A. ROLAND ROBERGE
BANK COMMISSIONER

State of New Hampshire
Banking Department

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

RECEIVED
MAR 19 1998

FORM 399-A-2 (Rev. 1/98)

APPLICATION FOR SMALL LOAN LICENSE

License Year: 1998

FOR OFFICE USE ONLY	
Ck. #	20915
Amt. $	450.00
# Lics.	
Init's.	[redacted]
Date	3/19/98

New and Renewal Application Fees

$450.00 per location
(Only NH offices are eligible for licensing. Companies without a NH office may not engage in making small loans in NH. Each NH office/location must obtain a license.)

Make Check Payable To:
"STATE OF NEW HAMPSHIRE"

6082

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

1. Check one: New Application ____
Renewal Application ✓ (1997 License # 644-SM)

NAME AND IDENTIFICATION OF APPLICANT

2. Name of Applicant: Financial Resources, Inc

2A. 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: ____

2B. Applicant's federal tax ID number 02-0433840

NH BUSINESS LOCATION

3. Applicant may only lend from and accept loan applications at a New Hampshire office in order to qualify for a license. All New Hampshire locations must be separately licensed (Submit a separate application form for each New Hampshire location to be licensed) :

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

P.O. Box 1158 — Same
(Mailing Address) (City) (State) (Zip)

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

Scott Farah — President — none
(Name of Manager) (Title) (Direct Line Telephone)

Address of corporate headquarters: NA

Address Telephone Fax

EXECUTIVE OFFICER

4. (President), Chief Executive Officer or Senior Partner of Applicant:

Name Scott D. Farah Title: President

Business Address: Same
(Street) (City) (State) (Zip) (Direct Line Telephone)

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

WORLD WIDE WEB ADDRESS

5. 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

6. Attach original $5,000 surety bond or original continuation certificate. Provide expiration date of bond 3/31/99 (Must not expire prior to 3/31/99) Provide name and telephone number of insurance agent:
Lowley Agency / Rhonda Connor (603) 224-2562
(Name) (Telephone)
Orig sent to state 2/12/98

APPLICANT'S LEGAL STATUS

7. 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.

OWNERSHIP AND MANAGEMENT

8. Is applicant a publicly traded company or a wholly-owned subsidiary of a publicly traded company? ____ Yes ✓ No

If YES, attach most recent Securities and Exchange Commission Forms 10K and 10Q, and an organization chart that demonstrates in graphic form the applicant's relationship to parent company(s), affiliates and subsidiaries.

If NO, complete the following:

8A. 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 Farah 100% shareholder - Business address same. Residence [redacted]

8B. 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).

8C. Attach an organizational chart that demonstrates in graphic form the applicant company's relationship to parent company(s) , affiliates and subsidiaries, if any.
NA

EXPERIENCE AND PAST CONDUCT

9. 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. NC OK

10. Has the applicant or any of its owners, directors, partners, members, officers (Sr VP & higher) ever had a lending or loan brokering license suspended, revoked 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.

11. 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.

FINANCIAL CONDITION

12. Is applicant a publicly traded company or a wholly-owned subsidiary of a publicly traded company? ____ Yes ✓ No

If YES, attach copies of most recent Securities and Exchange Commission Forms 10-K and 10Q.
If NO, complete item 12A. below.

12A. Attach 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.

OPERATIONS

13. 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) a list of all correspondent brokers/retailers, (4) applicant's target market/client base, (5) wholesale lending activities, (6) policies and procedures for processing applications, underwriting and funding, servicing and discharging of loans.

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

15 Northview Drive PO Box 1158 Meredith, NH 03253

15. If NH loans 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)

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

Scott D. Farah	President	(603) 279-7133
(Name)	(Title)	(Direct Telephone No.)

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: 3/17/98

Financial Resources Inc
(Applicant)

By [redacted]

Title President

State of New Hampshire)
County of Belknap) SS.

Personally appeared the above named applicant Financial Resources Inc.

by Scott FARAH, its President,
(Name) (Title)

hereunto duly authorized, and acknowledged under penalty of perjury the foregoing statements by him/her subscribed to be true.

Dated at Meredith, NH, before me, [redacted]
~~Justice of the Peace~~/Notary Public

this 17th day of March 19 98.

My Commission expires 1-27-99

Applications should be received by the Banking Department by MARCH 15, 1998. The Bank Commissioner may take up to 120 days to approve or deny an application.

