In the matter of the licensing of a securities sales person or investment advisor representative by two or more firms

The undersigned firms desire to license

as a salesperson or investment advisor representative to represent them in Oregon. In recognition that the director of the Department of Consumer and Business Services requires certain undertakings by the firms, the undersigned firms undertake as follows:

1. Each consents to the licensing of the individual by each of the other undersigned firms.
2. Each assumes joint and several liability with the other firms for any act or omission of the individual in violation of Oregon securities law or of any rule or order promulgated pursuant to Oregon securities law during the period of licensing.
3. Each agrees to license the individual with the Securities Section of the Department of Consumer and Business Services and to pay the licensing fee.
4. Each acknowledges this undertaking as an addendum to all prior undertakings filed with the director of the Department of Consumer and Business Services.

The undersigned, under penalty of perjury, declare that each occupies the official position indicated and is authorized to sign this document on behalf of the firm.

Firm name: ___________________________ CRD No. ___________________________
Signator’s name: ___________________________ Title: ___________________________
Signature: ___________________________ Date: ___________________________

Firm name: ___________________________ CRD No. ___________________________
Signator’s name: ___________________________ Title: ___________________________
Signature: ___________________________ Date: ___________________________

Firm name: ___________________________ CRD No. ___________________________
Signator’s name: ___________________________ Title: ___________________________
Signature: ___________________________ Date: ___________________________

Firm name: ___________________________ CRD No. ___________________________
Signator’s name: ___________________________ Title: ___________________________
Signature: ___________________________ Date: ___________________________

FOR OFFICE USE ONLY: Examiner: ___________________________ Effective date: ___________________________