

STATE OF WISCONSIN
DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF SECURITIES



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WISCONSIN INVESTMENT ADVISORY ACTIVITY OF APPLICANT

Pursuant to §551.403(1), Wis. Stats., it is unlawful for any person to transact business in Wisconsin as an investment adviser unless so registered, except that registration is not required under any the following circumstances:

1. The person effects transactions or provides investment advice in this state exclusively for the account of persons specified in § 551.403(2), Wis. Stats. or DFI-Sec 5.13(1), Wis. Adm. Code.
2. The person has no place of business in Wisconsin and in the last twelve months has had fewer than six clients in Wisconsin.
3. The person is now, or was at the time of the transactions in question, a federal covered adviser and not subject to state registration requirements.

The fact that a person may have transacted business as an investment adviser in Wisconsin in violation of § 551.403(1), Wis. Stats., does not mean that a person's Wisconsin application for registration will automatically be denied.

As part of the Wisconsin Investment Adviser Registration Application, the applicant must respond as to whether or not the applicant has engaged in investment advisory business in Wisconsin without being properly registered. To facilitate your response, please complete the questionnaire below and return the completed form to this Division.

NO, this applicant is not now transacting and has never transacted investment advisory business in Wisconsin.

YES, this applicant has transacted investment advisory business in Wisconsin under an exemption described in #1-3 above. Please fill in or select the applicable exemption from the drop down list.

YES, this applicant has transacted non-exempt or unregistered investment advisory business in Wisconsin prior to this application. (Do not include services performed during any period when the applicant was registered as a federal covered adviser.) **If yes, list all transactions effected in Wisconsin:**

<u>Name & Address of Customer</u>	<u>Date of Transaction</u>	<u>Description of Transaction</u>	<u>Date of Client Agreement</u>	<u>Name of IA Rep</u>	<u>Total Advisory Fees Charged</u>
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(Attach additional pages if space provided is insufficient.)

Name of Applicant

Firm's Authorized Signatory

Date

Typed Name and Title of Signatory

Firm IARD Number

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.