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

LICENSE CONTACTS

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): 6082-SM

License Type: SM

Contact Person: Scott Farah Title: Pres

Direct Mailing Address: PO Box 1158
Meredith 03253

Direct Telephone No.: (603) 279-7133

==========

ANNUAL REPORT FILING

Contact Person: Scott Farah Title: Pres

Direct Mailing Address: Same

Direct Telephone No.: Same

==========

CONSUMER INQUIRIES

Contact Person: Same Title:

Direct Mailing Address:

Direct Telephone No.:

Date of Issue: April 14, 1998

STATE OF NEW HAMPSHIRE

License No. 6082-SM

Office of the Bank Commissioner
169 Manchester Street
Concord, New Hampshire 03301

This is to certify that a license to engage in business as a

Small Loan Lender

is hereby issued to: Financial Resources Inc
at: 15 Northview Drive
Meredith, NH 03253
Type: Principal Office

in accordance with and subject to the provisions of New Hampshire Revised Statutes Annotated Chapter 399-A as amended and any regulations promulgated thereunder.

Unless sooner suspended, revoked or surrendered, this license expires: March 31, 1999

A. Roland Roberge
Bank Commissioner

This license is not transferable, and must be conspicuously displayed at the address indicated above, or if no New Hampshire location, at the office of the licensee's New Hampshire agent.

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

RSA 399-A
Small Loan
Surety Bond

Bond Number 08044284

Financial Resources & Assistance of the Lakes Region, Inc., of 15 Northview Drive, Meredith
(Name of Licensee) (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, Agency: P.O. Box 511, Concord, NH
(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 28th day of February, 19 98 and ending the 31st day of March, 19 99 in the sum of Five 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 399-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 who is or may be licensed to engage in a small
(Principal Business Address)

loan business under the provisions of Chapter 399-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.

TDD Access: Relay NH 1-800-735-2964

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 28, 1998

Financial Resources & Assistance of the Lakes Region, Inc.
(Name of Licensee)

[redacted]
Witness

By: [redacted]
(Signature)

Scott D. Farah, President

Title: President

[redacted]
Witness

Fidelity and Deposit Company of Maryland
(Signature)

Attorney in fact: [redacted]

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. Cantara, Bruce H. Langley, William Ver Planck, John P. Hughes, John M. Harbottle and John P. Timmeny, 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, etal, 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: SEAL FIDELITY AND DEPOSIT COMPANY OF MARYLAND

[redacted]
Assistant Secretary

By [redacted]
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 deposeth 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.

NOTARY PUBLIC

CAROL J. FADER [redacted]

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 28th day of February, 19 98

040-0850

[redacted]
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."

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

RSA 399-A
Small Loan
Surety Bond

DUPLICATE ORIGINAL (3/17/98)

Bond Number 08044284

Financial Resources & Assistance of the Lakes Region, Inc., of 15 Northview Drive, Meredith
(Name of Licensee) (Principal Business Address)

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

the laws of the State of New Hampshire 03253 as principal

and FIDELITY AND DEPOSIT COMPANY OF MARYLAND, Agency: P.O. Box 511, Concord, NH
(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 28th day of February, 19 98 and ending the 31st day of March, 19 99 in the sum of Five 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 399-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 who is or may be licensed to engage in a small
(Principal Business Address)

loan business under the provisions of Chapter 399-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.

TDD Access: Relay NH 1-800-735-2964

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 28, 1998

Financial Resources & Assistance of the Lakes Region, Inc.

(Name of Licensee)

[redacted]

Witness

By: [redacted]

(Signature)

Scott D. Farah, President

Title: President

[redacted]

Witness

Fidelity and Deposit Company of Maryland

(Signature)

Attorney in fact: [redacted]

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. Cantara, Bruce H. Langley, William Ver Planck, John P. Hughes, John M. Harbottle and John P. Timmeny, 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, etal, 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: SEAL FIDELITY AND DEPOSIT COMPANY OF MARYLAND

[redacted]

Assistant Secretary By [redacted] *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 deposeth 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.

NOTARY PUBLIC BALTIMORE CITY, MD

CAROL J. FADER [redacted]

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 28th day of February, 1998

040-0850

[redacted]

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."

A. ROLAND ROBERGE
BANK COMMISSIONER

State of New Hampshire

Banking Department

169 Manchester Street
Concord, New Hampshire 03301

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

SMALL LOAN LENDER APPLICATION

INSTRUCTIONS & INFORMATION

- All items on the application form must be filled in completely, and all attachments must be enclosed. Make certain that the applicant's name, and if a renewal, applicant's 1997 license number(s), appear on each attachment. Attachments must be numbered to correspond to the application question or item to which they respond. Inclusion of a list/index of attachments is strongly suggested.

