NEBRASKA

Good Life. Great Opportunity.

**DEPARTMENT OF BANKING
AND FINANCE**

AFFIDAVIT OF PRIOR ACTIVITY

Instructions: Please complete and return this form as outlined below. This form is required in order to process the 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 PRIOR ACTIVITY

Applicant Name: _____   NMLS No.: _____

1. Has the applicant engaged in Nebraska money transmission, as defined by the Nebraska Money Transmitters Act ("Act"), prior to the filing of its application?

    Yes   No

2. If the answer to Question 1 is "Yes," complete the following:
    a. During what time frame did this activity take place?

    _____

    b. At the time of the activity, was the applicant licensed?

        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 money transmission, 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. Time frame of transactions: _____
        vi. Entity(ies) conducting money transmission: _____

Note: The term "applicant" for purposes of the above representations shall include applicant's owners, its affiliates and subsidiaries, whether owned or controlled, directly or indirectly.

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: _____