"yes" answers to the following questions, complete a Criminal Action DRP:			
	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 felony?	0	•	
	(2) been <i>charged</i> with any <i>felony</i> ?	0	•	
	If you are registered or registering with the SEC, or if you are reporting as an exempt reporting adviser, you may limit your response to Item 11.A.(2) charges that are currently pending.	to		
B.	In the past ten years, have you or any advisory affiliate:			
	(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <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?			
	(2) been <i>charged</i> with a <i>misdemeanor</i> listed in Item 11.B.(1)?	0	•	
	If you are registered or registering with the SEC, or if you are reporting as an exempt reporting adviser, you may limit your response to Item 11.B.(2) charges that are currently pending.	to		
For	"yes" answers to the following questions, complete a Regulatory Action DRP:			
C.	Has the SEC or the Commodity Futures Trading Commission (CFTC) ever:	Yes	No	
	(1) found you or any advisory affiliate to have made a false statement or omission?	0	•	
	(2) found you or any advisory affiliate to have been involved in a violation of SEC or CFTC regulations or statutes?	0	\odot	
	(3) found you or any advisory affiliate to have been a cause of an investment-related business having its authorization to do business denied, suspended, revoked, or restricted?	0	•	
	(4) entered an order against you or any advisory affiliate in connection with investment-related activity?	0	•	
	(5) imposed a civil money penalty on you or any advisory affiliate, or ordered you or any advisory affiliate to cease and desist from any activity?	0	•	
D.	Has any other federal regulatory agency, any state regulatory agency, or any foreign financial regulatory authority:			
	(1) ever found you or any advisory affiliate to have made a false statement or omission, or been dishonest, unfair, or unethical?	•	0	
	(2) ever found you or any advisory affiliate to have been involved in a violation of investment-related regulations or statutes?	•	0	
	(3) ever found you or any advisory affiliate to have been a cause of an investment-related business having its authorization to do business denied, suspended, revoked, or restricted?	0	•	
	(4) in the past ten years, entered an order against you or any advisory affiliate in connection with an investment-related activity?	•	0	
	(5) ever denied, suspended, or revoked your or any advisory affiliate's registration or license, or otherwise prevented you or any advisory affiliate, by order, from associating with an investment-related business or restricted your or any advisory affiliate's activity?	0	•	
E.	Has any self-regulatory organization or commodities exchange ever:			
	(1) found you or any advisory affiliate to have made a false statement or omission?	0	\odot	
	(2) found you or any advisory affiliate to have been involved in a violation of its rules (other than a violation designated as a "minor rule violation" under a plan approved by the SEC)?	0	•	
	(3) found you or any advisory affiliate to have been the cause of an investment-related business having its authorization to do business denied, suspended, revoked, or restricted?	0	•	
	(4) disciplined you or any advisory affiliate by expelling or suspending you or the advisory affiliate from membership, barring or suspending you or the advisory affiliate from association with other members, or otherwise restricting your or the advisory affiliate's activities?	0	0	
F.	Has an authorization to act as an attorney, accountant, or federal contractor granted to you or any advisory affiliate ever been revoked or suspended?	0	•	
G.	Are you or any <i>advisory affiliate</i> now the subject of any regulatory proceeding that could result in a "yes" answer to any part of Item 11.C., 11.D., or 11.E.?	0	•	

For "yes" answers to the following questions, complete a Civil Judicial Action DRP:

	400	up. 1			
	(2) A	re you or any advisory affiliate now the subject of any civil proceeding that could result in a "yes" answer to any part of Item 11.H.(1)?	0	•	
	(0	e) ever dismissed, pursuant to a settlement agreement, an investment-related civil action brought against you or any advisory affiliate by a state or foreign financial regulatory authority?	0	•	
	(1	ever found that you or any advisory affiliate were involved in a violation of investment-related statutes or regulations?	0	\odot	
	(3	a) in the past ten years, enjoined you or any advisory affiliate in connection with any investment-related activity?	\circ	\odot	
H.	(1) H	las any domestic or foreign court:	Yes	No	

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

 \circ

Α.	Did you have total assets of \$5 million or more on the last day of your most recent fiscal year?	\circ	\circ
If "	yes," you do not need to answer Items 12.B. and 12.C.		
B.	Do you:		
	(1) control another investment adviser that had regulatory assets under management (calculated in response to Item 5.F.(2)(c) of Form ADV) of \$25 million or more on the last day of its most recent fiscal year?	0	0
	(2) control another person (other than a natural person) that had total assets of \$5 million or more on the last day of its most recent fiscal year?	0	0
C.	Are you:		
	(1) controlled by or under common control with another investment adviser that had regulatory assets under management (calculated in response to Item 5.F.(2)(c) of Form ADV) of \$25 million or more on the last day of its most recent fiscal year?	0	0
	(2) controlled by or under common control with another person (other than a natural person) that had total assets of \$5 million or more on the	0	0

