FORM ADV

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

Primary Business Name: TLG ADVISORS, INC. Annual Amendment - Item 1 Identifying Information

Rev. 10/2021

CRD Number: 111052

3/16/2023 5:20:46 PM

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

Item 1 Identifying Information

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

A. Your full legal name (if you are a sole proprietor, your last, first, and middle names): TLG ADVISORS, INC. B. (1) Name under which you primarily conduct your advisory business, if different from Item 1.A. TLG ADVISORS, INC. List on Section 1.B. of Schedule D any additional names under which you conduct your advisory business. (2) If you are using this Form ADV to register more than one investment adviser under an umbrella registration, check this box If you check this box, complete a Schedule R for each relying adviser. C. If this filing is reporting a change in your legal name (Item 1.A.) or primary business name (Item 1.B.(1)), enter the new name and specify whether the name change is of \square your legal name or \square your primary business name: D. (1) If you are registered with the SEC as an investment adviser, your SEC file number: 801-60458 (2) If you report to the SEC as an exempt reporting adviser, your SEC file number: (3) If you have one or more Central Index Key numbers assigned by the SEC ("CIK Numbers"), all of your CIK numbers:

CIK Number	
1856219	

E. (1) If you have a number ("CRD Number") assigned by the FINRA's CRD system or by the IARD system, your *CRD* number: **111052**

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

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

No Information Filed

F.	Principal Office and Place of Business						
	(1) Address (do no Number and St 26 WEST DRY (reet 1:	Number SUITE 8	and Street 2:	:		
	City:	State:	Country	:	ZIP+4/Postal Code:		
	LITTLETON	Colorado	United S	States	80120		
	If this address is a private residence, check this box: \Box						
	List on Section 1.F. of Schedule D any office, other than your principal office and place of business, at which you conduct investment advisory business. If you are applying for registration, or are registered, with one or more state securities authorities, you must list all of your offices in the state or states to which you are applying for registration or with whom you are registered. If you are applying for SEC registration, if you are registered only with the SEC, or if you are reporting to the SEC as an exempt reporting adviser, list the largest twenty-five offices in terms of numbers of employees as of the end of your most recently completed fiscal year.						
	(2) Days of week t	hat you normally condu	ct business at your <i>p</i>	rincipal office	and place of business:		
	8:00 A.M. TO 4 (3) Telephone num 888-371-0013 (4) Facsimile numb 303-797-7297 (5) What is the tot	s hours at this location: :00P.M. ber at this location: per at this location, if an	y: ner than your <i>princip</i> a	=	olace of business, at whic y completed fiscal year?	=	
G.	Mailing address, if o	lifferent from your <i>princ</i>	ipal office and place	of business ac	ldress:		
	Number and Street	: 1:	Number and Street 2:				
	City:	State:	Country:	ZIP+4/	Postal Code:		
	If this address is a private residence, check this box: \Box						
н.	If you are a sole proprietor, state your full residence address, if different from your <i>principal office and place o business</i> address in Item 1.F.:					d place of	
	Number and Street	: 1:	Number and S	treet 2:			
	City:	State:	Country:	ZIP+4/	Postal Code:		
						Yes No	
I.	Do you have one or more websites or accounts on publicly available social media platforms (including, but not limited to, Twitter, Facebook and LinkedIn)?						
	media platforms on other information. You other information. You or accounts on public	Section 1.I. of Schedule ou have published on the You may need to list mo icly available social med tomail (e-mail) addresse	e D. If a website add e web, you may list t re than one portal ad lia platforms where y	ress serves as the portal with dress. Do not tou do not con	accounts on publicly ava a portal through which nout listing addresses fo provide the addresses of the content. Do not femployee accounts on	to access or all of the of websites of provide the	

J.	Chief	Comp	liance	Officer
J.	CHIC	COLLID	Harice	OHICCI

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

Name: Other titles, if any:

Z. JANE RILEY CCO

Telephone number: Facsimile number, if any:

303-797-9080 EXT 1010 (303) 797-7297

Number and Street 1: Number and Street 2:

26 WEST DRY CREEK CIRCLE SUITE 800

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

LITTLETON Colorado United States 80120

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

JANE@LEADERSGROUP.NET

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

Name:

THE LEADERS GROUP, INC.

IRS Employer Identification Number:

84-1275292

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

Name: Titles:

SEAN WICKERSHAM PRESIDENT

Telephone number: Facsimile number, if any:

303-797-9080 EXT 1030

Number and Street 1: Number and Street 2:

26 W. DRY CREEK CIRCLE, SUITE 800

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

LITTLETON Colorado United States 80120

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

SEAN.WICKERSHAM@LEADERSGROUP.NET

Yes No

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

If "yes," complete Section 1.L. of Schedule D.

Yes No

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

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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
N.	Are you a public reporting	g company under Sections 12	or 15(d) of the Securities Exc	hange Act of 1934?	\circ	\odot
					Yes	No
O.	•	kimate amount of your assets: n \$10 billion	ay of your most recent fiscal y	ear?	•	c
	of clients. Determine you fiscal year end.	r total assets using the total a	total assets, rather than the assets shown on the balance s	-		alf
P.	Provide your <i>Legal Entity</i>	Identifier if you have one:				
	A <i>legal entity identifier</i> is You may not have a <i>legal</i>		nies use to identify each other	r in the financial mar	ketpla	ace.
SEC	ΓΙΟΝ 1.B. Other Busines	ss Names				
	t your other business name Section 1.B. for each busine	_	ch you use them. You must co	implete a separate S	chedu	ıle
	rection 1.D. for each busin	ess name.				
Nar	ne: STARLIGHT PORTFOLI	OS				
Jur	isdictions					
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Section 1.B. for ame: MACK FINA urisdictions AL AK AZ AR CA CO CT DE DC FL	each business name. ANCIAL GROUP, INC	□ NE □ NV □ NH □ NJ □ NM □ NY □ NC □ ND □ OH	SC SD TN TX UT VT VI VA WA
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Section 1.B. for	each business name. ANCIAL GROUP, INC IL IN IA KS KY LA ME MD MA MA MI MN	□ NE □ NV □ NH □ NJ □ NM ☑ NY ☑ NC □ ND ☑ OH □ OK ☑ OR	SC SD TN TX UT VT VI VA WA WA WV

		ch you use them. You must co	omplete a separate Schedule
D Section 1.B. for each busin	ess name.		
Name: CANTILEVER WEALTH	MANAGEMENT LLC		
Jurisdictions			
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Name: ASSET MANAGEMENT	GROUP		
Tunia di aki a na			
Jurisdictions			
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List your other business nam	es and the jurisdictions in whi	ch you use them. You must co	mplete a separate Schedule
D Section 1.B. for each busin	ess name.		
Name: GARLIKOV ADVISORS	SINC		
Jurisdictions			
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Name: RAABE & ASSOCIATES	5		
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Jurisdictions			
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Name of HANGON MEALTH MA	NACEMENT		
Name: HANSON WEALTH MA	NAGEMENT		
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	es and the jurisdictions in whi	ch you use them. You must co	emplete a separate Schedule
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Name: MILESTONE FINANCIA	AL SOLUTIONS		
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D Section 1.B. for	each business name.		
Name: HN WEALTH	I MANAGEMENT		
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Name: STRATEGIC	PLANNING GROUP PLLC		
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D Section 1.B. for one of the	PITAL STRATEGIES, INC.	□ NE □ NV □ NH	□ SC □ SD □ TN
D Section 1.B. for one of the	PITAL STRATEGIES, INC. □ IL □ IN □ IA □ KS	□ NE □ NV □ NH □ NJ	SC SD TN
D Section 1.B. for one of the	each business name. PITAL STRATEGIES, INC. □ IL □ IN □ IA □ KS □ KY □ LA	□ NE □ NV □ NH □ NJ □ NM □ NY	SC SD TN TX UT
D Section 1.B. for one of the control of the contro	PITAL STRATEGIES, INC. IL IN IA KS KY LA ME	□ NE □ NV □ NH □ NJ □ NM □ NY □ NC	SC SD TN TX UT VT
D Section 1.B. for one of the	each business name. PITAL STRATEGIES, INC. □ IL □ IN □ IA □ KS □ KY □ LA	□ NE □ NV □ NH □ NJ □ NM □ NY	□ SD □ TN □ TX □ UT □ VT

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│ □ GA	∥ □ MN	□ OR	∥ □ wɪ
□GU	□ MS	□ PA	□ wy
□ні	□ мо	□ PR	☐ Other:
□ID	□ мт	□ RI	
		IL	
D Section 1.B. for e	each business name.	ions in which you use them. Y	ou must complete a separate Schedule
	WEALTH MANAGEMENT		
Jurisdictions	—	—	
□ AL		□ NE	□ SC
□ AK	□ IN	□ NV	□ SD
□ AZ	∏ IA	□ NH	□ TN
□ AR	∏ KS	□ NJ	□ TX
□ CA	∏ KY	□ NM	□ ∪τ
Со	□ LA	□ NY	□ VT
☑ CT	∥ □ ME	□ NC	□ VI
□ DE	☐ MD	□ ND	□ VA
□ DC	☐ MA	□ он	□ WA
□ FL	□ MI	□ ок	□ w∨
□ GA	□ MN	□ or	□ WI
□ GU	☐ MS	□ PA	□ wy
□ні	□ мо	□ PR	☐ Other:
□ID	□ MT	□ RI	
		II.	II .
	ness names and the jurisdict each business name.	ions in which you use them. Y	ou must complete a separate Schedule
Name: INSLEY INVI	ESTMENT GROUP LLC		
Jurisdictions			
□ AL	□IL	□ NE	□ sc
□ AK	□ IN	□ NV	□ SD
□az	□ IA	□ NH	□ TN
☐ AR	□ KS	□ NJ	□ TX
□ CA	□ KY	□ NM	UT
□ co	□ LA	□ NY	□ VT
СТ	□ ME	□ NC	□ VI
☑ DE	□ MD	□ ND	□ VA
□ DC	□ MA	□ OH	□ WA
L DC	L MA	L OH	∥ L WA

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	□ MI	□ ок	□wv
□GA	□MN	□ or	□wi
□ GU	□MS	□ PA	□wy
∏ HI	□мо	□ PR	☐ Other:
□ID	□мт	□RI	
List your other business nam D Section 1.B. for each busin	_	ch you use them. You must co	mplete a separate Schedule
Name: GIDEON STRATEGIC F	PARTNERS,		
Jurisdictions			
□ AL	□IL	□ NE	□sc
□ AK	□IN	□ NV	□SD
□ AZ	□ IA	□NH	□TN
☐ AR	□ KS	□NJ	□тx
☑ CA	□KY	□NM	□UT
□co	□LA	□NY	□vT
□ст	□ ме	□ NC	□VI
□ DE	□MD	□ND	□va
□ DC	□ма	□ он	□wa
∏ FL	□ мі	□ ок	□wv
□GA	□ MN	□ or	□wi
□ GU	□MS	□ PA	□WY
∥ □ HI	□мо	□ PR	☐ Other:
	□ MT	□RI	L other.
		ch you use them. You must co	mplete a separate Schedule
D Section 1.B. for each busin	ess name.		
Name: WEALTH STRATEGIES	GROUP		
Jurisdictions			
	—	—	
□ AL		□ NE	□ sc
∏ AK	□ IN	□ NV	□ SD
□ AZ	□ IA	□ NH	▼ TN
∏ AR	▼ KS	□ NJ	□ TX
∏ CA	□кү	□NM	□ ит
□со	□LA	□NY	□VT
□СТ	□ ME	□ NC	□VI
□ DE	□ MD	□ND	□VA

☐ DC	□ ма		□ он	∥ □ WA
□ FL	□ MI		□ ок	□ wv
☐ GA	☐ MN		□ OR	□ WI
□GU	☐ MS		□ PA	□ wy
□ні	□ мо		☐ PR	☐ Other:
□ID	□мт		□RI	
SECTION 1.F. Other	r Offices			
you conduct investor If you are applying	nent advisory business for SEC registration, if	s. You must com you are registe	plete a separate Sched	te and place of business, at which ule D Section 1.F. for each location. or if you are an exempt reporting es).
Number and Street 5005 HORIZONS DE			Number and Stree	et 2:
City:	•	State:	Country:	ZIP+4/Postal Code:
COLUMBUS		Ohio	United States	43220
If this address is a p	private residence, chec	ck this box:		
Telephone Number: (614) 459-9000		Facsimile N	lumber, if any:	
	r-dealer or investment	=		rities authority as a branch office Registration Form (Form BR), please
How many <i>employe</i>	<i>es</i> perform investmen	t advisory functi	ons from this office loca	ation?
Are other business a	activities conducted at	this office locat	ion? (check all that app	oly)
🗹 (1) Broker-dealer	r (registered or unregi	stered)		
(2) Bank (includi	ng a separately identif	iable departmer	it or division of a bank)	
☑ (3) Insurance bro	oker or agent			
☐ (4) Commodity p	ool operator or comm	odity trading ad	visor (whether registere	ed or exempt from registration)
\square (5) Registered m				
☐ (6) Accountant o	r accounting firm			
(7) Lawyer or law	v firm			
Describe any other	<i>investment-related</i> bu	siness activities	conducted from this of	fice location:
•	_			ce and place of business, at which ule D Section 1.F. for each location.

IARD - Form ADV, Identifying Information Section [User Name: hschumacher1, OrgID: 111052]

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If you are applying for SEC registration, adviser, list only the largest twenty-five	=	•				
Number and Street 1: 3330 GOAT FELL		Number and Street 2:				
City: ANN ARBOR	State: Michigan	Country: United States	ZIP+4/Postal Code: 48108			
If this address is a private residence, ch	eck this box: \square					
Telephone Number: (734) 277-6676						
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:						
How many <i>employees</i> perform investment advisory functions from this office location? 1						
Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm						
Complete the following information for a	ash office other tha	an your principal office of	and place of business, at which			
Complete the following information for e you conduct investment advisory busine If you are applying for SEC registration, adviser, list only the largest twenty-five	ss. You must comple if you are registered	ete a separate Schedule d only with the SEC, or	D Section 1.F. for each location. if you are an <i>exempt reporting</i>			
Number and Street 1: 13702 COURSEY BLVD, BLDG 3B		Number and Street 2	:			
City: BATON ROUGE	State: Louisiana	Country: United States	ZIP+4/Postal Code: 70817			
If this address is a private residence, ch	eck this box: \square					
Telephone Number: 2253618424	Facsimile Number,	if any:				

If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here: 534169						
How many <i>employees</i> perform investment advisory functions from this office location?						
Are other business activities conducted at this office location? (check all that apply)						
(1) Broker-dealer (registered or unregistered)						
\square (2) Bank (including a separately ide	ntifiable departr	ment or division of a ba	nk)			
☑ (3) Insurance broker or agent						
\square (4) Commodity pool operator or con	nmodity trading	advisor (whether regist	tered or exempt from registration)			
(5) Registered municipal advisor						
\square (6) Accountant or accounting firm						
(7) Lawyer or law firm						
Describe any other <i>investment-related</i> business activities conducted from this office location:						
Complete the following information for each office, other than your <i>principal office and place of business</i> , at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>).						
Number and Street 1:		Number and Street	2:			
26218 OAKRIDGE DRIVE	.		770 4 (0) 4 (0)			
City: SPRING	State: Texas	Country: United States	ZIP+4/Postal Code: 77380			
STATE	icxus	officed States	77300			
If this address is a private residence, c	heck this box:					
Telephone Number: (832) 381-2515						
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here: 197846						
How many <i>employees</i> perform investment advisory functions from this office location? 2						
Are other business activities conducted [V] (1) Broker-dealer (registered or unr	egistered)					
☐ (2) Bank (including a separately ide ☑ (3) Insurance broker or agent	ntifiable departr	ment or division of a ba	nk)			

(4) Commodity pool operator or co	ommodity trading ad	lvisor (whether register	ed or exempt from registration)			
(5) Registered municipal advisor						
\square (6) Accountant or accounting firm						
(7) Lawyer or law firm						
Describe any other investment-related business activities conducted from this office location:						
Complete the following information for you conduct investment advisory bus						
If you are applying for SEC registration adviser, list only the largest twenty-f		· · · · · · · · · · · · · · · · · · ·				
Number and Street 1: 1411 5TH STREET, SUITE 306		Number and Street	: 2:			
City:	State:	Country:	ZIP+4/Postal Code:			
SANTA MONICA	California	United States	90401			
If this address is a private residence,	check this box: \Box					
Telephone Number: (310) 579-9560	Facsimile Numb	er, if any:				
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:						
How many <i>employees</i> perform investment advisory functions from this office location? 2						
Are other business activities conductor (1) Broker-dealer (registered or un		tion? (check all that app	oly)			
\Box (2) Bank (including a separately ic	•	nt or division of a bank)				
☑ (3) Insurance broker or agent						
(4) Commodity pool operator or co	ommodity trading ad	lvisor (whether register	ed or exempt from registration)			
\square (5) Registered municipal advisor \square (6) Accountant or accounting firm						
(7) Lawyer or law firm						
(,,,,,,						
Describe any other investment-relate	ed business activities	s conducted from this of	fice location:			

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

Number and Street 1: 3388 FOUNDERS ROAD, SUITE 100						
City: INDIANAPOLIS	State: Indiana	Country: United States	ZIP+4/Postal Code: 46268			
If this address is a private residence, check this box: \square						
Telephone Number: Facsimile Number, if any: (317) 805-6701						
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here: 706660						
How many <i>employees</i> perform investment advisory functions from this office location?						
Are other business activities conducted at this office location? (check all that apply) ☑ (1) Broker-dealer (registered or unregistered) ☐ (2) Bank (including a separately identifiable department or division of a bank) ☑ (3) Insurance broker or agent ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) ☐ (5) Registered municipal advisor ☐ (6) Accountant or accounting firm ☐ (7) Lawyer or law firm						
Describe any other investment-related business activities conducted from this office location:						
Complete the following information for each you conduct investment advisory business. If you are applying for SEC registration, if y adviser, list only the largest twenty-five offi	You must comple ou are registered	ete a separate Schedul I only with the SEC, or	e D Section 1.F. for each location. if you are an <i>exempt reporting</i>			
Number and Street 1: 2413 W ALGONQUIN ROAD, SUITE 506		Number and Stree	t 2:			
City: ALGONQUIN	State: Illinois	Country: United States	ZIP+4/Postal Code: 60102			
If this address is a private residence, check	this box:					
Telephone Number: (847) 459-8800	Facsimile Nu	mber, if any:				

If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:					
How many <i>employees</i> perform investment advisory functions from this office location?					
Are other business activities conducted a	at this office locat	ion? (check all that app	oly)		
(1) Broker-dealer (registered or unregistered)					
\square (2) Bank (including a separately identifiable department or division of a bank)					
☑ (3) Insurance broker or agent					
(4) Commodity pool operator or comr	nodity trading ad	visor (whether register	ed or exempt from registration)		
☐ (5) Registered municipal advisor☐ (6) Accountant or accounting firm					
(6) Accountant of accounting min					
Describe any other investment-related business activities conducted from this office location:					
Complete the following information for e you conduct investment advisory busine If you are applying for SEC registration, adviser, list only the largest twenty-five	ss. You must com if you are registe	plete a separate Scheored only with the SEC,	dule D Section 1.F. for each location. or if you are an <i>exempt reporting</i>		
Number and Street 1: 2551 ROSWELL RD STE 209		Number and Street 2	2:		
City:	State:	Country:	ZIP+4/Postal Code:		
MARIETTA	Georgia	United States	30062		
If this address is a private residence, ch	eck this box:				
Telephone Number: (770) 973-5220	Facsimile Numl	oer, if any:			
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:					
How many <i>employees</i> perform investment advisory functions from this office location?					
Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank)					
✓ (3) Insurance broker or agent✓ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)					

☐ (6) Accountant or accounting firm ☐ (7) Lawyer or law firm Describe any other investment-related business activities conducted from this office location: Complete the following information for each office, other than your principal office and place of business, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an exempt reporting adviser, list only the largest twenty-five offices (in terms of numbers of employees). Number and Street 1: Number and Street 2: 23482 PERALTA DRIVE, SUITE B1 City: State: Country: ZIP+4/Postal Code: LAGUNA HILLS California United States 92653 Telephone Number: Facsimile Number, if any:				
Describe any other <i>investment-related</i> business activities conducted from this office location: Complete the following information for each office, other than your <i>principal office and place of business</i> , at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>). Number and Street 1: 23482 PERALTA DRIVE, SUITE B1 City: State: Country: ZIP+4/Postal Code: LAGUNA HILLS California United States 92653				
Complete the following information for each office, other than your <i>principal office and place of business</i> , at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>). Number and Street 1: 23482 PERALTA DRIVE, SUITE B1 City: State: Country: ZIP+4/Postal Code: LAGUNA HILLS California United States 92653				
you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an exempt reporting adviser, list only the largest twenty-five offices (in terms of numbers of employees). Number and Street 1: Number and Street 2: 23482 PERALTA DRIVE, SUITE B1 City: State: Country: ZIP+4/Postal Code: LAGUNA HILLS California United States 92653				
you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an exempt reporting adviser, list only the largest twenty-five offices (in terms of numbers of employees). Number and Street 1: Number and Street 2: 23482 PERALTA DRIVE, SUITE B1 City: State: Country: ZIP+4/Postal Code: LAGUNA HILLS California United States 92653				
If you are applying for SEC registration, if you are registered only with the SEC, or if you are an exempt reporting adviser, list only the largest twenty-five offices (in terms of numbers of employees). Number and Street 1: 23482 PERALTA DRIVE, SUITE B1 City: State: Country: ZIP+4/Postal Code: LAGUNA HILLS California United States 92653				
Adviser, list only the largest twenty-five offices (in terms of numbers of employees). Number and Street 1: Number and Street 2: 23482 PERALTA DRIVE, SUITE B1 City: State: Country: ZIP+4/Postal Code: LAGUNA HILLS California United States 92653 If this address is a private residence, check this box:				
Number and Street 1: 23482 PERALTA DRIVE, SUITE B1 City: State: Country: ZIP+4/Postal Code: LAGUNA HILLS California United States 92653 If this address is a private residence, check this box:				
23482 PERALTA DRIVE, SUITE B1 City: State: Country: ZIP+4/Postal Code: LAGUNA HILLS California United States 92653 If this address is a private residence, check this box:				
23482 PERALTA DRIVE, SUITE B1 City: State: Country: ZIP+4/Postal Code: LAGUNA HILLS California United States 92653 If this address is a private residence, check this box:				
LAGUNA HILLS California United States 92653 If this address is a private residence, check this box:				
If this address is a private residence, check this box: \square				
Telephone Number: Facsimile Number, if any:				
Total Tallians				
(949) 296-1161				
If this office location is also required to be registered with FINRA or a state securities authority as a branch office				
location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:				
How many employees perform investment advisory functions from this office location?				
Are other business activities conducted at this office location? (check all that apply)				
☑ (1) Broker-dealer (registered or unregistered)				
\square (2) Bank (including a separately identifiable department or division of a bank)				
☑ (3) Insurance broker or agent				
(4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)				
\square (5) Registered municipal advisor \square (6) Accountant or accounting firm				
(0) Accountant of accounting min				
= (/) Edity of the first				
Describe any other investment-related business activities conducted from this office location:				

