



A. ROLAND ROBERGE
BANK COMMISSIONER

State of New Hampshire

Banking Department

56 Old Suncook Road
Concord, New Hampshire 03301

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

RECEIVED
MAR - 3 1999
BANKING DEPT.

FORM 399-A-2 (Rev. 1/99)
**APPLICATION FOR
SMALL LOAN LICENSE**
License Year: 1999/2000

RECEIVED
MAR - 3 1999
BANKING DEPT.

FOR OFFICE USE ONLY	
Ck. #	<u>0023595</u>
Amt. \$	<u>450.⁰⁰</u>
Rec'd By	██████ Date <u>3/2/99</u>

Entered By	██████ Date <u>3/9/99</u>
App. Complete	██████ Date <u>5/7/99</u>
Approved By	██████ Date <u>5/7/99</u>
Pr. Lic. #	<u>6082</u> Date Mailed <u>5-11-99</u>

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. Submit a separate application for each location.)

Make Check Payable To:
"STATE OF NEW HAMPSHIRE"

➡ **INSTRUCTIONS :TYPE OR CLEARLY PRINT.** Forms that are incomplete or not legible 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, 1998-1999 registration 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 (1998-1999 License # 6082 SM)

NAME AND IDENTIFICATION OF APPLICANT

2. Name of Applicant: FINANCIAL RESOURCES + ASSISTANCE, INC.

2a. Will applicant do business under a trade name? Yes No

If yes, provide trade name and attach a copy of trade name registration issued by NH Secretary of State:

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

NH BUSINESS LOCATION - (only New Hampshire addresses will be licensed)

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) :

<u>15 Northview Drive</u> (Street Address)	<u>Meredith</u> (City)	<u>NH</u> (State)	<u>03253</u> (Zip)
<u>P.O. Box 1158</u> (Mailing Address)	<u>Meredith</u> (City)	<u>NH</u> (State)	<u>03253</u> (Zip)
<u>(603) 279-1133</u> (Telephone)	<u>(603) 279-5912</u> (Fax)		
<u>Scott Farah</u> (Name of Manager)	<u>Pres</u> (Title)	<u>(603) 279-1133</u> (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 Farah Title: Pres

Business Address: Same 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/pra

BONDING

6. Attach original \$5,000 surety bond or original continuation certificate. Provide expiration date of bond 3/31/2000
 (Must not expire prior to 3/31/2000) Provide name and telephone number of insurance agent:
Rowley Agency (Name) (603) 224-2562 (Telephone)

Bond must expire at the end of each license period.
DO NOT USE MULTIPLE YEAR BONDS!

APPLICANT'S LEGAL STATUS

7. Applicant is a: (check one) Corporation Individual Partnership
 Limited Liability Company 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 Bus address - Same Residence

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.

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 MI WI See attached

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.

12b. 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. (a) How are loans funded?

See attachment for a-d

(b) Name(s) loans are closed in?

(c) Attach a list of correspondent brokers/retailers

List attached

(d) Policies and procedures for processing applications, underwriting and funding, servicing and discharging of loans

14. Attach a list of all offices of applicant where NH loans are serviced (include company name, address, telephone #'s and contact person for each) *only at 15 Northview Dr. Meredith, NH*

15. If NH loans are serviced by third parties, attach a list 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:

NA

PERSON COMPLETING APPLICATION:

Scott Farah

(Name)

President

(Title)

(603)279-1133

(Direct Telephone No.)

Same

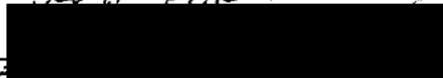
(Mailing Address)

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: 2/23/99

Financial Resources, Inc
(Applicant)

By SCOTT FARAH


Title President

State of New Hampshire
County of Belknap) ss.

Personally appeared the above named applicant Scott Farah
by Financial Resources, Inc 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 2/23/99, before me Meredith NH 
Justice of the Peace/Notary Public

this 23 day of February 19 99.

MICHELLE S. BOTKIN, Notary Public
My Commission Expires December 18, 2001

My Commission expires _____

Applications should be received by the Banking Department by MARCH 15, 1999.
The Bank Commissioner may take up to 120 days (from the date all items have been received and any outstanding issues are resolved) 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

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 399-A Small Loan Surety Bond

Bond Number LPM 8044284

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
(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 March, 19 99 and ending the 31st day of March, ~~2000~~ 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.

