

STATE OF MINNESOTA
DEPARTMENT OF COMMERCE
DIVISION OF FINANCIAL INSTITUTIONS

TO THE DEBT MANAGEMENT SERVICES PROVIDER REGISTRANT:

Registration as a Debt Management Services Provider pursuant to Minnesota Statutes, Chapter 332A, may be made on the attached forms.

You are a debt management services provider and need to be registered (whether or not you are located in Minnesota) if you provide any one or more of the following services in connection with debt incurred primarily for personal, family, or household services:

1. Managing the financial affairs of an individual by distributing income or money to the individual's creditors;
2. Receiving funds for the purpose of distributing the funds among creditors in payment or partial payment of obligations of a debtor; or
3. Adjusting, prorating, pooling, or liquidating the indebtedness of a debtor. Any person so engaged or holding out as so engaged is deemed to be engaged in the provision of debt management services regardless of whether or not a fee is charged for such services.

A copy of the statute is available from the Minnesota's Bookstore, 660 Olive Street, St. Paul, Minnesota 55155, (651) 297-3000, or online at www.revisor.mn.gov.

The registration form must be accompanied by a \$1,000 check payable to the "**Department of Commerce**". This registration is renewable annually for each year beginning January 1st for \$250. Minnesota Statutes, Section 45.21, does not allow a subsequent refund of registration fees for any reason other than overpayment of fees.

Registered locations must retain copies of legal instruments and individual account payment records for periodic compliance examination by Commerce Department examiners. Examination fees are based on actual time required to perform examinations. Registered entities are also subject to an annual assessment.

Please mail or deliver the completed, signed registration form to the Department of Commerce, Division of Financial Institutions, 85 7th Place East, Suite 500, St. Paul, Minnesota 55101-2198. Please contact Review Analyst Darrell May at (651) 539-1705 if there are any questions.

STATE OF MINNESOTA  Department of Commerce	Commissioner of Commerce State of Minnesota Department of Commerce Division of Financial Institutions 85 7th Place East, Suite 500 St. Paul, Minnesota 55101-2198 (651) 539-1700	OFFICE USE ONLY Deputy _____ Asst. _____ Director _____ Review _____ Data Entry _____ DM Appl	CASHIER USE ONLY
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REGISTRATION FORM FOR DEBT MANAGEMENT SERVICES PROVIDER

You are a debt management services provider and need to be registered if you provide any one or more of the following services in connection with debt incurred primarily for personal, family, or household services:

1. Managing the financial affairs of an individual by distributing income or money to the individual's creditors;
2. Receiving funds for the purpose of distributing the funds among creditors in payment or partial payment of obligations of a debtor; or
3. Adjusting, prorating, pooling, or liquidating the indebtedness of a debtor. Any person so engaged or holding out as so engaged is deemed to be engaged in the provision of debt management services regardless of whether or not a fee is charged for such services.

You are required to provide the personal data requested in order for the Department of Commerce to process and investigate this application. The information which you provide will be used in connection with your application and in the administration of the appropriate law.

To the Commissioner of Commerce:

The undersigned hereby makes application for registration to engage in business under and pursuant to the provisions of Minnesota Statutes, Chapter 332A, (the Act) relating to "Debt Management Services Providers."

1. REGISTRANT INFORMATION:

 Name of the Corporation, Partnership, Sole Proprietorship, Association, LLP, or LLC

 If applicable, the dba or assumed name under which the debt management services will be conducted in Minnesota. (Note: Statute does not allow a registrant to do business under more than one name.)

 Street Address (P.O. Boxes are not acceptable)

City	State	Zip Code	County
()	()		
Phone Number	Fax Number	E-mail Address	

Check One: Corporation Limited Liability Company Sole Proprietor
 Partnership Limited Liability Partnership Association

- A Minnesota Corporation, Limited Liability Company, Association, or Partnership must furnish a filed copy of the Certificate of Authority from the Secretary of State.
- A foreign corporation or company must furnish a filed copy of Certificate of Authority to transact business in the State of Minnesota from the Secretary of State.
- If operating under any name other than the exact corporate, partnership, or individual person’s name, attach a filed copy of the Assumed Name Certificate from the Minnesota Secretary of State.

