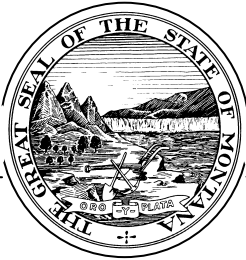


DEPARTMENT OF ADMINISTRATION
DIVISION OF BANKING AND FINANCIAL INSTITUTIONS



BRIAN SCHWEITZER
GOVERNOR

ANNIE M. GOODWIN
COMMISSIONER

STATE OF MONTANA

301 SOUTH PARK, SUITE 316
Helena, MT 59601



MEMORANDUM

To: Deferred Deposit Loan Licensees

From: Christopher Romano, Consumer Finance Examination Manager
Division of Banking and Financial Institutions

Re: License Renewal and Ballot Initiative No. 164

Date: December 1, 2010

The passage of Ballot Initiative No. 164 (I-164) may determine whether a deferred deposit loan licensee chooses to renew its licenses that expire on December 31, 2010. The Division of Banking and Financial Institutions issued a memorandum dated November 3, 2010 addressing some of the frequently asked questions about the implications of I-164 related to collection activities and license renewals. Please review the memorandum which is posted on the Division's website (<http://www.banking.mt.gov>). The direct link to the memorandum is [http://banking.mt.gov/content/Memo Initiative 164](http://banking.mt.gov/content/Memo_Initiative_164).

Please complete and return the enclosed questionnaire **by December 24, 2010**, to assist the Division to verify the scope and nature of the deferred deposit loan activities that licensees intend to engage in on or after January 1, 2011.

Please be advised that license renewal applications are also available on the Division's website at <http://www.banking.mt.gov>. If you have any questions regarding license renewal please contact Linda Leffler by phone at (406) 841-2932 or via email at lleffler@mt.gov.

DEFERRED DEPOSIT LICENSE QUESTIONNAIRE

Return by December 24, 2010

Please attach additional pages as necessary

1. Is the licensee renewing its deferred deposit loan license(s)? Yes No

If licensee has more than one licensed business location in Montana and intends to renew at least one license but fewer than all of its licenses, state which business location licenses you will be renewing: _____

If licensee responds no, please complete questions 2-4.

2. What is the last date on which the licensee will make new deferred deposit loans at each of its licensed business locations? _____

3. What is the date on which the licensee will close each of its licensed office locations (if applicable)? _____

4. State the physical address where licensee's deferred deposit loan records will be stored and state the name, mailing address, and phone number of the records custodian?

5. Does the licensee plan to maintain its office to conduct business other than deferred deposit lending?

Yes No (If yes, please list type(s) of business below)

6. Does the licensee plan to make new deferred deposit loans on or after January 1, 2011?

Yes No

7. On or after January 1, 2011, does the licensee plan to continue collection efforts on outstanding deferred deposit loans that were made prior to that date? Yes No

If licensee responds yes, please complete questions 8 – 9.

8. Does the licensee plan to collect its own outstanding loans? Yes No

9. Does the licensee plan to use a third party collection agent to collect its outstanding loans? Yes No

If the licensee responds yes, please complete question 10.

10. What is the name, address and phone number of the third party collection agent?

QUESTIONNAIRES CAN BE SENT BACK TO THE DIVISION BY EMAIL, MAIL, OR FAX.

REGULAR MAIL:
Division of Banking &
Financial Institutions
P.O. Box 200546
Helena, MT 59620-0546

OVERNIGHT MAIL:
Division of Banking & Financial
Institutions
301 South Park, Suite 316
Helena, MT 59601

FAX: 406-841-2930
E-MAIL: llefller@mt.gov

In witness whereof I hereby certify the above information is true, correct, and complete in every respect, to the best of my knowledge and belief.

Authorized Signature: _____ Title: _____

Print Name: _____ Date: _____

Phone Number: _____ Email Address: _____

TO BE COMPLETED BY NOTARY:

State of _____)
) ss
County of _____)

On this _____ day of _____, 20_____, before me personally appeared _____, known to me to be the individual described in and who executed the foregoing instrument and acknowledged to me that he/she executed the same.

Signature of Notarial Officer

Name - typed, stamped, or printed

Title and Rank

Residing at

My commission expires: _____

*AFFIX
SEAL
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