	COMMODITY FUTURES TRADING COMMISS Identification of "Special Accounts"	SION	OMB No. 3038-0009		
	CFTC Form 102 (Revised 4/95)	For Administrative Use Only			
The state		Trader Code:	Firm Code:		

NOTICE: Failure to file a report required by the Commodity Exchange Act and the regulations thereunder, or the filing of a false or fraudulent report may be a basis for administrative action under 7 U.S.C. Sec. 9, and may be punishable by fine or imprisonment, or both, under 7 U.S.C. Sec. 13 or 18 U.S.C. Sec. 1001.

INSTRUCTIONS TO FUTURES COMMISSION MERCHANTS, CLEARING MEMBERS, AND FOREIGN BROKERS

Assign a reporting number to each special account when it is reportable for the first time in futures or options. If an account has been assigned a number for reporting in futures (options), use the same number for reporting options (futures). Such reporting number must not be changed or assigned to any other special account without prior approval of the Commodity Futures Trading Commission. For a futures account, transmit the form to the Commission. For an option account, transmit the form to the appropriate contract market in accordance with their instructions.

PLEASE TYPE OR PRINT

1. Check one of (a), (b) or (c) for the special account and give identifying information as directed below:

(a) House omnibus or Customer omnibus account of an FCM, clearing member, or foreign broker. Report the information in (d) below for that firm. In addition, complete items 6-12.

(b) \Box Account(s) owned and controlled by the same person or legal entity, such as a corporation or partnership (or controlled by an employee or officer of the entity). Report the information in (d) below for the person or other legal entity who owns and controls the accounts. In addition, complete items 2 and 4-12.

(c) \Box Accounts controlled by an advisor or legal entity who is independent of the account owners. Report the information in (d) below for the advisor or legal entity controlling the special account. In addition, complete items 3 through 12.

(d)	Name:	Reporting Number:							
		lf individual, Last, First, Middle Initial							
	Street:	Business Phone:							
	City:	State/Cour		:	Zip/Pos	tal Code:			
	lf indiv	idual, Employer :			Job Title:				
	If (b) or (c) is checked, is the above-identified person or legal entity registered as a:								
		commodity trading advisor	🗆 Yes	No					
		securities investment advisor	r 🗌 Yes						
or early	Name:	o contact:			Job Title:		-		
	Last, First, Middle Initial								
2. If it	tem 1(b)	is checked, complete the foll	lowing:						
(8	a) Check	as many as apply to the lega	l entity identifie	d in 1(d)	above:				
	🗆 In	dividual	Trust		Partnership	🔲 Joint			
	🗆 s	ole Proprietorship	Corporation		Other (Specify)	······			
(t	b) Princi	ipal Business or Occupation:							
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