TABLE OF CONTENTS

| LICENSE APPLICATION INSTRUCTIONS | 2-3 |
|---|-------|
| LICENSE CHANGES (ADDRESS, ETC.) | 4 |
| LICENSE APPLICATION CHECKLIST | 2 |
| APPLICATION FOR OKLAHOMA SMALL LENDER LICENSE | 5-8 |
| RECORD KEEPING AND EXAMINATION FORM | 9-10 |
| OKLAHOMA VERIFICATION OF LAWFUL PRESENCE FORM | 11-13 |
| MILITARY SERVICE VERIFICATION FORM | 12 |

Oklahoma Department of Consumer Credit * 3613 NW 56th St.; Ste 240 * Oklahoma City, OK 73112-4512
Ph: (405) 521-3653 Fax: (405) 521-6740 Toll Free: (800) 448-4904
http://www.ok.gov/okdocc

LICENSE APPLICATION INSTRUCTIONS

To make application for an Oklahoma Small Lender License, all prescribed forms and additional required exhibits must be fully completed and mailed or delivered to:

Oklahoma Department of Consumer Credit 3613 NW 56th St., Suite 240 Oklahoma City, OK 73112-4512

All fees required must be submitted with the application. Upon receipt of a complete package, a staff member will carefully review all documents and an independent investigation will be made into the experience, character and general fitness of the applicant(s). All applications are reviewed in the order in which they are received.

A complete application package for an Oklahoma Small Lender License is composed of:

- I. APPLICATION: These pages are for information on the business to be licensed, including mailing address, location, ownership, etc. Complete all sections that apply. Be sure to sign and notarize. Provide social security number and date of birth for the applicant (the owner(s) or partners) per Oklahoma Statute §56-240.21A for background investigation.
- II. MILITARY SERVICE VERIFICATION: Please complete the *Military Service Verification Form* if you or your spouse is in Active Duty status in the Armed Forces and you wish to receive considerations provided by SB1863 Post-Military Service Occupation, Education and Credentialing Act, codified as 59 O.S. §4100 *et seq*. The information provided will be verified through the Servicemembers Civil Relief Act Website.
- III. BOND: A bond in the amount of \$25,000.00 (TWENTY-FIVE THOUSAND DOLLARS) for each license, up to a maximum of \$200,000.00 (TWO HUNDRED THOUSAND DOLLARS). Be sure all signatures are affixed and include a copy of the bond and all attachments with your application.
- IV. RECORD KEEPING AND LOCATION OF EXAMINATION FORMS: Complete these forms to indicate where and how records will be maintained. Remember to sign the certification on the form.
- V. AUDITED FINANCIAL STATEMENT: This audited statement shall reveal that the applicant has available for regulated loan operations, net assets of at least \$50,000.00 (FIFTY THOUSAND DOLLARS). For sole proprietorship, the owner's personal financial statement must show net assets of the required amount. For partnerships or limited liability companies the combined n e t assets of the partners or members must equal or exceed the required \$50,000.00 (FIFTY THOUSAND DOLLARS). If filing as a corporation, please submit the most recent balance sheet. This statement must be signed by the owner or an officer of the company or corporation, dated and notarized.

VI. BUSINESS DOCUMENTS:

A. Sole Proprietorships:

- 1. A certified copy of the Trade Name Report filed with the Oklahoma Secretary of State, if applicable.
- 2. A Form 1 or Form 2 Affidavit Verifying Lawful Presence in the United States (see attached forms).
- 3. Name, address, social security number, date of birth, and telephone number of the individual.

B. Partnerships:

- 1. A copy of the executed partnership agreement.
- 2. A certified copy of the Trade Name Report or Certificate of Fictitious Name filed with the Oklahoma Secretary of State, if applicable.
- 3. A list of the names, addresses, social security numbers, dates of birth, and telephone numbers of the partners.

C. Oklahoma Limited Partnerships:

- 1. A certified copy of the Certificate of Limited Partnership filed with the Oklahoma Secretary of State.
- 2. A certified copy of the Trade Name Report filed with the Oklahoma Secretary of State, if applicable.
- 3. A Certificate of Good Standing issued by the Oklahoma Secretary of State.
- 4. A list of the names, addresses, social security numbers, dates of birth, and telephone numbers of the partners.

