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**Department of Justice**

**Office of Consumer Protection**

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

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**Debt Settlement Provider  
Certificate of Compliance**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss:

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