The following tax filing information is required for registrant entity.

Federal EIN # _____

Minnesota State Tax Identification # _____

2. If a Sole Owner or Partnership, give name and resident address below; if a Limited Liability Company, give names and resident addresses of the board of governors, chief manager and treasurer; if a Corporation or Association, give names, titles and resident addresses of the directors, trustees and principal officers. A biographical statement (provided with application) must be submitted for each individual listed.

Full Name of Officer or Governor	Official Title	Shares of Stock Owned	Resident Address	Business Address	Other Occupation

(Use separate sheet if additional space is needed)

3. Complete for the holders of 10 percent or more of the issued and outstanding stock or membership interest of the registrant corporation or limited liability company. A biographical statement (provided with application) must be submitted for each individual listed outlining their business experience.

Full Name of Officer	Official Title	Shares of Stock Owned	Resident Address	Business Address	Other Occupation

(Use separate sheet if additional space is needed)

4. Complete for the Manager. Name, address and qualifications of the manager who is to have charge of the business under the registration. A biographical statement (provided with application) must be submitted for this individual emphasizing business experience and training.

Name

Address

City

State

Zip Code

5. Answer questions for items a. through i. below either “YES” or “NO.” If the answer is “YES,” provide a detailed explanation on a separate sheet identifying the appropriate item number.
- a. Has the registrant, at any time, been licensed to carry on the business of debt management services in this or any other state, or has any individual named herein been affiliated with any partnership or corporation licensed to carry on such business in this or any other state? YES NO
 - b. Has any application, made by the registrant for a license to carry on the business of debt management services, been denied by this or any other state; or has any individual named herein been affiliated with any partnership or corporation that has had an application denied by this or any other state to carry on the business of debt management services? YES NO
 - c. Has any license, issued to the registrant to carry on the business of debt management services, been suspended or revoked by this or any other state; or is, or has any individual named herein been affiliated with any partnership or corporation that has had a license to carry on the business of debt management services in this or any other state been revoked or suspended? YES NO
 - d. Has any controlling or affiliated party been convicted of a crime or found civilly liable for an offense involving moral turpitude, including forgery, embezzlement, obtaining money under false pretenses, larceny, extortion, conspiracy to defraud, or any other similar offense or violation, or any violation of a federal or state law or regulation in connection with activities relating to the rendition of debt management services or involving any consumer fraud, false advertising, deceptive trade practices, or similar consumer protection law? YES NO
 - e. Are there any judgments, private or public litigation, tax liens, written complaints, administrative actions, or investigations by any government agency against the registrant or any officer, director, manager, or shareholder owning more than five percent interest in the registrant, unresolved or otherwise, filed or otherwise commenced within the preceding ten years? YES NO
 - f. Has the registrant or any person employed by the registrant had a record of having defaulted in the payment of money collected for others, including the discharge of debts through bankruptcy proceedings? YES NO
 - g. Is the registrant or any individual named herein an operator, employee or owner of a collection agency or process serving business? YES NO
 - h. Is the registrant or any individual named herein engaged in any other business or profession which has not been reported herein? YES NO
 - i. Is the registrant or any individual named herein or any employee interested in or connected with any other registrant under Chapter 332A? YES NO

6. **TRUST ACCOUNT INFORMATION:**

The registrant must maintain a separate trust account for Minnesota accounts and deposit in the account all payments received from the moment that they are received, except that the registrant may commingle the payment with the registrant’s own property or funds, but only to the extent necessary to ensure the maintenance of a minimum balance if the financial institution at which the trust account is held requires a minimum balance to avoid the assessment of fees or penalties for failure to maintain a minimum balance. All disbursements, whether to the debtor or to the creditors of the debtor, or to the registrant, must be made from such account.

YES, I have a Trust Account (list all accounts using a separate sheet if necessary):

()

Name of Financial Institution	Phone Number
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Street Address	Trust Account Number
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City	State	Zip
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NO, I do not have a Trust Account for the reasons indicated below:

7. Does the company have employees in the State of Minnesota? YES NO
 If **YES**, provide proof of workers’ compensation insurance (required in Minn. Stat. § 176.182). Documentation must show amounts of coverage, dates of coverage (not expired), and show the licensed company’s name and address as being insured.
 If **NO**, please explain below or on a separate sheet, how operations will be transacted.
 Failure to provide satisfactory evidence of insurance or proper exemption will result in withholding of registration.

