

State of New Hampshire

Banking Department

53 Regional Drive, Suite 200
Concord, NH 03301

Peter C. Hildreth
Bank Commissioner

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www.nh.gov/banking

DEBT ADJUSTER LICENSE APPLICATION FORM

General Instructions

Use this form when newly applying for a license or when amending information on file with the department. When terminating or surrendering a NH debt adjuster license use the NH License Surrender/Expiration Form available on our website at www.nh.gov/banking/consumer.html.

1. **New Application:** Use this form when newly applying for a license. Answer all questions, complete all forms and pay appropriate fees. See detailed instructions below.
2. **Amendment Filing:** Use this form to amend information on file with the department. The required fields to complete are the “Date of Filing”, the “Effective Date”, check off “Amendment”, and complete 1A and 1B; then you only need to enter and circle the information on the form that is being amended (information that has changed from what is on file with the department). To amend information on Schedules A & B (principals of the company), use Schedule C which you may obtain from our website at www.nh.gov/banking/consumer.html.
3. **Surrender or Expiration:** When a licensed company surrenders its license or allows it to expire without renewal at year end it must file a NH License Surrender/Expiration form. Go to our website at www.nh.gov/banking/consumer.html and download the NH License Surrender/Expiration form and follow its directions.

New Application Instructions

The principal office of the *applicant* must be licensed wherever it is located. The initial fee for a debt adjuster license is \$150 for the principal location. Only those business locations of the *applicant* that are located in New Hampshire must be licensed as branches (use the NH Branch Office Form included with this application and pay the \$100 fee for each NH branch).

Please make sure the following are included with the application:

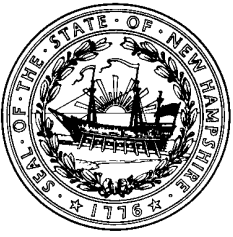
1. Debt Adjusters must submit an original \$25,000 continuous surety bond on the form included with this application. We cannot accept copies of the bond; we must have the originally executed bond. The bond must be signed by three people: 1) an authorized officer of the company that is the applicant or licensee, 2) an individual with a power of attorney who may sign on behalf of the surety company, and 3) [the countersignature] an insurance agent of the surety company who is duly licensed by the New Hampshire Insurance Department (does not have to be a resident agent; any NH licensed agent of the company may sign). All three signature lines must be signed.
2. Debt Adjusters who, as part of their debt adjustment services, transmit money must increase their surety bond to a \$100,000 continuous surety bond or become licensed as money transmitters in this state.
3. Foreign (not formed in New Hampshire) *applicants* must appoint a NH agent. The agent must have a NH business address open during normal business hours. If the *applicant* does not maintain a NH office, Banking Department examinations of the *licensee*'s books and records may take place at the NH agent's location.
4. Foreign (not formed under NH law) corporations, foreign limited liability companies and foreign partnerships must provide a copy of their home state registration and proof of registration as a foreign corporation, foreign limited liability company or foreign partnership issued by the NH Secretary of State. (Telephone Number: 603-271-3244 or 603-271-3246; www.nh.gov/sos/corporate)
5. Foreign and domestic *applicants* who propose to use a trade name in NH must provide proof of trade name registration issued by the NH Secretary of State. (Telephone Number: 603-271-3244 or 603-271-3246) The “Owner” of the trade name listed on the registration must match the name of the *applicant*. If these are not the same, ownership must be changed through the Secretary of State's office.
6. *Applicants* must provide organizational documents as follows: corporations must submit a copy of their Articles of Incorporation and By-Laws, and any amendments thereto; Partnerships must submit a copy of the Partnership or Limited Partnership Agreement and any amendments thereto; and Limited Liability Companies must submit copies of their Articles of Organization, any Management Agreements that exist, and any amendments to either.
7. Financial statements must be consistent with the legal status of the *applicant*. Corporations must provide the corporation's financial statements. If the financial statements are more than 6 months old, additionally provide interim balance sheet and income statement as of the *applicant*'s last quarter end. Individuals, sole proprietors, partnerships, limited liability companies and closely held corporations must also submit a copy of the most recent federal business income tax returns (1120, 1120-S, and K-1s).

8. A list of names and Tax ID numbers of applicable owners, officers, directors, members, partners, trustees, beneficiaries and NH branch managers must be provided on Schedules A & B on this form. The instructions to those schedules explain the reporting thresholds. File an Individual Disclosure Form, a Criminal History Record Information Authorization Form and fingerprint card and fee for each individual on the schedules.

