

COLORADO DEPARTMENT OF LAW
DEBT-MANAGEMENT SERVICES PROVIDER REGISTRATION
PERSONAL AFFIDAVIT

If the application is for a renewal, please provide your current registration number (e.g., DM-000000).

Registration Number:

To be completed by each Director, Officer, person with at least 10% ownership, Agent, LLC Member or Manager and person authorized to initiate transactions to the trust account.

A separate form is required to be filed by each person, and each Personal Affidavit must be submitted with original signatures.

Statements made herein are made under oath. Omissions may be construed as intentional failure to disclose a material fact and may be grounds for rejection of an application [see section 5-19-209(b)(1), C.R.S.]

Debt-Management Provider's Name (corporation, LLC, partnership, or proprietor's name):

Name of person completing this Personal Affidavit:

Person's Title:

Person's Home Address (Street Address, City, State, and Zip Code):

Date of Birth:

Last Four Digits of SSN:

Ownership Information

Ownership interest of at least 10% by a director, owner or employee of the Applicant in:

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

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 or entity in which interest is owned:

Address of affiliate or entity (Street Address, City, State, and Zip Code):

Website:

Percent Ownership/Interest:

Length Ownership/Interest:

Relationship:

Product or Services Provided:

Name of affiliate or entity in which interest is owned:

Address of affiliate or entity (Street Address, City, State, and Zip Code):

Website:

Percent Ownership/Interest:

Length Ownership/Interest:

Relationship:

Product 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?

If yes, please provide an explanation below. If no, please write N/A.

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?

If yes, please provide an explanation below. If no, please write N/A.

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?

If yes, please provide an explanation below. If no, please write N/A.

Have you or any organization during a time when you were associated with it as owner, partner, member of 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?

If yes, please provide an explanation below. If no, please write N/A.

Have you, or any organization during a time when you were associated with it as owner, partner, member of 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?

If yes, please provide an explanation below. If no, please write N/A.

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?

If yes, please provide an explanation below. If no, please write N/A.

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

If yes, please provide an explanation below. If no, please write N/A.

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 of Employment (MM/YY to MM/YY):

Employer:

Position/Title:

Duties:

Dates of Employment (MM/YY to MM/YY):

Employer:

Position/Title:

Duties:

Dates of Employment (MM/YY to MM/YY):

Employer:

Position/Title:

Duties:

Dates of Employment (MM/YY to MM/YY):

Employer:

Position/Title:

Duties:

Dates of Employment (MM/YY to 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