

STATE OF NEBRASKA

Department of Banking & Finance

APPLICATION FOR NONPROFIT ORGANIZATION CERTIFICATE OF EXEMPTION

To the Director of the Department:

This is an application for a nonprofit organization certificate of exemption pursuant to Section 45-703.01 of the Residential Mortgage Licensing Act.

1. Identifying Information				
Exact name, principal business address, mailing address, if different, and telephone numbers of Applicant:				
(A) Entity name: (sole proprietors provide last, first, and full middle name) _____	(B) IRS Employer Identification Number: (Social Security Number is allowed for sole proprietorship) _____			
(C) Main address (Do not use a P.O. Box): <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ _____ _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Number & Street City State Country/Province Postal Code </div>				
(D) Business phone, fax, and email address: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ ext. _____ _____ ext. _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Business Phone Toll Free Number (For consumers) Fax Line Email Address </div>				
(E) Mailing address: <input type="checkbox"/> Same as above <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ _____ _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> P.O. Box or Number & Street City State Country/Province Postal Code </div>				
(F) Other than the office in 1C, does the entity conduct business with consumers through branch offices or other business locations? <input type="checkbox"/> YES <input type="checkbox"/> NO				
2. Other Trade Names				
Any other trade name(s) (i.e. business name, fictitious name, or "doing business as" name) for this organization must be identified below. Use additional sheets as necessary.				
_____ Other Trade Names or "dba" used				
_____ Other Trade Names or "dba" used				
_____ Other Trade Names or "dba" used				

3. Web Addresses

Provide the full web address(es) for the organization and any separate websites for other trade names identified in question 2 (if one exists).

(A) Website Address: _____

Is your organization accepting applications or transacting business through this website? YES NO

(B) Website Address: _____

Is your organization accepting applications or transacting business through this website? YES NO

(C) Website Address: _____

Is your organization accepting applications or transacting business through this website? YES NO

4. Primary Contact Employee Information

List below the individual as the primary contact employee for this organization. Minimum of one primary organization contact must be identified and the individual must be authorized to receive all compliance and licensing information, communications and mailings, and be responsible for disseminating it to others within your organization as necessary. Use additional sheets if necessary.

_____	_____	_____	_____
First Name	Last Name	Title	Email Address
_____	_____	_____	_____
P.O. Box or Number & Street	City	State	Country/Province
			Postal Code
_____	_____		
Business Phone	ext _____	Fax Line	

5. Legal Status

(A) Fiscal year end (MM/DD): _____

(B) If other than a sole proprietorship, indicate date and place the entity obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where Applicant entity was formed):

Formation State: _____	Formation Country/Province: _____	Date of formation (MM/DD/YYYY): _____
------------------------	-----------------------------------	---------------------------------------

(C) Indicate legal status of Applicant.

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Organization | <input type="checkbox"/> Not For Profit Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other (specify) _____ |

EXECUTION: The undersigned, swear (or affirm) as follows, that I executed this form on behalf, and with the authority, of said Applicant and said Applicant agrees to and represents the following:

- (1) That the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part of this application, are current, true and complete and are made under the penalty of perjury, or un-sworn falsification to authorities, or similar provisions as provided by law;
- (2) To the extent any information previously submitted is not amended, such information remains accurate and complete;
- (3) That the jurisdiction(s) to which an application is being submitted may conduct any investigation into the background of the Applicant, and any related individuals or entities, in accordance with all laws and regulations for purposes of making a determination on the application;
- (4) To keep the information contained in this form current and to file accurate supplementary information on a timely basis; and
- (5) To comply with the provisions of law, including the maintenance of accurate books and records, pertaining to the conduct of business for which the Applicant is applying.

If the Applicant has knowingly made a false statement of a material fact in this application or in any documentation provided to support the foregoing application, then the foregoing application may be denied.

Signature of Applicant's representative

Date (MM/DD/YYYY)