FORM ADV

UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION AND REPORT BY EXEMPT REPORTING ADVISERS

| Pri | nary | Business Name: TETRAS CAPITA | AL PARTNERS, LLC | | CRD Number: 3058 | 37 |
|------|--------|------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| SEC | C ER | A Report - All Sections | | | Rev. 03/20 |)2 |
| 7/10 | 6/202 | 20 1:05:00 PM | | | | |
| | | | | | | |
| W | ARNII | | | sions may result in denial of your applic | cation, revocation of your registration, or criminal prosecution. You must | |
| Iter | n 1 lc | lentifying Information | | | | |
| | - | - | | siness, and how we can contact you. If ormation to assist you with filing an um | you are filing an <i>umbrella registration</i> , the information in Item 1 should be abrella registration. | |
| A. | | ur full legal name (if you are a sole TRAS CAPITAL PARTNERS, LLC | e proprietor, your last, first, | and middle names): | | |
| В. | | Name under which you primarily of TRAS CAPITAL PARTNERS, LLC | conduct your advisory busi | ness, if different from Item 1.A. | | |
| | Lis | t on Section 1.B. of Schedule D an | ny additional names under | which you conduct your advisory busin | ess. | |
| | (2) | If you are using this Form ADV to | register more than one inv | restment adviser under an <i>umbrella reg</i> | gistration, check this box | |
| | If y | ou check this box, complete a Scl | hedule R for each relying a | ndviser. | | |
| C. | | his filing is reporting a change in your legal name or \square your primar | - | or primary business name (Item 1.B.(1) |)), enter the new name and specify whether the name change is of | |
| D. | (1) | If you are registered with the SEC | as an investment adviser, | your SEC file number: | | |
| | (2) | If you report to the SEC as an exe | empt reporting adviser, you | r SEC file number: 802-119289 | | |
| | (3) | If you have one or more Central Ir | ndex Key numbers assigne | d by the SEC ("CIK Numbers"), all of you | our CIK numbers: | |
| | | | | No Information Filed | | |
| E. | (1) | If you have a number ("CRD Num | ber") assigned by the <i>FINF</i> | RA's CRD system or by the IARD syster | n, your <i>CRD</i> number: 305873 | |
| | If y | our firm does not have a CRD nur | mber, skip this Item 1.E. Do | o not provide the CRD number of one o | of your officers, employees, or affiliates. | |
| | (2) | If you have additional CRD Number | ers, your additional <i>CRD</i> n | numbers: | | |
| | | | | No Information Filed | | |
| F. | Pri | ncipal Office and Place of Busines | SS | | | |
| | |) Address (do not use a P.O. Box): | | | | |
| | | Number and Street 1: | | Number and Street 2: | | |
| | | 303 SPRING STREET City: | State: | Country: | ZIP+4/Postal Code: | |
| | | NEW YORK | New York | United States | 10013 | |
| | | If this address is a private reside | ence, check this box: | | | |
| | | registration, or are registered, wi whom you are registered. If you | th one or more state securi are applying for SEC regist | ities authorities, you must list all of your | s, at which you conduct investment advisory business. If you are applying for offices in the state or states to which you are applying for registration or with e SEC, or if you are reporting to the SEC as an exempt reporting adviser, listy completed fiscal year. | h |
| | (2) | Days of week that you normally on Monday - Friday Other: | conduct business at your <i>p</i> | rincipal office and place of business: | | |
| | | Normal business hours at this lo | ocation: | | | |
| | (3) | 9 A.M 5 P.M. Telephone number at this location 929-367-8737 | on: | | | |
| | ٠., |) Facsimile number at this location | • | I office and place of business, at which | you conduct investment advisory business as of the end of your most | |

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| G. | Mailing address, if different from | m your <i>principal office and place of busir</i> | ness address: | | | |
|----|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----|
| | Number and Street 1: | | Number and Street 2: | | | |
| | City: | State: | Country: | ZIP+4/Postal Code: | | |
| | If this address is a private resi | idence, check this box: | | | | |
| Н. | If you are a sole proprietor, sta | te your full residence address, if different | t from your <i>principal office an</i> | nd place of business address in Item 1.F.: | | |
| | Number and Street 1: | | Number and Street 2: | | | |
| | City: | State: | Country: | ZIP+4/Postal Code: | | |
| | | | | | Yes | No |
| I. | Do you have one or more webs | sites or accounts on publicly available so | ocial media platforms (includi | ng, but not limited to, Twitter, Facebook and LinkedIn)? | • | 0 |
| | address serves as a portal throinformation. You may need to | ough which to access other information you list more than one portal address. Do no | ou have published on the we t provide the addresses of w | vailable social media platforms on Section 1.I. of Schedule D. If a web b, you may list the portal without listing addresses for all of the other ebsites or accounts on publicly available social media platforms wher es or the addresses of employee accounts on publicly available socia | re you | |
| J. | Chief Compliance Officer | | | | | |
| | (1) Provide the name and conta | act information of your Chief Compliance one. If not, you must complete Item 1.K. | | t reporting adviser, you must provide the contact information for your C | Chief | |
| | Name: | | Other titles, if any: | | | |
| | Telephone number: | | Facsimile number, if an | y: | | |
| | Number and Street 1: | | Number and Street 2: | | | |
| | City: | State: | Country: | ZIP+4/Postal Code: | | |
| | Electronic mail (e-mail) addre | ss, if Chief Compliance Officer has one: | | | | |
| K. | Name: IRS Employer Identification Nu Additional Regulatory Contact may provide that information he | Person: If a person other than the Chief | Compliance Officer is author | ized to receive information and respond to questions about this Form | ADV, ۱ | you |
| | Name: | | Titles: | | | |
| | Telephone number: | | Facsimile number, if ar | ny: | | |
| | Number and Street 1: | | Number and Street 2: | | | |
| | City: | State: | Country: | ZIP+4/Postal Code: | | |
| | Electronic mail (e-mail) addre | ss, if contact person has one: | | | | |
| | | | | | Yes | No |
| L. | Do you maintain some or all of principal office and place of bu | | to keep under Section 204 c | of the Advisers Act, or similar state law, somewhere other than your | 0 | • |
| | If "yes," complete Section 1.L. | of Schedule D. | | | Yes | No |
| M. | Are you registered with a foreig | gn financial regulatory authority? | | | 0 | |
| | Answer "no" if you are not regis | - | authority, even if you have an | a affiliate that is registered with a foreign financial regulatory authority. | If "yes | ," |
| | | | | | Yes | No |
| N. | Are you a public reporting com | pany under Sections 12 or 15(d) of the S | Securities Exchange Act of 19 | 34? | 0 | • |
| | | | | | Yes | No |
| O. | Did you have \$1 billion or more If yes, what is the approximate \$1 billion to less than \$10 | · | ecent fiscal year? | | 0 | • |
| | ¢40 billion to loca then ¢6 | | | | | |
| | OFO Hillian annuan | | | | | |
| | C \$50 billion or more | | | | | |

| on the balance sheet for your most recent fiscal year end. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D. Drovide vevr legal Entity Identification bevolence |
| P. Provide your Legal Entity Identifier if you have one: |
| A local antity identification a unique number that companies use to identify each other in the financial marketaless. Vey may not have a local antity identifier |
| A legal entity identifier is a unique number that companies use to identify each other in the financial marketplace. You may not have a legal entity identifier. |
| |
| SECTION 1.B. Other Business Names |
| |
| No Information Filed |
| |
| SECTION 1.F. Other Offices |
| No Information Filed |
| No information i ned |
| |
| SECTION 1.I. Website Addresses |
| List your website addresses, including addresses for accounts on publicly available social media platforms where you control the content (including, but not limited to, Twitter, |
| Facebook and/or LinkedIn). You must complete a separate Schedule D Section 1.I. for each website or account on a publicly available social media platform. |
| Address of Website/Account on Publicly Available Social Media Platform: https://www.linkedin.com/company/tetras-capital/ |
| Addison of the second for the second media in land minimum temperature and the second |
| |
| Address of Website/Account on Publicly Available Social Media Platform: https://twitter.com/tetrascapital?lang=en |
| |
| |
| Address of Website/Account on Publicly Available Social Media Platform: https://tetras.capital/ |
| |
| SECTION 1.L. Location of Books and Records |
| |
| No Information Filed |
| |
| SECTION 1.M. Registration with Foreign Financial Regulatory Authorities |
| |
| No Information Filed |
| |
| Item 2 SEC Registration/Reporting |
| SEC Reporting by Exempt Reporting Advisers |
| B. Complete this Item 2.B. only if you are reporting to the SEC as an exempt reporting adviser. Check all that apply. You: |
| (1) qualify for the exemption from registration as an adviser solely to one or more venture capital funds, as defined in rule 203(l)-1; |
| (2) qualify for the exemption from registration because you act solely as an adviser to <i>private funds</i> and have assets under management, as defined in rule 203(m)-1, in the United States of less than \$150 million; |
| (3) act solely as an adviser to <i>private funds</i> but you are no longer eligible to check box 2.B.(2) because you have assets under management, as defined in rule 203(m)-1, in |
| the United States of \$150 million or more. |
| |
| If you check box (2) or (3), complete Section 2.B. of Schedule D. |
| |
| SECTION 2.B. Private Fund Assets |
| If you check Item 2.B.(2) or (3), what is the amount of the <i>private fund</i> assets that you manage? \$ 33954671 |
| NOTE: "Private fund assets" has the same meaning here as it has under rule 203(m)-1. If you are an investment adviser with its principal office and place of business outside the |
| United States only include <i>private fund</i> assets that you manage at a place of business in the United States. |

For purposes of Item 1.O. only, "assets" refers to your total assets, rather than the assets you manage on behalf of clients. Determine your total assets using the total assets shown

| Item | Form of Organization | | |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| If yo | are filing an umbrella registration, the information in Item 3 should be provided for the filing adviser only. | | |
| A. | How are you organized? | | |
| | C Corporation | | |
| | C Sole Proprietorship | | |
| | C Limited Liability Partnership (LLP) | | |
| | C Partnership | | |
| | € Limited Liability Company (LLC) | | |
| | C Limited Partnership (LP) | | |
| | Other (specify): | | |
| | | | |
| | f you are changing your response to this Item, see Part 1A Instruction 4. | | |
| B. | n what month does your fiscal year end each year? DECEMBER | | |
| C. | Jnder the laws of what state or country are you organized? | | |
| | State Country | | |
| | Delaware United States | | |
| | If you are a partnership, provide the name of the state or country under whose laws your partnership was formed. If you are a sole proprietor, provide the name of the state country where you reside. | or | |
| | If you are changing your response to this Item, see Part 1A Instruction 4. | | |
| | | | |
| | | | |
| | 6 Other Business Activities | | |
| In th | s Item, we request information about your firm's other business activities. | | |
| A. | You are actively engaged in business as a (check all that apply): | | |
| | (1) broker-dealer (registered or unregistered) | | |
| | (2) registered representative of a broker-dealer (3) commodity pool operator or commodity trading advisor (whether registered or exempt from registration) | | |
| | (4) futures commission merchant | | |
| | (5) real estate broker, dealer, or agent | | |
| | (6) insurance broker or agent | | |
| | (7) bank (including a separately identifiable department or division of a bank) (8) trust company | | |
| | (a) trust company (b) registered municipal advisor | | |
| | (10) registered security-based swap dealer | | |
| | (11) major security-based swap participant | | |
| | (12) accountant or accounting firm | | |
| | (13) lawyer or law firm | | |
| | (14) other financial product salesperson (specify): | | |
| | f you engage in other business using a name that is different from the names reported in Items 1.A. or 1.B.(1), complete Section 6.A. of Schedule D. | | |
| | | Yes | No |
| B. | 1) Are you actively engaged in any other business not listed in Item 6.A. (other than giving investment advice)? | 0 | • |
| | 2) If yes, is this other business your primary business? | 0 | 0 |

SECTION 6.A. Names of Your Other Businesses No Information Filed

If "yes," describe this other business on Section 6.B.(2) of Schedule D, and if you engage in this business under a different name, provide that name.