FINANCIAL RESOURCES & ASSISTANCE
OF THE LAKES REGION, INC.

The Condition of this surety bond is such that if the above

(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.

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. Wisniewski, 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**
 _____ By _____
Assistant Secretary *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 March, 1999

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.”

7A

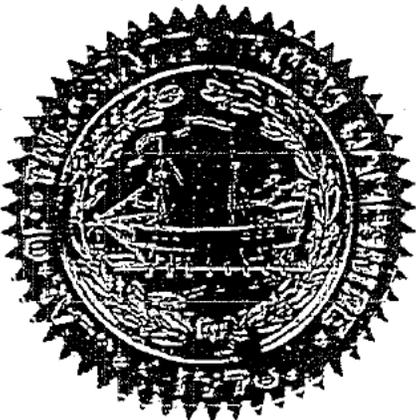
State of New Hampshire
Department of State

CERTIFICATE OF INCORPORATION
OF

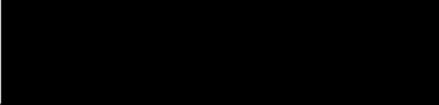
FINANCIAL RESOURCES & ASSISTANCE OF THE
LAKES REGION, INC.

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

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)

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 Michigan



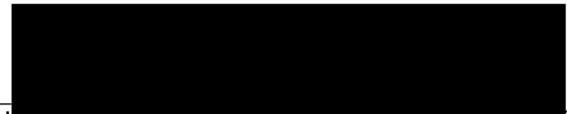
License No. FL-1361

Department of Consumer and Industry Services
Financial Institutions Bureau
Lansing, Michigan

This is to certify that, effective as of September 24, 1998

FINANCIAL RESOURCES & ASSISTANCE OF THE LAKES REGION, INC.
15 Northview Drive
Meredith, NH 03253

is hereby duly LICENSED as a Mortgage Broker in the State of Michigan in accordance with the provisions of Act No. 173, Public Acts of 1987, as amended, the Mortgage Brokers, Lenders, and Servicers Licensing Act. This License is not transferable or assignable.



Commissioner Patrick M. McQueen

September 28, 1998

Date

This certificate shall be conspicuously displayed in the place of business specified herein.

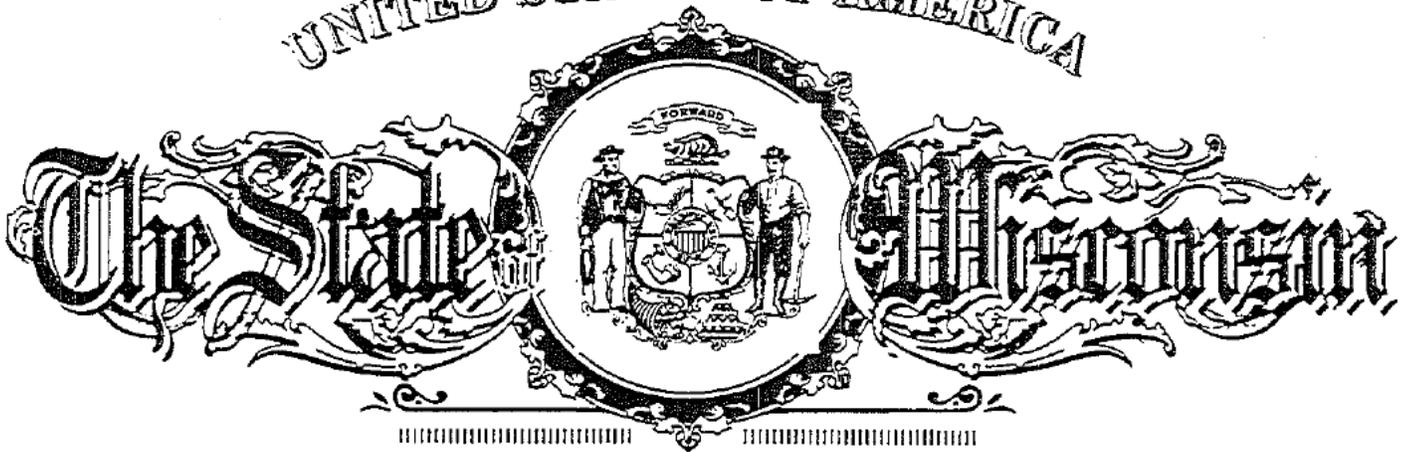


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Pg 3

Financial Resources, Inc

608254

UNITED STATES OF AMERICA



DEPARTMENT OF FINANCIAL INSTITUTIONS

SCOTT D. FARAH

having complied with the requirements set forth under Section 224.72 of the Wisconsin Statutes, is hereby granted a certificate of registration as a

LOAN ORIGINATOR

in accordance with and subject to the provisions of said Section 224.72 and all acts amendatory thereto.

