



STATE OF MONTANA • DEPARTMENT OF ADMINISTRATION  
**DIVISION OF BANKING AND FINANCIAL INSTITUTIONS**

301 South Park, Suite 316 • PO Box 200546 • Helena, MT 59620-0546

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**2012 RENEWAL APPLICATION**  
**ESCROW BUSINESS LICENSE RENEWALS**

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Date

I hereby affirm the following:

1. The undersigned will continue Escrow Business through June 30, 2012, and hereby renews its license. The license renewal fee of \$100.00 is enclosed.
2. The Division has been notified of changes in personnel, ownership, or office location during the current year. (Attach information if applicable.)
3. Daily operation of our office has been in accordance with the provisions of the Regulation of Montana Escrow Businesses Act (Title 32, Chapter 7, MCA) and Administrative Rules 2.59.701 through 2.59.704.
4. Corrections and adjustments required as a result of an examination conducted by the Division have been made.

\_\_\_\_\_  
We hereby certify the above information is correct to the best of our knowledge and belief.

Licensee Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Home Office Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