If "yes," describe this other business on Section 6.B.(3) of Schedule D, and if you engage in this business under a different name, provide that name.

0 0

Yes No

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SECTION 6.B.(2) Description of Primary Business

Describe your primary business (not your investment advisory business):

(3) Do you sell products or provide services other than investment advice to your advisory clients?

| If you engage in that business under a different name, provide that name: | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| SECTION 6.B.(3) Description of Other Products and Services | | | | | | |
| Describe other products or services you sell to your <i>client</i> . You may omit products and services that you listed in Section 6.B.(2) above. | | | | | | |
| If you engage in that business under a different name, provide that name: | | | | | | |
| | | | | | | |
| Item 7 Financial Industry Affiliations | | | | | | |
| In this Item, we request information about your financial industry affiliations and activities. This information identifies areas in which conflicts of interest may occur between you and your <i>clients</i> . | | | | | | |
| A. This part of Item 7 requires you to provide information about you and your <i>related persons</i> , including foreign affiliates. Your <i>related persons</i> are all of your <i>advisory affiliates</i> and any <i>person</i> that is under common <i>control</i> with you. | | | | | | |
| You have a <i>related person</i> that is a (check all that apply): | | | | | | |
| (1) broker-dealer, municipal securities dealer, or government securities broker or dealer (registered or unregistered) (2) other investment adviser (including financial planners) (3) registered municipal advisor | | | | | | |
| (4) registered security-based swap dealer | | | | | | |
| (5) major security-based swap participant | | | | | | |
| (6) commodity pool operator or commodity trading advisor (whether registered or exempt from registration) (7) futures commission merchant | | | | | | |
| (8) banking or thrift institution | | | | | | |
| (9) trust company | | | | | | |
| (10) accountant or accounting firm (11) lawyer or law firm | | | | | | |
| (12) insurance company or agency | | | | | | |
| (13) pension consultant | | | | | | |
| (14) real estate broker or dealer | | | | | | |
| (15) sponsor or syndicator of limited partnerships (or equivalent), excluding pooled investment vehicles (16) sponsor, general partner, managing member (or equivalent) of pooled investment vehicles | | | | | | |
| Note that Item 7.A. should not be used to disclose that some of your employees perform investment advisory functions or are registered representatives of a broker-dealer. The number of your firm's employees who perform investment advisory functions should be disclosed under Item 5.B.(1). The number of your firm's employees who are registered representatives of a broker-dealer should be disclosed under Item 5.B.(2). | | | | | | |
| Note that if you are filing an umbrella registration, you should not check Item 7.A.(2) with respect to your relying advisers, and you do not have to complete Section 7.A. in Schedule D for your relying advisers. You should complete a Schedule R for each relying adviser. | | | | | | |
| For each related person, including foreign affiliates that may not be registered or required to be registered in the United States, complete Section 7.A. of Schedule D. | | | | | | |
| You do not need to complete Section 7.A. of Schedule D for any related person if: (1) you have no business dealings with the related person in connection with advisory services you provide to your clients; (2) you do not conduct shared operations with the related person; (3) you do not refer clients or business to the related person, and the related person does not refer prospective clients or business to you; (4) you do not share supervised persons or premises with the related person; and (5) you have no reason to believe that your relationship with the related person otherwise creates a conflict of interest with your clients. | | | | | | |
| You must complete Section 7.A. of Schedule D for each related person acting as qualified custodian in connection with advisory services you provide to your clients (other than any mutual fund transfer agent pursuant to rule 206(4)-2(b)(1)), regardless of whether you have determined the related person to be operationally independent under rule 206(4)-2 of the Advisers Act. | | | | | | |
| SECTION 7.A. Financial Industry Affiliations | | | | | | |
| Complete a separate Schedule D Section 7.A. for each <i>related person</i> listed in Item 7.A. | | | | | | |
| 1. Legal Name of Related Person: | | | | | | |
| TETRAS CAPITAL GP, LLC | | | | | | |
| | | | | | | |
| 2. Primary Business Name of <i>Related Person</i> : TETRAS CAPITAL GP, LLC | | | | | | |
| 3. Related Person's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-) | | | | | | |
| or | | | | | | |
| Other 021-329879 | | | | | | |
| 4. Related Person's | | | | | | |

| | (a) | CRD Number (if any): | | |
|-----|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|
| | (b) | CIK Number(s) (if any): No Information Filed | | |
| 5. | | lated Person is: (check all that apply) broker-dealer, municipal securities dealer, or government securities broker or dealer other investment adviser (including financial planners) | | |
| | (c) (d) (e) | | | |
| | (f) (g) (h) | ✓ commodity pool operator or commodity trading advisor (whether registered or exempt from registration) ✓ futures commission merchant ✓ banking or thrift institution | | |
| | (i) (j) (k) | □ trust company □ accountant or accounting firm □ lawyer or law firm | | |
| | (l) (m) (n) | | | |
| | (o) (p) | | | |
| 6. | Do | you control or are you controlled by the related person? | Yes | |
| 7. | Are | you and the <i>related person</i> under common <i>control</i> ? | • | 0 |
| 8. | (a) | Does the related person act as a qualified custodian for your clients in connection with advisory services you provide to clients? | 0 | • |
| | (b) | If you are registering or registered with the SEC and you have answered "yes," to question 8.(a) above, have you overcome the presumption that you are not operationally independent (pursuant to rule 206(4)-2(d)(5)) from the <i>related person</i> and thus are not required to obtain a surprise examination for your <i>clients'</i> funds or securities that are maintained at the <i>related person</i> ? | Ö | |
| | (c) | If you have answered "yes" to question 8.(a) above, provide the location of the <i>related person</i> 's office responsible for <i>custody</i> of your <i>clients</i> ' assets: Number and Street 1: City: State: Country: ZIP+4/Postal Code: | | |
| | | If this address is a private residence, check this box: | Yes | No |
| 9. | (a) | If the related person is an investment adviser, is it exempt from registration? | 0 | 0 |
| | (b) | If the answer is yes, under what exemption? | | |
| 10. | (a) | Is the related person registered with a foreign financial regulatory authority? | 0 | • |
| | (b) | If the answer is yes, list the name and country, in English of each foreign financial regulatory authority with which the related person is registered. No Information Filed | | |
| 11. | Do | you and the related person share any supervised persons? | ⊙ | 0 |
| 12. | Do | you and the <i>related person</i> share the same physical location? | • | 0 |
| ten | 7 P | Private Fund Reporting | | |
| | | | Yes | No |
| В. | Are y | you an adviser to any <i>private fund</i> ? | • | 0 |
| | nstru advis | es," then for each private fund that you advise, you must complete a Section 7.B.(1) of Schedule D, except in certain circumstances described in the next sentence and in fuction 6 of the Instructions to Part 1A. If you are registered or applying for registration with the SEC or reporting as an SEC exempt reporting adviser, and another SEC-reserved or SEC exempt reporting adviser reports this information with respect to any such private fund in Section 7.B.(1) of Schedule D of its Form ADV (e.g., if you are a substant complete Section 7.B.(1) of Schedule D. | egist | |
| | | ther case, if you seek to preserve the anonymity of a private fund client by maintaining its identity in your books and records in numerical or alphabetical code, or simila gnation, pursuant to rule 204-2(d), you may identify the private fund in Section 7.B.(1) or 7.B.(2) of Schedule D using the same code or designation in place of the fund's | | e. |
| SEC | TION | N 7.B.(1) <i>Private Fund</i> Reporting | | |

A. PRIVATE FUND

| 1. | (a) Name of the private fund: | | |
|----|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| | TETRAS CAPITAL D, LP | | |
| | (b) Private fund identification number: (include the "805-" prefix also) | | |
| | 805-9091763902 | | |
| | | | |
| 2. | Under the laws of what state or country is the <i>private fund</i> organized: | | |
| ۷. | State: | Country: | |
| | Delaware | United States | |
| 2 | (a) Name (a) of Canadal Bartray Managar Trustee or Birectors (as page | | |
| 3. | (a) Name(s) of General Partner, Manager, Trustee, or Directors (or <i>per</i> Name of General Partner, Manager, Trustee, or Director | rsons serving in a similar capacity): | |
| | TETRAS CAPITAL GP, LLC | | |
| | | | |
| | (b) If filing an umbrella registration, identify the filing adviser and/or rely | ying adviser(s) that sponsor(s) or manage(s) this private fund. | |
| | | No Information Filed | |
| | | | |
| 4. | The <i>private fund</i> (check all that apply; you must check at least one): | | |
| | (1) qualifies for the exclusion from the definition of investment comp | | |
| | (2) qualifies for the exclusion from the definition of investment comp | pany under section 3(c)(7) of the Investment Company Act of 1940 | |
| 5. | List the name and country, in English, of each foreign financial regulato | ory authority with which the <i>private fund</i> is registered. | |
| | | No Information Filed | |
| | | Ye | s No |
| 6. | (a) Is this a "master fund" in a master-feeder arrangement? | 0 | • |
| | (b) If yes, what is the name and private fund identification number (if ar | ny) of the feeder funds investing in this private fund? | |
| | | No Information Filed | |
| | | v . | |
| | (c) Is this a "feeder fund" in a master-feeder arrangement? | | s No |
| | (d) If yes, what is the name and <i>private fund</i> identification number (if ar | | • |
| | Name of <i>private fund</i> : | , , , , , , , , , , , , , , , , , , , | |
| | | | |
| | Private fund identification number: | | |
| | (include the "805-" prefix also) | | |
| | | | |
| | | ment regardless of whether you are filing a single Schedule D, Section 7.B.(1) for the master-feed | er |
| | arrangement or reporting on the funds separately. | | |
| 7. | If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder | r arrangement according to the instructions to this Section 7.B.(1), for each of the feeder funds an | swer |
| | the following questions: | | |
| | | | |
| | | No Information Filed | |
| | | | |
| | | | |
| | | ment, one or more funds ("feeder funds") invest all or substantially all of their assets in a single functions The ster fund for purposes of this question if it issued multiple classes (or series) of shares or interest | |
| | and each class (or series) invests substantially all of its assets in a sin | | - , |
| | | Yes | s No |
| 8. | (a) Is this private fund a "fund of funds"? | 0 | • |
| | NOTE: For purposes of this question only, answer "yes" if the fund investing are also <i>private funds</i> or registered investment companies. | ests 10 percent or more of its total assets in other pooled investment vehicles, regardless of wheth | ner |
| | (b) If yes, does the <i>private fund</i> invest in funds managed by you or by a | a related person? | _ |