A loan originator may transfer employment to another registered mortgage banker by completing an application form prescribed and provided by the department, and paying the transfer fee specified under 224.72(8)(d).

This license cannot be assigned, and having complied with the requirements set forth under Section 224.72(7), continues in effect until terminated.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department of Financial Institutions. Done at my office in the City of Madison, WI this 21st day of September, 1998.




RICHARD L. DEAN, SECRETARY
DEPARTMENT OF FINANCIAL INSTITUTIONS

License No. 8187

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

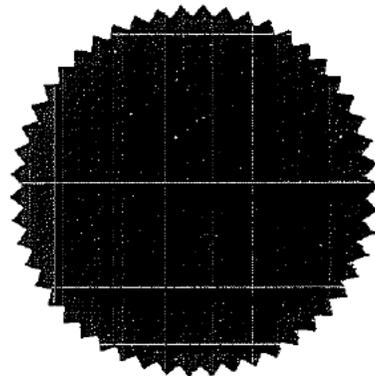
has complied with the registration requirements of G.S. 53-237 and can
operate its business as a mortgage broker.

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 OKLAHOMA



OFFICE OF THE ADMINISTRATOR OF THE DEPARTMENT OF CONSUMER CREDIT

1998-2000

MORTGAGE BROKER LICENSE

1998-2000

THIS LICENSE MUST BE PROMINENTLY DISPLAYED AT LOCATION LISTED BELOW

LICENSE NUMBER MB 116

FINANCIAL RESOURCES & ASSISTANCE, INC.
3908 SOUTH 93RD EAST AVENUE
TULSA OK 74145

Administrator

Expires 12-31-2000

<http://www.state.ok.us/~okdcd/>

THIS LICENSE NOT TRANSFERABLE OR ASSIGNABLE

12a.

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

BALANCE SHEET
As of September 30, 1998

CURRENT ASSETS

Cash on Hand and in Banks	\$ <u>29,942</u>
Notes, Loans and Other Accounts Receivable	<u>614,000</u>
Real Estate	<u>0</u>
Equipment	<u>45,000</u>
Stocks	<u>0</u>
Other Assets	<u>0</u>

TOTAL ASSETS

\$ 688,942

CURRENT LIABILITIES

Notes, Loans and Other Accounts Payable	\$ <u>42,600</u>
Real Estate Mortgages	<u>0</u>
Due on Equipment	<u>4,100</u>
Borrowed or Due on Stocks and Bonds	<u>0</u>
Other Debts & Liabilities	<u>0</u>

TOTAL LIABILITIES

\$ 46,700

TOTAL ASSETS

\$ 688,942

TOTAL NET WORTH

\$ 642,242

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

[Redacted Signature]
Scott D. Farah, President

2/23/99
Date

[Redacted Signature]
Notary MICHELLE S. BOTKIN, Notary Public
My Commission Expires December 18, 2001

2/23/99
Date

12.2.

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

INCOME STATEMENT
1/1/98 Through 9/30/98

INCOME/EXPENSE

INCOME

GROSS INCOME \$558,270

EXPENSES

10-99	\$ 264,121
Advertising	26,288
Insurance	19,981
Leases	5,177
Legal	2,870
Payroll	78,458
Post	45,592
Supplies/Office Expense	51,872
Taxes	33,125
Telephone	8,696
Utilities	6,812

TOTAL EXPENSES \$ 542,992

TOTAL INCOME/EXPENSES \$ 15,278

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

[Redacted Signature]

Scott D. Farah, President

9/30/98
Date

[Redacted Notary Signature]

2/23/99
Date

Notary MICHELLE S. BOTKIN, Notary Public
My Commission Expires December 13, 2001

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

STATEMENT OF CASH FLOWS
January 1, 1998 Through September 30, 1998

Cash Flows From Operating Activities	
Net Income	\$15,278
Net Cash Provided by Operating Activities	15,278
Purchase of Equipment for Cash	(6,100)
New Cash Used	(6,100)
Net Increase in Cash	9,178
Cash at Beginning of Year	\$ 20,764
Cash at September 30, 1998	\$ 29,942

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

[Redacted Signature]

Scott D. Farah, President

2/23/99

Date

2/23/99

Date

Notary MICHELLE S. BOSTON, Notary Public
My Commission Expires December 13, 2001

[Redacted Notary Signature]

FINANCIAL RESOURCES, INC.

