

Financial Institutions Division

1830 E. College Parkway, Suite 100, CARSON CITY, NEVADA 89706

(NON-PERSONAL) HISTORY RECORD

(Corporation, Partnership, LLC, etc.)

Date: _____

GENERAL INSTRUCTIONS

Print or type an answer to every question. If a question does not apply, state with N/A. If space available is insufficient, continue on page 6 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his/her initials on each page, the authorized principal of the applicant is attesting to the assurance and completeness of the information contained on that page.

All applicants are advised that this history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without permission of the licensing agency.

Application for: _____

(Nature of License or Finding of Suitability Desired)

Name _____

(Entity for which license or suitability is requested)

Address: _____

City/State/Zip: _____

Fictitious Name or "DBA": _____

(If applicable, provide a recorded copy of Fictitious Name or "DBA")

Name under which it is now operated: _____

Phone Number: _____ Tax Payer Identification Number: _____

1. If Corporation, provide a copy of By Laws, and a current "certificate of good standing" from the state of incorporation.

If Partnership, provide a copy of Partnership Agreement. If LLC, provide copy of Articles of Organization.

(If applicant is newly being formed, the Nevada Secretary of State or the local Municipality will generally not accept a filing until tentative approval has been granted by the Financial Institutions Division; at which time written authorization will be provided to allow for filing by the newly formed applicant.)

6. Financial Questionnaire:

A. Amount to be invested in business? \$ _____

Percentage of ownership this will represent? _____

B. Investment will be financed in the following manner:

C. Has applicant ever filed bankruptcy? Yes _____ No _____ if yes, furnish particulars on separate sheet.

Has applicant been associated with any business entity that has ever filed for protection under the federal bankruptcy law? Yes _____ No _____

D. Last Federal Income Tax Return was filed _____, for year _____
(Date)

At _____
City State

Applicants are advised that Federal Income Tax Returns may be required during the licensing investigation.

E. Does applicant own or control any assets or liabilities located outside the United State?

Yes _____ No _____.

F. Does applicant control, manage or hold in trust any assets or liabilities for another person or entity?

Yes _____ No _____

G. Provide copy of most recent financial statement (balance sheet and profit and loss statement). Must be less than a year old.

(If applicant is a newly formed entity, a start up balance sheet is required.)

H. Did applicant list all of its assets and liabilities within the preceding schedules?

Yes _____ No _____.

I _____
(Personal name)

(Title)

of _____ (name of applicant), being duly sworn, depose and say that the above statements are true and correct to the best of my knowledge and belief and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a license by the Financial Institutions Division. Further, that I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the revocation of a license.

Signature

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public in and for the County of _____, State of _____

Notary Public

Notary Seal:

APPLICANT'S REQUEST TO RELEASE INFORMATION

To: _____

From: _____ (Applicant's Name)

1. I hereby authorize and request all persons to whom this request is presented having information relating to or concerning applicant to furnish such information to a duly appointed agent of the Financial Institutions Division of the State of Nevada, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

2. I hereby authorize and request all persons or entities to whom this request is presented having documents relating to or concerning applicant to permit a duly appointed agent to the Financial Institutions Division of the State of Nevada to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.

3. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of same, applicant hereby authorizes and requests that a duly appointed agent of the Financial Institutions Division of the State of Nevada be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to applicant, including but not limited to past loan information, notes co-signed by applicant, check account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.

4. Applicant does hereby make, constitute and appoint any duly appointed agent of the Financial Institutions Division of the State of Nevada it's true and lawful attorney in fact for it in it's name, place and stead and on it's behalf and for it's use and benefit:

(a) To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person or entity to whom this request is presented as applicant might;

(b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request;

(c) To place the name of the Financial Institutions Division agent presenting this request in the appropriate location on this request.

5. Applicant grants to said attorney in fact full power and authority to do, take and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as applicant might or could do if it were present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

6. This power of attorney ends eighteen (18) months from the date of execution.

7. Applicant has filed with the Financial Institutions Division an "application" to be licensed or request for approval of key officer/director/majority owner. Applicant understands that it is seeking the granting of a privilege and acknowledges that the burden of providing its qualifications for a favorable determination is at all times on it. Applicant accepts any risk or adverse public notice, embarrassment, criticism or other action of financial loss, which may result from action with respect to this application.

8. Applicant does, for itself, its heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the person or entity to whom this request is presented, and his/its agents and employees from all and all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which applicant ever had, now have, may have, or claim to have against the person or entity to whom this request is presented or his/its agents or employees arising out of or by reason of complying with this request.

9. Applicant agrees to indemnify and hold harmless the person or entity to whom this request is presented and his/its agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

10. A reproduction of this request by the Xerox or similar process shall be for all intents and purposes as valid as the original.

In witness whereof, I, an authorized principal of the applicant, executed this request at

City _____ State _____
on the _____ day of _____, 20 _____.

Applicant's Name: _____

By: _____ Title: _____
(Signature of authorized principal of applicant)

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Notary Public in and for the county of _____, State of _____.

Notary Signature: _____

Notary Seal:

For Official Use Only

Signature of State Agent presenting this request:

Date: _____