8. Service of process must be made in accordance with Minn. Stat. § 332A.04, subdivision 1 (Appointment of Commissioner of Commerce as Agent for Service of Process form is attached). Any debt management services provider who engages in business activities that are regulated under this Chapter 332A is considered to have done both of the following:

- (1) consented to the jurisdiction of the courts of this state for all actions arising under this chapter; and
- (2) appointed the Commissioner as the lawful agent for the purpose of accepting service of process in any action, suit, or proceeding that may arise under this chapter, or provided the Commissioner of Commerce with the name and address of the registered agent to accept service of process on behalf of the registrant.

9. **The undersigned registrant understands that before the Commissioner of Commerce may register the debt management services provider, the following requirements must be met and attached to the application:**

Exhibits

- Exhibit A Signed biographical statements of each individual named herein in items 2, 3 and 4 sworn to under oath.
- Exhibit B Certified current financial statements of company.
- Exhibit C A Minnesota corporation, limited liability company, association, or partnership must furnish a filed copy of the Certificate of Authority from the Secretary of State.
- Exhibit D A Foreign corporation or company must furnish a copy of Certificate of Authority to transact business in Minnesota from the Secretary of State.
- Exhibit E If the registrant proposes to operate under an assumed name, provide a copy of the Assumed Name Certificate from the Minnesota Secretary of State.
(651-296-2803 www.sos.state.mn.us)
- Exhibit F Certified copy of the Board of Directors resolution authorizing this application to be made.
- Exhibit G Completed form on Appointment of Commissioner of Commerce as Agent for Service of Process or the name and address of the registered agent authorized to accept service of process.
- Exhibit H Original corporate Surety Bond for an amount not less than \$5,000 but at least equal to the largest amount which may or has accrued in the Trust Account during the year. Securities in excess of a minimum \$5,000 Surety Bond, which are acceptable to the Commissioner, may be forwarded with the application for deposit with the Minnesota Department of Finance, Treasury Division as additional surety, provided prior approval has been obtained.
- Exhibit I Any answers to questions 5 a. through i. in this application.
- Exhibit J Evidence of workers' compensation coverage.
- Exhibit K Copy of standard debt management services agreement that the registrant intends to execute with debtors.
- Exhibit L Proof of accreditation.
- Exhibit M Please make the \$1,000 check payable to the "**Department of Commerce**".

On the basis of all the information given in this application the undersigned registrant as an individual, partnership, or corporation requests the Commissioner of Commerce to register the Debt Management Services Provider as provided by law. (If a corporation, two authorized signatures are necessary.)

President

and

Secretary

STATE OF _____)

COUNTY OF _____) ss.

On this _____ day of _____, _____, before me personally appeared _____, to me personally known, who, being by me personally sworn did say that he/she has read the foregoing application subscribed by him/her and states that the statements and contents thereof are correct and true to the best of his/her own knowledge; that the members of the registrant organization are fully informed as to the requirements of the Debt Management Services Provider Act as provided under Minnesota Statutes, Chapter 332A, and acts thereof; and said _____ acknowledged said application to be his/her free act and deed.

Notary Public Signature

State of _____
County of _____
My Commission Expires _____

NOTARY SEAL

STATE OF _____)

COUNTY OF _____) ss.

On this _____ day of _____, _____, before me personally appeared _____, to me personally known, who, being by me personally sworn did say that he/she has read the foregoing application subscribed by him/her and states that the statements and contents thereof are correct and true to the best of his/her own knowledge; that the members of the registrant organization are fully informed as to the requirements of the Debt Management Services Provider Act as provided under Minnesota Statutes, Chapter 332A, and acts thereof; and said _____ acknowledged said application to be his/her free act and deed.