15 NORTHVIEW DRIVE • P.O. BOX 1158 • MEREDITH, NH 03253

(603) 279-1133 • FAX (603) 279-5912

In answer to question ~~18~~¹³ under Operations;

- a) Loans are usually funded in the investor's name
- b) Loans are usually closed in the investor's name
- c) The correspondent lenders we do the majority of our business with are [REDACTED] (See attached list)

d) 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.

FINANCIAL RESOURCES, INC.

15 NORTHVIEW DRIVE • P.O. BOX 1158 • MEREDITH, NH 03253

(603) 279-1133 • FAX (603) 279-5912

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



State of New Hampshire

Banking Department

56 Old Suncook Road
Concord, New Hampshire 03301

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

Date 4-7-99

TO: Financial Resources + Assistance, Inc. applicant for a Small Loan license.

License Year 1999 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 the date of 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 and a new payment of the application fee.

- Application made on incorrect or old forms
- Authorization Release Form(s) missing
- Personal Financial and Disclosure Statements missing
- Application is unsigned by an Officer or Applicant
- Application is NOT notarized
- Application fee of \$ _____ is not included
- Copy of Trade Name Certificate, issued by the NH Secretary of State, not attached
- Trade name is not registered to the applicant
- List of Owners, Officers and Directors missing
- New Hampshire Agent is not listed with address and phone number
- Original \$20,000 Broker Surety bond or original continuation certificate is missing/ incorrect form
- Original Banker Bond or original continuation certificate in the amount of \$ _____
- Original \$5,000 Second Mortgage Broker Bond or original continuation certificate _____
- Original \$25,000 Sales Finance Surety Bond or original continuation certificate _____
- Registration in home state as a Corporation, Partnership, or Limited Liability Company missing
- Registration as a foreign Corporation, Partnership, or LLC with the NH Secretary of State (603-271-3244) not attached
- Financial Statements are incomplete or do not balance. Must be Signed by the preparer and notarized
- Financial Statements for most recent quarter end missing
- Provide the most recent SEC 10-K and 10-Q report of _____
- Rate information is not provided
- List of Lenders or Servicers with address, phone #, contact person missing
- List of other states in which licenses are held, with address, type of license, certificate #, and expiration date missing
- Detail narrative description of operations
- Detail on license revocations, suspensions or denials missing
- Resumes of corporate officers missing - Question # 8b
- Detail on the following financial statement item: _____
- Other items Copy of most recent Federal Income Tax Return for the business

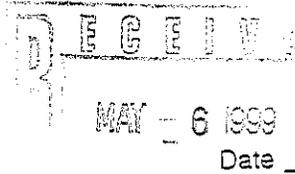


State of New Hampshire

Banking Department

56 Old Suncook Road
Concord, New Hampshire 03301

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



Date

4-7-99

TO: Financial Resources + Assistance, Inc. applicant for a BANKING DEPT license.

License Year 1999 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 the date of 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 and a new payment of the application fee.

- Application made on incorrect or old forms
- Authorization Release Form(s) missing
- Personal Financial and Disclosure Statements missing
- Application is unsigned by an Officer or Applicant
- Application is NOT notarized
- Application fee of \$ _____ is not included
- Copy of Trade Name Certificate, issued by the NH Secretary of State, not attached
- Trade name is not registered to the applicant
- List of Owners, Officers and Directors missing
- New Hampshire Agent is not listed with address and phone number
- Original \$20,000 Broker Surety bond or original continuation certificate is missing/ incorrect form
- Original Banker Bond or original continuation certificate in the amount of \$ _____
- Original \$5,000 Second Mortgage Broker Bond or original continuation certificate _____
- Original \$25,000 Sales Finance Surety Bond or original continuation certificate _____
- Registration in home state as a Corporation, Partnership, or Limited Liability Company missing
- Registration as a foreign Corporation, Partnership, or LLC with the NH Secretary of State (603-271-3244) not attached
- Financial Statements are incomplete or do not balance. Must be Signed by the preparer and notarized
- Financial Statements for most recent quarter end missing
- Provide the most recent SEC 10-K and 10-Q report of _____
- Rate information is not provided
- List of Lenders or Servicers with address, phone #, contact person missing
- List of other states in which licenses are held, with address, type of license, certificate #, and expiration date missing
- Detail narrative description of operations
- Detail on license revocations, suspensions or denials missing
- Resumes of corporate officers missing - Question #8b
- Detail on the following financial statement item:
- Other items Copy of most recent Federal Income Tax Return for the business

