



# State of New Hampshire

## Banking Department

169 Manchester Street  
Concord, New Hampshire 03301  
Telephone: (603) 271-3561  
FAX: (603) 271-1090

RECEIVED  
DEC 22 1997  
BANKING DEPT.

FORM 397-A-2  
**APPLICATION FOR FIRST MORTGAGE  
BANKER AND/OR BROKER LICENSE**  
License Year: 1998

**New and Renewal Application Fees**

Principal Office \$250.00    Each Branch Office \$250.00

Make Check Payable To:  
"STATE OF NEW HAMPSHIRE"

**FOR OFFICE USE ONLY**

Ck. # 20229  
Amt. \$ 250.<sup>00</sup>  
# Lics. 1  
Init's. [Redacted]  
Date 12/22/97

**INSTRUCTIONS :FULLY** complete all items. Incomplete applications will not be processed. Clearly number all attachments to correspond to the question for which the attachment provides a response. Provide company name and, if applicable, 1997 license number on all attachments. Ensure all forms are properly signed and notarized. Applications filed without payment will not be processed.

**APPLICATION STATUS**

*Renew 1998*

- Check one: New Application   
Renewal Application  (1997 License # 2503 MB)
- Check one: Application for a First Mortgage Banker license   
Application for a First Mortgage Broker license   
Application for BOTH a First Mortgage Banker AND Broker license

*Collected by Foreign Resources & Assistance of the Lakes Region Inc.*

**NAME AND IDENTIFICATION OF APPLICANT**

3. Name of Applicant: Financial Resources & Assistance, Inc.

3a. Will applicant do business under a trade name? NO If "yes", provide trade name and attach copy of trade name registration issued by NH Secretary of State

Trade Name: \_\_\_\_\_

3b. Applicant's federal tax ID number 02-0433840

**PRINCIPAL PLACE OF BUSINESS AND BRANCH LOCATIONS**

4a. Applicant's principal place of business (MUST be licensed - \$250 license fee must be enclosed) :

15 Northview Drive                      Meredith                      NH                      03253  
(Street Address)                                      (City)                                      (State)                                      (Zip)

PO Box 1158                                      Meredith                                      NH                                      03253  
(Mailing Address)                                      (City)                                      (State)                                      (Zip)

(603) 279-1133                                      (603) 279-5912  
(Telephone)    (Fax)

4b. Branch Offices:

ALL NH offices must be licensed (enclose \$250.00 fee for each NH office). If no NH offices, list all out-of-state locations where NH loans are processed, underwritten and/or serviced (enclose \$250.00 fee for each listed out-of-state location). Provide street and mailing addresses, name of manager, direct telephone number and fax number for each listed location. (Attach a separate sheet if necessary)

Address    Manager    Telephone    Fax

**EXECUTIVE OFFICER**

5. President, Chief Executive Officer or Senior Partner of Applicant:

Name Scott D. Garsh    Title: President

Business Address: Above    (603) 279-1133  
(Street)    (City)    (State)    (Zip)    (Direct Line Telephone)

Mailing Address: Above  
(Street)    (City)    (State)    (Zip)    (E-Mail Address)

**WORLD WIDE WEB ADDRESS**

6. Provide applicant's World Wide Web address, if applicable. If no world wide web address, indicate by stating "N/A", "None", "Not Applicable" or similar statement

http:// www. cyberportal.net/fra

**BONDING**

7. If "broker" or "banker and broker" is selected in item 2. on page 1, attach original \$20,000 surety bond or original continuation certificate. Provide expiration date of bond 12/31/98 (Must not expire prior to 12/31/98) Provide name and telephone number of insurance agent: (603) 224-2562 Rowley Agency, Inc.  
(Name) (Telephone)

**APPLICANT'S LEGAL STATUS**

8. Applicant is a: (check one) Corporation  Individual \_\_\_\_\_ Partnership \_\_\_\_\_  
Association \_\_\_\_\_ Other \_\_\_\_\_

If a corporation, provide date and state of incorporation, and attach a copy of Certificate of Incorporation.  
State: NH Date: 5/18/89

If corporation is not a NH corporation, attach a copy of certificate of registration as a foreign corporation issued by the NH Secretary of State.

**N.H. AGENT**

9. If applicant's principal place of business is NOT in New Hampshire, a New Hampshire agent must be designated:

Name of Agent: NA Telephone: \_\_\_\_\_  
Street Address of Agent (N.H.): \_\_\_\_\_  
Mailing Address of Agent: \_\_\_\_\_

**OWNERSHIP AND MANAGEMENT**

- 10. Attach a list of the names, business and residence addresses and titles of the applicant's principal shareholders (10% or more), senior officers (senior vice presidents and higher) and directors of a corporate applicant; the general partners of a general partnership; the general and limited partners of a limited partnership; the members of a limited liability company; or the trustees of a business trust. Scott D. Garsh, bus address same as company - Residence - [redacted]  
President 100% owner
- 11. Attach resumes or similar documents which indicate the lending and/or loan brokering experience of the applicant organization and the organization's officers and senior employees (senior vice president and higher). Publicly traded corporate applicants or the subsidiaries of publicly traded corporations, need not submit resumes.

**EXPERIENCE AND PAST CONDUCT**

- 12. Attach a list of all current lending and/or loan brokering licenses issued by any other state. Provide name of state, license type, license number and expiration date for each license held. None NC OK
- 13. Has applicant, or any of its owners, directors, partners, members, officers (Sr VP & higher) or managers ever had a lending or loan brokering license revoked, suspended or denied by this or any other state, or been the subject of any formal disciplinary proceeding? Yes \_\_\_\_\_ No  If yes, provide full details on a separate sheet.

14. Has the applicant or any of its owners, directors, partners, members, officers (Sr VP & higher) or managers ever been convicted of a felony? Yes \_\_\_\_\_ No  If "yes" furnish complete details, including dates, location, docket number, nature of crime, penalties, etc. on a separate sheet.

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FINANCIAL CONDITION

15. Financial Statements: Mortgage banker applicants must demonstrate a minimum net worth of \$100,000 in cash and marketable securities. Mortgage broker applicants are not required to submit a financial statement or tax return unless applying for both a broker and banker license. All mortgage banker applicants must submit the following:
- a. A copy of a compiled set of financial statements prepared by a public accountant, certified public accountant or applicant's financial officer, that include, at a minimum, a balance sheet, statement of cash flow and income statement as of most recent quarter end. Statements prepared by an applicant's financial officer must be signed by the preparer and notarized. Individuals, sole proprietors, partnerships, limited liability companies and closely held corporations (less than 20 shareholders) must attach copies of most recent federal income tax returns.
  - b. Publicly traded corporations and wholly owned subsidiaries of publicly traded corporations may submit copies of their or their parent corporation's most recent Securities and Exchange Commission 10K and 10Q forms, in lieu of financial statements required by paragraph a. above.

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MARKET

16. Indicate the percentage of loans made to borrowers that have:
- "A" credit (excellent credit, very little risk of default) 10 %
- "B" credit (good credit, low risk of default) 35 %
- "C" credit (fair credit, moderate risk of default) 35 %
- "D" credit and lower (poor credit, high risk of default) 20 %
17. Does the applicant offer any loan products that feature "balloon" payment provisions?  Yes \_\_\_\_\_ No

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OPERATIONS

18. Attach a detailed narrative description of your operations, including but not limited to, (1) how loans are funded, (2) name(s) loans are closed in, (3) if a broker, a list of all correspondent lenders, (4) applicant's target market/client base, (5) wholesale lending activities, (6) Fannie Mae, Freddie Mac and/or Ginny Mae approvals, if applicable, (7) policies and procedures for processing applications, underwriting and funding, servicing and discharging of mortgage loans. *We are mainly a mortgage brokerage firm. 95% of our loans are closed in correspondent lenders name.*
19. Does the applicant close loans with its own funds or are loans "table-funded"? table funded
20. List all offices of applicant where loan applications relating to NH real estate are processed. Give both street and mailing addresses: (Attach additional sheet if necessary) *Meredith*
- 15 Northview Drive  
PO Box 1158  
Meredith NH 03253*

21. List all offices of applicant where loan applications relating to NH real estate are underwritten. Give both street and mailing addresses: (Attach additional sheet if necessary)

*main office only*

22. List all offices of applicant where loans secured by NH real estate are serviced. Give both street and mailing addresses. (Attach additional sheet if necessary)

*main office only*

23. If loans secured by NH real estate are serviced by third parties, provide for each third party servicer (1) the name of the servicer, (2) the servicer's mailing and street address, (3) the servicer's telephone number and (4) the name and title of a senior officer: (Attach additional sheet if necessary)

*NA*

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⚡ DO NOT COMPLETE ITEMS 24 AND 25 UNLESS YOU ARE APPLYING AS A MORTGAGE BANKER AND ARE REQUESTING AUTHORIZATION TO ISSUE RATE LOCK COMMITMENTS

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RATE LOCK COMMITMENTS

24. If "banker" is checked in item 2. on page 1, are you requesting authorization to issue Rate Lock Commitments? NO  
(If "yes", complete item 25)
25. Attach copies of Federal National Mortgage Association ("FNMA"), Federal Home Loan Mortgage Corporation ("FHLMC") and/or Government National Mortgage Association ("GNMA") approvals, and an audited financial statement demonstrating \$500,000 net worth in cash and marketable securities.