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D. Oklahoma Limited Liability Companies:

- A certified copy of the Certificate of Organization or Articles of Organization filed with the Oklahoma Secretary of State.
- 2. A certified copy of the Trade Name Report filed with the Oklahoma Secretary of State, if applicable.
- 3. A Certificate of Good Standing issued by the Oklahoma Secretary of State.
- 4. A list of the names, addresses, social security numbers, dates of birth, and telephone numbers of each major stockholder, officers, and directors of the LLC.

E. Oklahoma Corporation:

- A certified copy of the Certificate of Incorporation or Articles of Incorporation filed with the Oklahoma Secretary of State.
- 2. A certified copy of the Trade Name Report filed with the Oklahoma Secretary of State, if applicable.
- 3. A Certificate of Good standing issued by the Oklahoma Secretary of State.
- 4. A list of the names, addresses, social security numbers, dates of birth, and telephone numbers of each major stockholder, officers, and directors of the corporation.

F. Foreign Business Entities:

- 1. A certified copy of the Certificate of Qualification (foreign corporation), Certificate of Authority (foreign limited partnership) or Certificate of Registration (foreign limited liability company), filed with the Oklahoma Secretary of State, as applicable.
- 2. A Certificate of Good Standing issued by the Oklahoma Secretary of State.
- 3. If the foreign business entity is exempt from obtaining a Certificate of Authority, Registration or Qualification from the Oklahoma Secretary of State, as applicable, please provide the exemptions that are applicable and a copy of a certificate issued by an authorized officer of the jurisdiction in which the foreign business entity was formed or incorporated evidencing the existence and good standing of the foreign business entity.
- 4. A certified copy of the Trade Name Report or Fictitious Name Report filed with the Oklahoma Secretary of State, if applicable.
- 5. A list of the names, addresses, social security numbers, dates of birth, and telephone numbers of each major stockholder, officers, and directors of the foreign business entity.

For information concerning above items, contact:

Oklahoma Secretary of State 2300 N. Lincoln Blvd., Rm. 101 Oklahoma City, OK 73105 (405) 521-3912

- VII. FEES FOR INVESTIGATION, LICENSE AND EXAMINATION: When making an application for a license, the applicant shall pay a total of \$1900.00 (NINETEEN HUNDRED DOLLARS), which consists of a \$700.00 (SEVEN HUNDRED DOLLARS) non-refundable filing fee, a license fee of \$500.00 (FIVE HUNDRED) provided in the Oklahoma Small Lenders Act and \$700.00 (SEVEN HUNDRED DOLLARS) for the supervision fee for each license.
- VIII. ADDITIONAL LOCATION LICENSE REQUIREMENTS: If you are applying for an additional location, you must complete:
 - a) The main Application;
 - b) A Bond Form for \$25,000.00 (TWENTY-FIVE THOUSAND DOLLARS) for each additional location, up to a maximum of \$200,000.00 (TWO HUNDRED THOUSAND DOLLARS);
 - c) Record Keeping and Location of Examination forms;
 - d) A check or money order for \$1900.00 (NINETEEN HUNDRED DOLLARS), which consists of which consists of a \$700.00 (SEVEN HUNDRED DOLLARS) non-refundable filing fee, a license fee of \$500.00 (FIVE HUNDRED) provided in the Oklahoma Small Lenders Act and \$700.00 (SEVEN HUNDRED DOLLARS) for the supervision fee for each license, made payable to the Oklahoma Department of Consumer Credit.
 - e) A recent audited financial statement signed by the owner, officer, member or partner of the company or corporation, dated and notarized.

PLEASE RETAIN INSTRUCTIONS FOR FUTURE REFERENCE

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LICENSE CHANGES

Licenses issued for Oklahoma Small Lenders are issued on the basis of representations made on the application and supporting documents. Any substantial change in the information included in the application must be reported to the Administrator immediately. There is a \$25 per license amendment fee.

If any material misrepresentations or unreported changes of circumstances are subsequently discovered, the license is subject to revocation after it has been issued.