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

Number and Street 1:		Number and Street 2:					
24800 DENSO DRIVE, SUITE140							
City: SOUTHFIELD	State: Michigan	Country: United States	ZIP+4/Postal Code: 48033				
If this address is a private residence, check this box: \square							
Telephone Number: 248-350-3400	·						
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here: 664854							
How many <i>employees</i> perform investment advisory functions from this office location?							
Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm							
Complete the following information for e you conduct investment advisory busines If you are applying for SEC registration, adviser, list only the largest twenty-five	ss. You must comple if you are registered	ete a separate Schedule I only with the SEC, or i	D Section 1.F. for each location. f you are an <i>exempt reporting</i>				
Number and Street 1: 1464 WARWICK AVE		Number and Street 2:					
City: WARWICK	State: Rhode Island	Country: United States	ZIP+4/Postal Code: 02888				
If this address is a private residence, che	eck this box: \square						
Telephone Number: (401) 780-9530	Facsimile Number,	if any:					
If this office location is also required to be location for a broker-dealer or investmen	=						

provide the <i>CRD</i> Branch Number here:						
How many <i>employees</i> perform investment advisory functions from this office location?						
Are other business activities conducted a	Are other business activities conducted at this office location? (check all that apply)					
☑ (1) Broker-dealer (registered or unreg	gistered)					
\square (2) Bank (including a separately ident	(2) Bank (including a separately identifiable department or division of a bank)					
☑ (3) Insurance broker or agent						
\square (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)						
(5) Registered municipal advisor						
(6) Accountant or accounting firm						
(7) Lawyer or law firm						
Describe any other investment-related b	usiness activities	conducted from this off	ice location:			
Complete the following information for e you conduct investment advisory busine If you are applying for SEC registration, adviser, list only the largest twenty-five	ss. You must com if you are registe	plete a separate Schedured only with the SEC, o	ule D Section 1.F. for each location. or if you are an <i>exempt reporting</i>			
Number and Street 1: 9869 S 168TH AVENUE, SUITE 1C		Number and Stree	t 2:			
City:	State:	Country:	ZIP+4/Postal Code:			
ОМАНА	Nebraska	United States	68136			
If this address is a private residence, che	eck this box: \square					
Telephone Number: 402-697-5074	Facsimile Numb	per, if any:				
If this office location is also required to be location for a broker-dealer or investment provide the <i>CRD</i> Branch Number here:						
How many <i>employees</i> perform investme 1	nt advisory functi	ons from this office loca	ation?			
Are other business activities conducted a	at this office locat	ion? (check all that appl	ly)			
lacksquare (1) Broker-dealer (registered or unreg	gistered)					
\square (2) Bank (including a separately ident	ifiable departmen	t or division of a bank)				
☑ (3) Insurance broker or agent						
(4) Commodity pool operator or comr	nodity trading adv	visor (whether registere	d or exempt from registration)			
(5) Registered municipal advisor						
\square (6) Accountant or accounting firm						

\square (7) Lawyer or law firm					
Describe any other <i>investment-related</i> business activities conducted from this office location:					
Complete the following information fo you conduct investment advisory busi If you are applying for SEC registratio adviser, list only the largest twenty-firm	ness. You must cor on, if you are regist	mplete a separate Schedered only with the SEC,	lule D Section 1.F. for each location. or if you are an <i>exempt reporting</i>		
Number and Street 1: 120 VANTIS, SUITE 300		Number and Street	t 2:		
City: ALISO VIEJO	State: California	Country: United States	ZIP+4/Postal Code: 92656		
If this address is a private residence,	check this box: \Box				
Telephone Number: Facsimile Number, if any: 949-737-2626					
If this office location is also required to location for a broker-dealer or investing provide the CRD Branch Number here	nent adviser on the		•		
How many <i>employees</i> perform investr 2	ment advisory func	tions from this office loc	ation?		
Are other business activities conducte (1) Broker-dealer (registered or un		ition? (check all that app	oly)		
\square (2) Bank (including a separately identifiable department or division of a bank)					
 ✓ (3) Insurance broker or agent ✓ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) 					
☐ (5) Registered municipal advisor☐ (6) Accountant or accounting firm☐ (7) Lawyer or law firm					
Describe any other <i>investment-related</i>	d business activitie	s conducted from this of	fice location:		
Complete the following information fo you conduct investment advisory busi If you are applying for SEC registratio adviser, list only the largest twenty-firm	ness. You must cor in, if you are regist	mplete a separate Schedered only with the SEC,	lule D Section 1.F. for each location. or if you are an <i>exempt reporting</i>		
Number and Street 1: 8500 KEYSTONE CROSSING STE 300		Number and Stre	eet 2:		

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City:	State:	Country:	ZIP+4/Postal Code:		
INDIANAPOLIS	Indiana	United States	46240		
If this address is a private residence, chec	ck this box:				
Telephone Number: 3177756110					
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:					
How many <i>employees</i> perform investment advisory functions from this office location?					
Are other business activities conducted at	t this office location?	(check all that apply)			
☑ (1) Broker-dealer (registered or unregi		(
\square (2) Bank (including a separately identif	fiable department or	division of a bank)			
(3) Insurance broker or agent					
(4) Commodity pool operator or comm	odity trading advisor	(whether registered or	exempt from registration)		
☐ (5) Registered municipal advisor ☐ (6) Accountant or accounting firm					
(7) Lawyer or law firm					
Describe any other investment-related bu	isiness activities cond	ducted from this office l	ocation:		
Complete the following information for ea you conduct investment advisory business:	·		•		
If you are applying for SEC registration, it	•	·			
adviser, list only the largest twenty-five o	offices (in terms of nu	imbers of <i>employees</i>).			
Number and Street 1:		Number and Street 2:			
3108 LITTLE ALDEN LAKE RD		Number and Street 2.			
·		Country:	ZIP+4/Postal Code:		
DULUTH	Minnesota	United States	55803		
If this address is a private residence, check this box: $lacktriangledown$					
Telephone Number: (612) 991-8906	Facsimile Number, if	any:			
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:					

How many <i>employees</i> perform invest	tment advisory functi	ions from this office loca	ation?		
Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm					
,					
Complete the following information of you conduct investment advisory but If you are applying for SEC registrate adviser, list only the largest twenty-	siness. You must com ion, if you are registe	plete a separate Schedored only with the SEC, o	ule D Section 1.F. for each location. or if you are an <i>exempt reporting</i>		
Number and Street 1: 26 N 2ND STREET		Number and Stree	t 2:		
City: PICKENS	State: Mississippi	Country: United States	ZIP+4/Postal Code: 39146		
If this address is a private residence	, check this box: 🗹				
Telephone Number: (662) 468-3832	Facsimile Numbe	er, if any:			
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:					
How many <i>employees</i> perform investment advisory functions from this office location?					
Are other business activities conducted at this office location? (check all that apply) ☑ (1) Broker-dealer (registered or unregistered) ☐ (2) Bank (including a separately identifiable department or division of a bank) ☑ (3) Insurance broker or agent ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) ☐ (5) Registered municipal advisor ☐ (6) Accountant or accounting firm ☐ (7) Lawyer or law firm					

Describe any other investment-related business activities conducted from this office location:					
Complete the following information for expounding investment advisory busined of the second of the s	ess. You must compl if you are registere	ete a separate Schedule d only with the SEC, or i	D Section 1.F. for each location. If you are an <i>exempt reporting</i>		
Number and Street 1: 7910 RALSTON ROAD, SUITE 7		Number and Street 2:			
City: ARVADA	State: Colorado	Country: United States	ZIP+4/Postal Code: 80002		
If this address is a private residence, ch	neck this box:				
Telephone Number: (303) 589-4602	Facsimile Number	, if any:			
If this office location is also required to location for a broker-dealer or investme provide the <i>CRD</i> Branch Number here:	-		·		
How many <i>employees</i> perform investment	ent advisory functior	s from this office location	on?		
Are other business activities conducted (1) Broker-dealer (registered or unre (2) Bank (including a separately iden (3) Insurance broker or agent (4) Commodity pool operator or commodity pool operator or commodity (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm	gistered) tifiable department	or division of a bank)	or exempt from registration)		
Describe any other <i>investment-related</i> business activities conducted from this office location:					
Complete the following information for e you conduct investment advisory busine If you are applying for SEC registration, adviser, list only the largest twenty-five	ess. You must compl if you are registere	ete a separate Schedule d only with the SEC, or i	D Section 1.F. for each location. f you are an <i>exempt reporting</i>		
Number and Street 1: 5820 STAGE ROAD		Number and Street 2	:		
City: State: Country: ZIP+4/Postal Code: BARTLETT Tennessee United States 38134					

If this address is a private residence, check this box: \Box				
Telephone Number: (901) 385-1234	Facsimile Numbe	r, if any:		
If this office location is also required to be location for a broker-dealer or investment provide the <i>CRD</i> Branch Number here:	-		·	
How many <i>employees</i> perform investme	nt advisory functi	ons from this office loca	ation?	
Are other business activities conducted a	at this office locati	on? (check all that appl	ly)	
☑ (1) Broker-dealer (registered or unreg	gistered)			
\square (2) Bank (including a separately ident	tifiable departmen	t or division of a bank)		
lacksquare (3) Insurance broker or agent				
(4) Commodity pool operator or comm	modity trading adv	visor (whether registere	d or exempt from registration)	
\square (5) Registered municipal advisor				
lacksquare (6) Accountant or accounting firm				
lacksquare (7) Lawyer or law firm				
Describe any other investment-related b	ousiness activities	conducted from this off	ice location:	
Complete the following information for e you conduct investment advisory busine If you are applying for SEC registration, adviser, list only the largest twenty-five	ss. You must com if you are register	plete a separate Schedured only with the SEC, o	ule D Section 1.F. for each location. or if you are an <i>exempt reporting</i>	
Number and Street 1: 4525 S WASATCH BLVD, SUITE 210		Number and Street	: 2:	
City:	State:	Country:	ZIP+4/Postal Code:	
SALT LAKE CITY	Utah	United States	84124	
If this address is a private residence, ch	eck this box: \Box			
Telephone Number: (801) 647-50	Facsimile N	umber, if any:		
If this office location is also required to be location for a broker-dealer or investment provide the <i>CRD</i> Branch Number here:	-		-	
How many <i>employees</i> perform investme	ent advisory functi	ons from this office loca	ation?	

Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm Describe any other investment-related business activities conducted from this office location:					
Complete the following information for early you conduct investment advisory busines If you are applying for SEC registration, is adviser, list only the largest twenty-five of	s. You must comp f you are register	plete a separate Schedu ed only with the SEC, o	le D Section 1.F. for each location. r if you are an <i>exempt reporting</i>		
Number and Street 1: 300 S WACKER DRIVE, SUITE 2000A		Number and Street	: 2:		
City: CHICAGO	State: Illinois	Country: United States	ZIP+4/Postal Code: 60606		
If this address is a private residence, che	ck this box:				
Telephone Number: (708) 220-5011	Facsimile Nu	umber, if any:			
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:					
How many <i>employees</i> perform investmen	t advisory functio	ons from this office locat	tion?		
Are other business activities conducted at ✓ (1) Broker-dealer (registered or unregistered) — (2) Bank (including a separately identify (3) Insurance broker or agent (4) Commodity pool operator or commodistical (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm	stered) fiable department	or division of a bank)			
Describe any other investment-related bu	ısiness activities (conducted from this offi	ce location:		

Complete the following information for you conduct investment advisory busin If you are applying for SEC registration adviser, list only the largest twenty-five	ess. You must com , if you are registe	plete a separate Sched red only with the SEC,	ule D Section 1.F. for each location. or if you are an <i>exempt reporting</i>		
Number and Street 1: 395 GUNTER AVENUE		Number and Street	2:		
City:	State:	Country:	ZIP+4/Postal Code:		
GUNTERSVILLE	Alabama	United States	35976		
If this address is a private residence, c	heck this box:				
Telephone Number: (770) 389-9060	Facsimile Numb	per, if any:			
If this office location is also required to location for a broker-dealer or investment of the CRD Branch Number here:	-		-		
How many <i>employees</i> perform investm	ent advisory funct	ions from this office loca	ation?		
Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm					
Complete the following information for each office, other than your <i>principal office and place of business</i> , at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>).					
Number and Street 1: 94 WOODCHUCK HOLLOW ROAD		Number and Street	2:		
City: COLD SPRING HARBOR	State: New York	Country: United States	ZIP+4/Postal Code: 11724		
If this address is a private residence, c	heck this box:				

Telephone Number: (516) 677-6278	Facsimile Nu	mber, if any:	
If this office location is also required to location for a broker-dealer or investme provide the <i>CRD</i> Branch Number here:			
How many <i>employees</i> perform investment	ent advisory func	tions from this office lo	cation?
Are other business activities conducted (1) Broker-dealer (registered or unre		tion? (check all that ap	ply)
\square (2) Bank (including a separately iden	tifiable departme	ent or division of a bank)
(3) Insurance broker or agent			
☐ (4) Commodity pool operator or comp ☐ (5) Registered municipal advisor	modity trading a	dvisor (whether register	red or exempt from registration)
(6) Accountant or accounting firm			
(7) Lawyer or law firm			
Describe any other investment-related b	ousiness activitie	s conducted from this o	ffice location:
Complete the following information for expounding the sum of the s	ess. You must co if you are regist	nplete a separate Sche ered only with the SEC,	dule D Section 1.F. for each location. or if you are an <i>exempt reporting</i>
you conduct investment advisory busine If you are applying for SEC registration,	ess. You must co if you are regist	nplete a separate Sche ered only with the SEC,	dule D Section 1.F. for each location. or if you are an <i>exempt reporting</i> ees).
you conduct investment advisory busined If you are applying for SEC registration, adviser, list only the largest twenty-five Number and Street 1: 8 MACON STREET City:	ess. You must coing if you are regist offices (in terms State:	mplete a separate Sche ered only with the SEC, of numbers of <i>employe</i> Number and Street Country:	dule D Section 1.F. for each location. or if you are an exempt reporting ees). 2: ZIP+4/Postal Code:
you conduct investment advisory busined If you are applying for SEC registration, adviser, list only the largest twenty-five Number and Street 1: 8 MACON STREET	ess. You must con if you are regist offices (in terms	mplete a separate Sche ered only with the SEC, of numbers of <i>employe</i> Number and Street	dule D Section 1.F. for each location. or if you are an exempt reporting ees). 2:
you conduct investment advisory busined If you are applying for SEC registration, adviser, list only the largest twenty-five Number and Street 1: 8 MACON STREET City:	ess. You must con if you are regist offices (in terms State: Georgia	mplete a separate Sche ered only with the SEC, of numbers of <i>employe</i> Number and Street Country:	dule D Section 1.F. for each location. or if you are an exempt reporting ees). 2: ZIP+4/Postal Code:
you conduct investment advisory busine If you are applying for SEC registration, adviser, list only the largest twenty-five Number and Street 1: 8 MACON STREET City: MCDONOUGH	ess. You must con if you are regist offices (in terms State: Georgia	mplete a separate Sche ered only with the SEC, s of numbers of <i>employe</i> Number and Street Country: United States	dule D Section 1.F. for each location. or if you are an exempt reporting ees). 2: ZIP+4/Postal Code:
you conduct investment advisory busined If you are applying for SEC registration, adviser, list only the largest twenty-five Number and Street 1: 8 MACON STREET City: MCDONOUGH If this address is a private residence, characteristic conduction of the second of the se	ess. You must con if you are regist offices (in terms State: Georgia eck this box: Facsimile Nun be registered wit	nplete a separate Sche ered only with the SEC, of numbers of employed Number and Street Country: United States The property of the second of	dule D Section 1.F. for each location. or if you are an exempt reporting ees). 2: ZIP+4/Postal Code: 30253
you conduct investment advisory busined If you are applying for SEC registration, adviser, list only the largest twenty-five Number and Street 1: 8 MACON STREET City: MCDONOUGH If this address is a private residence, characteristic content of the content of t	sss. You must con if you are regist offices (in terms State: Georgia eck this box: Facsimile Numbe registered with adviser on the	nplete a separate Sche ered only with the SEC, of numbers of employed Number and Street Country: United States The FINRA or a state secue Uniform Branch Office	dule D Section 1.F. for each location. or if you are an exempt reporting ees). 2: ZIP+4/Postal Code: 30253 urities authority as a branch office Registration Form (Form BR), please
you conduct investment advisory busined If you are applying for SEC registration, adviser, list only the largest twenty-five Number and Street 1: 8 MACON STREET City: MCDONOUGH If this address is a private residence, characteristic content of the second of the secon	ss. You must con if you are regist offices (in terms State: Georgia eck this box: Facsimile Numbe registered with adviser on the ent advisory functions)	mplete a separate Sche ered only with the SEC, of numbers of employed Number and Street Country: United States The FINRA or a state sector of the Europe Uniform Branch Office the States of the Europe Uniform this office locations from this office locations.	dule D Section 1.F. for each location. or if you are an exempt reporting ees). 2: ZIP+4/Postal Code: 30253 urities authority as a branch office Registration Form (Form BR), please cation?

