


6/3/08 10-11:20 AM

## Bernice

Muni Bonds joint → <sup>into</sup> probate @ 2<sup>nd</sup> death? 

Concern: value of muni's too far out (beneficiaries liquidating at a loss)

Banks:

- Aug CD's maturing
- ~40K

Does surrender chg. on CD apply to beneficiary

Michael: Mary (kids)

↳ 2 daughters in college  
Arlington VA  
now

Bernice - beneficiaries

100% Millard Primary

100% Michael (Contingent)

Muni interest → want to go to savings as it comes in

SunLife → larger annuity

MetLife →

Estimated Income Report

14721213 Muni H. Acct.

110762956 MetLife

Leaving next week

Constitution Hall

gr. daughter <sup>high school graduation</sup> → Univ. of Virginia  
(older sister sophomore @ Stanford)

6/18/08  
1:30-2:35

# Groves:

~ 150k mortgage . 1,000/mo. 6% fixed 30 yr.

Jean - just signed up for Soc. Sec ~ 1,000/mo  
(instead of ~ 1,200 in 2 yrs)

Kitchen remodel - guessing 100k

Townhouse (from Tom's parents)

~ 250k value

- son lives in - pays rent = hard costs (been in ~ 3 yrs.)  
→ how best to pass to him

"Meg" Margaret Brown → Estate Attorney



tgrove@mywdo.com / jeang@mywdo.com

PO's (upcoming)

Noblepeak (at-vision on steroids)

20-30k

EEstore (batteries - storage media)

Utd Wzy (Mutual of Amer. 50-60k

Send copy of Kill Me → Stephen White





**BUSINESS DEPOSITORY RESOLUTION**



NEW  CHANGE

ACCOUNT NO. 874791643

BANK NAME/NUMBER JPMorgan Chase Bank, N.A. (501)

ACCOUNT TITLE JASON HOVDE

BRANCH NAME AND NO. Seven Hills Tower - 329

DATE 01/28/2011

BUSINESS ADDRESS 2869 S ESPANA CT  
AURORA, CO 80013-4759

PREPARED BY MARSHALL E WELTON

PHONE NO. 303-766-0265

TAXPAYER ID NO. 521-41-9365

PRODUCT TYPE Chase Business Classic

Legal Name of Business JASON HOVDE (the "Business")

The individual(s) signing this Resolution hereby certifies to JPMorgan Chase Bank, N.A. ("the Bank") that the Business is (check one):

- a sole proprietorship owned entirely by the individual signing this Resolution;
- a duly formed and valid existing
  - general partnership  limited partnership  limited liability partnership  limited liability limited partnership  joint venture
 organized under the laws of the state/country of , and the persons signing this Resolution constitute all of the general partners of the partnership.
- a corporation duly organized and in good standing under the laws of the state/country of and that the individual signing this Resolution is its secretary or assistant secretary and the keeper of the records and corporate seal, if any;
- an unincorporated association or organization and the individual(s) signing this Resolution is the keeper of the records and seal, if any;
- a limited liability company organized under the laws of the state/country of and the individuals signing this Resolution constitute all of the members or managers, as appropriate of the company.

and that the following is a true and correct copy of the resolutions adopted by the Business and that such resolutions are now in full force and effect.

**Depository and Withdrawal Authorization**

RESOLVED, that the Bank is designated a depository in which the funds of the Business may be deposited and/or withdrawn by any one of the persons listed below in the manner so designated, subject to the Bank's Deposit Account Agreement. Each person so listed is authorized to endorse for collection, deposit or negotiation any and all checks, drafts, notes, bills of exchange, certificates of deposit, and orders for the payment or transfer of money between accounts at the Bank and other banks, either belonging to or coming into the possession of the Business. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Business without endorsement or may supply the endorsement of the Business. The person(s) so designated is authorized to sign any and all checks, drafts, and orders drawn against any designated account(s) of the Business (including savings accounts) at the Bank. The Bank is authorized to honor and pay all checks, drafts, and orders when so signed or endorsed without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those drawn or endorsed to the individual order of any such person so listed.