Changes in location, ownership, partners, and in the principal parties at interest in a corporation must be submitted in writing for approval Thirty (30) Days prior to the effective date of the change.

RENEWAL REOUIREMENTS

Annual renewal of the license is the responsibility of each licensee. The licensee is to submit a renewal application, renewal fee of \$550.00 (FIVE HUNDRED FIFTY DOLLARS), to be postmarked on or before the first day of December of each year. (All renewals that are not postmarked by December 1st will be subject to a \$10 per day late fee, up to 30 days.)

If you are an active duty service member of the Armed Forces on deployment at the time of annual renewal, please complete the *Military Service Verification* form. Upon verification, your license effective date will be extended, with no further payment, for up to a year after your active service has been completed.

LICENSE APPLICATION CHECKLIST

The checklist below is provided to help ensure that you submit a complete application.

TASKS TO BE COMPLETED:

- I. APPLICATION SIGNED AND NOTARIZED
- II. APPOINTMENT OF DESIGNATED AGENT
- III. SURETY BOND BE SURE ALL SIGNATURES ARE PRESENT
- IV. AUDITED FINANCIAL STATEMENT MOST RECENT SIGNED AND NOTARIZED
- v. **BUSINESS DOCUMENTS:**
 - a. **SOLE PROPRIETORSHIP INFORMATION** IF APPLICABLE
 - b. **PARTNERSHIP INFORMATION** IF APPLICABLE
 - c. OKLAHOMA LIMITED PARTNERSHIP INFORMATION- IF APPLICABLE
 - d. **OKLAHOMA CORPORATION INFORMATION** IF APPLICABLE
 - e. OKLAHOMA LIMITED LIABILITY COMPANY INFORMATION IF APPLICABLE
 - f. FOREIGN BUSINESS ENTITY INFORMATION—IF APPLICABLE
- VI. RECORD KEEPING AND LOCATION OF EXAMINATION FORMS

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APPLICATION FOR OKLAHOMA SMALL LENDER LICENSE

| BEFORE THE ADMINISTRATOR) | |
|--|--|
| OF THE DEPARTMENT OF | |
| CONSUMER CREDIT OF THE) | |
| STATE OF OKLAHOMA IN THE) | |
| MATTER OF THE APPLICATION) | |
| OF: | |
| Name of business to be licensed (including trade name, if applicable) | |
| value of business to be needed (metating trade name, it applicable) | |
| Local V. Co. P. C | |
| Legal Name of Applicant | |
| Trade Name(s) of applicant in the State of Oklahoma, if applicable | |
| Fictitious name of the applicant in the State of Oklahoma, if applicable, fo | or a foreign corporation, partnership or limited liability company |
| HTTP:// | |
| Website | E-Mail |
| Type of business: (please check your applicable category) | |
| Sole ProprietorshipOklahoma Limited Par | rtnershipOklahoma Limited Liability Company |
| Partnership Foreign Corporation | Foreign Limited Partnership |
| Oklahoma Corporation | Foreign Limited Liability Company |
| Other (please specify and include a separate document if necessary) | |
| BUSINESS DOCUMENTS: Please attach all applicable binstructions. | ousiness documents as specified in the license application |
| BOND: Please attach a certified copy of a bond in the am | ount of \$25,000.00 for each license. |
| FEES: Please include payment of \$700.00 (Seven hundred (Five hundred dollars) provided in the Oklahoma Small Lender A fee for each license. | d dollars) non-refundable filing fee, an license fee of \$500.00 ct and \$700.00 (Seven hundred dollars) for the supervision |
| Hereby applies to the Administrator of the Department of Consum Small Lender License for the calendar year ending December 31, | |
| Street Address of Business Location | Telephone Number |
| | |
| City, State and Zip With the principal office and/or mailing address located: | Facsimile |
| Street Address | Telephone Number |
| | |
| City, State and Zip For the purpose of securing same, applicant makes the foregoing a | Facsimile nd following sworn statements of fact: |

