

## Secretary of State of the State of Arkansas

## TELEPHONIC SELLER ANNUAL REGISTRATION FORM

Pursuant to Act 137 of 1993 of the Arkansas General Assembly, codified at Ark. Code Ann. §§ 4-99-101 through 112, Arkansas law requires an telephonic sellers to register with the Secretary of State prior to doing business in the State of Arkansas, including soliciting prospective purchasers from locations in Arkansas or soliciting prospective purchasers who are located in Arkansas. Registration is only valid for one year and may be renewed for additional one-year periods with the filing of this form and applicable fees. This form and all required attachments must be submitted at least 10 days prior to any solicitation.

The following must be included with the submission of this form:

- 1. A fee of \$100 made payable to the Secretary of State of the State of Arkansas;
- 2. A copy of the seller's business formation documents:
  - a. If incorporated, a copy of the Articles of Incorporation or Organization along with its bylaws and any amendments; and
  - b. If a partnership, a copy of the partnership agreement;
- 3. A fully executed bond in the amount of \$50,000.00;
  - a. The bond must be issued by a surety company authorized to do business in Arkansas,
  - b. The bond must run in favor of the Secretary of State (see Ark. Code Ann. §4-99-107),
  - c. The bond must remain current at all times for registration to remain valid; and
- 4. An executed Consent for Service (Form TS-02), if applicable;
- 5. A declaration from each principle of the telephonic seller verifying that the information is correct (p. 8 of Form TS-01); and
- 6. For every salesperson employed by the telephone seller, a completed Telephonic Salesperson Annual Registration Form (Form TS-03) and the applicable document and fees.

This form and all attachments should be submitted via email to <a href="mailto:charities@sos.arkansas.gov">charities@sos.arkansas.gov</a>. Incomplete submissions will not be accepted. You are obligated to update or revise any material change in the information submitted to the Secretary of State not more than 10 days after the change occurs. Changes or updates should be submitted on this form.

If you have questions or inquiries, please contact us via email at <a href="mailto:charities@sos.arkansas.gov">charities@sos.arkansas.gov</a>, via phone at (501) 683-0094, or via mail to Arkansas Secretary of State, Business and Commercial Services, ATTN: Charities Registration, 1401 W. Capitol, Suite 250, Little Rock, AR 72201.

Form TS-01 Page 2 of 7

Section I. Seller's Informated Federal EIN				
rederal Ein				
Organization's Legal Name				
Any Previous Legal Name(s)				
Any Name(s) Under Which the Entity Does Busines	s or Intends to do Busine	ess		
Castian II Dasignated Co		ation		
Section II. Designated Co  Designated Contact for Correspondence	ntact inform	lation		
Mailing Address	_			
Widiling Addicess				
City		State	Zip	
		1		
Designated Contact's Phone Number	Designate	d Contact's E	mail Address	
Designated Contact's Phone Number	Designate	ed Contact's E	mail Address	
Designated Contact's Phone Number  Section III. Addresses and				
Section III. Addresses and				
Section III. Addresses and Principal Physical Address	d Telephone	Numb	ers	
Section III. Addresses and Principal Physical Address City	d Telephone	Numb	ers	
Section III. Addresses and Principal Physical Address City	d Telephone	Numb	ers	
Section III. Addresses and Principal Physical Address City	d Telephone	Numb	ers	
Section III. Addresses and Principal Physical Address City	d Telephone  usiness (if different from abov	Numb State	ers	
Section III. Addresses and Principal Physical Address  City  Any Address(es) From Which Seller Will Conduct B	d Telephone  usiness (if different from abov	Numb State	ers	
Section III. Addresses and Principal Physical Address  City  Any Address(es) From Which Seller Will Conduct B	d Telephone  usiness (if different from abov	Numb State	ers	

