

FORM ADV**Uniform Application for Investment Adviser Registration****Part II – Page 1**

OMB APPROVAL	
OMB Number:	3235-0049
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Name of Investment Adviser:	Sipherd Wealth Management, LLC					
Address:	(Number and Street)	(City)	(State)	(Zip Code)	Area Code:	Telephone Number:
	8055 O Street, Suite 207	Lincoln	Nebraska	68510	(402)	488-5656

This part of Form ADV gives information about the investment adviser and its business for the use of clients.
The information has not been approved or verified by any government authority.

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(Schedules A,B,C,D, and E are included with Part I of this Form, for the use of regulatory bodies, and are not distributed to clients.)

Potential persons who are to respond to the collection of information contained in this form
are not required to respond unless the form displays a currently valid OMB control number.

Applicant: Sipherd Wealth Management, LLC	SEC File Number: 801-	Date: 03/15/2010
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1. A. Advisory Services and Fees. (Check the applicable boxes) For each type of service provided, state the approximate % of total advisory billings from that service. (See instruction below.)

Applicant:

- | | | |
|---|-----|---|
| <input checked="" type="checkbox"/> (1) Provides investment supervisory services..... | 100 | % |
| <input type="checkbox"/> (2) Manages investment advisory accounts not involving investment supervisory services..... | | % |
| <input type="checkbox"/> (3) Furnishes investment advice through consultations not included in either service described above | | % |
| <input type="checkbox"/> (4) Issues periodicals about securities by subscription..... | | % |
| <input type="checkbox"/> (5) Issues special reports about securities not included in any service described above..... | | % |
| <input type="checkbox"/> (6) Issues, not as part of any service described above, any charts, graphs, formulas, or other devices which clients may use to evaluate securities..... | | % |
| <input checked="" type="checkbox"/> (7) On more than an occasional basis, furnishes advice to clients on matters not involving securities.. | | % |
| <input type="checkbox"/> (8) Provides a timing service..... | | % |
| <input type="checkbox"/> (9) Furnishes advice about securities in any manner not described above..... | | % |

(Percentages should be based on applicant's last fiscal year. If applicant has not completed its first fiscal year, provide estimates of advisory billings for that year and state that the percentages are estimates.)

B. Does applicant call any of the services it checked above financial planning or some similar term? ☒ Yes ☐ No

C. Applicant offers investment advisory services for: (check all that apply)

- | | |
|---|--|
| <input checked="" type="checkbox"/> (1) A percentage of assets under management | <input type="checkbox"/> (4) Subscription fees |
| <input checked="" type="checkbox"/> (2) Hourly charges | <input type="checkbox"/> (5) Commissions |
| <input type="checkbox"/> (3) Fixed fees (not including subscription fees) | <input type="checkbox"/> (6) Other |

D. For each checked box in A above, describe on Schedule F:

- the services provided, including the name of any publication or report issued by the adviser on a subscription basis or for a fee
- applicant's basic fee schedule, how fees are charged and whether its fees are negotiable
- When compensation is payable, and if compensation is payable before service is provided, how a client may get a refund or may terminate an investment advisory contract before its expiration date

2. Types of clients – Applicant generally provides investment advice to: (check all that apply)

- | | |
|---|--|
| <input checked="" type="checkbox"/> A. Individuals | <input checked="" type="checkbox"/> E. Trusts, estates, or charitable organizations |
| <input type="checkbox"/> B. Banks and thrift institutions | <input checked="" type="checkbox"/> F. Corporations or business entities other than those listed above |
| <input type="checkbox"/> C. Investment companies | <input type="checkbox"/> G. Other (describe on Schedule F) |
| <input checked="" type="checkbox"/> D. Pension and profit sharing plans | |

Answer all items. Complete amended pages in full, circle amended items and file with execution page (page 1).

