

**AFFIDAVIT OF UNDERTAKING TO THE VIRGINIA  
DIVISION OF SECURITIES AND RETAIL FRANCHISING**

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

I, \_\_\_\_\_ (NAME), a duly authorized officer of the investment adviser firm of \_\_\_\_\_ (APPLICANT), on behalf of Applicant, certify that Applicant (i) does not have a place of business located within this Commonwealth and its principals, officers, agents, and/or related persons (ii) during the preceding twelve-month period have had fewer than six clients who are residents of this Commonwealth.

Attached is a list of all clients of the applicant who are residents of this Commonwealth. The list includes:

1. The name and address of each advisory client who resides in Virginia;
2. The corresponding name of each investment advisor representative of the application that serviced each client identified in item 1 above; and,
3. The date that each client account was established.

Applicant agrees to comply with the Virginia Securities Act and its promulgated Rules until both Applicant and its representative(s) are registered with the Virginia Division of Securities and Retail Franchising.

(FIRM):

(SIGNATURE):

Please print name and title of signatory:

State of \_\_\_\_\_, City/County of \_\_\_\_\_, to wit:

I hereby certify that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_ before me, the subscriber, a notary public of the State of \_\_\_\_\_ in and of the City/County of \_\_\_\_\_, personally appeared and made oath in due form of law that the matter and facts set forth in the within document are true.

As witness, my hand and notarial seal.

Notary Public

My Commission Expires:

It shall be unlawful for any person willfully to make or cause to be made, in any document filed with the Commission or in any proceeding under this chapter, any statement which is, at the time and in the light of the circumstances in which it is made, false or misleading in any material respect.