Information About the Private Fund

| 9. | During your last fiscal year, did the <i>private fund</i> invest in securities issued by investment companies registered under the Investment Company Act of 1940 (other than "money market funds," to the extent provided in Instruction 6.e.)? | 0 | • |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|
| 10. | What type of fund is the <i>private fund</i> ? | | |
| | C hedge fund C liquidity fund C private equity fund C real estate fund C securitized asset fund venture capital fund C Other private fund: | | |
| | NOTE: For definitions of these fund types, please see Instruction 6 of the Instructions to Part 1A. | | |
| 11. | Current gross asset value of the <i>private fund</i> : \$ 500,000 | | |
| <u>Ow</u> | <u>nership</u> | | |
| 12. | Minimum investment commitment required of an investor in the <i>private fund</i> : \$ 500,000 | | |
| | NOTE: Report the amount routinely required of investors who are not your <i>related persons</i> (even if different from the amount set forth in the organizational documents fund). | s of th | е |
| 13. | Approximate number of the <i>private fund's</i> beneficial owners: 60 | | |
| 14. | What is the approximate percentage of the <i>private fund</i> beneficially owned by you and your <i>related persons</i> : 10% | | |
| 15. | (a) What is the approximate percentage of the <i>private fund</i> beneficially owned (in the aggregate) by funds of funds: 10% | Yes | No |
| | (b) If the private fund qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940, are sales of the fund limited to <i>qualified clients</i> ? | | 0 |
| 16. | What is the approximate percentage of the <i>private fund</i> beneficially owned by non- <i>United States persons</i> : 20% | | |
| <u>Υοι</u> | ur Advisory Services | Yes | No |
| 17. | (a) Are you a subadviser to this <i>private fund</i> ? | 0 | • |
| | (b) If the answer to question 17.(a) is "yes," provide the name and SEC file number, if any, of the adviser of the <i>private fund</i> . If the answer to question 17.(a) is "no," I question blank. | | |
| | No Information Filed | | |
| | | Yes | No |
| 18. | (a) Do any investment advisers (other than the investment advisers listed in Section 7.B.(1).A.3.(b)) advise the <i>private fund</i> ? | 0 | \odot |
| | (b) If the answer to question 18.(a) is "yes," provide the name and SEC file number, if any, of the other advisers to the <i>private fund</i> . If the answer to question 18.(a) is leave this question blank. | s "no," | , |
| | No Information Filed | | |
| 10 | Are your eliente eplicited to invest in the private fund? | Yes | |
| 19. | Are your <i>clients</i> solicited to invest in the <i>private fund</i> ? NOTE: For purposes of this question, do not consider feeder funds of the private fund. | 0 | ⊙ |
| | TVOTE. For purposes of this question, do not consider recall funds of the private fund. | | |
| 20. | Approximately what percentage of your <i>clients</i> has invested in the <i>private fund</i> ? 0% | | |
| <u>Priv</u> | rate Offering | | |
| | | Yes | No |
| 21. | Has the <i>private fund</i> ever relied on an exemption from registration of its securities under Regulation D of the Securities Act of 1933? | • | 0 |
| 22. | If yes, provide the <i>private fund's</i> Form D file number (if any): | | |
| | Form D file number | | |
| | 021-315161 | | |

B. SERVICE PROVIDERS

| Auditor | <u>rs</u> | | |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| 22 () | | Yes | No |
| 23. (a) | (1) Are the <i>private fund</i> 's financial statements subject to an annual audit? | | 0 |
| | (2) If the answer to question 23.(a)(1) is "yes," are the financial statements prepared in accordance with U.S. GAAP? If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the <i>private fund</i> uses more than one auditing firm, you must complete | ⊙ | 0 |
| | questions (b) through (f) separately for each auditing firm. | | |
| | Additional Auditor Information : 1 Record(s) Filed. | | |
| | If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the <i>private fund</i> uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm. | ! | |
| | (b) Name of the auditing firm: COHEN & COMPANY, LTD. | | |
| | (c) The location of the auditing firm's office responsible for the <i>private fund's</i> audit (city, state and country): | | |
| | City: State: Country: HUNT VALLEY Maryland United States | | |
| | | s N | 0 |
| | (d) Is the auditing firm an independent public accountant? | 0 | 5 |
| | | | |
| | (e) Is the auditing firm registered with the Public Company Accounting Oversight Board? | 0 |) |
| | If yes, Public Company Accounting Oversight Board-Assigned Number: | | |
| | 925 | | |
| | | | |
| | (f) If "yes" to (e) above, is the auditing firm subject to regular inspection by the Public Company Accounting Oversight Board in accordance with its rules? | 0 | 5 |
| | | | |
| | | Yes | No |
| (g) | Are the <i>private fund</i> 's audited financial statements for the most recently completed fiscal year distributed to the <i>private fund</i> 's investors? | ⊙ | 0 |
| (h) | | | |
| | ○ Yes ○ No ● Report Not Yet Received | | |
| | If you check "Report Not Yet Received," you must promptly file an amendment to your Form ADV to update your response when the report is available. | | |
| Prime I | <u>Broker</u> | | |
| 24 (2) | Does the <i>private fund</i> use one or more prime brokers? | Yes | |
| 24. (a) | If the answer to question 24.(a) is "yes," respond to questions (b) through (e) below for each prime broker the private fund uses. If the private fund uses more that | O n on | _ |
| | prime broker, you must complete questions (b) through (e) separately for each prime broker. | | |
| | No Information Filed | | |
| | | | |
| Custod | lian_ | Yes | No |
| 25. (a) | Does the private fund use any custodians (including the prime brokers listed above) to hold some or all of its assets? | · | 0 |
| | If the answer to question 25.(a) is "yes," respond to questions (b) through (g) below for each custodian the <i>private fund</i> uses. If the <i>private fund</i> uses more than custodian, you must complete questions (b) through (g) separately for each custodian. | ne | ~ |
| | Additional Custodian Information : 1 Record(s) Filed. | | |
| | If the answer to question 25.(a) is "yes," respond to questions (b) through g) below for each custodian the <i>private fund</i> uses. If the <i>private fund</i> uses more than custodian, you must complete questions (b) through (g) separately for each custodian. | one | |
| | (b) Legal name of custodian: GEMINI TRUST COMPANY, LLC | | |
| | (c) Primary business name of custodian: | | |

| | GEMINI TRUST COMPANY, L | _C | | |
|--------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| | (d) The location of the custodian | s office responsible for <i>custody</i> of the <i>pri</i> | vate fund's assets (city, state and country): | |
| | City: | State: | Country: | |
| | NEW YORK | New York | United States | Yes No |
| | (e) Is the custodian a related per | son of your firm? | | O O |
| | (f) If the custodian is a broker de | ealer, provide its SEC registration number | (if any): | |
| | (f) If the custodian is a broker-de | aler, provide its SEC registration number | (II ally). | |
| | CRD Number (if any): | | | |
| | (g) If the custodian is not a broke | r-dealer, or is a broker-dealer but does n | ot have an SEC registration number, provide its <i>legal entity</i> | identifier (if any) |
| | | | | |
| Adminis | strator | | | Yes No |
| 26. (a) | Does the private fund use an admini | strator other than your firm? | | • c |
| | If the answer to question 26.(a) is "y (b) through (f) separately for each ac | | pelow. If the <i>private fund</i> uses more than one administrator, | you must complete questions |
| | Additional Administrator Information | on : 1 Record(s) Filed. | | |
| | If the answer to question 26.(a) is questions (b) through (f) separate | | f) below. If the <i>private fund</i> uses more than one administrate | or, you must complete |
| | (b) Name of administrator: TRIDENT FUND SERVICES, | INC. | | |
| | (c) Location of administrator (city | , state and country): | | |
| | City: ATLANTA | State: | Country: United States | |
| | ATLANTA | Georgia | United States | Yes No |
| | (d) Is the administrator a related | person of your firm? | | 0 0 |
| | (e) Does the administrator prepa | re and send investor account statements | to the <i>private fund's</i> investors? | |
| | | ors) $_{ m C}$ Some (provided to some but not a | all investors) C No (provided to no investors) | |
| | | e) is "no" or "some," who sends the investe (rest of the) <i>private fund's</i> investors, res | stor account statements to the (rest of the) <i>private fund</i> 's inversion of the private fund's inversion of the private fund in the private fun | estors? If investor account |
| | | | | |
| 27. Dur | ing your last fiscal year, what percent | age of the private fund's assets (by value |) was valued by a <i>person</i> , such as an administrator, that is a | not your related person? |
| Incl valu | | | ure established for that asset, if any, including obtaining any ns, and fee calculations (including allocations) was the valu | |
| Markete | ers. | | | |
| 28. (a) | Does the <i>private fund</i> use the service | es of someone other than you or your <i>en</i> | aployees for marketing purposes? | Yes No |
| | | to questions (b) through (g) below for each | ultant, finder, introducer, municipal advisor or other solicitor the such marketer the <i>private fund</i> uses. If the <i>private fund</i> uses. | or similar <i>person</i> . If the answer |
| | | No | Information Filed | |
| | | | | |

