

**FORM ADV****UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION AND REPORT BY  
EXEMPT REPORTING ADVISERS****Primary Business Name: HORTER INVESTMENT MANAGEMENT, LLC****CRD Number: 119880****Annual Amendment - All Sections****Rev. 11/2011**

**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.

A. Your full legal name (if you are a sole proprietor, your last, first, and middle names):

**HORTER INVESTMENT MANAGEMENT, LLC**

B. Name under which you primarily conduct your advisory business, if different from Item 1.A.:

**HORTER INVESTMENT MANAGEMENT, LLC**

*List on Section 1.B. of Schedule D any additional names under which you conduct your advisory business.*

C. If this filing is reporting a change in your legal name (Item 1.A.) or primary business name (Item 1.B.), enter the new name and specify whether the name change is of

☐ your legal name or ☐ your primary business name:

D. (1) If you are registered with the SEC as an investment adviser, your SEC file number: **801-67471**

(2) If you report to the SEC as an *exempt reporting adviser*, your SEC file number:

E. If you have a number ("CRD Number") assigned by the *FINRA's CRD* system or by the IARD system, your CRD number: **119880**

*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.*

F. *Principal Office and Place of Business*

(1) Address (do not use a P.O. Box):

Number and Street 1: \*

Number and Street 2:

8316 CORNELL ROAD

City: \*

State:

Country: \*

ZIP+4/Postal Code:

CINCINNATI

Ohio

UNITED STATES

45249

If this address is a private residence, check this 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 five offices in terms of numbers of employees.

- (2) Days of week that you normally conduct business at your *principal office and place of business*: \*

☒ Monday - Friday ☐ Other:

Normal business hours at this location: \*

8:30 - 5:00

- (3) Telephone number at this location: \*

513-984-9933

- (4) Facsimile number at this location:

513-984-5219

- G. Mailing address, if different from your *principal office and place of business* address:

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: ☐

- H. If you are a sole proprietor, state your full residence address, if different from your *principal office and place of business* address in Item 1.F.:

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

**Yes No**

- I. Do you have one or more websites? \*

☒ ☐

If "yes," list all website addresses on Section 1.I. of Schedule D. If a website address serves as a portal through which to access other information you have published on the web, you may list the portal without listing addresses for all of the other information. Some advisers may need to list more than one portal address. Do not provide individual electronic mail (e-mail) addresses in response to this Item.

- J. 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:

JUDITH L. HELMES-SNEED

Telephone number:

Facsimile number:

513-984-9933

513-984-5219

Number and Street 1:

Number and Street 2:

8316 CORNELL ROAD

City:

State:

Country:

ZIP+4/Postal Code:

CINCINNATI

Ohio

UNITED STATES

45249

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

JUDY@HIM-RIA.COM

- 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:

DREW K. HORTER

Titles:

PRESIDENT/CEO

Telephone number:

513-984-9933

Facsimile number:

513-984-5219

Number and Street 1:

8316 CORNELL ROAD

Number and Street 2:

City:

CINCINNATI

State:

Ohio

Country:

UNITED STATES

ZIP+4/Postal Code:

45249

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

DREW@HIM-RIA.COM

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*? ☐ Yes ☒ No

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

Yes No

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

☐ Yes ☒ No

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 company under Sections 12 or 15(d) of the Securities Exchange Act of 1934? \*

☐ Yes ☒ No

If "yes," provide your CIK number (Central Index Key number that the SEC assigns to each public reporting company):

Yes No

- O. Did you have \$1 billion or more in assets on the last day of your most recent fiscal year? \*

☐ Yes ☒ No

- P. Provide your *Legal Entity Identifier* if you have one:

A *legal entity identifier* is a unique number that companies use to identify each other in the financial marketplace. In the first half of 2011, the *legal entity identifier* standard was still in development. You may not have a *legal entity identifier*.

## SECTION 1.B. Other Business Names

No Information Filed

## SECTION 1.F. Other Offices

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 five offices (in terms of numbers of *employees*).

Number and Street 1: *		Number and Street 2:	
400 MERIDIAN STREET		SUITE 105	
City: *	State:	Country: *	ZIP+4/Postal Code:
HUNTSVILLE	Alabama	UNITED STATES	35801

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

Telephone Number: *	Facsimile Number:
800-884-0272	205-449-1960

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 five offices (in terms of numbers of *employees*).

Number and Street 1: *		Number and Street 2:	
2580 HIGHWAY 95		SUITE 215-B	
City: *	State:	Country: *	ZIP+4/Postal Code:
BULLHEAD CITY	Arizona	UNITED STATES	86442

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

Telephone Number: *	Facsimile Number:
928.542.4654	661.952.1185

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 five offices (in terms of numbers of *employees*).

Number and Street 1: *		Number and Street 2:	
3115 S. PRICE ROAD			
City: *	State:	Country: *	ZIP+4/Postal Code:
CHANDLER	Arizona	UNITED STATES	85248

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

Telephone Number: \*

480.888.7754

Facsimile Number:

480.406.6466

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

19608 N. TOLBY CREEK COURT

Number and Street 2:

City: \*

SURPRISE

State:

Arizona

Country: \*

UNITED STATES

ZIP+4/Postal Code:

85387

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

Telephone Number: \*

623.266.3355

Facsimile Number:

623.266.3356

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

696 SAN RAMON VALLEY BLVD

Number and Street 2:

#205

City: \*

DANVILLE

State:

California

Country: \*

UNITED STATES

ZIP+4/Postal Code:

94526

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

Telephone Number: \*

925-837-5381

Facsimile Number:

925-837-5381

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

6806 FALLSBROOK CT

City: \*

GRANITE BAY

State:

California

Number and Street 2:

SUITE 1

Country: \*

UNITED STATES

ZIP+4/Postal Code:

95746

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

Telephone Number: \*

916.367.6430

Facsimile Number:

916.357.9797

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

214 ESTATES DRIVE

City: \*

ROSEVILLE

State:

California

Number and Street 2:

SUITE A

Country: \*

UNITED STATES

ZIP+4/Postal Code:

95678

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

Telephone Number: \*

916.596.0500

Facsimile Number:

916.773.9997

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

4455 MORENA BLVD.

City: \*

SAN DIEGO

State:

California

Number and Street 2:

# 209

Country: \*

UNITED STATES

ZIP+4/Postal Code:

92117

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

Telephone Number: \*

858.273.4442

Facsimile Number:

858.453.1767

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

123 E SAN CARLOS

Number and Street 2:

#221

City: \*

SAN JOSE

State:

California

Country: \*

UNITED STATES

ZIP+4/Postal Code:

95112

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

Telephone Number: \*

650.585.6681

Facsimile Number:

650.585.6707

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

18992 SOLEDAD CANYON ROAD

Number and Street 2:

City: \*

SANTA CLARITA

State:

California

Country: \*

UNITED STATES

ZIP+4/Postal Code:

91351

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

Telephone Number: \*

661.298.3700

Facsimile Number:

661.952.1185

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

190 WIKIUP DRIVE

Number and Street 2:

City: \*

SANTA ROSA

State:

California

Country: \*

UNITED STATES

ZIP+4/Postal Code:

95403

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

Telephone Number: \*  
707-566-6775

Facsimile Number:  
707-566-1903

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

3303 SOARING EAGLE LANE

Number and Street 2:

City: \*

CASTLE ROCK

State:

Colorado

Country: \*

UNITED STATES

ZIP+4/Postal Code:

80109

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

Telephone Number: \*  
303.660.1660

Facsimile Number:  
866.371.5523

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

1224 MILL STREET

Number and Street 2:

BLDG B

City: \*

EAST BERLIN

State:

Connecticut

Country: \*

UNITED STATES

ZIP+4/Postal Code:

06023

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

Telephone Number: \*  
860-663-3327

Facsimile Number:  
860-663-3324

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 five offices (in terms of numbers of *employees*).



Number and Street 1: \*

176 ROUTE 81

City: \*

KILLINGWORTH

State:

Connecticut

Number and Street 2:

Country: \*

UNITED STATES

ZIP+4/Postal Code:

06419

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

Telephone Number: \*

860-663-3327

Facsimile Number:

860-415-1818

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

10700 N. STRINGFELLOW ROAD

City: \*

BOKEELIA

State:

Florida

Number and Street 2:

SUITE 45

Country: \*

UNITED STATES

ZIP+4/Postal Code:

33922

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

Telephone Number: \*

239.283.7515

Facsimile Number:

239.283.9290

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

28100 US HIGHWAY 19 NO.

City: \*

CLEARWATER

State:

Florida

Number and Street 2:

SUITE 507

Country: \*

UNITED STATES

ZIP+4/Postal Code:

33761

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

Telephone Number: \*

727.669.9000

Facsimile Number:

727.669.9019

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

1044 DEL HARBOUR DRIVE

Number and Street 2:

City: \*

DELRAY BEACH

State:

Florida

Country: \*

UNITED STATES

ZIP+4/Postal Code:

33483

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

Telephone Number: \*

800.262.0285

Facsimile Number:

858.453.1767

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

2133 SE FORT KING STREET

Number and Street 2:

City: \*

OCALA

State:

Florida

Country: \*

UNITED STATES

ZIP+4/Postal Code:

34471

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

Telephone Number: \*

352.368.9001

Facsimile Number:

352.369.3969

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

555 BLANDING BLVD

Number and Street 2:

SUITE G

City: \*

ORANGE PARK

State:

Florida

Country: \*

UNITED STATES

ZIP+4/Postal Code:

32073

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

Telephone Number: \*  
904.276.3900

Facsimile Number:  
904.276.6008

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*  
550 N. REO ST.

Number and Street 2:  
SUITE 300

City: \*  
TAMPA

State:  
Florida

Country: \*  
UNITED STATES

ZIP+4/Postal Code:  
33609

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

Telephone Number: \*  
813-261-5020

Facsimile Number:  
813-261-5024

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*  
210 WASHINGTON STREET

Number and Street 2:  
SUITE 106

City: \*  
GAINESVILLE

State:  
Georgia

Country: \*  
UNITED STATES

ZIP+4/Postal Code:  
30501

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

Telephone Number: \*  
770.535.5000

Facsimile Number:  
770.535.5018

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

1580 BURNT HICKORY ROAD

City: \*

MARIETTA

State:

Georgia

Number and Street 2:

Country: \*

UNITED STATES

ZIP+4/Postal Code:

30064

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

Telephone Number: \*

404.569.9565

Facsimile Number:

770.919.9168

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

1300 PEACHTREE INDUS. BLVD.

City: \*

SUWANEE

State:

Georgia

Number and Street 2:

SUITE 4210

Country: \*

UNITED STATES

ZIP+4/Postal Code:

30024

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

Telephone Number: \*

678-442-0255

Facsimile Number:

678-442-0256

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

2414 18TH STREET

City: \*

BETTENDORF

State:

Iowa

Number and Street 2:

Country: \*

UNITED STATES

ZIP+4/Postal Code:

52722

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

Telephone Number: \*

563.359.0854

Facsimile Number:

563.441.1764

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

2226 E. 25TH STREET

Number and Street 2:

City: \*

IDAHO FALLS

State:

Idaho

Country: \*

UNITED STATES

ZIP+4/Postal Code:

83404

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

Telephone Number: \*

208.552.9169

Facsimile Number:

208.552.9173

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

1250 S. GROVE AVENUE

Number and Street 2:

SUITE 200

City: \*

BARRINGTON

State:

Illinois

Country: \*

UNITED STATES

ZIP+4/Postal Code:

60010

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

Telephone Number: \*

847.852.5007

Facsimile Number:

847.382.1787

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

2319 WOODHAVEN LANE

Number and Street 2:

City: \*

PORT BYRON

State:

Illinois

Country: \*

UNITED STATES

ZIP+4/Postal Code:

61275

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

Telephone Number: \*  
309.523.2063

Facsimile Number:  
309.523.2072

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*  
5 TIMBERLINE LANE

Number and Street 2:

City: \*  
SHERMAN

State:  
Illinois

Country: \*  
UNITED STATES

ZIP+4/Postal Code:  
62684

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

Telephone Number: \*  
217.496.2443

Facsimile Number:  
217.496.2497

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*  
300 S. COUNTY FARM RD

Number and Street 2:  
UNIT G

City: \*  
WHEATON

State:  
Illinois

Country: \*  
UNITED STATES

ZIP+4/Postal Code:  
60187

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

Telephone Number: \*  
630-456-4401

Facsimile Number:  
630-456-4432

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*  
O SOUTH 125 CHURCH ST

City: \*  
WINFIELD

State:  
Illinois

Number and Street 2:  
SUITE 2

Country: \*  
UNITED STATES

ZIP+4/Postal Code:  
60190

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

Telephone Number: \*  
630.988.1505

Facsimile Number:  
928.396.8045

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*  
48 N EMERSON AVENUE

City: \*  
GREENWOOD

State:  
Indiana

Number and Street 2:  
SUITE 800

Country: \*  
UNITED STATES

ZIP+4/Postal Code:  
46143

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

Telephone Number: \*  
317.888.7250

Facsimile Number:

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*  
1159 E. WILCOX

City: \*  
WHITE CLOUD

State:  
Michigan

Number and Street 2:  
SUITE B

Country: \*  
UNITED STATES

ZIP+4/Postal Code:  
49349

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

Telephone Number: \*  
231.689.6303

Facsimile Number:  
231.689.6292

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

601 CARLSON PARKWAY

City: \*

MINNETONKA

State:

Minnesota

Number and Street 2:

SUITE 1050

Country: \*

UNITED STATES

ZIP+4/Postal Code:

55305

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

Telephone Number: \*

952-449-5140

Facsimile Number:

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

1000 N. MAIN STREET

City: \*

FUQUAY-VARINA

State:

North Carolina

Number and Street 2:

SUITE 201

Country: \*

UNITED STATES

ZIP+4/Postal Code:

27526

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

Telephone Number: \*

919.552.4286

Facsimile Number:

919.552.1345

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

204 MUIRS CHAPEL ROAD

City: \*

GREENSBORO

State:

North Carolina

Number and Street 2:

SUITE 100

Country: \*

UNITED STATES

ZIP+4/Postal Code:

27410

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



Telephone Number: \*  
333-542-2887

Facsimile Number:

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

6242 LAKE TERRACE DRIVE

Number and Street 2:

City: \*

HOLLY SPRINGS

State:

North Carolina

Country: \*

UNITED STATES

ZIP+4/Postal Code:

27540

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

Telephone Number: \*  
919.827.1684

Facsimile Number:  
928.396.8045

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

2704 MATTLYN COURT

Number and Street 2:

City: \*

RALEIGH

State:

North Carolina

Country: \*

UNITED STATES

ZIP+4/Postal Code:

27613

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

Telephone Number: \*  
919.806.4591

Facsimile Number:  
919.806.4891

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

6 GARVINS FALLS ROAD

City: \*

CONCORD

State:

New Hampshire

Number and Street 2:

SUITE 101-104

Country: \*

UNITED STATES

ZIP+4/Postal Code:

03301

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

Telephone Number: \*

603.225.6235

Facsimile Number:

432.225.6235

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

70 BIRCH ALLEY

City: \*

BEAVERCREEK

State:

Ohio

Number and Street 2:

SUITE 240

Country: \*

UNITED STATES

ZIP+4/Postal Code:

45440

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

Telephone Number: \*

937-489-6803

Facsimile Number:

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

5759 LOCH MAREE COURT

City: \*

DUBLIN

State:

Ohio

Number and Street 2:

Country: \*

UNITED STATES

ZIP+4/Postal Code:

43017

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

Telephone Number: \*

614.793.8338

Facsimile Number:

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

900 W. SOUTH BOUNDARY STREET

City: \*

PERRYSBURG

State:

Ohio

Number and Street 2:

3A

Country: \*

UNITED STATES

ZIP+4/Postal Code:

43551

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

Telephone Number: \*

419.874.2015

Facsimile Number:

419.874.8370

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

100 S. MAIN STREET

City: \*

SIDNEY

State:

Ohio

Number and Street 2:

SUITE 101-B

Country: \*

UNITED STATES

ZIP+4/Postal Code:

45365

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

Telephone Number: \*

937.492.6016

Facsimile Number:

937.492.7471

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

233 ROGUE RIVER HWY

City: \*

GRANTS PASS

State:

Oregon

Number and Street 2:

#962

Country: \*

UNITED STATES

ZIP+4/Postal Code:

97527

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

Telephone Number: \*  
541-474-4307

Facsimile Number:  
541-955-8480

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*  
208 SUNSET DRIVE

Number and Street 2:  
SUITE 510

City: \*  
JOHNSON CITY

State:  
Tennessee

Country: \*  
UNITED STATES

ZIP+4/Postal Code:  
37604

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

Telephone Number: \*  
423.952.0861

Facsimile Number:  
423.373.1266

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*  
2507 MITCHELL LANE

Number and Street 2:

City: \*  
AUSTIN

State:  
Texas

Country: \*  
UNITED STATES

ZIP+4/Postal Code:  
78748

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

Telephone Number: \*  
512.844.8200

Facsimile Number:

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

508 E. DENMAN

City: \*

LUFKIN

State:

Texas

Number and Street 2:

SUITE C

Country: \*

UNITED STATES

ZIP+4/Postal Code:

75901

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

Telephone Number: \*

936-632-0115

Facsimile Number:

936-632-0122

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

19412 TESSA HEIGHTS

City: \*

SPICEWOOD

State:

Texas

Number and Street 2:

Country: \*

UNITED STATES

ZIP+4/Postal Code:

78669

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

Telephone Number: \*

513-351-7798

Facsimile Number:

866-881-6611

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

1407 STEPHANIE WAY

City: \*

CHESAPEAKE

State:

Virginia

Number and Street 2:

SUITE B

Country: \*

UNITED STATES

ZIP+4/Postal Code:

23320

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

Telephone Number: \*

757.479.1119

Facsimile Number:

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

PO BOX 12531

City: \*

NORFOLK

State:

Virginia

Number and Street 2:

Country: \*

UNITED STATES

ZIP+4/Postal Code:

23541

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

Telephone Number: \*

757-513-3333

Facsimile Number:

757-587-7264

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

2302 COLONIAL AVENUE

City: \*

ROANOKE

State:

Virginia

Number and Street 2:

SUITE B

Country: \*

UNITED STATES

ZIP+4/Postal Code:

24015

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

Telephone Number: \*

540.343.4760

Facsimile Number:

540.982.2274

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 five offices (in terms of numbers of *employees*).

Number and Street 1: \*

12718 LAKE CITY WAY NE

City: \*

SEATTLE

State:

Washington

Number and Street 2:

#C215

Country: \*

UNITED STATES

ZIP+4/Postal Code:

98125

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

Telephone Number: \*  
206.708.6839

Facsimile Number:

### SECTION 1.I. Website Addresses

List your website addresses. You must complete a separate Schedule D Section 1.I. for each website address.

Website Address: \* WWW.HIM-RIA.COM

Website Address: \* WWW.HORTERINVESTMENTMGT.COM

Website Address: \* WWW.PEAKFUNDMGT.COM

### SECTION 1.L. Location of Books and Records

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 are kept: \*  
CLOUD FINANCIAL INC.

Number and Street 1: \*  
400 MERIDIAN STREET

Number and Street 2:  
SUITE 105

City: \*  
HUNTSVILLE

State:  
Alabama

Country: \*  
UNITED STATES

ZIP+4/Postal Code:  
35801

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

Telephone Number: \*  
800-884-0272

Facsimile number:  
205-449-1960

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY DON CLOUD, INVESTMENT ADVISER REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

SENIOR LIFESTYLE STRATEGIES

Number and Street 1: \*

2580 HIGHWAY 95

Number and Street 2:

SUITE 215-B

City: \*

BULLHEAD CITY

State:

Arizona

Country: \*

UNITED STATES

ZIP+4/Postal Code:

86442

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

Telephone Number: \*

928.542.4654

Facsimile number:

661.952.1185

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY BRENT MARSHALL, INVESTMENT ADVISER REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

PS & G FINANCIAL LLC

Number and Street 1: \*

3115 S. PRICE ROAD

Number and Street 2:

City: \*

CHANDLER

State:

Arizona

Country: \*

UNITED STATES

ZIP+4/Postal Code:

85248

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

Telephone Number: \*

480.888.7754

Facsimile number:

480.406.6466

This is (check one): \*

- ☒ one of your branch offices or affiliates.



- ☐ a third-party unaffiliated recordkeeper.
- ☐ other.

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY RICHARD CLATFELTER, INVESTMENT ADVISER  
REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

ESTATE PLANNING CONSULTANTS

Number and Street 1: \*

19608 N. TOLBY CREEK COURT

Number and Street 2:

City: \*

SURPRISE

State:

Arizona

Country: \*

UNITED STATES

ZIP+4/Postal Code:

85387

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

Telephone Number: \*

623.266.3355

Facsimile number:

623.266.3356

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY JOHN BENLINE, INVESTMENT ADVISER REPRESENTATIVE  
OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

WEALTHWISE INSURANCE SOLUTIONS

Number and Street 1: \*

696 SAN RAMON VALLEY BLVD

Number and Street 2:

#205

City: \*

DANVILLE

State:

California

Country: \*

UNITED STATES

ZIP+4/Postal Code:

94526

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

Telephone Number: \*

925-837-5381

Facsimile number:

925-837-5381

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY LYNN A. FALLON INVESTMENT ADVISER REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

SECURE SENIOR SERVICES, INC.

Number and Street 1: \*

6806 FALLSBROOK COURT

Number and Street 2:

SUITE 1

City: \*

GRANITE BAY

State:

California

Country: \*

UNITED STATES

ZIP+4/Postal Code:

95746

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

Telephone Number: \*

916.367.6430

Facsimile number:

916.357.9797

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY JEFF MITCHELL, INVESTMENT ADVISER REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

CORNERSTONE WEALTH & TAX ADVISORY GROUP

Number and Street 1: \*

214 ESTATES DRIVE

Number and Street 2:

SUITE A

City: \*

ROSEVILLE

State:

California

Country: \*

UNITED STATES

ZIP+4/Postal Code:

95678

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

Telephone Number: \*  
916.596.0500

Facsimile number:  
916.773.9997

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY DOUGLAS CLANCY, INVESTMENT ADVISER  
REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*  
ALLEN JAMES FINANCIAL INC.

Number and Street 1: \*  
4455 MORENA BLVD.

Number and Street 2:  
#209

City: \*  
SAN DIEGO

State:  
California

Country: \*  
UNITED STATES

ZIP+4/Postal Code:  
92117

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

Telephone Number: \*  
858.273.4442

Facsimile number:  
858.453.1767

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY JAMES REYES, INVESTMENT ADVISER REPRESENTATIVE OF  
HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*  
CALRIMA SENIOR SERVICES & INSURANCE SOLUTIONS, INC.

Number and Street 1: \*  
123 E SAN CARLOS ST

Number and Street 2:  
#221

City: \*  
SAN JOSE

State:  
California

Country: \*  
UNITED STATES

ZIP+4/Postal Code:  
95112

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

Telephone Number: \*

650.585.6681

Facsimile number:

650.585.6707

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY RICHARD LOEK, INVESTMENT ADVISER REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

SENIOR LIFESTYLE STRATEGIES

Number and Street 1: \*

18992 SOLEDAD CANYON ROAD

Number and Street 2:

City: \*

SANTA CLARITA

State:

California

Country: \*

UNITED STATES

ZIP+4/Postal Code:

91351

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

Telephone Number: \*

661.298.3700

Facsimile number:

661.952.1185

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY BRENT MARSHALL, INVESTMENT ADVISER REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

KOBRIN FINANCIAL SERVICES

Number and Street 1: \*

190 WIKIUP DRIVE

Number and Street 2:

City: \*

SANTA ROSA

State:

California

Country: \*

UNITED STATES

ZIP+4/Postal Code:

95403

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

☐

Telephone Number: \*

707-566-6775

Facsimile number:

707-566-1903

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY DONALD KOBRIN INVESTMENT ADVISER REPRESENTATIVE  
OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

JACKSON WEALTH STRATEGIES, LLC

Number and Street 1: \*

3303 SOARING EAGLE LANE

Number and Street 2:

City: \*

CASTLE ROCK

State:

Colorado

Country: \*

UNITED STATES

ZIP+4/Postal Code:

80109

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

☒

Telephone Number: \*

303.660.1660

Facsimile number:

866.371.5523

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY THOMAS JACKSON, INVESTMENT ADVISER  
REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

BEAMER RETIREMENT PLANNING

Number and Street 1: \*

1224 MILL ST

Number and Street 2:

BLDG B

City: \*

EAST BERLIN

State:

Connecticut

Country: \*

UNITED STATES

ZIP+4/Postal Code:

06023

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

Telephone Number: \*

860-663-3327

Facsimile number:

860-663-3324

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENT ACCOUNTS SERVICED BY WAYNE BEAMER, INVESTMENT ADVISER  
REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC

Name of entity where books and records are kept: \*

BEAMER RETIREMENT PLANNING

Number and Street 1: \*

176 ROUTE 81

Number and Street 2:

City: \*

KILLINGWORTH

State:

Connecticut

Country: \*

UNITED STATES

ZIP+4/Postal Code:

06419

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

Telephone Number: \*

860-663-3327

Facsimile number:

860-663-3324

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENT ACCOUNTS SERVICED BY WAYNE BEAMER, INVESTMENT ADVISER

## REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC

Name of entity where books and records are kept: \*

OFFICE OF TIMOTHY SPYRNAL

Number and Street 1: \*

10700 N. STRINGFELLOW ROAD

Number and Street 2:

SUITE 45

City: \*

BOKEELIA

State:

Florida

Country: \*

UNITED STATES

ZIP+4/Postal Code:

33922

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

Telephone Number: \*

239.283.7515

Facsimile number:

239.283.9290

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY TIMOTHY SPYRNAL, INVESTMENT ADVISER  
REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

RETIREMENT STRATEGIES PLUS, INC.

