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1525 Sherman Street - 7th Floor
Denver, Colorado 80203
Phone (303) 866-4500

June 4, 2008

M E M O R A N D U M

RECEIVED

JUN 05 2008

TO: Auto Dealer Business
FROM: Uniform Consumer Credit Code ("UCCC")
Telephone: (303) 866-4494
RE: Initial and Annual Notification and Fee - Due January 31, 2008

You must file and pay UCCC notification and fees if you are a "creditor." A "creditor" is a person or business that sells or leases, or has sold or leased, goods or services to consumers and either arranges financing from others or provides its own financing. If your name appears on a retail installment contract or consumer lease as the creditor or lessor, even if you immediately sell or assign the contract/lease to a finance company or bank, you are a creditor. Please review whether or not you need to file and pay fees for 2008.

Creditors subject to notification are required to file their initial notification fee within 30-days after commencing business in this state. Our records do not reflect that you have filed your initial notification and paid your initial notification fee. If you are writing consumer credit sales or consumer leases and have not filed your initial notification you must file and pay your initial notification now. If our records are inaccurate and you have filed your initial notification, please provide us with the business name and RS notification number assigned to your record and printed on the upper right corner of your annual notification form.

You must complete the first section of the enclosed 2008 notification form (entitled "Computation of Fee") to determine if you must return the form and pay the notification fee for 2008.

NO FEE REQUIRED: If you sell or assign all retail installment contracts and leases within 30 days after you write them or do not collect payments for more than 30 days, the amount listed on line 2(e) will be zero. You do not need to return the notification form or pay any fees and no further action is required. Keep the completed form for your records.

FEE REQUIRED: If you keep and collect payments on any retail installment contracts or leases you made for more than 30 days (even if you later sell or assign them), you must

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complete and return the enclosed notification form and pay the appropriate fee. Notification fees are \$20.00 per business plus, and if applicable, a volume fee of \$5.00 per \$100,000 (or portion thereof) of the original unpaid balances of Colorado consumer credit transactions in excess of \$100,000 made in the prior calendar year. These fees are payable per business so you must include totals from all locations. You must also complete the back of the notification form or provide a separate list of companies that purchase or take assignment of your contracts. If you have conducted similar business activities in prior years and have not previously filed notification with this office, you must file notification for these prior years. Please contact our office for additional information and notification forms for years prior to 2008.

Complete and return the enclosed form by July 7, 2008. Your check should be made payable to:

Colorado Uniform Consumer Credit Code
1525 Sherman St., 7th Floor
Denver, CO 80203

Payments were due January 31, 2008. Late payment fees of **\$5.00 per calendar day** are imposed if payment was not received by March 3, 2008 as authorized by law. Please include this late fee with your notification/volume fee.

This is not a license and you will not receive any other forms when this notification is paid. Your cancelled check is your receipt.

Sole Proprietors and Individual Registrants must also provide your social security number, and a photocopy of your driver's license, state identification card or other photo identification.

Additional information regarding notification and the Uniform Consumer Credit Code is available on our website at: www.ago.state.co.us/UCCC/UCCCmain.cfm. If you have any questions, call (303) 866-4494.

Statutory References: Sections 5-1-301(11), (14), (17) & (42) & 5-6-201 through 5-6-203, Colorado Revised Statutes; UCCC Rule 14, 4 CCR 902-1.

STATE OF COLORADO - DEPARTMENT OF LAW
UNIFORM CONSUMER CREDIT CODE

RECEIVED
AMT. #

(For Department Use Only - Do Not Write Above This Line)

THE UNDERSIGNED HEREBY FILES NOTIFICATION OF INTENT TO ENGAGE IN MAKING, OR COLLECTING AND ENFORCING RIGHTS UNDER, COLORADO CONSUMER CREDIT SALES AND/OR CONSUMER LEASES

- 1. NAME OF PERSON OR FIRM FILING NOTIFICATION _____
- 2. NAME UNDER WHICH BUSINESS IS TRANSACTED, IF DIFFERENT FROM LINE 1 _____
- 3. MAILING ADDRESS OF ENTITY FILING NOTIFICATION: _____
- 4. MAILING ADDRESS OF MAIN OFFICE IF DIFFERENT THAN THAT SHOWN ABOVE: _____

NOTE: IF SUPERVISED LOANS (DIRECT LOANS OF MONEY IN EXCESS OF 12% A.P.R.) ARE MADE OR TAKEN BY ASSIGNMENT, OBTAIN A SUPERVISED LENDER'S LICENSE.

