

**STATE OF MINNESOTA**  
DEPARTMENT OF COMMERCE  
DIVISION OF FINANCIAL INSTITUTIONS

**TO THE DEBT SETTLEMENT SERVICES PROVIDER REGISTRANT:**

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

You are a debt settlement 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 to a debtor domiciled in this state:

1. Offering to provide advice, or offering to act or acting as an intermediary between a debtor and one or more of the debtor's creditors, where the primary purpose of the advice or action is to obtain a settlement for less than the full amount of debt, whether in principal, interest, fees, or other charges, incurred primarily for personal, family, or household purposes including, but not limited to, offering debt negotiation, debt reduction, or debt relief services;
2. Advising, encouraging, assisting, or counseling a debtor to accumulate funds in an account for future payment of a reduced amount of debt to one or more of the debtor's creditors.

Any person so engaged or holding out as so engaged is deemed to be engaged in the provision of debt settlement 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](http://www.revisor.mn.gov).

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

At any reasonable time, the Commissioner may examine the books and records of every registrant. Registered locations must retain copies of legal instruments and individual account payment records for 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  <b>Department of Commerce</b>	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	<b>OFFICE USE ONLY</b> Deputy _____ Asst. _____ Director _____ Review _____ Data Entry _____ DS Appl	<b>CASHIER USE ONLY</b>
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**REGISTRATION FORM FOR DEBT SETTLEMENT SERVICES PROVIDER**

You are a debt settlement 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 to a debtor domiciled in this state:

1. Offering to provide advice, or offering to act or acting as an intermediary between a debtor and one or more of the debtor’s creditors, where the primary purpose of the advice or action is to obtain a settlement for less than the full amount of debt, whether in principal, interest, fees, or other charges, incurred primarily for personal, family, or household purposes including, but not limited to, offering debt negotiation, debt reduction, or debt relief services;
2. Advising, encouraging, assisting, or counseling a debtor to accumulate funds in an account for future payment of a reduced amount of debt to one or more of the debtor’s creditors.

Any person so engaged or holding out as so engaged is deemed to be engaged in the provision of debt settlement 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 332B, (the Act) relating to “Debt Settlement Services Providers.”

**1. REGISTRANT INFORMATION:**

\_\_\_\_\_  
 Name of the Corporation, Partnership, Association, LLP, or LLC

\_\_\_\_\_  
 If applicable, the dba or assumed name under which the debt settlement 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       Association  
                   Partnership       Limited Liability Partnership

- 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, association, LLP or LLC, 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 # \_\_\_\_\_

MN State Tax Identification # \_\_\_\_\_

2. If a 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.

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Name

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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.
- Has the registrant, at any time, been licensed to carry on the business of debt settlement 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
  - Has any application, made by the registrant for a license to carry on the business of debt settlement 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 settlement or debt management services?  YES  NO
  - Has any license, issued to the registrant to carry on the business of debt settlement 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 settlement or debt management services in this or any other state been revoked or suspended?  YES  NO
  - 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 settlement or debt management services or involving any consumer fraud, false advertising, deceptive trade practices, or similar consumer protection law?  YES  NO
  - 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
  - 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
  - Is the registrant or any individual named herein an operator, employee or owner of a collection agency or process serving business?  YES  NO
  - Is the registrant or any individual named herein engaged in any other business or profession which has not been reported herein?  YES  NO
  - Is the registrant or any individual named herein or any employee interested in or connected with any other registrant under Chapter 332B?  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):

(        )

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Name of Financial Institution	Phone Number	
<hr/>		
Street Address	Trust Account Number	
<hr/>		
City	State	Zip

**NO**, I do not have a Trust Account for the reasons indicated below:

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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.