- Enclose a $450 application fee for each location to be licensed.

- Incomplete or improperly completed applications will not be processed. If your application is incomplete you will receive ONE written notice of the missing items. Once notified, it is the applicant's responsibility to provide the missing information within 60 days of the date of the notice. Applications that remain incomplete 60 days after such notice will be deemed withdrawn by the applicant, and application fees will be forfeited.

APPLICATIONS SHOULD BE RECEIVED NO LATER THAN MARCH 15, 1998

Use ONLY the enclosed application forms. Applications submitted on old forms will not be processed and will be returned to the applicant.

IT IS STRONGLY RECOMMENDED THAT APPLICATIONS BE FILED VIA REGISTERED MAIL, EXPRESS MAIL OR OTHER DELIVERY MECHANISM THAT WILL PROVIDE YOU WITH A DATED, SIGNED RECEIPT OF DELIVERY

The following items are most frequently omitted from applications:

Failure to enclose ORIGINAL surety bond or continuation certificate in the proper amount. Small Loan Lenders must file an original $5,000 bond for each licensed location on the form supplied in the application package.

Applicants who propose to use a trade name must provide proof of trade name registration issued by the NH Secretary of State.

Financial statements must be consistent with the legal status of the applicant.

#7

State of New Hampshire
Department of State

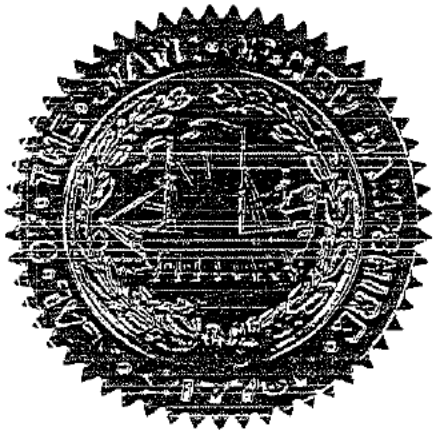
CERTIFICATE OF INCORPORATION

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

[redacted]

Robert P. Ambrose
Deputy Secretary of State

Form No. 13
RSA 293-A:55

#8B.

SCOTT 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

~~#~~ #9 page 3

Oklahoma Mtg Brokers license # MB116
expires 12/31/2000

North Carolina - see attached

#9

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.

[redacted]

Hal D. Lingerfelt
Commissioner of Banks

[redacted]

THIS CERTIFICATE SHALL BE PROMINENTLY POSTED AT ALL TIMES.

#12A

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.

[redacted]

Scott D. Farah, President — March 16, 1998 (Date)

[redacted]

Notary — March 16, 1998 (Date)

9/2/2000

#12A

Form **1120**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0123

1996

A Check if a:
1 Consolidated return (attach Form 851) ☐
2 Personal holding co. (attach Sch. PH) ☐
3 Personal service corp. (as defined in Temporary Regs. sec. 1.441-4T—see instructions) ☐

Use IRS label. Otherwise, print or type.

Name: Financial Resources Inc
Number, street, and room or suite no. (If a P.O. box, see page 6 of instructions.): PO Box 1158
City or town, state, and ZIP code: Meredith NH 03253

B Employer identification number: 02-0433845
C Date incorporated: 1989
D Total assets (see page 6 of instructions) $

E Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Change of address

Income	1a	Gross receipts or sales	b Less returns and allowances	c Bal ► 1c: 495233
	2	Cost of goods sold (Schedule A, line 8)		2:
	3	Gross profit. Subtract line 2 from line 1c		3: 495233
	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	**Total income.** 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: 103333
	14	Repairs and maintenance		14:
	15	Bad debts		15:
	16	Rents		16:
	17	Taxes and licenses		17:
	18	Interest		18: 31050
	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: 349271
	27	**Total deductions.** 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: (15463)
	30	**Taxable income.** Subtract line 29c from line 28		30: (148041)
	31	Total tax (Schedule J, line 10)		31: 0
Tax and Payments	32	Payments: a 1995 overpayment credited to 1996	32a:	
		b 1996 estimated tax payments	32b:	
		c Less 1996 refund applied for on Form 4466	32c: ( )	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:
	33	Estimated tax penalty (see page 11 of instructions). Check if Form 2220 is attached ► ☐		33:
	34	**Tax due.** If line 32h is smaller than the total of lines 31 and 33, enter amount owed		34: 0
	35	**Overpayment.** 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: **Credited to 1997 estimated tax** ►	**Refunded** ►	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 ► [redacted] Date 2-6-97 Check if self-employed ☐ Preparer's social security number [redacted]

