PAYDAY / TITLE LICENSEE
20__ ANNUAL REPORT
ORS 725A/OAR 441-735

If you are a broker/facilitator making referrals only, complete only 2, 14, and 15.
A separate report must be filed for each license.

<table>
<thead>
<tr>
<th>Licensee name:</th>
<th>License number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager name:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of title loans</th>
<th>Amount</th>
<th>Number of payday loans</th>
<th>Amount</th>
</tr>
</thead>
</table>
1. Unpaid loans at beginning of year: |        |                        |        |
2. Loans made or referred during year: |        |                        |        |
3. Unpaid loans at end of year: |        |                        |        |
4. Loans rolled over once: |        |                        |        |
5. Loans rolled over twice: |        |                        |        |
6. Loans that defaulted during the year: | | | |
   (Provide processes for defaults; more than one may apply.)
   a. Collected in full: | | NA | NA |
   b. Collateral repossessed: | | | |
   c. Payment plan arranged: | | | |
   d. Court action instituted: | | | |
   e. Money judgments obtained: | | | |
      (Include court costs and fees.)
   f. Charged off: | | |
7. a. Maximum loan made: | | |
    b. Average loan amount: | | |
8. a. Maximum finance charge used: | per $100 | per $100 |
    b. Average finance charge: | per $100 | per $100 |
9. a. Maximum APR used (%): | % | % |
    b. Average APR (%): | % | % |
10. Number of borrowers who filed for bankruptcy: | |
11. Number of consumers who received 5 or fewer loans\(^2\) during the calendar year: | |
12. Number of consumers who received 6-10 loans during the calendar year: | |
13. Number of consumers who received 11 or more loans during the calendar year: | |

\(^1\)For purposes of this report, “payday loan” includes any short-term loan that is not a title loan, whether or not a check was taken as security for the loan.

\(^2\)For purposes of questions 11-13, don’t count a rollover as a loan to that consumer.
14. Did this location close?  ☐ Yes  ☐ No  Date of closure:  /  / 

15. The following must be provided if the division was not previously notified.

Have there been any changes to the following:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>☐</td>
<td>Direct ownership of 10 percent or more</td>
<td></td>
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<tr>
<td>☐</td>
<td>Criminal convictions of any corporate director, officer, or owner of 10 percent or more</td>
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<tr>
<td>☐</td>
<td>Business plan</td>
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<tr>
<td>☐</td>
<td>Experienced people</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Qualified people or managers</td>
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</tbody>
</table>

If yes, provide exact details. Attach additional sheets as needed.

Contact information of person who prepared this report:

Contact name: 
Address: 
City: __________________________ State: ________ ZIP: ________________
Phone: ______-_________ Email: __________________________