Name	Title	Facsimile Signatures if Applicable
<u>JASON G HOVDE</u>	<u>Owner</u>	
<u>MICHELLE HOVDE</u>	<u>None</u>	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

**Signing Authorization**

RESOLVED, that any one of the person(s) indicated above is authorized to act for and on behalf of the Business in any matter involving any of the Business' depository accounts at the Bank, including the authority to instruct the Bank to close the account, and is further authorized to sign and implement for and in the name on behalf of the Business, as they, or any of them see fit, the terms of all agreements, instruments, drafts, certificates, or other documents relating to any depository account or other business of the Business including, but not limited to payroll agreements, repurchase agreements, night depository agreements, funds transfer agreements or safe deposit agreements.

**Facsimile Signature Authorization**

RESOLVED, that the Bank is authorized and directed to honor checks, drafts, and orders for the payment of money drawn on any of the accounts listed above including those drawn to the individual order of any person when the check, draft, or order bears or purports to bear the facsimile signature(s) as shown above or on the signature card. The Bank shall be indemnified and held harmless against any forgery, or unauthorized use or misuse of the facsimile signing devices.

**Further Authorizations**

BE IT FURTHER RESOLVED, that the secretary or assistant secretary (if a corporation or unincorporated association), the sole owner/proprietor (if a sole proprietorship), any member or manager, as appropriate (if a limited liability), or any general partner (if a partnership) is authorized to certify to the Bank the name, title, specimen signature and facsimile signature with respect to any additions or deletions of persons authorized to carry out the purposes and intent of these resolutions and that this resolution shall remain in full force and effect until express written notice of rescission or modification is received by the Bank. If the authority contained herein should be revoked or terminated by operation of law or any other reason without such notice, it is resolved that the Bank shall be indemnified and saved harmless from any and all losses suffered or liabilities incurred by it in so acting after such revocation or termination without notice.

IN WITNESS WHEREOF, the undersigned has hereunder subscribed his/her name(s) and affixed the seal, if any, of the Business this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
For Corporation or Unincorporated Association or Organization: \_\_\_\_\_ For Sole Proprietorship: \_\_\_\_\_ For Partnership (all general partners must sign) or For Limited Liability Company (all members/managers must sign): \_\_\_\_\_

Secretary

Owner/Sole Proprietor

Partner/Member/Manager

Partner/Member/Manager

Partner/Member/Manager

THIS IS A NOT-FOR-PROFIT BUSINESS

JPMorgan Chase Bank, N.A. Member FDIC  
Catalog # 04382 (12/06)

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**BUSINESS DEPOSITORY RESOLUTION**



NEW  CHANGE

ACCOUNT NO. 2986334510

BANK NAME/NUMBER JPMorgan Chase Bank, N.A. (501)

ACCOUNT TITLE JASON HOVDE

BRANCH NAME AND NO. Seven Hills Tower - 329

DATE 01/28/2011

BUSINESS ADDRESS 2869 S ESPANA CT  
AURORA, CO 80013-4759

PREPARED BY MARSHALL E WELTON

PHONE NO. 303-766-0265

TAXPAYER ID NO. 521-41-9365

PRODUCT TYPE Chase Business Select High Yield Savings

Legal Name of Business JASON HOVDE (the "Business")

The individual(s) signing this Resolution hereby certifies to JPMorgan Chase Bank, N.A. ("the Bank") that the Business is (check one):