Criminal Records checks are conducted by the State of New Hampshire Department of Safety, State Police Division. The Department of Safety charges a \$55.25 fee to cover costs for each record check. A copy of the *Department of Safety Division of State Police Criminal History Record Information Authorization Form* follows these instructions. You may make copies of this form, and then complete a form for each individual listed on Schedule A & B of this form. Complete all items in Section I, and make sure to sign the release information in Section II of the form and have the form notarized. **All checks and money orders for the record checks must be made payable to "State of NH – Criminal Records."** Fingerprints must be submitted in order to complete the criminal background checks. To request fingerprint card(s), which must be on a New Hampshire State Police fingerprint form, you may submit a form from our website www.nh.gov/banking/consumer.html, call (603) 271-8675 or e-mail licensing@banking.state.nh.us the licensing section at the Banking Department, indicate the number of cards needed and the address where they should be sent (only one address; the *applicant* or *licensee* is responsible for distribution to applicable persons within their organization) and we will send fingerprint cards out to you right away.

9. Submit a *Criminal History Record Information Authorization Form*, fingerprint card and a fee in the amount of **\$55.25 (payable to "State of NH – Criminal Records"**, for each individual listed on Schedules A & B of this form, to the Banking Department. We will forward the document(s) and check(s) to the Department of Safety. Fees covering multiple individuals may be combined into one check.
10. Submit specimens of all contracts and agreements that will be used with Consumers in New Hampshire. Please review the contracts prior to submitting them to ensure that the requirements of RSA 399-D:11, 14, 15, 16, 17, 20, 21, and 26 for debt adjusters contracts and business conduct will be met (the statute is available on our website at www.nh.gov/banking/consumer.html).
11. Applicable definitions:
- A. "Applicant" – The debt adjuster applying or amending information on this form. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.
- B. "Control" – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or officer exercising executive responsibility (or having similar status or functions); (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities; or (iii) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to control that company.
- C. "Direct Owner" means any person, including individuals, that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of 10% or more the *applicant* or *licensee*.
- D. "Financial Services" or "Financial Services-Related" – Pertaining to securities, commodities, banking, insurance, consumer lending, debt adjustment, money transmission or real estate (including, but not limited to, acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, mortgage servicer, closing agent, title company, or escrow agent).
- E. "Indirect Owner" means, with respect to direct owner and other indirect owners in a multilayered organization:
- (a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of that corporation;
 - (b) in the case of an owner that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital;
 - (c) in the case of an owner that is a trust, the trust, each trustee and each beneficiary of 25% or more of the trust;
 - (d) in the case of an owner that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers; and
 - (e) in the case of an indirect owner, the parent owners of 25% or more of their subsidiary.
- F. "Jurisdiction" - The federal government, a foreign government, a state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.
- G. "Licensee" – The debt adjuster that holds a New Hampshire license and is amending information on this form.
- H. "Person" means an individual, corporation, business trust, estate, trust, partnership, association, 2 or more persons having a joint or common interest, or any other legal or commercial entity however organized.
- I. "Principal" of the *applicant* or *licensee* means an owner with 10 percent or more ownership interest, corporate officer, director, member, general or limited liability partner, limited partner with 10 percent or more ownership interest, trustee, beneficiary of 10 percent or more of the trust that owns the *applicant* or *licensee*, executive officer, senior manager, New Hampshire branch manager, and any person occupying similar status or performing similar functions. New Hampshire branch managers are *principals* of the company, but are reported on the NH Branch Office Form rather than on Schedule A of this License Application/Amendment Form.

Please make sure that all items on the application form are completed and all attachments, numbered to correspond to the question or item to which they respond, are enclosed with the application filing. Please include the *applicant's* name on each attachment. Inclusion of a list/index of attachments is recommended. Care in providing all the required information will result in the filing of a complete application and will enable us expeditiously to review the application without the need to write for further information.



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FOR OFFICE USE ONLY Ck. # _____ Amt.\$ _____ Rec'd by _____ Date _____ ***** Entered By _____ Date _____ App. Complete Date _____ Approved By _____ Date _____	NEW HAMPSHIRE DEBT ADJUSTER APPLICATION FORM Date of Filing: _____ Effective Date: _____	DEBT ADJUSTER <input type="checkbox"/> \$150
		NH BRANCH OFFICES, ENTER TOTAL @ \$100 EACH \$ _____
		FEES APPLY FOR NEW LICENSE ONLY, NOT FOR AMENDMENTS Make Check Payable To: "STATE OF NEW HAMPSHIRE"

WARNING: Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the provisions of law pertaining to the conduct of business for which you are applying, may violate the laws of the State of New Hampshire and may result in disciplinary, administrative, injunctive or criminal action.

INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS MAY CONSTITUTE CRIMINAL VIOLATIONS.

NEW APPLICATION AMENDMENT *To amend, circle item(s) being amended.*

1. Exact name, principal business address, mailing address, if different, and telephone numbers of *applicant*:

A. Full legal name of <i>applicant</i> (if sole proprietor, provide last, first and middle name)	B. IRS Employer Identification Number (Social Security No is allowed for sole proprietorship)
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C. (1) Trade Name under which business primarily is or will be conducted in New Hampshire, if different from Item 1A (attach copy of NH Trade Name registration issued by the NH Secretary of State).

(2) List any other name(s) by which the *applicant* conducts or will conduct business and the *jurisdiction(s)* in which the name(s) are or will be used (Use additional sheets as necessary).

1. Name	Jurisdiction	2. Name	Jurisdiction
3. Name	Jurisdiction	4. Name	Jurisdiction

D. If this filing makes a name change on behalf of the *applicant*, enter the new name and specify whether the name change is of the
 applicant name (1A) or business trade name (1C): _____

E. Main address: (Do not use a P.O. Box)

Number and Street	City	State/Country	Zip+4/Postal Code
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F. Mailing address, if different:

PO Box or Number and Street	City	State/Country	Zip+4/Postal Code
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G. Telephone Numbers and Website address:

Business phone	Fax line
Area Code _____ Telephone Number _____	Area Code _____ Telephone Number _____
website address #1 _____	website address #2 _____

H. Other than the office in 1E, does the *applicant* conduct business with consumers through branch offices located in New Hampshire?
 YES NO (Branch office located In New Hampshire must be approved and licensed prior to conducting business. Use the NH Branch Office Form included with this application.)

I. Contact Employee (President, Chief Executive Officer or Senior Partner of *Applicant*):

Name and Title _____ Area Code _____ Telephone Number _____

Number and Street _____ City _____ State/Country _____ Zip+4/Postal Code _____

E-mail Address _____ Fax Number _____

J. Principal Licensing Contact Person (This is the individual who may sign this application form and to whom all licensing questions and issues will be addressed. The named individual must be authorized by the company to make sworn statements and attestations on behalf of the company where required as part of the application and/or renewal process. The Principal Contact Licensing Person may be the same as the person named in 11 above):

Name and Title _____ Area Code _____ Telephone Number _____

Number and Street _____ City _____ State/Country _____ Zip+4/Postal Code _____

E-mail Address _____ Fax Number _____

K. Employee authorized to respond to consumer complaints:

Name and Title _____ Area Code _____ Telephone Number _____

Number and Street _____ City _____ State/Country _____ Zip+4/Postal Code _____

E-mail Address _____ Fax Number _____

L. Employee to contact regarding legal/litigation matters:

Name and Title _____ Area Code _____ Telephone Number _____

Number and Street _____ City _____ State/Country _____ Zip+4/Postal Code _____

E-mail Address _____ Fax Number _____

M. Employee to contact regarding examination matters:

Name and Title _____ Area Code _____ Telephone Number _____

Number and Street _____ City _____ State/Country _____ Zip+4/Postal Code _____

E-mail Address _____ Fax Number _____

N. Physical address of location where the official books and records of the *applicant* will be kept.

Organization Name (if different from *applicant*) or Records Custodian Name _____ Area Code _____ Telephone Number _____

Number and Street _____ City _____ State/Country _____ Zip+4/Postal Code _____

2. Enter appropriate number in the box(es) for each *jurisdiction*:
 Enter "1" if *applicant is newly applying* in that *jurisdiction* as a debt adjuster (DA).
 Enter "2" if *applicant has a pending application* in that *jurisdiction* as a debt adjuster (DA).
 Enter "3" if *applicant is already licensed/registered* in that *jurisdiction* as a debt adjuster (DA).