OR

If the applicant is a wholly-owned subsidiary of a publicly traded company, attach the most recent common stock rating available at the time of application demonstrating that the parent corporation's common stock is rated among the four highest categories by Standard and Poor's Corporation, Fitch Investors Service or Valueline Investment Survey; AND attach a written commitment from the parent corporation guaranteeing that the parent corporation will protect borrowers from losses resulting from the applicant/subsidiary mortgage banker's failure to honor its rate-lock commitments.

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NAME, TITLE AND DIRECT TELEPHONE NUMBER OF PERSON COMPLETING APPLICATION:

<i>Scott Garab</i>	<i>President</i>	<i>(603) 279-1133</i>
(Name)	(Title)	(Direct Telephone No.)

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AFFIRMATION

I subscribe and affirm, under penalty of perjury, that the statements made in this application, including statements made in any accompanying papers, 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.

Date: 12/19/97

Financial Resources & Assistance Inc.  
(Applicant)

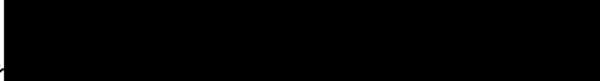
By 

Title President

State of N.H. )  
County of Bellows Falls ) SS.

Personally appeared the above named applicant Financial Resources & Assistance Inc., by  
Scott D. Farah, its President,  
(Name) (Title)

hereunto duly authorized, and acknowledged that the foregoing statements by him/her subscribed to be true.

Dated at Merrimack N.H., before me,   
Justice of the Peace/Notary Public

this 19th day of December 1997.

**MAUREEN E. GLENNON, Notary Public**  
My Commission Expires September 6, 1998

My Commission expires \_\_\_\_\_

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**Applications must be received by the Banking Department by DECEMBER 1, 1997.  
The Bank Commissioner may take up to 120 days to approve or deny an application.  
Application fees are NON-REFUNDABLE.**

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# State of New Hampshire

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### AUTHORIZATION RELEASE FORM FOR NON-DEPOSITORY LENDERS

**INSTRUCTIONS:** To be completed by each senior officer (senior vice president and higher), director, partner, trustee and owner of 10% or more of the applicant. This form may be duplicated. Publicly traded corporations, and the wholly owned subsidiaries of publicly traded corporations, may submit the company's or the parent corporation's most recent U.S. Securities and Exchange Commission Form 10-K and 10-Q in lieu of this authorization.

Submitted in connection with an application made for a non-depository lender and/or broker license application pursuant to RSA 397-A, 398-A, 399-A and/or 361-A by:

Financial Resources & Assistance, Inc.

(Name of License Applicant)

Scott D. Farah, Owner / President

(Name of Officer, Owner, Director, Partner, Trustee)

I hereby authorize the State of New Hampshire Banking Department to request and receive reports of convictions for felonies and/or misdemeanors committed by me from any and all law enforcement officials, and further authorize that such information may be released to the State of New Hampshire Banking Department by such law enforcement officials upon presentation of this authorization, or a photostatic copy hereof. I understand that the State of New Hampshire Banking Department will utilize any information it receives as a result of this authorization solely for purposes of determining compliance with licensing standards set forth in RSA 397A, 398-A, 399-A and/or 361-A, as applicable, and that any information received by the State of New Hampshire Banking Department as a result of this authorization will be held confidential.

SCOTT D. FARAH

(Print or type name)

8/27/63

(Date of Birth)

[Redacted Signature]

(Signature)

12/19/97

(Date)

[Redacted Social Security Number]

(Social Security Number)

President

(Title)

Meredith NH

(City and State of Residence)

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )SS.

On this the 19th day of December, 19 97, before me, the undersigned officer, personally appeared Scott D. Farah, to me personally known (or satisfactorily proven to be), and acknowledged the foregoing authorization to be his or her voluntary act and deed.

[Redacted Notary Signature]

Notary Public/Justice of the Peace

My commission expires \_\_\_\_\_

MAUREEN E. GLENNON, Notary Public  
My Commission Expires September 5, 2000

#12

Oklahoma  
expires

Mtg Brokers license # MB116  
12/31/2000

North Carolina

See attached

MORTGAGE BROKER  
REGISTRATION CERTIFICATE



NO. B-1170

Main Office

Effective : 10/1/96

STATE OF NORTH CAROLINA

The North Carolina Commissioner of Banks certifies that

Financial Resources & Assistance of the Lakes Region, Inc.  
a Corporation  
15 Northview Drive  
Meredith, NH 03253

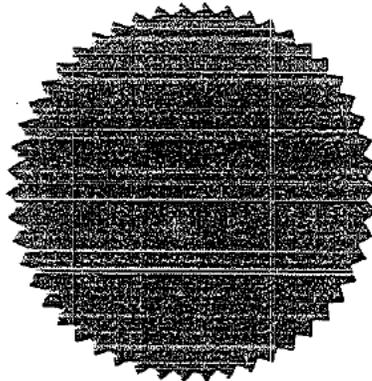
has complied with the registration requirements of G.S. 53-237 and can  
operate its business as a mortgage broker.

This certificate is valid only at the above location and may not be  
transferred.

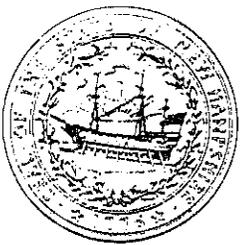
Witness my signature and Official Seal.



Hal D. Lingerfelt  
Commissioner of Banks



THIS CERTIFICATE SHALL BE PROMINENTLY POSTED AT ALL TIMES.



# State of New Hampshire

## Banking Department

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FAX: (603) 271-1090

A. ROLAND ROBERGE  
BANK COMMISSIONER  
ALLAN N. JEANNOTTE  
DEPUTY BANK COMMISSIONER  
PAUL E. BOURGALT  
CHIEF BANK EXAMINER

### RSA 397-A First Mortgage Broker Surety Bond

Bond Number 30512890

FINANCIAL RESOURCES & ASSISTANCE  
OF THE LAKES REGION, INC.

(Name of Licensee)

of 15 Northview Drive, Meredith

(Principal Business Address)

a Corporation, established under and by virtue of  
(Corporation, Individual, Partnership, etc.)

the laws of the State of New Hampshire 03253 as principal,

and FIDELITY AND DEPOSIT COMPANY OF MARYLAND

(Name and Address of Surety Company)

as surety, are bound to the State of New Hampshire and people of the State of New Hampshire for the term beginning at 12:00 A.M. on the 31st day of December, 19 97 and ending the 31st of December, 19 98 in the sum of Twenty Thousand Dollars, to be paid to the State of New Hampshire after due notice and hearing in accordance with the provisions of Chapter 541-A of the New Hampshire Revised Statutes Annotated, or to any person or persons who may have obtained final judgment from a court of competent jurisdiction in a cause of action against said principal under the provisions of Chapters 397-A, 358-K, 399-B, 399-C or 399-E New Hampshire Revised Statutes Annotated or common law.

The Condition of this surety bond is such that if the above FINANCIAL RESOURCES & ASSISTANCE  
OF THE LAKES REGION, INC.

(Name of Principal/Licensee)

of 15 Northview Drive, Meredith, NH who is or may be licensed to engage in a first mortgage  
(Principal Business Address)

business who is or may be licensed to engage in a first mortgage broker business under the provisions of Chapter 397-A of the New Hampshire Revised Statutes Annotated, shall conform to and abide by each and every provision of said law and to each and every provision of Chapters 358-K, 399-B, 399-C and 399-E of the New Hampshire Revised Statutes Annotated, shall pay to the State of New Hampshire after due notice and hearing in accordance with the provisions of Chapter 541-A of the New Hampshire Revised Statutes Annotated, and to any person or persons who may have obtained final judgment naming said principal from a court of competent jurisdiction, any and all moneys that may become due or owing to the State of New Hampshire and to such person or persons from the principal hereunder, under and by virtue of the provisions of the laws previously enumerated herein, then this obligation shall be void; otherwise it shall remain in full force and effect.