Notary Public Signature

State of _____
County of _____
My Commission Expires _____

NOTARY SEAL

TENNESSEN WARNING

(a) Purpose and Intended Use of the Data

The data you give us about yourself is needed to:

- Identify you;
- Enable us to contact you when required;
- Assist us in determining your qualifications and eligibility for the license you are applying for;
- Comply with certain federal and state reporting requirements; and
- Evaluate the administration and management of this licensing/registration program.

(b) Disclosure: Mandatory or Voluntary?

You are legally required to supply all of the data required on the application pursuant to Minnesota Statutes, section 332B.04, subdivision 1. In particular, you must provide your Minnesota business identification number pursuant to Minnesota Statutes, section 270C.72, subdivision 4.

(c) Consequences of Supplying or Refusing to Supply Requested Data

If you supply all of the requested data, your application will be processed. If you refuse to supply data requested on the application, your application will not be processed. Whatever information you do supply to the Department will be maintained by us, whether or not the application is approved.

(d) Others Authorized to Receive the Data

The information about you that is collected on the application will be classified as either public or private data. Public data will be accessible to the public. Private data about you will be accessible only to:

- You;
- State personnel who determine your eligibility for licensure;
- Employees of license database vendors;
- The Minnesota Department of Revenue (Minnesota Statutes, section 270C.72, subd. 4);
- The public authority responsible for child support in Minnesota (Minnesota Statutes, section 256.978);
- Any appropriate person(s) or agency, if the Commissioner of Commerce determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety;
- Person(s) authorized by a court order; or
- Any other person authorized by state or federal law.



**STATE OF MINNESOTA
DEPARTMENT OF COMMERCE**
Division of Financial Institutions
85 7th Place East, Suite 500
St. Paul, Minnesota 55101-2198
(651) 539-1700

**REGISTRATION FOR DEBT
MANAGEMENT SERVICES PROVIDER**

**APPOINTMENT OF COMMISSIONER OF
COMMERCE AS AGENT FOR SERVICE OF
PROCESS**

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned, _____
(name and address of registrant debt management services provider)

(Circle one of the following): (a corporation organized under the laws of the state of _____)
(a partnership) (a limited liability company) (an individual) (other _____)

being a registrant for a state application to carry on the business of debt management services, as provided under Minnesota Statutes, Chapter 332A, and acts amendatory thereof, hereby irrevocably appoints the Commissioner of Commerce of the State of Minnesota, and the successors in office, upon whom all notices and process issued by any competent court or tribunal in the State of Minnesota may be served with like effect as if personal service had been made upon the registrant within the State of Minnesota, regarding any suit, matter, cause, hearing or thing affecting or pertaining to said business of debt management services. Should the address change from that given above, the undersigned shall promptly notify the said Commissioner of Commerce in writing of said change within ten (10) days.

Registrant further gives and grants unto the said Commissioner of Commerce full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done regarding the above-mentioned powers granted, as fully to all intents and purposes as said registrant might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that the said Commissioner of Commerce does or causes to be done by virtue of these presents. This appointment shall continue in full force and effect so long as debt management services provider holds a valid state registration to carry on the business of debt management services.

It is requested that a copy of any notice, process or pleading served hereunder be mailed to:

(name and address)

Dated: _____, _____.

CORPORATE SEAL

By _____
Title _____
By _____
Title _____

CORPORATE ACKNOWLEDGMENT

STATE OF _____)
COUNTY OF _____) ss.

On this _____ day of _____, _____, before me,
_____, the undersigned officer, personally appeared
(name of notary)
_____ and _____
known personally to me to be the _____ President and _____
Secretary, respectively, of the above named corporation, and that they, as such officers, being authorized so to
do, executed the foregoing instrument for the purposes therein contained, by signing the name of the
corporation by themselves as such officers.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

NOTARY SEAL

Notary Public

My Commission expires _____

INDIVIDUAL, PARTNERSHIP, OR LIMITED LIABILITY COMPANY ACKNOWLEDGMENT

STATE OF _____)
COUNTY OF _____) ss.

On this _____ day of _____, _____, before me,
_____, the undersigned officer, personally appeared
(name of notary)
_____ to me personally known and known to me to be the
same person(s) whose name(s) is (are) signed to the foregoing instrument, and acknowledged the execution
thereof for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

NOTARY SEAL

Notary Public

My Commission expires _____

BIOGRAPHICAL STATEMENT
THIS FORM MUST BE USED IN ITS ENTIRETY

INSTRUCTIONS:

Complete all items, submit in duplicate and sign all copies. If more space is needed, attach an additional sheet and identify the item by number.

