State of New Hampshire

Banking Department

169 Manchester Street
Concord, New Hampshire 03301

Telephone: (603) 271-3561
FAX: (603) 271-1090

A. ROLAND ROBERGE
BANK COMMISSIONER

ALLAN N. JEANNOTTE
DEPUTY BANK COMMISSIONER

JEAN M. DOBBINS
CHIEF BANK EXAMINER

KATHLEEN L. BELANGER
ADMINISTRATOR, REGULATION & LICENSING

RAYMOND A. HEROUX
CONSUMER CREDIT ADMINISTRATOR

PD Final

Form 397-A-1

FIRST MORTGAGE BANKER/BROKER ANNUAL REPORT

READ INSTRUCTIONS CAREFULLY

FEB 6 1996
PM'& 2/5/96

INSTRUCTIONS

- ONLY INFORMATION REGARDING NEW HAMPSHIRE FIRST MORTGAGE LOANS SHOULD BE REPORTED ON THIS FORM. Don't double-count loans. List all 1995 loans brokered on Schedule A and all 1995 loans made on Schedule B.

- Fully completed reports must be postmarked on or before February l. Failure to file a fully completed report by February l shall result in a $25/day fine.

- Complete all items. DO NOT leave items blank. Reports with blank items will be returned for completion. Fines will be assessed based on the postmark date of completed reports. The department is under no obligation to review and return incomplete reports before the February 1 deadline.

- If you did not make or broker any New Hampshire loans during the reporting year, you must either provide the department with a WRITTEN statement to such effect which is postmarked on or before February 1,

OR

Utilize this form and make an affirmative statement that no such loans were made/brokered, (ie: "none", "O", "zero", etc.). DO NOT use "N/A", state "not applicable" or leave blank.

- Items requiring a numerical response which are marked "N/A" or "not applicable", or forms submitted with items left blank, will be considered incomplete, will be returned, and will be subject to fines if not completed and returned to this office on or before February 1.

- Fines will NOT be waived for failure to submit a fully completed report postmarked on or before February 1. Failure to submit a fully completed report shall be considered to be within the control of the licensee.

- If you held a license for any portion of the reporting year you must file a report, even if no loans were made or brokered. Failure to file will result in a $25/day fine.

- REPORTS TRANSMITTED VIA "FAX" WILL NOT BE ACCEPTED. LATE FILING FINES WILL BE ASSESSED UNLESS AN ORIGINAL SIGNED AND NOTARIZED REPORT FORM IS RECEIVED BY THIS OFFICE POSTMARKED ON OR BEFORE FEBRUARY 1.

Reporting Period Ended December 31, 19 95

Name of licensee FINANCIAL RESOURCES & ASSISTANCE, INC. License # 2503MB (for reporting period)

Trade name d/b/a (if applicable) _____

Place of business 15 Northview Drive (street) Meredith (city) NH (state) 03253 (zip)

Number of offices included 1 (If more than one office, attach sheet listing addresses of all offices included in this report.)

Type of business conducted: Mortgage Banker X Mortgage Broker X
(Check both if applicable.)

Company contact person Scott Farah Tel # (603) 279-1133

Address P.O. Box 1158, Meredith, NH 03253 Title President

SCHEDULE A
NH FIRST MORTGAGE LOANS BROKERED

	No. of NH Loans	$ Amount (Omit Cents)
NH first mortgage loans BROKERED during reporting year	61	5,533,750

SCHEDULE B
ANALYSIS OF NH FIRST MORTGAGE LOANS MADE

	No. of NH Loans	$ Amount (Omit Cents)
NH first mortgage loans MADE during reporting year	* _____	# _____
Total balances outstanding on Dec 31 for all NH first mortgage loans retained or serviced	_____	_____

SCHEDULE C
ANALYSIS OF NH FIRST MORTGAGE LOANS MADE BY NUMBER AND DOLLAR AMOUNT

NH first mortgage loans MADE during reporting year:

	No. of NH Loans	$ Amount (Omit Cents)
$ 1 thru $ 50,000	_____	$ _____
$ 50,001 thru $ 75,000	_____	_____
$ 75,001 thru $100,000	_____	_____
$100,001 thru $125,000	_____	_____
$125,001 thru $150,000	_____	_____
Over $150,000	_____	_____
Total NH first mortgage loans MADE	* _____	# $ _____

* Must agree
\# Must agree

AFFIDAVIT

I, Scott Funk, the undersigned, being the President of the Financial Resources Inc swear, that to the best of my knowledge and belief the information supplied on this form, including accompanying schedules and statements (if any) are true and correct.

