Michael Watson
SECRETARY OF STATE

INVESTMENT ADVISER REPRESENTATIVE JOINT SUPERVISORY AGREEMENT

The Securities Division of the Mississippi Secretary of State acknowledges that _____ desires to register as an investment adviser representative with two
FULL NAME OF DUAL IAR, CRD #
Mississippi registered investment advisers.

The two undersigned investment adviser firms hereby acknowledge that each desires for the above named individual to represent their interest in Mississippi. Therefore, the undersigned firms agree and willingly execute this Joint Supervisory Agreement with the covenants and warranties set forth below as follows:

1. Each firm consents to the registration of the representative by the other undersigned firm.

2. Each firm consents to register the individual with the Securities Division of the Mississippi Secretary of State and to pay the registration fee.

3. Each firm assumes joint and several liability for any act or omission of the representative in violation of the Mississippi Securities Act or of any rule or order promulgated thereunder, during the period of registration.

4. Each firm represents that the dual registration complies with the requirements of the Mississippi Securities Act and rule promulgated thereunder.

5. Each firm acknowledges that this agreement and warranty is in addition to any other requirements of the Mississippi Securities Act or rule or order promulgated thereunder.

This agreement may be executed in counterparts, each of which when executed and delivered shall constitute a duplicate original, but all counterparts together shall constitute a single agreement.

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

_____ _____ IA #1 Firm name CRD #	_____ _____ IA #2 Firm name CRD #
By: _____	By: _____
_____, Its _____ *(printed name)* *(position)*	_____, Its _____ *(printed name)* *(position)*
_____ Address	_____ Address
_____ Address	_____ Address
_____ City, State, Zip	_____ City, State, Zip