



AFFIDAVIT OF ADVISER ACTIVITY IN ARIZONA

ARIZONA CORPORATION COMMISSION
SECURITIES DIVISION

I, _____, an authorized

(Name of Authorized Party)

party with _____ (the "IA Firm")

(Name of Investment Adviser)

conducted a review of the IA Firm's records. The result of the review shows that the
IA Firm:

Please check one below:

"HAS" conducted investment adviser activity with Arizona residents prior to the
IA Firm's licensure as an investment adviser with the State of Arizona.*

OR

"HAS NOT" conducted investment adviser activity with Arizona residents prior
to the IA Firm's licensure as an investment adviser with the State of Arizona.

* If you have selected "HAS," using a separate document and/or spreadsheet, please detail the activities, the dates of such activities, the employee(s) engaged in said activity, amount of commissions or fees earned, the number of Arizona clients along with their address and the exemption, if applicable, being utilized by the IA Firm and their associated Investment Adviser Representative(s) in conducting said activities. [Please see A.R.S. § 44-3152].

Signature of Authorized Party _____ Date _____

Note: An authorized party is an officer, director, partner, member, trustee or manager of the applicant.

Section below to be completed by Notary

State of _____

County of _____

Subscribed and sworn to before me this _____

(NOTARIAL SEAL)

day of _____, 20 _____

Signature of Notary Public _____

My commission expires on _____