

**Oregon Department of Consumer & Business Services
Division of Financial Regulation — Securities Section**

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INVESTMENT ADVISER RENEWAL APPLICATION

Name of licensee: _____ License number: **IA-**_____

Contact person: _____ Phone: () _____

Title of contact person: _____ Fax: _____

The investment adviser firm identified above hereby applies for renewal of its license in Oregon and submits this application and a renewal fee of \$200 to the Division of Financial Regulation.

All material changes for the past year, as defined in OAR 441-175-0105, have been filed with the Division of Financial Regulation or are shown on the amended Form ADV filed with this renewal application.

Name of the firm's supervisor of operations in Oregon: _____

VERIFICATION

I declare, under penalty of perjury, that I am _____ (*Title or position*) of the licensee

and I am fully authorized to file this renewal for and on behalf of the licensee. I have read and am familiar with the information in this renewal and with all materials or documents accompanying it. To the best of my knowledge and belief, the information contained in this renewal and the accompanying documents is true, correct, and complete.

By (*Type or print name*): _____ Date: _____

Signature: _____

FISCAL USE ONLY: 62110/1001 \$200.00