

STATEMENT OF COMPLIANCE WITH FINANCIAL ACCOUNTABILITY REQUIREMENT HS-R3

RETURN TO:

Office of the Attorney General
Consumer Protection Section
500 Dexter Avenue
Montgomery, Alabama 36130-0152
(334) 242-7335

1. I, _____, _____
NAME TITLE

have filed a Health -Studio Registration Form with the Consumer Protection Section, Office of the Attorney General, on behalf of the following business entity (state-name, address, and telephone number):

NOTE: Each business entity (e.g., a corporation, partnership or sole proprietorship) is required to file a separate Statement of Compliance

2. The Registration Form was filed on _____
DATE

3. I have satisfied the financial accountability requirement as follows:

A. I have secured a bond in the amount of \$ _____

(1) The Bonding company is: _____

(2) The bond number is: _____

(3) The bond was purchased on: _____

- (4) The bond contains language indicating that:
- (a) it is for the benefit of any consumer who suffers or sustains any loss or damage by reason of breach of contract or bankruptcy by the seller of the Health Studio Services Agreement; and
 - (b) the bonding company must provide the Consumer Protection Section with written notice of cancellation or termination of the bond thirty (30) days prior to the date of such cancellation or termination.

(The original copy of the bond must be attached with the Statement)

B. I have filed an irrevocable letter of credit in the amount of \$ _____ with the Consumer Protection Section

(1) The financial institution is: _____

(2) The letter of credit was obtained on: _____

(3) The letter of credit contains language indicating it is for -the benefit of any consumer who suffers or sustains any loss or damage by reason of breach of contract or bankruptcy by the seller f the Health Studio Services Agreement.

(The original letter of credit must be filed with this statement)

CERTIFICATION

I, (NAME) _____, (TITLE) _____ hereby certify under pain and penalty of perjury, that the information contained in this Statement of Compliance with Financial Accountability Requirement is true and correct. I further certify that I am authorized to submit this. statement of compliance with Financial Accountability Requirement on behalf of

I also understand that I am under a continuing obligation to notify the Consumer Protection Section of any change in the information provided, in this form..

SIGNATURE _____ DATE _____

Subscribed and sworn before me this ____ day of _____, 200__

NOTARY PUBLIC _____ My Commission Expires _____