

LIST OF ASSIGNORS

IF YOU TAKE ASSIGNMENT OF, PURCHASE, OR SERVICE CONSUMER CREDIT SALES AND LEASES, YOU MUST COMPLETE THE FORM PROVIDED BELOW OR PROVIDE A SEPARATE LISTING THAT INCLUDES THE REQUESTED INFORMATION.

PLEASE LIST THE NAME AND COMPLETE MAILING ADDRESS OF EACH OF THE COMPANIES FROM WHICH YOU TAKE ASSIGNMENT OF, PURCHASE, OR SERVICE CONSUMER CREDIT SALES AND LEASES. ATTACH ADDITIONAL SHEETS IF NECESSARY.

NAME OF ASSIGNOR(S)	MAILING ADDRESS(ES)
	<hr/> <p>Street Address</p> <hr/> <p>City State Zip Code</p>
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COLORADO UNIFORM CONSUMER CREDIT CODE

Creditor Contact Information

Please provide the following information and return with your notification form.

Company Name: _____

Contact Person for Notification Questions and General Mailings:

Name: _____

Title: _____

Address: _____

Telephone: _____ Fax: _____ Email Address: _____

Contact Person for Consumer Complaints:

Same as Above: _____

Name: _____

Title: _____

Address: _____

Telephone: _____ Fax: _____ Email Address: _____

Contact Person for Compliance Examinations:

Same as Above: _____

Name: _____

Title: _____

Address: _____

Telephone: _____ Fax: _____ Email Address: _____

Ownership – Collection Activity Questionnaire

2016 Sales Finance Notification Filing

Company Name: _____ Account #: _____

Provide the names of the stockholders of the corporation or the members of the limited liability company and the percentage of each stockholder's or member's ownership interest. For corporations: If publicly traded, list all entities holding 10% or more of the stock; If privately held, the number of shares must equal 100% of stock. (Attach additional pages if necessary)

<u>Name</u>	<u>% of Stock or Member Ownership</u>
_____	_____
_____	_____
_____	_____
_____	_____

Collection Activity

1. Provide the name and address of each collection agency, engaged by the licensee, to collect defaulted Colorado consumer credit transactions during calendar year 2015. (Attach additional pages if necessary)

<u>Name of Company</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____

2. Provide the name and address of each debt buyer to whom the licensee sold defaulted Colorado consumer credit transactions during calendar year 2015. (Attach additional pages if necessary)

<u>Name of Company</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____