Number and Street 1: \*

28100 US HIGHWAY 19, NORTH

Number and Street 2:

SUITE 507

City: \*

CLEARWATER

State:

Florida

Country: \*

UNITED STATES

ZIP+4/Postal Code:

33761

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

Telephone Number: \*

727.669.9000

Facsimile number:

727.669.9019

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY ROSE HEBELER, INVESTMENT ADVISER REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

ALLEN JAMES FINANCIAL INC.

Number and Street 1: \*

1044 DEL HARBOUR DRIVE

Number and Street 2:

City: \*

DELRAY BEACH

State:

Florida

Country: \*

UNITED STATES

ZIP+4/Postal Code:

33483

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

Telephone Number: \*

800.262.0285

Facsimile number:

858.453.1767

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY JAMES REYES INVESTMENT ADVISER REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

RETIREMENT PLANNING CONSULTANTS INC.

Number and Street 1: \*

2133 SE FORT KING STREET

Number and Street 2:

City: \*

OCALA

State:

Florida

Country: \*

UNITED STATES

ZIP+4/Postal Code:

34471

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

Telephone Number: \*

352.368.9001

Facsimile number:

352.369.3969



This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY ROBERT CRANE, INVESTMENT ADVISER REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

DUVAL ELDER PLANNING

Number and Street 1: \*

555 BLANDING BLVD

Number and Street 2:

SUITE G

City: \*

ORANGE PARK

State:

Florida

Country: \*

UNITED STATES

ZIP+4/Postal Code:

32073

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

Telephone Number: \*

904.276.3900

Facsimile number:

904.264.4652

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY MICHAEL DAVIS, INVESTMENT ADVISER REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

HEBELER FINANCIAL, INC.

Number and Street 1: \*

550 N. REO ST.

Number and Street 2:

SUITE 300

City: \*

TAMPA

State:

Florida

Country: \*

UNITED STATES

ZIP+4/Postal Code:

33609

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

Telephone Number: \*

813-261-5020

Facsimile number:

813-261-5024

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY ROSE HEBELER, INVESTMENT ADVISER REPRESENTATIVE  
OF HORTER INVESTMENT MANAGEMENT, LLC

Name of entity where books and records are kept: \*

MOORE'S WEALTH MANAGEMENT

Number and Street 1: \*

210 WASHINGTON STREET

Number and Street 2:

SUITE 106

City: \*

GAINESVILLE

State:

Georgia

Country: \*

UNITED STATES

ZIP+4/Postal Code:

30501

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

Telephone Number: \*

770.535.5000

Facsimile number:

770.535.5018

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY M.SCOTT MOORE, INVESTMENT ADVISER REPRESENTATIVE  
OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

RHODES TO RETIREMENT

Number and Street 1: \*

1580 BURNT HICKORY ROAD

Number and Street 2:

City: \*

MARIETTA

State:

Georgia

Country: \*

UNITED STATES

ZIP+4/Postal Code:

30064

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

Telephone Number: \*

404.569.9565

Facsimile number:

770.919.9168

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY PATRICIA RHODES, INVESTMENT ADVISER  
REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

REED FINANCIAL GROUP

Number and Street 1: \*

1300 PEACHTREE INDUS. BLVD.

Number and Street 2:

SUITE 4210

City: \*

SUWANEE

State:

Georgia

Country: \*

UNITED STATES

ZIP+4/Postal Code:

30024

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

Telephone Number: \*

678-442-0255

Facsimile number:

678-442-0256

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY APRIL REED CREWS, INVESTMENT ADVISER  
REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

CITIES INSURANCE GROUP

Number and Street 1: \*

2414 18TH STREET

Number and Street 2:

City: *	State:	Country: *	ZIP+4/Postal Code:
BETTENDORF	Iowa	UNITED STATES	52722

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

Telephone Number: *	Facsimile number:
563.359.0854	563.441.1764

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY RICHARD GLESS, INVESTMENT ADVISER REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

JOURNEY FINANCIAL SERVICES

Number and Street 1: \*

2226 E. 25TH STREET

Number and Street 2:

City: \*

IDAHO FALLS

State:

Idaho

Country: \*

UNITED STATES

ZIP+4/Postal Code:

83404

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

Telephone Number: *	Facsimile number:
208.552.9169	208.552.9173

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY JENNIFER LANDON, INVESTMENT ADVISER REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

LANGE FINANCIAL SERVICES, INC.

Number and Street 1: \*

1250 S. GROVE AVENUE

City: \*

BARRINGTON

State:

Illinois

Number and Street 2:

SUITE 200

Country: \*

UNITED STATES

ZIP+4/Postal Code:

60010

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

☐

Telephone Number: \*

847.852.5007

Facsimile number:

847.382.1787

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY MICHAEL LANGE, INVESTMENT ADVISER REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

SAFE MONEY CONCEPTS FINANCIAL SERVICES INC.

Number and Street 1: \*

2319 WOODHAVEN LANE

City: \*

PORT BYRON

State:

Illinois

Number and Street 2:

Country: \*

UNITED STATES

ZIP+4/Postal Code:

61275

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

☒

Telephone Number: \*

309.523.2063

Facsimile number:

309.523.2072

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY SCOTT SIDOR, INVESTMENT ADVISER REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

ILLINOIS BENEFIT ADVISORY CO.

Number and Street 1: \*

5 TIMBERLINE LANE

Number and Street 2:

PO BOX 197

City: \*

SHERMAN

State:

Illinois

Country: \*

UNITED STATES

ZIP+4/Postal Code:

62684

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

Telephone Number: \*

217.496.2443

Facsimile number:

217.496.2497

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY JAMES DOUG SILOTTO, INVESTMENT ADVISER  
REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

VICK & ASSOCIATES, INC.

Number and Street 1: \*

300 S. COUNTY FARM RD.

Number and Street 2:

UNIT G

City: \*

WHEATON

State:

Illinois

Country: \*

UNITED STATES

ZIP+4/Postal Code:

60187

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

Telephone Number: \*

630-456-4401

Facsimile number:

630-456-4432

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY DAVID VICK, INVESTMENT ADVISER REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

OMH PARTNER GROUP, INC.

Number and Street 1: \*

0 SOUTH 125 CHURCH ST

Number and Street 2:

SUITE 2

City: \*

WINFIELD

State:

Illinois

Country: \*

UNITED STATES

ZIP+4/Postal Code:

60190

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

Telephone Number: \*

630.510.3126

Facsimile number:

630.510.3127

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY JOSEPH PAUL DALY, INVESTMENT ADVISER REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

SENIOR RETIREMENT SERVICES OF INDIANA

Number and Street 1: \*

48 N EMERSON AVENUE

Number and Street 2:

SUITE 800

City: \*

GREENWOOD

State:

Indiana

Country: \*

UNITED STATES

ZIP+4/Postal Code:

46143

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

Telephone Number: \*

317.888.7250

Facsimile number:

This is (check one): \*

- ☒ one of your branch offices or affiliates.

- ☐ a third-party unaffiliated recordkeeper.
- ☐ other.

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY JOSEPH CANTOU, INVESTMENT ADVISER REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

REED FINANCIAL SERVICES

Number and Street 1: \*

1159 E. WILCOX

Number and Street 2:

SUITE B

City: \*

WHITE CLOUD

State:

Michigan

Country: \*

UNITED STATES

ZIP+4/Postal Code:

49349

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

Telephone Number: \*

231.689.6303

Facsimile number:

213.689.6292

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY LYNN REED, JR., INVESTMENT ADVISER REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

WEALTH PRESERVATION STRATEGIES, LLC

Number and Street 1: \*

601 CARLSON PARKWAY

Number and Street 2:

SUITE 1050

City: \*

MINNETONKA

State:

Minnesota

Country: \*

UNITED STATES

ZIP+4/Postal Code:

55305

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

Telephone Number: \*

952-449-5140

Facsimile number:

952-449-5140



This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY KERRY KASSULKER, INVESTMENT ADVISER  
REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

COMPLETE FINANCIAL SOLUTIONS, INC.

Number and Street 1: \*

1000 N. MAIN STREET

Number and Street 2:

SUITE 201

City: \*

FUQUAY-VARINA

State:

North Carolina

Country: \*

UNITED STATES

ZIP+4/Postal Code:

27526

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

Telephone Number: \*

919.552.4286

Facsimile number:

919.552.1345

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY KENNETH STEPHENSON, INVESTMENT ADVISER  
REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

TREMONT CAPITAL ADVISORS, LLC

Number and Street 1: \*

204 MUIRS CHAPEL ROAD

Number and Street 2:

SUITE 100

City: \*

GREENSBORO

State:

North Carolina

Country: \*

UNITED STATES

ZIP+4/Postal Code:

27410

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

Telephone Number: \*  
333-542-2887

Facsimile number:

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY TROY DUGO, INVESTMENT ADVISER REPRESENTATIVE OF  
HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*  
GOLDEN RETIREMENT SOLUTIONS, INC.

Number and Street 1: \*

6242 LAKE TERRACE DRIVE

Number and Street 2:

City: \*

HOLLY SPRINGS

State:

North Carolina

Country: \*

UNITED STATES

ZIP+4/Postal Code:

27540

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

Telephone Number: \*  
919.827.1684

Facsimile number:  
928.396.8045

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY GLENDA JENSEN, INVESTMENT ADVISER REPRESENTATIVE  
OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*  
HOME OFFICE OF LLOYD LARSON

Number and Street 1: \*

2704 MATTLYN COURT

Number and Street 2:

City: \*

RALEIGH

State:

North Carolina

Country: \*

UNITED STATES

ZIP+4/Postal Code:

27613

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

Telephone Number: \*  
919.806.4591

Facsimile number:  
919.806.4891

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY LLOYD LARSON, INVESTMENT ADVISER REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

MEYERS FINANCIAL

Number and Street 1: \*

6 GARVINS FALLS ROAD

Number and Street 2:

SUITE 101-104

City: \*

CONCORD

State:

New Hampshire

Country: \*

UNITED STATES

ZIP+4/Postal Code:

03301

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

Telephone Number: \*  
603.225.6235

Facsimile number:  
432.225.6235

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY WILLIAM D. MEYERS, INVESTMENT ADVISER REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

TRADEWINDS FINANCIAL SERVICES

Number and Street 1: \*

70 BIRCH ALLEY

City: \*

BEAVERCREEK

State:

Ohio

Number and Street 2:

SUITE 240

Country: \*

UNITED STATES

ZIP+4/Postal Code:

45440

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

☐

Telephone Number: \*

937-489-6803

Facsimile number:

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY WILLIAM WOLFE, INVESTMENT ADVISER REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

HOME OFFICE OF RONALD REDRICK

Number and Street 1: \*

5759 LOCH MAREE COURT

City: \*

DUBLIN

State:

Ohio

Number and Street 2:

Country: \*

UNITED STATES

ZIP+4/Postal Code:

43017

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

☒

Telephone Number: \*

614.793.8338

Facsimile number:

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY RONALD REDRICK, INVESTMENT ADVISER REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

SENIOR OUTLOOK SOLUTIONS, LLC

Number and Street 1: \*

900 W. SOUTH BOUNDARY STREET

Number and Street 2:

3A

City: \*

PERRYSBURG

State:

Ohio

Country: \*

UNITED STATES

ZIP+4/Postal Code:

43551

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

Telephone Number: \*

419.874.2015

Facsimile number:

419.874.8370

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY CHRISTOPHER MCINTIRE, INVESTMENT ADVISER REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

SENIOR RETIREMENT SERVICES OF OHIO INC.