Firm's name (or yours if self-employed) and address ► [redacted] EIN ► ZIP code ► [redacted]

Cat. No. 11450O

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) × (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 (d) Common	Percent of corporation stock owned (e) Preferred	(f) Amount of compensation
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 J 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
b Possessions tax credit (attach Form 5735) — 4b
c Check: ☐ Nonconventional source fuel credit ☐ QEV credit (attach Form 8834) — 4c
d General business credit. Enter here and check which forms are attached: — 4d
☐ 3800 ☐ 3468 ☐ 5884 ☐ 6478 ☐ 6765 ☐ 8586 ☐ 8830
☐ 8826 ☐ 8835 ☐ 8844 ☐ 8845 ☐ 8846 ☐ 8820 ☐ 8847
e 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
1	Check method of accounting: a ☒ Cash b ☐ Accrual c ☐ Other (specify) ▶		
2	See page 17 of the instructions and state the principal:		
a	Business activity code no. ▶ 7372		
b	Business activity ▶ Software		
c	Product or service ▶ Software		
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).) 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.		X
4	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter employer identification number and name of the parent corporation ▶		X
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).) If "Yes," attach a schedule showing name and identifying number. (Do not include any information already entered in 4 above.) Enter percentage owned ▶		X
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
7	Was the corporation a U.S. shareholder of any controlled foreign corporation? (See sections 951 and 957.) If "Yes," attach Form 5471 for each such corporation. Enter number of Forms 5471 attached ▶		X
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? If "Yes," the corporation may have to file Form TD F 90-22.1. If "Yes," enter name of foreign country ▶		X
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 16 of the instructions for other forms the corporation may have to file		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,"		
a	Enter percentage owned ▶		
b	Enter owner's country ▶		
c	The corporation may have to file Form 5472. Enter number of Forms 5472 attached ▶		
11	Check this box if the corporation issued publicly offered debt instruments with original issue discount ▶ ☐ If so, the corporation may have to file Form 8281.		
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 ▶ ☐		

Schedule L Balance Sheets per Books

Assets	Beginning of tax year (a)	Beginning of tax year (b)	End of tax year (c)	End of tax year (d)
1 Cash		424		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 Total assets		424		17
Liabilities and Stockholders' Equity				
16 Accounts payable		25005		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)				
25 Retained earnings—Unappropriated		(154583)		(147983)
26 Less cost of treasury stock		( )		( )
27 Total liabilities and stockholders' equity		424		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	Income recorded on books this year not included on this return (itemize): Tax-exempt interest $
2	Federal income tax		
3	Excess of capital losses over capital gains		
4	Income subject to tax not recorded on books this year (itemize):	8	Deductions on this return not charged against book income this year (itemize):
5	Expenses recorded on books this year not deducted on this return (itemize):	a	Depreciation $
a	Depreciation $	b	Contributions carryover $
b	Contributions carryover $		
c	Travel and entertainment $		
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	(154583)	5	Distributions: a Cash
2	Net income (loss) per books	16523		b Stock
3	Other increases (itemize):			c Property
			6	Other decreases (itemize):
		147983	7	Add lines 5 and 6

FORM
BT-SUMMARY

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

BUSINESS TAX SUMMARY

SEQUENCE # 1

1996

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

STEP 1 Place LABEL HERE Otherwise Please Print or Type

PROPRIETORSHIP - LAST NAME	FIRST NAME & INITIAL
PROPRIETORSHIP - SPOUSE'S LAST NAME	FIRST NAME & INITIAL
CORPORATE, PARTNERSHIP, FIDUCIARY OR NON-PROFIT NAME: Financial Resources	SOCIAL SECURITY NUMBER
NUMBER AND STREET ADDRESS: PO Box 1158	SPOUSE'S SOCIAL SECURITY NUMBER
CITY OR TOWN, STATE AND ZIP CODE: Meredith NH 03253	FEDERAL IDENTIFICATION NUMBER: 02-0433240
	PRINCIPAL BUSINESS ACTIVITY CODE (Follow Federal Instructions): 7229