WARNING: PENALTY FOR LATE FILING UP TO \$5.00 PER DAY

IF YOU ARE REQUIRED TO FILE NOTIFICATION:

* COMPLETE BOTH SIDES OF THIS FORM

* RETURN THIS COMPLETED FORM WITH YOUR PAYMENT TO: COLORADO UNIFORM CONSUMER CREDIT CODE
1525 SHERMAN STREET 7 TH FLOOR
DENVER, CO 80203

WEBSITE: www.ago.state.co.us/UCCC/UCCCmain.cfm

IF YOU MAKE OR HAVE MADE CONSUMER CREDIT SALES AND CHARGE OR COLLECT A FINANCE CHARGE, OR MAKE CONSUMER LEASES, AND YOU COLLECT PAYMENTS UNDER THE OBLIGATIONS FOR MORE THAN 30 DAYS YOU MUST FILE NOTIFICATION AND PAY THE FEE REQUIRED BY § 5-6-203 OF THE UNIFORM CONSUMER CREDIT CODE. (IF YOU SELL OR ASSIGN ALL CREDIT SALES AND LEASES WITHIN 30 DAYS AFTER THEY ARE MADE OR DO NOT COLLECT PAYMENTS FOR MORE THAN 30 DAYS, NO FILING OR FEE IS REQUIRED.)

TO DETERMINE IF YOU MUST FILE AND PAY A NOTIFICATION/VOLUME FEE, YOU MUST COMPLETE THE FOLLOWING SECTION ENTITLED "COMPUTATION OF FEE":

- IF THE AMOUNT IN 2(e) IS ZERO (0) YOU DO NOT NEED TO FILE NOTIFICATION AND NO NOTIFICATION FEE OR VOLUME FEE IS REQUIRED. KEEP THIS FORM FOR YOUR RECORDS. YOU DO NOT NEED TO RETURN IT OR PAY THE NOTIFICATION FEE LISTED BELOW.
- IF YOU HAVE A BALANCE IN 2(e) YOU MUST CONTINUE WITH THE COMPUTATION TO DETERMINE THE TOTAL FEES PAYABLE. YOU ARE REQUIRED TO PAY THE NOTIFICATION FEE, AND ANY APPLICABLE VOLUME FEE.

COMPUTATION OF FEE

1. NOTIFICATION FEE			
2. VOLUME FEE		1	\$ 20.00
a. Total of Consumer Credit Sales made in prior calendar year, if applicable. (Original Loan Amount or Amount Financed - Do not include any finance charge or Consumer Credit Sales with NO finance charge.)	2a	\$	_____
b. Total of Consumer Credit Leases made in prior calendar year, if applicable.	2b	\$	_____
c. Total of 2(a) and 2(b)		2c	\$ _____
d. Total of 2(c) paid or assigned to others within 30 days	2d	\$	_____
e. Subtract 2(d) from 2(c)		2e	\$ _____ *
* IF THE AMOUNT IN 2(e) IS ZERO (0) YOU MAY STOP. YOU DO NOT NEED TO FILE NOTIFICATION AND NO NOTIFICATION FEE OR VOLUME FEE IS REQUIRED. IF YOU HAVE A BALANCE IN 2(e) YOU <u>MUST CONTINUE</u> WITH THE COMPUTATION BELOW TO DETERMINE THE TOTAL FEES PAYABLE.			
f. No volume fee is required on the first \$100,000 of Consumer Credit Sales made	Less 2f	\$	100,000.00
g. Subtract 2(f) from 2(e). If line 2(f) is more than 2(e) enter 0 (zero).	2g	\$	_____
h. VOLUME FEES DUE - \$5.00 FOR EACH \$100,000 or part thereof of item # 2(g). Example - If amount listed on 2(g) is \$525,000, the volume fee would be \$30 (\$525,000 divided by 100,000=5.25(round to 6) times \$5.00) (Always round up)		2h	\$ _____
3. TOTAL FEES PAYABLE (Item #1 Notification fee and #2(h) Volume fee)		3	\$ _____

I HEREBY VERIFY THAT THE AMOUNTS STATED ABOVE AND THE AMOUNT PAID ARE TRUE AND CORRECT.

SIGNATURE _____ OWNER/OFFICER/PARTNER

PRINT NAME OF OWNER/OFFICER/PARTNER _____

DATE SIGNED _____

TELEPHONE # _____

FAX # _____

Mandatory Information for Sole Proprietors and Individual Registrants (not open to public inspection). This information is required by §§ 14-14-113 and 24-31-107, C.R.S. and may be used to revoke, suspend, or deny licenses or notifications as determined by the state child support enforcement agency for noncompliance with support orders or subpoenas/warrants relating to paternity and child support. Also, please include a photocopy of your driver's license, state identification card or other photo identification.

Complete Home Address: _____

SSN: _____

SEE REVERSE SIDE OF FORM