	DA		DA		DA		DA
Alabama		Idaho		Montana		Rhode Island	
Alaska		Illinois		Nebraska		South Carolina	
Arizona		Indiana		Nevada		South Dakota	
Arkansas		Iowa		New Hampshire		Tennessee	
California – DOC		Kansas		New Jersey		Texas – OCCC	
California – DRE		Kentucky		New Mexico		Texas – SML	
Colorado		Louisiana		New York		Utah	
Connecticut		Maine		North Carolina		Vermont	
Delaware		Maryland		North Dakota		Virginia	
District of Columbia		Massachusetts		Ohio		Washington	
Florida		Michigan		Oklahoma		West Virginia	
Georgia		Minnesota		Oregon		Wisconsin	
Guam		Mississippi		Pennsylvania		Wyoming	
Hawaii		Missouri		Puerto Rico			

3. A. Indicate legal status of <i>applicant</i> .		
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other (specify) _____
B. <i>Applicant's</i> fiscal year end (MM/DD): _____		
C. (i) If other than a sole proprietorship, indicate date and place <i>applicant</i> obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where <i>applicant</i> entity was formed) and attach copy of Certificate of Incorporation or Certificate of Formation issued by the appropriate agency of the state of incorporation/formation :		
State & Country of formation: _____ Date of formation (MM/DD/YYYY): _____		
D. If <i>applicant</i> is a publicly traded corporation, please insert stock symbol and the name of at least one exchange upon which the <i>applicant's</i> securities are traded: _____		
E. Foreign (not formed in New Hampshire) entities must appoint and maintain at all times a registered agent in New Hampshire. If the <i>applicant</i> has a NH branch office, an individual in that office may be appointed as the NH registered agent. If the <i>applicant does not have</i> a NH branch office or does not wish to appoint someone in a branch office, the <i>applicant</i> must appoint another person located in NH to be the NH registered agent. The agent's office must be open during regular business hours. Banking Department examinations of the <i>licensee's</i> books and records may take place at the registered agent's office. Name of Agent: _____ Telephone: _____ Complete address of NH Agent: _____ (Provide a NH business address to include the actual physical location, street, town or city and zip): Mailing Address of Agent (if different): _____		
4. A. Directly or indirectly, does <i>applicant control</i> , is <i>applicant controlled</i> by, or is <i>applicant</i> under common control with, any person that is engaged in the business of a debt adjuster? If no, go to 4B. The Partnership, Corporation, or Organization _____ (check only one for each relationship, attach additional copies as needed) Partnership, Corporation, or Organization Name <input type="checkbox"/> controls <i>applicant</i> <input type="checkbox"/> is controlled by <i>applicant</i> <input type="checkbox"/> is under common control with <i>applicant</i> Number and Street City State/Country Zip+4/Postal Code Briefly describe the control relationship, including an organizational chart which shows the relationship. Use additional sheets for comments if necessary. _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
B. Directly or indirectly, is <i>applicant controlled</i> by any of the following? If no, go to 5. <input type="checkbox"/> Bank Holding Company <input type="checkbox"/> National Bank <input type="checkbox"/> State Member Bank of the Federal Reserve System <input type="checkbox"/> State Non-Member Bank <input type="checkbox"/> Savings Association/Savings Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Foreign Bank <input type="checkbox"/> Thrift Holding Company Financial Institution Name _____ Number and Street City State/Country Zip+4/Postal Code Briefly describe the control relationship, including an organizational chart which shows the relationship. Use additional sheets for comments if necessary. _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
C. Schedule A and, if applicable, Schedule B must be completed as part of all initial applications to identify principals of the <i>applicant</i>. Amendments to Schedules A and B must be provided on Schedule C as changes occur.		
5. Customer Funds		
A. Has the <i>applicant</i> ever made an assignment for the benefit of creditors? If "yes" briefly describe. _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
B. Has the <i>applicant</i> ever defaulted in the payment of money collected for others? If "yes" briefly describe. _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
