AFFIDAVIT OF PRIOR ACTIVITY

Instructions: Please complete and return this form as outlined below. This form is required in order to process the installment loan application. If additional space is needed, please submit an attachment.

Electronic Delivery: *dob.consumerfinance@nebraska.gov*
                               Include applicant name and NMLS No. in the subject line.

U.S. Postal Service: P.O. Box 95006
                               Lincoln, Nebraska   68509-5006

Overnight Delivery: 1526 K Street, Suite 300
                               Lincoln, Nebraska   68508-2732

Contact Nebraska Department of Banking and Finance licensing staff by phone at 402-471-2171 or send your questions via email to *dob.consumerfinance@nebraska.gov* for additional assistance.

Department of Banking and Finance
1526 K Street - Suite 300, PO Box 95006
Lincoln, Nebraska 68509 USA

ndbf.nebraska.gov

An Equal Opportunity Employer

Kelly Lammers, Director
Main 402-471-2171 **Fax** 402-471-3062

NEBRASKA AFFIDAVIT OF INSTALLMENT LOAN ACTIVITY

Applicant Name: _____ NMLS No.: _____

Location: _____

Branch NMLS No. (If Applicable).: _____

1. Has the applicant's engaged in Nebraska installment loan activity, as defined by the Nebraska Installment Loan Act ("Act"), prior to the filing of its application? (Circle "Yes" or "No")

      Yes   No

2. If the answer to question 1 is "Yes," complete the following:
   a. When did this activity take place?

      _____

   b. At the time of the activity, was the applicant licensed in Nebraska?
            Yes   No
            License No./NMLS No. _____
   c. At the time of the activity, is applicant asserting that a license was not required under the Act?
            Yes   No
            If "Yes," explain:

   d. None of the above. If applicant engaged in installment loan activity, other than while licensed or otherwise not required to be licensed, please provide the following for Nebraska transactions only:
      i. The total number of transactions: _____
      ii. Type of transaction(s): _____
      iii. Total dollar volume: _____
      iv. Total fees generated: _____
      v. Timeframe of transactions: _____

I, _____, an officer, director, or owner, of the applicant, state that the information on this document and any attachments thereto, is true, correct and complete.

_____   _____

Signature of officer, director, or owner of the applicant   Date

Printed Name: _____
Title: _____

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