

Vermont Department of Banking, Insurance, Securities & Health Care  
Administration

SECURITIES DIVISION

AFFIDAVIT OF BROKER-DEALER ACTIVITY WITHIN OR FROM VERMONT

I,  a principal of   
(Name of Principal) (the "applicant" firm)

being duly authorized to represent the Applicant, have thoroughly and diligently searched and conducted a review of the Applicant's applicable books and records. The result of this review shows that (please check one):

☐ That, since the date, if any, the Applicant was last duly registered as a Broker Dealer in Vermont, by or through any of its agents, **has not** offered for sale or sold any securities, solicited clients, maintained accounts, or been involved in any wrap-fee programs within the State of Vermont.

**OR**

☐ That, since the date, if any, the Applicant was last duly registered as a Broker-Dealer in Vermont, by or through any of its agents, has offered for sale or sold any securities, solicited clients, maintained accounts, or been involved in any wrap-fee programs within the State of Vermont.

The activity has been conducted with  clients, from  to  
(number of clients) (start date)  
  
(end date)

Attached is a list of all activity conducted within or from Vermont by the Applicant, by or through any of its agents. The list includes:

- a) Name and address of each client within or from Vermont
- b) Name, home address, business address, home telephone number, business telephone number, and Central Registration Depository or Social Security Number of each broker-dealer representative of the Applicant that serviced each client identified in Item (a) above.
- c) Commission run for each client account identified in Item (a) above.

If the Applicant and its broker-dealer representatives relied upon an exemption from registration, or believe to be exempt from the Vermont Uniform Securities Act, using a separate page, identify, in writing, the exemption relied upon or explain why the Applicant and its representatives were not subject to the registration requirements of the Vermont

I,  , acknowledge the foregoing to be truthful with the  
(Name of Principal)  
full knowledge that misrepresentations or omissions of such facts to the Commissioner of  
Banking, Insurance, Securities and Health Care Administration of the State of Vermont may  
result in enforcement action by the Securities Division.

\_\_\_\_\_  
(Signature of Principal)

\_\_\_\_\_  
(Date)

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
Notary Public

**Notary's Seal Here**

My Commission Expires: \_\_\_\_\_