Consumer Protection Division Office of the Attorney General 200 St. Paul Place, 25th Floor Baltimore, MD 21202 410-576-6350

BOND EXEMPT

REGISTRATION RENEWAL CERTIFICATION

I am the	of	
HCU#	, whose principal place of business is	
	,,	
("Registrant").		
I hereby certify t	hat I have personal knowledge and information regarding the	
Registrant's open	rations and registration.	
The Registrant is registered for the current registration year with the ConsumerProtect		n
Division ("Divis	ion") of the Office of the Attorney General pursuant to Md.	
Code Ann., Com	Law §14-12B-01 et seq. as a seller of health club services.	
I hereby certify t	hat the Registrant (initial each box):	
has not co	ollected and will not collect more than 3 months' advance payment,	
including	the down payment, from any member for services not yet provided;	
has not co	ollected and will not collect an initiation fee or other fee that exceeds	
\$200 from	m any member; and	
does not	charge an annual fee.	

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- 5. I hereby certify that all information submitted to the Division is true and correct as of the date of this certification.
- 6. I hereby certify that the Registrant (initial each box):

has not changed or edited its contracts since the Registrant last submitted it contracts to the Division; and

has not changed or edited its Notice of Consumer Rights since the Registrant last submitted the Notice of Consumer Rights to the Division.

- 7. I understand that I must notify the Division and fulfill all registration requirements and bonding requirement before the Registrant:
 - a) Charges an initiation fee, or other fee, in excess of \$200;
 - b) Charges an annual fee;
 - c) Accepts more than 3 months' advance payment, including a down payment; or
 - d) Makes changes in payment terms, accepts additional or multiple payments, and accelerated payments.
 - 8. I understand that I am under a continuing obligation to notify the Division of:
 - a) Any change in any registration information within 10 days of the date of any change; or
 - b) Any sale or closing of the business within 15 days of the occurrence.

Form HC-R4-a

Consumer Protection Division
Office of the Attorney General
200 St. Paul Place, 25th Floor Baltimore, MD 21202
410-576-6350

I solemnly affirm under the penalties of perjury that the foregoing information is true			
based on my personal knowledge.			
By (signature):	Date:		
Name (PRINT):			