Number and Street 1: \*

100 S. MAIN AVENUE

Number and Street 2:

SUITE 101-B

City: \*

SIDNEY

State:

Ohio

Country: \*

UNITED STATES

ZIP+4/Postal Code:

45365

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

Telephone Number: \*

937.492.6016

Facsimile number:

937.492.7471

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY DAVID GAYLOR, INVESTMENT ADVISER REPRESENTATIVE

OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

SENIOR FINANCIAL SOLUTIONS OF SOUTHERN OREGON

Number and Street 1: \*

233 ROGUE RIVER HWY

Number and Street 2:

#962

City: \*

GRANTS PASS

State:

Oregon

Country: \*

UNITED STATES

ZIP+4/Postal Code:

97527

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

Telephone Number: \*

541-474-4307

Facsimile number:

541-955-8480

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY PAM GEYE, INVESTMENT ADVISER REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

PRESERVATION FINANCIAL GROUP, LLC

Number and Street 1: \*

208 SUNSET DRIVE

Number and Street 2:

SUITE 510

City: \*

JOHNSON CITY

State:

Tennessee

Country: \*

UNITED STATES

ZIP+4/Postal Code:

37604

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

Telephone Number: \*

423.952.0861

Facsimile number:

423.373.1266

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY DAVIS GARRISON, INVESTMENT ADVISER  
REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

HOME/BUSINESS OFFICE OF JB WINTEROWD

Number and Street 1: \*

2507 MITCHELL LANE

Number and Street 2:

City: \*

AUSTIN

State:

Texas

Country: \*

UNITED STATES

ZIP+4/Postal Code:

78748

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

Telephone Number: \*

512.844.8200

Facsimile number:

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY JB WINTEROWD, INVESTMENT ADVISER REPRESENTATIVE  
OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

POLAND INSURANCE

Number and Street 1: \*

508 DENMAN

Number and Street 2:

SUITE C

City: \*

LUFKIN

State:

Texas

Country: \*

UNITED STATES

ZIP+4/Postal Code:

75901

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

Telephone Number: \*

936-632-0115

Facsimile number:

936-632-0122

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY CHARLES POLAND, INVESTMENT ADVISER  
REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

PADE ADVISORY GROUP

Number and Street 1: \*

19412 TESSA HEIGHTS

Number and Street 2:

City: \*

SPICEWOOD

State:

Texas

Country: \*

UNITED STATES

ZIP+4/Postal Code:

78669

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

Telephone Number: \*

512-351-7798

Facsimile number:

512-423-2814

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

BOOKS AND RECORDS RELATING TO CLIENT ACCOUNTS SERVICED BY PETE W. CONNOR, INVESTMENT  
ADVISER REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT

Name of entity where books and records are kept: \*

BUSINESS OFFICE OF MARK SHELBY

Number and Street 1: \*

1407 STEPHANIE WAY

Number and Street 2:

SUITE B

City: \*

CHESAPEAKE

State:

Virginia

Country: \*

UNITED STATES

ZIP+4/Postal Code:

23320

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



Telephone Number: \*

757.479.1119

Facsimile number:

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY MARK SHELBY, INVESTMENT ADVISER REPRESENTATIVE OF  
HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

CHRISTOPHER RENE COMPANIES

Number and Street 1: \*

PO BOX 12531

Number and Street 2:

City: \*

NORFOLK

State:

Virginia

Country: \*

UNITED STATES

ZIP+4/Postal Code:

23541

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

Telephone Number: \*

757-513-3333

Facsimile number:

757-587-7264

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY J. ELVIN DASHIELL, INVESTMENT ADVISER  
REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

SECURE FINANCIAL GROUP, INC.

Number and Street 1: \*

2302 COLONIAL AVENUE

Number and Street 2:

SUITE B

City: \*

ROANOKE

State:

Virginia

Country: \*

UNITED STATES

ZIP+4/Postal Code:

24015

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

Telephone Number: \*

540.343.4760

Facsimile number:

540.982.2274

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY BRYAN RICH, INVESTMENT ADVISER REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

Name of entity where books and records are kept: \*

HOME OFFICE OF TAMMY K. BUTLER

Number and Street 1: \*

12718 LAKE CITY WAY NE

Number and Street 2:

#C215

City: \*

SEATTLE

State:

Washington

Country: \*

UNITED STATES

ZIP+4/Postal Code:

98125

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

Telephone Number: \*

206.708.6839

Facsimile number:

This is (check one): \*

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

Briefly describe the books and records kept at this location: \*

ALL RECORDS RELATING TO CLIENTS SERVICED BY TAMMY K. BUTLER, INVESTMENT ADVISER REPRESENTATIVE OF HORTER INVESTMENT MANAGEMENT, LLC.

#### SECTION 1.M. Registration with Foreign Financial Regulatory Authorities

No Information Filed

#### Item 2 SEC Registration/Reporting

Responses to this Item help us (and you) determine whether you are eligible to register with the SEC. Complete this Item 2.A. only if you are applying for SEC registration or submitting an *annual updating amendment* to your SEC registration.

- A. To register (or remain registered) with the SEC, you must check **at least one** of the Items 2.A.(1) through 2.A.(12), below. If you are submitting an *annual updating amendment* to your SEC registration and you are no longer eligible to register with the SEC, check Item 2.A.(13). Part 1A Instruction 2 provides information to help you determine whether you may affirmatively respond to each of these items.

You (the adviser):

- ☒ (1) are a **large advisory firm** that either:
- (a) has regulatory assets under management of \$100 million (in U.S. dollars) or more, or
  - (b) has regulatory assets under management of \$90 million (in U.S. dollars) or more at the time of filing its most recent *annual updating amendment* and is registered with the SEC;
- ☐ (2) are a **mid-sized advisory firm** that has regulatory assets under management of \$25 million (in U.S. dollars) or more but less than \$100 million (in U.S. dollars) and you are either:
- (a) not required to be registered as an adviser with the *state securities authority* of the state where you maintain your *principal office and place of business*, or
  - (b) not subject to examination by the *state securities authority* of the state where you maintain your *principal office and place of business*;
- Click **HERE** for a list of states in which an investment adviser, if registered, would not be subject to examination by the state securities authority.*
- ☐ (3) have your *principal office and place of business* **in Wyoming** (which does not regulate advisers);
- ☐ (4) have your *principal office and place of business* **outside the United States**;
- ☐ (5) are an **investment adviser (or sub-adviser) to an investment company** registered under the Investment Company Act of 1940;
- ☐ (6) are an **investment adviser to a company which has elected to be a business development company** pursuant to section 54 of the Investment Company Act of 1940 and has not withdrawn the election, and you have at least \$25 million of regulatory assets under management;
- ☐ (7) are a **pension consultant** with respect to assets of plans having an aggregate value of at least \$200,000,000 that qualifies for the exemption in rule 203A-2(a);
- ☐ (8) are a **related adviser** under rule 203A-2(b) that *controls*, is *controlled by*, or is under common control with, an investment adviser that is registered with the SEC, and your *principal office and place of business* is the same as the registered adviser;

*If you check this box, complete Section 2.A.(8) of Schedule D.*

- ☐ (9) are a **newly formed adviser** relying on rule 203A-2(c) because you expect to be eligible for SEC registration within 120 days;

*If you check this box, complete Section 2.A.(9) of Schedule D.*

- ☒ (10) are a **multi-state adviser** that is required to register in 15 or more states and is relying on rule 203A-2(d);

*If you check this box, complete Section 2.A.(10) of Schedule D.*

- ☐ (11) are an **Internet adviser** relying on rule 203A-2(e);
- ☐ (12) have **received an SEC order** exempting you from the prohibition against registration with the SEC;

*If you check this box, complete Section 2.A.(12) of Schedule D.*

- ☐ (13) are **no longer eligible** to remain registered with the SEC.

### State Securities Authority Notice Filings and State Reporting by Exempt Reporting Advisers

- C. Under state laws, SEC-registered advisers may be required to provide to *state securities authorities* a copy of the Form ADV and any amendments they file with the SEC. These are called *notice filings*. In addition, *exempt reporting advisers* may be required to provide *state securities authorities* with a copy of reports and any amendments they file with the SEC. If this is an initial application or report, check the box(es) next to the state(s) that you would like to receive notice of this and all subsequent filings or reports you submit to the SEC. If this is an amendment to direct your *notice filings* or reports to additional state(s), check the box(es) next to the state(s) that you would like to receive notice of this and all subsequent filings or reports you submit to the SEC. If this is an amendment to your registration to stop your *notice filings* or reports from going to state(s) that currently receive them, uncheck the box(es) next to those state(s).

#### Jurisdictions

<input checked="" type="checkbox"/> AL	<input checked="" type="checkbox"/> ID	<input checked="" type="checkbox"/> MO	<input checked="" type="checkbox"/> PA
<input type="checkbox"/> AK	<input checked="" type="checkbox"/> IL	<input type="checkbox"/> MT	<input type="checkbox"/> PR
<input checked="" type="checkbox"/> AZ	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> NE	<input type="checkbox"/> RI
<input checked="" type="checkbox"/> AR	<input checked="" type="checkbox"/> IA	<input checked="" type="checkbox"/> NV	<input checked="" type="checkbox"/> SC
<input checked="" type="checkbox"/> CA	<input type="checkbox"/> KS	<input checked="" type="checkbox"/> NH	<input type="checkbox"/> SD
<input checked="" type="checkbox"/> CO	<input checked="" type="checkbox"/> KY	<input checked="" type="checkbox"/> NJ	<input checked="" type="checkbox"/> TN
<input checked="" type="checkbox"/> CT	<input type="checkbox"/> LA	<input checked="" type="checkbox"/> NM	<input checked="" type="checkbox"/> TX
<input checked="" type="checkbox"/> DE	<input type="checkbox"/> ME	<input type="checkbox"/> NY	<input checked="" type="checkbox"/> UT
<input type="checkbox"/> DC	<input checked="" type="checkbox"/> MD	<input checked="" type="checkbox"/> NC	<input type="checkbox"/> VT
<input checked="" type="checkbox"/> FL	<input checked="" type="checkbox"/> MA	<input type="checkbox"/> ND	<input type="checkbox"/> VI
<input checked="" type="checkbox"/> GA	<input checked="" type="checkbox"/> MI	<input checked="" type="checkbox"/> OH	<input checked="" type="checkbox"/> VA
<input type="checkbox"/> GU	<input checked="" type="checkbox"/> MN	<input type="checkbox"/> OK	<input checked="" type="checkbox"/> WA
<input type="checkbox"/> HI	<input checked="" type="checkbox"/> MS	<input checked="" type="checkbox"/> OR	<input type="checkbox"/> WV
			<input checked="" type="checkbox"/> WI

*If you are amending your registration to stop your notice filings or reports from going to a state that currently receives them and you do not want to pay that state's notice filing or report filing fee for the coming year, your amendment must be filed before the end of the year (December 31).*

### SECTION 2.A.(8) Related Adviser

If you are relying on the exemption in rule 203A-2(b) from the prohibition on registration because you *control*, are *controlled by*, or are under common *control* with an investment adviser that is registered with the SEC and your *principal office and place of business* is the same as that of the registered adviser, provide the following

information:

Name of Registered Investment Adviser \*

CRD Number of Registered Investment Adviser \*

SEC Number of Registered Investment Adviser \*

801 -

#### SECTION 2.A.(9) Newly Formed Adviser

If you are relying on rule 203A-2(c), the newly formed adviser exemption from the prohibition on registration, you are required to make certain representations about your eligibility for SEC registration. By checking the appropriate boxes, you will be deemed to have made the required representations. You must make both of these representations:

- ☐ I am not registered or required to be registered with the SEC or a *state securities authority* and I have a reasonable expectation that I will be eligible to register with the SEC within 120 days after the date my registration with the SEC becomes effective.
- ☐ I undertake to withdraw from SEC registration if, on the 120th day after my registration with the SEC becomes effective, I would be prohibited by Section 203A(a) of the Advisers Act from registering with the SEC.

#### SECTION 2.A.(10) Multi-State Adviser

If you are relying on rule 203A-2(d), the multi-state adviser exemption from the prohibition on registration, you are required to make certain representations about your eligibility for SEC registration. By checking the appropriate boxes, you will be deemed to have made the required representations.

If you are applying for registration as an investment adviser with the SEC, you must make both of these representations:

- ☒ I have reviewed the applicable state and federal laws and have concluded that I am required by the laws of 15 or more states to register as an investment adviser with the *state securities authorities* in those states.
- ☐ I undertake to withdraw from SEC registration if I file an amendment to this registration indicating that I would be required by the laws of fewer than 15 states to register as an investment adviser with the *state securities authorities* of those states.

If you are submitting your *annual updating amendment*, you must make this representation:

- ☒ Within 90 days prior to the date of filing this amendment, I have reviewed the applicable state and federal laws and have concluded that I am required by the laws of at least 15 states to register as an investment adviser with the *state securities authorities* in those states.