- a sole proprietorship owned entirely by the individual signing this Resolution;
- a duly formed and valid existing
  - general partnership  limited partnership  limited liability partnership  limited liability limited partnership  joint venture
 organized under the laws of the state/country of \_\_\_\_\_, and the persons signing this Resolution constitute all of the general partners of the partnership.
- a corporation duly organized and in good standing under the laws of the state/country of \_\_\_\_\_ and that the individual signing this Resolution is its secretary or assistant secretary and the keeper of the records and corporate seal, if any;
- an unincorporated association or organization and the individual(s) signing this Resolution is the keeper of the records and seal, if any;
- a limited liability company organized under the laws of the state/country of \_\_\_\_\_ and the individuals signing this Resolution constitute all of the members or managers, as appropriate of the company.

and that the following is a true and correct copy of the resolutions adopted by the Business and that such resolutions are now in full force and effect.

**Depository and Withdrawal Authorization**

RESOLVED, that the Bank is designated a depository in which the funds of the Business may be deposited and/or withdrawn by any one of the persons listed below in the manner so designated, subject to the Bank's Deposit Account Agreement. Each person so listed is authorized to endorse for collection, deposit or negotiation any and all checks, drafts, notes, bills of exchange, certificates of deposit, and orders for the payment or transfer of money between accounts at the Bank and other banks, either belonging to or coming into the possession of the Business. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Business without endorsement or may supply the endorsement of the Business. The person(s) so designated is authorized to sign any and all checks, drafts, and orders drawn against any designated account(s) of the Business (including savings accounts) at the Bank. The Bank is authorized to honor and pay all checks, drafts, and orders when so signed or endorsed without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those drawn or endorsed to the individual order of any such person so listed.

Name	Title	Facsimile Signatures if Applicable
<u>JASON G HOVDE</u>	<u>Owner</u>	
<u>MICHELLE HOVDE</u>	<u>None</u>	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

**Signing Authorization**

RESOLVED, that any one of the person(s) indicated above is authorized to act for and on behalf of the Business in any matter involving any of the Business' depository accounts at the Bank, including the authority to instruct the Bank to close the account, and is further authorized to sign and implement for and in the name on behalf of the Business, as they, or any of them see fit, the terms of all agreements, instruments, drafts, certificates, or other documents relating to any depository account or other business of the Business including, but not limited to payroll agreements, repurchase agreements, night depository agreements, funds transfer agreements or safe deposit agreements.

**Facsimile Signature Authorization**

RESOLVED, that the Bank is authorized and directed to honor checks, drafts, and orders for the payment of money drawn on any of the accounts listed above including those drawn to the individual order of any person when the check, draft, or order bears or purports to bear the facsimile signature(s) as shown above or on the signature card. The Bank shall be indemnified and held harmless against any forgery, or unauthorized use or misuse of the facsimile signing devices.

**Further Authorizations**

BE IT FURTHER RESOLVED, that the secretary or assistant secretary (if a corporation or unincorporated association), the sole owner/proprietor (if a sole proprietorship), any member or manager, as appropriate (if a limited liability), or any general partner (if a partnership) is authorized to certify to the Bank the name, title, specimen signature and facsimile signature with respect to any additions or deletions of persons authorized to carry out the purposes and intent of these resolutions and that this resolution shall remain in full force and effect until express written notice of rescission or modification is received by the Bank. If the authority contained herein should be revoked or terminated by operation of law or any other reason without such notice, it is resolved that the Bank shall be indemnified and saved harmless from any and all losses suffered or liabilities incurred by it in so acting after such revocation or termination without notice.

IN WITNESS WHEREOF, the undersigned has hereunder subscribed his/her name(s) and affixed the seal, if any, of the Business this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

For Corporation or Unincorporated Association or Organization:

For Sole Proprietorship:

For Partnership (all general partners must sign) or

For Limited Liability Company (all members/managers must sign):

Secretary

Owner/Sole Proprietor

Partner/Member/Manager

Partner/Member/Manager

Partner/Member/Manager

THIS IS A NOT-FOR-PROFIT BUSINESS

JPMorgan Chase Bank, N.A. Member FDIC  
Catalog # 04382 (12/06)

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DISTRIBUTION: 1) Bank Copy 2) Customer Copy



Instructions: Complete all information on this form for all new OSJ or registered branch locations.

