FORM 2

ANNUAL REPORT FORM

Registered public accounting firms must provide their annual report and any amendments thereto to the PCAOB by completing and submitting this Form according to the instructions to Form 2.

It is important to refer to the instructions when completing each item of the Form. The Firm is responsible for completing each item according to those instructions, and should not merely rely on the Firm's own interpretation of the item descriptions appearing in this Form.

Terms that appear in italics have specific defined meanings that the Firm must apply in completing this Form. The definitions are found in PCAOB Rule 1001.

PART I - IDENTITY OF THE FIRM AND CONTACT PERSONS

In Part I, the Firm should provide information that is current as of the date of the certification in Part X.

ITEM 1.1 - NAME OF THE FIRM

a. Firm legal name

EisnerAmper LLP

b. Other names used in *audit reports*	
c. Former legal names	

ITEM 1.2 - CONTACT INFORMATION OF THE FIRM

a. Physical address of the Firm's headquarters office	Mailing address ☑ Same as physical address
Country: United States	Country:
Street address 1: 11 Grand Central East	Street address 1:
Street address 2: 733 Third Avenue	Street address 2:
City: New York	City:
State/Province: New York	State/Province:
Non-U.S. State/Province:	Non-U.S. State/Province:
Zip/Postal code: 10017	Zip/Postal code:

b. Telephone number of the Firm's headquarters office (incl. country and area codes)

212.949.8700

Facsimile number of the Firm's headquarters office (incl. country and area codes)

212.891.4100

Website address of the Firm

www.eisneramper.com

Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.

ITEM 1.3 - PRIMARY CONTACT WITH THE *BOARD*	
Name	
Family Name (last name) Maulbeck	Given name (first name) Matthew
Business title Managing Partner	
Physical business address Country United States	Business mailing address ☑ Same as physical address Country
Street address 1 11 Grand Central East	Street address 1
Street address 2 733 Third Avenue	Street address 2
City New York	City
State/Province New York	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code 10017	Zip/Postal code
Business telephone number (incl. country and area codes) 212.949.8700	
Business facsimile number (incl. country and area codes) 212.891.4100	
Business e-mail address Matthew.Maulbeck@eisneramper.com	

Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.

PART II - GENERAL INFORMATION CONCERNING THIS REPORT

ITEM 2.1 - REPORTING PERIOD

State the reporting period covered by this report.

Note: The reporting period, which the Firm should enter in Item 2.1, is the period beginning on April 1 of the year before the year in which the annual report is required to be filed and ending March 31 of the year in which the annual report is required to be filed. That is the period referred to where this Form refers to the "reporting period." Note, however, the special instruction at the beginning of Part VIII concerning the first annual report filed by certain firms.

Start of reporting period (mm/dd/yyyy)	End of reporting period (mm/dd/yyyy)
4/1/2025	3/31/2026

ITEM 2.2 - AMENDMENTS

If this is an amendment to a report previously filed with the *Board* -

a. Indicate, by checking the box corresponding to this item, that this is an amendment. ☐

b. Identify the specific Part or Item numbers of this Form (other than this Item 2.2) as to which the Firm's response has changed from that provided in the most recent Form 2 or amended Form 2 filed by the Firm with respect to the reporting period.

- ☐ Part I, Identity of the Firm and Contact Persons
- Part III, General Information Concerning the Firm
  - ☐ Item 3.1, The Firm's Practice Related to the Registration Requirement
    - Item 3.2, Fees Billed to *Issuer Audit* Clients
      - ☐ Item 3.2.a.1, *Audit Services*
      - ☐ Item 3.2.a.2, *Other Accounting Services*
      - ☐ Item 3.2.a.3, *Tax Services*
      - ☐ Item 3.2.a.4, *Non-audit Services*
      - ☐ Item 3.2.b, Calculation Method
      - ☐ Item 3.2.c, Estimated Percentages
  - ☐ Item 3.3, *Foreign Registered Public Accounting Firm*'s Designation of U.S. Agent
  - ☐ Incomplete Responses Due to Asserted Non-US Legal Restrictions
- ☐ Part IV, *Audit* Clients and *Audit Reports*
- ☐ Part V, Offices and Affiliations
- Part VI, Personnel
  - Item 6.1, Number of Firm Personnel
    - ☐ Item 6.1.a, Total Number of *Accountants*
    - ☐ Item 6.1.b, Total Number of CPA's
    - ☐ Item 6.1.c, Total Number of Personnel
  - ☐ Incomplete Responses Due to Asserted Non-US Legal Restrictions
- Part VII, Certain Relationships
  - Item 7.1, Individuals with Certain Disciplinary or Other Histories
    - ☐ Item 7.1.a, Relationship Exists
    - ☐ Item 7.1.b, Individuals
  - Item 7.2, Entities with Certain Disciplinary or Other Histories
    - ☐ Item 7.2.a, Relationship Exists
    - ☐ Item 7.2.b, Entities
  - Item 7.3, Certain Arrangements to Receive Consulting or Other Professional Services
    - ☐ Item 7.3.a, Arrangement Exists
    - ☐ Item 7.3.b, Entities
  - ☐ Incomplete Responses Due to Asserted Non-US Legal Restrictions
- ☐ Part VIII, Acquisition of Another *Public Accounting Firm* or Substantial Portions of Another *Public Accounting Firm's Personnel*
- ☐ *Part IX, Affirmation of Consent*
- ☐ *Part X, Certification of Firm*

  If you check this box, use the text field below to describe the error or omission in Part X as previously filed and to supply the information as it should have been provided in the previous submission. Use Part X of this amended form only to certify the amended form, not to supply corrections to the previous form.

- Part XI, Exhibits
  - ☐ Exhibit 3.2, Description of Methodology Used to Estimate Components of Calculation in Item 3.2 and Reason for Using Estimates
  - ☐ Exhibit 99.1, Request for Confidential Treatment

☐ Exhibit 99.3, Materials Required by Rule 2207(c)(2)-(4)

Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.

PART III - GENERAL INFORMATION CONCERNING THE FIRM

ITEM 3.1 - THE FIRM'S PRACTICE RELATED TO THE REGISTRATION REQUIREMENT

a. Indicate whether the Firm issued any *audit report* with respect to an *issuer* during the reporting period.	(•) Yes ( ) No
b. In the event of an affirmative response to Item 3.1.a, indicate whether the *issuers* with respect to which the Firm issued *audit reports* during the reporting period were limited to employee benefit plans that file reports with the *Commission* on Form 11-K.	[ ] Yes [x] No
c. In the event of a negative response to Item 3.1.a, indicate whether the Firm *played a substantial role in the preparation or furnishing of an audit report* with respect to an *issuer* during the reporting period.	[ ] Yes [ ] No
d. Indicate whether the Firm issued any *audit report* with respect to any *broker* or *dealer* during the reporting period.	[x] Yes [ ] No
e. In the event of a negative response to Item 3.1.d, indicate whether the Firm *played a substantial role in the preparation or furnishing of an audit report* with respect to a *broker* or *dealer* during the reporting period.	[ ] Yes [ ] No

ITEM 3.2 - FEES BILLED TO *ISSUER AUDIT* CLIENTS

The option to request confidential treatment for information provided in Item 3.2 is available only to *foreign registered public accounting firms*.

a. Of the total fees billed by the Firm to all clients for services that were rendered in the reporting period, state the percentage (which may be rounded, but no less specifically than to the nearest five percent) attributable to fees billed to *issuer audit* clients for–

	CA	CR		CA	CR
1. *Audit services*	[ ]	[ ]	2. *Other accounting services*	[ ]	[ ]
6			0		
3. *Tax services*	[ ]	[ ]	4. *Non-audit services*	[ ]	[ ]
0			0		

b. Indicate, by checking the appropriate box, which of the following two methods the Firm used to calculate the percentages reported in Item 3.2.a – CA [ ] CR [ ]

( ) 1. The Firm used as a denominator the total fees billed to all clients for services rendered during the reporting period and used as numerators (for each of the four categories) total fees billed to *issuer audit* clients for the relevant services rendered during the reporting period.