#### SECTION 2.A.(12) SEC Exemptive Order

If you are relying upon an SEC *order* exempting you from the prohibition on registration, provide the following information:

Application Number:

803-

Date of order:

**Item 3 Form of Organization**

A. How are you organized? \*

- ☐ Corporation
- ☐ Sole Proprietorship
- ☐ Limited Liability Partnership (LLP)
- ☐ Partnership
- ☒ Limited Liability Company (LLC)
- ☐ Limited Partnership (LP)
- ☐ Other (specify):

*If you are changing your response to this Item, see Part 1A Instruction 4.*

B. In what month does your fiscal year end each year? \*

DECEMBER

C. Under the laws of what state or country are you organized?

State \* Country \*

Ohio UNITED STATES

*If you are a partnership, provide the name of the state or country under whose laws your partnership was formed. If you are a sole proprietor, provide the name of the state or country where you reside.*

*If you are changing your response to this Item, see Part 1A Instruction 4.*

**Item 4 Successions**

A. Are you, at the time of this filing, succeeding to the business of a registered investment adviser? \*

Yes No

☐ ☒

*If "yes", complete Item 4.B. and Section 4 of Schedule D.*

B. Date of Succession: (MM/DD/YYYY)

*If you have already reported this succession on a previous Form ADV filing, do not report the succession again. Instead, check "No." See Part 1A Instruction 4.*

**SECTION 4 Successions**

No Information Filed

**Item 5 Information About Your Advisory Business - Employees, Clients, and Compensation**

Responses to this Item help us understand your business, assist us in preparing for on-site examinations, and provide us with data we use when making regulatory policy. Part 1A Instruction 5.a. provides additional guidance to newly formed advisers for completing this Item 5.

**Employees**

*If you are organized as a sole proprietorship, include yourself as an employee in your responses to Item 5.A. and Items 5.B.(1), (2), (3), (4), and (5). If an employee performs more than one function, you should count that employee in each of your responses to Items 5.B.(1), (2), (3), (4), and (5).*

- A. Approximately how many *employees* do you have? Include full- and part-time *employees* but do not include any clerical workers. \*

6

- B. (1) Approximately how many of the *employees* reported in 5.A. perform investment advisory functions (including research)? \*

2

- (2) Approximately how many of the *employees* reported in 5.A. are registered representatives of a broker-dealer? \*

0

- (3) Approximately how many of the *employees* reported in 5.A. are registered with one or more *state securities authorities* as *investment adviser representatives*? \*

1

- (4) Approximately how many of the *employees* reported in 5.A. are registered with one or more *state securities authorities* as *investment adviser representatives* for an investment adviser other than you? \*

0

- (5) Approximately how many of the *employees* reported in 5.A. are licensed agents of an insurance company or agency? \*

1

- (6) Approximately how many firms or other *persons* solicit advisory *clients* on your behalf? \*

75

*In your response to Item 5.B.(6), do not count any of your employees and count a firm only once – do not count each of the firm's employees that solicit on your behalf.*

**Clients**

*In your responses to Items 5.C. and 5.D. do not include as "clients" the investors in a private fund you advise, unless you have a separate advisory relationship with those investors.*

- C. (1) To approximately how many *clients* did you provide investment advisory services during your most recently completed fiscal year? \*

☐ 0☐ 1-10☐ 11-25☐ 26-100☒ More than 100

If more than 100, how many?  
(round to the nearest 100)  
2000

- (2) Approximately what percentage of your *clients* are non-United States persons? \*

0%

D. For purposes of this Item 5.D., the category "individuals" includes trusts, estates, and 401(k) plans and IRAs of individuals and their family members, but does not include businesses organized as sole proprietorships. The category "business development companies" consists of companies that have made an election pursuant to section 54 of the Investment Company Act of 1940. Unless you provide advisory services pursuant to an investment advisory contract to an investment company registered under the Investment Company Act of 1940, check "None" in response to Item 5.D.(1)(d) and do not check any of the boxes in response to Item 5.D.(2)(d).

- (1) What types of *clients* do you have? Indicate the approximate percentage that each type of *client* comprises of your total number of *clients*. If a *client* fits into more than one category, check all that apply.

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

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

	None	Up to 25%	Up to 50%	Up to 75%	>75%
(a) Individuals (other than <i>high net worth individuals</i> ) *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>



- |                                                                        |                                  |                                  |                       |                       |                       |
|------------------------------------------------------------------------|----------------------------------|----------------------------------|-----------------------|-----------------------|-----------------------|
| (b) <i>High net worth individuals</i> *                                | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (c) Banking or thrift institutions *                                   | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (d) Investment companies *                                             | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (e) Business development companies *                                   | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (f) Pooled investment vehicles (other than investment companies) *     | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (g) Pension and profit sharing plans (but not the plan participants) * | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (h) Charitable organizations *                                         | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (i) Corporations or other businesses not listed above *                | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (j) State or municipal <i>government entities</i> *                    | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (k) Other investment advisers *                                        | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (l) Insurance companies *                                              | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (m) Other:                                                             | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### Compensation Arrangements

E. You are compensated for your investment advisory services by (check all that apply):

- ☒ (1) A percentage of assets under your management
- ☒ (2) Hourly charges
- ☐ (3) Subscription fees (for a newsletter or periodical)
- ☐ (4) Fixed fees (other than subscription fees)
- ☐ (5) Commissions
- ☐ (6) *Performance-based fees*
- ☐ (7) Other (specify):

### Item 5 Information About Your Advisory Business - Regulatory Assets Under Management

#### Regulatory Assets Under Management

- |                    |                                                                                                      | Yes                              | No                       |
|--------------------|------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------|
| F. (1)             | Do you provide continuous and regular supervisory or management services to securities portfolios? * | <input checked="" type="radio"/> | <input type="radio"/>    |
| (2)                | If yes, what is the amount of your regulatory assets under management and total number of accounts?  |                                  |                          |
|                    | U.S. Dollar Amount                                                                                   |                                  | Total Number of Accounts |
| Discretionary:     | (a) \$ 143,343,177                                                                                   |                                  | (d) 2,355                |
| Non-Discretionary: | (b) \$ 183,849                                                                                       |                                  | (e) 9                    |
| Total:             | (c) \$ 143,527,026                                                                                   |                                  | (f) 2,364                |

*Part 1A Instruction 5.b. explains how to calculate your regulatory assets under management. You must follow these instructions carefully when completing this Item.*

### Item 5 Information About Your Advisory Business - Advisory Activities

**Advisory Activities**

G. What type(s) of advisory services do you provide? Check all that apply. \*

- ☒ (1) Financial planning services
- ☒ (2) Portfolio management for individuals and/or small businesses
- ☐ (3) Portfolio management for investment companies (as well as "business development companies" that have made an election pursuant to section 54 of the Investment Company Act of 1940)
- ☐ (4) Portfolio management for pooled investment vehicles (other than investment companies)
- ☐ (5) Portfolio management for businesses (other than small businesses) or institutional *clients* (other than registered investment companies and other pooled investment vehicles)
- ☐ (6) Pension consulting services
- ☒ (7) Selection of other advisers (including *private fund* managers)
- ☐ (8) Publication of periodicals or newsletters
- ☐ (9) Security ratings or pricing services
- ☐ (10) Market timing services
- ☐ (11) Educational seminars/workshops
- ☐ (12) Other(specify):

*Do not check Item 5.G.(3) unless you provide advisory services pursuant to an investment advisory contract to an investment company registered under the Investment Company Act of 1940, including as a subadviser. If you check Item 5.G.(3), report the 811 or 814 number of the investment company or investment companies to which you provide advice in Section 5.G.(3) of Schedule D.*

H. If you provide financial planning services, to how many *clients* did you provide these services during your last fiscal year?

- ☐ 0
- ☐ 1 - 10
- ☐ 11 - 25
- ☐ 26 - 50
- ☐ 51 - 100
- ☒ 101 - 250
- ☐ 251 - 500
- ☐ More than 500

If more than 500, how many?  
(round to the nearest 500)

*In your responses to this Item 5.H., do not include as "clients" the investors in a private fund you advise, unless you have a separate advisory relationship with those investors.*

I. If you participate in a *wrap fee program*, do you (check all that apply):

- ☐ (1) *sponsor* the *wrap fee program*?
- ☐ (2) act as a portfolio manager for the *wrap fee program*?

*If you are a portfolio manager for a wrap fee program, list the names of the programs and their sponsors in Section 5.I.(2) of Schedule D.*

*If your involvement in a wrap fee program is limited to recommending wrap fee programs to your clients, or you advise a mutual fund that is offered through a wrap fee program, do not check either Item 5.I.(1) or 5.I.(2).*

**Yes No**

- J. In response to Item 4.B. of Part 2A of Form ADV, do you indicate that you provide investment advice only with respect to limited types of investments? \*

☒ ☐

**SECTION 5.G.(3) Advisers to Registered Investment Companies and Business Development Companies**

No Information Filed

**SECTION 5.I.(2) Wrap Fee Programs**

No Information Filed

**Item 6 Other Business Activities**

In this Item, we request information about your firm's other business activities.

- A. You are actively engaged in business as a (check all that apply):

- ☐ (1) broker-dealer (registered or unregistered)
- ☐ (2) registered representative of a broker-dealer
- ☐ (3) commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- ☐ (4) futures commission merchant
- ☐ (5) real estate broker, dealer, or agent
- ☒ (6) insurance broker or agent
- ☐ (7) bank (including a separately identifiable department or division of a bank)
- ☐ (8) trust company
- ☐ (9) registered municipal advisor
- ☐ (10) registered security-based swap dealer
- ☐ (11) major security-based swap participant
- ☐ (12) accountant or accounting firm
- ☐ (13) lawyer or law firm
- ☐ (14) other financial product salesperson (specify):

*If you engage in other business using a name that is different from the names reported in Items 1.A. or 1.B, complete Section 6.A. of Schedule D.*

**Yes No**

- B. (1) Are you actively engaged in any other business not listed in Item 6.A. (other than giving investment advice)? \*
- (2) If yes, is this other business your primary business?

☐ ☒

☐ ☒

*If "yes," describe this other business on Section 6.B.(2) of Schedule D, and if you engage in this business under a different name, provide that name.*

Yes No

- (3) Do you sell products or provide services other than investment advice to your advisory clients? \*



If "yes," describe this other business on Section 6.B.(3) of Schedule D, and if you engage in this business under a different name, provide that name.

**SECTION 6.A. Names of Your Other Businesses**

No Information Filed

**SECTION 6.B.(2) Description of Primary Business**

Describe your primary business (not your investment advisory business):

If you engage in that business under a different name, provide that name:

**SECTION 6.B.(3) Description of Other Products and Services**

Describe other products or services you sell to your *client*. You may omit products and services that you listed in Section 6.B.(2) above.

If you engage in that business under a different name, provide that name.

**Item 7 Financial Industry Affiliations and Private Fund Reporting**

In this Item, we request information about your financial industry affiliations and activities. This information identifies areas in which conflicts of interest may occur between you and your *clients*.

- A. This part of Item 7 requires you to provide information about you and your *related persons*, including foreign affiliates. Your *related persons* are all of your *advisory affiliates* and any *person* that is under common control with you.

