CHECK ONE:

New Registration

Office of the Attorney General Consumer Protection Division 200 St. Paul Place - 16th Floor Baltimore, Maryland 21202 (410) 576-6350

___ Revised Registration

STATEMENT OF COMPLIANCE WITH FINANCIAL ACCOUNTABILITY REQUIREMENT UNDER MARYLAND COMMERCIAL LAW CODE. §14-12B-02(E)

1.	I,		(Title)
	filed a Health C	Club Re	(Title) gistration Form with the Consumer Protection Division, Office of the following business:
	ness Name: ness Address:		
Busi	ness Telephone:	()
2.	The Registra	tion Fo	rm was filed on Date
3.	I have satisfic (Check one)	ed the r	requirement of the Maryland Commercial Law Code as follows:
A.		I hav	e secured a bond in the amount of
		\$	with the Consumer Protection Division.
		(1)	The bonding company is: Name: Address:
			Telephone: ()
		(2)	The Bond number is:
		(3)	The Bond was purchased on

		(4)	Division or its substantial equivalent.	
(The c	original	bond n	nust be attached with this Statement.)	
	B. I have filed an irrevocable letter of credit in			
		the amount of \$ with the Consumer Protection Division.		
		(1)	The financial institution is: Name: Address:	
			Telephone: ()	
		(2)	The letter of credit was obtained on:	
		(3)	The letter of credit is on the form provided by the Consumer Protection Division or its substantial equivalent.	
		(The	original letter of credit must be filed with the statement).	
	C.	I have deposited \$ in cash with the Consumer Protection Division to be held by the Consumer Protection 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 Club Services Agreement.		
report includ	of a cer	rtified p yments	rity posted is based on a schedule of outstanding liabilities and a public accountant which are filed herewith. The schedule must that would be refunded to consumers if your business were to close. etions)	
	Sched	nedule attached		
	Repor	Report attached		
Note:		amoun outstan	nust review the outstanding liabilities of the business quarterly and increase the t of the bond, letter of credit or cash deposit to account for any increases in ding liabilities. Also, you must increase the bond, letter of credit or cash deposit ver the outstanding liabilities of the business increase by more than \$10,000.	

4.

CERTIFICATION OF SOLE PROPRIETOR, LLP PARTNER, GENERAL PARTNER, CORPORATE OFFICER, OR LLC MEMBER

I,(Name)		(Title)
contained in this Health	Club Registration Form, and all , is complete, accurate and true.	alty of perjury, that the information other information provided pursuant to I further certify that I am authorized to
	(Business Name)	·
Division of any change days from the date of the to become bonded, I mu the bond, letter of credit of the business. I also u	in the information provided by the change. I also understand that ast review my outstanding liabilities or cash deposit to account for a	to notify the Consumer Protection he above business no later than ten (10) if my business is bonded, or is required ties quarterly and increase the amount of ny increases in the outstanding liabilities he bond, letter of credit or cash deposit an \$10,000.
Dated:	Signature _	