Applicant:
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3. Types of Investments. Applicant offers advice on the following: (Check those that apply)

- | | |
|--|--|
| <input type="checkbox"/> A. Equity Services | <input checked="" type="checkbox"/> H. United States government securities |
| <input checked="" type="checkbox"/> (1) exchange-listed securities | <input type="checkbox"/> I. Options contracts on: |
| <input checked="" type="checkbox"/> (2) securities traded over-the-counter | <input type="checkbox"/> (1) securities |
| <input checked="" type="checkbox"/> (3) foreign issuers | <input type="checkbox"/> (2) commodities |
| <input type="checkbox"/> B. Warrants | <input type="checkbox"/> J. Futures contracts on: |
| <input checked="" type="checkbox"/> C. Corporate debt securities (other than commercial paper) | <input type="checkbox"/> (1) tangibles |
| <input checked="" type="checkbox"/> D. Commercial paper | <input type="checkbox"/> (2) intangibles |
| <input checked="" type="checkbox"/> E. Certificate of deposit | <input type="checkbox"/> K. Interests in partnerships investing in: |
| <input checked="" type="checkbox"/> F. Municipal Securities | <input checked="" type="checkbox"/> (1) real estate |
| <input type="checkbox"/> G. Investment company securities | <input checked="" type="checkbox"/> (2) oil and gas interests |
| <input checked="" type="checkbox"/> (1) variable life insurance | <input type="checkbox"/> (3) other (explain on Schedule F) |
| <input checked="" type="checkbox"/> (2) variable annuities | <input type="checkbox"/> L. Other (explain on Schedule F) |
| <input checked="" type="checkbox"/> (3) mutual fund shares | |

4. Methods of Analysis, Sources of Information, and Investment Strategies.

A. Applicant's security analysis methods include: (check those that apply)

- | | |
|---|--|
| (1) <input type="checkbox"/> Charting | (4) <input type="checkbox"/> Cyclical |
| (2) <input checked="" type="checkbox"/> Fundamental | (5) <input type="checkbox"/> Other (explain on Schedule F) |
| (3) <input checked="" type="checkbox"/> Technical | |

B. The main sources of information applicant uses include: (check those that apply)

- | | |
|---|---|
| (1) <input checked="" type="checkbox"/> Financial newspapers and magazines | (5) <input type="checkbox"/> Timing services |
| (2) <input type="checkbox"/> Inspections of corporate activities | (6) <input checked="" type="checkbox"/> Annual reports, prospectuses, filings with the Securities and Exchange Commission |
| (3) <input checked="" type="checkbox"/> Research materials prepared by others | (7) <input checked="" type="checkbox"/> Company press releases |
| (4) <input checked="" type="checkbox"/> Corporate rating services | (8) <input type="checkbox"/> Other (explain on Schedule F) |

C. The investment strategies used to implement any investment advice given to clients include: (check those that apply)

- | | |
|--|--|
| (1) <input checked="" type="checkbox"/> Long Term Purchases
(securities held at least a year) | (5) <input checked="" type="checkbox"/> Margin transactions |
| (2) <input checked="" type="checkbox"/> Short Term Purchases
(securities sold within a year) | (6) <input checked="" type="checkbox"/> Option writing, including covered options, uncovered options or spreading strategies |
| (3) <input type="checkbox"/> Trading (securities sold within 30 days) | (7) <input type="checkbox"/> Other (explain on Schedule F) |
| (4) <input checked="" type="checkbox"/> Short Sales | |

Answer all items. Complete amended pages in full, circle amended items and file with execution page (page 1).

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5. Education and Business Standards.

Are there any general standards of education or business experience that applicant requires of those involved in determining or giving investment advice to clients?

Yes

No

☒☐

(If yes, describe these standards on Schedule F.)

6. Education and Business Background.

For:

- each member of the investment committee or group that determines general investment advice to be given to clients, or
- if the applicant has no investment committee or group, each individual who determines general investment advice given to clients (if more than five, respond only for their supervisors)
- each principal executive officer of applicant or each person with similar status or performing similar functions.

On Schedule F, give the:

- name
- year of birth
- formal education after high school
- business background for the preceding five years

7. Other Business Activities. (check those that apply)

- ☐ A. Applicant is actively engaged in a business other than giving investment advice.
- ☐ B. Applicant sells products or services other than investment advice to clients.
- ☐ C. The principal business of applicant or its principal executive officers involves something other than providing investment advice.

(For each checked box describe the other activities, including the time spent on them, on Schedule F.)