You have a *related person* that is a (check all that apply):

- ☐ (1) broker-dealer, municipal securities dealer, or government securities broker or dealer (registered or unregistered)
- ☐ (2) other investment adviser (including financial planners)
- ☐ (3) registered municipal advisor
- ☐ (4) registered security-based swap dealer
- ☐ (5) major security-based swap participant
- ☐ (6) commodity pool operator or commodity trading advisor (whether registered or exempt from registration)
- ☐ (7) futures commission merchant
- ☐ (8) banking or thrift institution
- ☐ (9) trust company
- ☐ (10) accountant or accounting firm
- ☐ (11) lawyer or law firm

- ☒ (12) insurance company or agency  
☐ (13) pension consultant  
☐ (14) real estate broker or dealer  
☐ (15) sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles  
☐ (16) sponsor, general partner, managing member (or equivalent) of pooled investment vehicles

*For each related person, including foreign affiliates that may not be registered or required to be registered in the United States, complete Section 7.A. of Schedule D.*

*You do not need to complete Section 7.A. of Schedule D for any related person if: (1) you have no business dealings with the related person in connection with advisory services you provide to your clients; (2) you do not conduct shared operations with the related person ; (3) you do not refer clients or business to the related person, and the related person does not refer prospective clients or business to you; (4) you do not share supervised persons or premises with the related person; and (5) you have no reason to believe that your relationship with the related person otherwise creates a conflict of interest with your clients.*

*You must complete Section 7.A. of Schedule D for each related person acting as qualified custodian in connection with advisory services you provide to your clients (other than any mutual fund transfer agent pursuant to rule 206(4)-2(b)(1)), regardless of whether you have determined the related person to be operationally independent under rule 206(4)-2 of the Advisers Act.*

**Yes No**

B. Are you an adviser to any private fund? \*

☐ ☒

*If "yes," then for each private fund that you advise, you must complete a Section 7.B.(1) of Schedule D, except in certain circumstances described in the next sentence and in Instruction 6 of the Instructions to Part 1A. If another adviser reports this information with respect to any such private fund in Section 7.B.(1) of Schedule D of its Form ADV (e.g., if you are a subadviser), do not complete Section 7.B.(1) of Schedule D with respect to that private fund. You must, instead, complete Section 7.B.(2) of Schedule D.*

*In either case, if you seek to preserve the anonymity of a private fund client by maintaining its identity in your books and records in numerical or alphabetical code, or similar designation, pursuant to rule 204-2(d), you may identify the private fund in Section 7.B.(1) or 7.B.(2) of Schedule D using the same code or designation in place of the fund's name.*

#### **SECTION 7.A. Financial Industry Affiliations**

No Information Filed

#### **SECTION 7.B.(1) Private Fund Reporting**

No Information Filed

#### **SECTION 7.B.(2) Private Fund Reporting**

No Information Filed

**Item 8 Participation or Interest in *Client* Transactions**

In this Item, we request information about your participation and interest in your *clients'* transactions. This information identifies additional areas in which conflicts of interest may occur between you and your *clients*.

Like Item 7, Item 8 requires you to provide information about you and your *related persons*, including foreign affiliates.

**Proprietary Interest in *Client* Transactions**

- | A. Do you or any <i>related person</i> :                                                                                                                                                                                             | Yes                              | No                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|
| (1) buy securities for yourself from advisory <i>clients</i> , or sell securities you own to advisory <i>clients</i> (principal transactions)? *                                                                                     | <input type="radio"/>            | <input checked="" type="radio"/> |
| (2) buy or sell for yourself securities (other than shares of mutual funds) that you also recommend to advisory <i>clients</i> ? *                                                                                                   | <input checked="" type="radio"/> | <input type="radio"/>            |
| (3) recommend securities (or other investment products) to advisory <i>clients</i> in which you or any <i>related person</i> has some other proprietary (ownership) interest (other than those mentioned in Items 8.A.(1) or (2))? * | <input type="radio"/>            | <input checked="" type="radio"/> |

**Sales Interest in *Client* Transactions**

- | B. Do you or any <i>related person</i> :                                                                                                                                                                                                                     | Yes                   | No                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------|
| (1) as a broker-dealer or registered representative of a broker-dealer, execute securities trades for brokerage customers in which advisory <i>client</i> securities are sold to or bought from the brokerage customer (agency cross transactions)? *        | <input type="radio"/> | <input checked="" type="radio"/> |
| (2) recommend purchase of securities to advisory <i>clients</i> for which you or any <i>related person</i> serves as underwriter, general or managing partner, or purchaser representative? *                                                                | <input type="radio"/> | <input checked="" type="radio"/> |
| (3) recommend purchase or sale of securities to advisory <i>clients</i> for which you or any <i>related person</i> has any other sales interest (other than the receipt of sales commissions as a broker or registered representative of a broker-dealer)? * | <input type="radio"/> | <input checked="" type="radio"/> |

**Investment or Brokerage Discretion**

- | C. Do you or any <i>related person</i> have <i>discretionary authority</i> to determine the:                                                                                                                                              | Yes                              | No                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|
| (1) securities to be bought or sold for a <i>client's</i> account? *                                                                                                                                                                      | <input checked="" type="radio"/> | <input type="radio"/>            |
| (2) amount of securities to be bought or sold for a <i>client's</i> account? *                                                                                                                                                            | <input checked="" type="radio"/> | <input type="radio"/>            |
| (3) broker or dealer to be used for a purchase or sale of securities for a <i>client's</i> account? *                                                                                                                                     | <input checked="" type="radio"/> | <input type="radio"/>            |
| (4) commission rates to be paid to a broker or dealer for a <i>client's</i> securities transactions? *                                                                                                                                    | <input type="radio"/>            | <input checked="" type="radio"/> |
| D. If you answer "yes" to C.(3) above, are any of the brokers or dealers <i>related persons</i> ?                                                                                                                                         | <input type="radio"/>            | <input checked="" type="radio"/> |
| E. Do you or any <i>related person</i> recommend brokers or dealers to <i>clients</i> ? *                                                                                                                                                 | <input type="radio"/>            | <input checked="" type="radio"/> |
| F. If you answer "yes" to E above, are any of the brokers or dealers <i>related persons</i> ?                                                                                                                                             | <input type="radio"/>            | <input type="radio"/>            |
| G. (1) Do you or any <i>related person</i> receive research or other products or services other than execution from a broker-dealer or a third party ("soft dollar benefits") in connection with <i>client</i> securities transactions? * | <input type="radio"/>            | <input checked="" type="radio"/> |

- (2) If "yes" to G.(1) above, are all the "soft dollar benefits" you or any *related persons* receive eligible "research or brokerage services" under section 28(e) of the Securities Exchange Act of 1934? ☐ ☐

H. Do you or any *related person*, directly or indirectly, compensate any *person* for *client* referrals? \* ☒ ☐

I. Do you or any *related person*, directly or indirectly, receive compensation from any *person* for *client* referrals? \* ☒ ☐

*In responding to Items 8.H and 8.I., consider all cash and non-cash compensation that you or a related person gave to (in answering Item 8.H) or received from (in answering Item 8.I) any person in exchange for client referrals, including any bonus that is based, at least in part, on the number or amount of client referrals.*

### Item 9 Custody

In this Item, we ask you whether you or a *related person* has *custody* of *client* (other than *clients* that are investment companies registered under the Investment Company Act of 1940) assets and about your custodial practices.

- | A. (1) Do you have <i>custody</i> of any advisory <i>clients'</i> : | Yes                   | No                               |
|---------------------------------------------------------------------|-----------------------|----------------------------------|
| (a) cash or bank accounts? *                                        | <input type="radio"/> | <input checked="" type="radio"/> |
| (b) securities? *                                                   | <input type="radio"/> | <input checked="" type="radio"/> |

*If you are registering or registered with the SEC, answer "No" to Item 9.A.(1)(a) and (b) if you have custody solely because (i) you deduct your advisory fees directly from your clients' accounts, or (ii) a related person has custody of client assets in connection with advisory services you provide to clients, but you have overcome the presumption that you are not operationally independent (pursuant to Advisers Act rule 206(4)-(2)(d)(5)) from the related person.*

- (2) If you checked "yes" to Item 9.A(1)(a) or (b), what is the approximate amount of *client* funds and securities and total number of *clients* for which you have *custody*:

U.S. Dollar Amount	Total Number of <i>Clients</i>
(a) \$	(b)

*If you are registering or registered with the SEC and you have custody solely because you deduct your advisory fees directly from your clients' accounts, do not include the amount of those assets and the number of those clients in your response to Item 9.A.(2). If your related person has custody of client assets in connection with advisory services you provide to clients, do not include the amount of those assets and number of those clients in your response to 9.A.(2). Instead, include that information in your response to Item 9.B.(2).*

- | B. (1) In connection with advisory services you provide to <i>clients</i> , do any of your <i>related persons</i> have <i>custody</i> of any of your advisory <i>clients'</i> : | Yes                   | No                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------|
| (a) cash or bank accounts? *                                                                                                                                                    | <input type="radio"/> | <input checked="" type="radio"/> |
| (b) securities? *                                                                                                                                                               | <input type="radio"/> | <input checked="" type="radio"/> |

You are required to answer this item regardless of how you answered Item 9.A.(1)(a) or (b).

- (2) If you checked "yes" to Item 9.B.(1)(a) or (b), what is the approximate amount of *client* funds and securities and total number of *clients* for which your *related persons* have *custody*:

U.S. Dollar Amount	Total Number of <i>Clients</i>
(a) \$	(b)

- C. If you or your *related persons* have *custody* of *client* funds or securities in connection with advisory services you provide to *clients*, check all the following that apply:

- |                                                                                                                                                                                                                             |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| (1) A qualified custodian(s) sends account statements at least quarterly to the investors in the pooled investment vehicle(s) you manage.                                                                                   | <input type="checkbox"/> |
| (2) An <i>independent public accountant</i> audits annually the pooled investment vehicle(s) that you manage and the audited financial statements are distributed to the investors in the pools.                            | <input type="checkbox"/> |
| (3) An <i>independent public accountant</i> conducts an annual surprise examination of <i>client</i> funds and securities.                                                                                                  | <input type="checkbox"/> |
| (4) An <i>independent public accountant</i> prepares an internal control report with respect to custodial services when you or your <i>related persons</i> are qualified custodians for <i>client</i> funds and securities. | <input type="checkbox"/> |

If you checked Item 9.C.(2), C.(3) or C.(4), list in Section 9.C. of Schedule D the accountants that are engaged to perform the audit or examination or prepare an internal control report. (If you checked Item 9.C.(2), you do not have to list auditor information in Section 9.C. of Schedule D if you already provided this information with respect to the private funds you advise in Section 7.B.(1) of Schedule D).

- |                                                                                                                                                                     |                       |                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------|
| D. Do you or your <i>related person(s)</i> act as qualified custodians for your <i>clients</i> in connection with advisory services you provide to <i>clients</i> ? | <b>Yes</b>            | <b>No</b>                        |
| (1) you act as a qualified custodian                                                                                                                                | <input type="radio"/> | <input checked="" type="radio"/> |
| (2) your <i>related person(s)</i> act as qualified custodian(s)                                                                                                     | <input type="radio"/> | <input checked="" type="radio"/> |

If you checked "yes" to Item 9.D.(2), all *related persons* that act as qualified custodians (other than any mutual fund transfer agent pursuant to rule 206(4)-2(b)(1)) must be identified in Section 7.A. of Schedule D, regardless of whether you have determined the *related person* to be operationally independent under rule 206(4)-2 of the Advisers Act.

- E. If you are filing your *annual updating amendment* and you were subject to a surprise examination by an *independent public accountant* during your last fiscal year, provide the date (MM/YYYY) the examination commenced:
- F. If you or your *related persons* have *custody* of *client* funds or securities, how many persons, including, but not limited to, you and your *related persons*, act as qualified custodians for your *clients* in connection with advisory services you provide to *clients*?

#### SECTION 9.C. Independent Public Accountant



No Information Filed

### Item 10 Control Persons

In this Item, we ask you to identify every *person* that, directly or indirectly, *controls* you.

If you are submitting an initial application or report, you must complete Schedule A and Schedule B. Schedule A asks for information about your direct owners and executive officers. Schedule B asks for information about your indirect owners. If this is an amendment and you are updating information you reported on either Schedule A or Schedule B (or both) that you filed with your initial application or report, you must complete Schedule C.

Yes No

- A. Does any *person* not named in Item 1.A. or Schedules A, B, or C, directly or indirectly, *control* your management or policies? \*

☐ ☒

*If yes, complete Section 10.A. of Schedule D.*

- B. If any *person* named in Schedules A, B, or C or in Section 10.A. of Schedule D is a public reporting company under Sections 12 or 15(d) of the Securities Exchange Act of 1934, please complete Section 10.B. of Schedule D.

### SECTION 10.A. Control Persons

No Information Filed

### SECTION 10.B. Control Person Public Reporting Companies

No Information Filed

### Item 11 Disclosure Information

In this Item, we ask for information about your disciplinary history and the disciplinary history of all your *advisory affiliates*. We use this information to determine whether to grant your application for registration, to decide whether to revoke your registration or to place limitations on your activities as an investment adviser, and to identify potential problem areas to focus on during our on-site examinations. One event may result in "yes" answers to more than one of the questions below.

Your *advisory affiliates* are: (1) all of your current *employees* (other than *employees* performing only clerical, administrative, support or similar functions); (2) all of your officers, partners, or directors (or any *person* performing similar functions); and (3) all *persons* directly or indirectly *controlling* you or *controlled* by you. If you are a "separately identifiable department or division" (SID) of a bank, see the Glossary of Terms to determine who your *advisory affiliates* are.

