APPLICATION FOR REGISTRATION OF AGENT

NORTH DAKOTA SECURITIES DEPARTMENT SFN 51529 (1-2022)

TO THE SECURITIES COMMISSIONER OF THE STATE OF NORTH DAKOTA:

Pursuant to the provisions of Section 10-04-10 of the North Dakota Century Code, as amended, the undersigned hereby applies for registration as a securities agent and submits the following SWORN answers to the questions contained herein:

1.Name (Last, First, Middle) Telephone Num							
2. Indicate any other name or names (including maiden name) by which you have been known or which you have used. If "none", so state.							
3. Business Address					City	State	ZIP Code
4. Residence Address					City	State	ZIP Code
5. Name of Employer or Prospective Employer							
6. If applicant proposes to be self-employed, please indicate so below and state the particular security or securities you propose to sell in this state, including the name of the issuer.							
SEL	F-EMPLOY	ED:	Yes No	Securities and o	l Issuer		
7. Complete the following employment record for the ten-year period immediately preceding the date of application. BEGINNING WITH THE PRESENT and continuing in chronological order. Where self-employment is applicable, furnish the name under which business was conducted, location, and nature of business. Periods of unemployment must be shown. Indicate reason for resignation or discharge.							
Fre Month	om Year	T Month	o Year	Employer	Address	Position	Reason for Leaving
Month	1 Gui	Wonth	1 Cui				
8. Are you registered as a representative with the Financial Industry Regulatory Authority (FINRA)? Yes No							
9. Are you registered as a representative with a national stock exchange? If "yes" with which exchange are you registered and for how long have you been so registered? Yes No							

10. Have you ever offered for sale or sold securities in the State of North Dakota prior to the date of this application? Yes No If "yes", explain fully.				
11. List each state (including North Dakota) and province in which you are or have been registered as a dealer or age specifying the date(s) of such registration(s).	ent to sell se	ecurities,		
12. Have you ever been denied or been given qualified authority to sell securities in any state or province?	Yes	No		
13. Are you now or have you ever been subject to any revocation, cancellation, withdrawal, suspension, or any adverse order or directive of FINRA, any Canadian self-regulatory association, any securities exchange, or any state, provincial, or federal agency which has the power to revoke, suspend, or deny membership or registration?	Yes	No		
14. Have you ever been permanently or temporarily enjoined by any court from engaging in or continuing any or practice involving any aspect of the securities business?	Yes	No		
15. Has any broker or dealer with whom you were associated in any capacity when such action was taken ever had its membership or registration denied, canceled, suspended, or revoked or been the subject of any injunctive proceeding involving securities?	Yes	No		
16. Have you ever been a direct or beneficial owner of 10% or more of the stock of or interest in or an officer of a securities dealer whose registration was denied, canceled, suspended, or revoked during such period of interest or employment?	Yes	No		
17. Have you every been a subject of any arrests, information, presentments, indictments, or convictions for any felony or misdemeanor, except minor traffic offenses?	Yes	No		
18. Have you ever been charged with fraud in civil action?	Yes	No		
19. Have you ever been barred or suspended from the practice of any business or profession?	Yes	No		
20. (a) Have you ever been refused a surety or fidelity bond?	Yes	No		
(b) Has any surety company paid out any funds on your coverage?	Yes	No		
21. Have you or any organization owned or controlled by you or in which you were or are an officer, director, or partner ever been the subject of an insolvency or bankruptcy proceeding?	Yes	No		
IF YOUR ANSWER TO ANY ONE OF QUESTIONS 12-20 ABOVE IS "YES," FURNISH THE FOLLOWING INFORMATION IN A SEPARATE DOCUMENT ATTACHED TO THIS APPLICATION:				
 NAME OF FEDERAL, STATE, OR PROVINCIAL AGENCY, SECURITIES EXCHANGE, OR SECURITIES ASSOCIATION; NAME AND LOCATION OF BROKER OR DEALER WITH WHOM YOU WERE ASSOCIATED AND CAPACITY IN WHICH YOU WERE ASSOCIATED; IDENTIFICATION OF STATUTES, RULES, OR REGULATIONS WHICH YOU OR THE BROKER OR DEALER WITH WHOM YOU WERE ASSOCIATED WERE CHARGED WITH VIOLATING AND CHARGES MADE; NATURE AND DATE OF JUDGEMENT, DECISION, OR OTHER FINDINGS MADE, AND SANCTION IMPOSED. 				

22. Are you currently licensed as an insurance agent? Yes No If "yes," with what company or companies?							
23. Please list any securities examinations that you have taken, the date(s) taken and the score(s) you obtained below.							
EXAMI	NATION(S)	DATE(S) TAKEN	SCORE(S)				
THE APPLICANT HEREBY UNDERTAKES AND AGREES TO PROMPTLY FILE AMENDMENTS WITH THE COMMISSIONER IF AT ANY TIME THE INFORMATION PROVIDED HEREIN BECOMES INACCURATE OR INCOMPLETE IN ANY MATERIAL RESPECT AND TO PROMPTLY NOTIFY THE COMMISSIONER REGARDING ANY COMPLAINT OR ACTION INVOLVING SECURITIES FILED BY ANY PERSON AGAINST THE APPLICANT OR OF ANY DISCIPLINARY ACTION INSTITUTED OR TAKEN AGAINST THE APPLICANT BY THE EMPLOYER, FINRA OR ANY STATE, PROVINCIAL, OR FEDERAL SECURITIES REGULATORY AGENCY. THE UNDERSIGNED APPLICANT, BEING FIRST DULY SWORN, DEPOSES AND SAYS THAT THEY HAVE EXECUTED THE FOREGOING APPLICATION: THAT THEY HAVE READ THE APPLICATION AND KNOW THE CONTENTS THEREOF AND ATTACHED THERETO; AND THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE STATEMENTS MADE IN THE APPLICATION AND IN ANY RIDER ATTACHED THERETO ARE TRUE AND CORRECT AND ARE COMPLETE IN EVERY MATERIAL RESPECT AND DO NOT CONTAIN ANY STATEMENT WHICH, UNDER CIRCUMSTANCES UNDER WHICH IT IS MADE, WOULD BE FALSE OR WHOULD TEND TO BE MISLEADING IN RESPECT TO ANY MATERIAL FACT.							
Signature of Applicant		Date	e				
For Notary:							
State of	County of	Affix Notary Stamp					
Signed and sworn to (or affirmed) before me this	Date						
Name of Individual Making State	ment						
Signature of Notary Public or Oth	er Authorized Officer						

ENDORSEMENT OF APPLICATION BY ISSUER PROPOSING TO EMPLOY APPLICANT (Do not complete if the applicant is to be a self-employed agent and Item 6 is marked Yes.)						
I have examined this application and the answers provided herein. They are true, to the best of my knowledge, information,						
and belief. I have personally k	nown the applicant named herein for	years, and on behalf of my firm, I				
hereby endorse the applicant as an individual of sufficient knowledge in securities, and of good standing and reputation.						
THEREFORE, in view of the showing made herein						
(Name of Issuer)						
does respectfully ask that						
	(Name of Applicant)					
be registered as a securities agent in conformity with Section 10-04-10 of the North Dakota Securities Act of 1951, as amended.						
Signed and Sealed on	Date	Corporate Seal				
Name of Issuer	1					
Authorized Signatory						