**General Information**

Rep ID Number EF03:QHC Name Jason G. Hovde

1. Name and principal place of business of firm filing this form:

Applicant Name  
LPL Financial Corporation

Address Street 1  
One Beacon Street

Address Street 2  
22nd Floor

City Boston State MA Country USA Postal Code 02108

2. Branch Office Location:

Branch Address Street 1  
7437 Village Square Drive

Branch Address Street 2  
Suite 210

City Castle Rock State CO Country USA Postal Code 80108

Branch Telephone Number 303-997-7641 Branch Facsimile Number 303-845-9415

**Types of Activities/Other Business Names/Websites**

1. Does any associated person conduct investment related activities at this branch other than sales and/or investment advisory services? (Investment-related OBAs such as RIA, Insurance, Mortgages, CPA)

Yes  No

If yes, provide description:

2. Will any associated person of this branch office conduct any investment-related activities at this branch office under any name other than LPL Financial or LPL Financial Corporation? (All DBA names that apply and are approved.)

Yes  No

If yes, provide all other business names for this location:

Hovde Wealth Management

3. Does this branch office use a website other than the lpl.com advisor hosted site?

Yes  No

If yes, provide the website address(es):

## Branch Office Arrangements

1. Does the branch office occupy or share space with or jointly market with a bank, savings bank, savings association, credit union, or other federally insured depository institution?  
 Yes  No

If yes, enter the name of the institution(s):

2. List all persons (including yourself) and/or entities who have responsibility, directly or indirectly, for paying the expenses of this branch office or otherwise have a financial interest in this branch office or its activities:

Name	Entity Type	Registered (Y/N)	EIN
Jason G. Horde	Individual	Yes	N/A

Provide an explanation of the expense payment/financial interest arrangement:

Individual office rental agreement

## Associated Individuals

1. List all registered individuals other than the *supervisor(s)/person(s)-in-charge* that will be associated with this branch:

Individual Name

N/A - Jason G. Horde only

**Jason G. Hovde, CFP**

---

**From:** send@mail.efax.com  
**Sent:** Thursday, March 03, 2011 12:09 PM  
**To:** jghovde@gmail.com  
**Subject:** Successful transmission to 18584559113. Re:



Dear Jason Hovde,

The 4 page fax you sent through eFax to 18584559113 was successfully transmitted at 2011-03-03 19:08:48 (GMT)

The length of transmission was 173 seconds

The receiving machine's fax ID:

If you need additional assistance, please [click here](#) to contact us.

Thank you for using the eFax service.


Sincerely,  
eFax Customer Service

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[Click here](#) to contact us.

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# Non-OSJ Inspection Checklist



(Must Be Conducted Within 6 Months of Opening and Every 12 Months Thereafter)

Please fax to LPL Financial only this first page of the completed checklist. Please complete all questions in full. Maintain a complete copy of this checklist, including the faxed first page and the Security Standards Testing Worksheets, in a Non-OSJ Inspection Checklist file at the OSJ office for review during the annual LPL Compliance Branch Exam.

Date of Inspection: 3-18-11 Non-OSJ Branch ID: 19T7 OSJ Branch ID: 01A8  
Non-OSJ Address: 7437 Village Square Drive, Suite 210, Castle Rock, CO 80108  
Name of Registered Principal conducting exam: Jason G. Horde

## Non-OSJ Inspection Summary

Below please summarize the items noted as deficient during the inspection or that require corrective action to comply with LPL Financial policies and procedures. Use additional pages if necessary. Maintain documentation of any corrective action that you take.

Check here if there were no items noted during the inspection that required follow-up.