*If you are registered or registering with the SEC or if you are an exempt reporting adviser, you may limit your disclosure of any event listed in Item 11 to ten years following the date of the event. If you are registered or registering with a state, you must respond to the questions as posed; you may, therefore, limit your disclosure to ten years following the date of an event only in responding to Items 11.A.(1), 11.A.(2), 11.B.(1), 11.B.(2), 11.D.(4), and 11.H.(1)(a). For purposes of calculating this ten-year period, the date of an event is the date the*

*final order, judgment, or decree was entered, or the date any rights of appeal from preliminary orders, judgments, or decrees lapsed.*

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

**Yes No**

Do any of the events below involve you or any of your *supervised persons*? \*

☐ ☒

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

A. In the past ten years, have you or any *advisory affiliate*:

**Yes No**

(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any *felony*? \*

☐ ☒

(2) been *charged* with any *felony*? \*

☐ ☒

*If you are registered or registering with the SEC, or if you are reporting as an exempt reporting adviser, you may limit your response to Item 11.A.(2) to charges that are currently pending.*

B. In the past ten years, have you or any *advisory affiliate*:

(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a *misdemeanor* involving: investments or an *investment-related* business, or any fraud, false statements, or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses? \*

☐ ☒

(2) been *charged* with a *misdemeanor* listed in Item 11.B.(1)? \*

☐ ☒

*If you are registered or registering with the SEC, or if you are reporting as an exempt reporting adviser, you may limit your response to Item 11.B.(2) to charges that are currently pending.*

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

C. Has the SEC or the Commodity Futures Trading Commission (CFTC) ever:

**Yes No**

(1) *found* you or any *advisory affiliate* to have made a false statement or omission? \*

☐ ☒

(2) *found* you or any *advisory affiliate* to have been *involved* in a violation of SEC or CFTC regulations or statutes? \*

☐ ☒

(3) *found* you or any *advisory affiliate* to have been a cause of an *investment-related* business having its authorization to do business denied, suspended, revoked, or restricted? \*

☐ ☒

(4) entered an *order* against you or any *advisory affiliate* in connection with *investment-related* activity? \*

☐ ☒

(5) imposed a civil money penalty on you or any *advisory affiliate*, or *ordered* you or any *advisory affiliate* to cease and desist from any activity? \*

☐ ☒

D. Has any other federal regulatory agency, any state regulatory agency, or any *foreign financial regulatory authority*:

(1) ever *found* you or any *advisory affiliate* to have made a false statement or omission, or been dishonest, unfair, or unethical? \*

☐ ☒

(2) ever *found* you or any *advisory affiliate* to have been *involved* in a violation of *investment-related* regulations or statutes? \*

☒ ☐

- (3) ever *found* you or any *advisory affiliate* to have been a cause of an *investment-related* business having its authorization to do business denied, suspended, revoked, or restricted? \* ☐ ☒
- (4) in the past ten years, entered an *order* against you or any *advisory affiliate* in connection with an *investment-related* activity? \* ☒ ☐
- (5) ever denied, suspended, or revoked your or any *advisory affiliate's* registration or license, or otherwise prevented you or any *advisory affiliate*, by *order*, from associating with an *investment-related* business or restricted your or any *advisory affiliate's* activity? \* ☐ ☒

E. Has any *self-regulatory organization* or commodities exchange ever:

- (1) *found* you or any *advisory affiliate* to have made a false statement or omission? \* ☐ ☒
- (2) *found* you or any *advisory affiliate* to have been *involved* in a violation of its rules (other than a violation designated as a "*minor rule violation*" under a plan approved by the SEC)? \* ☐ ☒
- (3) *found* you or any *advisory affiliate* to have been the cause of an *investment-related* business having its authorization to do business denied, suspended, revoked, or restricted? \* ☐ ☒
- (4) disciplined you or any *advisory affiliate* by expelling or suspending you or the *advisory affiliate* from membership, barring or suspending you or the *advisory affiliate* from association with other members, or otherwise restricting your or the *advisory affiliate's* activities? \* ☐ ☒

F. Has an authorization to act as an attorney, accountant, or federal contractor granted to you or any *advisory affiliate* ever been revoked or suspended? \* ☐ ☒

G. Are you or any *advisory affiliate* now the subject of any regulatory proceeding that could result in a "yes" answer to any part of Item 11.C., 11.D., or 11.E.? \* ☐ ☒

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

- | H. (1) Has any domestic or foreign court:                                                                                                                                                                              | Yes                   | No                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------|
| (a) in the past ten years, enjoined you or any <i>advisory affiliate</i> in connection with any <i>investment-related</i> activity? *                                                                                  | <input type="radio"/> | <input checked="" type="radio"/> |
| (b) ever <i>found</i> that you or any <i>advisory affiliate</i> were <i>involved</i> in a violation of <i>investment-related</i> statutes or regulations? *                                                            | <input type="radio"/> | <input checked="" type="radio"/> |
| (c) ever dismissed, pursuant to a settlement agreement, an <i>investment-related</i> civil action brought against you or any <i>advisory affiliate</i> by a state or <i>foreign financial regulatory authority</i> ? * | <input type="radio"/> | <input checked="" type="radio"/> |
| (2) Are you or any <i>advisory affiliate</i> now the subject of any civil proceeding that could result in a "yes" answer to any part of Item 11.H.(1)? *                                                               | <input type="radio"/> | <input checked="" type="radio"/> |

## Item 12 Small Businesses

The SEC is required by the Regulatory Flexibility Act to consider the effect of its regulations on small entities. In order to do this, we need to determine whether you meet the definition of "small business" or "small organization" under rule 0-7.

Answer this Item 12 only if you are registered or registering with the SEC **and** you indicated in response to Item 5.F.(2)(c) that you have regulatory assets under management of less than \$25 million. You are not required to answer this Item 12 if you are filing for initial registration as a state adviser, amending a current state registration, or switching from SEC to state registration.

For purposes of this Item 12 only:

- Total Assets refers to the total assets of a firm, rather than the assets managed on behalf of *clients*. In determining your or another *person's* total assets, you may use the total assets shown on a current balance sheet (but use total assets reported on a consolidated balance sheet with subsidiaries included, if that amount is larger).
- *Control* means the power to direct or cause the direction of the management or policies of a *person*, whether through ownership of securities, by contract, or otherwise. Any *person* that directly or indirectly has the right to vote 25 percent or more of the voting securities, or is entitled to 25 percent or more of the profits, of another *person* is presumed to *control* the other *person*.

Yes No

A. Did you have total assets of \$5 million or more on the last day of your most recent fiscal year?

☐ ☐

If "yes," you do not need to answer Items 12.B. and 12.C.

B. Do you:

(1) *control* another investment adviser that had regulatory assets under management (calculated in response to Item 5.F.(2)(c) of Form ADV) of \$25 million or more on the last day of its most recent fiscal year?

☐ ☐

(2) *control* another *person* (other than a natural person) that had total assets of \$5 million or more on the last day of its most recent fiscal year?

☐ ☐

C. Are you:

(1) *controlled* by or under common *control* with another investment adviser that had regulatory assets under management (calculated in response to Item 5.F.(2)(c) of Form ADV) of \$25 million or more on the last day of its most recent fiscal year?

☐ ☐

(2) *controlled* by or under common *control* with another *person* (other than a natural person) that had total assets of \$5 million or more on the last day of its most recent fiscal year?

☐ ☐

## Schedule A

### Direct Owners and Executive Officers

- Complete Schedule A only if you are submitting an initial application or report. Schedule A asks for information about your direct owners and executive officers. Use Schedule C to amend this information.
- Direct Owners and Executive Officers. List below the names of:
  - each Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer (Chief Compliance Officer is required if you are registered or applying for registration and cannot be more than one individual), director, and any other individuals with similar status or functions;
  - if you are organized as a corporation, each shareholder that is a direct owner of 5% or more of a class of your voting securities, unless you are a public reporting company (a company subject to Section 12 or 15(d) of the Exchange Act);  
 Direct owners include any *person* that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 5% or more of a class of your voting securities. For purposes of this Schedule, a *person* beneficially owns any securities: (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant, or right to purchase the security.
  - if you are organized as a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 5% or more of your capital;
  - in the case of a trust that directly owns 5% or more of a class of your voting securities, or that has the right to receive upon dissolution, or has contributed, 5% or more of your capital, the trust and each

trustee; and

- (e) if you are organized as a limited liability company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 5% or more of your capital, and (ii) if managed by elected managers, all elected managers.

3. Do you have any indirect owners to be reported on Schedule B? ☐ Yes ☒ No

4. In the DE/FE/I column below, enter "DE" if the owner is a domestic entity, "FE" if the owner is an entity incorporated or domiciled in a foreign country, or "I" if the owner or executive officer is an individual.

5. Complete the Title or Status column by entering board/management titles; status as partner, trustee, sole proprietor, elected manager, shareholder, or member; and for shareholders or members, the class of securities owned (if more than one is issued).

6. Ownership codes      NA - less than 5%      B - 10% but less than 25%      D - 50% but less than 75%  
are:

A - 5% but less than 10%      C - 25% but less than 50%      E - 75% or more

7. (a) In the *Control Person* column, enter "Yes" if the *person* has *control* as defined in the Glossary of Terms to Form ADV, and enter "No" if the *person* does not have *control*. Note that under this definition, most executive officers and all 25% owners, general partners, elected managers, and trustees are *control persons*.

(b) In the PR column, enter "PR" if the owner is a public reporting company under Sections 12 or 15(d) of the Exchange Act.

(c) Complete each column.

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	DE/FE/I	Status	Date Status Acquired MM/YYYY	Ownership Code	Control Person	PR	CRD No. If None: S.S. No. and Date of Birth, IRS Tax No. or Employer ID No.
HORTER, DREW, KENT	I	PRESIDENT / CEO	05/1991	E	Y	N	1049771
HORTER, KIRK	I	DIRECTOR OF OPERATIONS	03/2008	NA	Y	N	5520368
HELMES-SNEED, JUDITH, LYNNE	I	CHIEF COMPLIANCE OFFICER & CONTROLLER	03/2008	NA	Y	N	5520374

## Schedule B

### Indirect Owners

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

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

- (b) in the case of an owner that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital;
  - (c) in the case of an owner that is a trust, the trust and each trustee; and
  - (d) in the case of an owner that is a limited liability company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers.
3. Continue up the chain of ownership listing all 25% owners at each level. Once a public reporting company (a company subject to Sections 12 or 15(d) of the Exchange Act) is reached, no further ownership information need be given.
  4. In the DE/FE/I column below, enter "DE" if the owner is a domestic entity, "FE" if the owner is an entity incorporated or domiciled in a foreign country, or "I" if the owner is an individual.
  5. Complete the Status column by entering the owner's status as partner, trustee, elected manager, shareholder, or member; and for shareholders or members, the class of securities owned (if more than one is issued).
  6. Ownership codes are:
 

C - 25% but less than 50%	E - 75% or more
D - 50% but less than 75%	F - Other (general partner, trustee, or elected manager)
  7. (a) In the *Control Person* column, enter "Yes" if the *person* has *control* as defined in the Glossary of Terms to Form ADV, and enter "No" if the *person* does not have *control*. Note that under this definition, most executive officers and all 25% owners, general partners, elected managers, and trustees are *control persons*.
    - (b) In the PR column, enter "PR" if the owner is a public reporting company under Sections 12 or 15(d) of the Exchange Act.
    - (c) Complete each column.

No Information Filed

#### Schedule D - Miscellaneous

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

#### DRP Pages

##### CRIMINAL DISCLOSURE REPORTING PAGE (ADV)

No Information Filed

##### REGULATORY ACTION DISCLOSURE REPORTING PAGE (ADV)

###### GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an ☐ INITIAL **OR** ☒ AMENDED response used to report details for affirmative responses to Items 11.C., 11.D., 11.E., 11.F. or 11.G. of Form ADV.

Regulatory Action

Check item(s) being responded to:

- |                                  |                                             |                                  |                                             |                                  |
|----------------------------------|---------------------------------------------|----------------------------------|---------------------------------------------|----------------------------------|
| <input type="checkbox"/> 11.C(1) | <input type="checkbox"/> 11.C(2)            | <input type="checkbox"/> 11.C(3) | <input type="checkbox"/> 11.C(4)            | <input type="checkbox"/> 11.C(5) |
| <input type="checkbox"/> 11.D(1) | <input checked="" type="checkbox"/> 11.D(2) | <input type="checkbox"/> 11.D(3) | <input checked="" type="checkbox"/> 11.D(4) | <input type="checkbox"/> 11.D(5) |
| <input type="checkbox"/> 11.E(1) | <input type="checkbox"/> 11.E(2)            | <input type="checkbox"/> 11.E(3) | <input type="checkbox"/> 11.E(4)            |                                  |
| <input type="checkbox"/> 11.F.   | <input type="checkbox"/> 11.G.              |                                  |                                             |                                  |

Use a separate DRP for each event or *proceeding* . The same event or *proceeding* may be reported for more than one *person* or entity using one DRP. File with a completed Execution Page.

One event may result in more than one affirmative answer to Items 11.C., 11.D., 11.E., 11.F. or 11.G. Use only one DRP to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details to each action on a separate DRP.