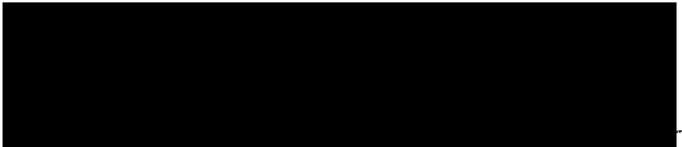
The Surety hereunder hereby agrees to provide written notification of the cancellation of this bond to the Bank Commissioner of the State of New Hampshire no later than 10 days prior to such cancellation.

Dated: December 31, 1997

FINANCIAL RESOURCES & ASSISTANCE  
OF THE LAKES REGION, INC.

(Name of Licensee)

  
Witness

By:   
(Signature)

Title: Scott D. Farah, President

  
Witness

FIDELITY AND DEPOSIT COMPANY OF MARYLAND  
(Signature)

Attorney in fact:   
William Ver Planck, Attorney-In-Fact

Power of Attorney  
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

HOME OFFICE, BALTIMORE, MD

KNOW ALL MEN BY THESE PRESENTS: That the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, a corporation of the State of Maryland, by C. M. PECOT, JR., Vice-President, and C. W. ROBBINS Assistant Secretary, in pursuance of authority granted by Article VI, Section 2, of the By-Laws of said Company, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, does hereby nominate, constitute and appoint Daniel E. Church, Paula J. Canfara, Bruce R. Langley, William Ver Planck, John P. Hughes, John M. Harbottle and John P. Gimmeny, all of Concord, New Hampshire, EACH, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: any and all bonds and undertakings.....

And the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Company, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the Company at its office in Baltimore, Md., in their own proper persons. This power of attorney revokes that issued on behalf of Daniel E. Church, et al, dated, January 30, 1992.

The said Assistant Secretary does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article VI, Section 2, of the By-Laws of said Company, and is now in force.

IN WITNESS WHEREOF, the said Vice-President and Assistant Secretary have hereunto subscribed their names and affixed the Corporate Seal of the said FIDELITY AND DEPOSIT COMPANY OF MARYLAND, this 7th day of April, A.D. 1992

ATTEST:



FIDELITY AND DEPOSIT COMPANY OF MARYLAND

Assistant Secretary

By

Vice-President

STATE OF MARYLAND  
CITY OF BALTIMORE

ss:

On this 7th day of April, A.D. 1992, before the subscriber, a Notary Public of the State of Maryland, in and for the City of Baltimore, duly commissioned and qualified, came the above-named Vice-President and Assistant Secretary of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and they each acknowledged the execution of the same, and being by me duly sworn, severally and each for himself depose and saith, that they are the said officers of the Company aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of said Company, and that the said Corporate Seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporation.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal, at the City of Baltimore, the day and year first above written.



CAROL J. FADER

Notary Public Commission Expires August 1, 1992

CERTIFICATE

I, the undersigned, Assistant Secretary of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the original Power of Attorney of which the foregoing is a full, true and correct copy, is in full force and effect on the date of this certificate; and I do further certify that the Vice-President who executed the said Power of Attorney was one of the additional Vice-Presidents specially authorized by the Board of Directors to appoint any Attorney-in-Fact as provided in Article VI, Section 2, of the By-Laws of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND.

This Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 16th day of July, 1969.

RESOLVED: "That the facsimile or mechanically reproduced signature of any Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed."

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seal of the said Company, this 31st day of December, 19 97

040-0850

Assistant Secretary

EXTRACT FROM BY-LAWS OF FIDELITY AND DEPOSIT COMPANY OF MARYLAND

"Article VI, Section 2. The Chairman of the Board, or the President, or any Executive Vice-President, or any of the Senior Vice-Presidents or Vice-Presidents specially authorized so to do by the Board of Directors or by the Executive Committee, shall have power, by and with the concurrence of the Secretary or any one of the Assistant Secretaries, to appoint Resident Vice-Presidents, Assistant Vice-Presidents and Attorneys-in-Fact as the business of the Company may require, or to authorize any person or persons to execute on behalf of the Company any bonds, undertakings, recognizances, stipulations, policies, contracts, agreements, deeds, and releases and assignments of judgements, decrees, mortgages and instruments in the nature of mortgages, . . . and to affix the seal of the Company thereto."

BOND No. 30512890

*Financials*

NAME OF AGENT The Rowley Agency, Inc.

# Fidelity and Deposit Company

HOME OFFICE OF MARYLAND BALTIMORE, MD. 21203

Application for Miscellaneous Bonds FOR JUDICIAL AND MISCELLANEOUS SURETY DEPARTMENT

(Do Not Use for Construction or Court Bonds)

Full Name of Applicant Financial Resources & Assistance of the Lakes Region, Inc.

(If Applicant is a Partnership, give Names of All Partners, If a Corporation, give Names of All Officers)

Address 15 Northview Drive, Meredith, NH 03253 Principal Office

Amount of bond required, \$ 20,000 Effective from December 31, 1996

Bond required by State of New Hampshire, Banking Department Address Concord, NH

State below fully the nature of the guarantee required, and transmit copies of all agreements or important papers pertinent to the bond applied for, as same will facilitate action on this application.

1st Mortgage Broker Bond

STATEMENT OF ASSETS AND LIABILITIES—Agents must have applicant show date of statement and complete it in detail, otherwise it will be returned. In lieu thereof a signed and dated statement of assets and liabilities of the applicant may be attached hereto.

DATE OF STATEMENT

### CURRENT ASSETS

Cash in [Redacted] (Name and Location of Bank)	30,000 00
" [Redacted] (Name and Location of Bank)	
Cash on hand	
Stocks, Bonds, etc., market value (Attach list)	
Accounts Receivable:	
Less than 30 days old \$ 38,000	
30-60 days old \$ 40,000	
Over 60 days old \$ 50,000	
TOTAL ACCOUNTS RECEIVABLE	128,000 00
Stock of Supplies, Inventory (State nature and amt.)	
Total (current)	

### CURRENT LIABILITIES

Notes Payable—to banks and others	
1 To [Redacted] \$ 45,000 due 3/30/97	
2 To [Redacted] \$ due	
3 To [Redacted] \$ due	
TOTAL NOTES PAYABLE	
How secured? 1 Unsecured	
2	
3	
Borrowed or due on stocks and bonds	
Accounts Payable:	
Not past due \$ 5,300.00	
Past due \$	50,300 00
TOTAL ACCOUNTS PAYABLE	
Income Taxes—Unpaid Balances and Reserves	
All Other Taxes and Accruals	
Total (current)	50,300 00

### FIXED ASSETS

Notes Receivable	200,000 00
Real Estate. (Give location and description, and appraised value of each parcel)	
1 \$	
2 \$	
3 \$	
4 \$	
TOTAL VALUE OF REAL ESTATE	
In whose name is title? 1 2 3 4	
Equipment at book value	
Other assets consisting of	
TOTAL ASSETS	328,000 00

### FIXED LIABILITIES

Borrowed or due on Real Estate (Give name of mortgage holder and amount of mortgage on each parcel)	
1 \$	
2 \$	
3 \$	
4 \$	
TOTAL AMOUNT OF MORTGAGES	
Mortgage(s) on equipment	
Other liabilities consisting of	
Capital stock	
Surplus and Undivided Profits	
Net Worth (if individual or partnership)	
TOTAL LIABILITIES	50,300 00

It is hereby agreed that any person, firm or corporation, and any financial institution may confirm any inquiry made by the Company or its representatives as to any statement made herein relative to moneys on deposit or borrowed money.

- State lines of business in which you are engaged and give particulars. *mortgage broker*
- Give particulars of any law suits, judgments or liens pending against you. *none*
- Amount of liability as endorser or surety for others \$ *none*
- Have you ever failed in business? *no*
- Have you arranged a bank loan for the purpose of handling this proposition? *no*

If so, state (Name of Bank) (Date It Must Be Repaid) (Security Given Bank for Repayment) (Amount of Loan)

Do you carry Fidelity Bonds on your employees who handle funds? *NA*

Give particulars in separate schedule as to any other Surety Bonds outstanding on your behalf as principal. Give below the names and addresses of persons or corporations acquainted with you in a business way

NAME	BUSINESS	CITY AND STREET ADDRESS

ROBERT D. FARAH  
President  
FINANCIAL RESOURCES, INC.  
15 Northview Drive  
Meredith, NH 03253

#### EDUCATION

Chartered Financial Consultant 1994  
Chartered Life Underwriter 1990  
Certificate in Life Insurance Planning 1989  
Certificate in Financial Planning 1988

[REDACTED]  
Estate Planning Training Course 1988  
Financial Products Training Course 1987

[REDACTED]  
Financial Planning Skills 1987  
The Life Underwriter Training Council LUTC  
District of Columbia, City of Washington

Double Major  
B.S. in Business Administration Cum laude 1985  
B.S. in American History Cum laude 1985

