



COLORADO UNIFORM CONSUMER CREDIT CODE 2017 SALES FINANCE (ASSIGNEE/SERVICER) INITIAL NOTIFICATION FORM

WEBSITE: WWW.COAG.GOV/UCCC EMAIL: UCCC@COAG.GOV
TELEPHONE: 720-508-6012

**YOU MUST COMPLETE ALL SECTIONS AND FORMS. IF A SECTION DOES NOT APPLY, PLEASE WRITE N/A.
ENCLOSE CHECK PAYMENT WITH SUBMISSION.**

RETURN TO:

COLORADO DEPARTMENT OF LAW
UNIFORM CONSUMER CREDIT CODE
RALPH L. CARR COLORADO JUDICIAL CENTER
1300 BROADWAY, 6TH FLOOR
DENVER, CO 80203

MAKE CHECKS PAYABLE TO:

COLORADO UNIFORM CONSUMER CREDIT CODE
OR COLORADO UCCC

COMPLETE THE FOLLOWING:

1. LEGAL NAME:

2. ALL TRADE NAMES IN WHICH BUSINESS IS TRANSACTED:

3. PHYSICAL ADDRESS OF PRINCIPAL OFFICE (MAY BE OUTSIDE OF COLORADO):

4. DO YOU HAVE ANY ADDITIONAL LOCATION(S) WHERE YOU TAKE ASSIGNMENT OF, PURCHASE, OR SERVICE CONSUMER CREDIT SALES/LEASES? (CIRCLE ONE) YES OR NO **IF YES, YOU MUST COMPLETE THE ENCLOSED LIST OF LOCATIONS**

5. ARE CONSUMER CREDIT SALES OR CONSUMER LEASES MADE OTHER THAN AT AN OFFICE/RETAIL STORE/LOCATION? (CIRCLE ONE) YES OR NO IF YES, HOW? MAIL INTERNET OTHER _____

6. DATE IN WHICH ASSIGNMENT/PURCHASE/SERVICE OF CONSUMER CREDIT TRANSACTIONS COMMENCED IN COLORADO:

7. SUPERVISED LOANS ARE DIRECT CONSUMER LOANS IN EXCESS OF 12% APR. DO YOU MAKE, SERVICE, OR TAKE ASSIGNMENT OF SUPERVISED LOANS? (CIRCLE ONE) YES OR NO **IF YES, YOU MUST OBTAIN A SUPERVISED LENDER'S LICENSE**

8. NAME & ADDRESS OF COLORADO REGISTERED AGENT UPON WHOM SERVICE OF PROCESS MAY BE MADE:

FEE SCHEDULE

1. NOTIFICATION FEE	\$	130.00
2. VOLUME FEE		
A. TOTAL OF THE ORIGINAL UNPAID BALANCE OF CONSUMER CREDIT SALES AND CONSUMER LEASES TAKEN BY ASSIGNMENT IN 2016	\$	_____
B. VOLUME FEES DUE (SEE MEMO FOR CALCULATION INSTRUCTIONS) \$15 FOR EACH \$100,000 OR PART THEREOF OF TOTAL FROM LINE 2A.	\$	_____
3. LATE FEE* (IF APPLICABLE)	\$	_____
4. TOTAL FEES DUE	\$	_____

***NOTIFICATIONS FILED AFTER 30 DAYS OF COMMENCING BUSINESS MUST INCLUDE A STATUTORY LATE FEE OF \$5.00 PER CALENDAR DAY IMPOSED STARTING THE 31ST DAY OF BUSINESS.**

THE UNDERSIGNED HEREBY FILES NOTIFICATION OF INTENT TO ENGAGE IN MAKING OR COLLECTING OR ENFORCING RIGHTS UNDER COLORADO CONSUMER CREDIT SALES AND/OR CONSUMER LEASES.

I HEREBY VERIFY THAT THE INFORMATION STATED ABOVE AND THE AMOUNT PAID ARE TRUE AND CORRECT.