(•) 2. The Firm used as a denominator the total fees billed to all clients in the Firm's fiscal year that ended during the reporting period and used as numerators (for each of the four categories) total *issuer audit* client fees as determined by reference to the fee amounts disclosed to the *Commission* by those clients for each client's fiscal year that ended during the reporting period (including, for clients who have not made the required *Commission* filings, the fee amounts required to be disclosed).

c. If the Firm has used a reasonable method to estimate the components of the calculations described in Item 3.2.b, rather than using the specific data, check this box and attach Exhibit 3.2 briefly describing the reasons for doing so and the methodology used in making those estimates. [ ] CA [ ] CR [ ]

Note: In responding to Item 3.2, careful attention should be paid to the definitions of the italicized terms, which are found in *Board Rules* 1001(i)(iii) (*issuer*), 1001(a)(v) (*audit*), 1001(a)(vii) (*audit services*), 1001(o)(i) (*other accounting services*), 1001(t)(i) (*tax services*), and 1001(n)(ii) (*non-audit services*). The definitions of the four categories of services correspond to the *Commission*'s descriptions of the services for which an *issuer* must disclose fees paid to its auditor. Compare the descriptions of services in Item 9(e) of *Commission* Schedule 14A (17 C.F.R. § 240.14a-101) under the headings "Audit Fees," "Audit-Related Fees," "Tax Fees," and "All Other Fees" with, respectively, the *Board*'s definitions of *Audit Services*, *Other Accounting Services, Tax Services*, and *Non-Audit Services*.

Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.

ITEM 3.3 - *FOREIGN REGISTERED PUBLIC ACCOUNTING FIRM*'S DESIGNATION OF U.S. AGENT

a. If the Firm is a *foreign registered public accounting firm* that has designated to the *Commission* or *Board* an agent in the United States upon whom the *Commission* or the *Board* may serve any request to the Firm under Section 106 of the *Act* or any process, pleading, or other papers in any action against the Firm to enforce Section 106 of the *Act,* check here and enter the name and address of the designated agent. ☐

1. Agent Name	
2. Agent Address	
2a. Street Address 1	2d. State
2b. Street Address 2	2e. Zip Code
2c. City	

b. If the Firm is a *foreign registered public accounting firm* and did not check the box for Item 3.3.a, indicate by checking "yes" or "no" whether the Firm has, since July 21, 2010, (1) performed material services upon which another *registered public accounting firm* relied in the conduct of an audit or interim review, (2) issued an audit report, (3) performed audit work, or (4) performed interim reviews. ☐ Yes ☐ No

Note: If the Firm checks "yes" for Item 3.3.b, the Firm must immediately provide to the *Commission* or the *Board* the designation required by Section 106(d)(2) of the *Act*.

Note: If the Firm checks "no" for Item 3.3.b, and the Firm later performs any of the activities identified in Section 106(d)(2) of the Act, the Firm must immediately provide to the *Commission* or the *Board* the designation required by Section 106(d)(2) of the *Act*.

Note: If the Firm has previously designated an agent for service to the *Commission* or *Board* , the Firm must immediately communicate any change in the name or address of the agent to the *Commission* or *Board* .

INCOMPLETE RESPONSES DUE TO ASSERTED NON-U.S. LEGAL RESTRICTIONS

If the Firm is a *foreign registered public accounting firm* that, in responding to Part III, has either withheld certain information, or declined to request certain information from relevant third parties, on the ground that the Firm cannot provide the information to the *Board* on this Form 2 without violating non-U.S. law, the Firm must identify here all items -- and only those items -- with respect to which there is any information that the Firm has actually withheld or declined to request.

☐ 3.1.c	☐ 3.1.e	☐ 3.2.a.1	☐ 3.2.a.2	☐ 3.2.a.3
☐ 3.2.a.4	☐ 3.2.b	☐ 3.2.c	☐ 3.3.a	☐ 3.3.b

Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.

PART IV - *AUDIT* CLIENTS AND *AUDIT REPORTS*

ITEM 4.1 - *AUDIT REPORTS* ISSUED BY THE FIRM FOR *ISSUERS*

a. Provide the following information concerning each *issuer* for which the Firm issued any *audit report*(s) during the reporting period -

1. *Issuer* name
ANEBULO PHARMACEUTICALS, INC.

2. *Issuer* CIK (Central Index Key) number, if any
1815974 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

9/29/2025

1. *Issuer* name
ANI PHARMACEUTICALS, INC.

2. *Issuer* CIK (Central Index Key) number, if any
1023024 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

2/27/2026

1. *Issuer* name
APREA THERAPEUTICS, INC.

2. *Issuer* CIK (Central Index Key) number, if any
1781983 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

3/16/2026

1. *Issuer* name
ASP ISOTOPES INC.

2. *Issuer* CIK (Central Index Key) number, if any
1921865 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☑ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

4/30/2025

1. *Issuer* name
BIOVIE, INC.

2. *Issuer* CIK (Central Index Key) number, if any
1580149 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

8/15/2025

1. *Issuer* name
BUSINESS FIRST BANCHSARES, INC. (Report for: b1BANK Employee Retirement Plan and Trust)

2. *Issuer* CIK (Central Index Key) number, if any

1624322 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

6/20/2025

1. *Issuer* name

BYRNA TECHNOLOGIES INC.

2. *Issuer* CIK (Central Index Key) number, if any

1354866 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

2/5/2026

1. *Issuer* name

CELULARITY INC.

2. *Issuer* CIK (Central Index Key) number, if any

1752828 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

5/8/2025

1. *Issuer* name

CENTAUR MUTUAL FUNDS TRUST (Report for: Fund Series - Copley Fund)

2. *Issuer* CIK (Central Index Key) number, if any

1295908 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

12/26/2025

1. *Issuer* name

CHAMPIONS ONCOLOGY, INC.

2. *Issuer* CIK (Central Index Key) number, if any

771856 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

7/23/2025

1. *Issuer* name

CINEVERSE CORP.

2. *Issuer* CIK (Central Index Key) number, if any

1173204 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

6/30/2025

1. *Issuer* name

CORBUS PHARMACEUTICALS HOLDINGS, INC.

2. *Issuer* CIK (Central Index Key) number, if any

1595097 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

3/9/2026

1. *Issuer* name

ENZO BIOCHEM INC. (Report for: Enzo Biochem, Inc. Salary Reduction Profit Sharing Plan)

2. *Issuer* CIK (Central Index Key) number, if any

316253 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

6/30/2025

1. *Issuer* name

ENZON PHARMACEUTICALS, INC.

2. *Issuer* CIK (Central Index Key) number, if any

727510 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

3/2/2026

1. *Issuer* name

Exela Technologies BPA, LLC

2. *Issuer* CIK (Central Index Key) number, if any

1620179 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

7/1/2025 3/31/2026

1. *Issuer* name

FB BANCORP, INC.

2. *Issuer* CIK (Central Index Key) number, if any

2013639 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

3/26/2026

1. *Issuer* name

Fifth District Bancorp, Inc.

2. *Issuer* CIK (Central Index Key) number, if any

2012726 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously

issued *audit report*s.

3/24/2026

1. *Issuer* name

First Guaranty Bancshares, Inc.

2. *Issuer* CIK (Central Index Key) number, if any

1408534 Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

3/31/2026

1. *Issuer* name

FIRST REAL ESTATE INVESTMENT TRUST OF NEW JERSEY, INC.

2. *Issuer* CIK (Central Index Key) number, if any

36840 Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

1/29/2026

1. *Issuer* name

HANCOCK WHITNEY CORP (Report for: Hancock Whitney Corporation 401(k) Savings Plan)

2. *Issuer* CIK (Central Index Key) number, if any

750577 Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

6/26/2025

1. *Issuer* name

INTENSITY THERAPEUTICS, INC.

2. *Issuer* CIK (Central Index Key) number, if any

1567264 Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

3/27/2026

1. *Issuer* name

INTERPACE BIOSCIENCES, INC.

2. *Issuer* CIK (Central Index Key) number, if any

1054102 Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

3/30/2026

1. *Issuer* name

INUVO, INC.

2. *Issuer* CIK (Central Index Key) number, if any

829323 Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

3/5/2026

1. *Issuer* name

INVESTAR HOLDING CORP (Report for: Investar Holding Corporation 401(k) Plan)

2. *Issuer* CIK (Central Index Key) number, if any

1602658 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

6/20/2025

1. *Issuer* name

LANTERN PHARMA INC.

2. *Issuer* CIK (Central Index Key) number, if any

1763950 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

3/30/2026

1. *Issuer* name

Cypherpunk Technologies Inc.

2. *Issuer* CIK (Central Index Key) number, if any

1509745 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

3/16/2026

1. *Issuer* name

LIGHTSTONE VALUE PLUS REIT I, INC.

2. *Issuer* CIK (Central Index Key) number, if any

1296884 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

3/30/2026

1. *Issuer* name

LIGHTSTONE VALUE PLUS REIT II, INC.

2. *Issuer* CIK (Central Index Key) number, if any

1436975 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

3/30/2026

1. *Issuer* name

LIGHTSTONE VALUE PLUS REIT III, INC.