1) \_\_\_\_\_

Corrective action: \_\_\_\_\_

2) \_\_\_\_\_

Corrective action: \_\_\_\_\_

3) \_\_\_\_\_

Corrective action: \_\_\_\_\_


4) \_\_\_\_\_

Corrective action: \_\_\_\_\_

**FINRA 3010(c) disclosure:** In accord with the Rule 3010(c)(3) and NTM 04-71 independent model exception, the OSJ Branch Manager or Delegated Principal performed the audit of this non-OSJ office.

**REGISTERED PRINCIPAL'S STATEMENT:** I have conducted an on-site inspection of this Non-OSJ branch office and have taken all necessary action to ensure that all advisor activities in the non-OSJ office comply with LPL policies and procedures and regulatory requirements.

I have completed the Non-OSJ Inspection Checklist training found on the LPL Financial Resource Center/Regulatory & Advocacy/Compliance.

  
Registered Principal's Signature

3/18/2011  
Date

Fax this page only to: (866) 402-9373

After faxing, keep this page with the completed Checklist at the OSJ in the Non-OSJ Checklist file.



**Jason G. Hovde, CFP**

---

**From:** send@mail.efax.com  
**Sent:** Friday, March 18, 2011 12:52 PM  
**To:** jghovde@gmail.com  
**Subject:** Successful transmission to 18664029373. Re: Non-OSJ Inspection Summary (19T7)



Dear Jason Hovde,

**Re: Non-OSJ Inspection Summary (19T7)**

The 2 page fax you sent through eFax.com to 18664029373 was successfully transmitted at 2011-03-18 18:51:34 (GMT).

The length of transmission was 77 seconds.

The receiving machine's fax ID: 0760416110776781000.

Best Regards,

If you need additional assistance, please visit our online help center at <http://www.efax.com/help/>. Thank you for using the eFax service.

eFax.com

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**Customer Service**

Online Help: <http://www.efax.com/help/>  
Tel: 323-817-3205 (US) or 0870 711 2211 (UK)  
Email: [help@mail.efax.com](mailto:help@mail.efax.com)

---



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**888.275.8070**



Name(s) of Advisor(s) in non-OSJ office: Jason G. Horde

The following items must be reviewed during each non-OSJ branch inspection. At a minimum, the Non-OSJ inspections are required to be conducted within six (6) months of opening and every twelve (12) months thereafter. **By your initials next to each item** (or N/A when not applicable), please confirm that you have reviewed each item with the Financial Advisors (FA's) in the non-OSJ branch and that the non-OSJ branch office is in compliance with the requirement. For each item identified as needing improvement, please provide a detailed explanation of the item(s) needing improvement and the actions taken by you and the non-OSJ advisor(s) to address each item.

1. Confirm that the office is appropriately identified as a "LPL Financial" branch office. Confirm that any "dba" name has been approved for use by LPL and that "LPL Financial" is appropriately reflected along with any signage or public communication using a dba name or LPL.
2. Confirm that the SIPC sticker or plaque is clearly displayed.
3. Confirm that the non-OSJ has access to the Advisor Compliance Manual via the Resource Center website.
4. Confirm that the non-OSJ has access to the FINRA Rules of Conduct via the FINRA's website, [www.finra.org](http://www.finra.org).
5. Confirm that all non-licensed individuals engaged in LPL-related activities in the non-OSJ office branch office have been fingerprinted and fingerprint cards have been sent to LPL's Registration Department.
6. Confirm that each person has their own BranchNet login ID and that no persons located in the non-OSJ are sharing login ID's
7. Confirm client files are maintained in a secure area.
8. Confirm that the non-OSJ office has delivered LPL's Privacy Policy to each non-networked direct business client on an annual basis.
9. Confirm the non-OSJ office's compliance with LPL's Anti-Money Laundering procedures including the requirement for annual training.
10. Confirm all FA's in the non-OSJ office are current with their regulatory and firm element continuing education requirements.
11. Confirm that all outside business activities have been submitted to and approved by the Compliance Department. If any of the advisors have any new, previously undisclosed, changed or terminated outside business activities (that were previously approved), complete an Outside Business Activity Notification Form (located on Compliance Express) for each activity and submit it to the Compliance department for approval.
12. Confirm that each registered person in the non-OSJ office has kept their U-4 current and accurate by disclosing to LPL Financial any required updates. This includes changes to business and home office address, outside business activities, disciplinary action, and financial disclosures (tax lien, bankruptcy etc.)
13. Confirm all websites have been submitted and approved by LPL Marketing Regulatory Review. This includes social networking websites such as Facebook, LinkedIn and Twitter.
14. Confirm that all personal securities accounts (brokerage and advisory accounts in the name of the FA or an immediate family member) are either held at LPL or have been reported to and approved by LPL in writing. For any accounts not previously reported, please complete and submit Form F424 (Note, if you have mutual funds or 529 plans held directly at the fund company, insurance policies, or variable annuities, you do not need to disclose these accounts).
15. Confirm that the office maintains incoming and outgoing correspondence files containing all client related correspondence including letters and facsimiles. Correspondence should also be separated by brokerage and advisory business (if applicable).