Schedule A

Direct Owners and Executive Officers

- 1. Complete Schedule A only if you are submitting an initial application or report. Schedule A asks for information about your direct owners and executive officers. Use Schedule C to amend this information.
- 2. Direct Owners and Executive Officers. List below the names of:

last day of its most recent fiscal year?

- (a) each Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal 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
- (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? ${}^{\circ}$ Yes ${}^{\circ}$ 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	Status	Date Status Acquired MM/YYYY	•	Control Person		CRD No. If None: S.S. No. and Date of Birth, IRS Tax No. or Employer ID No.
HAMM, WILLIAM, EUGENE	I	CHIEF EXECUTIVE OFFICER	08/1995	D	Υ	N	1227713
HAMM, KAREN, L.	I	SENIOR VICE PRESIDENT	09/2014	D	Y	N	4646980
COKINIS, CHRISTOPHER, ALEX	I	CHIEF COMPLIANCE OFFICER	09/2016	NA	Υ	N	1527389

Schedule B

Indirect Owners

- 1. Complete Schedule B only if you are submitting an initial application. Schedule B asks for information about your indirect owners; you must first complete Schedule A, which asks for information about your direct owners. Use Schedule C to amend this information.
- 2. Indirect Owners. With respect to each owner listed on Schedule A (except individual owners), list below:
 - (a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of a class of a voting security of that corporation;

For purposes of this Schedule, a *person* beneficially owns any securities: (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant, or right to purchase the security.

- (b) in the case of an owner that is a partnership, <u>all</u> general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital;
- (c) in the case of an owner that is a trust, the trust and each trustee; and
- (d) in the case of an owner that is a limited liability company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers.
- 3. Continue up the chain of ownership listing all 25% owners at each level. Once a public reporting company (a company subject to Sections 12 or 15(d) of the Exchange Act) is reached, no further ownership information need be given.
- 4. In the DE/FE/I column below, enter "DE" if the owner is a domestic entity, "FE" if the owner is an entity incorporated or domiciled in a foreign country, or "I" if the owner is an individual.
- 5. Complete the Status column by entering the owner's status as partner, trustee, elected manager, shareholder, or member; and for shareholders or members, the class of securities owned (if more than one is issued).
- 6. Ownership codes are: C 25% but less than 50% E 75% or more
 - D 50% but less than 75% F Other (general partner, trustee, or elected manager)
- 7. (a) In the *Control Person* column, enter "Yes" if the *person* has *control* as defined in the Glossary of Terms to Form ADV, and enter "No" if the *person* does not have *control*. Note that under this definition, most executive officers and all 25% owners, general partners, elected managers, and trustees are *control persons*.
 - (b) In the PR column, enter "PR" if the owner is a public reporting company under Sections 12 or 15(d) of the Exchange Act.
 - (c) Complete each column.

No Information Filed

Schedule D - Miscellaneous

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

DRP Pages

CRIMINAL DISCLOSURE REPORTING PAGE (ADV)

No Information Filed

REGULATORY ACTION DISCLOSURE REPORTING PAGE (ADV)

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an O INITIAL OR O AMENDED response used to report details for affirmative responses to Items 11.C., 11.D.,

11.E., 11.F. or 11.G. of Form ADV.