2. *Issuer* CIK (Central Index Key) number, if any

1563756 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

3/30/2026

1. *Issuer* name

LIGHTSTONE VALUE PLUS REIT IV, INC.

2. *Issuer* CIK (Central Index Key) number, if any

1619312 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

3/30/2026

1. *Issuer* name

LIGHTSTONE VALUE PLUS REIT V, INC.

2. *Issuer* CIK (Central Index Key) number, if any

1387061 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

3/26/2026

1. *Issuer* name

Lomond Therapeutics Holdings, Inc.

2. *Issuer* CIK (Central Index Key) number, if any

1900520 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

4/15/2025

1. *Issuer* name

MAGNOLIA BANCORP, INC.

2. *Issuer* CIK (Central Index Key) number, if any

2033615 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

3/16/2026

1. *Issuer* name

MATINAS BIOPHARMA HOLDINGS, INC.

2. *Issuer* CIK (Central Index Key) number, if any

1582554 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

4/15/2025 3/31/2026

1. *Issuer* name

MEDICUS PHARMA LTD.

2. *Issuer* CIK (Central Index Key) number, if any

1997296 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☑ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

3/25/2026	1/30/2026	12/29/2025
11/19/2025	11/14/2025	9/29/2025
5/27/2025	4/4/2025	

1. *Issuer* name

MFA FINANCIAL, INC. (Report for: MFA Financial Inc. 401(k) Savings Plan)

2. *Issuer* CIK (Central Index Key) number, if any

1055160 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

5/30/2025		

1. *Issuer* name

MURPHY USA INC. (Report for: Murphy USA Inc. Savings Plan)

2. *Issuer* CIK (Central Index Key) number, if any

1573516 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

6/25/2025		

1. *Issuer* name

NANOVIRICIDES, INC.

2. *Issuer* CIK (Central Index Key) number, if any

1379006 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

9/29/2025		

1. *Issuer* name

NOMADAR CORP.

2. *Issuer* CIK (Central Index Key) number, if any

1994214 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

6/27/2025	3/31/2026	

1. *Issuer* name

NOVO NORDISK A.S. (Report for: Novo Nordisk Inc. 401(k) Savings Plan)

2. *Issuer* CIK (Central Index Key) number, if any

353278 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

6/26/2025

1. *Issuer* name

TaoWeave, Inc.

2. *Issuer* CIK (Central Index Key) number, if any

746210 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

3/20/2026

1. *Issuer* name

OCEAN POWER TECHNOLOGIES, INC.

2. *Issuer* CIK (Central Index Key) number, if any

1378140 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

7/25/2024 7/24/2025

1. *Issuer* name

ONCONETIX, INC.

2. *Issuer* CIK (Central Index Key) number, if any

1782107 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

4/11/2024 5/30/2025

1. *Issuer* name

ONTRAK, INC.

2. *Issuer* CIK (Central Index Key) number, if any

1136174 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

4/14/2025

1. *Issuer* name

Option Therapeutics Inc.

2. *Issuer* CIK (Central Index Key) number, if any

2070577 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

9/5/2025

1. *Issuer* name

PEOPLES FINANCIAL CORPoration

2. *Issuer* CIK (Central Index Key) number, if any

770460 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

3/16/2026

1. *Issuer* name

PEOPLES FINANCIAL CORP (Report for: Peoples Financial Corporation 401(k) Profit Sharing Plan)

2. *Issuer* CIK (Central Index Key) number, if any

770460 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

6/27/2025

1. *Issuer* name

RED RIVER BANCSHARES, INC.

2. *Issuer* CIK (Central Index Key) number, if any

1071236 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

3/13/2026

1. *Issuer* name

ROCKET PHARMACEUTICALS, INC.

2. *Issuer* CIK (Central Index Key) number, if any

1281895 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

2/26/2026

1. *Issuer* name

ROCKWELL MEDICAL, INC.

2. *Issuer* CIK (Central Index Key) number, if any

1041024 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

3/26/2026

1. *Issuer* name

SAB BIOTHERAPEUTICS, INC.

2. *Issuer* CIK (Central Index Key) number, if any

1833214 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

3/9/2026

1. *Issuer* name

SKY HARBOUR GROUP CORPORATION

2. *Issuer* CIK (Central Index Key) number, if any

1823587 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

3/19/2026

1. *Issuer* name

SR BANCORP, INC. (Report for: Somerset Regal Bank 401(k) Retirement Plan)

2. *Issuer* CIK (Central Index Key) number, if any

1951276 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

6/27/2025

1. *Issuer* name

TONIX PHARMACEUTICALS HOLDING CORP.

2. *Issuer* CIK (Central Index Key) number, if any

1430306 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

3/12/2026

1. *Issuer* name

TRAVEL & LEISURE CO. (Report for: Travel + Leisure Co. Employee Savings Plan)

2. *Issuer* CIK (Central Index Key) number, if any

1361658 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

6/30/2025

1. *Issuer* name

WINDTREE THERAPEUTICS, INC.

2. *Issuer* CIK (Central Index Key) number, if any

946486 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

4/15/2025

1. *Issuer* name

WRIGHT INVESTORS' SERVICE HOLDINGS, INC.

2. *Issuer* CIK (Central Index Key) number, if any

1279715 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

3/30/2026

1. *Issuer* name

Yukon New Parent, Inc.

2. *Issuer* CIK (Central Index Key) number, if any

2051820 ☐ Check here, if none

3. Date(s) of the *audit report*(s) (mm/dd/yyyy)

☐ Check here if the dates listed below correspond solely to the issuance of consents to the use of previously issued *audit report*s.

8/25/2025

b. If the Firm identified any *issuer*s in response to Item 4.1.a., indicate, by checking the box corresponding to the appropriate range set out below, the total number of Firm personnel who exercised the authority to sign the Firm's name to an *audit report,* for an *issuer*, during the reporting period. If the Firm checks the box indicating that the number is in the range of 1-9, provide the exact number.

- ○ 1-9 Exact Number:
- ◉ 10-25
- ○ 26-50
- ○ 51-100
- ○ 101-200
- ○ More than 200

Note: In responding to Item 4.1(a), careful attention should be paid to the definition of *issuer*. The Firm should not, for example, overlook the fact that investment companies may be *issuers*, or that employee benefit plans that file reports on *Commission* Form 11-K are *issuers*.

Note: In responding to Item 4.1, do not list any *issuer* more than once. For each *issuer,* provide in Item 4.1.a.3 the *audit report* dates (as described in AU 530, Dating of the Independent Auditor's Report) of all such *audit reports* for that *issuer*, including each date of any dual-dated *audit report*.

Note: In responding to Item 4.1.a.3, it is not necessary to provide the date of any consent to an *issuer*'s use of an *audit report* previously issued for that *issuer*, except that, if such consents constitute the only instances of the Firm issuing *audit reports* for a particular *issuer* during the reporting period, the Firm should include that *issuer* in Item 4.1 and include the dates of such consents and indicate whether the dates provided correspond to the issuance of a consent to the use of a previously-issued *audit report* in Item 4.1.a.3.

Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.

ITEM 4.2 - *ISSUER AUDIT REPORTS* WITH RESPECT TO WHICH THE FIRM *PLAYED A SUBSTANTIAL ROLE* DURING THE REPORTING PERIOD

a. If no *issuers* are identified in response to Item 4.1.a, but the Firm *played a substantial role in the preparation or furnishing of an audit report* for an *issuer* that was issued during the reporting period, provide the following information concerning each *issuer* with respect to which the Firm did so -

Note: If the Firm identifies any *issuer* in response to Item 4.1, the Firm need not respond to Item 4.2.

Note: In responding to Item 4.2, do not list any *issuer* more than once.

1. *Issuer* name

2. *Issuer* CIK (Central Index Key) number, if any

☐ Check here, if none

3. Name of the *registered public accounting firm* that issued the *audit report*(s)

4. The end date(s) of the fiscal period(s) covered by the financial statements that were the subject of the *audit report*(s)

5. *Substantial role played* by the Firm with respect to the *audit report*(s)

If other is selected, please enter *substantial role played* below -

Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.

ITEM 4.3 - *AUDIT REPORTS* ISSUED BY THE FIRM FOR *BROKERS* OR *DEALERS*

a. Provide the following information concerning each *audit report* issued for a *broker* or *dealer* during the reporting period –

1. *Broker*'s or *Dealer*'s name
BARON CAPITAL, INC.

