



NON-DEPOSITORY INDUSTRIAL LOAN & THRIFT COMPANY AUTHORIZATION APPLICANT

RE: PRINCIPAL OFFICE

Application may be made on the attached forms for the principal office of a Non-Depository Industrial Loan and Thrift, pursuant to provisions of Minnesota Statute, Chapter 53. This statute is available at <https://www.revisor.mn.gov/statutes/>. If you are applying for a branch location, an abbreviated application is available on our website or by contacting our office.

A \$1,500 applicant investigation fee check payable to the **"Department of Commerce"** is required to be submitted with the application. Note: Minnesota Statutes, Section 45.21 does not allow a subsequent refund of this fee for any reason other than overpayment of fees.

In addition to application fees, each authorized company is subject to an annual assessment fee based on the volume of loans made during the year, as reported on the Annual Report to the Commissioner of Commerce. A copy of this report is enclosed and should be used to establish and segregate needed accounting records. Companies must retain copies of legal instruments and individual account payment records for periodic compliance examination by Financial Institutions Division examiners. Examination fees are based on actual time required to perform examinations.

If the proposed loan activity involves making or purchasing Minnesota residential real estate loans, the Applicant must also be licensed under Minnesota Statute, Chapter 58, the "Minnesota Residential Mortgage Originator and Servicer Licensing Act". The required license would be a Residential Mortgage Originator Certificate of Exemption, which is available at www.commerce.state.mn.us.

Mail in duplicate the completed, signed application to the Department of Commerce, Division of Financial Institutions, 85 7th Place East, Suite 500, St. Paul, Minnesota 55101-2198. Should there be any questions, please contact Darrell May, at (651) 539-1705.

| | | | |
|--|--|--|-----------------------------|
| STATE OF MINNESOTA  Department of Commerce | Commissioner of Commerce State of Minnesota Department of Commerce Division of Financial Examinations 85 7th Place East, Suite 500 St. Paul, Minnesota 55101-2198 (651) 539-1700 www.commerce.state.mn.us | OFFICE USE ONLY Deputy _____ Asst. _____ Chief _____ Review _____ Data Entry _____ ND IL PO | CASHIER USE ONLY |
|--|--|--|-----------------------------|

**NON-DEPOSITORY INDUSTRIAL LOAN AND THRIFT COMPANY
CERTIFICATE OF AUTHORIZATION APPLICATION**

To the Commissioner of Commerce:

We, the undersigned, are officers of _____
(the applicant corporation), pursuant to a resolution adopted by its board of directors on _____
_____ (a copy of which is attached), do hereby make application for a Certificate of
Authorization to transact business as a Non-Depository Industrial Loan and Thrift Company.

I. LOCATION, ORGANIZATIONAL DOCUMENTS, AND CAPITAL STRUCTURE.

A. The corporate name is:

B. The location is:

| | | | | |
|------------------------------|------|-----------|----------|--------|
| _____ | | Minnesota | _____ | |
| Street Address, Suite Number | City | State | Zip Code | County |

C. Provide a copy of the Certificate of Incorporation from the **Minnesota Secretary of State**.

D. If the authorization is to be conducted under an "Assumed Name", provide a copy of that filing issued by the **Minnesota Secretary of State**.

E. Provide a certified copy of the applicant corporation's Articles of Incorporation and bylaws, including all amendments to date.

F. Provide the applicant's most recent corporate financial statement (reference the sample annual report for form). If the applicant corporation is wholly owned, provide the most recent financial statement, or last audited financial statement of the parent corporation.

