

Entity Application Disclosure

Complete and attach this form to your application form as instructed on the application form. Keep this information current by amending your application when information changes.

Note: If company keeps the official books, records and related documents in a location other than address 1, 2, or 3 below, please attach an explanation and give the address where such documents are maintained.

Name of Applicant including dba name(s) if applicable	Tax ID number (EIN)

Address 1: Applicant's principal U.S. administrative office (must include street address) *check if address is*
 Our primary mailing address

Number, street and floor or suite number

PO Box

City | State | Zip

Address 2: Company's primary office in Michigan (must include street address) *check if* Same as address 1
 This is our primary mailing address

Number, street and floor or suite number

PO Box

City | State | Zip

MI

Address 3: Primary mailing address (only if different than address 1 or 2)

Name

Number, street and floor or suite number

PO Box

City | State | Zip

Michigan Resident Agent * (person who accepts service of process on company's behalf)

Name

Number, street and floor or suite number

PO Box

City | State | Zip

** If applicant is a Corp., LLC, or LP, Michigan Resident Agent must be as filed with the Corporation Division of the State of Michigan Bureau of Commercial Services.*

Deferred Presentment Service applicants: Provide a list of all branch office information on Form FIS 2041 Branch Activity List for DPSPs. Enter under "Address 2," the address of the primary office in Michigan where you provide deferred presentment business services to customers.

Money Transmission Service applicants: Maintain a list of authorized delegates and additional locations as instructed on Form FIS 2060.

All others: Attach a report listing all Michigan branch offices where applicant will conduct business. Give street address and name of manager for each branch location.

Contact person (person at this applicant business responsible for addressing inquiries from our office after issuance of a license)

Name and title | Telephone number (include area code)

Number, street and floor or suite number | Fax number (include area code)

PO Box | Company website address (URL) if applicable

City | State | Zip | EMail address

1. Company is organized as the following type of business:

- Corporation
- Limited Liability Company (LLC)
- Limited Partnership (LP)
- General Partnership
- Sole Proprietorship
- Other (describe) _____

}

please enter your 6-digit Michigan I.D. number :

Michigan Corporation ID number

Michigan Corporation information is available at:
www.michigan.gov/corporations

2. Company state of organization:

- Michigan
- Other (enter state of organization) _____

3. Company date of organization (mm/dd/yyyy):

