ROBERT B. EVNEN

Secretary of State Phone: (402) 471-8606

Date



1201 N Street, Suite 120 Lincoln, NE 68508 Fax: (402) 471-2530

CREDIT SERVICES ORGANIZATION REGISTRATION Initial Fee: \$100.00

Name of organization	
Address of organization	
City, State, Zip	
Phone Fax	
Name and address of any person who directly or indirectly owns or concredit services organization	
In addition, you will need to provide: 1. A full and complete disclosure of any litigation or unresolved complete operation of the credit services organization; Ol A notarized statement that there has been no litigation or unresolved comperation of the credit services organization.	R
Example Statement	
	igation has been commenced and no unresolved complaint relating to d with a governmental authority of this state relating to the operation
2. A surety bond or proper proof of a surety account in the amount of \$	100,000.00.
Ciono tamo	Duinted Name and Title
Signature	Printed Name and Title