If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here:

1

City:

DIX HILLS

Telephone Number:

(516) 695-4662

3/21/23, 1:43 PM

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

- ☑ (1) Broker-dealer (registered or unregistered)
- \square (2) Bank (including a separately identifiable department or division of a bank)
- ☑ (3) Insurance broker or agent
- \square (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- (5) Registered municipal advisor
- (6) Accountant or accounting firm
- \square (7) Lawyer or law firm

Describe any other *investment-related* business activities conducted from this office location:

Complete the following information for each office, other than your <i>principal office and place of business</i> , at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>).						
Number and Street 1: 2850 GOLF ROAD		Number and	Street 2:			
City: ROLLING MEADOWS	State: Illinois	Country: United States	5	ZIP+4/Postal Code: 60008		
If this address is a private residence, chec	ck this box:					
Telephone Number: (312) 982-7433	Facsimile Nur	mber, if any:				
If this office location is also required to be location for a broker-dealer or investment provide the <i>CRD</i> Branch Number here:	_					
How many <i>employees</i> perform investmen 1	t advisory funct	tions from this	office locati	on?		
Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm						
Complete the following information for each office, other than your <i>principal office and place of business</i> , at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>).						
Number and Street 1: 4316 OLD CANTON ROAD, SUITE 100A		Numb	er and Stre	et 2:		
City: JACKSON	State: Mississippi	Count United	ry: d States	ZIP+4/Postal Code: 39211		
If this address is a private residence, check this box: \square						

Telephone Number: (601) 982-1117	Facsimile Numb	per, if any:			
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here: 300062					
How many <i>employees</i> perform investr	ment advisory functi	ons from this office loca	ation?		
Are other business activities conducte	d at this office locati	on? (check all that app	ly)		
lacksquare (1) Broker-dealer (registered or un	registered)				
\square (2) Bank (including a separately ide	entifiable departmen	t or division of a bank)			
(3) Insurance broker or agent					
(4) Commodity pool operator or co	mmodity trading adv	risor (whether registere	ed or exempt from registration)		
(5) Registered municipal advisor					
(6) Accountant or accounting firm					
(7) Lawyer or law firm					
Describe any other investment-related	d business activities	conducted from this off	îce location:		
Complete the following information fo you conduct investment advisory busi If you are applying for SEC registration adviser, list only the largest twenty-fit	ness. You must com on, if you are register	plete a separate Sched red only with the SEC, o	ule D Section 1.F. for each location. or if you are an <i>exempt reporting</i>		
Number and Street 1: 350 HIGHWAY 7 #241		Number and Street	t 2:		
City:	State:	Country:	ZIP+4/Postal Code:		
EXCELSIOR	Minnesota	United States	55331		
If this address is a private residence, check this box: \Box					
Telephone Number: (763) 231-7316	Facsimile Numbe	r, if any:			
If this office location is also required t location for a broker-dealer or investr provide the <i>CRD</i> Branch Number here	nent adviser on the l				
How many <i>employees</i> perform investment advisory functions from this office location?					
Are other business activities conducte					

Describe any other *investment-related* business activities conducted from this office location:

Complete the following information for early you conduct investment advisory business If you are applying for SEC registration, if adviser, list only the largest twenty-five o	s. You must com you are registe	plete a separate Sche red only with the SEC	dule D Section 1.F. for each location. , or if you are an <i>exempt reporting</i>		
Number and Street 1: 6330 N CENTER DRIVE, SUITE 140		Number and Stre	eet 2:		
City: NORFOLK	State: Virginia	Country: United States	ZIP+4/Postal Code: 23502		
NORI OLK	Virginia	Officed States	23302		
If this address is a private residence, chec	ck this box:				
Telephone Number: (757) 366-0366	Facsimile Nu	mber, if any:			
If this office location is also required to be location for a broker-dealer or investment provide the <i>CRD</i> Branch Number here:	_				
How many <i>employees</i> perform investment	t advisory functi	ions from this office lo	cation?		
Are other business activities conducted at ✓ (1) Broker-dealer (registered or unregis — (2) Bank (including a separately identif ✓ (3) Insurance broker or agent — (4) Commodity pool operator or commodity — (5) Registered municipal advisor	stered) ïable departmer	nt or division of a bank	<)		
(6) Accountant or accounting firm					
\square (7) Lawyer or law firm					
Describe any other <i>investment-related</i> bu	siness activities	conducted from this o	office location:		
Complete the following information for early you conduct investment advisory business If you are applying for SEC registration, if adviser, list only the largest twenty-five o	s. You must com you are registe	plete a separate Sche red only with the SEC	dule D Section 1.F. for each location. , or if you are an <i>exempt reporting</i>		
Number and Street 1: 2001 BOMAR STREET		Number and Street 2	:		
City:	State:	Country:	ZIP+4/Postal Code:		
MARSHALL	Texas	United States	75670		
If this address is a private residence, chec	ck this box:				

Telephone Number: (484) 794-0574	Facsimile Numb	er, if any:			
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:					
How many <i>employees</i> perform investment 1	advisory functio	ns from this office locati	on?		
Are other business activities conducted at t	ered) able department	or division of a bank)			
Describe any other investment-related busi	iness activities c	onducted from this offic	e location:		
Complete the following information for each you conduct investment advisory business. If you are applying for SEC registration, if y adviser, list only the largest twenty-five off	You must comp you are registere	lete a separate Schedule ed only with the SEC, or	e D Section 1.F. for each location. if you are an <i>exempt reporting</i>		
Number and Street 1: 1520 CARLEMONT DRIVE, SUITE J		Number and Street 2	:		
City: CRYSTAL LAKE	State: Illinois	Country: United States	ZIP+4/Postal Code: 60014		
If this address is a private residence, check	this box:				
Telephone Number: (260) 312-4800	Facsimile Nur	mber, if any:			
If this office location is also required to be location for a broker-dealer or investment a provide the <i>CRD</i> Branch Number here:	=		•		
How many <i>employees</i> perform investment advisory functions from this office location?					
Are other business activities conducted at t		n? (check all that apply))		
✓ (1) Broker-dealer (registered or unregistered)✓ (2) Bank (including a separately identifiable department or division of a bank)					

☑ (3) Insurance broker or agent						
\square (4) Commodity pool operator or co	mmodity trading adv	visor (whether registere	d or exempt from registration)			
(5) Registered municipal advisor						
\square (6) Accountant or accounting firm						
(7) Lawyer or law firm						
Describe any other <i>investment-related</i> business activities conducted from this office location:						
Complete the following information for you conduct investment advisory busi If you are applying for SEC registratio adviser, list only the largest twenty-five	ness. You must com n, if you are registe	plete a separate Schedured only with the SEC, o	ule D Section 1.F. for each location. or if you are an <i>exempt reporting</i>			
Number and Street 1: 1210 JACKSBORO PIKE		Number and Street	t 2:			
City:	State:	Country:	ZIP+4/Postal Code:			
LAFOLLETTE	Tennessee	United States	37766			
If this address is a private residence,	check this box:					
Telephone Number:	Facsimile Numbe	er, if any:				
(423) 562-3346						
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:						
How many <i>employees</i> perform investr	nent advisory functi	ons from this office loca	ation?			
Are other business activities conducte	d at this office locat	ion? (check all that annl	(V)			
✓ (1) Broker-dealer (registered or un		ion. (check an that appr	,,,			
\square (2) Bank (including a separately ide	- ,	nt or division of a bank)				
✓ (3) Insurance broker or agent						
\Box (4) Commodity pool operator or col	mmoditv trading ad [,]	visor (whether registere	d or exempt from registration)			
\square (5) Registered municipal advisor		(
(6) Accountant or accounting firm						
(7) Lawyer or law firm						
(,						
Describe any other investment-related	1 business activities	conducted from this off	ice location:			

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

If you are applying for SEC registration, if you are registered only with the SEC, or if you are an <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>).					
Number and Street 1: 518 W PALMETTO STREET		Number and Stree	t 2:		
City: FLORENCE	State: South Dakota	Country: United States	ZIP+4/Postal Code: 29501		
If this address is a private residence, check this box: \square					
Telephone Number: (843) 229-0667	Facsimile Number, if any:				
If this office location is also required to location for a broker-dealer or investme provide the <i>CRD</i> Branch Number here:					
How many <i>employees</i> perform investment	ent advisory func	tions from this office loca	ation?		
Are other business activities conducted	egistered) ntifiable departme modity trading ac	ent or division of a bank) dvisor (whether registere	ed or exempt from registration)		
Complete the following information for each office, other than your <i>principal office and place of business</i> , at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>).					
Number and Street 1: 156 S SAGE HOLLOW		Number and Street 2:			
City: DRIPPING SPRINGS	State: Texas	Country: United States	ZIP+4/Postal Code: 78620		
If this address is a private residence, ch	neck this box: \square				
Telephone Number: (512) 538-6271	Facsimile Number, if any:				

If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:				
How many <i>employees</i> perform investme	nt advisory functions	from this office locat	ion?	
Are other business activities conducted a	at this office location?	? (check all that apply	r)	
☑ (1) Broker-dealer (registered or unreg	· ·			
☐ (2) Bank (including a separately ident☑ (3) Insurance broker or agent	ifiable department o	r division of a bank)		
\Box (4) Commodity pool operator or comm	nodity trading adviso	r (whether registered	or exempt from registration)	
\square (5) Registered municipal advisor				
(6) Accountant or accounting firm				
(7) Lawyer or law firm				
Describe any other investment-related b	usiness activities cor	nducted from this offic	ce location:	
Complete the following information for e you conduct investment advisory busines If you are applying for SEC registration, adviser, list only the largest twenty-five	ss. You must comple if you are registered	te a separate Schedul only with the SEC, or	e D Section 1.F. for each location. if you are an <i>exempt reporting</i>	
Number and Street 1: 110 CHRISTIANA MEDICAL CENTER		Number and Street	t 2:	
City: NEWARK	State: Delaware	Country: United States	ZIP+4/Postal Code: 19702	
NEWAKK	Delaware	Officed States	19702	
If this address is a private residence, che	eck this box:			
Telephone Number: (302) 286-0777	Facsimile Number	, if any:		
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:				
How many <i>employees</i> perform investment advisory functions from this office location?				
Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank)				
(2) Bank (including a separately identity) [2] (3) Insurance broker or agent	abic department of	. GIVISION OF a Dank)		
(4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)				

(5) Registered municipal advisor					
(6) Accountant or accounting firm					
(7) Lawyer or law firm					
Describe any other <i>investment-related</i> business activities conducted from this office location:					
Complete the following information for eacy you conduct investment advisory business If you are applying for SEC registration, if adviser, list only the largest twenty-five or	s. You must com _l you are register	plete a separate Schedu ed only with the SEC, o	le D Section 1.F. for each location. r if you are an <i>exempt reporting</i>		
Number and Street 1: 218 HILLSIDE DRIVE		Number and Street 2:			
City:	State:	Country:	ZIP+4/Postal Code:		
WALESKA	Georgia	United States	30183		
If this address is a private residence, chec	ck this box: 🔽				
Telephone Number: (678) 923-3828	Facsimile Numb	er, if any:			
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:					
How many <i>employees</i> perform investment	t advisory function	ons from this office local	tion?		
Are other business activities conducted at		on? (check all that apply	y)		
(1) Broker-dealer (registered or unregis	•				
(2) Bank (including a separately identif	iable departmen	t or division of a bank)			
(3) Insurance broker or agent					
(4) Commodity pool operator or commo	odity trading adv	visor (whether registered	d or exempt from registration)		
(5) Registered municipal advisor					
\square (6) Accountant or accounting firm					
\square (7) Lawyer or law firm					
Describe any other <i>investment-related</i> bu	siness activities	conducted from this offi	ce location:		

Number and Street 1:		Number and Street 2:				
2935 PINE LAKE ROAD, SUITE I						
City:	State:	Country:	ZIP+4/Postal Code:			
LINCOLN	Nebraska	United States	68516			
If this address is a private residence, check this box: \Box						
Telephone Number: (402) 430-0841	Facsimile Number, if any:					
If this office location is also required to be location for a broker-dealer or investment provide the <i>CRD</i> Branch Number here:	=		-			
How many <i>employees</i> perform investme 2	nt advisory functio	ns from this office location	on?			
Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent						
\square (4) Commodity pool operator or comm	nodity trading advi	sor (whether registered	or exempt from registration)			
lacksquare (5) Registered municipal advisor						
lacksquare (6) Accountant or accounting firm						
lacksquare (7) Lawyer or law firm						
Describe any other <i>investment-related</i> b	usiness activities c	onducted from this office	e location:			
Complete the following information for e you conduct investment advisory busines If you are applying for SEC registration, adviser, list only the largest twenty-five	ss. You must comp if you are registere	lete a separate Schedule ed only with the SEC, or	D Section 1.F. for each location. if you are an <i>exempt reporting</i>			
Number and Street 1: 7791 BELFORT PARKWAY		Number and Street 2:				
City:	State:	Country:	ZIP+4/Postal Code:			
JACKSONVILLE	Florida	United States	32256			
If this address is a private residence, che	eck this box: \square					
Telephone Number: (904) 296-4100 129	Facsimile Number, if any:					
If this office location is also required to be location for a broker-dealer or investmen	_					

provide the <i>CRD</i> Branch Number here: 219029					
How many <i>employees</i> perform investm	ent advisory functions	s from this office location	on?		
Are other business activities conducted ✓ (1) Broker-dealer (registered or unre ☐ (2) Bank (including a separately ider ✓ (3) Insurance broker or agent ☐ (4) Commodity pool operator or com ☐ (5) Registered municipal advisor ☐ (6) Accountant or accounting firm ☐ (7) Lawyer or law firm	egistered) ntifiable department o	r division of a bank)			
Describe any other investment-related	business activities co	nducted from this office	e location:		
Complete the following information for you conduct investment advisory busin If you are applying for SEC registration adviser, list only the largest twenty-five	ess. You must comple , if you are registered	te a separate Schedule only with the SEC, or i	D Section 1.F. for each location. If you are an <i>exempt reporting</i>		
Number and Street 1: 220 2ND AVENUE S		Number and Street 2	:		
City: FRANKLIN	State: Tennessee	Country: United States	ZIP+4/Postal Code: 37064		
If this address is a private residence, cl	heck this box:				
Telephone Number: (615) 628-3290	Facsimile Number, i	f any:			
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:					
How many <i>employees</i> perform investm	ent advisory functions	s from this office locatio	on?		
Are other business activities conducted		? (check all that apply)			
✓ (1) Broker-dealer (registered or unre	-	r division of a bank)			
✓ (3) Insurance broker or agent✓ (4) Commodity pool operator or com	modity trading adviso	or (whether registered (or exempt from registration)		
(5) Registered municipal advisor	g advise	(earler registered t			

\square (6) Accountant or accounting firm				
☐ (7) Lawyer or law firm				
Describe any other <i>investment-related</i> business activities conducted from this office location:				
Consider the fallowing information for	-l CC			
Complete the following information for early you conduct investment advisory busines				
If you are applying for SEC registration, i				
adviser, list only the largest twenty-five of	offices (in term	ns of numbers of <i>employ</i>	vees).	
Number and Street 1:		Number and Street	2:	
450 SKOKIE BLVD, SUITE 507				
City:	State:	Country:	ZIP+4/Postal Code:	
NORTHBROOK	Illinois	United States	60062	
	_	_		
If this address is a private residence, che	ck this box:			
Telephone Number:	Facsimile N	lumber, if any:		
7737742600				
If this office location is also required to be location for a broker-dealer or investmen	_		•	
provide the <i>CRD</i> Branch Number here:	t auvisei oii ti	ie Officialici Office	e Registration Form (Form BK), please	
F				
How many <i>employees</i> perform investmen	nt advisorv fun	ctions from this office lo	ocation?	
3				
Are other business activities conducted a	t this office loo	cation? (check all that a	oply)	
☑ (1) Broker-dealer (registered or unreg	istered)			
\square (2) Bank (including a separately identi	fiable departm	nent or division of a ban	k)	
☑ (3) Insurance broker or agent				
(4) Commodity pool operator or comm	odity trading a	advisor (whether registe	ered or exempt from registration)	
\square (5) Registered municipal advisor	, -	•	, , , , , , , , , , , , , , , , , , , ,	
(6) Accountant or accounting firm				
(7) Lawyer or law firm				
,				
Describe any other investment-related bu	ısiness activiti	es conducted from this	office location:	
,				
Complete the following information for ea	ch office othe	er than your <i>principal of</i>	fice and place of husiness, at which	

Number and Street 1: 425 RIESLING STREET	Number and Street 2:					
	6		77D : 4 (D) : 1 (C)			
City:	State: California	Country: United States	ZIP+4/Postal Code: 95425			
CLOVERDALE	California	Officed States	95425			
If this address is a private residence, check this box: \square						
Telephone Number: (707) 473-2733	Facsimile Number,	if any:				
(707) 473-2733						
If this office location is also required to be location for a broker-dealer or investment provide the <i>CRD</i> Branch Number here:	=					
How many <i>employees</i> perform investme 1	nt advisory function	s from this office locati	on?			
Are other business activities conducted a		n? (check all that apply))			
(1) Broker-dealer (registered or unreg						
(2) Bank (including a separately ident	ifiable department of	or division of a bank)				
(3) Insurance broker or agent						
(4) Commodity pool operator or comm	nodity trading advis	or (whether registered	or exempt from registration)			
(5) Registered municipal advisor						
(6) Accountant or accounting firm						
\square (7) Lawyer or law firm						
Describe any other investment-related b	usiness activities co	enducted from this offic	e location:			
Complete the following information for e you conduct investment advisory busine If you are applying for SEC registration,	ss. You must comple	ete a separate Schedule	e D Section 1.F. for each location.			
adviser, list only the largest twenty-five		•				
Number and Street 1: 11225 COLLEGE BLVD, SUITE 105		Number and Street 2	:			
City:	State:	Country:	ZIP+4/Postal Code:			
OVERLAND PARK	Kansas	United States	66210			
If this address is a private residence, ch	eck this box: \square					
Telephone Number: (913) 951-5448	Facsimile Number, if any:					
If this office location is also required to be location for a broker-dealer or investment provide the <i>CRD</i> Branch Number here:	-		-			

How many <i>employees</i> perform investment	ent advisory functior	ns from this office location	on?	
Are other business activities conducted ✓ (1) Broker-dealer (registered or unre ☐ (2) Bank (including a separately iden ✓ (3) Insurance broker or agent ☐ (4) Commodity pool operator or commodity ☐ (5) Registered municipal advisor ☐ (6) Accountant or accounting firm ☐ (7) Lawyer or law firm	gistered) tifiable department	or division of a bank)		
Describe any other investment-related t	ousiness activities co	onducted from this office	e location:	
Complete the following information for e you conduct investment advisory busine If you are applying for SEC registration, adviser, list only the largest twenty-five	ess. You must compl if you are registere	ete a separate Schedule d only with the SEC, or	e D Section 1.F. for each location. if you are an <i>exempt reporting</i>	
Number and Street 1: 81 TIMBER CREEK ROAD		Number and Street 2:		
City: ROZET	State: Wyoming	Country: United States	ZIP+4/Postal Code: 82727	
If this address is a private residence, ch	eck this box:			
Telephone Number: (307) 689-0701	Facsimile Number,	, if any:		
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:				
How many <i>employees</i> perform investment advisory functions from this office location?				
Are other business activities conducted (1) Broker-dealer (registered or unre		n? (check all that apply)		
\square (2) Bank (including a separately iden	= -	or division of a bank)		
☑ (3) Insurance broker or agent		·		
(4) Commodity pool operator or comm	modity trading advis	sor (whether registered	or exempt from registration)	
(5) Registered municipal advisor				
(6) Accountant or accounting firm				
\square (7) Lawyer or law firm				

Describe any other <i>investment-related</i> business activities conducted from this office location:					
Complete the following information for each office, other than your <i>principal office and place of business</i> , at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>).					
Number and Street 1: 670 SHEPARD LANE, #101		Number and Street	: 2:		
City: FARMINGTON	State: Utah	Country: United States	ZIP+4/Postal Code: 84025		
If this address is a private residence, che	eck this box:				
Telephone Number: (801) 447-9487	Facsimile N	lumber, if any:			
If this office location is also required to b location for a broker-dealer or investmen provide the <i>CRD</i> Branch Number here:	-		•		
How many <i>employees</i> perform investmer 1	nt advisory fur	nctions from this office	location?		
Are other business activities conducted a ☑ (1) Broker-dealer (registered or unreg		cation? (check all that	apply)		
(2) Bank (including a separately identi	-	nent or division of a ba	nk)		
 ✓ (3) Insurance broker or agent ☐ (4) Commodity pool operator or comm ☐ (5) Registered municipal advisor 	nodity trading	advisor (whether regis	tered or exempt from registration)		
(6) Accountant or accounting firm					
(7) Lawyer or law firm					
Describe any other investment-related business activities conducted from this office location:					
Complete the following information for each office, other than your <i>principal office and place of business</i> , at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>).					
Number and Street 1: Number and Street 2: 225 FRIEND STREET, SUITE 600					

City: BOSTON	State: Maine	Country: United States	ZIP+4/Postal Code: 02114				
If this address is a private residence, chec	_						
Telephone Number: Facsimile Number, if any: (203) 661-3441							
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:							
How many <i>employees</i> perform investment advisory functions from this office location?							
 ✓ (1) Broker-dealer (registered or unregis ✓ (2) Bank (including a separately identifi ✓ (3) Insurance broker or agent 	Are other business activities conducted at this office location? (check all that apply) ☑ (1) Broker-dealer (registered or unregistered) ☐ (2) Bank (including a separately identifiable department or division of a bank) ☑ (3) Insurance broker or agent						
 □ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) □ (5) Registered municipal advisor □ (6) Accountant or accounting firm □ (7) Lawyer or law firm 							
Describe any other investment-related bus	siness activities	conducted from this off	îce location:				
Complete the following information for each you conduct investment advisory business If you are applying for SEC registration, if adviser, list only the largest twenty-five of	. You must compyou are register	olete a separate Sched red only with the SEC, o	ule D Section 1.F. for each location. or if you are an <i>exempt reporting</i>				
Number and Street 1: 12701 WHITEWATER DRIVE, SUITE 200		Number and St	reet 2:				
City: MINNETONKA	State: Minnesota	Country: United States	ZIP+4/Postal Code: 55343				
If this address is a private residence, check this box: \square							
Telephone Number: Facsimile Number, if any: 7634047105							
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:							

How many <i>employees</i> perform inv	estment advisory func	tions from this office loc	cation?	
Are other business activities cond	ucted at this office loca	tion? (check all that an	alv)	
(1) Broker-dealer (registered o		elon. (elleek dir ellee ap)	5.17)	
\Box (2) Bank (including a separatel	-	ent or division of a bank)	
☑ (3) Insurance broker or agent	,		,	
\Box (4) Commodity pool operator of	r commodity trading ac	dvisor (whether register	ed or exempt from registration)	
(5) Registered municipal advisor		(,	
(6) Accountant or accounting fi				
(7) Lawyer or law firm				
Describe any other investment-re	lated business activities	s conducted from this of	ffice location:	
you conduct investment advisory	business. You must cor ration, if you are registe	mplete a separate Schedered only with the SEC,	ce and place of business, at which dule D Section 1.F. for each location. or if you are an exempt reporting ees).	
Number and Street 1: 1666 S WOLFE ROAD		Number and Stree	t 2:	
City:	State:	Country:	ZIP+4/Postal Code:	
SUNNYVALE	California	United States	94087	
If this address is a private resider	ice, check this box: \Box			
Telephone Number: (408) 685-2278	Facsimile Numb	ber, if any:		
If this office location is also require location for a broker-dealer or inversion provide the <i>CRD</i> Branch Number leads to the control of the second	estment adviser on the		rities authority as a branch office Registration Form (Form BR), please	
How many <i>employees</i> perform inv	estment advisory func	tions from this office loc	cation?	
Are other business activities cond		tion? (check all that app	oly)	
(1) Broker-dealer (registered o				
\square (2) Bank (including a separatel	y identifiable departme	ent or division of a bank)	
(3) Insurance broker or agent				
(4) Commodity pool operator o		dvisor (whether register	ed or exempt from registration)	
(5) Registered municipal adviso				
(6) Accountant or accounting fi	rm			
(7) Lawyer or law firm				

Describe any other <i>investment-related</i> business activities conducted from this office location:				
Complete the following information for you conduct investment advisory busin If you are applying for SEC registration adviser, list only the largest twenty-fiv	ness. You must com n, if you are registe	nplete a separate Schedul ered only with the SEC, or	e D Section 1.F. for each location. if you are an <i>exempt reporting</i>	
Number and Street 1: 7901 STRICKLAND ROAD, SUITE 102		Number and Stree	t 2:	
City: RALEIGH	State: North Carolina	Country: United States	ZIP+4/Postal Code: 27615	
If this address is a private residence, c	heck this box:			
Telephone Number: (919) 271-6106	Facsimile Numbe	er, if any:		
If this office location is also required to location for a broker-dealer or investm provide the <i>CRD</i> Branch Number here:	ent adviser on the		•	
How many <i>employees</i> perform investm	nent advisory funct	ions from this office locat	ion?	
Are other business activities conducted at this office location? (check all that apply) ☑ (1) Broker-dealer (registered or unregistered) ☐ (2) Bank (including a separately identifiable department or division of a bank) ☑ (3) Insurance broker or agent				
\Box (4) Commodity pool operator or con \Box (5) Registered municipal advisor	nmodity trading ad	visor (whether registered	or exempt from registration)	
☐ (6) Accountant or accounting firm ☐ (7) Lawyer or law firm				
Describe any other <i>investment-related</i> business activities conducted from this office location:				
Complete the following information for each office, other than your <i>principal office and place of business</i> , at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>).				
Number and Street 1: 20 GOULD AVENUE		Number and Street 2:		
City: COUNCIL BLUFFS	State: Iowa	Country: United States	ZIP+4/Postal Code: 51503	

If this address is a private residence, che	ck this box: 🗹		
Telephone Number: (402) 590-2020	Facsimile Numl	oer, if any:	
If this office location is also required to b location for a broker-dealer or investmen provide the <i>CRD</i> Branch Number here:	-		•
How many <i>employees</i> perform investmen	nt advisory functio	ns from this office loca	ation?
Are other business activities conducted a	istered) fiable department nodity trading advi	or division of a bank)	ed or exempt from registration)
Describe any other investment-related by	isiness activities (conducted from this off	ice location:
Complete the following information for early you conduct investment advisory busines If you are applying for SEC registration, in adviser, list only the largest twenty-five of the second seco	s. You must comp f you are register	olete a separate Sched ed only with the SEC, o	ule D Section 1.F. for each location. or if you are an <i>exempt reporting</i>
Number and Street 1: 1410 S SALISBURY BLVD		Number and Street	2:
City: SALISBURY	State: Maryland	Country: United States	ZIP+4/Postal Code: 21801
If this address is a private residence, che	ck this box:		
Telephone Number: (410) 546-3999	Facsimile Numbe	r, if any:	
If this office location is also required to b location for a broker-dealer or investmen provide the <i>CRD</i> Branch Number here:	=		-
How many <i>employees</i> perform investmen	nt advisory functio	ns from this office loca	ation?

Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm Describe any other investment-related business activities conducted from this office location:				
Complete the following information for you conduct investment advisory busine If you are applying for SEC registration adviser, list only the largest twenty-five	ess. You must compl , if you are registere	lete a separate Schedule ed only with the SEC, or	e D Section 1.F. for each location. if you are an <i>exempt reporting</i>	
Number and Street 1: 515 W CENTER AVENUE		Number and Street 2:		
City: VISALIA	State: California	Country: United States	ZIP+4/Postal Code: 93291	
If this address is a private residence, ch	neck this box:			
Telephone Number: (559) 733-3525	Facsimile Number	, if any:		
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:				
How many <i>employees</i> perform investment	ent advisory function	ns from this office location	on?	
Are other business activities conducted at this office location? (check all that apply) ✓ (1) Broker-dealer (registered or unregistered) ☐ (2) Bank (including a separately identifiable department or division of a bank) ✓ (3) Insurance broker or agent ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) ☐ (5) Registered municipal advisor ☐ (6) Accountant or accounting firm ☐ (7) Lawyer or law firm				
Describe any other investment-related	business activities co	onducted from this office	e location:	

Complete the following information for each office, other than your principal office and place of business, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an exempt reporting adviser, list only the largest twenty-five offices (in terms of numbers of employees). Number and Street 1: Number and Street 2: 2920 SANTIA DRIVE City: State: Country: ZIP+4/Postal Code: **TROY** Michigan **United States** 48085 If this address is a private residence, check this box: $\mathbf{\nabla}$ Telephone Number: Facsimile Number, if any: (248) 953-3965 If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here: How many *employees* perform investment advisory functions from this office location? 1 Are other business activities conducted at this office location? (check all that apply) ☑ (1) Broker-dealer (registered or unregistered) \square (2) Bank (including a separately identifiable department or division of a bank) ☑ (3) Insurance broker or agent (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor (6) Accountant or accounting firm \square (7) Lawyer or law firm Describe any other *investment-related* business activities conducted from this office location:

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

Number and Street 1: Number and Street 2:

2935 MARBLE CREST DRIVE

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

LAND O LAKES Florida United States 34638

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

Telephone Number: (303) 589-4602	Facsimile Numbe	r, if any:	
If this office location is also required to be location for a broker-dealer or investment provide the <i>CRD</i> Branch Number here:	_		
How many <i>employees</i> perform investment 1	advisory function	s from this office locat	ion?
Are other business activities conducted at [? (check all that apply	()
\square (2) Bank (including a separately identified	able department o	r division of a bank)	
(3) Insurance broker or agent			
☐ (4) Commodity pool operator or commo☐ (5) Registered municipal advisor	dity trading advis	or (whether registered	or exempt from registration)
(6) Accountant or accounting firm			
\square (7) Lawyer or law firm			
Describe any other investment-related bus	iness activities co	nducted from this offic	ce location:
Complete the following information for each you conduct investment advisory business. If you are applying for SEC registration, if adviser, list only the largest twenty-five of	. You must comple you are registered	ete a separate Schedul I only with the SEC, or	le D Section 1.F. for each location. - if you are an <i>exempt reporting</i>
you conduct investment advisory business. If you are applying for SEC registration, if	. You must comple you are registered	ete a separate Schedul I only with the SEC, or	le D Section 1.F. for each location. if you are an <i>exempt reporting</i> is).
you conduct investment advisory business. If you are applying for SEC registration, if adviser, list only the largest twenty-five of Number and Street 1:	. You must comple you are registered	ete a separate Schedul I only with the SEC, or numbers of <i>employees</i>	le D Section 1.F. for each location. if you are an <i>exempt reporting</i> is).
you conduct investment advisory business. If you are applying for SEC registration, if adviser, list only the largest twenty-five of Number and Street 1: 306 ACADEMY AVENUE, SUITE 106	. You must comple you are registered fices (in terms of	ete a separate Schedul I only with the SEC, or numbers of <i>employees</i> Number and Street	le D Section 1.F. for each location. if you are an exempt reporting i).
you conduct investment advisory business. If you are applying for SEC registration, if adviser, list only the largest twenty-five of Number and Street 1: 306 ACADEMY AVENUE, SUITE 106 City:	You must comple you are registered fices (in terms of State: Georgia	ete a separate Schedul I only with the SEC, or numbers of <i>employees</i> Number and Street Country:	le D Section 1.F. for each location. if you are an <i>exempt reporting</i> 5). 2: ZIP+4/Postal Code:
you conduct investment advisory business. If you are applying for SEC registration, if adviser, list only the largest twenty-five of Number and Street 1: 306 ACADEMY AVENUE, SUITE 106 City: DUBLIN	You must comple you are registered fices (in terms of State: Georgia	ete a separate Schedul I only with the SEC, or numbers of <i>employees</i> Number and Street Country: United States	le D Section 1.F. for each location. if you are an <i>exempt reporting</i> 5). 2: ZIP+4/Postal Code:
you conduct investment advisory business. If you are applying for SEC registration, if adviser, list only the largest twenty-five of Number and Street 1: 306 ACADEMY AVENUE, SUITE 106 City: DUBLIN If this address is a private residence, check Telephone Number:	You must completyou are registered fices (in terms of state: Georgia this box: Facsimile Numb	ete a separate Schedul I only with the SEC, or numbers of employees Number and Street Country: United States er, if any:	le D Section 1.F. for each location. if you are an exempt reporting i). 2: ZIP+4/Postal Code: 31021
you conduct investment advisory business. If you are applying for SEC registration, if adviser, list only the largest twenty-five of Number and Street 1: 306 ACADEMY AVENUE, SUITE 106 City: DUBLIN If this address is a private residence, check Telephone Number: (478) 279-0196 If this office location is also required to be location for a broker-dealer or investment	You must completyou are registered fices (in terms of fices (in terms of fices (in terms of fices (in terms of fices)) State: Georgia At this box: Facsimile Numb registered with FI adviser on the Un	ete a separate Schedul I only with the SEC, or numbers of employees Number and Street Country: United States er, if any: NRA or a state securit iform Branch Office Re	le D Section 1.F. for each location. if you are an exempt reporting i). 2: ZIP+4/Postal Code: 31021 iies authority as a branch office egistration Form (Form BR), please
you conduct investment advisory business. If you are applying for SEC registration, if adviser, list only the largest twenty-five of Number and Street 1: 306 ACADEMY AVENUE, SUITE 106 City: DUBLIN If this address is a private residence, check this address is a private residence, check this office location is also required to be location for a broker-dealer or investment provide the CRD Branch Number here: How many employees perform investment	You must completyou are registered fices (in terms of state: Georgia K this box: Facsimile Numb registered with FI adviser on the Un	ete a separate Schedul I only with the SEC, or numbers of employees Number and Street Country: United States er, if any: NRA or a state securit iform Branch Office Re	le D Section 1.F. for each location. if you are an exempt reporting i). 2: ZIP+4/Postal Code: 31021 iies authority as a branch office egistration Form (Form BR), please iion?

Describe any other *investment-related* business activities conducted from this office location:

 \square (7) Lawyer or law firm

you conduct investment advisory busine If you are applying for SEC registration, adviser, list only the largest twenty-five	ess. You must comple if you are registered	te a separate Schedule only with the SEC, or if	D Section 1.F. for each location. you are an <i>exempt reporting</i>	
Number and Street 1: 2280 45TH STREET S, SUITE C		Number and Street 2:		
City: FARGO	State: North Dakota	Country: United States	ZIP+4/Postal Code: 58104	
If this address is a private residence, check this box: \square				
Telephone Number: (608) 848-0403	Facsimile Number, it	fany:		
If this office location is also required to location for a broker-dealer or investme provide the <i>CRD</i> Branch Number here:	_			
How many <i>employees</i> perform investment	ent advisory functions	s from this office location	n?	
Are other business activities conducted a (1) Broker-dealer (registered or unred) (2) Bank (including a separately iden) (3) Insurance broker or agent (4) Commodity pool operator or commodity (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm	gistered) tifiable department o modity trading adviso	r division of a bank) or (whether registered o		
Complete the following information for each office, other than your <i>principal office and place of business</i> , at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>).				
Number and Street 1: 3597 E MONARCH SKY LANE, #240		Number and Street 2:		
City: MERIDIAN	State: Idaho	Country: United States	ZIP+4/Postal Code: 83646	
If this address is a private residence, ch	eck this box: \square			

Telephone Number: (949) 455-0119	Facsimile Num	ber, if any:	
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:			
How many <i>employees</i> perform investment advisory functions from this office location?			
Are other business activities conducted ✓ (1) Broker-dealer (registered or unr ☐ (2) Bank (including a separately ide ✓ (3) Insurance broker or agent ☐ (4) Commodity pool operator or cor ☐ (5) Registered municipal advisor ☐ (6) Accountant or accounting firm ☐ (7) Lawyer or law firm	registered) Intifiable department or	division of a bank)	r exempt from registration)
Describe any other investment-related	business activities con	nducted from this office	location:
Complete the following information for you conduct investment advisory busin If you are applying for SEC registration adviser, list only the largest twenty-five	ness. You must complet n, if you are registered	te a separate Schedule only with the SEC, or if	D Section 1.F. for each location. you are an exempt reporting
Number and Street 1: 219 1ST AVENUE SW		Number and Street 2	2:
City: HICKORY	State: North Carolina	Country: United States	ZIP+4/Postal Code: 28603
If this address is a private residence, o	check this box: \Box		
Telephone Number: (828) 455-9773	Facsimile Number, if	any:	
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:			
How many <i>employees</i> perform investment advisory functions from this office location?			
Are other business activities conducted		(check all that apply)	
✓ (1) Broker-dealer (registered or unregistered)✓ (2) Bank (including a separately identifiable department or division of a bank)			

\Box (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) \Box (5) Registered municipal advisor				
(5) Registered municipal advisor	\square (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)			
(5) Registered municipal advisor				
(6) Accountant or accounting firm				
□ (7) Lawyer or law firm				
Describe any other <i>investment-related</i> business activities conducted from this office location:				
Complete the following information for each office, other than your <i>principal office and place of business</i> , at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location If you are applying for SEC registration, if you are registered only with the SEC, or if you are an <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>).	n.			
Number and Street 1: Number and Street 2: 431 E HORATIO AVENUE, SUITE 210				
City: State: Country: ZIP+4/Postal Code:				
MAITLAND Florida United States 32751				
If this address is a private residence, check this box:				
Telephone Number: Facsimile Number, if any:				
(407) 898-5521				
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), plead provide the <i>CRD</i> Branch Number here:	ise			
How many <i>employees</i> perform investment advisory functions from this office location?				
Are other business activities conducted at this office location? (check all that apply)				
✓ (1) Broker-dealer (registered or unregistered)				
(2) Bank (including a separately identifiable department or division of a bank)				
☑ (3) Insurance broker or agent				
(4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration)				
☐ (5) Registered municipal advisor				
(6) Accountant or accounting firm				
(7) Lawyer or law firm				
Describe any other <i>investment-related</i> business activities conducted from this office location:				

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

If you are applying for SEC registration, adviser, list only the largest twenty-five			· · · · · · · · · · · · · · · · · · ·	
Number and Street 1: 1475 E CENTER STREET		Number and Street	2:	
City:	State:	Country:	ZIP+4/Postal Code:	
KINGSPORT	Tennessee	United States	37664	
If this address is a private residence, check this box: \square				
Telephone Number: (423) 247-1123	Facsimile Numbe	r, if any:		
If this office location is also required to location for a broker-dealer or investme provide the <i>CRD</i> Branch Number here:				
How many <i>employees</i> perform investments	ent advisory function	ons from this office locat	ion?	
Are other business activities conducted		on? (check all that apply	·)	
✓ (1) Broker-dealer (registered or unre☐ (2) Bank (including a separately iden	-	t or division of a hank)		
(2) Bank (including a separately identification) [2] (3) Insurance broker or agent	unable department	t of division of a bank)		
\square (4) Commodity pool operator or com	modity trading adv	isor (whether registered	or exempt from registration)	
(5) Registered municipal advisor				
\square (6) Accountant or accounting firm \square (7) Lawyer or law firm				
L (/) Lawyer or law lifth				
Describe any other investment-related b	ousiness activities	conducted from this offic	e location:	
Complete the following information for each office, other than your <i>principal office and place of business</i> , at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>).				
Number and Street 1: 1990 MAIN STREET, SUITE 750		Number and Street 2:		
City: SARASOTA	State: Florida	Country: United States	ZIP+4/Postal Code: 34236	
If this address is a private residence, ch	eck this box: \square			
Telephone Number: 9413095239	Facsimile Num	nber, if any:		

If this office location is also required to be a location for a broker-dealer or investment a provide the <i>CRD</i> Branch Number here:	=		-
How many <i>employees</i> perform investment 1	advisory functio	ns from this office loca	ation?
Are other business activities conducted at t	:his office locatio	on? (check all that appl	ly)
(1) Broker-dealer (registered or unregist	-		
☐ (2) Bank (including a separately identifia☑ (3) Insurance broker or agent	ible department	or division of a bank)	
(4) Commodity pool operator or commod	ditv trading advi	sor (whether registere	ed or exempt from registration)
(5) Registered municipal advisor	,		,
(6) Accountant or accounting firm			
(7) Lawyer or law firm			
Describe any other investment-related busi	iness activities c	conducted from this off	ice location:
Complete the following information for each you conduct investment advisory business. If you are applying for SEC registration, if y adviser, list only the largest twenty-five off	You must comp you are registere	lete a separate Schedued only with the SEC, o	ule D Section 1.F. for each location. or if you are an <i>exempt reporting</i>
Number and Street 1: 429 LENOX AVENUE, OFFICE #401		Number and Street	: 2:
City:	State:	Country:	ZIP+4/Postal Code:
MIAMI	Florida	United States	33139
If this address is a private residence, check	this box:		
Telephone Number: 8475258967	Facsimile Nur	mber, if any:	
If this office location is also required to be a location for a broker-dealer or investment a provide the <i>CRD</i> Branch Number here:	-		
How many <i>employees</i> perform investment 1	advisory functio	ns from this office loca	ation?
Are other business activities conducted at t (1) Broker-dealer (registered or unregist	tered)		ly)
☐ (2) Bank (including a separately identifia☑ (3) Insurance broker or agent	inie aehai tillellt	or division of a ballk)	
(4) Commodity pool operator or commod	dity trading advi	sor (whether registere	d or exempt from registration)

\square (5) Registered municipal advisor				
\square (6) Accountant or accounting firm				
☐ (7) Lawyer or law firm				
Describe any other <i>investment-related</i> business activities conducted from this office location:				
Complete the following information for each office, other than your <i>principal office and place of business</i> , at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>).				
Number and Street 1: 10551 NE GERTIE JOHNSON ROAD		Number and Street 2	: :	
City: BAINBRIDGE ISLAND	State: Washington	Country: United States	ZIP+4/Postal Code: 98110	
If this address is a private residence, ch	neck this box: 🔽			
Telephone Number: (559) 733-3525	Facsimile Number, if a	any:		
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:				
How many <i>employees</i> perform investment	ent advisory functions t	from this office location	1?	
Are other business activities conducted (1) Broker-dealer (registered or unre		(check all that apply)		
\square (2) Bank (including a separately iden	-	division of a bank)		
(3) Insurance broker or agent				
☐ (4) Commodity pool operator or com☐ (5) Registered municipal advisor	modity trading advisor	(whether registered or	exempt from registration)	
(6) Accountant or accounting firm				
(7) Lawyer or law firm				
Describe any other <i>investment-related</i> business activities conducted from this office location:				

Number and Street 1: 400 HWY 169 S, SUITE 200		Number and Stree	et 2:	
·	State:	Country:	ZIP+4/Postal Code:	
City: ST LOUIS PARK	Minnesota	United States	55426	
31 20013 17MM	riiiiiesota	omica states	33 120	
If this address is a private residence, ch	eck this box: 🔽			
Telephone Number:	Facsimile Number,	if anv:		
(916) 679-0281		2, .		
•				
If this office location is also required to be location for a broker-dealer or investment provide the <i>CRD</i> Branch Number here:	=			
How many <i>employees</i> perform investment	ent advisory function	ns from this office loc	ation?	
Are other business activities conducted a	at this office locatio	n? (check all that app	oly)	
lacksquare (1) Broker-dealer (registered or unreg	gistered)			
$lue{\Box}$ (2) Bank (including a separately ident	tifiable department	or division of a bank)		
lacksquare (3) Insurance broker or agent				
(4) Commodity pool operator or comm	modity trading advis	sor (whether register	ed or exempt from registration)	
\square (5) Registered municipal advisor				
\square (6) Accountant or accounting firm				
(7) Lawyer or law firm				
Describe any other investment-related b	ousiness activities co	onducted from this of	fice location:	
beschibe any other investment related is	out of the second secon	onduced from this of	nde location.	
Complete the following information for e	each office, other th	an your <i>principal offic</i>	ce and place of business, at which	
you conduct investment advisory busine	· · · · · · · · · · · · · · · · · · ·	· ·		
If you are applying for SEC registration,		•		
adviser, list only the largest twenty-five	offices (in terms of	numbers of <i>employe</i>	es).	
Number and Chroat 1		Number and China	- 3.	
Number and Street 1: 580 EL CAMINO REAL, UNIT 3703		Number and Street	: 2:	
	State	Country	ZID L 4/Postal Codo:	
City: NAPLES	State: Florida	Country: United States	ZIP+4/Postal Code: 34119	
NAFLES	riorida	Officed States	34119	
If this address is a private residence, ch	eck this box:			
Telephone Number:	Facsimile Num	nher if any:		
(412) 452-4105	raconnile Null	ibol, il ully i		
·/ ·				
If this office location is also required to	he registered with F	INRA or a state secu	rities authority as a branch office	
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please				
iocation for a broker acarer or investine	nt adviser on the Uı	niform Branch Office I	Registration Form (Form BR), please	

How many <i>employees</i> perform investing 1	ment advisory functions	from this office locatio	on?
Are other business activities conducted at this office location? (check all that apply) ☑ (1) Broker-dealer (registered or unregistered) ☐ (2) Bank (including a separately identifiable department or division of a bank) ☑ (3) Insurance broker or agent ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) ☐ (5) Registered municipal advisor ☐ (6) Accountant or accounting firm ☐ (7) Lawyer or law firm			
Describe any other investment-relate	d business activities cond	ducted from this office	location:
Complete the following information for you conduct investment advisory bus If you are applying for SEC registration adviser, list only the largest twenty-fit	iness. You must complete on, if you are registered o	e a separate Schedule only with the SEC, or i	D Section 1.F. for each location. If you are an <i>exempt reporting</i>
Number and Street 1: 5109 WATSON RD		Number and Street	: 2:
City: ERIE	State: Pennsylvania	Country: United States	ZIP+4/Postal Code: 16505
If this address is a private residence,	check this box: 🔽		
Telephone Number: 814-764-1049	Facsimile Number, if a	ny:	
If this office location is also required to location for a broker-dealer or investro provide the <i>CRD</i> Branch Number here	ment adviser on the Unifo		-
How many <i>employees</i> perform invest	ment advisory functions	from this office locatio	on?
Are other business activities conducte (1) Broker-dealer (registered or un		(check all that apply)	
\square (2) Bank (including a separately id	= -	division of a bank)	
☑ (3) Insurance broker or agent			
(4) Commodity pool operator or co	mmodity trading advisor	(whether registered of	or exempt from registration)
(5) Registered municipal advisor			
(6) Accountant or accounting firm			
\square (7) Lawyer or law firm			

Describe any other <i>investment-related</i> business activities conducted from this office location:							
Complete the following information for e you conduct investment advisory busines If you are applying for SEC registration, adviser, list only the largest twenty-five	ss. You must com if you are registe	plete a separate Sched red only with the SEC,	lule D Section 1.F. for each location. or if you are an <i>exempt reporting</i>				
Number and Street 1: 5105 W GENESEE ST		Number and Street 2	2:				
City: CAMILLUS	State: New York	Country: United States	ZIP+4/Postal Code: 13031				
If this address is a private residence, che	eck this box: \Box						
Telephone Number: 315-488-09014	Facsimile Numb	per, if any:					
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here: 649021							
How many <i>employees</i> perform investme 1	nt advisory functi	ons from this office loca	ation?				
Are other business activities conducted at this office location? (check all that apply) ☑ (1) Broker-dealer (registered or unregistered) ☐ (2) Bank (including a separately identifiable department or division of a bank)							
 ✓ (3) Insurance broker or agent ✓ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) ✓ (5) Registered municipal advisor ✓ (6) Accountant or accounting firm 							
☐ (7) Lawyer or law firm Describe any other <i>investment-related</i> business activities conducted from this office location:							
Complete the following information for each office, other than your <i>principal office and place of business</i> , at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location.							