| 11110 | ormation About the Private Fund | | |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 4 | (a) Name of the majorate franch | | |
| 1. | (a) Name of the <i>private fund</i> : TETRAS CAPITAL, LP | | |
| | (b) Private fund identification number: | | |
| | (include the "805-" prefix also) | | |
| | 805-8432575669 | | |
| | | | |
| 2 | Under the laws of what state or country is the <i>private fund</i> organized: | | |
| 2. | State: | Country: | |
| | Delaware | United States | |
| | | | |
| 3. | (a) Name(s) of General Partner, Manager, Trustee, or Directors (or pers | sons serving in a similar capacity): | |
| | Name of General Partner, Manager, Trustee, or Director TETRAS CAPITAL GP, LLC | | |
| | TETRAS CAFTIAL GF, LLC | | |
| | (b) If filing an <i>umbrella registration</i> , identify the <i>filing adviser</i> and/or <i>rely</i> | ving adviser(s) that sponsor(s) or manage(s) this private fund | |
| | (a) It ming an ambrona regionation, tachting the ming devisor and ref | No Information Filed | |
| | | | |
| 4. | The <i>private fund</i> (check all that apply; you must check at least one): | | |
| | (1) qualifies for the exclusion from the definition of investment compared | any under section 3(c)(1) of the Investment Company Act of 1940 | |
| | \square (2) qualifies for the exclusion from the definition of investment compa | any under section 3(c)(7) of the Investment Company Act of 1940 | |
| | | | |
| 5. | List the name and country, in English, of each foreign financial regulator | | |
| | | No Information Filed | |
| 6. | (a) Is this a "master fund" in a master-feeder arrangement? | | Yes No |
| 0. | (b) If yes, what is the name and <i>private fund</i> identification number (if an | av) of the feeder funds investing in this private fund? | • c |
| | Name of <i>private fund</i> | Private fund identification number | |
| | | | |
| | TETRAS CAPITAL OFFSHORE LTD. | 805-7441555934 | |
| | | | |
| | | | Yes No |
| | | | Yes No |
| | TETRAS CAPITAL OFFSHORE LTD. (c) Is this a "feeder fund" in a master-feeder arrangement? (d) If yes, what is the name and <i>private fund</i> identification number (if any | 805-7441555934 | |
| | TETRAS CAPITAL OFFSHORE LTD. (c) Is this a "feeder fund" in a master-feeder arrangement? | 805-7441555934 | |
| | TETRAS CAPITAL OFFSHORE LTD. (c) Is this a "feeder fund" in a master-feeder arrangement? (d) If yes, what is the name and <i>private fund</i> identification number (if an Name of <i>private fund</i> : | 805-7441555934 | |
| | TETRAS CAPITAL OFFSHORE LTD. (c) Is this a "feeder fund" in a master-feeder arrangement? (d) If yes, what is the name and <i>private fund</i> identification number (if any | 805-7441555934 | |
| | (c) Is this a "feeder fund" in a master-feeder arrangement? (d) If yes, what is the name and <i>private fund</i> identification number (if an Name of <i>private fund</i>: Private fund identification number: | 805-7441555934 | |
| | (c) Is this a "feeder fund" in a master-feeder arrangement? (d) If yes, what is the name and private fund identification number (if an Name of private fund: Private fund identification number: (include the "805-" prefix also) | 805-7441555934 ny) of the master fund in which this <i>private fund</i> invests? | ○ • |
| | TETRAS CAPITAL OFFSHORE LTD. (c) Is this a "feeder fund" in a master-feeder arrangement? (d) If yes, what is the name and private fund identification number (if an Name of private fund: Private fund identification number: (include the "805-" prefix also) | 805-7441555934 | ○ • |
| | (c) Is this a "feeder fund" in a master-feeder arrangement? (d) If yes, what is the name and private fund identification number (if an Name of private fund: Private fund identification number: (include the "805-" prefix also) | 805-7441555934 ny) of the master fund in which this <i>private fund</i> invests? | ○ • |
| 7. | (c) Is this a "feeder fund" in a master-feeder arrangement? (d) If yes, what is the name and private fund identification number (if an Name of private fund: Private fund identification number: (include the "805-" prefix also) NOTE: You must complete question 6 for each master-feeder arrangement or reporting on the funds separately. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder | 805-7441555934 ny) of the master fund in which this <i>private fund</i> invests? | C ⊙ |
| 7. | (c) Is this a "feeder fund" in a master-feeder arrangement? (d) If yes, what is the name and private fund identification number (if an Name of private fund: Private fund identification number: (include the "805-" prefix also) NOTE: You must complete question 6 for each master-feeder arrangement or reporting on the funds separately. | ny) of the master fund in which this <i>private fund</i> invests? The master fund in which this <i>private fund</i> invests? The master fund in which this <i>private fund</i> invests? | C ⊙ |
| 7. | (c) Is this a "feeder fund" in a master-feeder arrangement? (d) If yes, what is the name and private fund identification number (if an Name of private fund: Private fund identification number: (include the "805-" prefix also) NOTE: You must complete question 6 for each master-feeder arrangement or reporting on the funds separately. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder | ny) of the master fund in which this <i>private fund</i> invests? The master fund in which this <i>private fund</i> invests? The master fund in which this <i>private fund</i> invests? | C ⊙ |
| 7. | (c) Is this a "feeder fund" in a master-feeder arrangement? (d) If yes, what is the name and private fund identification number (if an Name of private fund: Private fund identification number: (include the "805-" prefix also) NOTE: You must complete question 6 for each master-feeder arrangement or reporting on the funds separately. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder the following questions: | ny) of the master fund in which this <i>private fund</i> invests? The master fund in which this <i>private fund</i> invests? The master fund in which this <i>private fund</i> invests? | C ⊙ |
| 7. | (c) Is this a "feeder fund" in a master-feeder arrangement? (d) If yes, what is the name and private fund identification number (if an Name of private fund: Private fund identification number: (include the "805-" prefix also) NOTE: You must complete question 6 for each master-feeder arrangement or reporting on the funds separately. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder the following questions: Additional Feeder Fund Information: 1 Record(s) Filed. | ny) of the master fund in which this <i>private fund</i> invests? The master fund in which this <i>private fund</i> invests? The master fund in which this <i>private fund</i> invests? | er-feeder |
| 7. | (c) Is this a "feeder fund" in a master-feeder arrangement? (d) If yes, what is the name and private fund identification number (if an Name of private fund: Private fund identification number: (include the "805-" prefix also) NOTE: You must complete question 6 for each master-feeder arrangement or reporting on the funds separately. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder the following questions: Additional Feeder Fund Information: 1 Record(s) Filed. | nent regardless of whether you are filing a single Schedule D, Section 7.B.(1) for the master arrangement according to the instructions to this Section 7.B.(1), for each of the feeder fur | er-feeder |
| 7. | (c) Is this a "feeder fund" in a master-feeder arrangement? (d) If yes, what is the name and private fund identification number (if an Name of private fund: Private fund identification number: (include the "805-" prefix also) NOTE: You must complete question 6 for each master-feeder arrangemarrangement or reporting on the funds separately. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder the following questions: Additional Feeder Fund Information: 1 Record(s) Filed. 7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder answer the following questions: (a) Name of the private fund: | nent regardless of whether you are filing a single Schedule D, Section 7.B.(1) for the master arrangement according to the instructions to this Section 7.B.(1), for each of the feeder fur | er-feeder |
| 7. | (c) Is this a "feeder fund" in a master-feeder arrangement? (d) If yes, what is the name and private fund identification number (if an Name of private fund: Private fund identification number: (include the "805-" prefix also) NOTE: You must complete question 6 for each master-feeder arrangement arrangement or reporting on the funds separately. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder the following questions: Additional Feeder Fund Information: 1 Record(s) Filed. 7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder answer the following questions: | nent regardless of whether you are filing a single Schedule D, Section 7.B.(1) for the master arrangement according to the instructions to this Section 7.B.(1), for each of the feeder fur | er-feeder nds answer |
| 7. | (c) Is this a "feeder fund" in a master-feeder arrangement? (d) If yes, what is the name and private fund identification number (if an Name of private fund: Private fund identification number: (include the "805-" prefix also) NOTE: You must complete question 6 for each master-feeder arrangemarrangement or reporting on the funds separately. If you are filling a single Schedule D, Section 7.B.(1) for a master-feeder the following questions: Additional Feeder Fund Information: 1 Record(s) Filed. 7. If you are filling a single Schedule D, Section 7.B.(1) for a master-feeder answer the following questions: (a) Name of the private fund: TETRAS CAPITAL OFFSHORE LTD. | nent regardless of whether you are filing a single Schedule D, Section 7.B.(1) for the master arrangement according to the instructions to this Section 7.B.(1), for each of the feeder fur | er-feeder |
| 7. | (c) Is this a "feeder fund" in a master-feeder arrangement? (d) If yes, what is the name and private fund identification number (if an Name of private fund: Private fund identification number: (include the "805-" prefix also) NOTE: You must complete question 6 for each master-feeder arrangemarrangement or reporting on the funds separately. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder the following questions: Additional Feeder Fund Information: 1 Record(s) Filed. 7. If you are filing a single Schedule D, Section 7.B.(1) for a master-feeder answer the following questions: (a) Name of the private fund: | nent regardless of whether you are filing a single Schedule D, Section 7.B.(1) for the master arrangement according to the instructions to this Section 7.B.(1), for each of the feeder fur | er-feeder |
| 7. | (c) Is this a "feeder fund" in a master-feeder arrangement? (d) If yes, what is the name and private fund identification number (if an Name of private fund: Private fund identification number: (include the "805-" prefix also) NOTE: You must complete question 6 for each master-feeder arrangement arrangement or reporting on the funds separately. If you are filling a single Schedule D, Section 7.B.(1) for a master-feeder the following questions: Additional Feeder Fund Information: 1 Record(s) Filed. 7. If you are filling a single Schedule D, Section 7.B.(1) for a master-feeder answer the following questions: (a) Name of the private fund: TETRAS CAPITAL OFFSHORE LTD. | nent regardless of whether you are filing a single Schedule D, Section 7.B.(1) for the master arrangement according to the instructions to this Section 7.B.(1), for each of the feeder fur | er-feeder |

Under the laws of what state or country is the *private fund* organized:

| | | Cayman Islands | | | | | | |
|-----------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------|--|--|--|--|
| | (d) (1) | Name(s) of General Partner, Manager, Trustee or Directors (or <i>persons</i> serving in a similar capacity): | | | | | | |
| | (4) (1) | Name of General Partner, Manager, Trustee or Director | | | | | | |
| | | ALEXANDER SUNNARBORG | | - | | | | |
| | | BRENDAN BERNSTEIN | | - | | | | |
| | | | | - | | | | |
| | | THOMAS GARRAMBONE | | _ _ | | | | |
| | (d) (2) | If filing an umbrella registration, identify the filing adviser and/or relying adviser(s) that sponsor(s) or manage(s) this private fund: No Information Filed | | | | | | |
| | (e) | The <i>private fund</i> (check all that apply; you must check at least one): | | | | | | |
| | | (1) qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940 | | | | | | |
| | | (1) qualifies for the exclusion from the definition of investment company under section 3(c)(7) of the Investment Company Act of 1940 | | | | | | |
| | | (E) qualified for the exercise, from the definition of investment earlier (e)(i) or the investment earlier to the | | | | | | |
| | (f) | List the name and country, in English, of each <i>foreign financial regulatory authority</i> with which the <i>private fund</i> is registered. No Information Filed | | | | | | |
| | ("master fun | ourposes of questions 6 and 7, in a master-feeder arrangement, one or more funds ("feeder funds") invest all or substantially all of their assets in a singled"). A fund would also be a "feeder fund" investing in a "master fund" for purposes of this question if it issued multiple classes (or series) of shares or in ass (or series) invests substantially all of its assets in a single master fund. | | | | | | |
| | | | Yes | No | | | | |
| 8. | (a) Is this p | rivate fund a "fund of funds"? | 0 | _ | | | | |
| 0. | NOTE: For p | ourposes of this question only, answer "yes" if the fund invests 10 percent or more of its total assets in other pooled investment vehicles, regardless of who private funds or registered investment companies. | ~ | _ | | | | |
| | (b) If yes, de | oes the <i>private fund</i> invest in funds managed by you or by a <i>related person</i> ? | 0 | 0 | | | | |
| 9. | | last fiscal year, did the <i>private fund</i> invest in securities issued by investment companies registered under the Investment Company Act of 1940 (other market funds," to the extent provided in Instruction 6.e.)? | Yes O | | | | | |
| 10. | What type of | fund is the <i>private fund</i> ? | | | | | | |
| | • hedge fu | and igcirc liquidity fund igcirc private equity fund igcirc real estate fund igcirc securitized asset fund igcirc venture capital fund igcirc Other <i>private fund</i> : | | | | | | |
| | NOTE: For o | definitions of these fund types, please see Instruction 6 of the Instructions to Part 1A. | | | | | | |
| 11. | Current gros | ss asset value of the <i>private fund</i> : | | | | | | |
| | \$ 33,454,67 | 1 | | | | | | |
| <u>Ow</u> | <u>nership</u> | | | | | | | |
| 12. | Minimum inv | vestment commitment required of an investor in the private fund: | | | | | | |
| | NOTE: Repo | ort the amount routinely required of investors who are not your related persons (even if different from the amount set forth in the organizational documents | of th | ıe | | | | |
| 13. | Approximate | number of the <i>private fund</i> 's beneficial owners: | | | | | | |
| 14. | What is the a | approximate percentage of the <i>private fund</i> beneficially owned by you and your <i>related persons</i> : | | | | | | |
| 15. | (a) What is 10% | the approximate percentage of the <i>private fund</i> beneficially owned (in the aggregate) by funds of funds: | Vac | NI- | | | | |
| | | ivate fund qualifies for the exclusion from the definition of investment company under section 3(c)(1) of the Investment Company Act of 1940, are sales and limited to qualified clients? | Yes ⊙ | | | | | |