2. *Broker*'s or *Dealer*'s CRD (Central Registration Depository) number
10538

3. *Broker*'s or *Dealer*'s CIK (Central Index Key) number, if any
704850 ☐ Check here, if none

4. Date(s) of the *audit report*(s) (mm/dd/yyyy)
4/29/2025

1. *Broker*'s or *Dealer*'s name
U.S Boston Capital Corporation

2. *Broker*'s or *Dealer*'s CRD (Central Registration Depository) number
5251

3. *Broker*'s or *Dealer*'s CIK (Central Index Key) number, if any
99547 ☐ Check here, if none

4. Date(s) of the *audit report*(s) (mm/dd/yyyy)
11/25/2025

1. *Broker*'s or *Dealer*'s name
CARL MARKS SECURITIES LLC

2. *Broker*'s or *Dealer*'s CRD (Central Registration Depository) number
144209

3. *Broker*'s or *Dealer*'s CIK (Central Index Key) number, if any
1399878 ☐ Check here, if none

4. Date(s) of the *audit report*(s) (mm/dd/yyyy)
2/27/2026

1. *Broker*'s or *Dealer*'s name
COMMERCE STREET CAPITAL, LLC

2. *Broker*'s or *Dealer*'s CRD (Central Registration Depository) number
143797

3. *Broker*'s or *Dealer*'s CIK (Central Index Key) number, if any
0001396145 ☐ Check here, if none

4. Date(s) of the *audit report*(s) (mm/dd/yyyy)
3/30/2026

1. *Broker*'s or *Dealer*'s name
DOEREN MAYHEW CAPITAL ADVISORS, LLC

2. *Broker*'s or *Dealer*'s CRD (Central Registration Depository) number
288269

3. *Broker*'s or *Dealer*'s CIK (Central Index Key) number, if any
1703218 ☐ Check here, if none

4. Date(s) of the *audit report*(s) (mm/dd/yyyy)
1/7/2026

1. *Broker*'s or *Dealer*'s name
DOFT & CO., INC.

2. *Broker*'s or *Dealer*'s CRD (Central Registration Depository) number
1660

3. *Broker*'s or *Dealer*'s CIK (Central Index Key) number, if any
29476 ☐ Check here, if none

4. Date(s) of the *audit report*(s) (mm/dd/yyyy)
8/20/2025

1. *Broker*'s or *Dealer*'s name
Dowling & Partners Securities LLC

2. *Broker*'s or *Dealer*'s CRD (Central Registration Depository) number
24746

3. *Broker*'s or *Dealer*'s CIK (Central Index Key) number, if any
0790080 ☐ Check here, if none

4. Date(s) of the *audit report*(s) (mm/dd/yyyy)
2/26/2026

1. *Broker*'s or *Dealer*'s name
FAR HILLS GROUP LLC

2. *Broker*'s or *Dealer*'s CRD (Central Registration Depository) number
32243

3. *Broker*'s or *Dealer*'s CIK (Central Index Key) number, if any
902913 ☐ Check here, if none

4. Date(s) of the *audit report*(s) (mm/dd/yyyy)
2/26/2026

1. *Broker*'s or *Dealer*'s name
FIRST MANHATTAN SECURITIES LLC

2. *Broker*'s or *Dealer*'s CRD (Central Registration Depository) number
1845

3. *Broker*'s or *Dealer*'s CIK (Central Index Key) number, if any
0000036503 ☐ Check here, if none

4. Date(s) of the *audit report*(s) (mm/dd/yyyy)
2/26/2026

1. *Broker*'s or *Dealer*'s name
FNBB CAPITAL MARKETS, LLC

2. *Broker*'s or *Dealer*'s CRD (Central Registration Depository) number
132091

3. *Broker*'s or *Dealer*'s CIK (Central Index Key) number, if any
1293537 ☐ Check here, if none

4. Date(s) of the *audit report*(s) (mm/dd/yyyy)
2/19/2026

1. *Broker*'s or *Dealer*'s name
Forvis Capital Advisors LLC

2. *Broker*'s or *Dealer*'s CRD (Central Registration Depository) number
43427

3. *Broker*'s or *Dealer*'s CIK (Central Index Key) number, if any
1041920 ☐ Check here, if none

4. Date(s) of the *audit report*(s) (mm/dd/yyyy)
7/31/2025

1. *Broker*'s or *Dealer*'s name
GAGNON SECURITIES, LLC

2. *Broker*'s or *Dealer*'s CRD (Central Registration Depository) number
103727

3. *Broker*'s or *Dealer*'s CIK (Central Index Key) number, if any
1125725 ☐ Check here, if none

4. Date(s) of the *audit report*(s) (mm/dd/yyyy)
2/28/2026

1. *Broker*'s or *Dealer*'s name
HASTINGS CAPITAL GROUP, LLC

2. *Broker*'s or *Dealer*'s CRD (Central Registration Depository) number
142998

3. *Broker*'s or *Dealer*'s CIK (Central Index Key) number, if any
0001385971 ☐ Check here, if none

4. Date(s) of the *audit report*(s) (mm/dd/yyyy)
2/27/2026

1. *Broker*'s or *Dealer*'s name
Hornor Townsend & Kent LLC

2. *Broker*'s or *Dealer*'s CRD (Central Registration Depository) number
4031

3. *Broker*'s or *Dealer*'s CIK (Central Index Key) number, if any
0000077131 ☐ Check here, if none

4. Date(s) of the *audit report*(s) (mm/dd/yyyy)
2/26/2026

1. *Broker*'s or *Dealer*'s name
OLD CITY SECURITIES LLC

2. *Broker*'s or *Dealer*'s CRD (Central Registration Depository) number
171910

3. *Broker*'s or *Dealer*'s CIK (Central Index Key) number, if any
1610239 ☐ Check here, if none

4. Date(s) of the *audit report*(s) (mm/dd/yyyy)
11/19/2025

1. *Broker*'s or *Dealer*'s name
P.A.N. SECURITIES, LP

2. *Broker*'s or *Dealer*'s CRD (Central Registration Depository) number
104823

3. *Broker*'s or *Dealer*'s CIK (Central Index Key) number, if any
1126914 ☐ Check here, if none

4. Date(s) of the *audit report*(s) (mm/dd/yyyy)
3/26/2026

1. *Broker*'s or *Dealer*'s name
PAG FINANCIAL, LLC

2. *Broker*'s or *Dealer*'s CRD (Central Registration Depository) number
307279

3. *Broker*'s or *Dealer*'s CIK (Central Index Key) number, if any
0001802492 ☐ Check here, if none

4. Date(s) of the *audit report*(s) (mm/dd/yyyy)
3/31/2026

1. *Broker*'s or *Dealer*'s name

PAPAMARKOU WELLNER & CO., INC.

2. *Broker*'s or *Dealer*'s CRD (Central Registration Depository) number

10963

3. *Broker*'s or *Dealer*'s CIK (Central Index Key) number, if any

704897 ☐ Check here, if none

4. Date(s) of the *audit report*(s) (mm/dd/yyyy)

2/27/2026

1. *Broker*'s or *Dealer*'s name

PINEBRIDGE SECURITIES LLC

2. *Broker*'s or *Dealer*'s CRD (Central Registration Depository) number

5967

3. *Broker*'s or *Dealer*'s CIK (Central Index Key) number, if any

5270 ☐ Check here, if none

4. Date(s) of the *audit report*(s) (mm/dd/yyyy)

2/26/2026

1. *Broker*'s or *Dealer*'s name

Stash Capital LLC

2. *Broker*'s or *Dealer*'s CRD (Central Registration Depository) number

287728

3. *Broker*'s or *Dealer*'s CIK (Central Index Key) number, if any

0001698389 ☐ Check here, if none

4. Date(s) of the *audit report*(s) (mm/dd/yyyy)

3/4/2026

1. *Broker*'s or *Dealer*'s name

TELSEY ADVISORY GROUP LLC

2. *Broker*'s or *Dealer*'s CRD (Central Registration Depository) number

148234

3. *Broker*'s or *Dealer*'s CIK (Central Index Key) number, if any

1443209 ☐ Check here, if none

4. Date(s) of the *audit report*(s) (mm/dd/yyyy)

2/28/2026

1. *Broker*'s or *Dealer*'s name

US ARMA PARTNERS LP

2. *Broker*'s or *Dealer*'s CRD (Central Registration Depository) number

136024

3. *Broker*'s or *Dealer*'s CIK (Central Index Key) number, if any

0001329807 ☐ Check here, if none

4. Date(s) of the *audit report*(s) (mm/dd/yyyy)

2/28/2026

1. *Broker*'s or *Dealer*'s name

WYSER-PRATTE & CO., INC.