STEP 2 Return Type, Federal Information and Filing Requirement

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

☒ ② CORPORATION -OR- ☐ ② COMBINED GROUP ☐ ③ PARTNERSHIP ☐ ⑤ NON-PROFIT ☐ ① PROPRIETORSHIP ☐ ④ FIDUCIARY ☐ AMENDED RETURN ☐ 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	1 461
2	PAYMENTS:		
(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)	2
3	TAX DUE (Line 1 less line 2)		3 461
4	ADDITIONS TO TAX:		
(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)	4
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

Title and Date

Spouse's Signature and Date (PROPRIETORSHIP ONLY)

MAIL TO: [redacted]

Signature of Paid Preparer Other Than Taxpayer [redacted]

Preparer's Identification Number [redacted] Date 8.6.97

Preparer's Address

City or Town, State and Zip Code

BT-SUMMARY

FORM
BET

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

SEQUENCE # 2

BUSINESS ENTERPRISE TAX RETURN FOR CORPORATIONS, COMBINED GROUPS, PARTNERSHIPS, FIDUCIARIES AND NON-PROFIT ORGANIZATIONS

For the CALENDAR year 1996 or other tax year beginning ___ ___ ___ (Mo Day Year) and ending ___ ___ ___ (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: Financial Resources	FEDERAL IDENTIFICATION NUMBER: 02-042385

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	101333	
	3 Interest Paid or Accrued	3	31020	
	4 Enterprise Value Tax Base (Sum of lines 1, 2 and 3)		4	132353
STEP 3 Figure Your Tax	5 NH Business Enterprise Tax (Line 4 x .0025)		5	331
	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	331

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.

[redacted]

Financial Resources 02043384[illegible]

Dues & Licenses	1478					
Fees	96643					
Insurance	29540					
Legal	6197					
Maint	18072					
Postage	11276					
Telephone	13702					
Utilities	10975					
Subs (1099)	97021					
Vehicle Exp	10637					
Client Fees	38554					
Mileage Reimb	3804					
Miscellaneous	42802					
Office Exp	18045					
Refunds	11125					
		349871				

FORM NH-1120

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
CORPORATION BUSINESS PROFITS TAX RETURN

SEQUENCE

For the CALENDAR year 1996 or other tax year beginning ____ (Mo) ____ (Day) ____ (Year) and ending ____ (Mo) ____ (Day) ____ (Year)

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 Please Print or Type

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

If the answer to "D" is yes, do not complete this return. You must file a NH-1120-WE return. Please call (603) 271-2192 to request a copy of the 1996 Business Tax Booklet for Combined Corporations.

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) 9 130

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.

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

In answer to question ~~12~~ 13 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.

#15

[redacted]