Name and location of proposed debt management services provider

1. Full Name

2. Other names you have used or are now using: (If none, so state.)

3. General Information: _____

	Date of Birth	Place of Birth
--	---------------	----------------

4. _____

Business Address	Phone
Residence Address	Phone

5. List previous residences during the past ten years:

Address	Phone

6. Education:

a. High School

Name	Address	Years Attended
Name	Address	Years Attended

b. Colleges or other schools: (Describe in detail giving name, address, years attended, field of study, and degree received.)

7. Military service:

- a. Set forth in reverse chronological order, all present and past United States military service, whether active or reserve service. (Include branch of service, years served and grade or rank).
- b. Set forth in reverse chronological order, complete information regarding all discharges from United States military service, other than honorable discharges.

8. Present occupation or business activities: (Describe in detail, giving name, address and type of business.)

9. Past occupations and business activities: (Describe in detail.)

- a. Have you ever been discharged from employment for reasons other than lack of work?
 YES NO If answer is "YES," explain fully.

- b. Have you ever been required by a former employer to tender your resignation?
 YES NO If answer is "YES," explain fully.

10. Have you ever been affiliated with a financial institution, either proposed or in existence, foreign or domestic, federal or state, which had its license or charter suspended or revoked in this state or any other?
 YES NO If the answer is "YES," explain in detail.

11. Have you ever been convicted of a crime or entered into a pretrial diversion or similar program relating to financial matters? YES NO If the answer is "YES," give full history of charge, the year, place and final disposition:

12. a. Have you ever filed a voluntary petition in bankruptcy? YES NO
Have you ever had an involuntary petition in bankruptcy filed against you? YES NO
Have you ever been involved in a forced liquidation? YES NO
Have you ever been involved in an equitable receivership? YES NO
Have you ever been involved in any proceeding similar to those above? YES NO

b. If the answer to any of the foregoing is "YES," give full details including date, place, name of business and final disposition:

13. Describe any pending civil litigation of any nature in which you are involved as plaintiff or defendant: (State nature of case and court in which pending.)

14. Are you now serving or have you ever served in the following capacities? If "YES," give full detail, including circumstances and dates services commenced and terminated: (If voluntary resignation, so state.)

- a. Trustee: _____
- b. Guardian: _____
- c. Executor: _____
- d. Administrator: _____
- e. Similar fiduciary capacity: _____

15. Provide two (2) credit references:

<u>Name</u>	<u>Address</u>
a. Bank: _____	_____
b. _____	_____

16. Give names and address of three (3) individual character references:

<u>Name</u>	<u>Address</u>
a. _____	_____
b. _____	_____
c. _____	_____

17. Any other matters you feel bear upon your character, experience and general fitness to engage in the debt management services business (civic, professional, church or social affiliations):

If possible include a report of a credit reporting agency such as Dun & Bradstreet.

* * * * *

I hereby acknowledge and agree that any misrepresentation or omission of a material fact with respect to the foregoing representations or with respect to any other documents or papers which contain my signature and have been submitted in connection with the application of

(Name of debt management services provider)

for authority to operate as a debt management services provider shall, unless expressly waived by the Commissioner of Commerce, constitute fraud in the inducement and grounds for denial of approval in this or any other matter; grounds to require my resignation as a director or officer of said debt management services provider, and may subject me to other legal sanctions.

(Signature) (Date) Proposed: _____
(Registrant - Director, Officer, Stockholder, Manager, etc.)

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, _____.

Notary Public Signature State of _____
County of _____
My Commission Expires _____

NOTARY SEAL

SCHEDULE C - STATEMENT OF EARNINGS FOR THE PERIOD JANUARY 1, TO DECEMBER 31, (round to the whole dollars)

INCOME

9.	(a) Fees and Charges for Liquidation of Debts (Minnesota) \$	_____	
	(b) Fees and Charges for Liquidation of Debts (Other)	_____	\$ _____
10.	All Other Income.....	_____	_____
11.	Total Income (items 9+10).....	_____	\$ _____

Note: Item 9 includes origination fees collected.