#### PART I

A. The *person(s)* or entity(ies) for whom this DRP is being filed is (are):

- ☐ You (the advisory firm)
- ☐ You and one or more of your *advisory affiliates*
- ☒ One or more of your *advisory affiliates*

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name).

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

#### ADV DRP - ADVISORY AFFILIATE

CRD Number:	<a href="#">2785748</a>	This <i>advisory affiliate</i> is <input type="radio"/> a Firm <input checked="" type="radio"/> an Individual
Registered:	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Name:	RICH, BRYAN, MICHAEL (For individuals, Last, First, Middle)	

- ☐ This DRP should be removed from the ADV record because the *advisory affiliate(s)* is no longer associated with the adviser.
- ☐ This DRP should be removed from the ADV record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC and the event was resolved in the adviser's or *advisory affiliate's* favor.

If you are registered or registering with a *state securities authority* , you may remove a DRP for an event you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.

- ☐ This DRP should be removed from the ADV record because it was filed in error, such as due to a clerical or data-entry mistake. Explain the circumstances:

B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a DRP (with Form ADV, BD or U-4) to the IARD or *CRD* for the event? If the answer is "Yes," no other information on this DRP must be provided.

☐ Yes ☒ No

NOTE: The completion of this form does not relieve the *advisory affiliate* of its obligation to update its IARD or *CRD* records.

## PART II

1. Regulatory Action initiated by:

☐ SEC ☐ Other Federal ☒ State ☐ SRO ☐ Foreign

(Full name of regulator, *foreign financial regulatory authority*, federal, state, or *SRO*)

COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

2. Principal Sanction:

Civil and Administrative Penalt(ies) /Fine(s)

Other Sanctions:

3. Date Initiated (MM/DD/YYYY):

10/07/2001 ☒ Exact ☐ Explanation

If not exact, provide explanation:

4. Docket/Case Number:

SEC010106

5. *Advisory Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):

6. Principal Product Type:

Investment Contract(s)

Other Product Types:

7. Describe the allegations related to this regulatory action (your response must fit within the space provided):

VIOLATION OF SECTION 13.1-507 OF THE ACT BY OFFERING AND SELLING UNREGISTERED, NON-EXEMPT SECURITIES, KNOWN AS INVESTMENT CONTRACTS THAT TAKE THE FORM OF VIATICAL SETTLEMENTS, AND VIOLATION OF SECTION 13.1-504 OF THE ACT BY OFFERING AND SELLING SECURIITES IN VIRGINIA WITHOUT REGISTRATION AS AN AGENT.

8. Current Status? ☐ Pending ☐ On Appeal ☒ Final

9. If on appeal, regulatory action appealed to (SEC, *SRO*, Federal or State Court) and Date Appeal Filed:



If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

10. How was matter resolved:

Decision & Order of Offer of Settlement

11. Resolution Date (MM/DD/YYYY):

10/16/2007 ☒ Exact ☐ Explanation

If not exact, provide explanation:

12. Resolution Detail:

A. Were any of the following Sanctions *Ordered* (check all appropriate items)?

☒ Monetary/Fine Amount: \$ 5,000.00

☐ Revocation/Expulsion/Denial

☐ Censure

☐ Bar

☐ Disgorgement/Restitution

☐ Cease and Desist/Injunction

☐ Suspension

B. Other Sanctions *Ordered*:

AGREEMENT TO TESTIFY ON BEHALF OF THE DIVISION IF A HEARING IS HELD REGARDING THE OFFER AND SALE OF SECURITY NOTED IN THE ALLEGATIONS.

Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate* date paid and if any portion of penalty was waived:

PURSUANT TO SECTION 13.1-519, MR. RICH IS PERMANENTLY ENJOINED FROM VIOLATING THE ACT. PURUSANT TO SECTION 13.1-521 OF THE ACT, MR.RICH IS TO PAY THE TO COMMISSION THE SUM OF \$4000 AS A PENALTY AND, PURSUANT TO SECTION 13.1-518 OF THE ACT, PAY TO THE COMMISSION THE SUM OF \$1000 FOR THE COSTS OF THE INVESTIGATION, AND THAT THE COMMISSION RECOVER FROM MR. RICH SAID AMOUNTS.

13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates (your response must fit within the space provided).

MR. RICH'S OFFER OF SETTLEMENT WAS ACCEPTED. THE \$5000 TENDERED BY MR. RICH WAS ACCEPTED, THE CASE WAS DISMISSED AND THE DOCUMENTS WERE PLACED IN THE FILE FOR ENDED CAUSES.

#### GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an ☐ INITIAL **OR** ☒ AMENDED response used to report details for affirmative responses to Items 11.C., 11.D., 11.E., 11.F. or 11.G. of Form ADV.

Regulatory Action

Check item(s) being responded to:

- |                                  |                                             |                                  |                                             |                                  |
|----------------------------------|---------------------------------------------|----------------------------------|---------------------------------------------|----------------------------------|
| <input type="checkbox"/> 11.C(1) | <input type="checkbox"/> 11.C(2)            | <input type="checkbox"/> 11.C(3) | <input type="checkbox"/> 11.C(4)            | <input type="checkbox"/> 11.C(5) |
| <input type="checkbox"/> 11.D(1) | <input checked="" type="checkbox"/> 11.D(2) | <input type="checkbox"/> 11.D(3) | <input checked="" type="checkbox"/> 11.D(4) | <input type="checkbox"/> 11.D(5) |
| <input type="checkbox"/> 11.E(1) | <input type="checkbox"/> 11.E(2)            | <input type="checkbox"/> 11.E(3) | <input type="checkbox"/> 11.E(4)            |                                  |
| <input type="checkbox"/> 11.F.   | <input type="checkbox"/> 11.G.              |                                  |                                             |                                  |

Use a separate DRP for each event or *proceeding* . The same event or *proceeding* may be reported for more than one *person* or entity using one DRP. File with a completed Execution Page.

One event may result in more than one affirmative answer to Items 11.C., 11.D., 11.E., 11.F. or 11.G. Use only one DRP to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details to each action on a separate DRP.

#### PART I

A. The *person(s)* or entity(ies) for whom this DRP is being filed is (are):

- ☐ You (the advisory firm)
- ☐ You and one or more of your *advisory affiliates*
- ☒ One or more of your *advisory affiliates*

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name).

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

#### ADV DRP - ADVISORY AFFILIATE

CRD Number:	<a href="#">5459102</a>	This <i>advisory affiliate</i> is <input type="radio"/> a Firm <input checked="" type="radio"/> an Individual
Registered:	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Name:	GLESS, RICHARD, E (For individuals, Last, First, Middle)	

- ☐ This DRP should be removed from the ADV record because the *advisory affiliate(s)* is no longer associated with the adviser.
- ☐ This DRP should be removed from the ADV record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC and the event was resolved in the adviser's or *advisory affiliate's* favor.

If you are registered or registering with a *state securities authority* , you may remove a DRP for an event you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.

- ☐ This DRP should be removed from the ADV record because it was filed in error, such as due to a clerical or data-entry mistake. Explain the circumstances:

B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a DRP (with Form ADV, BD or U-4) to the IARD or *CRD* for the event? If the answer is "Yes," no other information on this DRP must be provided.

☐ Yes ☒ No

NOTE: The completion of this form does not relieve the *advisory affiliate* of its obligation to update its IARD or *CRD* records.

## PART II

1. Regulatory Action initiated by:

☐ SEC ☐ Other Federal ☒ State ☐ SRO ☐ Foreign

(Full name of regulator, *foreign financial regulatory authority*, federal, state, or *SRO*)

INSURANCE DEPARTMENT OF THE STATE OF IOWA

2. Principal Sanction:

Other

Other Sanctions:

FINED AND TWO YEARS PROBATION.

3. Date Initiated (MM/DD/YYYY):

06/01/2004 ☒ Exact ☐ Explanation

If not exact, provide explanation:

4. Docket/Case Number:

5. *Advisory Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):

CITIES INSURANCE GROUP

6. Principal Product Type:

Insurance

Other Product Types:

7. Describe the allegations related to this regulatory action (your response must fit within the space provided):

ADVERTISING VIOLATIONS- SOLICITING INSURANCE PRODUCTS WHILE WITH AN UNLICENSED AGENT.

8. Current Status? ☐ Pending ☐ On Appeal ☒ Final

9. If on appeal, regulatory action appealed to (SEC, *SRO*, Federal or State Court) and Date Appeal Filed:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

10. How was matter resolved:

Settled

11. Resolution Date (MM/DD/YYYY):

06/01/2004 ☒ Exact ☐ Explanation

If not exact, provide explanation:

12. Resolution Detail:

A. Were any of the following Sanctions *Ordered* (check all appropriate items)?

☒ Monetary/Fine Amount: \$ 750.00

☐ Revocation/Expulsion/Denial

☐ Censure

☐ Bar

☐ Disgorgement/Restitution

☐ Cease and Desist/Injunction

☐ Suspension

B. Other Sanctions *Ordered*:

TWO YEARS PROBATION.

Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate* date paid and if any portion of penalty was waived:

FINED \$750.00 AND TWO YEARS PROBATION.

13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates (your response must fit within the space provided).

FINED \$750.00 AND TWO YEARS PROBATION.

#### CIVIL JUDICIAL ACTION DISCLOSURE REPORTING PAGE (ADV)

No Information Filed

## Part 2

### Exemption from brochure delivery requirements for SEC-registered advisers

SEC rules exempt SEC-registered advisers from delivering a firm brochure to some kinds of clients. If these exemptions excuse you from delivering a brochure to *all* of your advisory clients, you do not have to prepare a brochure.

Yes No

Are you exempt from delivering a brochure to all of your clients under these rules? \*

☐ ☒

If no, complete the ADV Part 2 filing below.

Amend, retire or file new brochures:

Brochure ID	Brochure Name	Brochure Type(s)	Action
42169	ADV PART 2A	Individuals	Amend

## Execution Pages

### DOMESTIC INVESTMENT ADVISER EXECUTION PAGE

You must complete the following Execution Page to Form ADV. This execution page must be signed and attached to your initial submission of Form ADV to the SEC and all amendments.

#### Appointment of Agent for Service of Process

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

#### Signature

I, the undersigned, sign this Form ADV on behalf of, and with the authority of, the investment adviser. The investment adviser and I both certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this ADV, including exhibits and any other information submitted, are true and correct, and that I am signing this Form ADV Execution Page as a free and voluntary act.

I certify that the adviser's books and records will be preserved and available for inspection as required by law. Finally, I authorize any *person* having *custody* or possession of these books and records to make them available to federal and state regulatory representatives.

Signature: \*

JUDITH L. HELMES-SNEED

Printed Name:

JUDITH L. HELMES-SNEED

Adviser CRD Number:

119880

Date: MM/DD/YYYY \*

02/02/2012

Title: \*

CHIEF COMPLIANCE OFFICER

### NON-RESIDENT INVESTMENT ADVISER EXECUTION PAGE

You must complete the following Execution Page to Form ADV. This execution page must be signed and attached to your initial submission of Form ADV to the SEC and all amendments.

## 1. Appointment of Agent for Service of Process

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

## 2. Appointment and Consent: Effect on Partnerships

If you are organized as a partnership, this irrevocable power of attorney and consent to service of process will continue in effect if any partner withdraws from or is admitted to the partnership, provided that the admission or withdrawal does not create a new partnership. If the partnership dissolves, this irrevocable power of attorney and consent shall be in effect for any action brought against you or any of your former partners.

## 3. *Non-Resident* Investment Adviser Undertaking Regarding Books and Records

By signing this Form ADV, you also agree to provide, at your own expense, to the U.S. Securities and Exchange Commission at its principal office in Washington D.C., at any Regional or District Office of the Commission, or at any one of its offices in the United States, as specified by the Commission, correct, current, and complete copies of any or all records that you are required to maintain under Rule 204-2 under the Investment Advisers Act of 1940. This undertaking shall be binding upon you, your heirs, successors and assigns, and any *person* subject to your written irrevocable consents or powers of attorney or any of your general partners and *managing agents*.

### Signature

I, the undersigned, sign this Form ADV on behalf of, and with the authority of, the *non-resident* investment adviser. The investment adviser and I both certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this ADV, including exhibits and any other information submitted, are true and correct, and that I am signing this Form ADV Execution Page as a free and voluntary act.

I certify that the adviser's books and records will be preserved and available for inspection as required by law. Finally, I authorize any *person* having *custody* or possession of these books and records to make them available to federal and state regulatory representatives.

Signature: \*

Date: MM/DD/YYYY \*

Printed Name:

Title: \*

Adviser CRD Number:  
119880

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