NY Form CM-2  ** File no. ______
(Rev. 5/18)
STATE OF NEW YORK, Office of the Attorney General
INVESTOR PROTECTION BUREAU
COMMODITY SALESPERSON STATEMENT
This form must always be accompanied by the Supplemental Commodity Broker-Dealer Statement (NY Form CM-3) unless this is an original filing.

1.___________________________________________________________     Attach 2 X 2 photo taken within the preceding six months
Last Name                     First Name                     Middle Name                        taken within the preceding six months
2. ___________________________________________________________
Residence City                   State Zip            3. ________________________________ 4. _____________________
3. Residence Telephone
Social Security
5. ________________________________ 6. _____________________
Place of Birth
Date of Birth
7. _________     8.__________     9. _______     10. Ft.____In.
Color of Hair     Color of eyes         Weight Height
11. Insert name and address of current employer (Commodity Broker-Dealer)
Name _____________________________ Address___________________________

12. Have you or any entity in which you were a principal ever:
A. been suspended or expelled from membership in any
securities or commodities exchange, association
of securities or commodities dealers or
investment or commodities trading advisors or
counsel? .................................................................   Yes [ ] No [ ]
B. had a license or registration as a securities
or commodity dealer, broker, investment
advisor, salesperson, futures commission
merchant, associated person, commodity pool
operator or commodity trading advisor
denied, suspended, revoked, cancelled or
refused? .................................................................   Yes [ ] No [ ]
C. been enjoined or restrained by any court or
government agency from:
   1. the issuance, sale or offer for sale of
      securities or commodities? ..............................   Yes [ ] No [ ]
   2. rendering securities or commodities
      advice or counsel? ............................................   Yes [ ] No [ ]
   3. handling or managing trading accounts? ..........   Yes [ ] No [ ]
   4. continuing any practices in connection
      with securities or commodities? .......................   Yes [ ] No [ ]
D. Is any action or proceeding seeking the relief
enumerated in A-C presently pending? ......................   Yes [ ] No [ ]
E. been convicted of any crime? ..............................   Yes [ ] No [ ]
F. used or been known by any other name? ...............   Yes [ ] No [ ]
G. been the subject of any professional
disciplinary proceeding? ......................................   Yes [ ] No [ ]
H. been adjudged a bankrupt or made a general
13. Following is my complete employment record for the past five years:
(Indicate periods of self-employment & unemployment).

<table>
<thead>
<tr>
<th>From Mo. Yr.</th>
<th>To Mo. Yr.</th>
<th>Employer</th>
<th>Position Held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Name</td>
<td>Address</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Present</td>
<td></td>
</tr>
</tbody>
</table>

14. Following is my complete education history:

<table>
<thead>
<tr>
<th>Name of School and location</th>
<th>From</th>
<th>To</th>
<th>Did you Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary School</td>
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</tr>
<tr>
<td>High School</td>
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<tr>
<td>College University</td>
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<td></td>
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<tr>
<td>or Technical School</td>
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</tr>
</tbody>
</table>
A $25 fee must accompany this statement. Personal checks not accepted.
Attorney's check, certified check, bank check, money order only, payable
to the N.Y.S. Office of the Attorney General. Attach additional sheets where
space provided is inadequate. You may submit a photocopy of this form. We
will return it with your fee receipt for your records. Send remittance to:
Investor Protection Bureau, NYS Department of Law, 28 Liberty Street,
15th Floor, New York, NY 10005.

DATED: __________ Signature: _________________________________________

STATE OF )
  SS.: 
COUNTY OF )

____________________________
(Signature of Affiant/Commodity Salesperson)

Sworn to before me this
day of __________, 19

(Notary signature and legible official stamp)

**(spe)

**Found on the fee receipt you received for original filing.