



Dipáttamenton Kontribusiyan yan Adu'ána

DEPARTMENT OF

# REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

EDDIE BAZA CALVO, Governor Maga'låhl  
RAY TENORIO, Lt. Governor Tifente Gubetnadot

JOHN P. CAMACHO, Director  
Direktot  
MARIE M. BENITO, Deputy Director  
Segundo Direktot

March 10, 2014

Gentlemen:

In compliance with the provisions of the Title 14, Guam Code Annotated, Uniform Consumer Credit Code, Section 6204, we are enclosing the "**Annual Notice of Intent to do Business**" form which is required to be completed and returned to our office on or before **June 30, 2014**.

**The annual basic fee** for regulated institutions is **\$20.00, plus \$20.00 for each \$100,000.00 or part thereof, in excess of \$100,000.00 of the original unpaid balances** arising from consumer sales, consumer leases and consumer loans made in Guam during the period of **June 01, 2013 through May 31, 2014** and held for more than **thirty (30) days** by either the sellers, lessors, lenders, as directed by the Guam Code Annotated, Title 14, Uniform Consumer Code, Section 6204. **The fee is payable on or before June 30<sup>th</sup> of each year.** We request that your payment be made payable to the **Treasurer of Guam**. The "**Annual Notice of Intent to do Business**" form together with the fee may be mailed to:

**ARTEMIO B. ILAGAN**

Banking and Insurance Commissioner

UCCC Administrator

Department of Revenue & Taxation

P.O. Box 23607 GMF, Barrigada, Guam 96921

**No business license will be issued to your organization until this filing is made and all fees have been paid.** Please be sure that all questions are answered and the certification at the bottom of the form has been properly completed. Should you have any questions, please contact our office at 671-635-1843 through 1846.

Sincerely,

**ARTEMIO B. ILAGAN**

Banking and Insurance Commissioner

UCCC Administrator

Enclosures:

/tcs.

GUAM  
OFFICE OF THE ADMINISTRATOR  
OF CONSUMER CREDIT CODE  
TIYAN, BARRIGADA, GUAM

ANNUAL NOTICE OF INTENT TO DO BUSINESS

(Individuals and Business Engaged in Making Consumer Credit Sales, Lease and/of Loans in Guam).

1. Name: \_\_\_\_\_  
(Seller/Lessor/Lender)
2. Name in which business is transacted \_\_\_\_\_
3. Address of Principal office: \_\_\_\_\_  
(This may be outside of Guam) (St. No.) (City) (State)
4. Mailing Address: \_\_\_\_\_  
(St. No.) (City) (State)
5. Address of all offices or places of business in Guam:  
\_\_\_\_\_  
\_\_\_\_\_
6. Current financial statements must be provided. Statement enclosed ( ) Yes ( ) No
7. Type of business conducted \_\_\_\_\_
8. If consumer credit sales, consumer leases or consumer loans are made, specify as to how and when they are made: // At office or store // By mail // Home Solicitation // Other Specify: \_\_\_\_\_
9. If the above is other than at an office or retail store give a brief description of the manner in which they are made:  
\_\_\_\_\_  
\_\_\_\_\_
10. Name and Address (In Guam) of designated agent upon whom service of process may be made: \_\_\_\_\_
11. Do you made direct loans? \_\_\_\_\_ If so, does the loan finance charge exceed the annual percentage rate of 24% \_\_\_\_\_.
12. Do you make sales or consumer loans pursuant to a "Revolving Charge of Loan Account? \_\_\_\_\_
13. As a seller, lessor lender, give below a total of the original unpaid balances arising from consumer credit sales/leases/loans made in Guam within the preceding fiscal year held for more than 30 days after inception of the sale, lease or loan giving rise to the obligations. (Refinancing of a sale, lease or loan resulting in an increase in the amount of an obligation is considered a new sale, lease or loan to the extent of the amount of the increase).  
  
Unpaid balances from Consumer Credit Sales \$ \_\_\_\_\_  
Unpaid balances from Consumer Leases: \$ \_\_\_\_\_  
Unpaid balances from Consumer Loans: \$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

CERTIFICATION

I hereby certify that the statements in the foregoing report are true and correct to the best of my knowledge and belief.

Dated: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Title)

Return to Department of Revenue & Taxation, P.O. Box 23607, GMF 96921