Country:

State:

| questions (b) through (f) separately for each auditing firm. (b) Name of the auditing firm: COHEN & COMPANY, LTD. (c) The location of the auditing firm's office responsible for the <i>private fund's</i> audit (city, state and country): City: State: Country: HUNT VALLEY Maryland United States Y (d) Is the auditing firm an <i>independent public accountant</i> ? | | 10% | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------|
| (a) If the answer to question 17.(a) is "yes," provide the name and SEC file number, if any, of the advisor of the private fund if the answer to question 17.(a) is "no," question blank. No information Filed 18. (b) Disary investment advisors (later than the investment advisors listed in Section 7.8.(1).A.3.(h)) advisor the private fund. (a) If the answer to question 18.(a) is "yes," provide the name and SEC file number. If any, of the other advisors to the private fund. If the onewer to question 18.(a) is less this question blank. No information Filed 19. Are your clients solicited to invest in the private fund? NOTE for purposes of this question, do not consider feeder funds of the private fund. 20. Approximately what percentage of your clients has invested in the private fund? 21. Has the private fund over relied on an exemption from registration of its securities under Regulation D of the Securities Act of 1933? 22. If yes, provide the private fund's Form D tile number (if any): Form D file number (D1-293163 B. SERVICE PROVIDERS Auditors 23. (a) (1) Are the private fund's financial statements subject to an annual audit? (2) If the answer to question 23.(a)(1) is "yes," are the financial statements prepared in accordance with U.S. GAAP? If the answer to question 23.(a)(1) is "yes," are the financial statements prepared in accordance with U.S. GAAP? If the answer to question 23.(a)(1) is "yes," are the financial statements prepared in accordance with U.S. GAAP? If the answer to question 23.(a)(1) is "yes," respond to questions (i) through (ii) below. If the private fund uses more than one auditing firm, you must complete questions (ii) through (iii) below. If the private fund uses more than one auditing firm, you must complete questions (ii) it in the auditing firm is office responsible for the private fund? (b) Name of the auditing firm is office responsible for the private fund? (c) The location of the auditing firm's office responsible for the private fund? (d) Is the auditing firm an i | You | r Ad | visory Services | | |
| (b) If the answer to question 17.(a) is "yes," provide the name and SEC file number, if any, of the advisor of the private fund if the answer to question 17.(a) is "no," questions blank. No Information Filed 18. (a) Do any investment advisors (other than the investment sublects listed in Section 7.8.(1).A.3.(b)) advise the private fund. If the answer to question 18.(a) is "yes," provide the name and SEC file number, if any, of the other advisors to the private fund. If the onewer to question 18.(a) is severe this question blank. No Information Filed 19. Are your clients solicited to invest in the private fund? ANOTE. For purposes of the question, do not consister feeder funds of the private fund? On. Private Offering 21. Has the private fund ever relied on an exemption from registration of its securities under Regulation D of the Securities Act of 1933? 22. If yes, provide the private fund's Form D file number (if any): Form D file number (D1.293.163 8. SERVICE PROVIDERS Auditors 23. (a) (1) Are the private fund's financial statements subject to an annual audit? (2) If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (i) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (ii) private fund uses more than one auditing firm, you must complete questions (b) through (ii) private fund uses more than one auditing firm, you must complete questions (b) through (ii) private fund uses more than one auditing firm, you must complete questions (b) through (ii) private fund uses more than one auditing firm, you must complete questions (b) through (iii) private fund uses more than one auditing firm, you must complete questions (b) through (ii) private fund uses more than one auditing firm, you must complete questions (b) through (iii) private fund uses more than one auditing firm, you must complete questions (b) through (iii) private fund uses more than one auditing firm, you must complete fund to a uniform of the auditing firm in indep | 17. | (a) | Are you a subadviser to this <i>private fund</i> ? | Yes | No ⊙ |
| No information Field 15. (a) Do any investment advisers (other than the investment advisers listed in Section 7.8. (1).A.3.(b) advise the private fund? (b) If the anserer to question 18.(a) is "yes," provide the name and SEC file number, if any, of the other advisers to the private fund. If the anserer to question 18.(a) is seen this question blank. No Information Filed 15. Are your alterits solicited to invest in the private fund? NOTE: For purposes of this question, do not consider fooder funds of the private fund. 26. Approximately what percentage of your clients has invested in the private fund? 27. Has the private fund ever relied on an exemption from registration of its securities under Regulation D of the Securities Act of 1933? 28. If yes, provide the private fund's form D like number (if any): Form Office number | | | If the answer to question 17.(a) is "yes," provide the name and SEC file number, if any, of the adviser of the <i>private fund</i> . If the answer to question 17.(a) is "no," leading to the private fund. | _ | _ |
| (b) If the answer to question 18,(a) is "yes," provide the name and SEC file number, if any, of the other advisers to the probate Aund. If the answer to question 18,(a) is seen this question blank. No Information Filed 19. Are your clients solicited to invest in the private fund? NOTE: For purposes of this question, do not consider feeder funds of the private fund? ON. Private Offering 21. Has the private fund ever relied on an exemption from registration of its socialities under Regulation D of the Securities Act of 1933? 22. If yes, provide the private fund's from D file number (if any): Form D file number | | | | | |
| (b) If the answer to question 18,(a) is "yes," provide the name and SEC file number, if any, of the other advisers to the probate Aund. If the answer to question 18,(a) is seen this question blank. No Information Filed 19. Are your clients solicited to invest in the private fund? NOTE: For purposes of this question, do not consider feeder funds of the private fund? ON. Private Offering 21. Has the private fund ever relied on an exemption from registration of its socialities under Regulation D of the Securities Act of 1933? 22. If yes, provide the private fund's from D file number (if any): Form D file number | | | | Yes | No |
| terve this question blank: No Information Filed NoTE: For purposes of this question, do not consider feeder funds of the private fund? NOTE: For purposes of this question, do not consider feeder funds of the private fund? O% Private Offering 21. Has the private fund ever relied on an exemption from registration of its securities under Regulation D of the Securities Act of 1933? 22. If yes, provide the private fund's financial statements only: Form D file number 021-283163 B. SERVICE PROVIDERS Auditors 22. (a) (1) Are the private fund's financial statements subject to an annual audit? (2) If the answer to question 23.(a)(1) is "yes," are the financial statements prepared in accordance with U.S. GAAP? If the answer to question 23.(a)(1) is "yes," are the financial statements prepared in accordance with U.S. GAAP? If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (b) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm. Additional Auditor information: 1 Record(s) Filed. (b) Name of the auditing firm's office responsible for the private fund's saudit (city, state and country): Chy. State. Country: Hint YULLEY Manyland United States (d) Is the auditing firm registered with the Public Company Accounting Oversight Board? (e) It the auditing firm registered with the Public Company Accounting Oversight Board? (f) If yes, Public Company Accounting Oversight Board-Assigned Number. | 18. | (a) | Do any investment advisers (other than the investment advisers listed in Section 7.B.(1).A.3.(b)) advise the private fund? | 0 | • |
| 19. Are your clients solicited to invest in the private fund? NOTE: For purposes of this question, do not consider feeder funds of the private fund. 20. Approximately what percentage of your clients has invested in the private fund? (7%) Private Offering 21. Has the private fund ever relied on an exemption from registration of its securities under Regulation D of the Securities Act of 1833? 22. If yes, provide the private fund's Form D file number (if any): Form D file number (21: 233163 8. SERVICE PROVIDERS Auditors 23. (a) (1) Are the private fund's financial statements subject to an annual audit? (2) If the answer to question 23.(a)(1) is 'yes,' are the financial statements prepared in accordance with U.S. GAAP? If the answer to question (3.(a)(1) is 'yes,' are the financial statements prepared in accordance with U.S. GAAP? If the answer to question (1) separately for each auditing firm. Additional Auditor Information : 1 Record(s) Filed. If the answer to question 23.(a)(1) is 'yes,' respond to questions (b) through (i') below. If the private fund uses more than one auditing firm, you must complete questions (b) through (i) separately for each auditing firm. (b) Name of the auditing firm: COHEN & COMPANY, LTD. (c) The location of the auditing firm's office responsible for the private fund's audit (city, state and country): Coy. State: Country: HINTY VALLEY Manyland (d) Is the auditing firm an independent public accountance? (e) It the auditing firm an independent public accountance? If yes, Public Company Accounting Oversight Board-Assigned Number. | | (b) | | "no | " |
| NOTE: For purposes of this gruestion, do not consider feeder funds of the private fund? ON Private Offering 21. Has the private fund ever relied on an exemption from registration of its securities under Regulation D of the Securities Act of 1933? 22. If yes, provide the private fund's Form D file number (if any): Form D file number 021-293163 B. SERVICE PROVIDERS Auditors 23. (a) (1) Are the private fund's financial statements subject to an annual audi? (2) If the answer to question 23.(a)(1) is 'yes,' are the financial statements prepared in accordance with U.S. GAAP? If the answer to question 23.(a)(1) is 'yes,' respond to questions (b) through (b) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm. Additional Auditior Information : 1 Record(s) Filed. If the answer to question 23.(a)(1) is 'yes,' respond to questions (b) through (f) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm. (b) Name of the auditing firm's office responsible for the private fund's audit (city, state and country): Cay. (c) The location of the auditing firm's office responsible for the private fund's audit (city, state and country): Cay. HUNT VALLEY Maryland United States Y (d) Is the auditing firm registered with the Public Company Accounting Oversight Board? (f) If yes, Public Company Accounting Oversight Board-Assigned Number: | | | · | | |
| NOTE: For purposes of this gruestion, do not consider feeder funds of the private fund? ON Private Offering 21. Has the private fund ever relied on an exemption from registration of its securities under Regulation D of the Securities Act of 1933? 22. If yes, provide the private fund's Form D file number (if any): Form D file number 021-293163 B. SERVICE PROVIDERS Auditors 23. (a) (1) Are the private fund's financial statements subject to an annual audi? (2) If the answer to question 23.(a)(1) is 'yes,' are the financial statements prepared in accordance with U.S. GAAP? If the answer to question 23.(a)(1) is 'yes,' respond to questions (b) through (b) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm. Additional Auditior Information : 1 Record(s) Filed. If the answer to question 23.(a)(1) is 'yes,' respond to questions (b) through (f) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm. (b) Name of the auditing firm's office responsible for the private fund's audit (city, state and country): Cay. (c) The location of the auditing firm's office responsible for the private fund's audit (city, state and country): Cay. HUNT VALLEY Maryland United States Y (d) Is the auditing firm registered with the Public Company Accounting Oversight Board? (f) If yes, Public Company Accounting Oversight Board-Assigned Number: | | | | Yes | No |