EXPENSES

12.	Total Expenses	_____	\$ _____
13.	Net Earnings from Operations (item 11 <i>minus</i> item 12).....	_____	\$ _____

SCHEDULE D - RECEIPTS AND DISBURSEMENTS FOR THE PERIOD JANUARY 1, TO DECEMBER 31, (round to the whole dollars) MINNESOTA ACTIVITY ONLY.

	Client's Funds Received for Month (a)	Client's Funds Paid to Creditors for Month (b)	Undistributed Funds at End of Month (c)	Fees Received During Month (d)
14. January	_____	_____	_____	_____
15. February	_____	_____	_____	_____
16. March	_____	_____	_____	_____
17. April	_____	_____	_____	_____
18. May	_____	_____	_____	_____
19. June	_____	_____	_____	_____
20. July	_____	_____	_____	_____
21. August	_____	_____	_____	_____
22. September	_____	_____	_____	_____
23. October	_____	_____	_____	_____
24. November	_____	_____	_____	_____
25. December	_____	_____	_____	_____
26. Total *	_____	_____	_____	_____

Note: Items 14(b) through 26(b) do not include fees retained by the licensee. Items 14(d) through 26(d) are fees received from debtors including origination fees. Item 26(d) should equal item 9(a). Item 25(c) should equal item 4(a).

* Total includes items 14 through 25 (January through December amounts).

SCHEDULE E - ANALYSIS OF ACCOUNTS FOR THE PERIOD JANUARY 1, TO DECEMBER 31, (round to the whole dollars). MINNESOTA ACTIVITY ONLY.

	No. of Accounts	Dollar Volume
27. Total number of accounts - beginning of period.	_____	XXXXXXXXXXXXXX
28. Total number of debtors who applied for services of licensee during the period.	_____	XXXXXXXXXXXXXX
29. Total number of contracts entered into by the licensee and debtors during the period.	_____	XXXXXXXXXXXXXX
30. Total number of debtors canceling contract before any payments or fees collected during the period.	_____	XXXXXXXXXXXXXX
31. Contracts canceled or terminated during the period:		
(a) Accounts terminated in accordance with the contract (indicate amount of fund disbursed).	_____	\$
(b) Accounts canceled due to debtor takeover of contract (indicate amount of funds disbursed).	_____	_____
(c) Accounts canceled because debtor filed bankruptcy (indicate amount of fund disbursed).	_____	_____
(d) Accounts canceled by licensee because debtor failed to cooperate, insufficient income, etc. (indicate amount of funds disbursed).	_____	_____
(e) Accounts canceled for reasons other than items 31 (a) through 31 (d) during period (indicate amount of funds disbursed).	_____	_____
32. Total number of accounts - close of the period (indicate amount of funds disbursed).	_____	\$

NOTES:

1. Dollar volume numbers should be the amount of funds disbursed on the accounts during the calendar year.
2. **Number of Accounts Only:** Item 27 should equal item 32 of the previous year's report.
3. **Number of Accounts Only:** Items 27 plus 29 minus items 30 and 31 should equal item 32.
4. **Dollar Volume of Funds Disbursed to Creditors Only:** The total of items 31 and 32 should equal item 26 (b).

This affidavit must be executed, if a corporation, by a duly authorized officer of such corporation, or by a partner, if a partnership, or by owner, if an individual.

AFFIDAVIT

STATE OF _____)
COUNTY OF _____) ss.

I, _____ of the _____
swear (or affirm) that to the best of my knowledge and belief, the figures contained in this report, (7 pages)
including the accompanying schedules and statements (if any) are true and that the same is true and complete
statement in accordance with the law.

Signed _____

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, _____.

Notary Public Signature

State of _____
County of _____

NOTARY SEAL

My Commission Expires _____

Licensee: _____ Address: _____

Contact Persons for the following: (Include title, address, phone & fax number (800) if avail, and E-mail address).

Annual Report _____

Complaints _____

Billings (Examination and Assessment) _____

Recipient of Examination Report _____

Notice of Change of Management _____

License Renewal _____