		Regulatory Ac	tion	
Check item(s) being responde				
□ 11.C(1)	□ 11.C(2)	□ 11.C(3)	■ 11.C(4)	□ 11.C(5)
□ 11.D(1)	☑ 11.D(2)	□ 11.D(3)	☑ 11.D(4)	□ 11.D(5)
□ 11.E(1)	□ 11.E(2)	□ 11.E(3)	□ 11.E(4)	
□ 11.F.	□ 11.G.			
Jse a separate DRP for each with a completed Execution Formation Properties of the same event may result in more same event. If an event gives the same event are event gives as a complete of the person(s) or entity (incomplete of the person of the p	event or <i>proceeding</i> . To Page. The than one affirmative as a rise to actions by more es) for whom this DRP is advisory affiliate advisory affiliate. The for an advisory affiliate, as a CRD number, province and the province of the provi	answer to Items 11.C., 11.D., 11 re than one regulator, provide dois being filed is (are): tes give the full name of the advisor de that number. If not, indicate No Information record because the advisory affile	T.E., 11.F. or 11.G. Use only one etails to each action on a separate of the etails to each action of the etails	Last name, First name, Middle name). ne appropriate box.
If you are registered or 11.D(4), and only if tha event listed in Item 11	registering with a state t event occurred more that that occurred more tha	e securities authority, you may than ten years ago. If you are rein ten years ago.	•	reported only in response to Item SEC, you may remove a DRP for any
· ·	•	IARD system or <i>CRD</i> system, has "Yes," no other information on	-	d a DRP (with Form ADV, BD or U-4) to
- 103 - 110				
NOTE: The completion o	f this form does not rel	ieve the <i>advisory affiliate</i> of its o	bligation to update its IARD or C	CRD records.
PART II				
 Regulatory Action initiat SEC Other Federa 	_	∼ Foreian		
	foreign financial regulate	ory authority, federal, state, or S	SRO)	
 Principal Sanction: Civil and Administrative Other Sanctions: 	Penalt(ies) /Fine(s)			
3. Date Initiated (MM/DD/Y	YYY):			
10/19/2011	•			
4. Docket/Case Number: 0199-SR-12/11				
5. Advisory Affiliate Employ	ing Firm when activity c	occurred which led to the regulat	cory action (if applicable):	
6. Principal Product Type:				

	Other Product Types:							
7.	Describe the allegations related to this regulatory action (your response must fit within the space provided): JASON AND BARNETT CHEPENIK, ACTING THROUGH INDEPENDENT FINANCIAL PARTNERS, ENGAGED IN INVESTMENT ADVISORY BUSINESS FROM OFFICES IN FLORIDA WITHOUT BENEFIT OF LAWFUL REGISTRATION IN VIOLATION OF FLORIDA STATUTES.							
8.	Current Status? C Pending C On App	eal © Final						
9.	If on appeal, regulatory action appealed to (S	EC, <i>SRO,</i> Federal or State Court)	and Date Appeal Filed:					
If F	inal or On Appeal, complete all items below. For	Pending Actions, complete Item	n 13 only.					
10.	How was matter resolved: Stipulation and Consent							
11.	Resolution Date (MM/DD/YYYY):							
	01/13/2012 • Exact • Explanation If not exact, provide explanation:							
12.	Resolution Detail:							
	A. Were any of the following Sanctions Order	ered (check all appropriate items)?					
	Monetary/Fine Amount: \$ 40,000.00							
	Revocation/Expulsion/Denial		☐ Disgorgement/Restitution					
	Censure		Cease and Desist/Injunctio	n				
	□ BarB. Other Sanctions <i>Ordered:</i>		Suspension					
	Sanction detail: if suspended, enjoined or Financial Operations Principal, etc.). If recrequalify/retrain, type of exam required a disgorgement or monetary compensation penalty was waived: INDEPENDENT FINANCIAL PARTNERS PAIL BARNETT AND JASON CHEPENIK IN THE A	qualification by exam/retraining and whether condition has been provide total amount, portion AN ADMINISTRATIVE FINE OF \$	was a condition of the sanction satisfied. If disposition resulte levied against you or an advisor 20,000 AS A FIRM AND PAID A	n, provide length of time given to ed in a fine, penalty, restitution, ory affiliate date paid and if any portion of DMINISTRATIVE FINES ON BEHALF OF				
13.	Provide a brief summary of details related to t must fit within the space provided).	he action status and (or) dispos	ition and include relevant tern	ns, conditions and dates (your response				
	THE STATE OF FLORIDA OFFICE OF FINANCIAL WHEREBY INDEPENDENT FINANCIAL PARTNERS ADVISORY BUSINESS WITHOUT BEING PROPER THE FLORIDA OFFICE OF FINANCIAL REGULATION CHEPENIK BOTH LEFT THE FIRM IN JULY OF 20	AND BARNETT AND JASON CHEF LY REGISTERED IN THE STATE O ON APPROVED THE PENDING REC	PENIK ACKNOWLEDGED THAT T F FLORIDA. THIS FINAL ORDER	HEY HAD ENGAGED IN INVESTMENT WAS EXECUTED JANUARY 13, 2012 AND				
		CENEDAL INSTRI	CTIONS					
This	Disclosure Reporting Page (DRP ADV) is an O	GENERAL INSTRU NITIAL OR 6 AMENDED respor		ffirmative responses to Items 11.C., 11.D.				
	., 11.F. or 11.G. of Form ADV.	OR S	,					
		Regulatory Ad	tion					
Chec	ck item(s) being responded to:	<u> </u>						
	1.C(1)	☐ 11.C(3)	□ 11.C(4)	□ 11.C(5)				
	1.D(1)	☐ 11.D(3)	□ 11.D(4)	□ 11.D(5)				
	1.E(1)	□ 11.E(3)	□ 11.E(4)					
<u> </u>	1.F. □ 11.G.							
with	a separate DRP for each event or <i>proceeding</i> . a completed Execution Page. event may result in more than one affirmative	, ,		, g				