| 20. Approximately what percentage of your <i>clients</i> has invested in the <i>private fund</i> ? (%) Private Offering 21. Has the <i>private fund</i> ever relied on an exemption from registration of its securities under Regulation D of the Securities Act of 1933? 22. If yes, provide the <i>private fund's</i> Form D file number (if any): Form D file number (21-233163) B. SERVICE PROVIDERS Auditors 23. (a) (1) Are the <i>private fund's</i> financial statements subject to an annual audit? (2) If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (i) below. If the <i>private fund</i> uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm. Additional Auditor Information: 1 Record(s) Filed. If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (i) below. If the <i>private fund</i> uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm. (b) Name of the auditing firm: COHEN & COMPANY, LTD. (c) The location of the auditing firm's office responsible for the <i>private fund</i> saudit (city, state and country): Chy, HUNT VALLEY Maryland (d) Is the auditing firm registered with the Public Company Accounting Oversight Board? (f) If yes, Public Company Accounting Oversight Board-Assigned Number: | 19. | Are | your <i>clients</i> solicited to invest in the <i>private fund</i> ? | 0 | \odot |
| Private Offering 21. Has the private fund ever relied on an exemption from registration of its securities under Regulation D of the Securities Act of 1933? 22. If yes, provide the private fund's Form D file number (if any): Form D file number | | NO | TE: For purposes of this question, do not consider feeder funds of the private fund. | | |
| 21. Has the private fund ever relied on an exemption from registration of its securities under Regulation D of the Securities Act of 1933? 22. If yes, provide the private fund's Form D file number (if any): Form D file number 021-293163 B. SERVICE PROVIDERS Auditors 23. (a) (1) Are the private fund's financial statements subject to an annual audit? (2) If the answer to question 23.(a)(1) is "yes," are the financial statements prepared in accordance with U.S. GAAP? If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm. Additional Auditor Information : 1 Record(s) Filed. If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm. (b) Name of the auditing firm: COHEN & COMPANY, LTD. (c) The location of the auditing firm's office responsible for the private fund's audit (city, state and country): City: HUNT VALLEY Manyland United States (d) Is the auditing firm an independent public accountant? (e) Is the auditing firm registered with the Public Company Accounting Oversight Board? If yes, Public Company Accounting Oversight Board-Assigned Number: | | | roximately what percentage of your <i>clients</i> has invested in the <i>private fund</i> ? | | |
| 22. If yes, provide the private fund's Form D file number (if any): Form D file number 021-293163 B. SERVICE PROVIDERS Auditors 23. (a) (1) Are the private fund's financial statements subject to an annual audit? (2) If the answer to question 23.(a)(1) is "yes," are the financial statements prepared in accordance with U.S. GAAP? If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm. Additional Auditor Information: 1 Record(s) Filed. If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm. (b) Name of the auditing firm: OHEN & COMPANY, LTD. (c) The location of the auditing firm's office responsible for the private fund's audit (city, state and country): City: HUNT VALLEY Manyland United States (d) Is the auditing firm an independent public accountant? (e) Is the auditing firm registered with the Public Company Accounting Oversight Board? If yes, Public Company Accounting Oversight Board-Assigned Number: | <u>Priv</u> | ate (| Offering | | |
| 22. If yes, provide the private fund's Form D file number (if any): Form D file number (D21-293163 B. SERVICE PROVIDERS Auditors 23. (a) (1) Are the private fund's financial statements subject to an annual audit? (2) If the answer to question 23.(a)(1) is "yes," are the financial statements prepared in accordance with U.S. GAAP? If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm. Additional Auditor Information: 1 Record(s) Filed. If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm. (b) Name of the auditing firm: COHEN & COMPANY, LTD. (c) The location of the auditing firm's office responsible for the private fund's audit (city, state and country): City: HUNT VALLEY Manyland United States (d) Is the auditing firm an independent public accountant? (e) Is the auditing firm registered with the Public Company Accounting Oversight Board? If yes, Public Company Accounting Oversight Board-Assigned Number: | | | | Yes | No |
| Eorm D file number 021-293163 B. SERVICE PROVIDERS Auditors 23. (a) (1) Are the private fund's financial statements subject to an annual audit? (2) If the answer to question 23.(a)(1) is "yes," are the financial statements prepared in accordance with U.S. GAAP? If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm. Additional Auditor Information: 1 Record(s) Filed. If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm. (b) Name of the auditing firm: COHEN & COMPANY, LTD. (c) The location of the auditing firm's office responsible for the private fund's audit (city, state and country): City: State: Country: HUNT VALLEY Maryland (d) Is the auditing firm an independent public accountant? (e) Is the auditing firm registered with the Public Company Accounting Oversight Board? If yes, Public Company Accounting Oversight Board-Assigned Number: | 21. | Has | the <i>private fund</i> ever relied on an exemption from registration of its securities under Regulation D of the Securities Act of 1933? | • | 0 |
| B. SERVICE PROVIDERS Auditors 23. (a) (1) Are the <i>private fund's</i> financial statements subject to an annual audit? (2) If the answer to question 23.(a)(1) is "yes," are the financial statements prepared in accordance with U.S. GAAP? If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the <i>private fund</i> uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm. Additional Auditor Information: 1 Record(s) Filed. If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (f) below. If the <i>private fund</i> uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm. (b) Name of the auditing firm: COHEN & COMPANY, LTD. (c) The location of the auditing firm's office responsible for the <i>private fund's</i> audit (city, state and country): City: HUNT VALLEY Manyland United States (d) Is the auditing firm an <i>independent public accountant?</i> (e) Is the auditing firm registered with the Public Company Accounting Oversight Board? | 22. | If ye | s, provide the <i>private fund</i> 's Form D file number (if any): | | |
| B. SERVICE PROVIDERS Auditors 23. (a) (1) Are the private fund's financial statements subject to an annual audit? (2) If the answer to question 23.(a)(1) is "yes," are the financial statements prepared in accordance with U.S. GAAP? If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm. Additional Auditor Information : 1 Record(s) Filed. If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm. (b) Name of the auditing firm: COHEN & COMPANY, LTD. (c) The location of the auditing firm's office responsible for the private fund's audit (city, state and country): City: HUNT VALLEY Maryland United States (d) Is the auditing firm an independent public accountant? (e) Is the auditing firm registered with the Public Company Accounting Oversight Board? | | | | | |
| (2) If the answer to question 23.(a)(1) is "yes," are the financial statements prepared in accordance with U.S. GAAP? If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm. Additional Auditor Information: 1 Record(s) Filed. If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one auditing firm, you must complet questions (b) through (f) separately for each auditing firm. (b) Name of the auditing firm: COHEN & COMPANY, LTD. (c) The location of the auditing firm's office responsible for the private fund's audit (city, state and country): City: HUNT VALLEY Maryland United States Y (d) Is the auditing firm an independent public accountant? (e) Is the auditing firm registered with the Public Company Accounting Oversight Board? | | | | _ | s No |
| If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one auditing firm, you must complete questions (b) through (f) separately for each auditing firm. Additional Auditor Information: 1 Record(s) Filed. If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one auditing firm, you must complet questions (b) through (f) separately for each auditing firm. (b) Name of the auditing firm: COHEN & COMPANY, LTD. (c) The location of the auditing firm's office responsible for the private fund's audit (city, state and country): City: State: Country: HUNT VALLEY Maryland United States Y (d) Is the auditing firm an independent public accountant? (e) Is the auditing firm registered with the Public Company Accounting Oversight Board? If yes, Public Company Accounting Oversight Board-Assigned Number: | 23. | (a) | | • | 0 |
| Additional Auditor Information: 1 Record(s) Filed. If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one auditing firm, you must complet questions (b) through (f) separately for each auditing firm. (b) Name of the auditing firm: COHEN & COMPANY, LTD. (c) The location of the auditing firm's office responsible for the private fund's audit (city, state and country): City: State: Country: HUNT VALLEY Maryland United States Y (d) Is the auditing firm an independent public accountant? (e) Is the auditing firm registered with the Public Company Accounting Oversight Board? If yes, Public Company Accounting Oversight Board-Assigned Number: | | | If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the private fund uses more than one auditing firm, you must complete | ⊙ | 0 |
| If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the <i>private fund</i> uses more than one auditing firm, you must complet questions (b) through (f) separately for each auditing firm. (b) Name of the auditing firm: COHEN & COMPANY, LTD. (c) The location of the auditing firm's office responsible for the <i>private fund's</i> audit (city, state and country): City: State: Country: HUNT VALLEY Maryland United States Y (d) Is the auditing firm an <i>independent public accountant</i> ? (e) Is the auditing firm registered with the Public Company Accounting Oversight Board? | | | questions (b) through (f) separately for each auditing firm. | | |
| questions (b) through (f) separately for each auditing firm. (b) Name of the auditing firm: COHEN & COMPANY, LTD. (c) The location of the auditing firm's office responsible for the <i>private fund's</i> audit (city, state and country): City: State: Country: HUNT VALLEY Maryland United States (d) Is the auditing firm an <i>independent public accountant?</i> (e) Is the auditing firm registered with the Public Company Accounting Oversight Board? | | | Additional Auditor Information : 1 Record(s) Filed. | | |
| COHEN & COMPANY, LTD. (c) The location of the auditing firm's office responsible for the <i>private fund's</i> audit (city, state and country): City: State: Country: HUNT VALLEY Maryland United States Y (d) Is the auditing firm an <i>independent public accountant</i> ? (e) Is the auditing firm registered with the Public Company Accounting Oversight Board? | | | If the answer to question 23.(a)(1) is "yes," respond to questions (b) through (h) below. If the <i>private fund</i> uses more than one auditing firm, you must complet questions (b) through (f) separately for each auditing firm. | Э | |
| City: State: Country: HUNT VALLEY Maryland United States Y (d) Is the auditing firm an independent public accountant? (e) Is the auditing firm registered with the Public Company Accounting Oversight Board? If yes, Public Company Accounting Oversight Board-Assigned Number: | | | | | |
| HUNT VALLEY Maryland United States Y (d) Is the auditing firm an <i>independent public accountant</i> ? (e) Is the auditing firm registered with the Public Company Accounting Oversight Board? If yes, Public Company Accounting Oversight Board-Assigned Number: | | | (c) The location of the auditing firm's office responsible for the <i>private fund</i> 's audit (city, state and country): | | |
| (d) Is the auditing firm an <i>independent public accountant</i> ? (e) Is the auditing firm registered with the Public Company Accounting Oversight Board? If yes, Public Company Accounting Oversight Board-Assigned Number: | | | | | |
| (d) Is the auditing firm an <i>independent public accountant</i> ? (e) Is the auditing firm registered with the Public Company Accounting Oversight Board? If yes, Public Company Accounting Oversight Board-Assigned Number: | | | | es | No |
| If yes, Public Company Accounting Oversight Board-Assigned Number: | | | | | 0 |
| | | | (e) Is the auditing firm registered with the Public Company Accounting Oversight Board? | 5 | 0 |
| | | | | | |
| (f) If "yes" to (e) above, is the auditing firm subject to regular inspection by the Public Company Accounting Oversight Board in accordance with its rules? | | | |) | 0 |

