FOR DIVISION USE ONLY

Collection Agency Section

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ProfessionalLicense.Alaska.Gov/CollectionAgencies

Collection Agency Annual Statement

Every collection agency licensee shall, not later than January 31 of each calendar year, file a verified annual statement for the preceding calendar year, showing the respective amounts of all Alaska-based customers' money collected by the collection agency and affiliated branches during the preceding calendar year that has not previously been remitted to the customers entitled to it or properly accounted for, and showing also the amounts of money that the licensee has on deposit in a bank or in the licensee's possession for the purpose of liquidating any and all amounts due to customers. Include the name and address of the bank where the money is located. If the number of Alaska-based customers owed money by the collection agency or branch is greater than the space available, write in the space given "see attached" and attach a separate listing, titled with the agency's or branch's name, of the information required. (AS 08.24.210). Please submit one form for agency and affiliated branches.

20 Report (complete the form on or after January	y 1, and send no later than January 31 of the succeeding year.)
Pursuant to AS 08.24.210, the undersigned,	(Name of Collection Agency)
amount of money collected during the preceding cale	conduct collection agency business in Alaska, declares that the endar year by it which has not been remitted to an Alaska-based; and that the amount on deposit with all banks for the purpose of
	true statement of the name and address of each Alaska-based due or owing at the end of the preceding calendar year on account pregate sum of \$20 or more.
License numbers under this agency are:	
	Signature of Owner or Operator
	Printed Name and Title

VERIFICATION

State of)			
) SS.			
(Judicial District, County, Parish, etc.)			
I, the undersigned, duly sworn, state that I executed the [in it or on behalf of the licensee named in it, as the apprehat I have read the annual statement and the information	opriate authorized individual a		
Employee's Signature			
Notary's Signature			
SUBSCRIBED AND SWORN TO before me on	(date).		
Notary Public, State of		NOTABY OF AL	
My Commission Expires:		NOTARY SEAL	
Name of Bank where trust account is located	Collection Agency		License #
Bank Address	Collection Agency Operator		Date
City/State/ZIP Code			
Name and Address of Alaska-Based Customer	:	Amount Owed	