16. Confirm that all incoming and outgoing correspondence has been forwarded to the OSJ branch manager for review no less than weekly (email correspondence is excluded as it is reviewed using the OSJ Review Tool).
17. Confirm that all correspondence is printed on Compliance approved letterhead.
18. Confirm that all client-related email correspondence discloses that "Securities are offered through LPL Financial, Member FINRA/SIPC".
19. Confirm that all persons in the branch are using a LPL email address or LPL approved host vendor if not using their firstname.lastname@lpl.com address for LPL-related email correspondence.
20. Confirm that the facsimile cover sheet discloses that "Securities are offered through LPL Financial, Member FINRA/SIPC".
21. Review LPL's policy on Private Securities Transactions and "Selling Away" with all FA's in the Non-OSJ office. Additionally, review any office files to ensure that only LPL approved products are being sold.
22. Confirm that the office maintains an Advertising File and Advisory Advertising File, if applicable.
23. Review stationery and business cards. Obtain copies for OSJ files of stationery and business cards. If the stationery or business cards have been revised since the last non-OSJ audit, also obtain proof of Advertising Compliance approval for the OSJ Advertising File. Additionally, confirm that all printed information is current and correct. (If California Insurance Licensed, "Insurance" must be printed in front of insurance number)
24. Confirm that all advertising has been approved by the Advertising Compliance department and the OSJ branch office manager prior to usage.
25. Confirm that the office maintains a Check Report file that includes the Check Receipt Report for Non-Local Deposit Program Checks (Form F474) with attached copies of each check, and a Securities Receipt File that includes a Securities Receipt Log (Form F473). If the branch uses the Local Deposit Program for checks made out to LPL Financial, a Local Deposit File containing the Daily Deposit Report (Form A57) with copies of the checks processed to LPL Financial through the Local Deposit Program attached.
26. Confirm that checks are forwarded within 24 hours of receipt and that the non-OSJ is not accepting post dated checks. Confirm that checks made out to LPL Financial are sent by overnight mail or deposited to LPL through the Local Deposit Program. Non-LPL checks do not require overnight delivery, but must be forwarded to the sponsor within 24 hours of receipt.
27. Confirm that the non-OSJ office maintains a Do Not Call File and has access to the LPL Do Not Call File listing all names and phone numbers of people who wish not to be solicited by telephone.
28. Confirm the FA understands the importance of complying with not only LPL's Do Not Call list but also is responsible for ensuring compliance with both Federal and State Do Not Call Lists.
29. Confirm that the office maintains a Brokerage Complaint File and (Advisory Complaint File, if necessary). These files should contain copies of all customer complaints. Please verify that all complaints have been immediately reported to the OSJ branch manager and to LPL's Legal Department. If applicable to the business conducted at the non-OSJ branch, verify that an Options Complaint File and Commodity Complaint File are also maintained.
30. Confirm that Advisor Alerts are maintained for a period of one year in a chronological file and are initialed by each FA in the office.
31. Confirm that each advisor is maintaining a Non-Cash Compensation Log (Form F151D).
32. Confirm that all reportable direct business transactions have been reported to LPL on the electronic branch trade report (eBTR).
33. Confirm that all network eligible direct business mutual fund and variable annuity positions have been networked to a LPL account.
34. For all option accounts, confirm that all accounts are approved by the Compliance Department for the level of option trading conducted prior to the orders being placed.