8. Other Financial Industry Activities or Affiliations. (check those that apply)

- ☐ A. Applicant is registered (or has an application pending) as a securities broker-dealer.
- ☐ B. Applicant is registered (or has an application pending) as a futures commission merchant, commodity pool operator or commodity trading adviser.
- C. Applicant has arrangements that are material to its advisory business or its clients with a related person who is a:

- | | |
|--|--|
| <input type="checkbox"/> (1) broker-dealer | <input checked="" type="checkbox"/> (7) accounting firm |
| <input type="checkbox"/> (2) investment company | <input type="checkbox"/> (8) law firm |
| <input type="checkbox"/> (3) other investment adviser | <input type="checkbox"/> (9) insurance company or agency |
| <input type="checkbox"/> (4) financial planning firm | <input type="checkbox"/> (10) pension consultant |
| <input type="checkbox"/> (5) commodity pool operator, commodity trading adviser or futures commission merchant | <input type="checkbox"/> (11) real estate broker or dealer |
| <input type="checkbox"/> (6) banking or thrift institution | <input type="checkbox"/> (12) entity that creates or packages limited partnerships |

For each checked box in C, on Schedule F identify the related person and describe the relationship and the arrangements.)

- D. Is applicant or a related person a general partner in any partnership in which clients are solicited to invest?.....

Yes

No

☐☒

(If yes, describe on Schedule F the partnerships and what they invest in.)

Answer all items. Complete amended pages in full, circle amended items and file with execution page (page 1).

Applicant:	SEC File Number:	Date:
Sipherd Wealth Management, LLC	801-	03/15/2010

9. Participation or Interest in Client Transactions.

Applicant or a related person: (check those that apply)

- ☐ A. As principal, buys securities for itself from or sells securities it owns to any client.
- ☐ B. As broker or agent effects securities transactions for compensation for any client.
- ☐ C. As broker or agent for any person other than a client effects transactions in which client securities are sold to or bought from a brokerage customer.
- ☐ D. Recommends to clients that they buy or sell securities or investment products in which the applicant or a related person has some financial interest.
- ☒ E. Buys or sells for itself securities that it also recommends to clients.

(For each box checked, describe on Schedule F when the applicant or a related person engages in these transactions and what restrictions, internal procedures or disclosures are used for conflicts of interest in those transactions.)

Describe, on Schedule F, your code of ethics, and state that you will provide a copy of your code of ethics to any client or prospective client upon request.

- 10. Conditions for Managing Accounts.** Does the applicant provide investment supervisory services, manage investment advisory accounts or hold itself out as providing financial planning or some similarly termed services and impose a minimum dollar value of assets or other conditions for starting or maintaining an account? Yes ☒ No ☐

(If yes, describe on Schedule F)

- 11. Review of Accounts.** If applicant provides investment supervisory services, manages investment advisory accounts, or holds itself out as providing financial planning or some similarly termed services:

- A. Describe below the reviews and reviewers of the accounts. **For Reviews**, include the frequency, different levels, and triggering factors. **For Reviewers**, include the number of reviewers, their titles and functions, instructions they receive from applicant on performing reviews, and number of accounts assigned each.

Investment Advisory Services: The securities in every client's account will be under continuous review. Client accounts will typically be reviewed quarterly. Accounts will be reviewed by President. Reviews may be triggered by material market, economic or political events, or by changes in client's financial situations.

- B. Describe below the nature and frequency of regular reports to clients on their accounts.

Investment Advisory Services: The custodian of client accounts provides monthly account statements directly to the client. These statements will generally include detail on account holdings, values, and transactions during the period. SWM will provide quarterly reports (other periods such as monthly or semi-annual will be considered based on client requests). These reports provide the portfolio's performance (net of fees) for the quarter and prior periods as well as asset allocation analysis and position performance. Regular meetings and client consultations via telephone or other means are encouraged.

Answer all items. Complete amended pages in full, circle amended items and file with execution page (page 1).

Applicant:

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12. Investment or Brokerage Discretion.

A. Does applicant or any related person have authority to determine, without obtaining specific client consent, the:

- | | | |
|---|---------------------------------|---|
| (1) securities to be bought or sold?..... | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| (2) amount of the securities to be bought or sold?..... | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| (3) broker or dealer to be used?..... | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| (4) commission rates paid?..... | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |

B. Does applicant or a related person suggest brokers to clients?.....

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
--	--------------------------------

For each yes answer to A describe on Schedule F any limitations on the authority. For each yes to A(3), A(4) or B, describe on Schedule F the factors considered in selecting brokers and determining the reasonableness of their commissions. If the value of products, research and services given to the applicant or a related person is a factor, describe:

- the products, research and services
- whether clients may pay commissions higher than those obtainable from other brokers in return for those products and services
- whether research is used to service all of applicant's accounts or just those accounts paying for it; and
- any products the applicant used during the last fiscal year to direct client transactions to a particular broker in return for any product and research services received.