BONDING

6. Attach original \$5,000 surety bond or original continuation certificate. Provide expiration date of bond 3/31/2000
 (Must not expire prior to 3/31/2000) Provide name and telephone number of insurance agent:
Rowley Agency (Name) (603) 224-2562 (Telephone)

Bond must expire at the end of each license period.
DO NOT USE MULTIPLE YEAR BONDS!

APPLICANT'S LEGAL STATUS

7. Applicant is a: (check one) Corporation Individual _____ Partnership _____
 Limited Liability Company _____ 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 Bus address - same. Residence

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.

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 MI WI See attached

copies of licenses.

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.

12b. 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. (a) How are loans funded?

See attachment for a-d

(b) Name(s) loans are closed in?

(c) Attach a list of correspondent brokers/retailers *List attached*

(d) Policies and procedures for processing applications, underwriting and funding, servicing and discharging of loans

14. Attach a list of all offices of applicant where NH loans are serviced (include company name, address, telephone #'s and contact person for each) *only at 15 Northview Dr. Meredith, NH*

15. If NH loans are serviced by third parties, attach a list 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:

NA

PERSON COMPLETING APPLICATION:

Scott Farah
(Name)

President
(Title)

(603)279-1133
(Direct Telephone No.)

Same

(Mailing Address)

3/3/99
Date application received

Checklist SMALL LOAN

REVISED 2/99

		NEW	RENEWAL
#1	Application Status indicated		<input checked="" type="radio"/>
#2	Name: <u>Financial Resources + Assistance, Inc.</u>		<input checked="" type="radio"/>
#2a	Trade Name: _____	YES	<input checked="" type="radio"/>
	Copy of Trade Name registration issued by the NH Secretary of State included? The name requested must match the registration certificate!	YES	N/A NO
#2b	Applicant's Federal Tax ID number indicated	<input checked="" type="radio"/>	NO
#3	Applicants principal place of Business address, phone #, fax # (NEW HAMPSHIRE ADDRESS ONLY)	<input checked="" type="radio"/>	NO
	Mailing address	<input checked="" type="radio"/>	NO
	\$450 FEE PAID	<input checked="" type="radio"/>	NO
	Address of Corporate Headquarters	YES	N/A NO
#4	Executive Officer, Business address, Mailing address, telephone number indicated	<input checked="" type="radio"/>	NO
#5	World Wide Web address indicated	<input checked="" type="radio"/>	N/A NO
#6	Original \$5,000 Surety Bond or original continuation certificate	<input checked="" type="radio"/>	NO
	Expiration date of bond correct (3/31/2000)	<input checked="" type="radio"/>	NO
	Insurance Agent listed with telephone #	<input checked="" type="radio"/>	NO
#7	Applicant's Legal Status: Individual, <input checked="" type="radio"/> Corporation, Partnership, LLC, _____	<input checked="" type="radio"/>	NO
	State of Registration <u>NH</u> Date <u>5-18-89</u>		
	Copy of home state registration certificate provided	YES	<input checked="" type="radio"/>
	If foreign entity, Copy of Foreign Registration issued by NH Secretary of State provided	YES	N/A NO
#8	Is applicant a publicly traded company	YES	<input checked="" type="radio"/>
	If YES, is a copy of the SEC 10-K and 10-Q provided	YES	N/A NO
#8 a	If NO, provide list of principal shareholders, directors, senior officers, and partners with business and residence addresses, titles for each person ALL	<input checked="" type="radio"/>	NO
#8 b	Resumes of directors and senior officers provided for each person ALL	YES	<input checked="" type="radio"/>
#8 c	Provide an organization chart to demonstrate applicant's relation to parent company and affiliates	YES	N/A NO
#9	List of current lending or broker licenses issued by other states indicating state, license type, license number and expiration date for each license	<input checked="" type="radio"/>	NO
#10	Lending or loan brokering license revoked, suspended or denied by NH or any other state, or any formal disciplinary proceedings?	YES	<input checked="" type="radio"/>
	If answered YES, are complete details provided (Refer to Kerry)	YES	N/A NO

