

Posting Date:

7/28/2010

Applicant Name:	Opportunity Financial, LLC
Applicant Owners(s):	Todd G. Schwartz
Applicant Location:	1701 S. First Ave. #309, Chicago, IL 60646
Respondent Name:*	
Respondent Address:*	
Respondent Daytime Phone Number:*	
Respondent Evening Phone Number:*	
Prior experience with applicant, if any. (mark Yes or No):	Yes No
As part of the investigation of the applicant please provide any comments regarding the reputation of the applicant, including manager of a limited liability company, partners, owners, officers or directors as to warrant belief that the business will be operated honestly and fairly. (Please	

attach any supporting evidence.):	
Attachments:	Yes No

*As part of the application, the Division of Financial Institutions may contact respondents regarding the information supplied. Valid and accurate information must be provided; if information provided is not valid and accurate the response will not be considered.

This form may be printed and sent with any supporting information to:

Division of Financial Institutions
 Attn: Consumer Credit Application Processing
 100 W. Randolph Street, 9th Floor
 Chicago, Illinois 60601