X _____
SIGNATURE OF OWNER/OFFICER/PARTNER DATE

PRINTED NAME OF OWNER/OFFICER/PARTNER TELEPHONE NUMBER EMAIL ADDRESS

MANDATORY INFORMATION FOR SOLE PROPRIETORS (NOT OPEN TO PUBLIC INSPECTION). THIS INFORMATION IS REQUIRED BY §§ 14-14-113 AND 24-31-107, C.R.S. AND MAY BE USED TO REVOKE, SUSPEND, OR DENY LICENSES OR NOTIFICATIONS AS DETERMINED BY THE STATE CHILD SUPPORT ENFORCEMENT AGENCY FOR NONCOMPLIANCE WITH SUPPORT ORDERS OR SUBPOENAS/WARRANTS RELATING TO PATERNITY AND CHILD SUPPORT.

ALSO INCLUDE A PHOTOCOPY OF YOUR DRIVER'S LICENSE, STATE IDENTIFICATION CARD, OR OTHER PHOTO IDENTIFICATION.

COMPLETE HOME ADDRESS: _____ SSN: _____

2017 LIST OF ASSIGNORS

Colorado Uniform Consumer Credit Code

IF YOU TAKE ASSIGNMENT OF, PURCHASE, OR SERVICE CONSUMER CREDIT SALES AND LEASES, YOU MUST COMPLETE THE FORM PROVIDED BELOW.

LIST THE NAME AND COMPLETE MAILING ADDRESS OF EACH COMPANY FROM WHICH YOU TAKE ASSIGNMENT OF, PURCHASE, OR SERVICE CONSUMER CREDIT SALES AND LEASES. ATTACH ADDITIONAL SHEETS IF NECESSARY.

NAME OF ASSIGNOR(S)	MAILING ADDRESS(ES)
	<hr/> <p>Address</p> <hr/> <p>City State Zip Code</p>
	<hr/> <p>Address</p> <hr/> <p>City State Zip Code</p>
	<hr/> <p>Address</p> <hr/> <p>City State Zip Code</p>
	<hr/> <p>Address</p> <hr/> <p>City State Zip Code</p>
	<hr/> <p>Address</p> <hr/> <p>City State Zip Code</p>
	<hr/> <p>Address</p> <hr/> <p>City State Zip Code</p>
	<hr/> <p>Address</p> <hr/> <p>City State Zip Code</p>

2017 CONTACT INFORMATION LIST

Colorado Uniform Consumer Credit Code

Please provide the following information and return with your notification form.

Company Name: _____

Contact Person for Notification Questions and General Mailings:

Name: _____

Title: _____

Address: _____

Email Address: _____ Phone Number: _____

Contact Person for Compliance Examinations:

Same as Above: _____

Name: _____

Title: _____

Address: _____

Email Address: _____ Phone Number: _____

Contact Person for Consumer Complaints:

Same as Above: _____

Name: _____

Title: _____

Address: _____

Email Address: _____ Phone Number: _____

2017 OWNERSHIP-COLLECTION ACTIVITY QUESTIONNAIRE

Colorado Uniform Consumer Credit Code

Please provide the following information and return with your notification form.

Company Name: _____

Provide the names of the owners, stockholders of the corporation, or the members of the limited liability company and the percentage of each owner's, stockholder's, or member's ownership interest. For corporations: If publicly traded, list all entities holding 10% or more of the stock; If privately held, the number of shares must equal 100% of stock.

(Attach additional pages if necessary)

<u>Name</u>	<u>% of Stock or Member Ownership</u>
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_____	_____
_____	_____
_____	_____
_____	_____

Collection Activity

1. Provide the name and address of each collection agency, engaged by the notifier, to collect defaulted Colorado consumer credit transactions. (Attach additional pages if necessary)

<u>Name of Company</u>	<u>Address</u>
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_____	_____
_____	_____
_____	_____
_____	_____

2. Provide the name and address of each debt buyer to whom the notifier sold defaulted Colorado consumer credit transactions. (Attach additional pages if necessary)

<u>Name of Company</u>	<u>Address</u>
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_____	_____
_____	_____
_____	_____
_____	_____