same event. If an event gives rise to actions by more than one regulator, provide details to each action on a separate DRP.

No Product

PART I

A.	The person(s)	or entity(ies) for whom this DRP is being filed is (are):					
	C You (the a	dvisory firm)					
	You and or	ne or more of your advisory affiliates					
		ore of your advisory affiliates					
		advisory animates					
	If this DRP is being filed for an <i>advisory affiliate</i> , give the full name of the <i>advisory affiliate</i> below (for individuals, Last name, First name, Middle name). If the <i>advisory affiliate</i> has a <i>CRD</i> number, provide that number. If not, indicate "non-registered" by checking the appropriate box.						
	ADV DRP - ADVISORY AFFILIATE						
		4354129 This advisory affiliate is O a Firm O an Individual					
	Number:						
		Tes - NO					
		DAMBECK, MICHAEL, R (For individuals, Last, First,					
		Middle)					
	▼ This DRP s registered If you are reg	should be removed from the ADV record because the <i>advisory affiliate(s)</i> is no longer associated with the adviser. Should be removed from the ADV record because: (1) the event or <i>proceeding</i> occurred more than ten years ago or (2) the adviser is or applying for registration with the SEC and the event was resolved in the adviser's or <i>advisory affiliate's</i> favor.					
		only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any n Item 11 that occurred more than ten years ago.					
	☐ This DRP s	should be removed from the ADV record because it was filed in error, such as due to a clerical or data-entry mistake. Explain the nces:					
B.	-	y affiliate is registered through the IARD system or CRD system, has the advisory affiliate submitted a DRP (with Form ADV, BD or U-4) to CRD for the event? If the answer is "Yes," no other information on this DRP must be provided.					
	• Yes • C	No					
	NOTE: The co	empletion of this form does not relieve the advisory affiliate of its obligation to update its IARD or CRD records.					
PAR	ТП						
1.		ction initiated by:					
		ther Federal 👩 State 👩 SRO 🧑 Foreign					
		regulator, <i>foreign financial regulatory authority</i> , federal, state, or <i>SRO</i>) COMMISSIONER FOR THE STATE OF COLORADO					
2.	Principal Sanc	ction:					
	Censure						
	Other Sanctio DISGORGEMEI						
	5.000m.						
3.	Date Initiated	(MM/DD/YYYY):					
	01/02/2007	§ Exact ♥ Explanation					
	If not exact, p	provide explanation:					
4.	Docket/Case I XY 07-L-012	Number:					
	XI OI L OIZ						
5.	Advisory Affilia SECURITIES A	ate Employing Firm when activity occurred which led to the regulatory action (if applicable): AMERICA INC.					
6.	Principal Produ	uct Type:					
	Other						
	Other Product	31					
	VIATICAL SET	I LEIVIEIN I					
7.		allegations related to this regulatory action (your response must fit within the space provided): N ALLEGATION OF OFFER AND SALE OF UNREGISTERED, NON-EXEMPT LIFE SETTLEMENT INVESTMENTS TO ONE KNOWN COLORADO					

