SURETY BOND CREDIT SERVICES ORGANIZATION Form CSO-2 Rev. 01/2023

That

FEE: N/A

West Virginia Secretary of State Business & Licensing Division Tel: (304)558-8000 Fax: (304)558-8381 Website: www.wvsos.gov

(WV CODE CHAPTER 46A, ARTICLE 6C)

Bond Number

KNOW ALL PERSONS BY THESE PRESENTS

as PRINCIPAL,

a credit service organization, and whose address for service of process is __________, a corporation authorized to transact a general surety business in the State of West Virginia, as surety, whose address is

are held and firmly bound to the State of West Virginia in the sum of fifteen thousand dollars (\$15,000), for the payment of which, we bind ourselves, our heirs, executors, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, The principal is engaged in the business of selling the services of a credit services organization within the meaning of Section 46A-6C-2 of the West Virginia Code and is required by the provisions of Section 46A-6C-3(1) and 46A-6C-4 of the West Virginia Code to furnish a bond conditioned as herein set forth, and this bond is executed and tendered in accordance therewith.

NOW, THEREFORE, The conditions of this obligation are that if the principal complies with the provisions of Chapter 46A, Article 6C of the West Virginia Code and does not damage any person by any violation of said article then this obligation is to be void, otherwise it is to remain in full force and effect.

Any person damaged by any violation by the principal of Chapter 46A, Article 6C of the West Virginia Code may bring an action of law against the principal and surety on this bond in his or her own name to recover such damages.

The liability of surety for any claim arising under this bond shall not exceed the actual damages arising from the principal's violation of said code provisions and surety shall not be liable for the punitive damages permitted under Section 46A-6C-9 of the West Virginia Code.

The aggregate liability of the surety on all claims whatsoever shall not exceed the penal sum of the bond.

This bond shall be effective from the ______ day of ______, 20____, and continue for two years after the date that the credit service organization ceases operations, unless new security is provided in the form of a surety trust account as permitted by West Virginia Code 46A-6C-4.

IN WITNESS WHEREOF, the principal and surety have executed this instrument the _____ day of _____, 20____.

{Raised Seal}

{Raised Seal}

Name of Business

Name of Business

Signature

Signature

Title

Title

Countersigned By

Attach Power of Attorney with raised seal, current as of execution date.

WV Resident Agent

Acknowledgement by Principal if Individual or Partner		
STATE OF	, SS	
County of	, to-wit	
I,	, a Notary Public in and for the county and state	
foresaid, do hereby certify that	Name of individual or partner whose name is signed to the	
foregoing writing has this day acknow	vledged the same before me in my said county. Given under	
my hand this day of	, 20	
(Notary Seal)		
	Signature of Notary Public	
My commission expires on the	day of, 20	
Acknow STATE OF County of		
I,	, a Notary Public in and for the county and state	
foresaid, do hereby certify that	, who as	
	, signed the foregoing writing for,	
A corporation, has this day, in my said	d county, before me, acknowledged the said writing to be the	
act and deed of the said corporation.		
Given under my hand this	day of, 20	
(Notary Seal)	Signature of Notary Public	
My commission expires on the	day of, 20	
	Official Form CSO-2	

Acknowledgement by Surety	
STATE OF, SS	
County of, to-wit	
I Notary Dublic in and for the county and state	
I,, a Notary Public in and for the county and state	
foresaid, do hereby certify that	
who as, signed the foregoing writing for	
, a corporation, has	
this day, in my said county, before me, acknowledged the said writing.	
Given under my hand this day of, 20	
(Notary Seal)	
Signature of Notary Public	
My commission expires on the day of, 20	
Approved as to Form and Sufficiency of Execution by the Attorney General	
Dated this day of, 20 ByAssistant Attorney General	
POWER OF ATTORNEY INSTRUCTIONS FOR SURETY	
Certificate of Power of Attorney for Surety must be attached to this form and it must show that it	
was in full force and effect on bearing date (execution) indicated on the face of the bond. The raised corporate seal must also be affixed to the Power of Attorney.	
1. Name of attorney in fact must be listed. If attorney is a non-resident, West Virginia resident	
agent must countersign bond.	
 Power of Attorney may not exceed imposed limitations. Certificate date, preferably the bearing date of bond, but not earlier than bearing date, must be 	
entered.	
4. Signature of authorizing official must be affixed to power of attorney. (Signature may be facsimile)	
5. Raised seal must be affixed to power of attorney.	
NOTICE:	
THIS BOND MUST BE MAINTAINED UNTIL TWO YEARS AFTER THE DATE THAT	
THE CREDIT SERVICES ORGANIZATION CEASES OPERATIONS UNLESS NEW SECURITY IS PROVIDED IN THE FORM OF A SURETY TRUST ACCOUNT AS PERMITTED BY WEST	
VIRGINIA STATE CODE, 46A-6C-4. Official Form CSO-2	

