Department of Justice

Office of Consumer Protection
P. O. Box 200151
Helena, MT 59620-0151
(406) 444-4500 or (800) 481-6896

Debt Settlement Provider

Certificate of Compliance

State of _____)
) ss:
County of _____)

I, _____, hereby state under penalty of perjury that in completing the filing requirements for Debt Settlement Providers, the responses and material provided are true and accurate to the best of my knowledge and belief. I understand that I have an ongoing requirement to update this information.

_____
Name

_____
Title

_____
Company/Provider

Subscribed to and sworn to before me this _____ day of _____,_____.
(month) (year)

_____
Notary Public

_____
Commission Expiration Date