| Full Name | | Telephone Nu | umber |
|--|------------------------|-------------------------------|--|
| Address | - | City, State an | nd Zip |
| A resident of the State of Oklahoma a to this applicant. | s agent upon whom ma | y be served all judicial and | other process or legal notice directed |
| INDIVIDUALS AND SOLE PROP | RIETORSHIPS: Pleas | se complete if the applicant | is an individual or sole proprietorship. |
| Full Name | Social Secu | rity Number | Date of Birth |
| Street Address | | Telephone Number | |
| Mailing Address (if different from street addre | ss) | Electronic mail address | , |
| requested information: Full Name and Title | s are minteu partners. | Full Name and Title | document if necessary to include the |
| run Name and Title | | Full Name and Title | |
| Social Security Number | Date of Birth | Social Security Number | Date of Birth |
| Street Address | | Street Address | |
| Mailing Address (if different from street addre | ss) | Mailing Address (if diffe | erent from street address) |
| Telephone Number | | Telephone Number | |
| Electronic Mail Address | | Electronic Mail Address | 5 |
| Full Name and Title | | Full Name and Title | |
| Social Security Number | Date of Birth | Social Security Number | Date of Birth |
| Street Address | | Street Address | |
| Mailing Address (if different from street addre | ss) | Mailing Address (if diffe | erent from street address) |
| Telephone Number | | Telephone Number | |
| Floetronic Mail Address | | Flactronic Mail Address | |

QUESTIONS TO BE ANSWERED BY APPLICANT:

| 1. | THOUSAND DOLLARS)? YesNo |
|----|--|
| 2. | Have you ever been convicted of a felony? YesNo(If yes, please furnish details. (Attach extra sheets, if necessary) You must also submit a certified copy of the Judgement and Sentence of the Court with this application.) |
| MI | LITARY SERVICE VERIFICATION |
| | |
| | Check the appropriate box if any of the following apply to you. If any apply, please complete the <i>Military Service Verification</i> form composited processing: |
| | ☐ I am a member of the Armed Forces |
| | ☐ My spouse is a member of the Armed Forces |
| | ☐ My spouse is on active duty within this state |
| | ☐ My spouse is a permanent resident of this state for the 6 months prior to assignment to active duty |
| | ☐ My spouse is a permanent resident of this state during the period of active duty |

| Notary Public | | |
|---|-----------------------------------|--|
| Before me, the undersigned, personally appeared and being first duly sworn states that the applicant has executed this application thisday of, and acknowledges that applicant is duly authorized to execute the application, and that all statements and representations made are true and correct to the best of applicant's knowledge and belief, and that all statements and supporting schedules are made for the purpose of inducing the Administrator of the Department of Consumer Credit of the State of Oklahoma to grant said application. | | |
| Name of Applicant | Signature of Applicant | |
| Name of Additional Applicant | Signature of Additional Applicant | |
| STATE OF | | |
| SUBSCRIBED AND SWORN TO before me thisday of | , 20 | |
| (Seal) | Notary Public Commission Number | |
| | My Commission Expires | |

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OKLAHOMA DEPARTMENT OF CONSUMER CREDIT EXAMINATION & RECORD KEEPING INFORMATION

Fill out the form below to designate where and how records will be kept. Remember to sign the certification on the next page. If the applicant/licensee requests approval to keep records outside Oklahoma and/or keep such records in electronic or other forms of reproduction as authorized under the Oklahoma Small Lender Act O.S. 59 § 3150.12 (A), please fill out the form on the next page as well. It is understood that, without the prior written approval of the request by the Administrator of the Department of Consumer Credit, hardcopies of records must be maintained within Oklahoma and made available for examination at an office in Oklahoma.

| Name of Applicant/Licensee: | License No.: |
|--|---|
| Main office address: | |
| City, State and Zip: | |
| Contact person for questions on this request: | |
| Telephone: () | |
| Location where you intend to keep records (if different | from above) |
| Address: | |
| City, State and Zip: | |
| RECORDS TO BE MAINTAINED IN | A FORM OTHER THAN HARDCOPY |
| | copy or reproduce books, accounts and records in dcopy and will provide equipment necessary to access |
| Describe how books, accounts and records will be main | tained. |
| | |
| Describe how books, accounts and records will be material examination. | ade accessible to the Department for the purpose of an |
| | |
| | |
| | |