2. *Broker*'s or *Dealer*'s CRD (Central Registration Depository) number

28056

3. *Broker*'s or *Dealer*'s CIK (Central Index Key) number, if any

871375 ☐ Check here, if none

4. Date(s) of the *audit report*(s) (mm/dd/yyyy)

2/28/2026

1. *Broker*'s or *Dealer*'s name

ZANBATO SECURITIES LLC

2. *Broker*'s or *Dealer*'s CRD (Central Registration Depository) number

279028

3. *Broker*'s or *Dealer*'s CIK (Central Index Key) number, if any

0001648813 ☐ Check here, if none

4. Date(s) of the *audit report*(s) (mm/dd/yyyy)

2/28/2026

b. If the Firm identified any *brokers* or *dealers* in response to Item 4.3.a., indicate, by checking the box corresponding to the appropriate range set out below, the total number of Firm personnel who exercised the authority to sign the Firm's name to an *audit report*, for a *broker* or *dealer*, during the reporting period. If the Firm checks the box indicating that the number is in the range of 1-9, provide the exact number.

- (•) 1-9 — Exact Number: 8
- ( ) 10-25
- ( ) 26-50
- ( ) 51-100
- ( ) 101-200
- ( ) More than 200

Note: For each *audit report* provide in Item 4.3.a.3 the *audit report* dates (as described in AU 530, Dating of the Independent Auditor's Report) including each date of any dual-dated *audit report*.

Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.

ITEM 4.4 - *BROKER* OR *DEALER AUDIT REPORTS* WITH RESPECT TO WHICH THE FIRM *PLAYED A SUBSTANTIAL ROLE* DURING THE REPORTING PERIOD

a. If no *brokers* or *dealers* are identified in response to Item 4.3.a, but the Firm *played a substantial role in the preparation or furnishing of an audit report* for a *broker* or *dealer* that was issued during the reporting period, provide the following information concerning each *broker* or *dealer* with respect to which the Firm did so –

Note: If the Firm identifies any *broker* or *dealer* in response to Item 4.3, the Firm need not respond to Item 4.4.

Note: In responding to Item 4.4, do not list any *broker* or *dealer* more than once.

1. *Broker*'s or *Dealer*'s name

2. *Broker*'s or *Dealer*'s CRD (Central Registration Depository) number

3. *Broker*'s or *Dealer*'s CIK number, if any

☐ Check here, if none

4. Name of the *registered public accounting firm* that issued the *audit report*(s)

5. The end date(s) of the fiscal period(s) covered by the financial statements that were subject of the *audit report*(s)

6. Substantial role played by the Firm with respect to the *audit report*(s)

If other is selected, please enter substantial role played below -

INCOMPLETE RESPONSES DUE TO ASSERTED NON-U.S. LEGAL RESTRICTIONS

If the Firm is a *foreign registered public accounting firm* that, in responding to Part IV, has either withheld certain information, or declined to request certain information from relevant third parties, on the ground that the Firm cannot provide the information to the *Board* on this Form 2 without violating non-U.S. law, the Firm must identify here all items -- and only those items -- with respect to which there is any information that the Firm has actually withheld or declined to request.

☐ 4.2.a.1 ☐ 4.2.a.2 ☐ 4.2.a.3 ☐ 4.2.a.4 ☐ 4.2.a.5

☐ 4.4.a.1 ☐ 4.4.a.2 ☐ 4.4.a.3 ☐ 4.4.a.4 ☐ 4.4.a.5

☐ 4.4.a.6

Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.

PART V - OFFICES AND AFFILIATIONS

In Part V, the Firm should provide information that is current as of the last day of the reporting period.

ITEM 5.1 - FIRM'S OFFICES

List the physical address and, if different, the mailing address, of each of the Firm's offices.

Office physical address	Office mailing address ☑ Same as physical address
Country United States	Country
Street address 1 11 Grand Central East	Street address 1
Street address 2 733 Third Avenue	Street address 2
City New York	City
State/Province New York	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code 10017	Zip/Postal code

Office physical address	Office mailing address ☑ Same as physical address
Country United States	Country
Street address 1 3595 Grandview Parkway	Street address 1
Street address 2 Suite 500	Street address 2
City Birmingham	City
State/Province Alabama	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code 35243	Zip/Postal code

Office physical address	Office mailing address ☑ Same as physical address
Country United States	Country
Street address 1 225 S Lake Avenue	Street address 1
Street address 2 Suite 450	Street address 2
City Pasadena	City
State/Province California	State/Province
Non-U.S. State/Province	Non-U.S. State/Province

Zip/Postal code 91101	Zip/Postal code

Office physical address	Office mailing address ☑ Same as physical address
Country United States	Country
Street address 1 4225 Executive Square	Street address 1
Street address 2 Suite 1150	Street address 2
City La Jolla	City
State/Province California	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code 92037	Zip/Postal code

Office physical address	Office mailing address ☑ Same as physical address
Country United States	Country
Street address 1 3001 Douglas Blvd	Street address 1
Street address 2 Suite 350	Street address 2
City Roseville	City
State/Province California	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code 95661	Zip/Postal code

Office physical address	Office mailing address ☑ Same as physical address
Country United States	Country
Street address 1 One California St.	Street address 1
Street address 2 Suite 1700	Street address 2
City San Francisco	City
State/Province California	State/Province
Non-U.S. State/Province	Non-U.S. State/Province

Zip/Postal code	Zip/Postal code
94111	

Office physical address	Office mailing address ☑ Same as physical address
Country United States	Country
Street address 1 1510 Fashion Island Blvd.	Street address 1
Street address 2 Suite 350	Street address 2
City San Mateo	City
State/Province California	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code 94404	Zip/Postal code

Office physical address	Office mailing address ☑ Same as physical address
Country United States	Country
Street address 1 6701 Center Drive W	Street address 1
Street address 2 Suite 825	Street address 2
City Los Angeles	City
State/Province California	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code 90045	Zip/Postal code

Office physical address	Office mailing address ☑ Same as physical address
Country United States	Country
Street address 1 23622 Calabasas Road	Street address 1
Street address 2 Suite 331	Street address 2
City Calabasas	City
State/Province California	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code	Zip/Postal code

91302	

Office physical address	Office mailing address ☑ Same as physical address
Country United States	Country
Street address 1 243 Tresser Blvd.	Street address 1
Street address 2 17th Floor	Street address 2
City Stamford	City
State/Province Connecticut	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code 06901	Zip/Postal code

Office physical address	Office mailing address ☑ Same as physical address
Country United States	Country
Street address 1 501 S. Cherry Street	Street address 1
Street address 2 Suite 1162	Street address 2
City Denver	City
State/Province Colorado	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code 80246	Zip/Postal code

Office physical address	Office mailing address ☑ Same as physical address
Country United States	Country
Street address 1 900 S Pine Island Rd	Street address 1
Street address 2 Suite 110	Street address 2
City Fort Lauderdale	City
State/Province Florida	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code 33324	Zip/Postal code

Office physical address	Office mailing address ☑ Same as physical address
Country United States	Country
Street address 1 13099 S Cleveland Ave.	Street address 1
Street address 2 Suite 200	Street address 2
City Fort Myers	City
State/Province Florida	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code 33907	Zip/Postal code

Office physical address	Office mailing address ☑ Same as physical address
Country United States	Country
Street address 1 2811 Ponce De Leon Blvd	Street address 1
Street address 2 Suite 1150	Street address 2
City Coral Gables	City
State/Province Florida	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code 33134	Zip/Postal code

Office physical address	Office mailing address ☑ Same as physical address
Country United States	Country
Street address 1 759 SW Federal Hwy	Street address 1
Street address 2 Suite 301	Street address 2
City Stuart	City
State/Province Florida	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code 34994	Zip/Postal code

Office physical address	Office mailing address ☑ Same as physical address
Country United States	Country
Street address 1 505 S Flagler Dr.	Street address 1
Street address 2 Suite 900	Street address 2
City West Palm Beach	City
State/Province Florida	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code 33401	Zip/Postal code

Office physical address	Office mailing address ☑ Same as physical address
Country United States	Country
Street address 1 1277 Lenox Park Boulevard	Street address 1
Street address 2 Suite 400	Street address 2
City Atlanta	City
State/Province Georgia	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code 30319	Zip/Postal code

Office physical address	Office mailing address ☑ Same as physical address
Country United States	Country
Street address 1 11340 Lakefield Drive	Street address 1
Street address 2 Suite 150	Street address 2
City Johns Creek	City
State/Province Georgia	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code 30097	Zip/Postal code

Office physical address	Office mailing address ☑ Same as physical address

Country	Country
United States	
Street address 1	Street address 1
222 S Riverside Plaza	
Street address 2	Street address 2
Suite 2730	
City	City
Chicago	
State/Province	State/Province
Illinois	
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code	Zip/Postal code
60606	