- 35. For all commodities accounts, confirm that pre-numbered order tickets are being time stamped four times, and maintained in chronological and numerical order.
- 36. For all advisory accounts, confirm that a complete Confidential Client Profile is on file for each account (with a copy to the client) and that appropriate account documentation (LPL's Disclosure Brochure) has been delivered to the client.
- 37. For all advisory accounts, confirm that the IAR is exercising discretion over the mutual fund portion of the account only and that mutual fund orders are properly marked to reflect discretion. For any IAR's approved for full discretion, confirm that each advisory account is client-approved for full discretion with a signed amended advisory agreement granting full discretion.
- 38. For advisory accounts, if mutual fund trades are executed on a non-discretionary basis, confirm that a prospectus was delivered to the client and a signed prospectus receipt was obtained.
- 39. For advisory accounts, confirm that the ongoing management of the accounts is documented (e.g. electronic notes on ACT, Goldmine, Salesforce, notes in client file, etc.).
- 40. If a representative has an approved RIA as an outside business activity, confirm that a copy of the complete Form ADV (or evidence of licensing with the IARD) and current client contract were forwarded to Advisory Compliance.
- 41. Review customer files to ensure that copies of all transaction documentation have been forwarded to the OSJ branch office and delivered to the client when required. Also, review accounts and individual transactions to ensure transaction and account holdings are suitable and were executed within LPL, FINRA, SEC and state guidelines.

**Review a selection of client files for each advisor and the branch records for the following:**

- a. Complete, current and accurate LPL New Account Application for each client account, including all accounts held directly with the investment sponsors.
- b. Confirmation that LPL's Master Account Agreement has been delivered to each client.
- c. Complete investment application for each investment processed directly with an investment company.
- d. Confirmation that a current prospectus has been delivered for each investment requiring prospectus delivery, and that a Prospectus Receipt, completed in full, has been obtained from each client to document prospectus delivery.
- e. Investment Switch/Exchange Disclosure Forms have been obtained for all switches between mutual fund families. These forms must be completed in full including a complete rationale of the net financial benefit to the client.
- f. Confirm that the Annuity Order Entry system (AOE) is used whenever replacing an annuity or mutual fund with a variable annuity (if applicable), and that corresponding client signed forms have been obtained.
- g. Disclosure of mutual fund share class options, including discussion of sales charge breakpoints, Letters of Intent, and/or Rights of Accumulation to obtain a reduced sales charge.
- h. Evidence that signed letters of non-solicitation for low priced securities (Under \$2 per share, regardless of exchange listing) have been obtained for each trade that is placed for a low priced security.
- i. Delivery Receipts confirming the delivery date of variable annuities/insurance contracts.
- j. Individual client files are maintained for each account registration (single, joint, trust, etc.)
- k. Confirm that no pre-signed (blank) client documents are located in the files.
- l. 529 Disclosure Checklists have been completed for each 529 Plan.
- m. Client files contain no evidence of unapproved outside business or selling away concerns.