13. Additional Compensation.

Does the applicant or a related person have any arrangements, oral or in writing, where it:

- | | | |
|--|---------------------------------|---|
| A. is paid cash by or receives some economic benefit (including commissions, equipment or non-research services) from a non-client in connection with giving advice to clients?..... | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| B. directly or indirectly compensates any person for client referrals?..... | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |

(For each yes, describe the arrangements on Schedule F.)

14. Balance Sheet. Applicant must provide a balance sheet for the most recent fiscal year on Schedule G if applicant:

- has custody of client funds or securities (unless applicant is registered or registering only with the Securities and Exchange Commission); or
- requires prepayment of more than \$500 in fees per client and 6 or more months in advance

Has applicant provided a Schedule G balance sheet?.....	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Answer all items. Complete amended pages in full, circle amended items and file with execution page (page 1).

**Schedule F of
FORM ADV**

Continuation Sheet for Form ADV Part II

Applicant:	SEC File Number:	Date:
Sipherd Wealth Management, LLC	801-	03/15/2010

(Do not use this Schedule as a continuation sheet for Form ADV Part I or any other schedules.)

1. Full name of applicant exactly as stated in Item 1A of Part 1 of Form ADV: Sipherd Wealth Management, LLC		IRS Empl. Ident. No.: 26-4685028														
Item of Form (identify)	Answer															
Part II, 1 D	<p>Sipherd Wealth Management, LLC (hereinafter "SWM") offers the following services to advisory clients:</p> <p>INVESTMENT SUPERVISORY SERVICES</p> <p>SWM will offer ongoing portfolio management services based on the individual goals, objectives, time horizon, and risk tolerance of each client. Investment Supervisory Services include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Investment strategy • Personal investment policy • Asset allocation • Asset selection • Regular and/or continuous portfolio monitoring. <p>SWM will evaluate the current investments of each client with respect to their risk tolerance levels and time horizon.</p> <p>SWM may be compensated via a fee share from third party money managers to which it directs clients. This relationship will be disclosed in each contract between SWM and each third party money manager. The fees shared will not exceed any limit imposed by any regulatory agency.</p> <p>SWM will request discretionary authority from clients in order to select securities and execute transactions without permission from the client prior to each transaction. Risk tolerance levels will be documented in the Investment Policy Statement, which will be given to each client. Fees for these services will be based on a percentage of Assets Under Management as follows:</p> <table border="0"> <thead> <tr> <th>ASSETS UNDER MANAGEMENT</th> <th>ANNUAL FEE</th> </tr> </thead> <tbody> <tr> <td>First \$1,000,000</td> <td>1.00%</td> </tr> <tr> <td>\$1,000,001-2,000,000</td> <td>.85%</td> </tr> <tr> <td>\$2,000,001-3,000,000</td> <td>.75%</td> </tr> <tr> <td>\$3,000,001-5,000,000</td> <td>.65%</td> </tr> <tr> <td>\$5,000,001-10,000,000</td> <td>.50%</td> </tr> <tr> <td>Over \$10,000,000</td> <td>Negotiable</td> </tr> </tbody> </table>		ASSETS UNDER MANAGEMENT	ANNUAL FEE	First \$1,000,000	1.00%	\$1,000,001-2,000,000	.85%	\$2,000,001-3,000,000	.75%	\$3,000,001-5,000,000	.65%	\$5,000,001-10,000,000	.50%	Over \$10,000,000	Negotiable
ASSETS UNDER MANAGEMENT	ANNUAL FEE															
First \$1,000,000	1.00%															
\$1,000,001-2,000,000	.85%															
\$2,000,001-3,000,000	.75%															
\$3,000,001-5,000,000	.65%															
\$5,000,001-10,000,000	.50%															
Over \$10,000,000	Negotiable															

Complete amended pages in full, circle amended items and file with execution page (page 1).