APPLICATION FOR SMALL LOAN LICENSE CHECKLIST
LICENSE YEAR: 1998
APPLICATION REVIEWED BY: K R Macik

ONLY NH OFFICES ARE ELIGIBLE FOR LICENSING

REVIEW DATE: 4/2/98

NAME OF APPLICANT: Financial Resources, Inc

1.	APPLICATION STATUS INDICATED (CIRCLE) NEW OR RENEWAL 1997 LICENSE NUMBER, IF APPLICABLE?		
2.	NAME OF APPLICANT COMPLETED?	✓	
2A.	DOES APPLICANT DO BUSINESS UNDER A TRADE NAME? YES OR NO		
	IF YES, COPY OF TRADE NAME REGISTRATION ISSUED BY NH SECRETARY OF STATE ATTACHED? DOES PERSON/CO. TRADE NAME ISSUED TO MATCH APPLICANT NAME?	N/A	
2B.	APPLICANT'S FEDERAL TAX ID NUMBER INDICATED?	✓	
3.	NH BUSINESS LOCATION FULLY COMPLETED? NH OFFICES ONLY. NO OUT OF STATE LOCATIONS ALLOWED. ALL NH LOCATIONS MUST BE SEPARATELY LICENSED ON SEPARATE APPLICATIONS.	✓	
	ADDRESS OF CORPORATE HEADQUARTERS COMPLETE IF APPLICABLE? (CAN'T DO NH SMALL LOAN BUSINESS HERE IF OUT OF STATE)	N/A	
4.	EXECUTIVE OFFICER INFORMATION FULLY COMPLETED? (NAME, TITLE, BUSINESS AND MAILING ADDRESS, PHONE, E-MAIL)	✓	
5.	WORLD WIDE WEB ADDRESS COMPLETE, IF APPLICABLE?	✓	
6.	$5,000 SURETY BOND ATTACHED? MUST HAVE SEPARATE BOND FOR EVERY NH LOCATION. MUST BE ORIGINAL-NO PHOTOCOPY SIGNATURES!	✓	
	NAME + TELEPHONE NUMBER OF INSURANCE AGENT INDICATED?	✓	
7.	LEGAL STATUS OF APPLICANT IS: (CIRCLE) CORPORATION INDIVIDUAL PARTNERSHIP ASSOCIATION OTHER		
	IF CORPORATION, DATE AND STATE OF INCORPORATION? COPY OF CERTIFICATE OF INCORPORATION ATTACHED?	✓	
	IF NOT A NH CORPORATION, COPY OF CERTIFICATE OF REGISTRATION AS FOREIGN CORPORATION ISSUED BY NH SEC. OF STATE ATTACHED?	N/A	
8.	IS APPLICANT PUBLICLY TRADED OR A WHOLLY-OWNED SUBSIDIARY OF A PUBLICLY TRADED COMPANY? (CIRCLE) YES OR NO		
	IF YES, ATTACH MOST RECENT SEC FORMS 10K + 10Q? IF NO, ITEMS 8A + 8B + 8C MUST BE COMPLETED.		
8A.	LIST OF NAMES, BUSINESS AND RESIDENCE ADDRESSES AND TITLES ACCORDING TO LEGAL STATUS OF APPLICANT?	✓	
8B.	RESUMES OR SIMILAR DOCUMENTS AS OUTLINED ON APPLICATION?	✓	
8C.	ORGANIZATIONAL CHART ATTACHED?	N/A	
9.	LIST OF ALL CURRENT LENDING AND/OR LOAN BROKERING LICENSES ISSUED BY ANY OTHER STATE ATTACHED?	✓	
10.	HAS LENDING OR LOAN BROKERING LICENSE BEEN REVOKED? Y OR N IF YES, ARE DETAILS PROVIDED ON SEPARATE SHEET? DETAILS REVIEWED? ANY REASON FOR BANKING DEPARTMENT TO DENY LICENSE?	N/A N	
11.	HAVE ANY PRINCIPALS EVER BEEN CONVICTED OF A FELONY? Y OR N IF YES, ARE DETAILS PROVIDED ON SEPARATE SHEET? DETAILS REVIEWED? ANY REASON FOR BANKING DEPARTMENT TO DENY LICENSE?	N N/A N	
12.	IS APPLICANT PUBLICLY TRADED OR A WHOLLY-OWNED SUBSIDIARY OF A PUBLICLY TRADED COMPANY? (CIRCLE) YES OR NO		
	IF YES, ATTACH MOST RECENT SEC FORMS 10K + 10Q? IF NO, ITEMS 12A MUST BE COMPLETED.	N/A	
12A.	FINANCIAL STATEMENTS FOR THE MOST RECENT QUARTER END. (BALANCE SHEET, INCOME STATEMENT, CASH FLOW STATEMENT)	✓	
	INTERNAL STATEMENTS SIGNED AND NOTARIZED?	✓	
	MOST RECENT FEDERAL INCOME TAX RETURNS FOR INDIVIDUALS, SOLE PROPRIETORS, PARTNERSHIPS, LLC'S, CLOSELY HELD CORPORATIONS	✓	
13.	NARRATIVE DESCRIPTION OF OPERATIONS ATTACHED? (1) HOW LOANS FUNDED (2) NAME(S) LOANS CLOSED IN (3) LIST OF CORRESPONDENT BROKERS/RETAILERS ARE THEY PROPERLY LICENSED? (4) TARGET MARKET/CLIENT BASE (5) WHOLESALE LENDING ACTIVITIES (6) POLICIES AND PROCEDURES FOR PROCESSING, UNDERWRITING, FUNDING, SERVICING, DISCHARGING	✓ ✓ ✓ ✓ ✓ ✓ ✓	
14.	LIST OF ALL OFFICES OF APPLICANT WHERE NH LOANS ARE SERVICED	✓	
15.	IF NH LOANS SERVICED BY THIRD PARTIES, (1) NAME OF SERVICER (2) SERVICER'S MAILING AND STREET ADDRESS (3) SERVICER'S TELEPHONE NUMBER (4) NAME AND TITLE OF A SENIOR OFFICER	✓ ✓ ✓ ✓	
	NAME, TITLE AND DIRECT TELEPHONE OF PERSON COMPLETING APPLICATION	✓	
	AFFIRMATION SIGNED AND DATED?	✓	
	AFFIRMATION NOTARIZED?	✓	
	MUST ALSO HAVE EITHER A OR B:		
A.	MOST RECENT SEC FORMS 10K + 10Q	N/A	
B.	AUTHORIZATION RELEASE FOR INDIVIDUALS LISTED IN 8A. (EITHER NEW FORMS AND/OR ALREADY ON FILE IN RAY'S OFFICE)	✓	
	PERSONAL FINANCIAL AND DISCLOSURE STATEMENT		
	ANY OUTSTANDING FINES? (CIRCLE) YES OR NO		
	ANY OVERDUE COMPLAINTS? (CIRCLE) YES OR NO		
	1997 ANNUAL REPORT RECEIVED?	✓	