8.	Curr	ent Status?	Pending On Ap	ppeal © Final			
9.	If on	n appeal, regulatory	action appealed to ((SEC, <i>SRO,</i> Federal or State Court)	and Date Appeal Filed:		
If F	inal o	or On Appeal, compl	ete all items below. F	or Pending Actions, complete Item	n 13 only.		
10.		was matter resolvulation and Consen					
11.	Reso	olution Date (MM/DD	D/YYYY):				
	01/0	02/2007 © Exact	C Explanation				
	If no	ot exact, provide ex	planation:				
12.	Resc	olution Detail:					
	A.	Were any of the fo	ollowing Sanctions <i>Or</i>	rdered (check all appropriate items)?		
		☐ Monetary/Fine					
		Revocation/Ex	pulsion/Denial		✓ Disgorgement/Restitution		
		☑ Censure			Cease and Desist/Injunction	1	
	_	☐ Bar			☐ Suspension		
	В.	FROM REGISTRATI SCHEME, OR ARTIF Sanction detail: if Financial Operation requalify/retrain, t	EFRAIN FROM ENGAGION; AND B) IN CONNIFICE TO DEFRAUD." suspended, enjoined as Principal, etc.). If rype of exam required nonetary compensation	ection with offer, sale or put or barred, provide duration include requalification by exam/retraining d and whether condition has been	RCHASE OF ANY SECURITY, TO F ling start date and capacities af was a condition of the sanction satisfied. If disposition resulted		
13.		vide a brief summar t fit within the spac	•	the action status and (or) dispos	ition and include relevant terms	s, conditions and dates (your respon	se
	REPF INVE	RESENTATIVE COMN ESTIGATION. THE DE	MENTS: I HAVE COOPE EPARTMENT CLOSED T	ERATED FULLY AND EARNESTLY WI THE INVESTIGATION AND THE MAT CALLY DO NOT MAKE ANY FINDING	TER IS RESOLVED TO BOTH PAR	/IEW OF THE LIFE SETTLEMENTS TIES' SATISFACTION. 1/19/2007: THE	<u> </u>
This	Discl	osuro Poportina Pad	no (NDD ANV) is an 🛎	GENERAL INSTRU		firmative responses to Itams 11 C 1	1 D
		F. or 11.G. of Form		OR OR MILITAL DESPOI	ise used to report details for all	Firmative responses to Items 11.C., 1	1.υ.
11.6	., 11.	T. OF TI.G. OFFORM	ADV.				
Ched	ck iter	m(s) being respond	led to:	Regulatory Ad	CHON		
	1.C(1		□ 11.C(2)	□ 11.C(3)	□ 11.C(4)	□ 11.C(5)	
1	1.D(1	1)	☑ 11.D(2)	□ 11.D(3)	☑ 11.D(4)	□ 11.D(5)	
1	1.E(1)	□ 11.E(2)	□ 11.E(3)	□ 11.E(4)		
□ 1	1.F.		□ 11.G.				
with One	a cor	mpleted Execution I	Page. e than one affirmativ		1.E., 11.F. or 11.G. Use only on	ne <i>person</i> or entity using one DRP. Fil e DRP to report details related to the rate DRP.	
PAR ⁻	ГΙ						
	The	<i>person(s)</i> or entity(ou (the advisory fir		RP is being filed is (are):			
	o Y	ou and one or more	e of your <i>advisory affi</i>	iliates			
		One or more of your					
	If th	is DRP is being filed	l for an <i>advisory affilia</i>	nte, give the full name of the advisor	ory affiliate below (for individuals	s, Last name, First name, Middle nam	ıe).

If the advisory affiliate has a CRD number, provide that number. If not, indicate "non-registered" by checking the appropriate box.