C. Has the <i>applicant</i> ever defaulted in the payment of money due to any creditor? If "yes" briefly describe. _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Will <i>applicant</i> engage in any non-debt adjuster-related business? If "yes" briefly describe. _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Will <i>applicant</i> occupy or share space with any person(s) engaged in financial services-related activity? If "yes," provide the name(s) of the other person(s). _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. If the answer to any of the following is "YES", provide complete details of all events or proceedings in an attachment. Refer to the explanation of terms section of the instructions for explanations of italicized terms. Remember to file updates to these disclosures as needed.		
Criminal Disclosure		
A. Has the <i>applicant</i> or a control affiliate ever: (1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony? (2) been charged with any felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
B. In the past ten years has the <i>applicant</i> or a control affiliate: (1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a misdemeanor involving: financial services or a financial services-related business or any fraud, false statements or omissions, theft or any wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses? (2) been charged with a misdemeanor specified in 8B(1)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Regulatory Action Disclosure		YES	NO
C. Has any State or federal regulatory agency or foreign financial regulatory authority ever: (1) found the applicant or a control affiliate to have made a false statement or omission or been dishonest, unfair or unethical?		<input type="checkbox"/>	<input type="checkbox"/>
(2) found the applicant or a control affiliate to have been involved in a violation of a financial services-related regulation(s) or statute(s)?		<input type="checkbox"/>	<input type="checkbox"/>
(3) found the applicant or a control affiliate to have been a cause of a financial services-related business having its authorization to do business denied, suspended, revoked or restricted?		<input type="checkbox"/>	<input type="checkbox"/>
(4) entered an order against the applicant or a control affiliate in connection with a financial services-related activity?		<input type="checkbox"/>	<input type="checkbox"/>
(5) denied, suspended, or revoked the applicant's or a control affiliate's registration or license or otherwise, by order, prevented it from associating with a financial services-related business or restricted its activities?		<input type="checkbox"/>	<input type="checkbox"/>
D. Has the applicant's or a control affiliate's authorization to act as an attorney, accountant, or State or federal contractor ever been revoked or suspended?		<input type="checkbox"/>	<input type="checkbox"/>
E. Is the applicant or a control affiliate now the subject of any regulatory proceeding that could result in a "yes" answer to any part of 8C?		<input type="checkbox"/>	<input type="checkbox"/>
Civil Judicial Disclosure			
F. (1) Has any domestic or foreign court: (a) in the past ten years enjoined the applicant or a control affiliate in connection with any financial services-related activity?		<input type="checkbox"/>	<input type="checkbox"/>
(b) ever found the applicant or a control affiliate was involved in a violation of any financial services-related statute(s) or regulation(s)?		<input type="checkbox"/>	<input type="checkbox"/>
(c) ever dismissed, pursuant to a settlement agreement, a financial services-related civil action brought against the applicant or control affiliate by a State or foreign financial regulatory authority?		<input type="checkbox"/>	<input type="checkbox"/>
(2) Is the applicant or a control affiliate named in any pending financial services-related civil action that could result in a "yes" answer to any part of 8F(1)?		<input type="checkbox"/>	<input type="checkbox"/>
Financial Disclosure			
G. In the past ten years has the applicant or a control affiliate been a debt adjuster or a control affiliate of a debt adjuster that has been the subject of a bankruptcy petition?		<input type="checkbox"/>	<input type="checkbox"/>
H. Has a bonding company ever denied, paid out on, or revoked a bond for the applicant?		<input type="checkbox"/>	<input type="checkbox"/>
I. Does the applicant have any unsatisfied judgments or liens against it?		<input type="checkbox"/>	<input type="checkbox"/>
9. Operations			
Provide the name and address of each bank (or other financial institution) where accounts will be established to meet the requirements of: A. RSA 399-D:21, separate bank account for the benefit of creditors; and B. BAN 3702.02, debtors' trust account. Attach a separate sheet if necessary.		<input type="checkbox"/>	<input type="checkbox"/>
Name/Bank or Financial Institution	Account Number	Company's Address	Zip

