

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

CRIMINAL HISTORY FORM

(Page One of Two)

Instructions. If the Registrant indicated yes under Section III, this form must be completed for each conviction, guilty plea, or current prosecution.

Information Pertaining to the Person Subject to the Conviction, Guilty Plea, or Current Prosecution:

Name	
Address Line # 1	
Address Line # 2	
City, State, Zip	
<p>Person's Relationship with the Registrant (Please Circle All that Apply)</p> <p>1-Registrant 2-Owner 3-Telemarketer 4-Manager 5-Director</p>	
<p>Nature of the Action (Please Circle)</p> <p>1-Racketeering 2-Violation of State Securities Laws 3-Violation of Federal Security Laws 4-Theft 5-Fraud 6-Forgery 7-Other Offense Involving Falsehood Or Deception (Please Indicate Offense): _____</p>	
<p>Status of Action (Please Circle)</p> <p>1-Conviction 2-Guilty Plea 3-Current Prosecution</p>	

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

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

State of Delaware
Department of Justice
Telemarketing Registration Statement

CRIMINAL HISTORY FORM

(Page Two of Two)

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:

--

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