

**COLORADO DEPARTMENT OF LAW CONSUMER CREDIT UNIT
DEBT-MANAGEMENT REGISTRATION
PERSONAL AFFIDAVIT**

Legal Name of Debt Management Provider:

Name and Title of person completing this Personal Affidavit:

Person's home address (street address, city, state, and zip code):

Date of birth:

Last four digits of SSN:

Ownership Information

If a director, owner, or employee of the Applicant/Registrant with an ownership interest of at least 10 percent in the following, you must complete the below fields for each affiliate/entity. Attach additional pages if needed.

1. Any Affiliate of the Applicant as defined in section 5-19-202(2), C.R.S. -or-
2. Any entity that provides products or services to the Applicant or any individual relating to the Applicant's debt-management services

Applicant or Designee hereby authorizes the above-named bank to release information, at any time, concerning the above account(s) of Applicant or Designee to the Administrator of the Colorado Uniform Consumer Credit Code. The Applicant or Designee gives irrevocable consent authorizing the Administrator to review and examine trust account(s) at any time. Corporations should include the signature of the President or other authorized official of the corporation. LLCs should include the signature of the managing member. Partners must sign individually or in accordance with the Partnership Agreement.

Name of Affiliate/entity:

Address of Affiliate/entity (street address, city, state, and zip or postal code):

Website:

Products or Services Provided:

Name of Affiliate/entity:

Address of Affiliate/entity (street address, city, state, and zip or postal code):

Website:

Products or Services Provided:

Name of Affiliate/entity:

Address of Affiliate/entity (street address, city, state, and zip or postal code):

Website:

Products or Services Provided:

Name of Affiliate/entity:

Address of Affiliate/entity (street address, city, state, and zip or postal code):

Website:

Products or Services Provided:

Questions for Individual

Have you ever been convicted of or entered a plea of guilty or nolo contendere to theft, concealing stolen goods, forgery, fraud, perjury, bribery, offenses related to a violation of any State or Federal Securities laws or similar crime, in any federal, state, or local jurisdiction?

Yes No If Yes, provide explanation below:

Are there any pending criminal actions in any federal, state, or local jurisdiction charging you with having committed theft, concealing stolen goods, forgery, fraud, perjury, bribery, offenses related to a violation of any State or Federal Securities laws or similar crimes?

Yes No If Yes, provide explanation below:

Have you ever been convicted of or entered a plea of guilty or nolo contendere to a felony or a misdemeanor other than a traffic violation and other than violations listed in 1 and 2?

Yes No If Yes, provide explanation below:

Have you or any organization during a time when you were associated with it as owner, partner, member if a LLC or association, officer, director, or principal employee ever had a business license or registration suspended, canceled, revoked, or subjected to any disciplinary action (whether or not a final order or judgment was entered) including a stipulation, final consent order, judgment, or administrative order by any governmental entity, including Colorado; had an application for such license or registration denied; or withdrawn such an application to avoid a denial or any related request?

Yes No If Yes, provide explanation below:

Have you, or any organization during a time when you were associated with it as owner, partner, member if a LLC or association, officer, director, or principal employee been involved in any voluntary or involuntary bankruptcy, receivership, or insolvency proceedings, or had any unsatisfied judgment or liens against you or such an organization?

Yes No If Yes, provide explanation below:

Have you ever been held liable in any civil fraud action in any judicial or administrative proceeding by a federal, state, or local governmental entity?

Yes No If Yes, provide explanation below:

If you are a Director, do you receive compensation from the Applicant/Registrant?

Yes No If Yes, provide explanation below:

Employment History

Provide a complete record of employment and business associations, including all companies in which you have or had an interest as an officer, director, or voting stockholder. If you answered Yes to Question #7 (above), you must provide five years of history. Otherwise, please provide two years history. Account for all periods of time.

Periods of unemployment should be indicated with dates. Include your position and a brief description of duties. Attach additional pages if necessary. A current resume containing the requested information may substitute the list.

Dates (MM/YY):

Employer:

Position/Title:

Duties:

Dates (MM/YY):

Employer:

Position/Title:

Duties:

Dates (MM/YY):

Employer:

Position/Title:

Duties:

Dates (MM/YY):

Employer:

Position/Title:

Duties:

Dates (MM/YY):

Employer:

Position/Title:

Duties:

Dates (MM/YY):

Employer:

Position/Title:

Duties:

Dates (MM/YY):

Employer:

Position/Title:

Duties:

Statements made herein are under oath. False statements may be punishable as second-degree perjury.

Signature of Authorized person

Date

Designee's Signature

Date