16. What is the approximate percentage of the *private fund* beneficially owned by non-*United States persons*:

| | | | | Yes | No |
|---------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------|----------|
| (g) | Are the private fund's audited financial sta | atements for the most recently completed | fiscal year distributed to the private fund's investors? | • | 0 |
| (h) | Do all of the reports prepared by the audi | ting firm for the <i>private fund</i> since your la | st annual updating amendment contain unqualified opinions? | | |
| | | red | | | |
| | | | your Form ADV to update your response when the report is available. | | |
| D | Nordon . | | | | |
| Prime I | <u>Broker</u> | | | Yes | No |
| 24. (a) | Does the <i>private fund</i> use one or more p | rime brokers? | | 0 | • |
| | If the answer to question 24.(a) is "yes," prime broker, you must complete question | | w for each prime broker the <i>private fund</i> uses. If the <i>private fund</i> uses me broker. | s more than one | ; |
| | p 2.2.0.0, , 2.2 | | | | |
| | | No Info | rmation Filed | | |
| Custod | i <u>an</u> | | | | |
| | _ | | | Yes | No |
| 25. (a) | Does the <i>private fund</i> use any custodians | | | | 0 |
| | If the answer to question 25.(a) is "yes," custodian, you must complete questions | | w for each custodian the <i>private fund</i> uses. If the <i>private fund</i> uses m dian. | ore than one | |
| | Additional Custodian Information : 1 Re | cord(s) Filed. | | | |
| | | ," respond to questions (b) through g) beins (b) through (g) separately for each cus | low for each custodian the <i>private fund</i> uses. If the <i>private fund</i> uses stodian. | more than one | |
| | (c) Primary business name of custod GEMINI TRUST COMPANY, LLC | ian: | | | |
| | (d) The location of the custodian's off | ice responsible for <i>custody</i> of the <i>private</i> : | fund's assets (city, state and country): | | |
| | City: | State: | Country: | | |
| | NEW YORK | New York | United States | Voc. No. | |
| | (e) Is the custodian a related person (| of your firm? | | Yes No | |
| | | | | ~ ~ | |
| | (f) If the custodian is a broker-dealer, | provide its SEC registration number (if a | ny): | | |
| | CRD Number (if any): | | | | |
| | (g) If the custodian is not a broker-dea | aler, or is a broker-dealer but does not ha | ve an SEC registration number, provide its <i>legal entity identifier</i> (if an | ıy) | |
| | | | | | |
| Admini | strator | | | | |
| | | | | Yes | No |
| 26. (a) | Does the <i>private fund</i> use an administrat | or other than your firm? | | • | 0 |
| | If the answer to question 26.(a) is "yes," (b) through (f) separately for each admini | | If the private fund uses more than one administrator, you must cor | nplete questions | 3 |
| | Additional Administrator Information : | I Record(s) Filed. | | | |
| | | | | | |
| | | | ow. If the <i>private fund</i> uses more than one administrator, you must o | complete | |
| | questions (b) through (f) separately for | each administrator. | | | |

(b) Name of administrator:

TRIDENT FUND SERVICES, INC.

| | (c) Location of administrator (| city, state and country): | | |
|---------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| | City: | State: | Country: | |
| | ATLANTA | Georgia | United States | V M |
| | (d) Is the administrator a <i>rela</i> i | ted person of your firm? | | Yes No |
| | (S) 15 and definitionation a relati | ou porson or your mini | | ○ ● |
| | | epare and send investor account statements estors) $oldsymbol{\mathbb{C}}$ Some (provided to some but not a | to the <i>private fund's</i> investors? Il investors) No (provided to no investors) | |
| | | 26.(e) is "no" or "some," who sends the invested the (rest of the) private fund's investors, respectively. | tor account statements to the (rest of the) private bond "not applicable." | fund's investors? If investor account |
| 27. Durin | ng your last fiscal year, what perc | centage of the <i>private fund's</i> assets (by value) |) was valued by a <i>person</i> , such as an administrate | or, that is not your <i>related person</i> ? |
| Inclu | ation used for purposes of invest | - | are established for that asset, if any, including obtains, and fee calculations (including allocations) wa | |
| Marketer | <u>s</u> | | | |
| 29 (a) [| Dood the private fundual the popular | ruises of company other than you or your om | unlove on for marketing purposes? | Yes No |
| | | rvices of someone other than you or your em | iployees for marketing purposes? Iltant, finder, introducer, municipal advisor or othe | or solicitor, or similar nerson If the answer |
| t | o question 28.(a) is "yes," respo | nd to questions (b) through (g) below for each | h such marketer the <i>private fund</i> uses. If the <i>priva</i> | |
| r | must complete questions (b) thro | ough (g) separately for each marketer. | | |
| | | No | Information Filed | |
| | | INO | miormation Filed | |
| | | | | |
| | | | | |
| | | | | |
| SECTION 7.B | 3.(2) Private Fund Reporting | | | |
| | | No Info | rmation Filed | |
| | | NO IIIIO | IIIIalion Filed | |
| | | | | |
| Item 10 Cont | | on that directly or indirectly, controls you If yo | ou are filing an umbrolla registration, the informati | on in Itam 10 about he provided for the filing |
| adviser only. | | on that, directly of indirectly, <i>controls</i> you. If yo | ou are filing an <i>umbrella registration</i> , the informati | on in item 10 should be provided for the <i>ming</i> |
| Schedule B | asks for information about your | | schedule B. Schedule A asks for information abou you are updating information you reported on eith | ner Schedule A or Schedule B (or both) that |
| A. Does ar | ny <i>person</i> not named in Item 1.A | . or Schedules A, B, or C, directly or indirectly | , control your management or policies? | Yes No |
| If yes, o | complete Section 10.A. of Schedu | ule D. | | |
| | erson named in Schedules A, B, complete Section 10.B. of Sched | - | ublic reporting company under Sections 12 or 15(| d) of the Securities Exchange Act of 1934, |
| SECTION 10. | A. Control Persons | | | |
| | | No Info | rmation Filed | |
| | | | | |

| ltem | Item 11 Disclosure Information | | |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| app foci | In this Item, we ask for information about your disciplinary history and the disciplinary history of all your ad application for registration, to decide whether to revoke your registration or to place limitations on your act focus on during our on-site examinations. One event may result in "yes" answers to more than one of the and "your" include the <i>filing adviser</i> and all <i>relying advisers</i> under an <i>umbrella registration</i> . | ivities as an investment adviser, and to identify potential problem areas to | |
| par | Your <i>advisory affiliates</i> are: (1) all of your current <i>employees</i> (other than <i>employees</i> performing only cleric partners, or directors (or any <i>person</i> performing similar functions); and (3) all <i>persons</i> directly or indirectly department or division" (SID) of a bank, see the Glossary of Terms to determine who your <i>advisory affiliate</i> | controlling you or controlled by you. If you are a "separately identifiable | |
| the eve | If you are registered or registering with the SEC or if you are an exempt reporting adviser, you may limit you the event. If you are registered or registering with a state, you must respond to the questions as posed; you event only in responding to Items 11.A.(1), 11.A.(2), 11.B.(1), 11.B.(2), 11.D.(4), and 11.H.(1)(a). For purporting registering with a state, you must respond to the questions as posed; you event only in responding to Items 11.A.(1), 11.A.(2), 11.B.(1), 11.B.(2), 11.D.(4), and 11.H.(1)(a). For purporting registering with the SEC or if you are an exempt reporting adviser, you may limit you are registered or registering with a state, you must respond to the questions as posed; you event only in responding to Items 11.A.(1), 11.A.(2), 11.B.(1), 11.B.(2), 11.D.(4), and 11.H.(1)(a). For purporting adviser, you may limit you are registered or registering with a state, you must respond to the questions as posed; you event only in responding to Items 11.A.(1), 11.A.(2), 11.B.(1), 11.B.(2), 11.D.(4), and 11.H.(1)(a). For purporting adviser, you must respond to the questions as posed; you event only in responding to Items 11.A.(1), 11.A.(2), 11.B.(1), 11.B.(2), 11.D.(4), and 11.H.(1)(a). For purporting adviser, you must respond to the questions as posed; you event only in responding to Items 11.A.(1), 11.A.(2), 11.B.(1), 11.B.(2), 11.D.(4), and 11.H.(1)(a). | I may, therefore, limit your disclosure to ten years following the date of an ses of calculating this ten-year period, the date of an event is the date the f | |
| Υοι | You must complete the appropriate Disclosure Reporting Page ("DRP") for "yes" answers to the question | s in this Item 11. | |
| | | Yes | No |
| Do | Do any of the events below involve you or any of your supervised persons? | 0 | \odot |
| | For "yes" answers to the following questions, complete a Criminal Action DRP: | | |
| A. | A. In the past ten years, have you or any <i>advisory affiliate</i> : | Yes | No |
| | (1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military | court to any felony? | • |
| | (2) been charged with any felony? | 0 | • |
| | If you are registered or registering with the SEC, or if you are reporting as an exempt reporting advise pending. | r, you may limit your response to Item 11.A.(2) to charges that are currently | V |
| B. | B. In the past ten years, have you or any advisory affiliate:(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or militar | v court to a misdemeanor involving: investments or an investment- | |
| | related business, or any fraud, false statements, or omissions, wrongful taking of property, bribe commit any of these offenses? | · · · · · · · · · · · · · · · · · · · | • |
| | (2) been charged with a misdemeanor listed in Item 11.B.(1)? | o | • |
| For | If you are registered or registering with the SEC, or if you are reporting as an exempt reporting advise pending. For "yes" answers to the following questions, complete a Regulatory Action DRP: | r, you may limit your response to Item 11.B.(2) to charges that are currently | _ |
| | C. Has the SEC or the Commodity Futures Trading Commission (CFTC) ever: | Yes | No |
| | (1) found you or any advisory affiliate to have made a false statement or omission? | 0 | • |
| | (2) found you or any advisory affiliate to have been involved in a violation of SEC or CFTC regulation | s or statutes? | 0 |
| | (3) found you or any advisory affiliate to have been a cause of an investment-related business havin | with authorization to do business desired accounted according | • |
| | restricted? (4) entered an order against you or any advisory affiliate in connection with investment-related activi | n/2 | _ |
| | | Visite to access and desirat from any settinity O | • |
| | (5) imposed a civil money penalty on you or any advisory affiliate, or ordered you or any advisory affi | C | • |
| D. | D. Has any other federal regulatory agency, any state regulatory agency, or any foreign financial regulatory | ory authority: | |
| | (1) ever found you or any advisory affiliate to have made a false statement or omission, or been dish | nonest, unfair, or unethical? | • |
| | (2) ever found you or any advisory affiliate to have been involved in a violation of investment-related | regulations or statutes? | • |
| | (3) ever found you or any advisory affiliate to have been a cause of an investment-related business is revoked, or restricted? | naving its authorization to do business denied, suspended, | • |
| | (4) in the past ten years, entered an <i>order</i> against you or any <i>advisory affiliate</i> in connection with an | investment-related activity? | _ |
| | (5) ever denied, suspended, or revoked your or any advisory affiliate's registration or license, or other | | • |
| | associating with an <i>investment-related</i> business or restricted your or any <i>advisory affiliate</i> 's activ | · · · · · · · · · · · · · · · · · · · | • |
| E. | E. Has any self-regulatory organization or commodities exchange ever: | | |
| | (1) found you or any advisory affiliate to have made a false statement or omission? | 0 | • |
| | (2) found you or any advisory affiliate to have been involved in a violation of its rules (other than a violation of its rules)? | plation designated as a "minor rule violation" under a plan approved | • |
| | (3) found you or any advisory affiliate to have been the cause of an investment-related business have restricted? | ing its authorization to do business denied, suspended, revoked, or $$ | • |
| | (4) disciplined you or any advisory affiliate by expelling or suspending you or the advisory affiliate from | om membership, barring or suspending you or the advisory affiliate | _ |

from association with other members, or otherwise restricting your or the advisory affiliate's activities?

| j. | Are | e you or any advisory affiliate now the subject of any regulatory proceeding that could result in a "yes" answer to any part of Item 11.C., 11.D., or 11.E.? | 0 | • |
|----|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------|
| or | "yes' | s" answers to the following questions, complete a Civil Judicial Action DRP: | | |
| ł. | (1) | Has any domestic or foreign court: | Yes | No |
| | | (a) in the past ten years, enjoined you or any advisory affiliate in connection with any investment-related activity? | 0 | \odot |
| | | (b) ever found that you or any advisory affiliate were involved in a violation of investment-related statutes or regulations? | 0 | \odot |
| | | (c) ever dismissed, pursuant to a settlement agreement, an <i>investment-related</i> civil action brought against you or any <i>advisory affiliate</i> by a state or <i>foreign financial regulatory authority</i> ? | 0 | • |
| | (2) | Are you or any advisory affiliate now the subject of any civil proceeding that could result in a "yes" answer to any part of Item 11.H.(1)? | 0 | • |
| | | | | |

⊙

Has an authorization to act as an attorney, accountant, or federal contractor granted to you or any advisory affiliate ever been revoked or suspended?