Office physical address	Office mailing address ☑ Same as physical address
Country	Country
United States	
Street address 1	Street address 1
2205 Point Blvd	
Street address 2	Street address 2
Suite 100	
City	City
Elgin	
State/Province	State/Province
Illinois	
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code	Zip/Postal code
60123	

Office physical address	Office mailing address ☑ Same as physical address
Country	Country
United States	
Street address 1	Street address 1
8550 United Plaza Blvd	
Street address 2	Street address 2
Suite 1001	
City	City
Baton Rouge	
State/Province	State/Province
Louisiana	
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code	Zip/Postal code
70809	

Office physical address	Office mailing address ☑ Same as physical address
Country	Country

United States	
Street address 1 215 St. Patrick St.	Street address 1
Street address 2	Street address 2
City Donaldsonville	City
State/Province Louisiana	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code 70346	Zip/Postal code

Office physical address	Office mailing address ☑ Same as physical address
Country United States	Country
Street address 1 400 East Kaliste Saloom Road	Street address 1
Street address 2 Suite 7100	Street address 2
City Lafayette	City
State/Province Louisiana	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code 70508	Zip/Postal code

Office physical address	Office mailing address ☑ Same as physical address
Country United States	Country
Street address 1 One Galleria Blvd	Street address 1
Street address 2 Suite 2100	Street address 2
City Metairie	City
State/Province Louisiana	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code 70001	Zip/Postal code

Office physical address	Office mailing address ☑ Same as physical address
Country United States	Country

Street address 1	Street address 1
2640 Youree Drive	
Street address 2	Street address 2
Suite 100	
City	City
Shreveport	
State/Province	State/Province
Louisiana	
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code	Zip/Postal code
71104	

Office physical address	Office mailing address ☑ Same as physical address
Country	Country
United States	
Street address 1	Street address 1
115 Federal Street	
Street address 2	Street address 2
9th Floor	
City	City
Boston	
State/Province	State/Province
Massachusetts	
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code	Zip/Postal code
02110	

Office physical address	Office mailing address ☑ Same as physical address
Country	Country
United States	
Street address 1	Street address 1
1 Wall Street	
Street address 2	Street address 2
6th Floor	
City	City
Burlington	
State/Province	State/Province
Massachusetts	
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code	Zip/Postal code
01803	

Office physical address	Office mailing address ☑ Same as physical address
Country	Country
United States	
Street address 1	Street address 1

One University Ave	
Street address 2 Suite 201B	Street address 2
City Westwood	City
State/Province Massachusetts	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code 02090	Zip/Postal code

Office physical address	Office mailing address ☑ Same as physical address
Country United States	Country
Street address 1 10065 Red Run Blvd	Street address 1
Street address 2 Suite 220	Street address 2
City Owings Mills	City
State/Province Maryland	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code 21117	Zip/Postal code

Office physical address	Office mailing address ☑ Same as physical address
Country United States	Country
Street address 1 2501 S Wayzata Blvd	Street address 1
Street address 2	Street address 2
City Minneapolis	City
State/Province Minnesota	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code 55405	Zip/Postal code

Office physical address	Office mailing address ☑ Same as physical address
Country United States	Country
Street address 1 103 Madison Plaza	Street address 1

Street address 2	Street address 2
City	City
Hattiesburg	
State/Province	State/Province
Mississippi	
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code	Zip/Postal code
39402	

Office physical address	Office mailing address ☑ Same as physical address
Country	Country
United States	
Street address 1	Street address 1
111 Wood Avenue South	
Street address 2	Street address 2
Suite 600	
City	City
Iselin	
State/Province	State/Province
New Jersey	
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code	Zip/Postal code
08830	

Office physical address	Office mailing address ☑ Same as physical address
Country	Country
United States	
Street address 1	Street address 1
305 Fellowship Rd.	
Street address 2	Street address 2
Suite 201	
City	City
Mt. Laurel	
State/Province	State/Province
New Jersey	
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code	Zip/Postal code
08054	

Office physical address	Office mailing address ☑ Same as physical address
Country	Country
United States	
Street address 1	Street address 1
202 Carnegie Center	
Street address 2	Street address 2

Suite 300	
City Princeton	City
State/Province New Jersey	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code 08540	Zip/Postal code

Office physical address	Office mailing address ☑ Same as physical address
Country United States	Country
Street address 1 123 Tice Blvd	Street address 1
Street address 2 Suite 303	Street address 2
City Woodcliff Lake	City
State/Province New Jersey	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code 07677	Zip/Postal code

Office physical address	Office mailing address ☑ Same as physical address
Country United States	Country
Street address 1 175 Broadhollow Rd	Street address 1
Street address 2 Suite 250	Street address 2
City Melville	City
State/Province New York	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code 11747	Zip/Postal code

Office physical address	Office mailing address ☑ Same as physical address
Country United States	Country
Street address 1 2115 Rexford Road	Street address 1
Street address 2 Suite 450	Street address 2

City	City
Charlotte	
State/Province	State/Province
North Carolina	
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code	Zip/Postal code
28211	

Office physical address	Office mailing address ☑ Same as physical address
Country	Country
United States	
Street address 1	Street address 1
1500 Sunday Drive	
Street address 2	Street address 2
Suite 300	
City	City
Raleigh	
State/Province	State/Province
North Carolina	
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code	Zip/Postal code
27607	

Office physical address	Office mailing address ☑ Same as physical address
Country	Country
United States	
Street address 1	Street address 1
4249 Easton Way	
Street address 2	Street address 2
Suite 210	
City	City
Columbus	
State/Province	State/Province
Ohio	
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code	Zip/Postal code
43219	

Office physical address	Office mailing address ☑ Same as physical address
Country	Country
United States	
Street address 1	Street address 1
130 N 18th ST.	
Street address 2	Street address 2
Suite 3000	
City	City

Philadelphia	
State/Province Pennsylvania	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code 19103	Zip/Postal code

Office physical address	Office mailing address ☑ Same as physical address
Country United States	Country
Street address 1 16800 Dallas Pkwy	Street address 1
Street address 2 Suite 240	Street address 2
City Dallas	City
State/Province Texas	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code 75248	Zip/Postal code

Office physical address	Office mailing address ☑ Same as physical address
Country United States	Country
Street address 1 10370 Richmond Avenue	Street address 1
Street address 2 Suite 1100	Street address 2
City Houston	City
State/Province Texas	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code 77042	Zip/Postal code

Office physical address	Office mailing address ☑ Same as physical address
Country Cayman Islands	Country
Street address 1 Century Yard, Cricket Square	Street address 1
Street address 2 171 Elgin Ave.	Street address 2
City George Town	City

State/Province	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Grand Cayman	
Zip/Postal code	Zip/Postal code
KY11109	

Office physical address	Office mailing address ☑ Same as physical address
Country	Country
India	
Street address 1	Street address 1
Westgate D block	
Street address 2	Street address 2
SG Road	
City	City
Ahmedabad	
State/Province	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Gujarat	
Zip/Postal code	Zip/Postal code
380051	

Office physical address	Office mailing address ☑ Same as physical address
Country	Country
India	
Street address 1	Street address 1
5th floor – Wing B, (P) Elnath Block	
Street address 2	Street address 2
Exora Business Park	
City	City
Bengaluru East Taluk	
State/Province	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Bengaluru	
Zip/Postal code	Zip/Postal code
560 103	

Office physical address	Office mailing address ☑ Same as physical address
Country	Country
India	
Street address 1	Street address 1
803 GOWRA PALLADIUM	
Street address 2	Street address 2
SERILINGAMPALI MANDAI, RANGA REDDY DISTRICT	
City	City
Hyderbad	
State/Province	State/Province

Non-U.S. State/Province Telangana	Non-U.S. State/Province
Zip/Postal code 500 081	Zip/Postal code

Office physical address	Office mailing address ☑ Same as physical address
Country Iran	Country
Street address 1 NESCO IT PARK TOWER 3, 5TH FLOOR	Street address 1
Street address 2 WESTERN EXPRESS HWY	Street address 2
City Mumbai	City
State/Province	State/Province
Non-U.S. State/Province Maharashtra	Non-U.S. State/Province
Zip/Postal code 400 063	Zip/Postal code

Office physical address	Office mailing address ☑ Same as physical address
Country Israel	Country
Street address 1 132 Menachem Begin Road	Street address 1
Street address 2 30th Floor	Street address 2
City Tel Aviv-Yafo	City
State/Province	State/Province
Non-U.S. State/Province	Non-U.S. State/Province
Zip/Postal code 67011 01	Zip/Postal code

Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.