Number and Street 1: 1805 S BELLAIRE ST, SUITE 320

Number and Street 2:

3/21/23, 1:43 PM

City: DENVER	State: Colorado	Country: United States	ZIP+4/Postal Code: 80222						
If this address is a private residence, che	eck this box: \square								
Telephone Number: 3039798384									
If this office location is also required to be location for a broker-dealer or investment provide the <i>CRD</i> Branch Number here: 276630									
How many <i>employees</i> perform investment 2	nt advisory functions	s from this office location	n?						
Are other business activities conducted a		? (check all that apply)							
✓ (1) Broker-dealer (registered or unreg✓ (2) Bank (including a separately ident	-	or division of a bank)							
(3) Insurance broker or agent		,							
☐ (4) Commodity pool operator or comm☐ (5) Registered municipal advisor	nodity trading adviso	or (whether registered o	r exempt from registration)						
(6) Accountant or accounting firm									
\square (7) Lawyer or law firm									
Describe any other investment-related be	usiness activities co	nducted from this office	location:						
Complete the following information for each office, other than your <i>principal office and place of business</i> , at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>).									
Number and Street 1: 9311 SE 36TH ST		Number and Street 2 SUITE 105	2:						
City:	State: Washington	Country: United States	ZIP+4/Postal Code: 98040						
If this address is a private residence, check this box: \Box									
•	Facsimile Number, if (206) 232-0715	any:							
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:									

How many <i>employees</i> perform investment	ent advisory function	s from this office location	on?				
Are other business activities conducted at this office location? (check all that apply) ☑ (1) Broker-dealer (registered or unregistered) ☐ (2) Bank (including a separately identifiable department or division of a bank) ☑ (3) Insurance broker or agent ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) ☐ (5) Registered municipal advisor ☐ (6) Accountant or accounting firm ☐ (7) Lawyer or law firm Describe any other <i>investment-related</i> business activities conducted from this office location:							
Complete the following information for each you conduct investment advisory busined If you are applying for SEC registration, adviser, list only the largest twenty-five	ess. You must comple if you are registered	ete a separate Schedule d only with the SEC, or	e D Section 1.F. for each location. if you are an <i>exempt reporting</i>				
Number and Street 1: 6900 WISCONSIN AVENUE, 5TH FLOOR		Number and Stree	et 2:				
City: CHEVY CHASE	State: Maryland	Country: United States	ZIP+4/Postal Code: 20815				
If this address is a private residence, ch	eck this box: \Box						
Telephone Number: (301) 652-2500	Facsimile Numb	er, if any:					
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:							
How many <i>employees</i> perform investment advisory functions from this office location?							
Are other business activities conducted [7] (1) Broker-dealer (registered or unrecompanies) (2) Bank (including a separately identification)	gistered)						
 ✓ (3) Insurance broker or agent ☐ (4) Commodity pool operator or commodity ☐ (5) Registered municipal advisor ☐ (6) Accountant or accounting firm 	nodity trading advis	or (whether registered	or exempt from registration)				
(7) Lawyer or law firm							

Describe any other investment-related business activities conducted from this office location:							
Complete the following information fo you conduct investment advisory busi If you are applying for SEC registratio adviser, list only the largest twenty-five	ness. You must comp on, if you are register	olete a separate Sched ed only with the SEC,	ule D Section 1.F. for each location. or if you are an <i>exempt reporting</i>				
Number and Street 1: 21515 HAWTHORNE BL #1059		Number and Street	2:				
City: TORRANCE	State: California	Country: United States	ZIP+4/Postal Code: 90503				
If this address is a private residence,	check this box:						
Telephone Number: (310) 698-0698	Facsimile Numbe	r, if any:					
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here: 534179							
How many <i>employees</i> perform investr	nent advisory functio	ns from this office loca	ation?				
Are other business activities conducte ✓ (1) Broker-dealer (registered or un		on? (check all that app	ly)				
(2) Bank (including a separately ide	,	or division of a bank)					
(4) Commodity pool operator or coll (5) Registered municipal advisor	mmodity trading advi	isor (whether registere	ed or exempt from registration)				
(6) Accountant or accounting firm (7) Lawyer or law firm							
Describe any other investment-related business activities conducted from this office location:							
Complete the following information fo you conduct investment advisory busi If you are applying for SEC registratio adviser, list only the largest twenty-five	ness. You must comp on, if you are register	olete a separate Sched ed only with the SEC,	ule D Section 1.F. for each location. or if you are an <i>exempt reporting</i>				
Number and Street 1: 45 RESEARCH DRIVE		Number and Street	2:				

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City:	State:	Country:	ZIP+4/Postal Code:						
ANN ARBOR	Michigan	United States	48103						
If this address is a private residence, che	eck this box:								
Telephone Number: (734) 786-6140									
If this office location is also required to be location for a broker-dealer or investment provide the <i>CRD</i> Branch Number here:	_								
How many <i>employees</i> perform investment	nt advisory functior	ns from this office location	on?						
Are other business activities conducted a	istered)								
☐ (4) Commodity pool operator or comm☐ (5) Registered municipal advisor☐ (6) Accountant or accounting firm☐ (7) Lawyer or law firm	nodity trading advis	sor (whether registered (or exempt from registration)						
Describe any other investment-related be	usiness activities co	onducted from this office	e location:						
Complete the following information for each office, other than your <i>principal office and place of business</i> , at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>).									
Number and Street 1: 2200 CENTURY PKWY, SUITE 735		Number and Street 2:							
City: ATLANTA	State: Georgia	Country: United States	ZIP+4/Postal Code: 30345						
If this address is a private residence, check this box: \square									
Telephone Number: (404) 547-0223	Facsimile Numb	er, if any:							
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:									

How many <i>employees</i> perform investme 1	nt advisory fur	nctions from this office	location?				
Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm							
Complete the following information for e you conduct investment advisory busine If you are applying for SEC registration, adviser, list only the largest twenty-five	ss. You must co if you are regis	omplete a separate Sch stered only with the SE	nedule D Section 1.F. for each location. C, or if you are an <i>exempt reporting</i>				
Number and Street 1: 7268 CHANDAN BLVD		Number and Street	: 2:				
City: MACHESNEY PARK	State: Illinois	Country: United States	ZIP+4/Postal Code: 61115				
If this address is a private residence, cho	eck this box: 「						
Telephone Number: (815) 900-7817	·						
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:							
How many <i>employees</i> perform investme	nt advisory fur	nctions from this office	location?				
Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm							

Describe any other investment-related	business activities conduc	cted from this office io	cation:				
Complete the following information for you conduct investment advisory busin If you are applying for SEC registration adviser, list only the largest twenty-five	ess. You must complete a , if you are registered onl	separate Schedule Dy with the SEC, or if y	Section 1.F. for each location.				
Number and Street 1: 800 WATERFRONT DRIVE, 3RD FLOOR		Number and Street	2:				
City: PITTSBURGH	State: Pennsylvania	Country: United States	ZIP+4/Postal Code: 15222				
If this address is a private residence, cl	heck this box: \square						
Telephone Number: (412) 465-1493	Facsimile Number, if any	<i>y</i> :					
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here: 279860							
How many <i>employees</i> perform investm	ent advisory functions fro	om this office location?					
Are other business activities conducted (1) Broker-dealer (registered or unre	egistered)						
☐ (2) Bank (including a separately ider☑ (3) Insurance broker or agent	ntifiable department or div	vision of a bank)					
☐ (4) Commodity pool operator or com ☐ (5) Registered municipal advisor ☐ (6) Accountant or accounting firm	nmodity trading advisor (v	vhether registered or	exempt from registration)				
(7) Lawyer or law firm							
Describe any other investment-related	business activities conduc	cted from this office lo	ocation:				
Complete the following information for you conduct investment advisory busin If you are applying for SEC registration adviser, list only the largest twenty-five	ess. You must complete a , if you are registered onl	separate Schedule D y with the SEC, or if y	Section 1.F. for each location.				
Number and Street 1: Number and Street 2: 8762 LONGS PEAK CIRCLE							

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City:	State:	Country:	ZIP+4/Postal Code:						
WINDSOR	Colorado	United States	80550						
If this address is a private residence, che	eck this box:								
Telephone Number: (970) 795-2137									
If this office location is also required to be location for a broker-dealer or investment provide the <i>CRD</i> Branch Number here:	_								
How many <i>employees</i> perform investment	nt advisory functior	ns from this office locatio	on?						
Are other business activities conducted a ☑ (1) Broker-dealer (registered or unreg ☐ (2) Bank (including a separately ident) ☑ (3) Insurance broker or agent	gistered)								
(4) Commodity pool operator or comn (5) Registered municipal advisor	nodity trading advis	sor (whether registered o	or exempt from registration)						
☐ (6) Accountant or accounting firm ☐ (7) Lawyer or law firm									
Describe any other investment-related b	usiness activities co	onducted from this office	e location:						
Complete the following information for each office, other than your <i>principal office and place of business</i> , at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>).									
Number and Street 1: 9915 MIRA MESA BLVD, SUITE 110		Number and Street 2	2:						
City: SAN DIEGO	State: California	Country: United States	ZIP+4/Postal Code: 92131						
If this address is a private residence, check this box: \square									
Telephone Number: (858) 546-8686	Facsimile Numbe	r, if any:							
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:									

How many <i>employees</i> perform investment 1	advisory func	tions from this office	location?				
Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm							
Complete the following information for each you conduct investment advisory business If you are applying for SEC registration, if	. You must co	mplete a separate Sch	nedule D Section 1.F. for each location.				
adviser, list only the largest twenty-five of	-						
Number and Street 1: 120 N 2ND AVE #108		Number and Street	2:				
City: KETCHUM	State: Idaho	Country: United States	ZIP+4/Postal Code: 83340				
If this address is a private residence, chec	k this box: 🔽						
Telephone Number: (949) 737-2626	Facsimile Nu	mber, if any:					
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:							
How many <i>employees</i> perform investment advisory functions from this office location? 2							
Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm							

Describe anv	other)	investment	-related	husiness	activities	conducted	from	this	office	location:
	Other	IIIVCSCITICITE	lClatcu	Dusincss	activities	Conducted	110111	UIII	UITICC	iocation.

Complete the following information fo you conduct investment advisory busi If you are applying for SEC registratio adviser, list only the largest twenty-fit	ness. You must comp on, if you are register	lete a separate Schedul ed only with the SEC, or	e D Section 1.F. for each location. if you are an exempt reporting
Number and Street 1: 6600 CITY WEST PARKWAY SUITE 308	8	Number and Stre	et 2:
City: EDEN PRAIRIE	State: Minnesota	Country: United States	ZIP+4/Postal Code: 55344
If this address is a private residence,	check this box: 🔽		
Telephone Number: 952-657-5056	Facsimile Numb	er, if any:	
If this office location is also required to location for a broker-dealer or investing provide the <i>CRD</i> Branch Number here	nent adviser on the U		•
How many <i>employees</i> perform investr	ment advisory functio	ns from this office locat	ion?
Are other business activities conducte (1) Broker-dealer (registered or un		on? (check all that apply)
☐ (2) Bank (including a separately ide ☐ (3) Insurance broker or agent	-	or division of a bank)	
(4) Commodity pool operator or co (5) Registered municipal advisor	mmodity trading advi	sor (whether registered	or exempt from registration)
☐ (6) Accountant or accounting firm ☐ (7) Lawyer or law firm			
Describe any other <i>investment-related</i>	d business activities c	conducted from this offic	e location:
Complete the following information fo you conduct investment advisory busi If you are applying for SEC registratio adviser, list only the largest twenty-firm	ness. You must comp on, if you are register	lete a separate Schedul ed only with the SEC, or	e D Section 1.F. for each location. if you are an exempt reporting
Number and Street 1: 85 W. ALGONQUIN ROAD, SUITE 395		Number and Street	2:
City: ARLINGTON HEIGHTS	State: Illinois	Country: United States	ZIP+4/Postal Code: 60005

If this address is a private residence, cl	heck this box: \square		
Telephone Number: 847-392-4100	Facsimile Num 847-637-1278		
If this office location is also required to location for a broker-dealer or investme provide the <i>CRD</i> Branch Number here: 534192			•
How many <i>employees</i> perform investm 3	ent advisory functions	from this office locati	on?
Are other business activities conducted		(check all that apply))
\square (1) Broker-dealer (registered or unrelative (2) Bank (including a separately ideal	,	division of a bank)	
☑ (3) Insurance broker or agent	·	,	
\square (4) Commodity pool operator or com	nmodity trading advisor	r (whether registered	or exempt from registration)
(5) Registered municipal advisor			
\square (6) Accountant or accounting firm \square (7) Lawyer or law firm			
(7) Lawyer or law IIIII			
Describe any other investment-related	business activities con	ducted from this offic	e location:
Complete the following information for you conduct investment advisory busin If you are applying for SEC registration adviser, list only the largest twenty-five	ess. You must complet n, if you are registered	e a separate Schedule only with the SEC, or	e D Section 1.F. for each location. if you are an <i>exempt reporting</i>
Number and Street 1: 34 CHADBOURNE STREET		Number and Street	2:
City: BLUFFTON	State: South Carolina	Country: United States	ZIP+4/Postal Code: 29910
If this address is a private residence, of	heck this box: 🔽		
Telephone Number: (310) 422-0801	Facsimile Number, if a	any:	
If this office location is also required to location for a broker-dealer or investme provide the <i>CRD</i> Branch Number here:			
How many <i>employees</i> perform investm	ent advisory functions	from this office locati	on?

Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm Describe any other <i>investment-related</i> business activities conducted from this office location:					
Complete the following information you conduct investment advisory b If you are applying for SEC registra adviser, list only the largest twenty	usiness. You must comple tion, if you are registered	ete a separate Schedul d only with the SEC, or	le D Section 1.F. for each location. - if you are an <i>exempt reporting</i>		
Number and Street 1: 700 CANAL STREET		Number and Stree	t 2:		
City: STAMFORD	State: Connecticut	Country: United States	ZIP+4/Postal Code: 06902		
If this address is a private residence	e, check this box: \Box				
Telephone Number: (203) 661-3441	Facsimile Number, if	any:			
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:					
How many <i>employees</i> perform investment advisory functions from this office location?					
Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm					
Describe any other <i>investment-related</i> business activities conducted from this office location:					

Complete the following information for each office, other than your <i>principal office and place of business</i> , at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>).					
Number and Street 1: 18801 VENTURA BLVD, SUITE 207		Number and Street 2	:		
City:	State:	Country:	ZIP+4/Postal Code:		
SHERMAN OAKS	California	United States	91403		
If this address is a private residence, che	ck this box:				
Telephone Number: (818) 614-3931					
If this office location is also required to b location for a broker-dealer or investmen provide the <i>CRD</i> Branch Number here: 534180	=		·		
How many <i>employees</i> perform investmen	nt advisory function	s from this office locatio	n?		
Are other business activities conducted at this office location? (check all that apply) ✓ (1) Broker-dealer (registered or unregistered) ✓ (2) Bank (including a separately identifiable department or division of a bank) ✓ (3) Insurance broker or agent ✓ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) ✓ (5) Registered municipal advisor ✓ (6) Accountant or accounting firm					
(7) Lawyer or law firm Describe any other <i>investment-related</i> by	isiness activities co	nducted from this office	location		
Describe any other investment-related by	asiliess activities co	nducted from this office	iocation.		
Complete the following information for earyou conduct investment advisory business If you are applying for SEC registration, in adviser, list only the largest twenty-five of	ss. You must comple f you are registered	ete a separate Schedule I only with the SEC, or i	D Section 1.F. for each location. f you are an <i>exempt reporting</i>		
Number and Street 1: 17610 E NICHOLS PLACE		Number and Street 2:			
City: CENTENNIAL	State: Colorado	Country: United States	ZIP+4/Postal Code: 80016		

If this address is a private residence, ch	eck this box: 🗹					
Telephone Number: 303-766-9599	Facsimile Num	ber, if any:				
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here: 279898						
How many <i>employees</i> perform investme	nt advisory func	tions from this office lo	cation?			
Are other business activities conducted a	at this office loca	tion? (check all that ap	oply)			
(1) Broker-dealer (registered or unreg	-					
\square (2) Bank (including a separately ident	ifiable departme	nt or division of a bank	<)			
✓ (3) Insurance broker or agent✓ (4) Commodity pool operator or comr	nodity trading a	luicar (whathar ragista	red or evernt from registration)			
(4) Commodity pool operator of Comm	nouncy trading at	ivisor (whether registe	red or exempt from registration)			
(6) Accountant or accounting firm						
(7) Lawyer or law firm						
Describe any other investment-related b	usiness activities	s conducted from this c	office location:			
Complete the following information for e you conduct investment advisory busine If you are applying for SEC registration, adviser, list only the largest twenty-five	ss. You must cor if you are regist	nplete a separate Sche ered only with the SEC	dule D Section 1.F. for each location. , or if you are an <i>exempt reporting</i>			
Number and Street 1: 1479 FALKIRK LANE NW		Number and Street	2:			
City:	State:	Country:	ZIP+4/Postal Code:			
KENNESAW	Georgia	United States	30152			
If this address is a private residence, ch	eck this box: \Box					
Telephone Number: (770) 217-7542	Facsimile Num	nber, if any:				
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:						
How many <i>employees</i> perform investme	nt advisory func	tions from this office lo	cation?			

Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm Describe any other investment-related business activities conducted from this office location:					
Complete the following information for you conduct investment advisory but If you are applying for SEC registration adviser, list only the largest twenty-forms.	siness. You must complete on, if you are registered o	e a separate Schedule only with the SEC, or if	D Section 1.F. for each location. Fyou are an exempt reporting		
Number and Street 1: 7900 HIGH SCHOOL ROAD		Number and Street	2:		
City: ELKINS PARK	State: Pennsylvania	Country: United States	ZIP+4/Postal Code: 19027		
If this address is a private residence,	, check this box: \Box				
Telephone Number: (609) 870-2069	Facsimile Number, if ar	ny:			
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:					
How many <i>employees</i> perform invest	tment advisory functions f	from this office location	n?		
Are other business activities conduct ✓ (1) Broker-dealer (registered or u — (2) Bank (including a separately id ✓ (3) Insurance broker or agent — (4) Commodity pool operator or co — (5) Registered municipal advisor — (6) Accountant or accounting firm — (7) Lawyer or law firm	nregistered) dentifiable department or ommodity trading advisor	division of a bank)	r exempt from registration)		
Describe any other <i>investment-related</i> business activities conducted from this office location:					

Complete the following information for each office, other than your <i>principal office and place of business</i> , at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>).						
Number and Street 1: 5806 119TH AVENUE SE, SUITE A		Number and Stre	et 2:			
City:	State:	Country:	ZIP+4/Postal Code:			
BELLEVUE	Washington	United States	98006			
	washington	omica States	30000			
If this address is a private residence,	check this box:					
Telephone Number: (253) 653-5331	Facsimile Numbe	er, if any:				
If this office location is also required to location for a broker-dealer or investing provide the <i>CRD</i> Branch Number here	nent adviser on the		·			
How many <i>employees</i> perform investr	ment advisory funct	cions from this office loca	ition?			
Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm						
Complete the following information for each office, other than your <i>principal office and place of business</i> , at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>).						
Number and Street 1: 3655 EVONVALE GLEN		Number and Street 2	:			
City:	State:	Country:	ZIP+4/Postal Code:			
CUMMING	Georgia	United States	30041			
	5					
If this address is a private residence, check this box: $lacktriangleright$						

Telephone Number: (770) 715-9349	Facsimile Number, if	any:			
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:					
How many <i>employees</i> perform investment advisory functions from this office location?					
Are other business activities conducted at this office location? (check all that apply) ☑ (1) Broker-dealer (registered or unregistered) ☐ (2) Bank (including a separately identifiable department or division of a bank)					
(2) Bank (including a separately ideal	intiliable department of d	ivision of a bank)			
\square (4) Commodity pool operator or com	nmodity trading advisor (whether registered o	r exempt from registration)		
\square (5) Registered municipal advisor					
☑ (6) Accountant or accounting firm					
\square (7) Lawyer or law firm					
Describe any other investment-related	business activities condu	icted from this office	location:		
Complete the following information for you conduct investment advisory busin If you are applying for SEC registration adviser, list only the largest twenty-five	ess. You must complete n, if you are registered or	a separate Schedule laly with the SEC, or if	D Section 1.F. for each location.		
Number and Street 1: 9208 FALLS OF NEUSE ROAD, SUITE 1	15	Number and Street	2:		
City:	State:	Country:	ZIP+4/Postal Code:		
RALEIGH	North Carolina	United States	27615		
If this address is a private residence, c	heck this box: \square				
Telephone Number: (919) 633-3210					
	Facsimile Number, if a	ny:			
If this office location is also required to location for a broker-dealer or investment of the CRD Branch Number here:	be registered with FINR, ent adviser on the Unifor	A or a <i>state securitie</i> s	-		
location for a broker-dealer or investment	be registered with FINR, ent adviser on the Unifor	A or a <i>state securities</i> m Branch Office Regi	stration Form (Form BR), please		

Describe any other *investment-related* business activities conducted from this office location:

Complete the following information for each office, other than your principal office and place of business, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an exempt reporting adviser, list only the largest twenty-five offices (in terms of numbers of employees). Number and Street 1: Number and Street 2: 7840 JUG STREET City: State: Country: ZIP+4/Postal Code: **ALEXANDRIA** Ohio **United States** 43001 If this address is a private residence, check this box: **\overline{\overline** Telephone Number: Facsimile Number, if any: (614) 352-8625 If this office location is also required to be registered with FINRA or a state securities authority as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the CRD Branch Number here: How many employees perform investment advisory functions from this office location? 1 Are other business activities conducted at this office location? (check all that apply) ☑ (1) Broker-dealer (registered or unregistered) \square (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent \square (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm Describe any other *investment-related* business activities conducted from this office location: Complete the following information for each office, other than your principal office and place of business, at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an exempt reporting adviser, list only the largest twenty-five offices (in terms of numbers of employees). Number and Street 1: Number and Street 2: 636 E 6 1/2 STREET ZIP+4/Postal Code: City: State: Country: **HOUSTON** United States 77007 Texas If this address is a private residence, check this box: **\overline{\overline**

Telephone Number: (713) 294-1045	Facsimile Number, if	any:			
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:					
How many <i>employees</i> perform investment advisory functions from this office location?					
Are other business activities conducted at this office location? (check all that apply) (1) Broker-dealer (registered or unregistered) (2) Bank (including a separately identifiable department or division of a bank) (3) Insurance broker or agent (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (5) Registered municipal advisor (6) Accountant or accounting firm (7) Lawyer or law firm					
Describe any other investment-relate	ed business activities condu	cted from this office l	ocation:		
Complete the following information for you conduct investment advisory bus If you are applying for SEC registration adviser, list only the largest twenty-f	siness. You must complete a on, if you are registered on	a separate Schedule D ly with the SEC, or if	Section 1.F. for each location.		
Number and Street 1: 175 DERBY STREET, SUITE 33		Number and Street	2:		
City: HINGHAM	State: Massachusetts	Country: United States	ZIP+4/Postal Code: 02043		
If this address is a private residence,	check this box: \square				
Telephone Number: (512) 297-7815					
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:					
How many <i>employees</i> perform invest	ment advisory functions fro	om this office location	?		
Are other business activities conducte	•	check all that apply)			
 ✓ (1) Broker-dealer (registered or unregistered) ✓ (2) Bank (including a separately identifiable department or division of a bank) 					

☑ (3) Insurance broker or agent						
\square (4) Commodity pool operator or con	nmodity trading ac	dvisor (whether register	ed or exempt from registration)			
(5) Registered municipal advisor						
\square (6) Accountant or accounting firm						
\square (7) Lawyer or law firm						
Describe any other investment-related	Describe any other <i>investment-related</i> business activities conducted from this office location:					
Complete the following information for you conduct investment advisory busin If you are applying for SEC registration adviser, list only the largest twenty-fiv	ness. You must cor n, if you are regist	mplete a separate Schedered only with the SEC,	lule D Section 1.F. for each location. or if you are an <i>exempt reporting</i>			
Number and Street 1: 5901 W CENTURY BLVD, #750		Number and Street	: 2:			
City:	State:	Country:	ZIP+4/Postal Code:			
LOS ANGELES	California	United States	90045			
If this address is a private residence, c						
Telephone Number:	Facsimile Numb	ber, if any:				
(626) 676-4232						
If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please provide the <i>CRD</i> Branch Number here:						
How many <i>employees</i> perform investm	nent advisory func	tions from this office loc	ation?			
Are other business activities conducted	l at this office loca	tion? (check all that app	olv)			
\square (1) Broker-dealer (registered or unr		(
\square (2) Bank (including a separately ide	,	ent or division of a bank)				
☑ (3) Insurance broker or agent	·	,				
\square (4) Commodity pool operator or con	nmodity trading ac	dvisor (whether register	ed or exempt from registration)			
(5) Registered municipal advisor	, ,	,	, ,			
\square (6) Accountant or accounting firm						
☐ (7) Lawyer or law firm						
Describe any other investment-related	business activities	s conducted from this of	fice location:			

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

If you are applying for SEC registration, if you are registered only with the SEC, or if you are an <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>).					
Number and Street 1: 5251 W 116TH PLACE, SUITE 200		Number and Street 2	:		
City: LEAWOOD	State: Kansas	Country: United States	ZIP+4/Postal Code: 66211		
If this address is a private residence, check this box: 🔽					
Telephone Number: (913) 593-1917	Facsimile Number, if any:				
If this office location is also required to be location for a broker-dealer or investment provide the <i>CRD</i> Branch Number here:	-		•		
How many <i>employees</i> perform investme	nt advisory functior	ns from this office locati	on?		
Are other business activities conducted at this office location? (check all that apply) ☑ (1) Broker-dealer (registered or unregistered) ☐ (2) Bank (including a separately identifiable department or division of a bank) ☑ (3) Insurance broker or agent ☐ (4) Commodity pool operator or commodity trading advisor (whether registered or exempt from registration) ☐ (5) Registered municipal advisor ☐ (6) Accountant or accounting firm ☐ (7) Lawyer or law firm					
Complete the following information for each office, other than your <i>principal office and place of business</i> , at which you conduct investment advisory business. You must complete a separate Schedule D Section 1.F. for each location. If you are applying for SEC registration, if you are registered only with the SEC, or if you are an <i>exempt reporting adviser</i> , list only the largest twenty-five offices (in terms of numbers of <i>employees</i>).					
Number and Street 1: 13 COLLINS STREET		Number and Street 2	:		
City: DEWEY BEACH	State: Delaware	Country: United States	ZIP+4/Postal Code: 19971		
If this address is a private residence, ch	eck this box: \square				
Telephone Number: (651) 283-6966	Facsimile Number,	if any:			

If this office location is also required to be registered with FINRA or a <i>state securities authority</i> as a branch office location for a broker-dealer or investment adviser on the Uniform Branch Office Registration Form (Form BR), please					
provide the CRD Branch Number here:					
How many <i>employees</i> perform investment 1	advisory functi	ons from this office locati	on?		
Are other business activities conducted at t	his office locati	on? (check all that apply)		
☑ (1) Broker-dealer (registered or unregist	ered)				
\square (2) Bank (including a separately identifia	ible departmen	t or division of a bank)			
☑ (3) Insurance broker or agent					
(4) Commodity pool operator or commod	dity trading adv	visor (whether registered	or exempt from registration)		
(5) Registered municipal advisor					
(6) Accountant or accounting firm					
(7) Lawyer or law firm					
Describe any other investment-related business	ness activities	conducted from this offic	e location:		
SECTION 1.I. Website Addresses					
List your website addresses, including addr control the content (including, but not limit Schedule D Section 1.I. for each website or	ed to, Twitter,	Facebook and/or LinkedIr	n). You must complete a separate		
Address of Website/Account on Publicly Ava	ailable Social M	edia Platform: HTTP://	WWW.TLGADVISORS.NET		
Address of Website/Account on Publicly Available Social Media Platform: HTTP://WWW.STARLIGHTPORTFOLIOS.COM					
SECTION 1.L. Location of Books and Rec	ords				
Complete the following information for each location at which you keep your books and records, other than your principal office and place of business. You must complete a separate Schedule D, Section 1.L. for each location.					
Name of entity where books and records ar THE BROKERS NETWORK LLC	e kept:				
Number and Street 1: 431 E HORATIO AVENUE, SUITE 210		Number and Street 2	2:		
City:	State:	Country:	ZIP+4/Postal Code:		
MAITLAND	Florida	United States	32751		

If this address is a private residence, check this box: $\ \square$

Telephone Number: (407) 898-5521					
This is (check one):					
• one of your branch offices or affiliate	es.				
C a third-party unaffiliated recordkeep	er.				
C other.					
Briefly describe the books and records leads to the CLIENT RECORDS	cept at this locati	on.			
Name of entity where books and record TLG ADVISORS INC	s are kept:				
Number and Street 1: 94 WOODCHUCK HOLLOW ROAD		Number and Street 2:			
City:	State:	Country:	ZIP+4/Postal Code:		
COLD SPRING HARBOR	New York	United States	11724		
If this address is a private residence, ch	neck this box: 🔽	3			
Telephone Number: (516) 677-6278	Facsimile numb	er, if any:			
This is (check one):					
• one of your branch offices or affiliate	es.				
C a third-party unaffiliated recordkeep	oer.				
O other.					
Briefly describe the books and records & CLIENT FILES	cept at this locati	on.			
Name of entity where books and record TLG ADVISORS INC	s are kept:				
Number and Street 1: 2200 CENTURY PKWY, SUITE 735		Number and Street 2:			
City:	State:	Country:	ZIP+4/Postal Code:		
ATLANTA	Georgia	United States	30345		
If this address is a private residence, ch	neck this box:	1			
Telephone Number:	Facsimile numb	per, if any:			

This is (check one): • one of your branch offices or affiliat	es			
C a third-party unaffiliated recordkeep				
C other.)CI.			
- other.				
Briefly describe the books and records CLIENT RECORDS.	kept at this locatio	n.		
Name of entity where books and record TLG ADVISORS INC	ls are kept:			
Number and Street 1: 9915 MIRA MESA BLVD, SUITE 110		Number and Street 2:		
City:	State:	Country:	ZIP+4/Postal Code:	
SAN DIEGO	California	United States	92131	
If this address is a private residence, ch	neck this box: 🗖			
Telephone Number: (858) 546-8686	Facsimile numbe	r, if any:		
This is (check one):				
• one of your branch offices or affiliat	es.			
C a third-party unaffiliated recordkeep	oer.			
C other.				
Briefly describe the books and records CLIENT RECORDS	kept at this locatio	n.		
Name of entity where books and record TLG ADVISORS INC	ls are kept:			
Number and Street 1: 6900 WISCONSIN AVENUE, 5TH FLOOR		Number and Stree	t 2:	
City:	State:	Country:	ZIP+4/Postal Code:	
CHEVY CHASE	Maryland	United States	20815	
If this address is a private residence, check this box: \square				
Telephone Number: 3016522500	Facsimile num	ber, if any:		

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

This is (check one):				
• one of your branch offices or affiliat	tes.			
C a third-party unaffiliated recordkee	per.			
C other.				
Briefly describe the books and records CLIENT RECORDS	kept at this loo	cation.		
Name of entity where books and record TLG ADVISORS INC	ds are kept:			
Number and Street 1: 11225 COLLEGE BLVD, SUITE 105		Number and Stree	t 2:	
City:	State:	Country:	ZIP+4/Postal Code:	
OVERLAND PARK	Kansas	United States	66210	
If this address is a private residence, c	heck this box:			
Telephone Number: 9139515448	Facsimile	number, if any:		
This is (check one):				
• one of your branch offices or affiliat	tes.			
C a third-party unaffiliated recordkeeper.				
C other.				
Briefly describe the books and records CLIENT RECORDS	kept at this loo	cation.		
Name of entity where books and record SCHMIDT FINANCIAL	ds are kept:			
Number and Street 1: 450 SKOKIE BLVD, SUITE 507		Number and Street 2:		
City:	State:	Country:	ZIP+4/Postal Code:	
NORTHBROOK	Illinois	United States	60062	
If this address is a private residence, check this box: \square				
Telephone Number: 450 SKOKIE BLV	Facsimile nu	umber, if any:		

This is (check one):					
• one of your branch offices or affili	• one of your branch offices or affiliates.				
C a third-party unaffiliated recordke	eeper.				
C other.					
Briefly describe the books and record CLIENT RECORDS	ls kept at this loca	tion.			
Name of entity where books and reco	ords are kept:				
Number and Street 1: 17610 E. NICHOLS PLACE		Number and Street 2:			
City: CENTENNIAL	State: Colorado	Country: United States	ZIP+4/Postal Code: 80016		
CLIVILINIAL	Colorado	omica states	00010		
If this address is a private residence,	check this box:				
Telephone Number: 303-766-9599	·				
This is (check one):					
• one of your branch offices or affili	iates.				
C a third-party unaffiliated recordke	eeper.				
C other.					
Briefly describe the books and record CLIENT RECORDS	ds kept at this loca	tion.			
Name of entity where books and reco	ords are kept:				
Number and Street 1: 425 RIESLING STREET		Number and Street 2:			
City:	State:	Country:	ZIP+4/Postal Code:		
CLOVERDALE	California	United States	95425		
If this address is a private residence, check this box: \square					
Telephone Number: 7074732733	Facsimile numbe	er, if any:			

This is (check one):				
• one of your branch offices or	affiliates.			
C a third-party unaffiliated reco	rdkeeper.			
O other.	·			
Briefly describe the books and re CLIENT RECORDS	cords kept at this loo	cation.		
Name of entity where books and TLG ADVISORS INC	records are kept:			
Number and Street 1: 700 CANAL STREET		Number and Stree	t 2:	
City:	State:	Country:	ZIP+4/Postal Code:	
STAMFORD	Connecticut	United States	06902	
If this address is a private reside	nce, check this box:			
Telephone Number: (203) 661-3441				
This is (check one):				
• one of your branch offices or	affiliates.			
C a third-party unaffiliated reco	rdkeeper.			
O other.	·			
Briefly describe the books and re CLIENT RECORDS	cords kept at this loo	cation.		
Name of entity where books and TLG ADVISORS INC	records are kept:			
Number and Street 1: 81 TIMBER CREEK ROAD		Number and Street 2	2:	
City:	State:	Country:	ZIP+4/Postal Code:	
ROZET	Wyoming	United States	82727	
If this address is a private residence, check this box: \square				
Telephone Number: 3076890701	Facsimile numl	ber, if any:		

This is (check one):			
• one of your branch offices or aff	iliates.		
C a third-party unaffiliated recordl	keeper.		
C other.			
Briefly describe the books and record CLIENT RECORDS	rds kept at this locat	ion.	
Name of entity where books and red THE YATES AGENCY	cords are kept:		
Number and Street 1: 1475 E CENTER STREET		Number and Street 2	:
City: KINGSPORT	State: Tennessee	Country: United States	ZIP+4/Postal Code: 37664
If this address is a private residence	e, check this box: 【		
Telephone Number: (423) 247-1123	Facsimile number	, if any:	
This is (check one):			
• one of your branch offices or aff	iliates.		
C a third-party unaffiliated records	keeper.		
C other.			
Briefly describe the books and record CLIENT RECORDS	rds kept at this locat	ion.	
Name of entity where books and red TLG ADVISORS INC	cords are kept:		
Number and Street 1: 10551 NE GERTIE JOHNSON ROAD		Number and Street	2:
City:	State:	Country:	ZIP+4/Postal Code:
BAINBRIDGE ISLAND	Washington	United States	98110
If this address is a private residence	e, check this box:	Z	
Telephone Number: (559) 733-3525	Facsimile number	, if any:	

This is (check one):					
⊙ one of your branch offices or affiliates.					
C a third-party unaffiliated record	keeper.				
C other.					
Briefly describe the books and reco	rds kept at this loc	ation.			
Name of entity where books and re TLG ADVISORS INC	cords are kept:				
Number and Street 1: 400 HWY 169 S, SUITE 200		Number and Street 2	:		
City:	State:	Country:	ZIP+4/Postal Code:		
ST LOUIS PARK	Minnesota	United States	55426		
If this address is a private residence	e, check this box:	~			
Telephone Number: (916) 679-0281	Facsimile numb	er, if any:			
This is (check one):					
• one of your branch offices or aff	ïliates.				
C a third-party unaffiliated record					
O other.					
Briefly describe the books and reco CLIENT RECORDS	rds kept at this loc	ation.			
Name of entity where books and re TLG ADVISORS INC	cords are kept:				
Number and Street 1: 8762 LONGS PEAK CIRCLE		Number and Street 2:			
City:	State:	Country:	ZIP+4/Postal Code:		
WINDSOR	Colorado	United States	80550		
If this address is a private residence, check this box: \Box					
Telephone Number:	Facsimile numb	per, if any:			
(970) 795-2137					

This is (check one):					
• one of your branch offices or affili	ates.				
C a third-party unaffiliated recordke	eper.				
C other.					
Briefly describe the books and record CLIENT RECORDS	s kept at this loo	cation.			
Name of entity where books and reco	ords are kept:				
Number and Street 1: 218 HILLSIDE DRIVE		Number and Street 2:			
City:	State:	Country:	ZIP+4/Postal Code:		
WALESKA	Georgia	United States	30183		
If this address is a private residence,	check this box:	☑			
Telephone Number: (678) 923-3828	Facsimile num	nber, if any:			
This is (check one):					
• one of your branch offices or affiliates.					
C a third-party unaffiliated recordkeeper.					
C other.					
Briefly describe the books and record CLIENT RECORDS	s kept at this loo	cation.			
Name of entity where books and reco	ords are kept:				
Number and Street 1: 395 GUNTER AVENUE		Number and Street 2:			
City:	State:	Country:	ZIP+4/Postal Code:		
GUNTERSVILLE	Alabama	United States	35976		
If this address is a private residence,	check this box:				
Telephone Number: (678) 787-4728	Facsimile num	ber, if any:			

This is (check one):					
• one of your branch offices or af	filiates.				
C a third-party unaffiliated recordkeeper.					
C other.					
Briefly describe the books and reco	ords kept at this lo	cation.			
Name of entity where books and re TLG ADVISORS INC	ecords are kept:				
Number and Street 1: 7268 CHANDAN BLVD		Number and Street 2:			
City:	State:	Country:	ZIP+4/Postal Code:		
MACHESNEY PARK	Illinois	United States	61115		
If this address is a private residence	ce, check this box:	☑			
Telephone Number: 8159007817	Facsimile nu	mber, if any:			
This is (check one):					
lacktriangle one of your branch offices or af	filiates.				
C a third-party unaffiliated record	lkeeper.				
C other.					
Briefly describe the books and reco	ords kept at this lo	cation.			
Name of entity where books and re E4 INSURANCE SERVICES LLC	ecords are kept:				
Number and Street 1: 2280 45TH STREET S, SUITE C		Number and Stre	eet 2:		
City:	State:	Country:	ZIP+4/Postal Code:		
FARGO	North Dakota	United States	58104		
If this address is a private residence	ce, check this box:				
Telephone Number: (608) 848-0403	Facsimile numbe	er, if any:			

This is (check one):						
• one of your branch offices or a	affiliates.					
C a third-party unaffiliated reco	C a third-party unaffiliated recordkeeper.					
C other.						
Briefly describe the books and red CLIENT RECORDS	cords kept at this locatio	on.				
Name of entity where books and FINANCIAL PROFESSIONALS GRO						
Number and Street 1: 3597 E MONARCH SKY LANE, #24	40	Number and Street	2:			
City:	State:	Country:	ZIP+4/Postal Code:			
MERIDIAN	Idaho	United States	83646			
If this address is a private resider	nce, check this box: $\ \Box$					
Telephone Number: (949) 455-0119	Facsimile nu	umber, if any:				
This is (check one):						
• one of your branch offices or a	affiliates.					
C a third-party unaffiliated recor	dkeeper.					
C other.						
Briefly describe the books and red CLIENT FILES	cords kept at this locatio	on.				
Name of entity where books and FLETCHER INSURANCE GROUP DI		JP & FIN SERVICES				
Number and Street 1: 7901 STRICKLAND ROAD, SUITE	102	Number and Stree	et 2:			
City:	State:	Country:	ZIP+4/Postal Code:			
RALEIGH	North Carolina	United States	27615			
If this address is a private resider	nce, check this box: \Box					
Telephone Number: (919) 271-6106	Facsimile number, if	any:				

This is (check one):				
• one of your branch offices or affi	iliates.			
C a third-party unaffiliated records	keeper.			
C other.				
Briefly describe the books and recor CLIENT FILES	ds kept at this loc	ation.		
Name of entity where books and red TLG ADVISORS INC	cords are kept:			
Number and Street 1: 220 2ND AVENUE S		Number and Street 2:		
City:	State:	Country:	ZIP+4/Postal Code:	
FRANKLIN	Tennessee	United States	37064	
If this address is a private residence	e, check this box:			
Telephone Number: (615) 628-3290	Facsimile numb	er, if any:		
This is (check one):				
• one of your branch offices or aff	iliates.			
C a third-party unaffiliated record	keeper.			
C other.	·			
Briefly describe the books and recor	ds kept at this loc	ation.		
Name of entity where books and red TLG ADVISORS INC	cords are kept:			
Number and Street 1: 45 RESEARCH DRIVE		Number and Street 2:		
City:	State:	Country:	ZIP+4/Postal Code:	
ANN ARBOR	Michigan	United States	48103	
If this address is a private residence, check this box: \square				
Telephone Number: (734) 786-6140	Facsimile numb	per, if any:		

