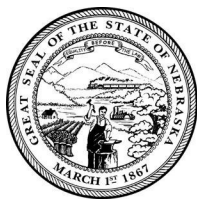


**ROBERT B. EVNEN**  
Secretary of State



**1201 N Street, Suite 120**  
**Lincoln, NE 68508**

**DEBT MANAGEMENT LICENSE APPLICATION**

**Initial Fee: \$200.00**

**Investigation Fee: \$200.00**

Date of Application \_\_\_\_\_ Applicant is a: Individual \_\_\_ Partnership \_\_\_ LLC \_\_\_ Corporation \_\_\_

Business Name \_\_\_\_\_

Business Owner(s) \_\_\_\_\_

Business Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

In addition, you will need to provide:

1. A copy of the certificate of registration of trade name, certificate of partnership, articles of organization, or articles of incorporation (depending on type of organization).
2. For an association or corporation: the names and addresses of all officers and directors;  
For a partnership: the names and addresses of all partners;  
For a LLC: the names and addresses of all members.
3. A blank copy of any contracts used between the licensee and the debtor. Please note that any changes or amendments to those contracts must be filed within thirty days.

State of \_\_\_\_\_ )

\_\_\_\_\_ )

County of \_\_\_\_\_ )

I hereby swear that the information contained in this application is true and correct.

\_\_\_\_\_  
**Signature of Person Completing Application**

\_\_\_\_\_  
**Title**

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(seal)

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**My commission expires**