[REDACTED]  
Masters in Financial Sciences (in progress)  
[REDACTED]

#### EMPLOYMENT HISTORY

President  
Financial Resources, Inc.  
15 Northview Drive  
Meredith, NH 03253  
April 1989 - Present

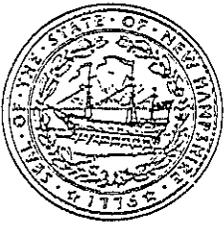
Financial Planner  
D.E. Dodge & Associates  
14 Country Club Road  
Laconia, NH 03246  
June 1986 - April 1989

Financial Planner  
[REDACTED]  
June 1985 - June 1986

#### OUTSIDE ACTIVITIES

Chairman of Finance Committee  
Center Harbor Christian Church  
Center Harbor, NH

Adult Bible Class Teacher  
Center Harbor Christian Church  
Center Harbor, NH



# State of New Hampshire

## Banking Department

169 Manchester Street  
Concord, New Hampshire 03301  
Telephone: (603) 271-3561  
FAX: (603) 271-1090

KATHLEEN L. BELANGER  
ADMINISTRATOR, REGULATION & LICENSING  
RAYMOND A. HEROUX  
CONSUMER CREDIT ADMINISTRATOR

A. ROLAND ROBERGE  
BANK COMMISSIONER  
ALLAN N. JEANNOTTE  
DEPUTY BANK COMMISSIONER  
JEAN M. DOBBINS  
CHIEF BANK EXAMINER

Date FEB 4, 1998

FINANCIAL RESOURCES & ASSISTANCE, INC.  
MR. SCOTT FARAH FIRST MORTGAGE BANK/BROKER  
To: P.O. Box 1152, applicant for a SECOND MORTGAGE license.  
MERRIMACK NH 03253 HOME LOAN  
License Year 1998 Type RENEWAL

The State of New Hampshire Banking Department has received your application for a license.

Your application cannot be processed for the reasons checked below and will remain in the department's "Pending File" until the indicated items are received, or until 60 days after this notice, whichever occurs first. If we do not receive the missing information within 60 days from the date of this notice, your application will be deemed withdrawn. If you wish to pursue licensing after that date, you will be required to file a new application, including a new payment of the application fee.

- Application fee not included
- Trade name certificate not attached
- Trade name is not registered to applicant
- List of Owners, Officers and Directors missing
- New Hampshire Agent not listed (include address)
- Original surety bond or continuation certificate in the amount of \$\_\_\_\_\_ missing.
- Registration as foreign corporation not attached
- Financial Statements incomplete or do not balance NOT SIGNED BY PREPARER & NOTARIZED
- Rate information not provided
- Personal Disclosure Statements missing
- Application unsigned by officer or applicant
- Application lacks notarization
- Servicer list for portfolio loans absent
- Application on incorrect or old form 1st mtg 2nd mtg
- List of other states in which lending licenses are held is missing
- Detail on narrative description of operations Q16 & Q17
- Statement as to license revocations, suspensions or denials missing
- Resumes of corporate officers not attached
- Detail on the following balance sheet item
- Other items REGISTRATION AS CORPORATION - SEC. OF STATE NH
- MORTGAGE BANKER BOND \$70,000 MIN. (SENT BOND)
- MOST RECENT TAX RETURN
- LIST OF CORP/AGENT LEADERS

Questions may be addressed to Raymond Heroux, Consumer Credit Administrator, at (603) 271-3561.

First Mortgage Banker/Broker Checklist

1996 Annual Report received yes  no

Overdue complaints? yes  no

Application fee remitted   
License type indicated 1st N/A BANKER/BROKER

Applicant name [Handwritten Name]  
If trade name, current and issued to applicant reviewed and OK N/A   
Tax ID

Address Complete, including phone/fax   
\$100 Branch fee remitted N/A \*  
Branch fee accurate N/A \*  
Branch addresses complete N/A \*

CEO & Title   
CEO Address, Phone, E-mail, Complete

WWW  \*

A. If broker or banker/broker, original bond or continuation certificate attached   
Bond correct amount   
Bond expires 12/31 2000   
Agent name and phone complete

→ B. If banker and less than 100K net worth, original bond attached \_\_\_\_\_  
If banker, bond correct amount \_\_\_\_\_  
Bond expires 12/31 \_\_\_\_\_  
Agent name and phone complete \_\_\_\_\_

Organization type indicated Corp   
State and Date of incorporation N/A 3/09  
→ Copy of Incorporation Certificate \_\_\_\_\_ \*  
Foreign Corporation registration N/A \*  
Resumes Reviewed and OK 1 \*

Agent Name, address, phone complete N/A \*

First Mortgage Banker/Broker Checklist

List of owners, officers, directors, partners, etc. ✓ \*

Resumes for each on directors list ✓ \*

Applicant (corporation) experience ✓ \*

License Other states list ✓ \*

State, License #, License type, Expiration date indicated for each ✓ \*

Revocation/suspension item completed ✓

Disclosure Activity Reviewed and ok ✓

If answer is yes, details attached N/A \*

Criminal convictions completed ✓

If answer is yes, details attached N/A \*

Criminal convictions reviewed and ok ✓

If details attached include dates, location, docket #, nature, penalties ✓

Broker \_\_\_\_\_

Banker or Both (B)

10K/10Q or Financials Attached

% of each market share indicated ✓

Balloon loan, item completed ✓ (YES)

Operations Narrative attached \_\_\_\_\_

" " describes: how loans funded TABLE FUNDING

name each closing

correspondent brokers/lenders

correspondent listed \_\_\_\_\_

Reviewed for license & ok \_\_\_\_\_

Target market \_\_\_\_\_

Wholesale activities \_\_\_\_\_ \*

Policies for: processing applications \_\_\_\_\_

underwriting & funding \_\_\_\_\_

servicing \_\_\_\_\_

discharge \_\_\_\_\_

List of application processing offices attached ✓

List of underwriting offices attached ✓

List of servicing locations attached ✓ \*

REVERSE

First Mortgage Banker/Broker Checklist

Third party servicer: name N/A  
address \_\_\_\_\_  
phone \_\_\_\_\_  
senior officer title \_\_\_\_\_

Rate Lock auth. completed N/A  
Copies of FNMA/FHLMC/GNMA and Audited financials attached \_\_\_\_\_ \*  
Stock rating and parent guarantee attached \_\_\_\_\_ \*  
Rating and Guarantee reviewed and OK \_\_\_\_\_ \*

Name, Phone of Preparer indicated \_\_\_\_\_

Affirmation signed \_\_\_\_\_

Release Form

10K/10Q attached \_\_\_\_\_ or - Release form attached for each person listed in item 9 of application \_\_\_\_\_  
- Each form has applicant and individual's name indicated \_\_\_\_\_  
- Each form has DOB indicated \_\_\_\_\_  
- Each form has SS# indicated \_\_\_\_\_  
- Each form is signed \_\_\_\_\_  
- Each form is notarized \_\_\_\_\_

Background & Financial Disclosure Form

10K/10Q attached or No changes since last application indicated \_\_\_\_\_ or  
Background and Financial disclosure form attached for each person listed in item 9 of application \_\_\_\_\_  
If above is yes, item #14 signed \_\_\_\_\_  
If above is yes, item #14 notarized \_\_\_\_\_ Each name & address complete \_\_\_\_\_  
Each DOB indicated \_\_\_\_\_  
Each SS# indicated \_\_\_\_\_  
Place of Birth \_\_\_\_\_  
Driver's license# & state \_\_\_\_\_  
Applicant name \_\_\_\_\_  
License type \_\_\_\_\_  
Balance sheet complete \_\_\_\_\_

*NOT SIGNED & NOTARIZED!*

First Mortgage Banker/Broker Checklist

Balance sheet reviewed & OK \_\_\_\_\_  
Invest in applicant \_\_\_\_\_  
Loans to applicant indicated \_\_\_\_\_ \*  
If loans yes, note attached \_\_\_\_\_ \*  
Financing of investment indicated \_\_\_\_\_ \*  
Past bankruptcy indicated \_\_\_\_\_  
If previous bankruptcy, specifics indicated \_\_\_\_\_ \*  
Contingent Liabilities indicated \_\_\_\_\_ \*  
" " reviewed & OK \_\_\_\_\_  
Income statement complete \_\_\_\_\_  
" " reviewed & OK \_\_\_\_\_  
Employment history attached \_\_\_\_\_  
" " reviewed & OK \_\_\_\_\_  
Licenses held completed \_\_\_\_\_  
List of licenses attached \_\_\_\_\_  
List contains dates of assoc., title, co. name and address,  
duties, supervisor & reason for leaving \_\_\_\_\_ \*  
Disciplinary action completed \_\_\_\_\_  
If disciplinary yes, explain attached \_\_\_\_\_  
If disciplinary attached, include dates, state, reasons \_\_\_\_\_ \*  
Disciplinary action reviewed & OK \_\_\_\_\_  
Each Credit report reviewed & OK \_\_\_\_\_  
Each criminal report reviewed & OK \_\_\_\_\_  
Criminal convicts completed \_\_\_\_\_  
If yes, list attached \_\_\_\_\_  
List contains offense, sentence/penalty, court, docket #  
date \_\_\_\_\_  
Criminal conviction reviewed and OK \_\_\_\_\_  
Affirmation signed \_\_\_\_\_  
Affirmation notarized \_\_\_\_\_

