



STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF CONSUMER SERVICES

P.O. Box 41200 • Olympia, Washington 98504-1200
Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258 • <http://www.dfi.wa.gov/cs>

DECLARATION OF ACTIVITY

I, _____, declare:
 Print Name

1. I am above the age of eighteen and, based on my personal knowledge, am competent to testify to the facts as stated in this declaration.

2. I am the Designated Broker for _____.
 Print Company Name

3. I certify that from January 1, 2008, through _____,
 Print Effective Date of 2008
 Washington Mortgage Broker
 Practices Act License

the Company noted in paragraph 2 did
 did not perform any activity that
 (Check One)

would require licensure as a mortgage broker under Chapter 19.146 RCW, the Mortgage Broker Practices Act.

4. I further certify that between that same period noted in paragraph 3, the

Company noted in Paragraph 2 did
 did not receive any compensation that
 (Check One)

would require licensure as a mortgage broker under Chapter 19.146 RCW, the Mortgage Broker Practices Act.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

DATED this ____ day of _____, 200_, in _____, _____.
 Day Month Year City State

 Signature