Licensing Office Nevada Financial Institutions Division 1830 E. College Parkway, Suite 100 Carson City, NV 89706-7905

STATE OF NEVADA



DEPARTMENT OF BUSINESS AND INDUSTRY FINANCIAL INSTITUTIONS DIVISION

ANNUAL REPORT OF CONDITIONS TO THE COMMISSIONER

THRIFT COMPANIES

The Thrift Company Annual Report to the Commissioner <u>for the year ending: December 31, 2018 or</u> <u>Current Fiscal Year End</u> is due <u>May 15, 2019.</u>

Please Note: The Annual Report, Certified Public Accountant (CPA) prepared Financial Statements and supporting documentation <u>must</u> be submitted by email to <u>fidcpa@fid.state.nv.us</u> <u>The Subject line of the email must include: entity name/DBA, license number and license type</u>

Request for an extension to submit the report past May 15th, <u>must</u> be submitted to Tatevik Movsisian, CPA by email to avoid late fees and/or delays in renewal: <u>tmovsisian@fid.state.nv.us</u>

1. Submit complete <u>audited or reviewed financial statements</u> for the current Annual Report year ended December 31st or current fiscal year end.

Pursuant to NRS 677.410(1), the annual reports and financial statements required by this chapter must be prepared in accordance with generally accepted accounting principles and must be accompanied by a report, certificate, or opinion of an independent certified public accountant or independent public accountant.

Pursuant to NRS 677.400 (2), the report must give information with respect to the financial condition of the licensee, including, without limitation:

- (a) Balance sheets at the beginning and end of the year;
- (b) A statement of income and expenses for the period;
- (c) A reconciliation of the surplus or net worth with the balance sheets;
- (d) A schedule of the assets used and useful in the licensed business;

(e) The size of loans and an analysis of charges, including the monthly average number and amount of loans outstanding;

- (f) An analysis of delinquent accounts;
- (g) Any court actions undertaken to effect collection

<u>AFFIDAVIT</u>

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		_ of	
(Owner, Officer, Manager)		(Company Name)	
-		ch to the best of my knowledg accompanying supplemental doc	
	Signature:		
AC	XNOWLEDGEMEN	OF NOTARY PUBLIC	
Subscribed and sworn to before r	ne in the county of		
State of	this	day of	, 20
Signature of Notary Public	Ñ	Ay commission expires (date)	
Notary Seal:			

*Retain a copy of this report for your files