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Michigan Department of Licensing and Regulatory Affairs Corporations, Securities & Commercial Licensing Bureau Licensing Division SECURITIES P.O. Box 30018, Lansing, MI 48909 517-335-5237 www.michigan.gov/securities

ISSUER-AGENT RENEWAL

AUTHORITY: 2008 PA 551, MCL 338.3434(A), AND 42 USC 654 PENALTY: FAILURE TO PROVIDE THIS INFORMATION WILL RESULT IN EXPIRATION OF YOUR REGISTRATION

Name of Issuer			Issuer Number		
Address (No PO Boxes)	City		State	Zip Code	
E-mail Address		Telephone Number			
Change in address? • Yes • No	Contact Name				

Complete the information below. (Attach additional lists as needed)

Agent Name			US Soc	US Social Security Number			
Address (No PO Boxes)	City			State	Zip Code		
Agent Name			US Social Security Number				
Address (No PO Boxes)	City			State	Zip Code		
Agent Name US S			US Soc	ocial Security Number			
Address (No PO Boxes)	City			State	Zip Code		
Certification							
I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434(a), that the information will be used for purposes of identification and to minimize occupational license fraud.							
Signature				Date			
FEE PAYMENT INFORMATION (Check One Box) FOR OFFICE US		ONLY	FOR OFFICE USE ONLY VALIDATION				
■ Agent Renewal x \$65.00 \$ 65.00 ea C3 No. of Agents		C3 Validation Code	e: 9				
Make your check or money order in U.S. Currency payable to:							
STATE OF MICHIGAN							
FEES ARE AUTHORIZED BY 2008 PA 551 AND ARE NOT REFUNDABLE.							

Approved By:

Date Approved:

License Number

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