[redacted]

State of New Hampshire
County of Belknap)ss

Subscribed and sworn to before me this 31st day of January, 19 96

[redacted]

Notary Public/Justice of the Peace

My commission expires _____

MAUREEN E. GLENNON, Notary Public
My Commission Expires September 6, 1999

Z 367 066 046

Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

PS Form 3800, March 1993

Sent to SCOTT FARAH	
FINANCIAL RESOURCES &	
& ASSISTANCE INC	
15 NORTHVIEW DR	
Postage MEREDITH NH 03253	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date 4/29/96 REVOKE LTR	

UNITED STATES POSTAL SERVICE

Official Business

MHT NH 03 05/01/96 18:52 DCR #3

PENALTY FOR PRIVATE USE, TO AVOID PAYMENT OF POSTAGE, $300

U.S. MAIL

MAY 2 1996

Print your name, address and ZIP Code here

STATE OF NEW HAMPSHIRE
BANKING DEPARTMENT
169 MANCHESTER STREET
CONCORD, NH 03301

Is your RETURN ADDRESS completed on the reverse side?

1a

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SCOTT FARAH
FINANCIAL RESOURCES AND
ASSISTANCE INC
15 NORTHVIEW DR
MEREDITH NH 03253

4a. Article Number
Z 367 066 04

4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
5-1-96

5. Signature (Addressee) [redacted]

6. Signature (Agent)
JJ Saltmarsh

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 *U.S. GPO: 1993—352-714 DOMESTIC RETURN RECEIPT

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CONSUMER CREDIT ADMINISTRATOR

April 29, 1996

CERTIFIED - RETURN RECEIPT REQUESTED

SCOTT FARAH
FINANCIAL RESOURCES AND ASSISTANCE INC
15 NORTHVIEW DR
MEREDITH NH 03253

Re: LICENSE REVOCATION NOTICE - Docket # 4-96-397A-2503

Dear Mr. Farah:

With respect to your license as a first mortgage banker and broker, you are hereby given notice of the following actions by the New Hampshire Banking Department:

Proposed revocation of license as a first mortgage banker and broker pursuant to RSA 397-A:17.

Pursuant to RSA 541-A:30, the facts or conduct upon which the New Hampshire Banking Department intends to base its actions are as follows:

1.) Failure to pay a fine of $100.00, assessed under the provisions of RSA 397-A:13, III for late filing of an annual report.

Further, in accordance with RSA 541-A:31, III, you are hereby given notice, as stated below, of an opportunity for an adjudicative proceeding to show compliance with all lawful requirements for the retention of your license.

ADJUDICATIVE PROCEEDING NOTICE

(a) A hearing shall be held on Thursday, May 16, 1996 at 3:30 PM at the offices of the New Hampshire Banking Department, 169 Manchester Street, Concord, New Hampshire.

(b) The hearing shall be held in accordance with RSA 541-A:30, II and RSA 397-A:17, and Chapter Ban 200 of the New Hampshire Code of Administrative Rules.

(c) The particular sections of statutes involved are: RSA 397-A:12, RSA 397-A:13, and RSA 397-A:17, I

The particular sections of rules involved are: Part Ban 2503-Annual Report

(d) Brief statement:

Financial Resources & Assistance, Inc has failed to pay a $100.00 fine assessed by the New Hampshire Banking Department for late filing of a 1995 annual report despite two notices from the department.

Please be advised that if you do not wish to contest the proposed license revocation, you may voluntarily surrender your license to the State of New Hampshire Banking Department prior to the scheduled hearing.

Alternatively, this action may be avoided by payment in full of the fine in the amount of $100.00 prior to the scheduled hearing.

Very truly yours,

Kathleen L. Belanger
Administrator, Industry Regulation
and Licensing

Enclosure
KLB/la

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Sorry for the MIXUP

April 29, 1996

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Kathleen L. Belanger[redacted]
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