FINANCIAL RESOURCES, INC.  
1158 Northview Drive  
Meredith, NH 03253

FINANCIAL STATEMENT  
As of March 1, 1998

CURRENT ASSETS

Cash on Hand and in Banks	\$ 30,000
Notes, Loans and Other Accounts Receivable	597,000
Real Estate	0
Equipment	45,000
Stocks	0
Other Assets	0
TOTAL ASSETS	\$ 672,000

CURRENT LIABILITIES

Notes, Loans and Other Accounts Payable	\$ 36,500
Real Estate Mortgages	0
Due on Equipment	4,300
Borrowed or Due on Stocks and Bonds	0
Other Debts & Liabilities	0
TOTAL LIABILITIES	\$ 40,800
TOTAL ASSETS	\$ 672,000
TOTAL NET WORTH	\$ 631,200

The above is correct and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Scott D. Farah, President

\_\_\_\_\_  
Notary

9/6/2000

March 3, 1998

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

3/3/98

FINANCIAL RESOURCES, INC.

15 NORTHVIEW DRIVE • P.O. BOX 1158 • MEREDITH, NH 03253  
(603) 279-1133 • FAX (603) 279-5912

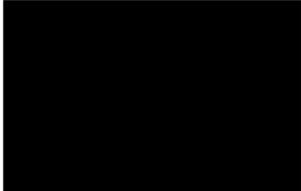
*First Mtg*

In answer to question 18 under Operations;

- 1) Loans are usually funded in the investor's name
- 2) Loans are usually closed in the investor's name
- 3) The correspondent lenders we do the majority of our business with are [REDACTED]
- 4) We have no specific target market
- 5) We do very little wholesale lending
- 6) We do not have Fannie Mae, Freddie Mac or Ginny Mae approval

7) We solicit loans via direct mail and referrals. Upon a client being preapproved via mail or telephone and accepting the terms of our loan proposal we send them a complete package including RESPA, TIL and loan application and request that they sign the RESPA, complete and sign the application, and send us additional data, ie, tax returns and recent pay stubs. In addition, we order an appraisal on the property. The majority of the time we have the client pay for the appraisal at the door. Upon receipt of the client's paperwork and the appraisal we prepare the package for submission. We then send the package to the investor who is most likely to approve the loan. If the investor denies the loan we will submit it to another investor in an attempt to always offer the borrower an option. If all investors deny the loan then we will send the borrower a denial letter. If the borrower is approved we request any additional conditions that the investor requires. Upon receipt of all conditions we send them to the investor for sign off. Once we have received a "clear to close" we call the attorney to schedule a closing. The loans are almost always closed in the investor's name.

LIST OF CORRESPONDENT LENDERS



State of New Hampshire  
Department of State

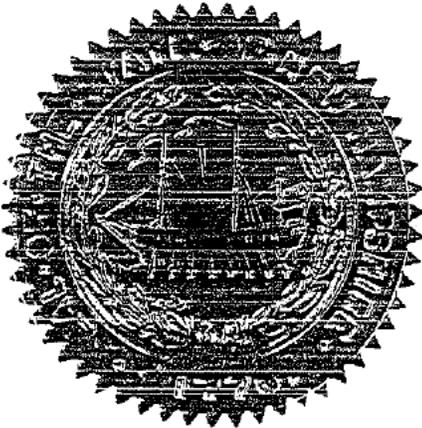
CERTIFICATE OF INCORPORATION

OF

FINANCIAL RESOURCES & ASSISTANCE OF THE  
LAKES REGION, INC.

The undersigned, as Deputy Secretary of State of the State of New Hampshire, hereby certifies that duplicate originals of Articles of Incorporation for the incorporation of FINANCIAL RESOURCES & ASSISTANCE OF THE LAKES REGION, INC., duly signed pursuant to the provisions of the New Hampshire Business Corporation Act, have been received in this office.

ACCORDINGLY the undersigned, as such Deputy Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Incorporation of FINANCIAL RESOURCES & ASSISTANCE OF THE LAKES REGION, INC. and attaches hereto a duplicate original of the Articles of Incorporation.



IN TESTIMONY WHEREOF, I hereto  
set my hand and cause to be  
affixed the Seal of the State  
of New Hampshire this 18th  
day of May, 1989

  
Robert P. Ambrose  
Deputy Secretary of State



# State of New Hampshire

## Banking Department

189 Manchester Street  
Concord, New Hampshire 03301

Telephone: (603) 271-8561  
FAX: (603) 271-1090

KATHLEEN L. BELANGER  
ADMINISTRATOR, REGULATION & LICENSING  
RAYMOND A. HEROUX  
CONSUMER CREDIT ADMINISTRATOR

A. ROLAND ROBERGE  
BANK COMMISSIONER  
ALLAN N. JEANNOTTE  
DEPUTY BANK COMMISSIONER  
JEAN M. DOBBINS  
CHIEF BANK EXAMINER

### RSA 397-A First Mortgage Banker Surety Bond

Bond Number 08112452

Financial Resources & Assistance  
of the Lakes Region, Inc.

(Name of Licensee)

of 15 Northview Drive, Meredith

(Principal Business Address)

a Corporation

(Corporation, Individual, Partnership, etc.)

established under and by virtue of

the laws of the State of New Hampshire 03253

as principal,

and Fidelity and Deposit Company of Maryland

(Name and Address of Surety Company)

as surety, are bound to the State of New Hampshire and people of the State of New Hampshire for the term beginning at 12:00 A.M. on the 23rd day of February, 19 98 and ending the 31st of December, 19 98 in the sum of Seventy Thousand ----- Dollars, to be paid to the State of New Hampshire after due notice and hearing in accordance with the provisions of Chapter 541-A of the New Hampshire Revised Statutes Annotated, or to any person or persons who may have obtained final judgment from a court of competent jurisdiction in a cause of action against said principal under the provisions of Chapters 397-A, 358-K, 399-B, 399-C or 399-E New Hampshire Revised Statutes Annotated or common law.

The Condition of this surety bond is such that if the above Financial Resources & Assistance  
of the Lakes Region, Inc.

(Name of Principal/Licensee)

of 15 Northview Drive, Meredith, NH 03253

(Principal Business Address)

who is or may be licensed to engage in a first mortgage

banker business under the provisions of Chapter 397-A of the New Hampshire Revised Statutes Annotated, shall conform to and abide by each and every provision of said law and to each and every provision of Chapters 358-K, 399-B, 399-C and 399-E of the New Hampshire Revised Statutes Annotated, shall pay to the State of New Hampshire after due notice and hearing in accordance with the provisions of Chapter 541-A of the New Hampshire Revised Statutes Annotated, and to any person or persons who may have obtained final judgment naming said principal from a court of competent jurisdiction, any and all moneys that may become due or owing to the State of New Hampshire and to such person or persons from the principal hereunder, under and by virtue of the provisions of the laws previously enumerated herein, then this obligation shall be void; otherwise it shall remain in full force and effect.

Page 3

The Surety hereunder hereby agrees to provide written notification of the cancellation of this bond to the Bank Commissioner of the State of New Hampshire no later than 10 days prior to such cancellation.

Dated: February 23, 1998

Financial Resources & Assistance  
of the Lakes Region, Inc.

(Name of Licensee)



Witness

By:



(Signature)

Scott D. Farah, President

Title: Fidelity and Deposit Company of Maryland



Witness

By:



(Signature)

William Ver Planck, Attorney-In-Fact

Attorney in fact: \_\_\_\_\_

Power of Attorney  
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

HOME OFFICE, BALTIMORE, MD

KNOW ALL MEN BY THESE PRESENTS: That the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, a corporation of the State of Maryland, by C. M. PECOT, JR., Vice-President, and C. W. ROBBINS, Assistant Secretary, in pursuance of authority granted by Article VI, Section 2, of the By-Laws of said Company, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, does hereby nominate, constitute and appoint Daniel E. Church, Paula J. Cantara, Bruce H. Langley, William Ver Planck, John P. Hughes, John M. Harbottle and John P. Lemmeny, all of Concord, New Hampshire, EACH..... its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, and as its act and deed: any and all bonds and undertakings.....