	ADV DRP - ADVISORY AFFILIATE
	No Information Filed
	This DRP should be removed from the ADV record because the <i>advisory affiliate(s)</i> is no longer associated with the adviser. This DRP should be removed from the ADV record because: (1) the event or <i>proceeding</i> occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC and the event was resolved in the adviser's or <i>advisory affiliate's</i> favor.
	If you are registered or registering with a <i>state securities authority</i> , you may remove a DRP for an event you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.
	☐ This DRP should be removed from the ADV record because it was filed in error, such as due to a clerical or data-entry mistake. Explain the circumstances:
3.	If the <i>advisory affiliate</i> is registered through the IARD system or <i>CRD</i> system, has the <i>advisory affiliate</i> submitted a DRP (with Form ADV, BD or U-4) to the IARD or <i>CRD</i> for the event? If the answer is "Yes," no other information on this DRP must be provided.
	O yes O No
	NOTE: The completion of this form does not relieve the advisory affiliate of its obligation to update its IARD or CRD records.
٩R	ГІІ
	Regulatory Action initiated by: O SEC O Other Federal State O SRO O Foreign
	(Full name of regulator, foreign financial regulatory authority, federal, state, or SRO) STATE OF OREGON, DEPARTMENT OF CONSUMER AND BUSINESS SERVICES, DIVISON OF FINANCE AND CORPORATE SECURITIES
2.	Principal Sanction: Civil and Administrative Penalt(ies) /Fine(s) Other Sanctions:
	ORDER TO CEASE AND DESIST "FROM AFFILIATING WITH AN UNLICENSED INVESTMENT ADVISER REPRESENTATIVE IF SAID INDIVIDUAL HAS A PLACE OF BUSINESS WITHIN OREGON."
3.	Date Initiated (MM/DD/YYYY):
	08/02/2013 © Exact © Explanation If not exact, provide explanation:
١.	Docket/Case Number: CASE NO. S-13-0139
).	Advisory Affiliate Employing Firm when activity occurred which led to the regulatory action (if applicable):
٥.	Principal Product Type: No Product
	Other Product Types:
7 .	Describe the allegations related to this regulatory action (your response must fit within the space provided): IN AUGUST 2011, INDEPENDENT FINANCIAL PARTNERS, AN INVESTMENT ADVISER FIRM REGISTERED WITH THE SEC, AFFILIATED WITH AN INVESTMENT ADVISER REPRESENTATIVE WHO HAD A PLACE OF BUSINESS IN OREGON, YET WAS NOT LICENSED BY THE DIRECTOR OF THE DEPARTMENT OF CONSUMER AND BUSINESS SERVICES FOR THE STATE OF OREGON, IN VIOLATION OF ORS 59.165 (4)(B).
3.	Current Status? C Pending C On Appeal C Final
).	If on appeal, regulatory action appealed to (SEC, SRO, Federal or State Court) and Date Appeal Filed:
fF	inal or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.
0.	How was matter resolved: Consent
1.	Resolution Date (MM/DD/YYYY):
	12/03/2013 © Exact © Explanation
	If not exact, provide explanation:

12. Resolution Deta	il:			
A. Were any	of the following Sanctions Order	ed (check all appropriate items	5)?	
☑ Moneta	ary/Fine Amount: \$ 3,600.00			
☐ Revoca	ation/Expulsion/Denial		☐ Disgorgement/Restitution	
☐ Censu	re		▼ Cease and Desist/Injunction	1
☐ Bar			☐ Suspension	
B. Other San	ctions <i>Ordered:</i>			
Financial C requalify/r disgorgem penalty wa	Operations Principal, etc.). If requetrain, type of exam required and ent or monetary compensation,	ualification by exam/retraining and whether condition has been provide total amount, portion	was a condition of the sanction, satisfied. If disposition resulted levied against you or an <i>advisor</i>	fected (General Securities Principal, provide length of time given to I in a fine, penalty, restitution, ry affiliate date paid and if any portion of
must fit within t	the space provided). HE CONSENT ORDER, IN APRIL 20	D13 INDEPENDENT FINANCIAL	PARTNERS SELF-REPORTED INFO	RMATION REGARDING THE UNLICENSED NESS SERVICES FOR THE STATE OF
		GENERAL INSTRU		
This Disclosure Repor	rting Page (DRP ADV) is an $_{ m C}$ IN	NITIAL OR 6 AMENDED respon	nse used to report details for aff	firmative responses to Items 11.C., 11.D.,
11.E., 11.F. or 11.G. (of Form ADV.			
		Regulatory A	ction	
Check item(s) being	responded to:	g g		
□ 11.C(1)	□ 11.C(2)	□ 11.C(3)	□ 11.C(4)	☐ 11.C(5)
□ 11.D(1)	☑ 11.D(2)	□ 11.D(3)	□ 11.D(4)	□ 11.D(5)
□ 11.E(1)	□ 11.E(2)	□ 11.E(3)	□ 11.E(4)	
□ 11.F.	□ 11.G.			
with a completed Exe	ecution Page.	nswer to Items 11.C., 11.D., 1	1.E., 11.F. or 11.G. Use only on	ne <i>person</i> or entity using one DRP. File e DRP to report details related to the rate DRP.
PART I				
,	r entity(ies) for whom this DRP is	s being filed is (are):		
You (the adv	-			
	or more of your advisory affiliate	es		
One or more	e of your <i>advisory affiliates</i>			
	eing filed for an <i>advisory affiliate,</i> affiliate has a <i>CRD</i> number, provid	_	-	s, Last name, First name, Middle name). The appropriate box.
ADV DRP - ADV	ISORY AFFILIATE			
		No Informati	ion Filed	
This DRP sho	ould be removed from the ADV rould be removed from the ADV ror applying for registration with t	ecord because: (1) the event o	or <i>proceeding</i> occurred more than	n ten years ago or (2) the adviser is
11.D(4), and or	9	han ten years ago. If you are	•	reported only in response to Item e SEC, you may remove a DRP for any
☐ This DRP sho		ecord because it was filed in e	rror, such as due to a clerical or	data-entry mistake. Explain the