State of New Hampshire

Banking Department

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

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, Inc
(Name of License Applicant)

Scott D. Farah
(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] 3/13/98
(Signature) (Date)

[redacted]
(Social Security Number)

President
(Title)

Meredith, NH
(City and State of Residence)

State of New Hampshire)
County of Belknap)SS.

On this the 17th day of March, 1998, 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 Public/~~Justice of the Peace~~

My commission expires 1-27-99

F:\lib\forms\LIC APP 98\CRIM CK AUTHOR 98

State of New Hampshire

Banking Department

169 Manchester Street
Concord, New Hampshire 03301

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

PERSONAL FINANCIAL and BACKGROUND DISCLOSURE STATEMENT
NON-DEPOSITORY LENDER

TO BE COMPLETED BY EACH PRINCIPAL/OWNER OF 10% OR MORE OF THE APPLICANT, AND EACH PARTNER, DIRECTOR AND/OR TRUSTEE.

THIS FORM IS REQUIRED OF ALL NEW APPLICANTS

THIS FORM IS NOT REQUIRED IF SUBMITTED IN CONNECTION WITH A RENEWAL APPLICATION AND [1] NO CHANGE IN OWNERS, PARTNERS, TRUSTEES AND/OR DIRECTORS HAS OCCURED SINCE 1997 LICENSE WAS ISSUED, AND [2] A SWORN STATEMENT TO THIS EFFECT [SEE ITEM #14 ON PAGE 5 OF THIS FORM] HAS BEEN SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT.

If no changes since last application, check here ✓ and complete Item 14.

PUBLICLY TRADED COMPANIES AND WHOLLY OWNED SUBSIDIARIES OF PUBLICLY TRADED COMPANIES MAY SUBMIT THE COMPANY'S OR THE PARENT COMPANY'S MOST RECENT SEC 10K & 10Q IN LIEU OF THIS FORM

☞ INSTRUCTIONS: Print or type all information. Complete all items. Attach additional sheets as necessary or indicated. This form may be duplicated if additional copies are required.

Date _____

1. IDENTIFYING INFORMATION:

Name _____

Home address: (do not use P.O. Box address)

Street _____ Apt. _____

City _____ State _____ Zip Code _____

Other names by which you have ever been known:

_____

Date of Birth ____/____/____ Social Security # _____

Place of Birth _____
(City) (State)

Drivers License # _____ State _____

2. APPLICANT INFORMATION:

Submitted in connection with application filed by:

_____
(Applicant)

License Type: **(Check all that apply)** 1st Mortgage Banker _____ 2nd Mortgage Banker _____

Sales Finance Co. _____ Small Loan _____ Debt Adjuster _____

3. EDUCATION:

Indicate last level attended: _____

Name and address of last institution attended:

_____

_____

_____

Degrees Received and Dates: _____

_____

List other relevant education on a separate sheet.

4. PERSONAL BALANCE SHEET:

ASSETS		LIABILITIES	
A) Cash on hand and in banks	$_____	I) Accounts payable	$_____
B) Notes, loans and other accounts receivable considered good and collectible	$_____	J) Notes payable to banks	$_____
C) Marketable securities	$_____	K) Notes payable to others	$_____
D) Real Estate	$_____	L) Real Estate Mortgages	$_____
		M) Interest and taxes due and unpaid	$_____
E) Automobiles	$_____	N) Other debts & liabilities	$_____
F) Net worth of business (Attach financial statement)	$_____		
		TOTAL LIABILITIES	$_____
G) Life insurance cash surrender value	$_____	TOTAL ASSETS	$_____
H) Other assets	$_____	TOTAL NET WORTH	$_____

Notes, accounts receivable, mortgages and other assets considered doubtful, and not included in above financial statement have an estimated value of $_____.