This is (check one):			
• one of your branch offices or affil	iates.		
C a third-party unaffiliated records	eeper.		
C other.			
Briefly describe the books and record CLIENT FILES	ds kept at this loca	ation.	
Name of entity where books and reco	ords are kept:		
Number and Street 1: 2413 W ALGONQUIN ROAD, SUITE 5	06	Number and S	treet 2:
City:	State:	Country:	ZIP+4/Postal Code:
ALGONQUIN	Illinois	United States	60102
If this address is a private residence,	, check this box:		
Telephone Number: (847) 459-8800	Facsimi	le number, if any:	
This is (check one):			
• one of your branch offices or affil	iates.		
C a third-party unaffiliated recordke	eeper.		
C other.			
Briefly describe the books and record CLIENT RECORDS	ds kept at this loca	ation.	
Name of entity where books and reco	ords are kept:		
Number and Street 1: 1411 5TH STREET, SUITE 306		Number and Street	2:
City:	State:	Country:	ZIP+4/Postal Code:
SANTA MONICA	California	United States	90401
If this address is a private residence,	, check this box:		
Telephone Number: (310) 579-9560	Facsimile numbe	er, if any:	

This is (check one):					
• one of your branch offices or affiliates.					
C a third-party unaffiliated recordkeeper.					
O other.					
Briefly describe the books and records	kept at this lo	ocation.			
CLIENT FILES					
No and the second secon	.d 1				
Name of entity where books and record INTEGRITY FINANCIAL	us are kept:				
Number and Street 1:		Number and Street 2:			
20 GOULD AVENUE					
City: COUNCIL BLUFFS	State:	Country: United States	ZIP+4/Postal Code: 51503		
COUNCIL BLUFFS	Iowa	United States	51503		
If this address is a private residence, c	check this box:	v			
Telephone Number:	Facsimile nu	ımber, if any:			
(402) 590-2020					
This is (check one):					
• one of your branch offices or affilial	tes.				
C a third-party unaffiliated recordkeeper.					
O other.					
Briefly describe the books and records	kept at this lo	ocation.			
CLIENT RECORDS					
Name of ontity where books and recor	de are kenti				
Name of entity where books and record TLG ADVISORS INC	us are kept.				
Number and Street 1:		Number and Street 2:			
2935 MARBLE CREST DRIVE					
City:	State:	Country:	ZIP+4/Postal Code:		
LAND O LAKES	Florida	United States	34638		
If this address is a private residence, c	heck this hox	. 🔽			
2. cms duaress is a private residence, c	LICER CITIS DOX.	Princel			
Telephone Number:	Facsimile nu	mber, if any:			
(303) 589-4602		·			

This is (check one):				
⊙ one of your branch offices or affiliates.				
C a third-party unaffiliated recordkeeper.				
C other.				
Briefly describe the books and recor	ds kept at this local	cion.		
Name of entity where books and red TLG ADVISORS INC	cords are kept:			
Number and Street 1: 262 HALF HOLLOW ROAD		Number and Street 2:		
City:	State:	Country:	ZIP+4/Postal Code:	
DIX HILLS	New York	United States	11746	
If this address is a private residence	e, check this box:	⊽		
Telephone Number: (516) 695-4662	Facsimile numbe	r, if any:		
This is (check one):				
• one of your branch offices or aff	iliates.			
C a third-party unaffiliated records	keeper.			
O other.				
Briefly describe the books and recor CLIENT FILES	ds kept at this local	cion.		
Name of entity where books and red TLG ADVISORS	cords are kept:			
Number and Street 1:		Number and Street 2:		
9311 SE 36 STREET	State:	SUITE 105	7ID±4/Postal Codo:	
City: MERCER ISLAND	State: Washington	Country: United States	ZIP+4/Postal Code: 98040	
If this address is a private residence, check this box: \Box				
Telephone Number: 206-236-0201	Facsimile number,	if any:		

This is (check one):					
• one of your branch offices or affilia	ites.				
C a third-party unaffiliated recordkee	eper.				
C other.	•				
Briefly describe the books and records CLIENT RECORDS	kept at this lo	ocation.			
Name of entity where books and recor	rds are kept:				
Number and Street 1: 350 HIGHWAY 7		Number and Street 2 #241	2:		
	State: Minnesota	Country: United States	ZIP+4/Postal Code: 55331		
If this address is a private residence, o	check this box	: □			
Telephone Number: 763-231-7316	Facsimile num	ber, if any:			
This is (check one):					
• one of your branch offices or affilia	ites.				
C a third-party unaffiliated recordkee	eper.				
O other.					
Briefly describe the books and records CLIENT RECORDS	s kept at this lo	ocation.			
Name of entity where books and recor	ds are kept:				
Number and Street 1: 1210 JACKSBORO PIKE		Number and Street 2:			
City:	State:	Country:	ZIP+4/Postal Code:		
LAFOLLETTE	Texas	United States	37766		
If this address is a private residence, check this box: \Box					
Telephone Number: (423) 562-3346	Facsimile nu	umber, if any:			

This is (check one):				
⊙ one of your branch offices or affiliates.				
C a third-party unaffiliated recordkeeper.				
C other.				
Briefly describe the books and recor CLIENT FILES	ds kept at this loca	ation.		
Name of entity where books and red TLG ADVISORS	cords are kept:			
Number and Street 1: 6600 CITY WEST PARKWAY		Number and Street 2: SUITE 308		
City:	State:	Country:	ZIP+4/Postal Code:	
EDEN PRAIRE	Minnesota	United States	55344	
If this address is a private residence	e, check this box:			
Telephone Number: 952-657-5056	Facsimile numbe	er, if any:		
This is (check one):				
• one of your branch offices or aff	iliates.			
C a third-party unaffiliated records	keeper.			
C other.				
Briefly describe the books and recor CLIENT RECORDS	ds kept at this loca	ation.		
Name of entity where books and red TLG ADVISORS INC	cords are kept:			
Number and Street 1: 306 ACADEMY AVENUE, SUITE 106		Number and Street	2:	
City:	State:	Country:	ZIP+4/Postal Code:	
DUBLIN	Georgia	United States	31021	
If this address is a private residence	e, check this box:			
Telephone Number: (478) 279-0196	Facsimile no	umber, if any:		

This is (check one):					
• one of your branch offices or affilia	• one of your branch offices or affiliates.				
C a third-party unaffiliated recordkeeper.					
C other.					
Briefly describe the books and records CLIENT RECORDS	kept at this lo	ocation.			
Name of entity where books and record TLG ADVISORS INC	ds are kept:				
Number and Street 1: 225 FRIEND STREET, SUITE 600		Number and Street 2	2:		
City:	State:	Country:	ZIP+4/Postal Code:		
BOSTON	Maine	United States	02114		
If this address is a private residence, c	check this box	: 🗖			
Telephone Number: 2036613441	Facsimile	number, if any:			
This is (check one):					
• one of your branch offices or affilia	tes.				
C a third-party unaffiliated recordkee	per.				
C other.					
Briefly describe the books and records CLIENT RECORDS	kept at this lo	ocation.			
Name of entity where books and record	ds are kept:				
Number and Street 1: 120 N 2ND AVE #108		Number and Street 2:			
City:	State:	Country:	ZIP+4/Postal Code:		
KETCHUM	Idaho	United States	83340		
If this address is a private residence, c	check this box	: 🗖			
Telephone Number: 9497372626	Facsimile nu	umber, if any:			

This is (check one):	This is (check one):				
• one of your branch offices or affiliates.					
C a third-party unaffiliated recordkeeper.					
C other.					
Briefly describe the books and record CLIENT RECORDS	s kept at this loca	tion.			
Name of entity where books and reco	ords are kept:				
Number and Street 1: 26 N 2ND STREET		Number and Street 2:			
City:	State:	Country:	ZIP+4/Postal Code:		
PICKENS	Mississippi	United States	39146		
If this address is a private residence,	check this box:	▼			
Telephone Number: 6624683832	Facsimile number	r, if any:			
This is (check one):					
• one of your branch offices or affili	ates.				
C a third-party unaffiliated recordke	eeper.				
other.					
Briefly describe the books and record CLIENT RECORDS	s kept at this loca	tion.			
Name of entity where books and reco					
Number and Street 1: 1410 S SALISBURY BLVD		Number and Street 2:			
City:	State:	Country:	ZIP+4/Postal Code:		
SALISBURY	Maryland	United States	21801		
If this address is a private residence, check this box: \Box					
Telephone Number: (410) 546-3999	Facsimile numbe	er, if any:			

This is (check one):				
• one of your branch offices or aff	iliates.			
C a third-party unaffiliated recordkeeper.				
C other.				
Briefly describe the books and recor	rds kept at this loc	ation.		
Name of entity where books and red TLG ADVISORS	cords are kept:			
Number and Street 1: 85 W. ALGONQUIN ROAD, SUITE 39	95	Number and St	reet 2:	
City:	State:	Country:	ZIP+4/Postal Code:	
ARLINGTON HEIGHTS	Illinois	United States	60005	
If this address is a private residence	e, check this box:			
Telephone Number: 847-392-4100	Facsimil	e number, if any:		
This is (check one):				
• one of your branch offices or aff	iliates.			
C a third-party unaffiliated records	keeper.			
C other.				
Briefly describe the books and recor	rds kept at this loc	ation.		
Name of entity where books and red CLARITY FINANCIAL	cords are kept:			
Number and Street 1: 2935 PINE LAKE ROAD, SUITE I		Number and Street	2:	
City:	State:	Country:	ZIP+4/Postal Code:	
LINCOLN	Nebraska	United States	68516	
If this address is a private residence	e, check this box:			
Telephone Number: (402) 430-0841	Facsimile numb	er, if any:		

This is (check one):					
• one of your branch offices or affiliates.					
C a third-party unaffiliated recordkeeper.					
C other.					
Briefly describe the books and records CLIENT FILES	kept at this loc	cation.			
Name of entity where books and record CRESTWOOD AGENCY LLC	ds are kept:				
Number and Street 1: 515 W CENTER AVENUE		Number and Street 2:			
,	State:	Country:	ZIP+4/Postal Code:		
VISALIA	California	United States	93291		
If this address is a private residence, c	heck this box:				
Telephone Number: (559) 733-3525	Facsimile numb	per, if any:			
This is (check one):					
• one of your branch offices or affiliat	tes.				
Ö a third-party unaffiliated recordkeeper.					
O other.					
Briefly describe the books and records CLIENT RECORDS	kept at this loc	cation.			
Name of entity where books and record	ds are kept:				
Number and Street 1: 8500 KEYSTONE CROSSING		Number and Street 2: SUITE 300			
City:	State:	Country:	ZIP+4/Postal Code:		
INDIANAPOLIS	Indiana	United States	46240		
If this address is a private residence, check this box: \square					
Telephone Number: 317-775-6110	Facsimile num	iber, if any:			

• one of your branch offices or affil	This is (check one):				
• one of your branch offices or affiliates.					
C a third-party unaffiliated recordkeeper.					
C other.					
Briefly describe the books and record	ds kept at this lo	ocation.			
CLIENT RECORDS					
Nove Carl State to the character and					
Name of entity where books and rec TLG ADVISORS INC	ords are kept:				
Number and Street 1:		Number and Street 2:			
156 S SAGE HOLLOW					
City: DRIPPING SPRINGS	State: Texas	Country: United States	ZIP+4/Postal Code: 78620		
DRIPPING SPRINGS	iexas	United States	78020		
If this address is a private residence	, check this box:	. 🔽			
, , , , , , , , , , , , , , , , , , , ,	,				
Telephone Number:	Facsimile nu	ımber, if any:			
(512) 538-6271					
This is (check one):					
• one of your branch offices or affil					
• one of your branch offices or affil • a third-party unaffiliated records					
• one of your branch offices or affil					
one of your branch offices or affila third-party unaffiliated recordsother.	eeper.				
 one of your branch offices or affil a third-party unaffiliated records other. Briefly describe the books and records	eeper.	ocation.			
one of your branch offices or affila third-party unaffiliated recordsother.	eeper.	ocation.			
 one of your branch offices or affil a third-party unaffiliated records other. Briefly describe the books and records	eeper.	ocation.			
 one of your branch offices or affil a third-party unaffiliated records other. Briefly describe the books and records	eeper. ds kept at this lo	ocation.			
 one of your branch offices or affil a third-party unaffiliated records other. Briefly describe the books and record CLIENT FILES 	eeper. ds kept at this lo	ocation.			
one of your branch offices or affile a third-party unaffiliated records other. Briefly describe the books and record CLIENT FILES Name of entity where books and record TLG ADVISORS INC	eeper. ds kept at this lo				
one of your branch offices or affill a third-party unaffiliated records other. Briefly describe the books and record CLIENT FILES Name of entity where books and record TLG ADVISORS INC Number and Street 1:	eeper. ds kept at this lo	ocation. Number and Street 2	2:		
one of your branch offices or affill a third-party unaffiliated records other. Briefly describe the books and record CLIENT FILES Name of entity where books and record TLG ADVISORS INC Number and Street 1: 2920 SANTIA DRIVE	eeper. ds kept at this lo	Number and Street 2			
one of your branch offices or affill a third-party unaffiliated records other. Briefly describe the books and record CLIENT FILES Name of entity where books and record TLG ADVISORS INC Number and Street 1:	eeper. ds kept at this lo		2: ZIP+4/Postal Code: 48085		
one of your branch offices or affill a third-party unaffiliated records other. Briefly describe the books and record CLIENT FILES Name of entity where books and record TLG ADVISORS INC Number and Street 1: 2920 SANTIA DRIVE City:	eeper. ds kept at this lo ords are kept: State:	Number and Street 2 Country:	ZIP+4/Postal Code:		
one of your branch offices or affill a third-party unaffiliated records other. Briefly describe the books and record CLIENT FILES Name of entity where books and record TLG ADVISORS INC Number and Street 1: 2920 SANTIA DRIVE City:	eeper. ds kept at this lo ords are kept: State: Michigan	Number and Street 2 Country: United States	ZIP+4/Postal Code:		
one of your branch offices or affill a third-party unaffiliated records other. Briefly describe the books and record CLIENT FILES Name of entity where books and record TLG ADVISORS INC Number and Street 1: 2920 SANTIA DRIVE City: TROY If this address is a private residence	eeper. ds kept at this loo ords are kept: State: Michigan , check this box:	Number and Street 2 Country: United States	ZIP+4/Postal Code:		
one of your branch offices or affill a third-party unaffiliated records other. Briefly describe the books and record CLIENT FILES Name of entity where books and record TLG ADVISORS INC Number and Street 1: 2920 SANTIA DRIVE City: TROY	eeper. ds kept at this lo ords are kept: State: Michigan	Number and Street 2 Country: United States	ZIP+4/Postal Code:		

This is (check one):					
• one of your branch offices or affiliates.					
C a third-party unaffiliated recordkeeper.					
O other.					
Briefly describe the books and red CLIENT RECORDS	cords kept at this lo	cation.			
Name of entity where books and TLG ADVISORS INC	records are kept:				
Number and Street 1: 11850 NICHOLAS STREET, SUITE	240	Number and St	reet 2:		
City:	State:	Country:	ZIP+4/Postal Code:		
ОМАНА	Nebraska	United States	68154		
If this address is a private resider	nce, check this box:				
Telephone Number: (402) 397-5440	Facsimile n	umber, if any:			
This is (check one):					
• one of your branch offices or a	affiliates.				
C a third-party unaffiliated recor	dkeeper.				
C other.					
Briefly describe the books and red CLIENT RECORDS	cords kept at this lo	cation.			
Name of entity where books and TLG ADVISORS INC	records are kept:				
Number and Street 1: 3330 GOAT FELL		Number and Street 2	:		
City:	State:	Country:	ZIP+4/Postal Code:		
ANN ARBOR	Michigan	United States	48108		
If this address is a private resider	nce, check this box:	☑			
Telephone Number: (734) 277-6676	Facsimile num	ber, if any:			

This is (check one):				
• one of your branch offices or affi	liates.			
C a third-party unaffiliated recordk	eeper.			
C other.				
Briefly describe the books and record CLIENT FILES	ds kept at this loc	ation.		
Name of entity where books and rec ELEMENT INSURANCE PARTNERS	ords are kept:			
Number and Street 1: 9869 SOUTH 168 AVE STE C		Number and Street 2	:	
City: OMAHA	State: Nebraska	Country: United States	ZIP+4/Postal Code: 68136	
If this address is a private residence	e, check this box:			
Telephone Number: (402) 697-5074	Facsimile numb	er, if any:		
This is (check one):				
lacktriangle one of your branch offices or affi	liates.			
C a third-party unaffiliated recordk	eeper.			
C other.				
Briefly describe the books and record CLIENT RECORDS	ds kept at this loc	ation.		
Name of entity where books and rec	ords are kept:			
Number and Street 1: 10108 KRAUSE ROAD, SUITE 201		Number and Street	2:	
City:	State:	Country:	ZIP+4/Postal Code:	
CHESTERFIELD	Virginia	United States	23832	
If this address is a private residence, check this box: \square				
Telephone Number: 8047680541	Facsimile nu	umber, if any:		

This is (check one):					
one of your branch offices or affiliates.	• one of your branch offices or affiliates.				
C a third-party unaffiliated recordkeeper.					
C other.					
Briefly describe the books and records kept at this location. CLIENT RECORDS					
Name of entity where books and records are kept: TLG ADVISORS INC					
Number and Street 1: Number and Street 2: 4316 OLD CANTON ROAD, SUITE 100A					
City: State: Country: ZIP+4/Postal C	Code:				
JACKSON Mississippi United States 39211					
If this address is a private residence, check this box: \Box					
Telephone Number: Facsimile number, if any: 6019821117					
This is (check one):					
• one of your branch offices or affiliates.					
C a third-party unaffiliated recordkeeper.					
O other.					
Briefly describe the books and records kept at this location. CLIENT RECORDS					
Name of entity where books and records are kept: WEALTH ADVANTAGE GROUP					
Number and Street 1: Number and Street 2: 5005 HORIZONS DRIVE, SUITE 100					
City: State: Country: ZIP+4/Postal Co	ode:				
COLUMBUS Ohio United States 43220					
If this address is a private residence, check this box: \square					
Telephone Number: Facsimile number, if any: (614) 459-9000					

This is (check one):				
• one of your branch offices or affili	ates.			
C a third-party unaffiliated recordke	eper.			
C other.				
Cane				
Briefly describe the books and record CLIENT FILES	s kept at this loca	ation.		
Name of entity where books and reco	ords are kept:			
Number and Street 1: 1805 S BELLAIRE ST, SUITE 320		Number and Street 2	2:	
City:	State:	Country:	ZIP+4/Postal Code:	
DENVER	Colorado	United States	80222	
If this address is a private residence,	check this box:			
Telephone Number: (303) 979-8384				
This is (check one):				
• one of your branch offices or affili	ates.			
C a third-party unaffiliated recordke	eper.			
O other.				
Briefly describe the books and record CLIENT RECORDS	s kept at this loca	ation.		
Name of entity where books and reco	ords are kept:			
Number and Street 1: 4525 S WASATCH BLVD, SUITE 210		Number and Stree	et 2:	
City:	State:	Country:	ZIP+4/Postal Code:	
SALT LAKE CITY	Utah	United States	84124	
If this address is a private residence,	check this box:			
Telephone Number: (801) 647-5030	Facsimile	number, if any:		

This is (check one):				
• one of your branch offices or affilia	tes.			
C a third-party unaffiliated recordkee	per.			
O other.				
Briefly describe the books and records CLIENT RECORDS	kept at this lo	ocation.		
Name of entity where books and record TLG ADVISORS INC	ds are kept:			
Number and Street 1: 670 SHEPARD LANE, #101		Number and Street 2:		
City:	State:	Country:	ZIP+4/Postal Code:	
FARMINGTON	Utah	United States	84025	
If this address is a private residence, c	heck this box	: □		
Telephone Number: (801) 447-9487	Facsimile nu	umber, if any:		
This is (check one):				
• one of your branch offices or affilia	tes.			
C a third-party unaffiliated recordkee	per.			
C other.				
Briefly describe the books and records CLIENT RECORDS	kept at this lo	ocation.		
Name of entity where books and record	ds are kept:			
Number and Street 1: 1990 MAIN STREET, SUITE 750		Number and Street 2	:	
City:	State:	Country:	ZIP+4/Postal Code:	
SARASOTA	Florida	United States	34236	
If this address is a private residence, c	heck this box	: 🗖		
Telephone Number: (941) 309-5243	Facsimile ı	number, if any:		

This is (check one):				
• one of your branch offices or affiliate	s.			
C a third-party unaffiliated recordkeepe	er.			
C other.				
Briefly describe the books and records keep CLIENT RECORDS	ept at this lo	ocatio	n.	
Name of entity where books and records TLG ADVISORS INC	are kept:			
Number and Street 1: 2001 BOMAR STREET		Nun	nber and Street 2:	
,	State:		ntry:	ZIP+4/Postal Code:
MARSHALL	Texas	Unit	ted States	75670
If this address is a private residence, che	eck this box	. 🗆		
Telephone Number: (484) 794-0574	Facsimile nu	umber	; if any:	
This is (check one):				
• one of your branch offices or affiliate	s.			
C a third-party unaffiliated recordkeepe	er.			
C other.				
Briefly describe the books and records keep CLIENT FILES	ept at this lo	ocatio	n.	
Name of entity where books and records TLG ADVISORS INC	are kept:			
Number and Street 1: 429 LENOX AVENUE, OFFICE #401			Number and Stree	t 2:
City:	State:		Country:	ZIP+4/Postal Code:
MIAMI	Florida		United States	33139
If this address is a private residence, che	eck this box	: 🗆		
Telephone Number: 8475258967	Facsimil	e num	nber, if any:	

