

**REGOR RECOVERY, LLC
P.O. BOX 498
WOODBIDGE, VA 22194
(703) 494-5932 Office
(703-494-5783 Fax
marie@regorrecovery.com**

Thank you for your interest in Regor Recovery, LLC for your repossession needs. We are confident that you will be very satisfied with the services we offer.

Regor Recovery, LLC is a family owned business and has been serving the Washington Metropolitan area since 2004. Regor Recovery is CARS certified and fully insured and bonded.

Our clientele consists of numerous financial institutions throughout the area.

We have storage locations located in MD, DC, VA, indoor storage available upon request. The literature we have enclosed will assist you in making the most of our services. If you have any questions, please feel free to contact us.

Your account manager, Marie Smith, can be reached at (703) 494-5932. We currently advertise on Repoman.com Please visit us at www.regorrecovery.com. We utilize the service of RDN at no charge to you at www.recoverydatabase.net

Sincerely,

Regor Recovery, LLC

Marie Smith

General Manager

A handwritten signature in black ink, appearing to read "Marie Smith", is written over the printed name and title.

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID LB REGOV-1	DATE (MM/DD/YYYY) 04/21/09
PRODUCER Capital Financial Property and Casualty LLC 4880 Sadler Road, Suite 110 Glen Allen VA 23060 Phone: 804-290-8729		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURERS AFFORDING COVERAGE		NAIC #	
INSURER A Consumer Insurance		10204	
INSURER B Tennessee Insurance Company			
INSURER C Defenders at King's Academy			
INSURER D			
INSURER E			
ISSUING Regor Recovery LLC Marie Smith 13401 Yardley Ln. Woodbridge VA 22191			

COVERAGES						
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY REFER TO, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
FORM	ACORD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
C		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Wrongful Repo Liab (OPTIONAL AGGREGATE LIMIT APPLIES PER POLICY)	0508-0010725SSA	08/25/09	08/25/10	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Excludes) \$ 1000000 MEDICAL EXPENSE \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 1000000 PRODUCTS - COMPLETED \$
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALLOWED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-TRANSFERABLE AUTOS <input checked="" type="checkbox"/> ON HOOK \$100,000 \$500 DED	TW 28960530	04/19/09	04/19/10	COMBINED SINGLE LIMIT (Per accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per stack) \$
A		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> Storage		04/19/09	04/19/10	AUTO ONLY - EA ACCIDENT \$ 1000000 OTHER THAN AUTO ONLY \$ 1000000 ALL TO ONLY \$ 3000000
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROFESSIONAL SERVICE EXCLUSIVE (SEE DESCRIPTION UNDER SPECIAL PROVISIONS BELOW)				WC STATUTORY LIMITS OTHER \$ \$1 EACH ACCIDENT \$ \$1 DISEASE - CA EMPLOYEE \$ \$1 DISEASE - POLICY LIMIT \$
B		OTHER <input checked="" type="checkbox"/> Crime	105092273	03/11/09	03/11/10	Employee \$1,000,000 Dishonest \$10,000 Ded
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS						

CERTIFICATE HOLDER	CANCELLATION
FORIN-1	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPROVE NO OBLIGATION OR LIABILITY OF ANY KIND FOR THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE

Regor Recovery LLC

P.O. Box 498
Woodbridge VA 22194
Phone: 703-494-5932 Fax: 703-494-5783

Date: _____ ASSIGNMENT TYPE: _____ Your Account No. _____

Client/Legal Owner: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Assigned By: _____ Extension: _____

DEBTOR: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell / Pager: _____

Work: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

ADDITIONAL INFO: _____

VEHICLE INFORMATION

YEAR: _____ MAKE: _____ MODEL: _____ TAG: _____

VIN: _____ COLOR: _____

KEY CODE 1: _____ KEY CODE 2: _____

PAYMENT INFORMATION

Monthly Payment: _____ Delinquent Since: _____ Balance on Account: _____

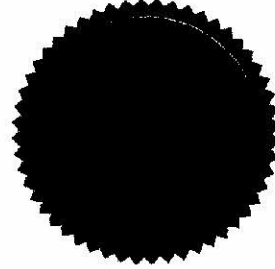
This is your authorization to process for collection or repossession of the above described assignment. We agree to indemnify and save you harmless from and against any and all claims, damage, losses and action resulting from or arising out of our efforts to collect or repossess the above claim, except, however such as may be caused or arises out of negligence or unauthorized acts of your company, it's officers, employees, or the officers or employees of such agents.

Authorized By [Print Please] _____

Authorized Signature & Date: _____

CERTIFICATE ID
VARRS060407

**MATRIX
EDUCATIONAL
SYSTEMS**



HEREBY RECOGNIZES

ROGER R. SMITH

FOR SUCCESSFULLY
FULFILLING THE REQUIREMENTS OF:

**THE
CERTIFIED ASSET
RECOVERY SPECIALIST
NATIONAL CERTIFICATION COURSE**



Christopher D. Peer
CO - PRESIDENT

Stamatis Ferarolis
CO - PRESIDENT

THIS 4TH DAY OF JUNE, 2007

STATE OF FLORIDA LICENSE NUMBER RS85-00001

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REPOSSESSION FEE SCHEDULE

**RECOVERY RATES ARE DETERMINED ON A PER- CLIENT BASIS.
SPECIAL NEEDS DETERMINE RATES.**

INVOLUNTARY REPOSSESSION FEE- \$350+

Includes: Timely Updates, Repossession, Towing, & Condition Report.

VOLUNTARY REPOSSESSION FEE- \$250+

STORAGE- CLIENT- 15 Days no charge \$10.00 per day there after.

(If debtor redeems \$25.00 per day no free days)

PROPERTY RELEASE FEE TO DEBTOR- \$50.00

Close out fees will accrue and be charged to cover expenses.

TRANSPORT TO LOCAL AUCTION- \$100.00

COVERAGE AREA- NORTHERN VA, DC, MD

OTHER AREAS ARE COVERED FOR ADDITIONAL FEE WHICH WOULD BE

DISCUSSED WITH CLIENT PRIOR TO ASSIGNMENT.

ALL FEES ARE SUBJECT TO CHANGE WITH VOLUME.

THIS FEE SCHEDULE IS ONLY FOR LENDERS.