LOCATION OF EXAMINATION

| a full examination of this license | oks, accounts and records outside Oklahoma. In order to facilitate hereby |
|---|---|
| agrees to pay the expenses of the Administrator's representation to loans made in Oklahoma. | ntative(s) in conducting an examination of your books and records |
| The Department expects the applicant/licensee to pay trepresentative(s) to examine the books, accounts and reco | the reasonable and necessary expenses for the Administrator or ords at the place where they are maintained. |
| The above expenses are understood to be in addition supervision fee. | n to the \$700.00 (SEVEN HUNDRED DOLLARS) minimum |
| It is further understood that this agreement is being made | e so that |
| may keep records at a location outside the State of Oklah | |
| Contact person at location: | |
| Address: | |
| City, State and Zip: | |
| Office hours: | |
| Describe space available for examination: | |
| | |
| | |
| CERT | <u>TIFICATION</u> |
| I, | (Name and Title), a duly authorized officer of |
| Applicant/Licensee | |
| agree to maintain the books, records and accounts of the request, which is submitted to the Oklahoma Department | applicant/licensee in compliance with this record keeping to f Consumer Credit. |
| Signature | Date |

Scott Lesher Administrator

Ruben Tornini Deputy Administrator



J. Kevin Stitt Governor

Matt Pinnell Lt. Governor

VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES

All natural persons, including sole proprietorships, applying for a license from the Department of Consumer Credit must verify their lawful presence in the United States in accordance with 56 O.S. § 71 (H), before a license may issued.

Attached are two affidavits, labeled as Forms 1 and 2 (each person will choose one affidavit to sign).

- If you are a United States citizen, you will sign Form 1.
- If you are a qualified alien and you are in the United States lawfully under the Federal Immigration and Naturalization Act, you will sign Form 2 and attach documentation such as a permanent resident card.

You are either a United States citizen or a qualified alien – please do not submit both forms. The affidavit must be fully notarized, including the notary public's commission number. For states where commission numbers are not issued, please place "N/A" in the commission number space.

Qualified aliens must submit a new affidavit for each license renewal. United States citizens are not required to submit a new affidavit for license renewal.

This is a requirement of the State of Oklahoma; our Department has no authority to address it. If you need further information, you may review the statute by visiting the following web link:

http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=449944

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AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES Form 1 - For U. S. Citizens

| Section A (Applicant Information) | |
|--|-----------------------------------|
| Affidavit of: | |
| Name of Individual Applicant | Company Name |
| | |
| Section B (Notary P | ublic) |
| STATE OF | |
| COUNTY OF | |
| Printed Name of Individual Applicant | , of lawful age, being first duly |
| sworn, upon oath states under penalty of perjury as follows: | |
| I am a United States citizen. | |
| | |
| | Signature of Applicant |
| Subscribed and sworn to or affirmed before me this | day of, 20 |
| (01) | Notary Public |
| (Seal) | Commission Number |
| | My Commission Expires |
| | |

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AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES Form 2 - For Qualified Aliens

| Section A (Applicant's Inform | nation) |
|--|---|
| Please type or print clearly. You must include a copy of both the this form. | front and back of your green card with |
| Full Legal Name of Applicant: | |
| Date of Birth: Social Security | Number: |
| Nationality: | |
| Company Name: | |
| Section B (Notary) | |
| STATE OF | |
| COUNTY OF | |
| Printed Name of Individual Applicant states under penalty of perjury as follows: I am a qualified alien under the Federal Immigration and Naturali the United States. | ful age, being first duly sworn, upon oath zation Act, and I am lawfully present in |
| Signature of Applicant | |
| Subscribed and sworn to or affirmed before me thisday | of, 20 |
| | Notary Public |
| (Seal) | Commission Number |
| | My Commission Expires |
| | |

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VERIFICATION OF MILITARY SERVICE

Please complete the information below, in its entirety, for the ACTIVE SERVICE MEMBER.

| Full Name of Service Member | |
|--|--|
| Social Security Number of Service | |
| Member | |
| Birth Date of Service Member | |
| Active Duty Status Date (if available) | |
| | |
| Check one: | |
| □ New License Application | |

☐ Renewal Application