- | | | | |
|-------|---|--------------------------------------|---|
| #11 | Conviction of a felony | YES | <input checked="" type="radio"/> NO |
| | If answered YES, are complete details provided including dates, location, docket number, nature of the crime, and penalties (Refer to Kerry) | YES | <input checked="" type="radio"/> N/A <input type="radio"/> NO |
| #12 | Is applicant a publicly traded company | YES | <input checked="" type="radio"/> NO |
| | If YES, is a copy of the SEC 10-K and 10-Q provided | YES | <input checked="" type="radio"/> N/A <input type="radio"/> NO |
| #12 a | Financial Statements | | |
| | Audited Balance Sheet, Income Statement, Cash Flow as of most recent quarter end | YES | <input checked="" type="radio"/> N/A <input type="radio"/> NO |
| | OR | | |
| | Statements prepared by the applicant's financial officer must sign and notarized | <input checked="" type="radio"/> YES | <input type="radio"/> N/A <input type="radio"/> NO |
| #12 b | Individuals, sole proprietors, partnerships, limited liability companies and corporations with 20 or less shareholders must provide a copy of the most recent federal business tax return ie. 1120, 1120S, K-1, other | YES | <input type="radio"/> N/A <input checked="" type="radio"/> NO |
| #13 a | Narrative provided | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| #13 b | List of names used to close loans and leases in provided | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| #13 c | List of correspondent brokers/ retailers provided | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| #13 d | Policies and procedures for processing applications, underwriting and funding, servicing and discharging loans provided | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| #14 | List of offices of applicant where NH loans are serviced, include company name, mailing and street address, telephone number, contact person for each | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| #15 | If NH loans are serviced by third parties, list offices of third party Servicer, including name of Servicer, mailing and street address, telephone number, contact person for each | YES | <input checked="" type="radio"/> N/A <input type="radio"/> NO |
| | Person completing application with mailing address completed? | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| | Affirmation, signed, dated, and notarized? | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| | 1998 Annual Report Received? | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| | Any Outstanding Fines? | YES | <input checked="" type="radio"/> NO |
| | Any Overdue Complaints? | YES | <input checked="" type="radio"/> NO |

#####

Bond

\$5,000 Surety Bond (each applicant) Expires 3/31/2000

YES NO

Bond completed, Dated, accepted & signed by applicant, signed by bonding agent

YES NO

#####

Personal Background and Financial Disclosure Statement

NEW RENEWAL

NEW applicants complete pages 3 - 6 as instructed

RENEWAL applicants complete page 1 only, if NO changes since previous renewal

✓

RENEWAL applicants complete pages 3 thru 6, if there are any changes since the previous license

Authorization Release Form

N/A

Completed for ALL NEW Applicants, Officers, Owner, Directors, Partners, Trustees, Members

Make copy and send to Department of Safety Criminal Investigation

✓

Call for credit report

Credit report review. Any credit issues?

YES NO

Set up CONFIDENTIAL file - Including Tax Return, Credit Report, and Criminal Report

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State of New Hampshire

Banking Department

LICENSE CONTACTS

56 Old Suncook Road
Concord, New Hampshire 03301

Enclosed is your 1999 license.
Please complete this form and return it to
Linda Austin at the above address.

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

MAY 14 1999
KATHLEEN L. BELANGER
ADMINISTRATOR, REGULATION & LICENSING
RAYMOND A. HEROUX
CONSUMER CREDIT ADMINISTRATOR

LICENSING

Licensee Name: Financial Resources & Assistance of the Lakes Region, Inc. 6082 SM

License # (s): _____

License Type: Small Loan Lender

Contact Person: Scott Farah / Suzanne Robinson Title: Pres / VP

Direct Mailing Address: POB 1158, Meredith, NH 03253

Direct Telephone No.: (603) 279-1133

ANNUAL REPORT FILING

Contact Person: Suzanne Robinson Title: VP

Direct Mailing Address: Same

Direct Telephone No.: Same

CONSUMER INQUIRIES

Contact Person: Scott Farah Title: Pres

Direct Mailing Address: Same

Direct Telephone No.: Same