And the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Company, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the Company at its office in Baltimore, Md., in their own proper persons. This power of attorney revokes that issued on behalf of Daniel E. Church, et al, dated, January 30, 1992.

The said Assistant Secretary does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article VI, Section 2, of the By-Laws of said Company, and is now in force.

IN WITNESS WHEREOF, the said Vice-President and Assistant Secretary have hereunto subscribed their names and affixed the Corporate Seal of the said FIDELITY AND DEPOSIT COMPANY OF MARYLAND, this 7th day of April, A.D. 1992

ATTEST:



FIDELITY AND DEPOSIT COMPANY OF MARYLAND

Assistant Secretary

By

Vice-President

STATE OF MARYLAND  
CITY OF BALTIMORE

ss:

On this 7th day of April, A.D. 1992, before the subscriber, a Notary Public of the State of Maryland, in and for the City of Baltimore, duly commissioned and qualified, came the above-named Vice-President and Assistant Secretary of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and they each acknowledged the execution of the same, and being by me duly sworn, severally and each for himself depose and saith, that they are the said officers of the Company aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of said Company, and that the said Corporate Seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporation.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal, at the City of Baltimore, the day and year first above written.



CAROL J. FADER

Notary Public Commission Expires August 1, 1992

CERTIFICATE

I, the undersigned, Assistant Secretary of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the original Power of Attorney of which the foregoing is a full, true and correct copy, is in full force and effect on the date of this certificate; and I do further certify that the Vice-President who executed the said Power of Attorney was one of the additional Vice-Presidents specially authorized by the Board of Directors to appoint any Attorney-in-Fact as provided in Article VI, Section 2, of the By-Laws of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND.

This Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 16th day of July, 1969.

RESOLVED: "That the facsimile or mechanically reproduced signature of any Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed."

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seal of the said Company, this 23rd day of February, 1998

040-0850

Assistant Secretary

EXTRACT FROM BY-LAWS OF FIDELITY AND DEPOSIT COMPANY OF MARYLAND

"Article VI, Section 2. The Chairman of the Board, or the President, or any Executive Vice-President, or any of the Senior Vice-Presidents or Vice-Presidents specially authorized so to do by the Board of Directors or by the Executive Committee, shall have power, by and with the concurrence of the Secretary or any one of the Assistant Secretaries, to appoint Resident Vice-Presidents, Assistant Vice-Presidents and Attorneys-in-Fact as the business of the Company may require, or to authorize any person or persons to execute on behalf of the Company any bonds, undertakings, recognizances, stipulations, policies, contracts, agreements, deeds, and releases and assignments of judgements, decrees, mortgages and instruments in the nature of mortgages. . . . and to affix the seal of the Company thereto."

# U.S. Corporation Income Tax Return

For calendar year 1996 or tax year beginning \_\_\_\_\_, 1996, ending \_\_\_\_\_, 19 \_\_\_\_  
 > Instructions are separate. See page 1 for Paperwork Reduction Act Notice.

**1996**

<p><b>A</b> Check if a:</p> <p>1 Consolidated return (attach Form 951) <input type="checkbox"/></p> <p>2 Personal holding co. (attach Sch. PH) <input type="checkbox"/></p> <p>3 Personal service corp. (as defined in Temporary Regs. sec. 1.441-4T—see instructions) <input type="checkbox"/></p>	<p><b>Use IRS label. Otherwise, print or type.</b></p>	<p>Name <b>Financial Resources Inc</b></p> <p>Number, street, and room or suite no. (If a P.O. box, see page 6 of instructions.) <b>PO Box 1158</b></p> <p>City or town, state, and ZIP code <b>Meredith NH 03253</b></p>	<p><b>B</b> Employer identification number <b>0210433840</b></p> <p><b>C</b> Date incorporated <b>1989</b></p> <p><b>D</b> Total assets (see page 6 of instructions)</p>
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**E** Check applicable boxes: (1)  Initial return (2)  Final return (3)  Change of address

		a	b	c Bal	1c	
Income	1a	Gross receipts or sales			495233	
	2	Cost of goods sold (Schedule A, line 8)			2	
	3	Gross profit. Subtract line 2 from line 1c			495232	
	4	Dividends (Schedule C, line 19)			4	
	5	Interest			5	
	6	Gross rents			6	
	7	Gross royalties			7	
	8	Capital gain net income (attach Schedule D (Form 1120))			8	
	9	Net gain or (loss) from Form 4797, Part II, line 20 (attach Form 4797)			9	
	10	Other income (see page 7 of instructions—attach schedule)			10	
	11	<b>Total income.</b> Add lines 3 through 10			11	495233
Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (Schedule E, line 4)			12	
	13	Salaries and wages (less employment credits)			13	10333
	14	Repairs and maintenance			14	
	15	Bad debts			15	
	16	Rents			16	
	17	Taxes and licenses			17	
	18	Interest			18	31020
	19	Charitable contributions (see page 8 of instructions for 10% limitation)			19	
	20	Depreciation (attach Form 4562)		20		
	21	Less depreciation claimed on Schedule A and elsewhere on return		21a		21b
	22	Depletion			22	
	23	Advertising			23	6426
	24	Pension, profit-sharing, etc., plans			24	
	25	Employee benefit programs			25	
	26	Other deductions (attach schedule)			26	349871
	27	<b>Total deductions.</b> Add lines 12 through 26			27	488650
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11			28	6583
29	Less: a Net operating loss deduction (see page 10 of instructions)		29a			
	b Special deductions (Schedule C, line 20)		29b		29c	(154624)
30	<b>Taxable income.</b> Subtract line 29c from line 28			30	(48041)	
31	<b>Total tax</b> (Schedule J, line 10)			31	0	
Tax and Payments	32	a 1995 overpayment credited to 1996	32a			
		b 1996 estimated tax payments	32b			
	32c	c Less 1996 refund applied for on Form 4466				
		d Bal	32d			
	e	Tax deposited with Form 7004	32e			
	f	Credit from regulated investment companies (attach Form 2439)	32f			
	g	Credit for Federal tax on fuels (attach Form 4136). See instructions	32g			
	32h				32h	
	33	Estimated tax penalty (see page 11 of instructions). Check if Form 2220 is attached <input type="checkbox"/>			33	
	34	<b>Tax due.</b> If line 32h is smaller than the total of lines 31 and 33, enter amount owed			34	0
35	<b>Overpayment.</b> If line 32h is larger than the total of lines 31 and 33, enter amount overpaid			35		
36	Enter amount of line 35 you want: <b>Credited to 1997 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>			36		

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security number
Firm's name (or yours if self-employed) and address	2-6-97	EIN	
		ZIP code	

**Schedule A** Cost of Goods Sold (See page 11 of instructions.)

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach schedule)	4	
5 Other costs (attach schedule)	5	
6 Total. Add lines 1 through 5	6	
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	

9a Check all methods used for valuing closing inventory:

- (i)  Cost as described in Regulations section 1.471-3
- (ii)  Lower of cost or market as described in Regulations section 1.471-4
- (iii)  Other (Specify method used and attach explanation.) >

b Check if there was a writedown of subnormal goods as described in Regulations section 1.471-2(c)

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO 9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation?  Yes  No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation  Yes  No

**Schedule C** Dividends and Special Deductions (See page 12 of instructions.)

	(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations that are subject to the 70% deduction (other than debt-financed stock)		70	
2 Dividends from 20%-or-more-owned domestic corporations that are subject to the 80% deduction (other than debt-financed stock)		80	
3 Dividends on debt-financed stock of domestic and foreign corporations (section 246A)		see instructions	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs that are subject to the 70% deduction		70	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs that are subject to the 80% deduction		80	
8 Dividends from wholly owned foreign subsidiaries subject to the 100% deduction (section 245(b))		100	
9 Total. Add lines 1 through 8. See page 12 of instructions for limitation			
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11 Dividends from certain FSCs that are subject to the 100% deduction (section 245(c)(1))		100	
12 Dividends from affiliated group members subject to the 100% deduction (section 243(a)(3))		100	
13 Other dividends from foreign corporations not included on lines 3, 6, 7, 8, or 11			
14 Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15 Foreign dividend gross-up (section 78)			
16 IC-DISC and former DISC dividends not included on lines 1, 2, or 3 (section 246(d))			
17 Other dividends			
18 Deduction for dividends paid on certain preferred stock of public utilities			
19 Total dividends. Add lines 1 through 17. Enter here and on line 4, page 1			
20 Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on line 29b, page 1			

**Schedule E** Compensation of Officers (See instructions for line 12, page 1.)

Complete Schedule E only if total receipts (line 1a plus lines 4 through 10 on page 1, Form 1120) are \$500,000 or more.

