

First Asset Financial Inc.
CORRESPONDENCE SENT or RECEIVED REPORT

Start Date _____ and End Date _____

First Asset Representative(s) at this location: _____

Location of Activity (full address) _____

Make copies of any correspondence SENT by you TO a customer or prospect and attach them to this report (or place in the correspondence file with this report).

Make copies of any correspondence RECEIVED by you FROM a customer or prospect, including delivery by e-mail. If such a communication involves a complaint, you are required to report the complaint IMMEDIATELY to the Compliance Dept. at the home office in Salina, Kansas, (785) 825-5050 with written follow-up communication.

Date Received or Sent	Who Did You Send TO ---Or--- Who Did You Receive the Communication FROM?	If corr. was <u>SENT</u> was home office approval given?	How Received/Sent: Letter, Fax or E-Mail AND What was the "nature" of the communication?	Was there a Complaint Involved?
<input type="checkbox"/> sent <input type="checkbox"/> received		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> sent <input type="checkbox"/> received		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> sent <input type="checkbox"/> received		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> sent <input type="checkbox"/> received		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> sent <input type="checkbox"/> received		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> sent <input type="checkbox"/> received		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> sent <input type="checkbox"/> received		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> sent <input type="checkbox"/> received		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> sent <input type="checkbox"/> received		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> sent <input type="checkbox"/> received		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> sent <input type="checkbox"/> received		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> sent <input type="checkbox"/> received		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		<input type="checkbox"/> YES <input type="checkbox"/> NO

Signature of Person In Charge _____ Date Signed _____