SIGNATURE OF APPLICANT'S AUTHORIZED REPRESENTATIVE

State of _____)
)ss.
County of_____)

I HEREBY CERTIFY that, on this _____ day of _____, 20_____, the undersigned has/have executed the foregoing Application for and on behalf of the Applicant, being duly authorized to do so; and further that the information and statements contained in the foregoing Application, including all exhibits and other documents attached thereto and all other information filed therewith, all of which are made a part of the foregoing Application, are correct, true, accurate and complete; and further that the Applicant knows and understands that, if the Applicant has knowingly made a false statement of a material fact in this Application or in any documentation provided to support the foregoing Application, then the foregoing Application may be denied and the Applicant may be subject to civil and/or criminal penalties under N.D.C.C. 13-05-10.

Name of Applicant (Leave blank if individual)
Authorized Signatory to Sign for Applicant
Printed Name (and Title, if applicable) of Signatory
Authorized Signatory to Sign for Applicant
Printed Name (and Title, if applicable) of Signatory

Acknowledgement

State of _____)
)ss.
County of_____)

The foregoing Application for a Collection Agency License was acknowledged before me by _____
and by _____ on this _____ day of
_____, 20_____.

Witness my hand and official seal.

_____ _____
Notary Public

(SEAL)

My Commission Expires: _____