State of New Jersey
DEPARTMENT OF BANKING AND INSURANCE
LICENSING SERVICES BUREAU - BANKING
PO BOX 473
TRENTON, NJ 08625-0473

TEL (609) 292-7272

MEMORANDUM OF TAX CERTIFICATION

Date: _____

I do hereby certify that I am in good standing with respect to any and all taxes due and owing to the State of New Jersey as of the date of this certification.

Full Name: _____

Individual NMLS ID: _____

Address: _____

_____