Approximate # of client files reviewed: 12

**Confirm that each advisor in the non-OSJ office is aware that he/she is prohibited from engaging in the following activities without specific written firm approval (advisors should also be encouraged to review the full list of prohibited activities found in the Compliance Manual):**

- a. Using discretion to execute trades within any LPL account other than mutual fund transactions in SAM accounts or where full discretion had been approved.
- b. Offering or selling promissory notes, real estate deals, viatical and life settlements, or any other investment not approved for sale by LPL to any LPL or non-LPL customer.
- c. Soliciting or effecting any orders for securities products prior to LPL approval or licensing approval by the FINRA and the appropriate states.



Shipment Receipt  
Address Information

<b>Ship to:</b>	<b>Ship from:</b>
Signature Guar Dept - Pam Meyers	Jason G. Hovde, CFP
LPL Financial	LPL Financial
9785 TOWNE CENTRE DR	7437 Village Square Drive
PAM MEYERS -	Suite 210
SIGNATURE GUAR DEPT	
SAN DIEGO, CA	Castle Rock, CO
92121-1968	80108
US	US
8584509606 6805	303-997-7641

**Shipping Information**

Tracking number: 794544862679  
Ship date: 03/17/2011  
Estimated shipping charges: 5.75

**Package Information**

Service type: Standard Overnight  
Package type: FedEx Envelope  
Number of packages: 1  
Total weight: 0.50LBS  
Declared value: 0.00USD  
Special Services:  
Pickup/Drop-off: Drop off package at FedEx location

**Billing Information**

Bill transportation to: JGH - LPL-376  
Your reference: EFOB  
P.O. no.:  
Invoice no.:  
Department no.:

Thank you for shipping online with Fedex ShipManager at fedex.com.

**Please Note**

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details. The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.



Shipment Receipt  
Address Information

<b>Ship to:</b>	<b>Ship from:</b>
Shareholder Services	Jason G. Hovde, CFP
Scholars Choice College	LPL Financial
Savings	
30 DAN RD	7437 Village Square Drive
	Suite 210
CANTON, MA	Castle Rock, CO
020212809	80108
US	US
8885724652	303-997-7641

**Shipping Information**

Tracking number: 796882542475  
Ship date: 03/17/2011  
Estimated shipping charges: 6.15

**Package Information**

Service type: Standard Overnight  
Package type: FedEx Envelope  
Number of packages: 1  
Total weight: 0.50LBS  
Declared value: 0.00USD  
Special Services:  
Pickup/Drop-off: Drop off package at FedEx location

**Billing Information**

Bill transportation to: JGH - LPL-376  
Your reference: EF0B  
P.O. no.:  
Invoice no.:  
Department no.:

Thank you for shipping online with FedEx ShipManager at [fedex.com](http://fedex.com).

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Wells Fargo Bank, N.A.  
P.O. Box 5131  
Sioux Falls, SD 57117-5131

June 28, 2011

JASON G HOVDE  
2869 S ESPANA CT  
AURORA CO 80013-4759



Subject: Change of Address Notification

Dear Customer:

We received a Change of Address request that was filed with the U.S. Postal Service in your name. As a result, we updated the address on the following account(s):

XXXXXXXXXXXX94257	CHECKING/SAVING
XXXXXXXXXXXX25290	CHECKING/SAVING
XXXXXXXXXXXX18604	CHECKING/SAVING
XXXXXXXXXXXX67407	ATM/CHECK CARD
XXXXXXXXXXXX28807	ATM/CHECK CARD
XXXXXXXXXXXX81113	ATM/CHECK CARD

No further action is required. However, if you feel this change was made in error, please call us immediately at 1-800-869-3557.

Your account address information can be verified anytime through one of the following options:

- Visit us online at [wellsfargo.com](http://wellsfargo.com), sign on, then click on the Account Services tab and Account Profile link.
- Visit your local Wells Fargo store during business hours.
- Call us at 1-800-869-3557, 24 hours a day, 7 days a week.

Thank you for choosing Wells Fargo. We appreciate your business.

Wells Fargo Account Services



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