**Schedule F of
FORM ADV**

Continuation Sheet for Form ADV Part II

Applicant:	SEC File Number:	Date:
Sipherd Wealth Management, LLC	801-	03/15/2010

1. Full name of applicant exactly as stated in Item 1A of Part 1 of Form ADV: Sipherd Wealth Management, LLC		IRS Empl. Ident. No.: 26-4685028
Item of Form (identify)	Answer	
Part II, 1 D (cont.)	<p>This is a scaled fee schedule illustration the incremental fee in each range. For example, the fee for a \$2,500,000 account would be computed as 1% on the first \$1M (\$10,000) plus .85% on the second million (\$8,500) plus .75% on \$500,000 (\$3750) for a total fee of \$22,250.</p> <p>These fees are negotiable and the final fee schedule will be attached as Exhibit II of the Investment Advisory Contract. One-quarter of the fees are due and payable each quarter, in advance. Fees may be paid directly by clients or may be withdrawn from client's accounts with written authorization. Where fees are withdrawn from client accounts. Clients and their custodian are sent an invoice at the same time. The custodian provides statements at least quarterly showing all disbursements for the account, including the advisory fee. In the event the client relationship is terminated by either party, client shall be entitled to a prorated refund of amounts paid in advance. Each party may rescind the agreement within 5 days of the initial execution of the agreement and any fees paid will be refunded.</p> <p>INVESTMENT ADVICE ON MATTERS NOT INVOLVING SECURITIES</p> <p>FINANCIAL PLANS</p> <p>Financial plans and financial planning may include, but are not limited to: life insurance; tax concerns; retirement planning; investment planning; college planning; and debt/credit planning. These services will be based on hourly fees or fixed fees and the final fee structure will be documented in Exhibit II of the Investment Advisory Contract.</p> <p>HOURLY FEES</p> <p>Hourly rates for specific financial plans may range from \$150 to \$300 per hour. These fees will generally be billed separately from advisory fees on a monthly basis as services are provided. Clients may terminate hourly or project based services at anytime by notifying SWM in writing or verbally. Fees will be billed and payable for all services rendered through such time.</p> <p>Part II, 5</p> <p>EDUCATION AND BUSINESS STANDARDS</p> <p>SWM requires employees to have an appropriate level of education and experience for the duties to which they are assigned. Professionals providing investment advice and/or financial planning services will hold an appropriate degree and professional certification(s) such as CFP™, CPA, CFA, or JD and must be licensed and/or registered as investment advisor representatives in the appropriate jurisdiction.</p>	

Complete amended pages in full, circle amended items and file with execution page (page 1).

**Schedule F of
FORM ADV**

Continuation Sheet for Form ADV Part II

Applicant:	SEC File Number:	Date:
Sipherd Wealth Management, LLC	801-	03/15/2010

1. Full name of applicant exactly as stated in Item 1A of Part 1 of Form ADV: Sipherd Wealth Management, LLC		IRS Empl. Ident. No.: 26-4685028									
Item of Form (identify)	Answer										
Part II, 6	EDUCATION AND BUSINESS BACKGROUND Name: Aaron Philip Sipherd Born: 1971 Education Background: BS Business Administration, University of Nebraska, 1994 Masters of Professional Accountancy, University of Nebraska, 1995 Certified Public Accountant (CPA) Certified Financial Planner (CFPTM) NASD Series 7 NASD Series 66 Business Background: <table border="0"> <tr> <td>2009 – Present</td> <td>Managing Member</td> <td>Sipherd Wealth Management, LLC</td> </tr> <tr> <td>2006 – Present</td> <td>President</td> <td>Sipherd & Associates, CPA's P.C.</td> </tr> <tr> <td>2000 – 2006</td> <td>Partner</td> <td>Rediger & Sipherd, CPA's LLC</td> </tr> </table>		2009 – Present	Managing Member	Sipherd Wealth Management, LLC	2006 – Present	President	Sipherd & Associates, CPA's P.C.	2000 – 2006	Partner	Rediger & Sipherd, CPA's LLC
2009 – Present	Managing Member	Sipherd Wealth Management, LLC									
2006 – Present	President	Sipherd & Associates, CPA's P.C.									
2000 – 2006	Partner	Rediger & Sipherd, CPA's LLC									
Part II, 8 C (7)	OTHER FINANCIAL INDUSTRY AFFILIATIONS Aaron P. Sipherd, Managing Member, is a CPA. From time to time, he will offer clients advice or products from those activities.										
Part II, 9	CODE OF ETHICS SWM has a written Code of Ethics that covers the following areas: Prohibited Purchases and Sales, Insider Trading, Personal Securities Transactions, Exempted Transactions, Prohibited Activities, Conflicts of Interest, Gifts and Entertainment, Confidentiality, Service on a Board of Directors, Compliance Procedures, Compliance with Laws and Regulations, Procedures and Reporting, Certification of Compliance, Reporting Violations, Compliance Officer Duties, Training and Education, Recordkeeping, Annual Review, and Sanctions. ALL PROSPECTIVE AND CURRENT CLIENTS HAVE A RIGHT TO SEE OUR CODE OF ETHICS. FOR A COPY, PLEASE ASK YOUR FINANCIAL ADVISOR AT ANY TIME.										
Part II, 9 E	PARTICIPATION OR INTEREST IN CLIENT TRANSACTIONS From time to time, representatives of SWM may buy or sell securities for themselves that they also recommend to clients. SWM will always document any transactions that could be construed as conflicts of interest and will always transact client business before their own when similar securities are being bought or sold.										
Part II, 10	CONDITIONS FOR MANAGED ACCOUNTS SWM has a minimum family of accounts value of \$1,000,000. SWM may waive conditions based on the complexities of the situation and/or the needs of the client.										