(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of corporation stock owned		(f) Amount of compensation
			(d) Common	(e) Preferred	
1		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
2 Total compensation of officers					
3 Compensation of officers claimed on Schedule A and elsewhere on return					
4 Subtract line 3 from line 2. Enter the result here and on line 12, page 1					

**Schedule E Tax Computation** (See page 13 of instructions.)

1 Check if the corporation is a member of a controlled group (see sections 1561 and 1563)  **Important:** Members of a controlled group, see instructions on page 13.

2a If the box on line 1 is checked, enter the corporation's share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
 (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_

b Enter the corporation's share of:  
 (1) Additional 5% tax (not more than \$11,750) \$ \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000) \$ \_\_\_\_\_

3 Income tax. Check this box if the corporation is a qualified personal service corporation as defined in section 448(d)(2) (see instructions on page 13).  **3**

4a Foreign tax credit (attach Form 1118) **4a** \_\_\_\_\_

4b Possessions tax credit (attach Form 5735) **4b** \_\_\_\_\_

4c Check:  Nonconventional source fuel credit  QEV credit (attach Form 8834) **4c** \_\_\_\_\_

4d General business credit. Enter here and check which forms are attached:  
 3800  3468  5884  6478  6765  8586  8830  
 8826  8835  8844  8845  8846  8820  8847 **4d** \_\_\_\_\_

4e Credit for prior year minimum tax (attach Form 8827) **4e** \_\_\_\_\_

5 **Total credits.** Add lines 4a through 4e **5** \_\_\_\_\_

6 Subtract line 5 from line 3 **6** \_\_\_\_\_

7 Personal holding company tax (attach Schedule PH (Form 1120)) **7** \_\_\_\_\_

8 Recapture taxes. Check if from:  Form 4255  Form 8611 **8** \_\_\_\_\_

9 Alternative minimum tax (attach Form 4626) **9** \_\_\_\_\_

10 **Total tax.** Add lines 6 through 9. Enter here and on line 31, page 1 **10** \_\_\_\_\_

**Schedule K Other Information** (See page 15 of instructions.)

		Yes	No			Yes	No
1	Check method of accounting: a <input checked="" type="checkbox"/> Cash			7	Was the corporation a U.S. shareholder of any controlled foreign corporation? (See sections 951 and 957.)		X
	b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____				If "Yes," attach Form 5471 for each such corporation. Enter number of Forms 5471 attached _____		
2	See page 17 of the instructions and state the principal:			8	At any time during the 1996 calendar year, did the corporation have an interest in or a signature or other authority over a financial account (such as a bank account, securities account, or other financial account) in a foreign country?		X
a	Business activity code no. <u>7389</u>				If "Yes," the corporation may have to file Form TD F 90-22.1. If "Yes," enter name of foreign country _____		
b	Business activity <u>Mfg. &amp; Wholesale</u>			9	During the tax year, did the corporation receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see page 15 of the instructions for other forms the corporation may have to file		X
c	Product or service <u>Services</u>				If "Yes," see page 15 of the instructions for other forms the corporation may have to file		
3	Did the corporation at the end of the tax year own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).)		X	10	Did one foreign person at any time during the tax year own, directly or indirectly, at least 25% of: (a) the total voting power of all classes of stock of the corporation entitled to vote, or (b) the total value of all classes of stock of the corporation? If "Yes,"		X
	If "Yes," attach a schedule showing: (a) name and identifying number, (b) percentage owned, and (c) taxable income or (loss) before NOL and special deductions of such corporation for the tax year ending with or within your tax year.			a	Enter percentage owned _____		
4	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		X	b	Enter owner's country _____		
	If "Yes," enter employer identification number and name of the parent corporation _____			c	The corporation may have to file Form 5472. Enter number of Forms 5472 attached _____		
5	Did any individual, partnership, corporation, estate or trust at the end of the tax year own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see section 267(c).)		X	11	Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/>		
	If "Yes," attach a schedule showing name and identifying number. (Do not include any information already entered in 4 above.) Enter percentage owned _____				If so, the corporation may have to file Form 8281.		
6	During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See secs. 301 and 316.)		X	12	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
				13	If there were 35 or fewer shareholders at the end of the tax year, enter the number _____		
				14	If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here <input type="checkbox"/>		

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		434		17
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts	( )		( )	
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach schedule)				
7	Loans to stockholders				
8	Mortgage and real estate loans				
9	Other investments (attach schedule)				
10a	Buildings and other depreciable assets	2453		2453	
b	Less accumulated depreciation	( 2453 )	0	( 2453 )	0
11a	Depletable assets				
b	Less accumulated depletion	( )		( )	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	( )		( )	
14	Other assets (attach schedule)				
15	<b>Total assets</b>		434		17
<b>Liabilities and Stockholders' Equity</b>					
16	Accounts payable		25000		23000
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach schedule)				
19	Loans from stockholders				
20	Mortgages, notes, bonds payable in 1 year or more		130000		125000
21	Other liabilities (attach schedule)				
22	Capital stock: a Preferred stock				
	b Common stock				
23	Paid-in or capital surplus				
24	Retained earnings—Appropriated (attach schedule)		(154500)		(147983)
25	Retained earnings—Unappropriated				
26	Less cost of treasury stock	( )		( )	
27	<b>Total liabilities and stockholders' equity</b>		434		17

Note: You are not required to complete Schedules M-1 and M-2 below if the total assets on line 15, column (d) of Schedule L are less than \$25,000.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return (See page 16 of instructions.)			
1	Net income (loss) per books		7
2	Federal income tax		Income recorded on books this year not included on this return (itemize):
3	Excess of capital losses over capital gains		Tax-exempt interest \$
4	Income subject to tax not recorded on books this year (itemize):		
5	Expenses recorded on books this year not deducted on this return (itemize):		8
a	Depreciation \$		Deductions on this return not charged against book income this year (itemize):
b	Contributions carryover \$		a Depreciation \$
c	Travel and entertainment \$		b Contributions carryover \$
6	Add lines 1 through 5		9
			Add lines 7 and 8
			10
			Income (line 28, page 1)—line 6 less line 9

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)			
1	Balance at beginning of year	(154500)	5
2	Net income (loss) per books	76583	Distributions: a Cash
3	Other increases (itemize):		b Stock
			c Property
			6
			Other decreases (itemize):
			7
			Add lines 5 and 6

For the CALENDAR year 1996 or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_  
Mo Day Year Mo Day Year

**STEP 1**  
Place LABEL HERE  
Otherwise Please Print or Type

PROPRIETORSHIP - LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
PROPRIETORSHIP - SPOUSE'S LAST NAME	FIRST NAME & INITIAL	
CORPORATE, PARTNERSHIP, FIDUCIARY OR NON-PROFIT NAME		SPOUSE'S SOCIAL SECURITY NUMBER
NUMBER AND STREET ADDRESS		FEDERAL IDENTIFICATION NUMBER
CITY OR TOWN, STATE AND ZIP CODE		PRINCIPAL BUSINESS ACTIVITY CODE (Follow Federal Instructions)

*Financial Resources*  
*PO Box 1158*  
*Merridith NH 03253*  
*12-0433840*  
*7389*

**STEP 2**  
Return Type, Federal Information and Filing Requirement

ARE YOU REQUIRED TO FILE A BET RETURN: Yes \_\_\_ No    
 ARE YOU REQUIRED TO FILE A BPT RETURN: Yes \_\_\_ No    
 If you checked yes, please make sure the complete return is attached to the BT-Summary

CORPORATION  PARTNERSHIP  PROPRIETORSHIP  AMENDED RETURN  
 COMBINED GROUP  NON-PROFIT  FIDUCIARY  FINAL RETURN

Check here if the IRS has made any agreed or partially agreed to adjustments for any federal income tax return which has not been previously reported to-NH. Enter years covered by IRS \_\_\_\_\_ Submit changes under a separate cover.

**STEP 3** PLEASE COMPLETE THE BET AND/OR BPT RETURN(S) AND THEN BUSINESS TAX SUMMARY.

**STEP 4**  
Figure Your Balance Due or Overpayment

1 (a) Business Enterprise Tax Net of Statutory Credit	1 (a)	331	
(b) Business Profits Tax Net of Statutory Credits	1 (b)	130	
2 PAYMENTS:			1 461
(a) Tax paid with application for extension	2 (a)		
(b) Payments from 1996 estimated taxes	2 (b)		
(c) Payments carried over from prior year	2 (c)		
(d) Payments with original return (Amended returns only)	2 (d)		
3 TAX DUE (Line 1 less line 2)			2
4 ADDITIONS TO TAX:			3 461
(a) Interest (See instructions)	4 (a)		
(b) Failure to Pay (See instructions)	4 (b)		
(c) Failure to File (See instructions)	4 (c)		
(d) Underpayment of Estimated Tax (See instructions) Attach Form DP 2210/2220	4 (d)		
5 BALANCE DUE (Line 3 plus line 4). Make check payable to: State of New Hampshire. Enclose, but do not staple or tape, your payment with this return. If less than \$1 do not pay, but still file the return.			5 461
6 OVERPAYMENT (Line 2 less line 1, adjusted by line 4, if applicable)	6		
7 Apply overpayment amount of line 6 to: (a) The 1997 tax liability			7 (a)
(b) Refund - Please allow 12 weeks for processing			7 (b)

**THIS RETURN MUST BE ACCOMPANIED BY COMPLETE AND LEGIBLE COPIES OF THE APPROPRIATE FEDERAL FORMS AND SCHEDULES.**

**STEP 5**  
Signature(s)  
Under penalties of perjury, I declare that I have examined this summary and the attached returns, and to the best of my belief they are true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. If a combined group, I also certify that all affiliated companies are included in the appropriate group described in this return.