ITEM 5.2 - *AUDIT*-RELATED MEMBERSHIPS, AFFILIATIONS, OR SIMILAR ARRANGEMENTS

a. State whether the Firm has any:

1. Membership or affiliation in or with any network, arrangement, alliance, partnership or association that licenses or authorizes *audit* procedures or manuals or related materials, or the use of a name in connection with the provision of *audit services* or accounting services	(•) Yes ( ) No
2. Membership or affiliation in or with any network, arrangement, alliance, partnership or association that markets or sells *audit services* or through which joint *audits* are conducted	( ) Yes (•) No
3. Arrangement, whether by contract or otherwise, with another entity through or from which the Firm employs or leases personnel to perform *audit services*	(•) Yes ( ) No

b. If the Firm provides any affirmative response in Item 5.2.a, identify the entity with which the Firm has each such relationship -

Entity name
EISNERAMPER GLOBAL LIMITED

Entity Address

Country	State/Province
United States	New York
Street address 1 11 Grand Central East	Non-U.S. State/Province
Street address 2 733 Third Avenue	Zip/Postal code 10017
City New York	

Provide a brief description of the relationship the Firm has with this entity

EisnerAmper LLP is a member of EisnerAmper Global Limited ("EA Global"). EA Global carries on business activities for the overall benefit of the members of the EA Global network but does not provide professional services. Among other activities, EA Global authorizes the use of the EisnerAmper name by member firms. EisnerAmper LLP also may use personnel of other EA Global member firms working under a variety of different arrangements to perform audit services for individual audit engagements, including through secondments of personnel from such member firms.

Entity name
EISNER ADVISORY GROUP LLC

Entity Address

Country	State/Province
United States	New York
Street address 1 11 Grand Central East	Non-U.S. State/Province
Street address 2 733 Third Avenue	Zip/Postal code 10017
City New York	

Provide a brief description of the relationship the Firm has with this entity

EisnerAmper LLP and Eisner Advisory Group LLC, independently owned entities, provide professional services in an alternative practice structure, as defined in American Institute of Certified Public Accountants ET section 1.220.020, under which Eisner Advisory Group LLC provides professional and support staff, and administrative services to EisnerAmper LLP through an administrative services agreement. Eisner Advisory Group LLC and its subsidiary entities are not licensed CPA firms.

Note: Item 5.2.b does not require information concerning every other entity that is part of the network, arrangement, alliance, partnership or association, but only information concerning the network, arrangement, alliance, partnership, or association itself, or the principal entity through which it operates.

INCOMPLETE RESPONSES DUE TO ASSERTED NON-U.S. LEGAL RESTRICTIONS

If the Firm is a *foreign registered public accounting firm* that, in responding to Part V, has either withheld certain information, or declined to request certain information from relevant third parties, on the ground that the Firm cannot provide the information to the *Board* on this Form 2 without violating non-U.S. law, the Firm must identify here all items -- and only those items -- with respect to which there is any information that the Firm has actually withheld or declined to request.

☐ 5.1 ☐ 5.2.a.1 ☐ 5.2.a.2 ☐ 5.2.a.3 ☐ 5.2.b

Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.

PART VI - PERSONNEL

In Part VI, the Firm should provide information that is current as of the last day of the reporting period.

ITEM 6.1 - NUMBER OF FIRM PERSONNEL

Provide the following numerical totals -

		CA	CR
a. Total number of the Firm's *accountants*	1143	☐	☐
b. Total number of the Firm's certified public accountants (include in this number all *accountants* employed by the Firm with comparable licenses from non-U.S. jurisdictions)	649	☐	☐
c. Total number of the Firm's personnel	1217	☐	☐

INCOMPLETE RESPONSES DUE TO ASSERTED NON-U.S. LEGAL RESTRICTIONS

If the Firm is a *foreign registered public accounting firm* that, in responding to Part VI, has either withheld certain information, or declined to request certain information from relevant third parties, on the ground that the Firm cannot provide the information to the *Board* on this Form 2 without violating non-U.S. law, the Firm must identify here all items -- and only those items -- with respect to which there is any information that the Firm has actually withheld or declined to request.

☐ 6.1.a ☐ 6.1.b ☐ 6.1.c

Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.

PART VII - CERTAIN RELATIONSHIPS

ITEM 7.1 - INDIVIDUALS WITH CERTAIN DISCIPLINARY OR OTHER HISTORIES

a. Other than a relationship required to be reported in Item 5.1 of Form 3, and only if the Firm has not previously identified the individual and the sanction or *Commission* order on Form 1, Form 2, or Form 3, state whether, as of the end of the reporting period, the Firm has any employee, partner, shareholder, principal, member, or owner who was the subject of a *Board* disciplinary sanction or a *Commission* order under Rule 102(e) of the *Commission's* Rules of Practice, entered within the five years preceding the end of the reporting period and without that sanction or order having been vacated on review or appeal, and who provided at least ten hours of *audit services* for any *issuer*, *broker*, or *dealer* during the reporting period.

( ) Yes
(•) No

CA ☐ CR ☐

b. If the Firm provides an affirmative response to Item 7.1.a, provide the following information for each such individual -

1. Family name (last name)

Given name (first name)

2. Description of the nature of the relationship

3. Date Firm entered into relationship (mm/dd/yyyy)

4. The date of the relevant order and an indication whether it was a *Board* order or a *Commission* order

( ) *Board* ( ) *Commission*

CA ☐ CR ☐

Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.

ITEM 7.2 - ENTITIES WITH CERTAIN DISCIPLINARY OR OTHER HISTORIES

a. Other than a relationship required to be reported in Item 5.2 of Form 3, and only if the Firm has not previously reported the information on Form 1, Form 2, or Form 3, state whether, as of the end of the reporting period, the Firm was owned or partly owned by an entity that was the subject of (a) a *Board* disciplinary sanction entered within the five years preceding the end of the reporting period, which has not been vacated on review or appeal, suspending or revoking that entity's registration or disapproving that entity's application for registration, or (b) a *Commission* order under Rule 102(e) of the *Commission*'s Rules of Practice entered within the five years preceding the end of the reporting period, which has not been vacated on appeal, suspending or denying the privilege of appearing or practicing before the *Commission*.

○ Yes
◉ No

CA CR ☐ ☐

b. If the Firm provides an affirmative response to 7.2.a, provide the following information for each such entity -

1. Name of entity

2. Description of the nature of the relationship

3. Date Firm entered into relationship (mm/dd/yyyy)

4. The date of the relevant order and an indication whether it was a *Board* order or a *Commission* order

○ *Board* ○ *Commission*

CA CR ☐ ☐

Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.

ITEM 7.3 - CERTAIN ARRANGEMENTS TO RECEIVE CONSULTING OR OTHER PROFESSIONAL SERVICES

a. Other than a relationship required to be reported in Item 5.3 of Form 3, state whether the Firm received, or entered into a contractual or other arrangement to receive, from any individual or entity meeting the criteria described in Items 7.1.a. or 7.2.a, consulting or other professional services related to the Firm's *audit* practice or related to services the Firm provides to *issuer, broker*, or *dealer audit* clients.

○ Yes
● No

CA CR ☐ ☐

b. If the Firm provides an affirmative response to 7.3.a, provide the following information for each such individual or entity -

1. Name of individual or entity

2. Description of the nature of the relationship

3. Date Firm entered into relationship (mm/dd/yyyy)

4. Description of the services provided or to be provided to the Firm by the individual or entity

5. The date of the relevant order and an indication whether it was a *Board* order or a *Commission* order

○ *Board* ○ *Commission*

CA CR ☐ ☐

INCOMPLETE RESPONSES DUE TO ASSERTED NON-U.S. LEGAL RESTRICTIONS

If the Firm is a *foreign registered public accounting firm* that, in responding to Part VII, has either withheld certain information, or declined to request certain information from relevant third parties, on the ground that the Firm cannot provide the information to the *Board* on this Form 2 without violating non-U.S. law, the Firm must identify here all items -- and only those items -- with respect to which there is any information that the Firm has actually withheld or declined to request.

☐ 7.1.a ☐ 7.1.b ☐ 7.2.a ☐ 7.2.b

☐ 7.3.a ☐ 7.3.b

Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.

PART VIII - ACQUISITION OF ANOTHER *PUBLIC ACCOUNTING FIRM* OR SUBSTANTIAL PORTIONS OF ANOTHER *PUBLIC ACCOUNTING FIRM'S* PERSONNEL

If the Firm became registered on or after December 31, 2009, the first annual report that the Firm files must provide this information for the period running from the date used by the Firm for purposes of General Instruction 9 of Form 1 (regardless of whether that date was before or after the beginning of the reporting period) through March 31 of the year in which the annual report is required to be filed.

