

**Mail To: Licensing Office  
Nevada Financial Institutions Division  
1830 E. College Pkwy., Suite 100  
Carson City, NV 89706**

Received date stamp

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**Annual Report Due Date: May 15, 2018**

**Request for an Extension of Time past May 15<sup>th</sup>**, must be submitted to Tatevik Movsisian, CPA by email to avoid late fees and/or delays in renewal: [tmovsisian@fid.state.nv.us](mailto:tmovsisian@fid.state.nv.us)

**Annual Report of Condition and supporting documents may be submitted by email to [fidcpa@fid.state.nv.us](mailto:fidcpa@fid.state.nv.us) or mailed as a hard copy to the Licensing Office.**

**For The Year Ended: December 31, 2017 or Current Fiscal Year End**

## **ISSUERS OF INSTRUMENTS TO ENGAGE IN THE BUSINESS OF THRIFTS ANNUAL REPORT OF CONDITION**

1. Submit complete audited or reviewed financial statements, which should include the CPA's opinion or report and notes to the financial statements, for the current Annual Report year ended December 31<sup>st</sup> or current fiscal year end.
2. Enclose a copy of the operations bank statement, along with a copy of the account reconciliation, for the month ended December 31<sup>st</sup> or current fiscal year end of the current Annual Report year.  
For the outstanding checks, include:
  - 1) check number, 2) payee, 3) date issued, and 4) amount. A computer print-out of the account reconciliation is preferred. The reconciled cash balance must reasonably agree with the cash balance reflected on the balance sheet.

### **AFFIDAVIT**

I, \_\_\_\_\_, the undersigned, being the

\_\_\_\_\_ of \_\_\_\_\_

(Owner, title of officer, manager)

(Company Name)

swear and affirm, under penalty of perjury, that to the best of my knowledge and belief the statements contained in this report, including the accompanying supplemental documents, are true and complete in all respects.

Signature: \_\_\_\_\_

**ACKNOWLEDGEMENT OF NOTARY PUBLIC**

Subscribed and sworn to before me in the county of \_\_\_\_\_,

State of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My commission expires (date)

Notary Seal:

**\*\* Retain a copy of this report for your files \*\***

**\*\* Nevada Revised Statutes require a fee of \$10.00 per day for late, erroneous, or deficient filings. \*\***