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Filing Submission Instructions - Business Division

IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORMS.

Please follow the instructions included with the application. Failure to include any of the required information on the form may cause the filing to be rejected.

All forms may be downloaded from our web site www.wvsos.gov.

SUBMIT THE COMPLETED APPLICATION WITH THE <u>CUSTOMER ORDER REQUEST</u> FORM TO ONE OF THE OFFICES BELOW. CHOOSE EXPEDITED OR STANDARD PROCESSING SERVICE. IF NOT USING THE CUSTOMER ORDER REQUEST FORM AND YOU ARE REQUESTING EXPEDITED SERVICE, YOU MUST INCLUDE THE WORD "EXPEDITE" AND THE LEVEL OF EXPEDITED SERVICE BEING REQUESTED (24-HOUR, 2-HOUR OR 1-HOUR) IN YOUR CORRESPONDENCE. BE SURE TO INCLUDE THE CORRECT ADDITIONAL EXPEDITED FEE. THIS FEE IS IN ADDITION TO THE REGULAR FILING FEE (*SEE FEES BELOW*).

CHOOSE ONE OF THE FOLLOWING PROCESSING SERVICES:

1 EXPEDITED SERVICE (24-hour, 2-hour and 1-hour; *Requires standard filing fee plus additional expedite fee, see below)

Expedite Service	* <u>Fee</u>	EXPEDITED SERVICE requests may be submitted by:
24-Hour	\$ 25.00	- E-mail to efilings@wvsos.com
2-Hour	\$250.00	- Fax
1-Hour	\$500.00	- Walk in delivery

2 STANDARD PROCESSING (5-10 business days)

Standard filing fees apply.

STANDARD PROCESSING requests may be submitted by:

- E-mail to CorpFilings@wvsos.com
- Fax
- Walk in delivery (drop off service only filed within 5-10 business days)

INCLUDE PAYMENT:

Be sure to enclose the correct filing fee with your filing. If paying by credit card, be sure to include the <u>e-Payment Authorization</u> form with your filing. Your filing will be rejected if the payment is not included or if the e-Payment Authorization form is not included if paying by credit card.

SUBMIT COMPLETED FILING TO ONE OF THE BUSINESS CENTERS BELOW:

BUSINESS SERVICE CENTERS *Standard and Expedited Filings*

<u>Charleston Office</u>	Clarksburg Office	Martinsburg Office
One-Stop Business Center	North Central WV Business Center	Eastern Panhandle Business Center
13 Kanawha Blvd. West	153 West Main Street	229 E. Martin Street
Suite 201	Suite G- Third Floor	Martinsburg, WV 25401
Charleston, WV 25302	Clarksburg, WV 26301	Phone: (304) 356-2654
Phone: (304) 558-8000 Fax: (304) 558-8381 Hours: Mon Fri. 8:30a - 5:00p EST	Phone: (304) 367-2775 Fax: (304) 627-2243 Hours: MonFri. 9:00a - 5:00p EST	Fax: (304) 260-4360 Hours: Mon Fri. 9:00a - 5:00p EST