Signature	Signature of Paid Preparer Other Than Taxpayer
Title and Date	Preparer's Identification Number <i>8697</i> Date
Spouse's Signature and Date (PROPRIETORSHIP ONLY)	Preparer's Address
MAIL TO: _____	City or Town, State and Zip Code

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**BUSINESS ENTERPRISE TAX RETURN FOR CORPORATIONS, COMBINED  
 GROUPS, PARTNERSHIPS, FIDUCIARIES AND NON-PROFIT ORGANIZATIONS**

For the CALENDAR year **1996** or other tax year beginning                and ending                 
Mo Day Year Mo Day Year

**YOU ARE REQUIRED TO FILE THIS FORM IF GROSS RECEIPTS WERE GREATER THAN \$100,000  
 OR  
 THE ENTERPRISE VALUE TAX BASE WAS GREATER THAN \$50,000.**

STEP 1 Please Print or Type Name	CORPORATE, PARTNERSHIP, FIDUCIARY, PRINCIPAL NH BUSINESS ORGANIZATION OR NON-PROFIT NAME	FEDERAL IDENTIFICATION NUMBER	
	<i>Financial Resources</i>	<i>02-0433840</i>	
If your business activities are conducted both within and without New Hampshire AND the business organization is subject to a business privilege tax, a net income tax, a franchise tax based upon net income or a capital stock tax in another state, whether or not it is actually imposed by the other state, then the business enterprise must apportion its enterprise value tax base. Complete Form BET-80, or Form BET-80-WE for combined groups to determine the values for lines 1, 2 and 3. If you need Form BET-80, or Form BET-80-WE and it is not included in your booklet, it may be obtained by calling (603) 271-2192.			
STEP 2 Compute the Enterprise Value Tax Base.	1 Dividends Paid	1	
	2 Compensation and Wages Paid or Accrued	2	<i>101333</i>
	3 Interest Paid or Accrued	3	<i>31020</i>
	4 Enterprise Value Tax Base (Sum of lines 1, 2 and 3)	4	<i>132353</i>
STEP 3 Figure Your Tax	5 NH Business Enterprise Tax (Line 4 x .0025)	5	<i>331</i>
	6 RSA 162-L:8. Community Development Finance Authority Credit (See instructions)	6	
	7 Business Enterprise Tax Net of Statutory Credit (Line 5 less line 6. IF NEGATIVE, ENTER 0.)	7	<i>331</i>

**ENTER THE AMOUNT FROM LINE 7 ON LINE 1(a) OF THE BUSINESS TAX SUMMARY FORM.  
 IF YOU HAVE COMPLETED THIS RETURN IT MUST BE FILED WITH THE BT-SUMMARY.**



NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION CORPORATION BUSINESS PROFITS TAX RETURN



For the CALENDAR year 1996 or other tax year beginning and ending

Due Date for CALENDAR year filers is on or before March 17, 1997 or the 15th day of the 3rd month after the close of the fiscal period.

YOU ARE REQUIRED TO FILE THIS FORM IF YOUR GROSS BUSINESS INCOME WAS GREATER THAN \$50,000.

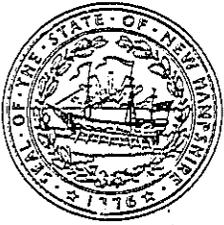
STEP 1 NAME OF CORPORATION: Financial Resources FEDERAL IDENTIFICATION NUMBER: 02-0433840

STEP 2 Questions: A Is the corporation filing its tax return on an IRS approved 52/53 week tax year? Yes No X B Does the corporation file with the IRS as part of a federal consolidated return? Yes No X C Does the corporation file as part of a unitary group in any other jurisdiction? Yes No X D Is this a "combined" business profits tax return? Yes No X

STEP 3 Figure Your Taxes: 1 Gross Business Profits (a) Taxable income (loss) before net operating loss deduction and special deductions (See instructions and attach copy of federal return).....1(a) 6583 (b) Separate entity or passive loss limitation adjustments (See instructions)1(b) (c) NH Gross Business Profits [Combine line 1(a) and line 1(b). If negative, show in brackets. See instructions for NOL carryforward provisions] ..... 1(c) 6583 2 Additions and Deductions (a) Add back income taxes or franchise taxes measured by income (Attach schedule of taxes by state)..... 2(a) (b) "Safe Harbor" or other similar leases (RSA 77-A:4-a and Rev 303.01) (Attach schedule showing computation) ..... 2(b) (c) NH Net Operating Loss Deduction (Attach Form DP-132) ..... 2(c) (d) Interest on US direct Obligations ..... 2(d) (e) Wage adjustment required by I.R.C. Section 280C ..... 2(e) (f) Deductible dividends (See instructions)..... 2(f) (g) Income exempt under federal constitutional law, net of related expenses (See instructions) ..... 2(g) (h) Distribution from joint venture or partnership subject to NH taxation (Attach schedule: Name, Federal I.D. No. and amount distributed) ..... 2(h) (i) Foreign dividend gross-up (I.R.C. Section 78) ..... 2(i) (j) Research contribution (See RSA 77-A:4 XII. Attach computation) ..... 2(j) (k) Contributions made to a Qualifying Venture Capital Fund ..... 2(k) (l) Add back return of capital from Qualifying Venture Capital Fund ..... 2(l) (m) Combine lines 2(a) through 2(l). If negative, show in brackets ..... 2(m) 3 Adjusted Gross Business Profits [Line 1(c) adjusted by line 2(m). If negative, show in brackets.] ..... 3 6583 4 New Hampshire Apportionment (Form DP-80, line 5. Express as a decimal to 6 places.) ..... 4 . 5 New Hampshire Taxable Business Profits (Line 3 x line 4. If negative, enter 0.)..... 5 6583 6 New Hampshire Business Profits Tax (Line 5 x 7%) ..... 6 461

STEP 4 Figure Your Credits: 7 Credits allowed under RSA 77-A:5 as shown on Form DP-160 ..... 7 8 Subtotal (Line 6 less line 7) ..... 8 461 9 Business Enterprise Tax Credit (See instructions) ..... 9 321 10 Business Enterprise Tax Credit to be applied against Business Profits Tax (Enter the lesser of line 8 or line 9) ..... 10 331 11 NH Business Profits Tax Net of Statutory Credits (Line 8 less line 10. IF NEGATIVE, ENTER 0.) ..... 11 130

ENTER THE AMOUNT FROM LINE 11 ON LINE 1(b) OF THE BUSINESS TAX SUMMARY FORM. IF YOU HAVE COMPLETED THIS RETURN IT MUST BE FILED WITH THE BT-SUMMARY.



# State of New Hampshire

## Banking Department

169 Manchester Street  
Concord, New Hampshire 03301

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

KATHLEEN L. BELANGER  
ADMINISTRATOR, REGULATION & LICENSING  
RAYMOND A. HEROUX  
CONSUMER CREDIT ADMINISTRATOR

A. ROLAND ROBERGE  
BANK COMMISSIONER  
ALLAN N. JEANNOTTE  
DEPUTY BANK COMMISSIONER  
JEAN M. DOBBINS  
CHIEF BANK EXAMINER

### LICENSE CONTACTS

MAR 13 1998

Enclosed is your 1998 license.  
Please complete this form and return it  
to Linda Austin at the above address.

=====

#### LICENSING

Licensee Name: Financial Resources, Inc  
License #(s): 5902-MB 5903-MHL  
License Type: MB MHL  
Contact Person: Scott Garah Title: Pres  
Direct Mailing Address: PO Box 1158  
Merroll NH 03253  
Direct Telephone No.: (603) 279-1133

=====

#### ANNUAL REPORT FILING

Contact Person: Scott Garah Title: Pres  
Direct Mailing Address: Same  
Direct Telephone No.: Same

=====

#### CONSUMER INQUIRIES

Contact Person: Same Title: \_\_\_\_\_  
Direct Mailing Address: Same  
Direct Telephone No.: Same