ITEM 8.1 - ACQUISITION OF ANOTHER *PUBLIC ACCOUNTING FIRM* OR SUBSTANTIAL PORTIONS OF ANOTHER *PUBLIC ACCOUNTING FIRM*'S PERSONNEL

a. Did the Firm acquire another *public accounting firm*?

- ○ Yes
- ◉ No

b. If the Firm provides an affirmative response to Item 8.1.a, provide the name(s) of the *public accounting firm*(s) that the Firm acquired.

Name of acquired *public accounting firm*

c. Did the Firm, without acquiring another *public accounting firm*, take on as employees, partners, shareholders, principals, members, or owners 75% or more of the persons who, as of the beginning of the reporting period, were the partners, shareholders, principals, members, or owners of another *public accounting firm*?

- ○ Yes
- ◉ No

d. If the Firm provides an affirmative response to Item 8.1.c, provide the following information for each such *public accounting firm* -

Name of the other *public accounting firm*

Number of the other *public accounting firm*'s former partners, shareholders, principals, members, owners, and *accountants* that joined the Firm

INCOMPLETE RESPONSES DUE TO ASSERTED NON-U.S. LEGAL RESTRICTIONS

If the Firm is a *foreign registered public accounting firm* that, in responding to Part VIII, has either withheld certain information, or declined to request certain information from relevant third parties, on the ground that the Firm cannot provide the information to the *Board* on this Form 2 without violating non-U.S. law, the Firm must identify here all items -- and only those items -- with respect to which there is any information that the Firm has actually withheld or declined to request.

☐ 8.1.a ☐ 8.1.b ☐ 8.1.c ☐ 8.1.d

Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.

PART IX - AFFIRMATION OF CONSENT

ITEM 9.1 - AFFIRMATION OF UNDERSTANDING OF, AND COMPLIANCE WITH, CONSENT REQUIREMENTS

Whether or not the Firm, in applying for registration with the *Board*, provided the signed statement required by Item 8.1 of Form 1, affirm, by checking the boxes, that -

a. The Firm has consented to cooperate in and comply with any request for testimony or the production of documents made by the *Board* in furtherance of its authority and responsibilities under the Sarbanes-Oxley Act of 2002; ☑

b. The Firm has secured from each of its *associated person*s, and agrees to enforce as a condition of each such person's continued employment by or other association with the Firm, a consent indicating that the *associated person* consents to cooperate in and comply with any request for testimony or the production of documents made by the *Board* in furtherance of its authority under the Sarbanes-Oxley Act of 2002, and that the *associated person* understands and agrees that such consent is a condition of his or her continued employment by or other association with the Firm; and ☑

c. The Firm understands and agrees that cooperation and compliance, as described in Item 9.1.a, and the securing and enforcing of consents from its *associated persons* as described in Item 9.1.b, is a condition to the continuing effectiveness of the registration of the Firm with the *Board*. ☑

Note 1: The affirmation in Item 9.1.b shall not be understood to include an affirmation that the Firm has secured such consents from any *associated person* that is a *registered public accounting firm*.

Note 2: The affirmation in Item 9.1.b shall not be understood to include an affirmation that the Firm has secured such consents from any *associated person* that is a *foreign public accounting firm* in circumstances where that *associated person* asserts that non-U.S. law prohibits it from providing the consent, so long as the Firm possesses in its files documents relating to the *associated person's* assertion about non-U.S. law that would be sufficient to satisfy the requirements of subparagraphs (2) through (4) of Rule 2207(c) if that *associated person* were a *registered public accounting firm* filing a Form 2 and withholding this affirmation. This exception to the affirmation in Item 9.1.b does not relieve the Firm of its obligation to enforce cooperation and compliance with *Board* demands by any such *associated person* as a condition of continued association with the Firm.

Note 3: If the Firm is a *foreign registered public accounting firm*, the affirmations in Item 9.1 that relate to *associated persons* shall be understood to encompass every *accountant* who is a proprietor, partner, principal, shareholder, officer, or *audit* manager of the Firm and who provided at least ten hours of *audit services* for any *issuer* during the reporting period.

INCOMPLETE RESPONSES DUE TO ASSERTED NON-U.S. LEGAL RESTRICTIONS

If the Firm is a *foreign registered public accounting firm* that, in responding to Part IX, has withheld an affirmation on the ground that the Firm cannot provide the affirmation without violating non-U.S. law, the Firm must identify here all items - and only those items - as to which the Firm has actually declined to provide the affirmation.

☐ 9.1.a ☐ 9.1.b ☐ 9.1.c

Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.

PART X - CERTIFICATION OF THE FIRM

ITEM 10.1 SIGNATURE OF PARTNER OR AUTHORIZED OFFICER

This Form must be signed on behalf of the Firm by an authorized partner or officer of the Firm including, in accordance with Rule 2204, both a signature that appears in typed form within the electronic submission and a corresponding manual signature retained by the Firm.

I, the undersigned, certify that -

a. I am a partner or an officer of the Firm and I am authorized to sign this Form on behalf of the Firm;

b. I have reviewed this Form;

c. based on my knowledge, the Firm has filed a special report on Form 3 with respect to each event that occurred during the reporting period and for which a special report on Form 3 is required under the *Board*'s *rules*;

d. based on the signer's knowledge, this Form does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading; and

e. either-

(●) 1. based on the signer's knowledge, the Firm has not failed to include in this Form any information or affirmation that is required by the instructions to this Form, or

( ) 2. based on the signer's knowledge-
(A) the Firm is a *foreign registered public accounting firm* and has not failed to include in this form any information or affirmation that is required by the instructions to this Form except for information or affirmations that the Firm asserts it cannot provide to the *Board* on this Form 2 without violating non-U.S. law;
(B) with respect to any such withheld information or affirmation, the Firm has satisfied the requirements of PCAOB Rule 2207(b) and has in its possession the materials required by PCAOB Rule 2207(c); and
(C) the Firm has indicated, in accordance with the instructions to this Form, each item of this Form with respect to which the Firm has withheld any required information or affirmation.

Typed signature (to be submitted electronically):	Matthew Given name (first name)	Maulbeck Family name (last name)
Manual signature (to be retained in accordance with PCAOB Rule 2204):		
Date of typed and manual signatures (mm/dd/yyyy):	6/30/2026	
Business Title:	Managing Partner	
Capacity in which signed:	Partner (●) Officer ( )	

Business mailing address	
Country United States	State/Province New York
Street address 1 11 Grand Central East	Non-U.S. State/Province
Street address 2 733 Third Avenue	Zip/Postal code 10017
City New York	
Business telephone number (incl. country and area codes) 212.949.8700	
Business facsimile number (incl. country and area codes) 212.891.4100	
Business e-mail address Matthew.Maulbeck@eisneramper.com	

Italicized terms are defined in PCAOB Rule 1001. The Firm must apply those definitions in completing this Form.

PART XI - EXHIBITS

EXHIBIT 3.2 - DESCRIPTION OF METHODOLOGY USED TO ESTIMATE COMPONENTS OF CALCULATION IN ITEM 3.2 AND REASONS FOR USING ESTIMATES

If the Firm has indicated in Item 3.2.c that it used a reasonable method to estimate the components of the calculations described in Item 3.2.b, rather than using specific data, the Firm must include as Exhibit 3.2 an exhibit that briefly describes the reasons for doing so and the methodology used in making those estimates.

CA ☐ CR ☐

EXHIBIT 99.1 - REQUEST FOR CONFIDENTIAL TREATMENT

If the Firm has identified, in accordance with the instructions to this Form, any information for which the Firm requests confidential treatment, the Firm must include as Exhibit 99.1 an exhibit that includes the representations and information required by Rule 2300(c)(2).

Unless the Firm requests otherwise by checking the box below, any such Exhibit 99.1 will be afforded confidential treatment without the need for a request for confidential treatment.

Check here to indicate if you do not want confidential treatment for Exhibit 99.1 ☐

EXHIBIT 99.3 - MATERIALS REQUIRED BY RULE 2207(c)(2)-(4)

If the Firm is responding to a request pursuant to Rule 2207(d) for any of the materials described in Rule 2207(c)(2)-(4), submit the requested materials as Exhibit 99.3 to an amended Form 2.

CA ☐ CR ☐

If the Firm seeks confidential treatment for any such materials submitted, check the CR box in this section and also provide Exhibit 99.1 in accordance with the instructions.