

**State of Delaware
Department of Justice
Telemarketing Registration Statement**

BANKRUPTCY HISTORY FORM

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Instructions. If the Registrant indicated yes under Section V, this form must be completed for each bankruptcy filing, adjudication or reorganization.

Information Pertaining to the Person who: filed for bankruptcy; was adjudged bankrupt; or who has been reorganized because of insolvency.

Name	
Address Line # 1	
Address Line # 2	
City, State, Zip	
Person's Relationship with the Registrant (Please Circle All that Apply) 1-Registrant 2-Owner 3-Director	
Nature of the Action (Please Circle) 1-Filed for Bankruptcy 2-Was Adjudged Bankrupt 3-Has Been Reorganized because of Insolvency	

The name and address of the court having jurisdiction in this matter:

Court's Name	
Address Line # 1	
Address Line # 2	
City, State, Zip	

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The name and address of any governmental agency, prosecutor's office, probation office, or law enforcement agency involved in the matter:

Agency's Name	
Address Line # 1	
Address Line # 2	
City, State, Zip	
Agency's Name	
Address Line # 1	
Address Line # 2	
City, State, Zip	
Agency's Name	
Address Line # 1	
Address Line # 2	
City, State, Zip	

The case, docket or identification numbers as used by the court having jurisdiction over the matter:

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The extent the Registrant is on probation, owes any restitution, fines, penalties or assessments to any person or governmental authority because of this matter:
