

**CREDIT REPAIR SERVICES ORGANIZATION**  
**REGISTRATION STATEMENT**

LSA-R.S. 9:3573.3(5) of the Louisiana Credit Repair Organizations Act requires a credit repair services organization to file a registration statement with the Office of the Attorney General before conducting business in this state. The Registration Statement must be updated within ninety days after the date on which a change in the information required in the statement occurs. A copy of the registration statement must be maintained in the files of the credit repair services organization. The credit repair services organization shall allow a buyer to inspect the registration statement on request. The registration statement contains the following information; however, additional information may be required at the request of the Office of the Attorney General.

1.	Name of principal place of business of the credit repair service organization:			
	Trade Name, d/b/a, or assumed name of applicant, if applicable:			
	Principal office street address:			
	City:	State:	Zip:	Phone Number
2.	Is the business operated as a corporation, partnership, association, or sole proprietorship? Check one. <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other (Explain):			
3.	(a) If operated as a corporation, the name and address of each director of the corporation, each officer of the corporation or indirectly owns or controls ten percent or more of the outstanding shares of stock in the credit repair organization. <i>Attach a separate sheet if necessary.</i>			
	Name:			
	Mailing Address:			
	City:	State:	Zip:	Phone Number:
	(b) If operated as a partnership, the name and address of each partner. <i>Attach separate sheet if necessary.</i>			
	Name:			
	Mailing Address:			
	City:	State:	Zip:	Phone Number:
	(c) If operated as an association, the name and address of each of its members. <i>Attach separate sheet if necessary.</i>			
	Name:			
	Mailing Address:			
	City:	State:	Zip:	Phone Number:
4.	The name and address of the credit repair services organization's agent in the state authorized to receive service of process:			
	Name:			
	Mailing Address:			
	City:	State:	Zip:	Phone Number:
5.	Attach either: (a) A full and complete disclosure of any litigation or unresolved complaint filed with any governmental authority of this state relating to the operation of the credit repair services organization. OR (b) A notarized statement that there has been no litigation or unresolved complaint filed with any governmental authority of this state relating to the operation of the credit repair services organization.			