ATTACHMENTS REQUIRED TO BE FILED AS PART OF THE APPLICATION

BONDING

10. Debt Adjusters must submit a \$25,000 surety bond. We cannot accept copies of the bond; we must have the originally executed bond. The bond must be signed by three people: 1) an authorized officer of the company that is the applicant or licensee, 2) an individual with a power of attorney (attach a copy of the POA) who may sign on behalf of the surety company, and 3) [the counter-signature] an insurance agent of the surety company who is duly licensed by the New Hampshire Insurance Department (does not have to be a resident agent; any NH licensed agent of the company may sign). All three signature lines must be originally signed.

Copies of the bond form are attached to this application form and are found on our website at www.nh.gov/banking/consumer.html

Provide name and telephone number of insurance agent to contact regarding the bond:

_____ (Name)

_____ (Telephone)

FORM U-2, UNIFORM CONSENT TO SERVICE OF PROCESS

11. Attach Form U-2 (see form and instructions that are attached to this application form).

ORGANIZATION AND QUALIFICATION PAPERS

- 12. A. *Applicants* organized under the laws of the State of NH must submit a copy of the Certificate of Formation issued by the NH Secretary of State. Foreign (not formed under NH law) corporations, foreign limited liability companies and foreign partnerships must provide a copy of their home state registration and proof of registration as a foreign corporation, foreign limited liability company or foreign partnership issued by the NH Secretary of State (Certificate of Authority; Telephone Number: 603-271-3244 or 603-271-3246; www.nh.gov/sos/corporate).
- B. *Applicants* must provide organizational documents as follows: corporations must submit a copy of their Articles of Incorporation and By-Laws and any amendments thereto; Partnerships must submit a copy of the Partnership or Limited Partnership Agreement and any amendments thereto; and Limited Liability Companies must submit copies of their Articles of Organization, any Management Agreements that exist, and any amendments to either.
- C. Foreign and domestic *applicants* who propose to use a trade name in NH must provide proof of trade name registration issued by the NH Secretary of State. (Telephone Number: 603-271-3244 or 603-271-3246) The “Owner” of the trade name listed on the registration must match the name of the “*Applicant*”. If these are not the same, ownership must be changed through the Secretary of State’s office.

FINANCIAL CONDITION

- 13. All *applicants* must submit financial statements; debt adjusters must maintain a positive net worth at all times. Submit:
 - A. Copies of the following that are prepared in accordance with generally accepted accounting principles by a public accountant, certified public accountant (audited statements are required if an audit was performed), or the *applicant's* financial officer who must include an attestation, signed under penalty of Unsworn Falsification pursuant to NH RSA 641:3, that the financial statements are true and accurate to the best of his or her belief and knowledge:
 1. Balance sheet as of the last fiscal year end and as of the most recent quarter end.
 2. Cash flow statement as of the last fiscal year end and as of the most recent quarter end.
 3. Income statement as of the last fiscal year end and as of the most recent quarter end.
 4. Note disclosures for the above.
 - B. Individuals, sole proprietors, partnerships, limited liability companies and corporations with 20 or fewer shareholders must also attach the *applicant's* most recent federal tax return.
 - C. Publicly traded corporations, and wholly owned subsidiaries of publicly traded corporations, may submit copies of their most recent SEC 10K and 10Q forms in lieu of financial statements required by 16A if the financial statements reflect the operations and financial position of the *applicant* itself.
 - D. If the financial statement is more than 6 months old, additionally provide an interim balance sheet and income statement as of the *applicant's* last quarter end.

DEBT ADJUSTER CONTRACTS

- 14. Attach specimen copies of all contracts and agreements that the *applicant* will use.

WARNING: Failure to keep this entire application/amendment licensing form current and to file accurate supplementary information on a timely basis, or otherwise to comply with the provisions of law pertaining to the conduct of business in New Hampshire violates the laws of New Hampshire and may result in disciplinary, administrative, injunctive or criminal action.

INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS MAY CONSTITUTE CRIMINAL VIOLATIONS.

THE PERSON NAMED AS THE CONTACT EMPLOYEE IN ITEM NO. 1,I OR AS THE PRINCIPAL LICENSING CONTACT NAMED IN ITEM NO. 1,J OF THIS APPLICATION FORM, MUST MAKE THE AFFIRMATION BELOW AND SIGN THE APPLICATION UNDER PENALTY OF UNSWORN FALSIFICATION, RSA 641:3: AFFIRMATION

I subscribe and affirm, under penalty of perjury, that the statements made in this application, including statements made in any accompanying papers, schedules and attachments have been examined by me and to the best of my knowledge and belief are true, correct and complete, and that I am duly authorized to execute this affirmation. I understand that any misrepresentation made to the banking department may result in denial or revocation of the license to which this form relates.

I agree, on behalf of the Applicant, that pursuant to NH RSA 399-D:15,VII, the Applicant will promptly report and amend documents and records on file with the New Hampshire Banking Department for any material changes (including but not limited to change in owners, officers, directors, managers including NH branch managers, address, form of organization, contact information, FYE, etc.). The report of an amendment must be filed within 30 days of the event that requires the filing of an amendment.

I acknowledge on behalf of the applicant that the applicant's business, if licensed, will be operated in accordance with the New Hampshire Revised Statutes Annotated and rules of the New Hampshire Banking Department, and further acknowledge that the New Hampshire Banking Department is authorized to conduct examinations of the business affairs and records of the applicant's licensed business at any time with or without notice, and that all books, papers, files, related material, and records of assets, whether electronically stored or otherwise, shall be subject to the Department's examination.

Date: _____ For _____
 (Print or type Applicant’s or Licensee’s name)

By _____
 (Print or type name of the authorized signatory)

Signature _____
 (Signed under penalty of Unsworn Falsification pursuant to NH RSA 641:3)

Title _____