5. INVESTMENT IN APPLICANT:

A. Amount to be invested, or currently invested, in the business is $_____, which will represent _____% of the business.

B. Does any amount stated in item 5-A. above represent a loan from you to the license applicant?
_____Yes _____ No If Yes, attach copy of promissory note.

C. Investment set forth in item 5-A. above will be, or has been, financed in the following manner:

_____

_____

_____

6. FINANCIAL HISTORY:

Have you been an owner of 10% or more of any business entity that has filed for bankruptcy protection? _____

If yes, supply particulars:_____

_____

_____

_____

_____

7. CONTINGENT LIABILITIES:

In addition to the debts and liabilities listed above, I have endorsed, guaranteed, or am otherwise indirectly or contingently liable for the debts of others as follows:

Name & Address of Debtor/Obligator	Name & Address of Creditor/Obligee	Description of Collateral	Value of Collateral	Date Obligation Incurred and Due	Current Amount

8. STATEMENT OF INCOME:

	Current Year
Salaries, wages and commissions from employment	$_____
Income from dividends and interest	$_____
Net income from rents, royalties and investments	$_____
Other income	$_____
TOTAL INCOME	$_____
EXPENSES	$_____
NET INCOME	$_____

9. EMPLOYMENT:

Attach a separate sheet listing your work history, beginning with your current employment, and all businesses with which you have been involved, and/or all periods of unemployment for the last 10 years. Include all corporations, partnerships or any other business ventures in which you had an investment or interest of 10% or more, or with which you have been associated as an officer, director, or capacity influencing policy or management. Also include dates of association, job title, name and address of the business/employer, description of your duties/responsibilities, name of immediate supervisor and reasons for leaving.

10. LENDING HISTORY:

A. Have you ever applied for or been issued a license for lending or loan brokering by any other state, and have you or are you currently engaged in lending or loan brokering activities in any other state? _____ If yes, attach a separate sheet setting forth the license number(s), name of the state licensing authority and dates during which such lending or brokering activity occurred, and the dates the license was held.

B. Have you ever had a lending or brokering license revoked, suspended or denied by any other state licensing authority? _____ If yes, attach a separate sheet which indicates the dates, licensing authority, and reason(s) for revocation, suspension or denial.

11. GENERAL CHARACTER:

Have you ever been convicted of any felony or other offense involving breach of trust, theft, forgery, deception, false advertising, or fraudulent or dishonest dealing, or had a final judgment entered against you in a civil action upon grounds of fraud, misrepresentation, deceit or similar reason? _____ If yes, list on a separate sheet the type of offense or judgment, the name and address of the court before which the case was heard, docket #, the date of the conviction or judgment and the sentence, penalty or award ordered.

12. OTHER INFORMATION:

Attach a separate sheet indicating any other items of Personal History considered relevant by you.

13. AFFIRMATION:

I subscribe and affirm that the foregoing statements, including statements made in any accompanying papers, have been examined by me and to the best of my knowledge and belief are true, accurate and complete.

_____ _____
Signature Date

_____
Title

State of)
County of) SS.

On this the _____ day of _____, 19____, before me, the undersigned officer, personally appeared _____, to me personally known (or satisfactorily proven to be) the person whose name is affixed to the above disclosure statement, and made oath that the statements contained herein are true, accurate and complete to the best of his or her knowledge and belief.

_____
Notary Public/Justice of the Peace

My commission expires _____

TO BE COMPLETED ONLY IF APPLYING FOR A RENEWAL LICENSE, AND THE BOX IN THE INSTRUCTION SECTION ON PAGE 1 OF THIS FORM HAS BEEN CHECKED.

14. CERTIFICATION:

I hereby subscribe and affirm that no change in the owners, officers, partners, trustees and/or directors of Financial Resources Inc has occurred since an application was filed with the State of New Hampshire
(Name of Applicant)
Banking Department for a 1997 lender and/or broker license, and further state that I am duly authorized by said applicant to execute this certification.

[redacted]
Signature

3/17/98
Date

President
Title

State of New Hampshire)
County of Belknap) SS.

On this the 17th day of March, 1996, before me, the undersigned officer, personally appeared Scott D. Trask, to me personally known (or satisfactorily proven to be) the person whose name is affixed to the
(Name of Officer)
above certification, and made oath that the statements contained therein are true, correct and complete to the best of his or her knowledge and belief.

[redacted]
Notary Public/~~Justice of the Peace~~

My commission expires 1-27-99