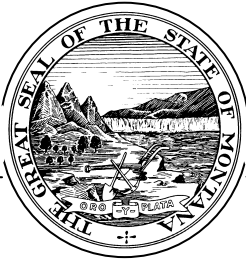


DEPARTMENT OF ADMINISTRATION  
DIVISION OF BANKING AND FINANCIAL INSTITUTIONS



BRIAN SCHWEITZER  
GOVERNOR

ANNIE M. GOODWIN  
COMMISSIONER

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STATE OF MONTANA

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301 SOUTH PARK, SUITE 316  
Helena, MT 59601



**MEMORANDUM**

To: Consumer Loan Licensees

From: Christopher Romano, Consumer Finance Examination Manager  
Division of Banking and Financial Institutions

Re: License Renewal and Ballot Initiative No. 164

Date: December 1, 2010

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The passage of Ballot Initiative No. 164 (I-164) may determine whether a consumer loan licensee chooses to renew its licenses that expire on December 31, 2010. The Division of Banking and Financial Institutions issued a memorandum dated November 3, 2010 addressing some of the frequently asked questions about the implications of I-164 related to collection activities and license renewals. Please review the memorandum which is posted on the Division's website (<http://www.banking.mt.gov>). The direct link to the memorandum is [http://banking.mt.gov/content/Memo Initiative 164](http://banking.mt.gov/content/Memo_Initiative_164).

Please complete and return the enclosed questionnaire **by December 24, 2010**, to assist the Division to verify the scope and nature of the consumer loan activities that licensees intend to engage in on or after January 1, 2011.

Please be advised that license renewal applications are also available on the Division's website at <http://www.banking.mt.gov>. If you have any questions regarding license renewal please contact Linda Leffler by phone at (406) 841-2932 or via email at [lleffler@mt.gov](mailto:lleffler@mt.gov).

# CONSUMER LOAN LICENSE QUESTIONNAIRE

**Return by December 24, 2010**

*Please attach additional pages as necessary*

1. Is the licensee renewing its consumer loan license(s)?  Yes  No

If licensee has more than one licensed business location in Montana and intends to renew at least one license but fewer than all of its licenses, state which business location licenses you will be renewing: \_\_\_\_\_

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**If licensee responds no, please complete questions 2-4.**

2. What is the last date on which the licensee will make new consumer loans or refinance existing loans at each of its licensed business locations? \_\_\_\_\_

3. What is the date on which the licensee will close each of its licensed office locations (if applicable)? \_\_\_\_\_

4. State the physical address where licensee's consumer loan records will be stored and state the name, mailing address, and phone number of the records custodian?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Does the licensee plan to maintain its office to conduct business other than consumer loan lending?

Yes  No (If yes, please list type(s) of business below)

\_\_\_\_\_  
\_\_\_\_\_

6. Does the licensee plan to make new consumer loans or refinance existing loans on or after January 1, 2011?

Yes  No

7. On or after January 1, 2011, does the licensee plan to continue collection efforts on outstanding consumer loans that were made prior to that date?  Yes  No

**If licensee responds yes, please complete questions 8 – 9.**

8. Does the licensee plan to collect its own outstanding loans?  Yes  No

9. Does the licensee plan to use a third party collection agent to collect its outstanding loans?  Yes  No

**If the licensee responds yes, please complete question 10.**

10. What is the name, address and phone number of the third party collection agent?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**QUESTIONNAIRES CAN BE SENT BACK TO THE DIVISION BY EMAIL, MAIL, OR FAX.**

**REGULAR MAIL:**  
Division of Banking &  
Financial Institutions  
P.O. Box 200546  
Helena, MT 59620-0546

**OVERNIGHT MAIL:**  
Division of Banking & Financial  
Institutions  
301 South Park, Suite 316  
Helena, MT 59601

**FAX:** 406-841-2930  
**E-MAIL:** [llefller@mt.gov](mailto:llefller@mt.gov)

In witness whereof I hereby certify the above information is true, correct, and complete in every respect, to the best of my knowledge and belief.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**TO BE COMPLETED BY NOTARY:**

State of \_\_\_\_\_ )  
) ss  
County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared \_\_\_\_\_, known to me to be the individual described in and who executed the foregoing instrument and acknowledged to me that he/she executed the same.

\_\_\_\_\_  
Signature of Notarial Officer

\_\_\_\_\_  
Name - typed, stamped, or printed

\_\_\_\_\_  
Title and Rank

\_\_\_\_\_  
Residing at

My commission expires: \_\_\_\_\_

*AFFIX  
SEAL  
HERE*