B.	f the advisory affiliate is registered through the IARD system or CRD system, has the advisory affiliate submitted a DRP (with Form ADV, BD or U-4) to the IARD or CRD for the event? If the answer is "Yes," no other information on this DRP must be provided.					
	O Yes O No					
	NOTE: The completion of this form does not relieve the advisory affiliate of its obligation to update its IARD or CRD records.					
PAR ⁻	RT II					
1.	Regulatory Action initiated by: O SEC O Other Federal State O SRO O Foreign					
	(Full name of regulator, <i>foreign financial regulatory authority</i> , federal, state, or <i>SRO</i>) DEPARTMENT OF BUSINESS OVERSIGHT OF THE STATE OF CALIFORNIA					
2.	Principal Sanction: Other					
	Other Sanctions: ADMINISTRATIVE PENALTY OF \$2,500.00					
3.						
	08/30/2013 © Exact © Explanation If not exact, provide explanation:					
4.	Docket/Case Number: NONE					
5.	Advisory Affiliate Employing Firm when activity occurred which led to the regulatory action (if applicable):					
6.	Principal Product Type: No Product Other Product Types:					
	Other Froduct Types.					
7.	Describe the allegations related to this regulatory action (your response must fit within the space provided): INDEPENDENT FINANCIAL PARTNERS, AN INVESTMENT ADVISER FIRM REGISTERED WITH THE SEC, FAILED TO REGISTER INVESTMENT ADVISOR REPRESENTATIVE IN THE STATE OF CALIFORNIA FROM NOVEMBER 30, 2010 UNTIL ON OR ABOUT OCTOBER 7, 2013.					
8.	Current Status? C Pending C On Appeal Final					
9.	If on appeal, regulatory action appealed to (SEC, SRO, Federal or State Court) and Date Appeal Filed:					
lf F	Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.					
10.	. How was matter resolved: Settled					
11.	. Resolution Date (MM/DD/YYYY):					
	10/07/2013 © Exact C Explanation					
	If not exact, provide explanation:					
12.	. Resolution Detail:					
	A. Were any of the following Sanctions <i>Ordered</i> (check all appropriate items)?					
	Monetary/Fine Amount: \$ 2,500.00					
	☐ Revocation/Expulsion/Denial ☐ Disgorgement/Restitution					
	☐ Censure ☐ Cease and Desist/Injunction					
	☐ Bar ☐ Suspension					
	B. Other Sanctions Ordered:					
	Sanction detail: if suspended, <i>enjoined</i> 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 you or an advisory affiliate date paid and if any portion of penalty was waived:

INDEPENDENT FINANCIAL PARTNERS MADE PAYMENT IN FULL OF THE ADMINISTRATIVE PENALTY ON 10/09/2013.