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Customer Order Request	SUBMIT THIS COMPLETED FORM WITH YOUR FILING.
>> Tax Department filings	RE SUBMITTING - Expedite service is NOT AVAILABLE for the following filings: including Sole Proprietorships, General Partnerships, and Associations val of Corporation, Voluntary Association or Business Trust
Order Processing Requested*:	* * * Expedite Processing Requires Additional Fees * * *
Standard Processing**	24-HOUR Expedite*** 2-HOUR Expedite 1-HOUR Expedite
(Avg. processing turnaround (ac 5-10 business days)	dditional \$25.00 fee included) (additional \$250.00 fee included) (additional \$500.00 fee included)
Email to: <u>CorpFilings@wvsos.com</u>	Email to: eFilings@wvsos.com
	ALL Requests for Copies of documents email to: <u>Copies@wvsos.gov</u>
**Standard Processing applications received b	leted and registered in the Secretary of State registration database. by E-MAIL or FAX must include the e-Payment Authorization form with credit card information. ny Secretary of State office location requesting the filing be processed will be assessed a 24-HOUR
Name of Entity:	
Return filing to: (Return Address)	
Contact Name:	Phone:
Return Delivery Options: Email or F	Fax options do not receive a copy via mail; must be ordered separately.
Email to:	Fax to:
Hold for Pick Up Mail to Re	turn Address above FedEx: Acct #
Other (explain below):	UPS: Acct #
Order Description (include items being order	ered and fee breakdown):

* **PLEASE NOTE:** Original paperwork is kept by this office. Include a copy of the original filing if you want a file stamped copy returned to you at no extra charge. <u>Certified copy requests</u> are an additional <u>\$15 per certified copy</u> being requested.

Total Amount:

Payment Method:

Check/Money Order	Credit Card	(Must attach e-Payment Authorization request form including payment information.)
Cash (<u>Do Not</u> mail cash)	Pre-paid Acc	t #: Attach signed pre-paid slip.

MAC WARNER Secretary of State State Capitol Building Charleston, WV 25305 Phone: (304) 558-6000 Website: www.sos.wv.gov

24-hour, 2-hour and 1-hour

Expedite Service Guidelines

IMPORTANT: To ensure expedited service, please mark "EXPEDITE" in a conspicuous place at the top of the service request. Please indicate method of delivery.

24-HOUR EXPEDITE SERVICE

The Secretary of State offers a 24-hour expedite service on most business organization filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. You must mark the document with your "24-HOUR **EXPEDITE**" request. If using a cover letter, note that you are requesting 24-hour expedited service, and include your telephone number and return information. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling is \$25.00 in addition to the usual fee for service. Please consult our fee schedules for the appropriate fee. If you require assistance, please contact this office.

Time Constraints: Under most circumstances, each filing submitted receives same day filing date and may be picked up in the office by the end of the same business day. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in acceptable fileable form.

2-HOUR EXPEDITE SERVICE

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional \$250.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-HOUR EXPEDITE SERVICE

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional \$500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-Hour and 2-Hour Time Constraints: Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgement (fax or e-mail) or to provide a correct fax number or e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in fileable form.

The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.

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	Kev. 01/2023
e-Payment Authorization	has been processed by this office. Electronic storage of payment information is only permitted by signed
	authorization below which may be retracted at any time by written request by the authorized party.
Service Type: Fax E-mail	Mail
Payment by Card (card holder name and	d billing address required below)
Card Type: Visa	Mastercard Discover American Express
Credit Card Number:	V Code*
 * 3-digit number on back of VISA, Ma 4-digit number on front right side of a 	
	oses, all credit card payments must include the 3- or 4-digit CVV2 code (V Code) number this code will result in the rejection of your filing or service request.
Credit Card Expiration Date: Month:	Year:
	Amount to Charge Card: USD \$
Order Information (required)	
Entity Name:	
-	
Card Holder Information:	
Name as it appears on the account	
Billing Address	
City	State Zip Code
Telephone	Ext.
Payment Information Storage Authorize the Secretary of State to store this	prization (optional) payment information for future payment transactions processed by Secretary of State:
X Authorized Signature	Date
C	
Payment Authorization (required)	nount not to exceed the following to be charged to the above listed account(s):
r autorize the Secretary of State to off all all	
X Authorized Signature	Date
	Not to Exceed Amount: USD \$