Complete amended pages in full, circle amended items and file with execution page (page 1).

**Schedule F of
FORM ADV**

Continuation Sheet for Form ADV Part II

Applicant:	SEC File Number:	Date:
Sipherd Wealth Management, LLC	801-	03/15/2010

1. Full name of applicant exactly as stated in Item 1A of Part 1 of Form ADV: Sipherd Wealth Management, LLC		IRS Empl. Ident. No.: 26-4685028
Item of Form (identify)	Answer	
Part II, 12 B	<p>The Custodian, Schwab Institutional, a division of Charles Schwab & Co., Inc., was suggested based on a combination of their relatively low transaction fees, name recognition, best execution, and suitability to individual client needs. SWM will never charge a premium or commission on transactions, beyond the actual cost imposed by Custodian. Every attempt will be made to get group discounts on transactions when possible. Clients may pay commissions higher than those obtainable from other brokers in return for these products and services.</p>	

Complete amended pages in full, circle amended items and file with execution page (page 1).

Form ADV (Paper Version)

UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION

STATE-REGISTERED INVESTMENT ADVISER EXECUTION PAGE

You must complete the following Execution Page to Form ADV. This execution page must be signed and attached to your initial application for state registration and all amendments to registration.

1. Appointment of Agent for Service of Process

By signing this Form ADV Execution Page, you, the undersigned adviser, irrevocably appoint the legally designated officers and their successors, of the state in which you maintain your *principal office and place of business* and any other state in which you are applying for registration or amending your registration, as your agents to receive service, and agree that such *persons* may accept service on your behalf, of any notice, subpoena, summons, *order* instituting *proceedings*, demand for arbitration, or other process or papers, and you further agree that such service may be made by registered or certified mail, in any federal or state action, administrative *proceeding* or arbitration brought against you in any place subject to the jurisdiction of the United States, if the action, *proceeding* or arbitration (a) arises out of any activity in connection with your investment advisory business that is subject to the jurisdiction of the United States, and (b) is *founded*, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these acts, or (ii) the laws of the state in which you maintain your *principal office and place of business* or of any state in which you are applying for registration, or amending your registration.

2. State-Registered Investment Adviser Affidavit

If you are subject to state regulation, by signing this Form ADV, you represent that, you are in compliance with the registration requirements of the state in which you maintain your *principal place of business* and are in compliance with the bonding, capital, and recordkeeping requirements of that state.

Signature

I, the undersigned, sign this Form ADV on behalf of, and with the authority of, the investment adviser. The investment adviser and I both certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this ADV, including exhibits and any other information submitted, are true and correct, and that I am signing this Form ADV Execution Page as a free and voluntary act. I certify that the adviser's books and records will be preserved and available for inspection as required by law. Finally, I authorize any *person* having custody or possession of these books and records to make them available to federal and state regulatory representatives.

Signature: _____ Date: _____
Printed Name: Aaron Philip Sipherd Title: Managing Member
Adviser CRD Number: 150011