G. The capital structure of the proposed office will be:

1. Contributed Capital:

| | |
|----------------------------------|-----------------|
| _____ shares of Preferred Stock | \$ _____ |
| _____ shares of Common Stock | \$ _____ |
| Surplus | \$ _____ |
| TOTAL CONTRIBUTED CAPITAL | \$ _____ |

2. Appropriated Reserves:

\$ _____

3. Invested Income:

| | |
|-------------------------------------|-----------------|
| Operating Deficit Anticipation Fund | \$ _____ |
| Other Invested Income | \$ _____ |
| TOTAL INVESTED INCOME | \$ _____ |

4. TOTAL CAPITAL of the proposed office:

\$ _____

H. Is the stock referred to in Item G subscribed or issued? Explain.

II. PRINCIPAL SHAREHOLDERS, DIRECTORS, AND MANAGEMENT.

A. The principal shareholders of the applicant corporation are listed below. A biographical statement (as provided with this application) must be submitted for each shareholder owning 10% or more of the applicant corporation's outstanding stock.

| Full Name | Title | % of Stock Owned | Residence Address | Business Address |
|-----------|-------|------------------|-------------------|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(Use separate sheet if additional space is needed)

B. The board of directors of the applicant corporation are listed below. A biographical statement (as provided with this application) must be submitted for each director.

| Full Name | Title | % of Stock Owned | Business Address |
|-----------|-------|------------------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |

(Use separate sheet if additional space is needed)

- C. The officers and key employees of the applicant corporation are listed below. A biographical statement (as provided with this application) must be submitted for each.

| Name | Title or Position | Business Address |
|------|-------------------|------------------|
| | | |
| | | |
| | | |
| | | |

(Use separate sheet if additional space is needed)

- D. List the supervisor and manager of the proposed office below. A biographical statement (as provided with this application) must be submitted for each.

| | Name | Business Address | Business Phone Number |
|------------|------|------------------|-----------------------|
| Supervisor | | | |
| Manager | | | |

- E. If the proposed loan activity includes making or purchasing Minnesota residential real estate loans, Minnesota Statute, Section 58.125 requires you to conduct criminal background checks on all employees and independent contractors who originate mortgage loans for your firm. Provide evidence indicating criminal background checks will be obtained for all existing and future employees or independent contractors. _____
- _____

III. PROPOSED LOCATION.

- A. The population of _____ as of the last official census of _____ (city of the office location) _____ (year) was _____. The estimated population as of the date of application was _____.
- B. Describe the primary and secondary (if any) trade areas to be served by the proposed office. A map may be used to describe the trade area.
- C. Will the office share space with any other financial institution or business? If yes, explain.
- _____
- _____

IV. REASONABLE ANTICIPATION OF LOANS WITHIN PRIMARY SERVICE AREA.

- A. Estimated loan volume after first year of operation:
- Number of existing loans to be transferred by applicant corporation to proposed office would be _____ totaling \$ _____.
 - Number of loans made _____ totaling \$ _____.
 - Total loans outstanding at the end of the first year of operation: \$ _____.

- B. Estimated loan volume after second year of operation:
1. Number of existing loans to be transferred by applicant corporation to proposed office would be _____ totaling \$_____.
 2. Number of loans made _____ totaling \$_____.
 3. Total loans outstanding at the end of the second year of operation: \$_____.

- C. Detail the type of business to be conducted (a narrative explanation may be required):
- Principal types of loans to be made.

 - Predominant types of security to be taken.

 - Minimum size of loan anticipated.

 - Average size of loan anticipated.

 - Refinancing Policy.

 - Rates of charge:

D. By checkmark, identify the Minnesota statutes, or sections thereof, under which proposed loans will be granted and contracts purchased.

| | | |
|---------------------------|-------------------------|--------------------------|
| Section 47.59: | Real Estate | <input type="checkbox"/> |
| | Non-Real Estate | <input type="checkbox"/> |
| | Sales Contracts | <input type="checkbox"/> |
| Section 47.60 | Consumer Small Loans | <input type="checkbox"/> |
| Section 47.20 | | <input type="checkbox"/> |
| Chapter 334 | | <input type="checkbox"/> |
| Sections 53C.01 to 53C.14 | Motor Vehicle Contracts | <input type="checkbox"/> |
| Other (Specify) | | <input type="checkbox"/> |

Note: New applicants are to provide copies of loan or contract legal documents for each proposed type of loan.

E. If the proposed loan activity involves making or purchasing Minnesota residential real estate loans, the Applicant must also be licensed under Minnesota Statute, Chapter 58, the "Minnesota Residential Mortgage Originator and Servicer Licensing Act". The required license would be a Residential Mortgage Originator Certificate of Exemption under Minnesota Statute, Section 58.04. That application is available at www.commerce.state.mn.us and must be submitted following approval of this application.

V. ENCLOSURES TO ACCOMPANY APPLICATION.

- a. A filing fee of \$1,500 payable to the “**Department of Commerce**” is required.
- b. Provide a copy of the articles of incorporation with amendments to date and a copy of the bylaws and amendments, if any.
- c. Provide a copy of the board authorization signed by the designated officer to make the application.
- d. The corporations capitalization must comply with the provisions of Minnesota Statute, Section 53.02. An invested income account may be necessary to assure there will be no impairment of statutory capital.
- e. A biographical statement must be filed with the application for each shareholder holding 10% or more of the corporations stock, each director and officer, plus the proposed manager and supervisor.
- f. Provide a copy of the declaration page of the workers’ compensation policy for the applicant corporation. Documentation must show amounts of coverage, dates of coverage (not expired), and show the licensed company’s name and address as being insured. If there are no employees, please explain the method of operation on a separate sheet. Failure to provide satisfactory evidence of insurance or proper exemption order will result in withholding of approval. (Minnesota Statute, Section 176.182)
- g. Provide loan and contract forms intended to be used.
- h. If residential real estate loans are proposed, submit a Minnesota Certificate of Exemption application.
- i. If residential real estate loans are proposed, indicate that criminal background checks have been completed on employees.

Attorney for the applicant corporation is:

| | | | |
|----------------|------------|-----------|----------|
| Name | Title | Firm Name | |
| Street Address | City | State | Zip Code |
| () | () | | |
| Phone Number | Fax Number | E-mail | |

Spokesman for the applicant corporation is:

| | | | |
|----------------|------------|-----------|----------|
| Name | Title | Firm Name | |
| Street Address | City | State | Zip Code |
| () | () | | |
| Phone Number | Fax Number | E-mail | |

AFFIDAVIT OF OFFICIAL SIGNING APPLICATION

On the basis of all the information given in this application, the undersigned corporation respectfully requests that the Department of Commerce issue a certificate of authorization as provided by law.

CORPORATE SEAL

Full Corporate Name

By _____
President

By _____
Secretary

STATE OF _____)
COUNTY OF _____) ss.

Dated this _____ day of _____, _____, _____
and _____, being first duly sworn, each and for himself/herself
deposes and says, that he/she is respectively the president and secretary of the above named
corporation, that he/she has read the foregoing application and knows the contents thereof, that the facts
stated therein are true, and, except as to matters stated on information and belief, deponents know them
to be true.

Signed _____

Signed _____

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

Notary Public Signature

NOTARY SEAL

State of _____

County of _____

My Commission Expires _____

BIOGRAPHICAL STATEMENTS MUST FOLLOW THIS FORM

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 industrial loan company

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 |
|---------|-------|

| | |
|---------|-------|
| Address | Phone |
|---------|-------|

| | |
|---------|-------|
| Address | Phone |
|---------|-------|

| | |
|---------|-------|
| Address | Phone |
|---------|-------|

| | |
|---------|-------|
| Address | Phone |
|---------|-------|

| | |
|---------|-------|
| 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. List all interests and the extent thereof now held by you or held by you within the past five (5) years in the following:

a. Financial institutions:

(1) Any state chartered bank:

(2) Any other financial institutions:

b. Business allied to real estate sales and development:

c. Building construction business:

d. Insurance:

e. Business allied to installment lending activities:

11. 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.

12. Have you ever been convicted of a crime relating to financial matters? YES NO

If the answer is yes, give full history of charge, the year, place and final disposition:

| | | | |
|--------|--|------------------------------|-----------------------------|
| 13. 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:

14. 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.)

15. 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: _____

16. Provide two (2) credit references:

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

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

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

18. Any other matters you feel bear upon your character, experience and general fitness to engage in the industrial loan and thrift company 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 proposed industrial loan company)

for a Certificate of Authority to operate as an industrial loan and thrift company shall, unless expressly waived by the Commissioner of Commerce, constitute fraud in the inducement and grounds for denial of an industrial loan and thrift company charter in this or any other matter; grounds to require my resignation as a director or officer of said industrial loan and thrift company, and may subject me to other legal sanctions.

Signature Date
Manager, etc.)

Proposed: _____
(Applicant - Director, Officer, Stockholder,

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

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
ANNUAL REPORT OF CONSUMER FINANCE COMPANIES
INDUSTRIAL LOAN AND THRIFT COMPANY
TO THE COMMISSIONER OF COMMERCE
AS OF DECEMBER 31,**

NOTE: List only Minnesota activity on the following pages:

Licensee: _____

Address: _____

Check One:

Consolidated

Principal

**STATEMENT OF ASSETS, LIABILITIES AND CAPITAL
For the year ended December 31,**

Total (\$000)

| | | |
|--|-----------|--|
| ASSETS | | |
| Cash & Investments | 1a | |
| Finance Receivables | 1b | |
| Property and Equip. (net) | 1c | |
| Other Assets | 1d | |
| Total Assets | 1e | |
| LIABILITIES | | |
| Borrowing | 1f | |
| Other Liabilities | 1g | |
| Total Liabilities | 1h | |
| STOCKHOLDERS EQUITY: | | |
| Common Stock | 1i | |
| Preferred Stock | 1j | |
| Surplus | 1k | |
| Undivided Profits | 1l | |
| Total Stockholders Equity | 1m | |
| Total Liabilities and Stockholders Equity | 1n | |

Licensee: _____ Address: _____

STATEMENT OF INCOME AND EXPENSES
For the year ended December 31,

Total (\$000)

| | | |
|---|----|--|
| Income: | | |
| Interest and Fees | 2a | |
| Insurance Income | 2b | |
| Other Income | 2c | |
| Total Income | 2d | |
| Operating Expenses: | | |
| Interest Paid | 2e | |
| Provision for Loan Losses | 2f | |
| Compensation and Employee Benefits | 2g | |
| Other Expenses | 2h | |
| Total Operating Expenses | 2i | |
| Net Income from Operation | 2j | |
| Other Revenue and Gain | 2k | |
| Other Expenses and Losses | 2l | |
| Income Taxes | 2m | |
| Dividend Paid to Shareholders | 2n | |
| Prior Years Adjustments | 2o | |
| Total Net Income During the Year | 2p | |

SUMMARY OF ALLOWANCE FOR LOAN LOSSES
For the year ended December 31,

Total (\$000)

| | | |
|---|----|--|
| Beginning Balance | 2q | |
| Less: Charged Off | 2r | |
| Add: Additional Provision for Loan Losses | 2s | |
| Recoveries | 2t | |
| Total Allowance for Loan Losses | 2u | |

Licensee: _____ Address: _____

**SCHEDULE I
SUMMARY OF FINANCE RECEIVABLES (NET)
For the year ended December 31,**

| Statutory Authority | Total (\$000) |
|---|----------------------|
| Section 47.59: Real Estate Loans | 3a |
| Pay Day Loans | 3b |
| All Other Loans | 3c |
| Sales Contracts | 3d |
| Section 47.60 Pay Day Loans | 3e |
| Section 47.20 | 3f |
| Chapter 334 | 3g |
| Sections 53C.01 to 53C.14 Motor Contracts | 3h |
| Other (Specify) | 3i |
| Total Finance Receivables | 3j |

**SCHEDULE II
DISTRIBUTION OF MINNESOTA VOLUME DURING THE YEAR BY STATUTE
For the year ended December 31,**

| | | Number | Total (\$000) |
|---|-----------|---------------|----------------------|
| Section 47.59: Real Estate Loans | 3k | 3t | |
| Pay Day Loans | 3l | 3u | |
| All Other Loans | 3m | 3v | |
| Sales Contracts | 3n | 3w | |
| Section 47.60 Pay Day Loans | 3o | 3x | |
| Section 47.20 | 3p | 3y | |
| Chapter 334 | 3q | 3z | |
| Sections 53C.01 to 53C.14 Motor Contracts | 3r | 3aa | |
| Total | 3s | 3bb | |