This is (check one):		
• one of your branch offices or affiliates.		
C a third-party unaffiliated recordkeeper.		
C other.		
Briefly describe the books and records kept at this CLIENT RECORDS	ocation.	
Name of entity where books and records are kept TLG ADVISORS INC		
Number and Street 1: 34 CHADBOURNE STREET	Number and Street 2:	
City: State:	Country: ZIP+4/Postal Code:	
BLUFFTON South Carolin	United States 29910	
If this address is a private residence, check this b	c: ☑	
Telephone Number: Facsimile num 3104220801	er, if any:	
This is (check one):		
• one of your branch offices or affiliates.		
C a third-party unaffiliated recordkeeper.		
O other.		
Briefly describe the books and records kept at this CLIENT RECORDS	ocation.	
Name of entity where books and records are kept TLG ADVISORS INC		
Number and Street 1: 3388 FOUNDERS ROAD, SUITE 100	Number and Street 2:	
City: State:	Country: ZIP+4/Postal Code:	
INDIANAPOLIS Indian	United States 46268	
If this address is a private residence, check this b	c: 🗖	
Telephone Number: Facsim 3178056701	e number, if any:	

This is (check one):				
• one of your branch offices or a	ffiliates.			
C a third-party unaffiliated recor	dkeeper.			
O other.	·			
Briefly describe the books and rec CLIENT RECORDS	ords kept at this locati	on.		
Name of entity where books and r TLG ADVISORS	ecords are kept:			
Number and Street 1: 1464 WARWICK AVENUE		Number and Stree	t 2:	
City:	State:	Country:	ZIP+4/Postal Code:	
WARWICK	Rhode Island	United States	02888	
If this address is a private residen	ce, check this box:	1		
Telephone Number: 401-780-9530				
This is (check one):				
• one of your branch offices or a	ffiliates.			
C a third-party unaffiliated recor	dkeeper.			
O other.				
Briefly describe the books and rec CLIENT RECORDS	ords kept at this locati	on.		
Name of entity where books and r TLG ADVISORS INC	ecords are kept:			
Number and Street 1: 6330 N CENTER DRIVE, SUITE 14	0	Number and Street	: 2:	
City:	State:	Country:	ZIP+4/Postal Code:	
NORFOLK	Virginia	United States	23502	
If this address is a private residence, check this box: $\ \square$				
Telephone Number: (757) 366-0366	Facsimile nun	nber, if any:		

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

This is (check one):			
• one of your branch offices or affiliate	s.		
C a third-party unaffiliated recordkeepe	er.		
O other.			
Briefly describe the books and records keep CLIENT FILES	ept at this location	on.	
Name of entity where books and records TLG ADVISORS INC	are kept:		
Number and Street 1: 580 EL CAMINO REAL, UNIT 3703		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:
NAPLES	Florida	United States	34119
If this address is a private residence, che	eck this box: 🔽		
Telephone Number: 4124524105	Facsimile nur	nber, if any:	
This is (check one):			
• one of your branch offices or affiliate:	S.		
C a third-party unaffiliated recordkeepe	er.		
C other.			
Briefly describe the books and records keep CLIENT RECORDS	ept at this location	on.	
Name of entity where books and records TLG ADVISORS INC	are kept:		
Number and Street 1: 12701 WHITEWATER DRIVE, SUITE 200		Number and Stre	et 2:
City:	State:	Country:	ZIP+4/Postal Code:
MINNETONKA	Minnesota	United States	55343
If this address is a private residence, che	eck this box:	1	
Telephone Number:	Facsimile num	ber, if any:	
7634047105			

This is (check one):					
• one of your branch offices or affili	iates.				
C a third-party unaffiliated recordke	eeper.				
C other.					
Briefly describe the books and record CLIENT RECORDS	ls kept at this lo	ocation.			
Name of entity where books and reco	ords are kept:				
Number and Street 1: 2850 GOLF ROAD		Number and	Street 2:		
City:	State:	Country:		ZIP+4/Postal Code:	
ROLLING MEADOWS	Illinois	United State	es	60008	
If this address is a private residence,	check this box:	: 🗆			
Telephone Number: 3129827433	Facsimile nu	ımber, if any:			
This is (check one):					
• one of your branch offices or affili	iates.				
C a third-party unaffiliated recordke	eeper.				
O other.					
Briefly describe the books and record CLIENT RECORDS	ls kept at this lo	ocation.			
Name of entity where books and reco	ords are kept:				
Number and Street 1: 220 CAMBIE STREET, 2ND FLOOR		Nur	nber and St	reet 2:	
City:	State		intry:	ZIP+4/Postal Code:	
VANCOUVER		Can	nada		
If this address is a private residence,	check this box:	: 🗆			
Telephone Number:	Facsi	mile number, i	f any:		
6044846630					

This is (check one):			
C one of your branch offices or aff	iliates.		
• a third-party unaffiliated recordl	keeper.		
C other.			
Briefly describe the books and record EMAIL	rds kept at this lo	cation.	
Name of entity where books and re-	cords are kept:		
Number and Street 1: 2551 ROSWELL ROAD		Number and Street 2: SUITE 209	
City:	State:	Country:	ZIP+4/Postal Code:
MARIETTA	Georgia	United States	30062
If this address is a private residence	e, check this box:		
Telephone Number: 770-973-5220	Facsimile nun	nber, if any:	
This is (check one):			
• one of your branch offices or aff	iliates.		
C a third-party unaffiliated recordl	keeper.		
C other.			
Briefly describe the books and record CLIENT RECORDS	rds kept at this lo	cation.	
Name of entity where books and re- TLG ADVISORS	cords are kept:		
Number and Street 1: 3108 LITTLE ALDEN LAKE ROAD		Number and Street	2:
City:	State:	Country:	ZIP+4/Postal Code:
DULUTH	Minnesota	United States	55803
If this address is a private residence	e, check this box:		
Telephone Number: 612-991-8906	Facsimile numb	per, if any:	

This is (check one):					
• one of your branch offices or affili	ates.				
C a third-party unaffiliated recordke	eeper.				
C other.					
Briefly describe the books and record CLIENT RECORDS	s kept at this lo	cation.			
Name of entity where books and reco	ords are kept:				
Number and Street 1: 7791 BELFORT PARKWAY		Number and Street 2:			
City:	State:	Country:	ZIP+4/Postal Code:		
JACKSONVILLE	Florida	United States	32256		
If this address is a private residence,	check this box:				
Telephone Number: 904-296-4100	Facsimile nur	mber, if any:			
This is (check one):					
• one of your branch offices or affili	ates.				
a third-party unaffiliated recordke	eeper.				
O other.					
Briefly describe the books and record CLIENT RECORDS	ls kept at this lo	cation.			
Name of entity where books and reco	ords are kept:				
Number and Street 1: 5105 W. GENESEE ST.		Number and Street 2:			
City:	State:	Country:	ZIP+4/Postal Code:		
CAMILLUS	New York	United States	13031		
If this address is a private residence, check this box: \square					
Telephone Number: 315-488-0901	Facsimile num	ber, if any:			

This is (check one):				
• one of your branch offices or a	iffiliates.			
C a third-party unaffiliated recor	dkeeper.			
C other.				
Briefly describe the books and rec CLIENT RECORDS	ords kept at this location.			
Name of entity where books and r TLG ADVISORS INC	ecords are kept:			
Number and Street 1: 800 WATERFRONT DRIVE, 3RD FL	OOR	Number and Street 2	2:	
City:	State:	Country:	ZIP+4/Postal Code:	
PITTSBURGH	Pennsylvania	United States	15222	
If this address is a private residen	ce, check this box:			
Telephone Number: 4124651493	Facsimile number, if a	any:		
This is (check one):				
• one of your branch offices or a	iffiliates.			
C a third-party unaffiliated recor	dkeeper.			
C other.				
Briefly describe the books and rec	ords kept at this location.			
Name of entity where books and r PREMIER PLANNING GROUP NC LI	·•'			
Number and Street 1: 219 1ST AVENUE SW		Number and Street 2		
City:	State:	Country:	ZIP+4/Postal Code:	
HICKORY	North Carolina	United States	28603	
If this address is a private residen	ce, check this box:			
Telephone Number: (828) 455-9773	Facsimile number, if any	y:		

This is (check one):					
• one of your branch offices or affilia	ates.				
C a third-party unaffiliated recordkeeper.					
C other.					
Briefly describe the books and record CLIENT RECORDS	s kept at this locat	ion.			
Name of entity where books and reco	rds are kept:				
Number and Street 1: 13702 COURSEY BLVD, BLDG 3B		Number and Street 2:			
City:	State:	Country:	ZIP+4/Postal Code:		
BATON ROUGE	Louisiana	United States	70817		
If this address is a private residence,	check this box: Γ				
Telephone Number: 2253618424	Facsimile numbe	r, if any:			
This is (check one):					
• one of your branch offices or affilia	ates.				
C a third-party unaffiliated recordkeeper.					
O other.					
Briefly describe the books and record CLIENT RECORDS	s kept at this locat	ion.			
Name of entity where books and reco	rds are kept:				
Number and Street 1: 18801 VENTURA BLVD, SUITE 207		Number and Street 2	:		
City:	State:	Country:	ZIP+4/Postal Code:		
SHERMAN OAKS	California	United States	91403		
If this address is a private residence,	check this box:				
Telephone Number: 310-477-0694	Facsimile numb	er, if any:			

This is (check one):			
• one of your branch offices	or affiliates.		
C a third-party unaffiliated re	cordkeeper.		
C other.			
Briefly describe the books and CLIENT RECORDS	records kept at this lo	cation.	
Name of entity where books ar TLG ADVISORS INC	nd records are kept:		
Number and Street 1: 8 MACON STREET		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:
MCDONOUGH	Georgia	United States	30253
If this address is a private resi	dence, check this box:		
Telephone Number: (770) 389-9060	Facsimile nun	nber, if any:	
This is (check one):			
• one of your branch offices	or affiliates.		
C a third-party unaffiliated re	cordkeeper.		
C other.			
Briefly describe the books and CLIENT FILES	records kept at this lo	cation.	
Name of entity where books ar TLG ADVISORS INC	nd records are kept:		
Number and Street 1: 518 W PALMETTO STREET		Number and Stre	eet 2:
City:	State:	Country:	ZIP+4/Postal Code:
FLORENCE	South Carolina	United States	29501
If this address is a private resi	dence, check this box:		
Telephone Number: (843) 229-0667	Facsimile number	, if any:	

This is (check one):			
• one of your branch offices or a	ffiliates.		
C a third-party unaffiliated recor	dkeeper.		
C other.			
Briefly describe the books and rec CLIENT FILES	ords kept at this locat	tion.	
Name of entity where books and r	ecords are kept:		
Number and Street 1: 5820 STAGE ROAD		Number and Street 2	2:
City:	State:	Country:	ZIP+4/Postal Code:
BARTLETT	Tennessee	United States	38134
If this address is a private resider	ce, check this box:		
Telephone Number: (901) 385-1234	Facsimile number	; if any:	
This is (check one):			
• one of your branch offices or a	iffiliates.		
C a third-party unaffiliated recor	dkeeper.		
C other.			
Briefly describe the books and rec CLIENT FILES	ords kept at this loca	tion.	
Name of entity where books and r TLG ADVISORS INC	ecords are kept:		
Number and Street 1: 300 S WACKER DRIVE, SUITE 200	00A	Number and Stre	eet 2:
City:	State:	Country:	ZIP+4/Postal Code:
CHICAGO	Illinois	United States	60606
If this address is a private residen	ce, check this box:		
Telephone Number: (708) 220-5011	Facsimile	number, if any:	

This is (check one):					
• one of your branch offices or affil	iates.				
C a third-party unaffiliated recordkeeper.					
C other.					
Briefly describe the books and record CLIENT FILES	ds kept at this loca	tion.			
Name of entity where books and reco	ords are kept:				
Number and Street 1: 23482 PERALTA DRIVE, SUITE B1		Number and Street 2:			
City:	State:	Country:	ZIP+4/Postal Code:		
LAGUNA HILLS	California	United States	92653		
If this address is a private residence,	, check this box:				
Telephone Number: (949) 296-1161					
This is (check one):					
• one of your branch offices or affil	iates.				
C a third-party unaffiliated records	eeper.				
O other.					
Briefly describe the books and record	ds kept at this loca	tion.			
Name of entity where books and reco	ords are kept:				
Number and Street 1: 120 VANTIS, SUITE 300		Number and Street 2: SUITE 1060			
City:	State:	Country:	ZIP+4/Postal Code:		
ALISO VIEJO	California	United States	92656		
If this address is a private residence,	, check this box:				
Telephone Number: 9497372626	Facsimile numbe	er, if any:			

one of your branch offices or affiliates.a third-party unaffiliated recordkeeper.					
C other.					

This is (check one):				
• one of your branch offices or affiliates.				
C a third-party unaffiliated recordkeeper.				
C other.				
Briefly describe the books and reco	ords kept at this locat	ion.		
Name of entity where books and re	ecords are kept:			
Number and Street 1: 21515 HAWTHORNE BLVD.		Number and Street 2: #1059		
City:	State:	Country:	ZIP+4/Postal Code:	
TORRANCE	California	United States	90503	
If this address is a private residence	ce, check this box: 「			
Telephone Number: 310-698-0698				
This is (check one):				
• one of your branch offices or af	filiates.			
C a third-party unaffiliated record	lkeeper.			
O other.				
Briefly describe the books and reco	ords kept at this locat	ion.		
Name of entity where books and re TLG ADVISORS	ecords are kept:			
Number and Street 1: 5109 WATSON ROAD		Number and Street 2	2:	
City:	State:	Country:	ZIP+4/Postal Code:	
ERIE	Pennsylvania	United States	16505	
If this address is a private residence	ce, check this box:			
Telephone Number: 814-746-1049	Facsimile number,	if any:		

This is (check one):				
• one of your branch offices or a	affiliates.			
C a third-party unaffiliated recordkeeper.				
O other.				
Briefly describe the books and red CLIENT RECORDS	cords kept at this locati	on.		
Name of entity where books and I	records are kept:			
Number and Street 1: 110 CHRISTIANA MEDICAL CENTE	≣R	Number and Street	t 2:	
City:	State:	Country:	ZIP+4/Postal Code:	
NEWARK	Delaware	United States	19702	
If this address is a private resider	nce, check this box: Γ			
Telephone Number: Facsimile number, if any: (302) 286-0777				
This is (check one):				
• one of your branch offices or a	affiliates.			
C a third-party unaffiliated recor	dkeeper.			
C other.				
Briefly describe the books and red CLIENT FILES	cords kept at this locati	on.		
Name of entity where books and I	records are kept:			
Number and Street 1: 7900 HIGH SCHOOL ROAD		Number and Street	2:	
City:	State:	Country:	ZIP+4/Postal Code:	
ELKINS PARK	Pennsylvania	United States	19027	
If this address is a private resider	nce, check this box:			
Telephone Number: (609) 870-2069	Facsimile number, i	f any:		

This is (check one):				
• one of your branch offices or affi	liates.			
C a third-party unaffiliated recordk	ceeper.			
C other.				
Briefly describe the books and recor CLIENT RECORDS	ds kept at this loc	ration.		
Name of entity where books and rec	cords are kept:			
Number and Street 1: 5806 119TH AVENUE SE, SUITE A		Number and Street 2	2:	
City:	State:	Country:	ZIP+4/Postal Code:	
BELLEVUE	Washington	United States	98006	
If this address is a private residence	e, check this box:			
Telephone Number: (253) 653-5331	Facsimile numbe	er, if any:		
This is (check one):				
• one of your branch offices or affi	liates.			
C a third-party unaffiliated recordkeeper.				
C other.				
Briefly describe the books and recor CLIENT RECORDS	ds kept at this loc	ation.		
Name of entity where books and rec TLG ADVISOR, INC.	cords are kept:			
Number and Street 1: 3655 EVONVALE GLEN		Number and Street 2:		
City:	State:	Country:	ZIP+4/Postal Code:	
CUMMING	Georgia	United States	30041	
If this address is a private residence	e, check this box:	☑		
Telephone Number: (770) 715-9349	Facsimile num	ber, if any:		
TLG ADVISOR, INC. Number and Street 1: 3655 EVONVALE GLEN City: CUMMING If this address is a private residence Telephone Number:	State: Georgia e, check this box:	Country: United States		

This is (check one):				
• one of your branch offices or aff	iliates.			
C a third-party unaffiliated record	keeper.			
C other.				
Briefly describe the books and reco	rds kept at this locat	ion.		
Name of entity where books and re TLG ADVIORS INC	cords are kept:			
Number and Street 1: 9208 FALLS OF NEUSE ROAD, SUIT	E 115	Number and Str	reet 2:	
City:	State:	Country:	ZIP+4/Postal Code:	
RALEIGH	North Carolina	United States	27615	
If this address is a private residence	e, check this box: [
Telephone Number: (919) 633-3210	Facsimile number,	if any:		
This is (check one):				
• one of your branch offices or aff	iliates.			
C a third-party unaffiliated record	keeper.			
C other.				
Briefly describe the books and reco CLIENT RECORDS	rds kept at this locat	ion.		
Name of entity where books and re TLG ADVISORS, INC	cords are kept:			
Number and Street 1: 109 DONELSON PIKE		Number and Street 2:		
City:	State:	Country:	ZIP+4/Postal Code:	
NASHVILLE	Tennessee	United States	37214	
If this address is a private residence	e, check this box: [3		
Telephone Number: (615) 871-4767	Facsimile number,	, if any:		

one of your branch offices or affiliates. a third-party unaffiliated recordkeeper. other. Briefly describe the books and records kept at this location.					
CLIENT RECORDS					
Name of entity where books and record	ds are kept:				
Number and Street 1: 7840 JUG STREET		Number and Street 2:			
City: ALEXANDRIA	State: Ohio	Country: United States	ZIP+4/Postal Code: 43001		
If this address is a private residence, c	heck this box	· 🗷			
Telephone Number: (614) 352-8625					
This is (check one): one of your branch offices or affiliate	tes.				
a third-party unaffiliated recordkeeper.					
C other.					
Briefly describe the books and records CLIENT RECORDS	kept at this lo	ocation.			
Name of entity where books and record TLG ADVISORS INC	ds are kept:				
Number and Street 1: 636 E 6 1/2 STREET		Number and Street 2:			
City: HOUSTON	State: Texas	Country: United States	ZIP+4/Postal Code: 77007		
If this address is a private residence, c	heck this box	₽			
Telephone Number: (713) 294-1045	Facsimile nu	umber, if any:			

This is (check one):				
• one of your branch offices or a	ffiliates.			
C a third-party unaffiliated record	dkeeper.			
O other.	·			
Briefly describe the books and rec CLIENT RECORDS	ords kept at this loca	tion.		
Name of entity where books and r TLG ADVISORS INC	ecords are kept:			
Number and Street 1: 175 DERBY STREET, SUITE 33		Number and Stre	et 2:	
City:	State:	Country:	ZIP+4/Postal Code:	
HINGHAM	Massachusetts	United States	02043	
If this address is a private residen	ce, check this box:			
Telephone Number: (512) 297-7815	Facsimile number,	if any:		
This is (check one):				
• one of your branch offices or a	ffiliates.			
a third-party unaffiliated record	dkeeper.			
O other.				
- outer.				
Briefly describe the books and records kept at this location. CLIENT RECORDS				
N 6 12 1				
Name of entity where books and r TLG ADVISORS INC	ecords are kept:			
Number and Street 1: 5901 W CENTURY BLVD, #750		Number and Street 2	:	
City:	State:	Country:	ZIP+4/Postal Code:	
LOS ANGELES	California	United States	90045	
If this address is a private residen	ce, check this box:			
Telephone Number: (626) 676-4232	Facsimile numbe	er, if any:		

This is (check one):				
• one of your branch offices or affili	ates.			
C a third-party unaffiliated recordkeeper.				
C other.				
Briefly describe the books and record CLIENT RECORDS	ls kept at this loca	ition.		
Name of entity where books and reco	ords are kept:			
Number and Street 1: 5251 W 116TH PLACE, SUITE 200	Number and Street 2:			
City:	State:	Country:	ZIP+4/Postal Code:	
LEAWOOD	Kansas	United States	66211	
If this address is a private residence, check this box: $lacktriangle$				
Telephone Number: (913) 593-1917	Facsimile number, if any:			
This is (check one):				
• one of your branch offices or affiliates.				
C a third-party unaffiliated recordkeeper.				
C other.				
Briefly describe the books and record CLIENT RECORDS	ls kept at this loca	ition.		
Name of entity where books and reco	ords are kept:			
Number and Street 1: 13 COLLINS STREET		Number and Street 2:		
City:	State:	Country:	ZIP+4/Postal Code:	
DEWEY BEACH	Delaware	United States	19971	
If this address is a private residence, check this box: \Box				
Telephone Number: (651) 283-6966	Facsimile numbe	er, if any:		

This is (check one):
• one of your branch offices or affiliates.
f C a third-party unaffiliated recordkeeper.
C other.
Briefly describe the books and records kept at this location. CLIENT RECORDS

SECTION 1.M. Registration with Foreign Financial Regulatory Authorities

No Information Filed

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