Form TS-01 Page 3 of 7

<b>Section IV. Corporate Inf</b>	ormation				
Seller's Business Form					
State of Incorporation or Organization	Date of I	ncorporation	or Establishment		
	n or Organization  Date of Incorporation or Establishment  / /				
Name of Agent in Arkansas Authorized to Receive	Service of Process				
City		State	Zip		
Provide the following information for Parent or Africating to sales solicited by the seller, or any company that acce seller). Please provide as many additional pages of S	epts responsibility for statement	s made by, or act	s of, the seller relating to sales so		
Name of Parent or Affiliate Company			☐ Parent	Affiliate	
Business Form					
State of Incorporation	te of Incorporation Date of Incorporation or Establishment				
·	/	<i>'</i>			
If operating under a fictitious name, the location v	where the fictitious name	e is registered	d		
Name of Parent or Affiliate Company			☐ Parent	Affiliate	
Business Form					
State of Incorporation	Date of I	ncorporation	or Establishment		
If operating under a fictitious name, the location v	where the fictitious name	e is registered	j		
Name of Parent or Affiliate Company					
,			☐ Parent	Affiliate	
Business Form					
State of Incorporation	Date of I	ncorporation	or Establishment		
	/_				
If operating under a fictitious name, the location v	where the fictitious name	e is registered			

Form TS-01 Page 4 of 7

## Section V. Officers' and Owners' Information

The following information must be provided for each of the seller's officers, directors, trustees, general and limited partners, sole proprietor, owners, and managers. Please provide as many additional pages of Section V as is necessary to include each individual.

Name			
Select Any Applicable Roles Officer Director Trustee Owner Address of Principle Residence	General Partner Limited Partner Sole Proprietor Manager		
Address of Fillicipic Residence			
City		State	Zip
Name			
Select Any Applicable Roles Officer Director Trustee Owner	General Partner Limited Partner Sole Proprietor Manager		
Address of Principle Residence			
City		State	Zip
Name			
Select Any Applicable Roles Officer Director Trustee Owner Address of Principle Residence	General Partner Limited Partner Sole Proprietor Manager		
,			
City		State	Zip

Form TS-01 Page 5 of 7

Section VII. Sales Information		
Description of the Items Offered for Sale		
Is a sales script is used when salespersons are soliciting prospective purchasers?  Yes No If a sales script is used, it must be included in this application.		
The following information must be attached to this application:  Scripts Sample Introductions How To Conduct Sales Information Outlines Sample Closings Contest/Premium Award Information For Salespersons Instructions Product Information Any Written Materials Sent to Prospective/Actual Purchasers		
If the telephonic seller represents or implies, or directs salespersons to represent or imply, to purchasers that the purchaser will receive certain specific items, including a certificate of any type which the purchaser must redeem to obtain the item described in the certificate, or one or more items from among designate items, whether the items are denominated as gifts, premiums, bonuses, prizes, awards, or otherwise, provide the following:		
A list of the items offered The value or worth of each item described to prospective purchasers and the basis for the valuation The price paid by the telephonic seller to its supplier for each of these items and the name, address, and telephone number of each item's supplier  If the purchaser is to receive fewer than all of the items described by the seller, the filing shall include (i) the manner in which the telephonic seller decides which item or items a particular prospective purchaser is to receive, (ii) the odds a single prospective purchaser has of receiving each described item, (iii) the name and address of each recipient who has, during the preceding twelve (12) months, or if the seller has not been in business that long, during the period the telephonic seller has been in business, received the item having the greatest value and the item with the smallest odds of being received  All rules, regulations, terms, and conditions a prospective purchaser must meet in order to receive the item.		

Form TS-01 Page 6 of 7

## **VERIFICATIONS**

Each principal of the seller must execute a separate verification. Please include as many of the Declarations pages as is necessary to include all principals.

I swear and/or affirm, under penalty of law, that the foregoing representations are true and accurate. Date Name of Telephonic Seller By: Signature Printed Name Title **NOTARY** ) SS. COUNTY OF \_\_\_\_\_ Subscribed and sworn to, before me, a Notary Public in, and for, said County and State, this \_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_. My Commission Expires: Signature of Notary Public County of Residence Printed Name

STAMP or SEAL:

Form TS-01 Page 7 of 7