13.		_	the action status and (or) disposi	tion and include relevant terms	, conditions and dates (your response	
		in the space provided).				
					THE CALIFORNIA DEPARTMENT OF	
					LY TO ALL OF THE COMMISSIONER'S THE IAR'S REGISTRATION WAS NEITHER	
		R INTENTIONAL.	13 1330E. THE COMMISSIONER DE	TERMINED THAT THE DELAT IN	THE TAK S REGISTRATION WAS NETTHER	
	WILLI OL IVO	TO THE POST OF THE				
			GENERAL INSTRUC	CTIONS		
This	Disclosure Re	eporting Page (DRP ADV) is an o	INITIAL OR O AMENDED respon	se used to report details for aff	irmative responses to Items 11.C., 11.D.,	
		G. of Form ADV.				
			Regulatory Ac	tion		
Ched	ck item(s) bei	ng responded to:				
[1	1.C(1)	□ 11.C(2)	□ 11.C(3)	□ 11.C(4)	□ 11.C(5)	
V 1	1.D(1)	□ 11.D(2)	□ 11.D(3)	□ 11.D(4)	□ 11.D(5)	
1 1	1.E(1)	□ 11.E(2)	□ 11.E(3)	□ 11.E(4)		
<u> </u>	1.F.	□ 11.G.				
	•		The same event or proceeding ma	y be reported for more than on	e <i>person</i> or entity using one DRP. File	
with	a completed	Execution Page.				
Ono	ovent may re	osult in more than one affirmative	answer to Items 11 C 11 D 11	LE 11 E or 11 C Use only one	e DRP to report details related to the	
	•	esuit in more than one anifmative event gives rise to actions by mo		•	•	
Jann	e event. If an	event gives rise to detions by in	ore than one regulator, provide a	etans to each action on a separ	ate bitt.	
PART	П					
A.	The person(s	s) or entity(ies) for whom this DRF	o is being filed is (are):			
	O You (the	advisory firm)				
	- Vou and	one or more of your				
		one or more of your advisory affili	ates			
	One or m	nore of your advisory affiliates				
		3				
	If this DRP is	s being filed for an <i>advisory affiliate</i>	e, give the full name of the <i>adviso</i>	rv affiliate below (for individuals	, Last name, First name, Middle name).	
		ry affiliate has a CRD number, pro	3	·	•	
	ADV DRP - A	ADVISORY AFFILIATE				
	CRD	<u>1527389</u>	This advisory affiliate is O a Firr	n 🌀 an Individual		
	Number:					
	Registerea	· • Yes O No				
	Name:	COKINIS, CHRISTOPHER, ALEX				
		(For individuals, Last, First,				
		Middle)				
	This DRP	should be removed from the ADV	record because the advisory affil	<i>iate(s)</i> is no longer associated w	vith the adviser.	
					ten years ago or (2) the adviser is	
	registere	d or applying for registration with	n the SEC and the event was reso	olved in the adviser's or <i>advisor</i>	y affiliate's favor.	
	If you are re	egistered or registering with a sta	ate securities authority vou may	remove a DRP for an event you	reported only in response to Item	
	•			•	e SEC, you may remove a DRP for any	
		in Item 11 that occurred more th		3 3		
	This DRP	should be removed from the ADV	record because it was filed in er	ror, such as due to a clerical or	data-entry mistake. Explain the	
	circumsta	ances:				
B.	If the adviso	ry affiliate is registered through th	ne IARD system or <i>CRD</i> system, h	as the <i>advisory affiliate</i> submitte	d a DRP (with Form ADV, BD or U-4) to	
	the IARD or	CRD for the event? If the answer	is "Yes," no other information on	this DRP must be provided.		
	⊙ Yes O	No				
	103					
	NOTE: The e	ampletion of this form does not re	aliava the advisory affiliate of its a	hligation to undate its LADD on	CRD records	
	MOTE: THE C	ompletion of this form does not re	eneve the auvisory attiliate of its o	ungation to upuate its TAKD OF (TECUIUS.	
D	- 11					
PART		allow fields to 1.5				
1.		Action initiated by:	- Foreign			
		Other Federal State SRO				
	(Full name of regulator, foreign financial regulatory authority, federal, state, or SRO)					

2.	Principal Sanction:					
	Other Sanctions:					
3.	Date Initiated (MM/DD/YYYY):					
	C Exact C Explanation					
	If not exact, provide explanation:					
4.	Docket/Case Number:					
5.	Advisory Affiliate Employing Firm when activity occurred which led to the regulatory action (if applicable):					
6.	Principal Product Type:					
	Other Product Types:					
7.	Describe the allegations related to this regulatory action (your response must fit within the space provided):					
8.	. Current Status? C Pending C On Appeal C Final					
9.	If on appeal, regulatory action appealed to (SEC, SRO, Federal or State Court) and Date Appeal Filed:					
If F	If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.					
10.	How was matter resolved:					
11.	Resolution Date (MM/DD/YYYY):					
	C Exact C Explanation					
	If not exact, provide explanation:					
10	Resolution Detail:					
12.	A. Were any of the following Sanctions <i>Ordered</i> (check all appropriate items)?					
	✓ Monetary/Fine Amount: \$					
	☐ Revocation/Expulsion/Denial ☐ Disgorgement/Restitution					
	☐ Censure ☐ Cease and Desist/Injunction					
	☐ Bar ☐ Suspension					
	B. Other Sanctions Ordered:					
	Sanction detail: if suspended, <i>enjoined</i> 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 you or an <i>advisory affiliate</i> 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 (your response must fit within the space provided).					
CIVI	L JUDICIAL ACTION DISCLOSURE REPORTING PAGE (ADV)					
No Ir	oformation Filed					
art 1						

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.

If no, complete the ADV Part 2 filing below.		
Amend, retire or file new brochures:		

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: WILLIAM HAMM

WILLIAM HAMM

Printed Name: WILLIAM HAMM

Adviser CRD Number:

125112

Date: MM/DD/YYYY 06/19/2017

Title: CEO

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:

125112