Licensee: _____ Address: _____

**SCHEDULE III
INSURANCE PREMIUMS
ON MINNESOTA LOANS MADE DURING THE YEAR
For the year ended December 31,**

| Type of Insurance | Number Sold | | Total (\$000) |
|---------------------------------|-------------|--|---------------|
| Credit Life: Single | 4a | | 4i |
| Joint | 4b | | 4j |
| Credit Disability: Single | 4c | | 4k |
| Joint | 4d | | 4l |
| Credit Involuntary Unemployment | 4e | | 4m |
| Household Goods | 4f | | 4n |
| Others | 4g | | 4o |
| Total | 4h | | 4p |

**SCHEDULE IV
SUMMARY OF OTHER INFORMATION ON MINNESOTA ACCOUNTS
For the year ended December 31,**

| | Number | | Total (\$000) |
|-------------------------|--------|---------|---------------|
| Judgements | 5a | | xxxxxxxxxx |
| Foreclosures | 5b | | 5g |
| Bankruptcy | | xxxxxxx | xxxxxxxxxx |
| Chapter 7 | 5c | | 5h |
| Chapter 13 | 5d | | 5i |
| Repossessions: | | xxxxxxx | xxxxxxxxxx |
| Uniform Commercial Code | 5e | | xxxxxxxxxx |
| Election of Remedies | 5f | | 5j |

Licensee: _____ Address: _____

Loans meeting all of the following criteria are “consumer short-term loans” as defined under Section 47.601.

- Loan principal amount, or credit advance, of **\$1,000 or less**.
- Loans requiring a minimum payment of more than **25%** (of the principal balance or credit advance) within **60 days** (of loan origination or credit advance).
- **Unsecured** loans only. Do **not include** loans secured by physical goods.

6. Does your company make “consumer short-term loans”? Yes No
If you answered yes, Schedule V below must be completed. If you answered no, do not complete Schedule V.

SCHEDULE V

MINNESOTA CONSUMER SHORT-TERM LOANS FOR PERIOD ENDED DECEMBER 31,

6a. Total dollar amount (in thousands), over and above principal, collected on consumer short-term loans _____.

6b. Average annual percentage rate for consumer short-term loans _____.

6c. Range of annual percentage rates for consumer short-term loans _____ to _____.

6d. Number of individual borrowers who obtained one or more consumer short-term loans _____.

Breakdown of the number of individual borrowers (identified in 6d) by the number of individual borrowers who obtained:

6e. 5 or more loans * _____

6f. 10 or more loans * _____

6g. 15 or more loans * _____

6h. 20 or more loans * _____

6i. Total number of consumer short-term loans charged or written off _____.

6j. Total dollar amount (in thousands) of consumer short-term loans charged or written off _____.

* NOTE: A borrower receiving a number of consumer short-term loans would be included on each applicable line above (6e through 6h). For instance, an individual borrower obtaining **16** loans during the period would be included in the totals on lines 6e, 6f and 6g (not on line 6h for 20 or more loans received).

Licensee: _____ Address: _____

This affidavit must be executed by a duly authorized officer of such corporation.

AFFIDAVIT

State of _____

County of _____

I, _____ of the _____
swear (or affirm) that to the best of my knowledge and belief, the figures contained in this report, (6
pages) including the accompanying balance sheet and profit and loss statement 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

NOTARY SEAL

State of _____

County of _____

My Commission Expires _____

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

Annual Report_

Complaints

Licensee: _____ Address: _____

Billings _____

Recipient of Examination Report _____

Notice of Change of Management _____

List of Branch Offices (Include address, phone number and branch manager). Add additional pages as needed.

Branch #1: (address) _____

(phone) _____
(manager) _____

Branch #2: (address) _____

(phone) _____
(manager) _____

Branch #3: (address) _____

(phone) _____
(manager) _____

Branch #4: (address) _____

(phone) _____
(manager) _____