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8. Service of process must be made in accordance with Minn. Stat. § 332B.04, subdivision 1, which provides that you may designate the name and address of the registered agent authorized to accept service of process on behalf of the applicant or, in the alternative, appoint the Commissioner of Commerce as your agent for purposes of accepting service of process. (An Appointment of Commissioner of Commerce as Agent for Service of Process form is attached.) Any debt settlement services provider who engages in business activities that are regulated under this Chapter 332B 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 settlement 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](http://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. 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 settlement services agreement that the registrant intends to execute with debtors.
- Exhibit L Proof of accreditation, as defined in Chapter 332B, as a credit counseling provider, or an affidavit attesting that Registrant does not provide credit counseling services.
- 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 requests the Commissioner of Commerce to register the Debt Settlement 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 Settlement Services Provider Act as provided under Minnesota Statutes, Chapter 332B, 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 Settlement Services Provider Act as provided under Minnesota Statutes, Chapter 332B, 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 SETTLEMENT  
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 settlement services provider)

**(Circle one of the following):** (a corporation organized under the laws of the state of \_\_\_\_\_)  
(a partnership) (a limited liability company) (other \_\_\_\_\_)

being a registrant for a state application to carry on the business of debt settlement services, as provided under Minnesota Statutes, Chapter 332B, 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 settlement 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 settlement services provider holds a valid state registration to carry on the business of debt settlement 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 \_\_\_\_\_

**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.

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Name and location of proposed debt settlement services provider

1. Full Name

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

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3. General Information: \_\_\_\_\_

	Date of Birth	Place of Birth
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4. \_\_\_\_\_

Business Address		Phone
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Residence Address		Phone
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5. List previous residences during the past ten years:

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Address		Phone
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Address		Phone
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Address		Phone
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Address		Phone
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Address		Phone
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6. Education:

a. High School

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

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

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

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a. Have you ever been discharged from employment for reasons other than lack of work?

YES  NO If answer is "YES," explain fully.

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b. Have you ever been required by a former employer to tender your resignation?

YES  NO If answer is "YES," explain fully.

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9. 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.

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10. 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:

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- |        |  |                              |                             |
|--------|--|------------------------------|-----------------------------|
| 11. a. | Have you ever filed a voluntary petition in bankruptcy?                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|        | Have you ever had an involuntary petition in bankruptcy filed against you? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|        | Have you ever been involved in a forced liquidation?                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|        | Have you ever been involved in an equitable receivership?                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|        | Have you ever been involved in any proceeding similar to those above?      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. 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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Any other matters you feel bear upon your character, experience and general fitness to engage in the debt settlement 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 settlement services provider)

for authority to operate as a debt settlement 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 settlement 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**

**STATE OF MINNESOTA  
ANNUAL REPORT OF DEBT SETTLEMENT SERVICES PROVIDERS  
OPERATING UNDER CHAPTER 332B**

To: Minnesota Department of Commerce  
Division of Financial Institutions  
85 7th Place East, Suite 500  
St. Paul, Minnesota 55101

For the Year Ending December 31,

THIS REPORT IS DUE NO LATER THAN MARCH 15TH. ANSWER EVERY QUESTION. ALL TOTALS MUST BALANCE. IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SCHEDULE.

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**SCHEDULE A - GENERAL INFORMATION**

Name of Company \_\_\_\_\_ License No. \_\_\_\_\_  
Place of Business \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

This report is for **MINNESOTA ACTIVITY ONLY.**

1. Method of calculating fees (check one)
  - Fees as a percentage of debt.
  - Fees as a percentage of savings.
2. Total fees collected during the calendar year (include both methods) \_\_\_\_\_.
3. Does your company have a client trust account? (check one)
  - Yes
  - No

If yes, complete the chart on the following page. If no, skip to line 17.

**Trust Account Month End Balances**

4. January \_\_\_\_\_
5. February \_\_\_\_\_
6. March \_\_\_\_\_
7. April \_\_\_\_\_
8. May \_\_\_\_\_
9. June \_\_\_\_\_
10. July \_\_\_\_\_
11. August \_\_\_\_\_
12. September \_\_\_\_\_
13. October \_\_\_\_\_
14. November \_\_\_\_\_
15. December \_\_\_\_\_
16. **Total** (4 through 15) \_\_\_\_\_

**DEBT SETTLEMENT ACTIVITY SUMMARY:**

		Number of Accounts	Total Debt
17.	Balance at beginning of year		
18.	Contracts entered into during year		
19.	a. Contracts settled during year		XXXXXXXX
	b. Payments made to creditors	XXXXXXXX	
	c. Balances forgiven or reduced	XXXXXXXX	
20.	Contracts cancelled or withdrawn		
21.	Contracts sold or transferred		
22.	Balance at end of year (17+18 minus 19, 20, 21)		

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Line 17 should be the same as line 22 of the previous year's report.

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

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Complaints

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Billings (Examination and Assessment)

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Notice of Change of Management

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License Renewal

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