Schedule A

Direct Owners and Executive Officers

- 1. Complete Schedule A only if you are submitting an initial application or report. Schedule A asks for information about your direct owners and executive officers. Use Schedule C to amend this information.
- 2. Direct Owners and Executive Officers. List below the names of:
 - (a) each Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer (Chief Compliance Officer is required if you are registered or applying for registration and cannot be more than one individual), director, and any other individuals with similar status or functions;
 - (b) if you are organized as a corporation, each shareholder that is a direct owner of 5% or more of a class of your voting securities, unless you are a public reporting company (a company subject to Section 12 or 15(d) of the Exchange Act);

 Direct owners include any *person* that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 5% or more of a class of your voting securities. For purposes of this Schedule, a *person* beneficially owns any securities: (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling,
 - mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant, or right to purchase the security.
 - (c) if you are organized as a partnership, <u>all</u> general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 5% or more of your capital;
 - (d) in the case of a trust that directly owns 5% or more of a class of your voting securities, or that has the right to receive upon dissolution, or has contributed, 5% or more of your capital, the trust and each trustee; and
 - (e) if you are organized as a limited liability company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 5% or more of your capital, and (ii) if managed by elected managers, all elected managers.
- 3. Do you have any indirect owners to be reported on Schedule B? $_{f C}$ Yes $_{f C}$ No
- 4. In the DE/FE/I column below, enter "DE" if the owner is a domestic entity, "FE" if the owner is an entity incorporated or domiciled in a foreign country, or "I" if the owner or executive officer is an individual.
- 5. Complete the Title or Status column by entering board/management titles; status as partner, trustee, sole proprietor, elected manager, shareholder, or member; and for shareholders or members, the class of securities owned (if more than one is issued).
- 6. Ownership codes are: NA less than 5% B 10% but less than 25% D 50% but less than 75%
 - A 5% but less than 10% $\,$ C 25% but less than 50% $\,$ E 75% or more
- 7. (a) In the Control Person column, enter "Yes" if the person has control as defined in the Glossary of Terms to Form ADV, and enter "No" if the person does not have control. Note that under this definition, most executive officers and all 25% owners, general partners, elected managers, and trustees are control persons.
 - (b) In the PR column, enter "PR" if the owner is a public reporting company under Sections 12 or 15(d) of the Exchange Act.
 - (c) Complete each column.

| (c) Complete each Column. | | | | | | | |
|------------------------------------------------|---------|-----------------|----------------------|-----------|---------|----|------------------------------------------------------|
| FULL LEGAL NAME (Individuals: Last Name, First | DE/FE/I | Title or Status | Date Title or Status | Ownership | Control | PR | CRD No. If None: S.S. No. and Date of Birth, IRS Tax |
| Name, Middle Name) | | | Acquired MM/YYYY | Code | Person | | No. or Employer ID No. |
| GARRAMBONE, THOMAS, GERARD | I | MANAGING | 07/2017 | С | Υ | N | 6508123 |
| | | MEMBER | | | | | |
| BERNSTEIN, BRENDAN | I | MANAGING | 07/2017 | С | Υ | N | 6072337 |
| | | MEMBER | | | | | |
| SUNNARBORG, ALEXANDER, L | I | MANAGING | 07/2017 | С | Υ | N | 6091309 |
| | | MEMBER | | | | | |

Schedule B

Indirect Owners

- 1. Complete Schedule B only if you are submitting an initial application or report. Schedule B asks for information about your indirect owners; you must first complete Schedule A, which asks for information about your direct owners. Use Schedule C to amend this information.
- 2. Indirect Owners. With respect to each owner listed on Schedule A (except individual owners), list below:
 - (a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of a class of a voting security of that corporation;

For purposes of this Schedule, a *person* beneficially owns any securities: (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant, or right to purchase the security.

- (b) in the case of an owner that is a partnership, <u>all</u> general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital;
- (c) in the case of an owner that is a trust, the trust and each trustee; and

- (d) in the case of an owner that is a limited liability company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers.
- 3. Continue up the chain of ownership listing all 25% owners at each level. Once a public reporting company (a company subject to Sections 12 or 15(d) of the Exchange Act) is reached, no further ownership information need be given.
- 4. In the DE/FE/I column below, enter "DE" if the owner is a domestic entity, "FE" if the owner is an entity incorporated or domiciled in a foreign country, or "I" if the owner is an individual.
- 5. Complete the Status column by entering the owner's status as partner, trustee, elected manager, shareholder, or member; and for shareholders or members, the class of securities owned (if more than one is issued).
- 6. Ownership codes are: C 25% but less than 50% E 75% or more
 - D 50% but less than 75% F Other (general partner, trustee, or elected manager)
- 7. (a) In the Control Person column, enter "Yes" if the person has control as defined in the Glossary of Terms to Form ADV, and enter "No" if the person does not have control. Note that under this definition, most executive officers and all 25% owners, general partners, elected managers, and trustees are control persons.
 - (b) In the PR column, enter "PR" if the owner is a public reporting company under Sections 12 or 15(d) of the Exchange Act.
 - (c) Complete each column.

No Information Filed

Schedule D - Miscellaneous

You may use the space below to explain a response to an Item or to provide any other information.

DRP Pages

CRIMINAL DISCLOSURE REPORTING PAGE (ADV)

No Information Filed

REGULATORY ACTION DISCLOSURE REPORTING PAGE (ADV)

No Information Filed

CIVIL JUDICIAL ACTION DISCLOSURE REPORTING PAGE (ADV)

No Information Filed

Execution Pages

DOMESTIC INVESTMENT ADVISER EXECUTION PAGE

You must complete the following Execution Page to Form ADV. This execution page must be signed and attached to your initial submission of Form ADV to the SEC and all amendments.

Appointment of Agent for Service of Process

By signing this Form ADV Execution Page, you, the undersigned adviser, irrevocably appoint the Secretary of State or other legally designated officer, of the state in which you maintain your *principal office and place of business* and any other state in which you are submitting a *notice filing*, as your agents to receive service, and agree that such *persons* may accept service on your behalf, of any notice, subpoena, summons, *order* instituting *proceedings*, demand for arbitration, or other process or papers, and you further agree that such service may be made by registered or certified mail, in any federal or state action, administrative *proceeding* or arbitration brought against you in any place subject to the jurisdiction of the United States, if the action, *proceeding*, or arbitration (a) arises out of any activity in connection with your investment advisory business that is subject to the jurisdiction of the United States, and (b) is *founded*, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these acts, or (ii) the laws of the state in which you maintain your *principal office and place of business* or of any state in which you are submitting a *notice filing*.

Signature

I, the undersigned, sign this Form ADV on behalf of, and with the authority of, the investment adviser. The investment adviser and I both certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this ADV, including exhibits and any other information submitted, are true and correct, and that I am signing this Form ADV Execution Page as a free and voluntary act.

I certify that the adviser's books and records will be preserved and available for inspection as required by law. Finally, I authorize any *person* having *custody* or possession of these books and records to make them available to federal and state regulatory representatives.

Signature: THOMAS G. GARRAMBONE

Date: MM/DD/YYYY

MBONE 07/16/2020

| Printed Name: |
|----------------------|
| THOMAS G. GARRAMBONE |
| Adviser CRD Number: |

Title: MANAGING MEMBER

NON-RESIDENT INVESTMENT ADVISER EXECUTION PAGE

You must complete the following Execution Page to Form ADV. This execution page must be signed and attached to your initial submission of Form ADV to the SEC and all amendments.

1. Appointment of Agent for Service of Process

By signing this Form ADV Execution Page, you, the undersigned adviser, irrevocably appoint each of the Secretary of the SEC, and the Secretary of State or other legally designated officer, of any other state in which you are submitting a *notice filing*, as your agents to receive service, and agree that such persons may accept service on your behalf, of any notice, subpoena, summons, *order* instituting *proceedings*, demand for arbitration, or other process or papers, and you further agree that such service may be made by registered or certified mail, in any federal or state action, administrative *proceeding* or arbitration brought against you in any place subject to the jurisdiction of the United States, if the action, *proceeding* or arbitration (a) arises out of any activity in connection with your investment advisory business that is subject to the jurisdiction of the United States, and (b) is *founded*, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these acts, or (ii) the laws of any state in which you are submitting a *notice filing*.

2. Appointment and Consent: Effect on Partnerships

If you are organized as a partnership, this irrevocable power of attorney and consent to service of process will continue in effect if any partner withdraws from or is admitted to the partnership, provided that the admission or withdrawal does not create a new partnership. If the partnership dissolves, this irrevocable power of attorney and consent shall be in effect for any action brought against you or any of your former partners.

3. Non-Resident Investment Adviser Undertaking Regarding Books and Records

By signing this Form ADV, you also agree to provide, at your own expense, to the U.S. Securities and Exchange Commission at its principal office in Washington D.C., at any Regional or District Office of the Commission, or at any one of its offices in the United States, as specified by the Commission, correct, current, and complete copies of any or all records that you are required to maintain under Rule 204-2 under the Investment Advisers Act of 1940. This undertaking shall be binding upon you, your heirs, successors and assigns, and any *person* subject to your written irrevocable consents or powers of attorney or any of your general partners and *managing agents*.

Signature

305873

I, the undersigned, sign this Form ADV on behalf of, and with the authority of, the *non-resident* investment adviser. The investment adviser and I both certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this ADV, including exhibits and any other information submitted, are true and correct, and that I am signing this Form ADV Execution Page as a free and voluntary act.

I certify that the adviser's books and records will be preserved and available for inspection as required by law. Finally, I authorize any *person* having *custody* or possession of these books and records to make them available to federal and state regulatory representatives.

Signature: Date: MM/DD/YYYY

Printed Name: Title:

Adviser CRD Number:

305873