

STATE OF WYOMING
DEPARTMENT OF AUDIT
DIVISION OF BANKING - UCCC
HATHAWAY BUILDING
2300 CAPITOL AVE 2ND FLOOR
CHEYENNE, WYOMING 82002
NON-LENDER CREDITOR'S REGISTRATION

(Complete each field and use N/A in the field if not applicable)

PART I. NOTIFICATION (W.S. 40-14-631)

(Persons engaged in this State in making consumer credit sales or consumer leases subject to the Wyoming Uniform Consumer Credit Code.)

- A.** Name of person or business _____ FEIN# _____
- B.** Mailing address for A above _____
(Address) (City) (State) (Zip)
- C.** Name in which business is transacted _____
(Business Name)
- D.** Mailing address _____
(Address) (City) (State) (Zip)
- E.** Questions regarding the information provided in this notification should be directed to (Please print) _____
(Name)
Telephone _____ Fax _____ E-Mail _____
- F.** List all locations INCLUDED IN THIS NOTIFICATION where consumer credit sales or consumer credit leases are made. (Attach additional sheets if necessary)

(Address) (City) (State) (Zip)
- G.** Type of business conducted _____
- H.** Name and address (in Wyoming) of designated agent upon whom service of process may be made (If we have to serve any legal papers, to whom do we serve them):

(Name) (Address) (City) (State) (Zip)
- I.** If consumer credit sales or consumer leases are made otherwise than at an office or retail store in this State, a brief description of the manner in which they are made:
☐ Mail, ☐ Home Solicitation, ☐ Telephone, ☐ Other (Please Specify): _____
- J.** Do you make cash loans? ☐ YES or ☐ NO
If "yes", does the loan finance charge exceed the annual percentage rate of 10%? ☐ YES or ☐ NO
- K.** Does your periodic billing statement provide that a finance charge, carrying charge or delinquency charge may be imposed? ☐ YES or ☐ NO
What is the amount of the charge? _____

PART IV. CERTIFICATION

Having the authority to sign, I hereby certify the information provided in this form is true and correct. If information in this Notification becomes inaccurate after filing, such change shall be promptly given to the Administrator.

(Authorized Signature) _____ (Title)

(Printed or Typed Name of Authorized Signature) _____ Date: _____

Do not write below this line - For Agency Use Only

UCCC Form A (NLC-07/10)	Reviewed By: _____ Reference No(s): _____ Access Input By: _____	Date: _____ Code: _____ Date: _____
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