

**MONTANA SCHEDULE OF CHARGES
FEE DISCLOSURE AND FAILURE TO PAY STATEMENTS**

Elevated Financial of Great Falls, Inc. NMLS License Number 1233883

Loan Type Offered: Closed-end, interest bearing consumer loans

Annual Interest Rate: 18% to 36%

Example of Cost to Consumer

Amount Financed	Agreed Rate of Interest	Term of Loan	Monthly Payment Amount	Finance Charge	Total of Payments
\$1,000.00	36%	18	\$72.71	\$308.76	\$1,308.76
\$2,500.00	36%	24	\$147.62	\$1,042.84	\$3,542.84
\$5,000.00	36%	36	\$229.02	\$3,244.68	\$8,244.68
\$10,000.00	36%	48	\$395.78	\$8,997.33	\$18,997.33
\$20,000.00	36%	60	\$722.66	\$23,359.55	\$43,359.55

Fees:

Dishonored Check, Draft, or Instrument Fee: \$25.00

Late Charge: The greater of 5% of payment amount due or \$15.00 not to exceed \$50.00

Attorney Fees: Reasonable attorney fees and court costs.

Recording and Title Fees: Lien Filing \$8.24, Repossession Title \$39.35, Forced Lien, \$12.36.

Third Party Fees: Actual costs.

Credit Property Coverage

Premium Rates per \$100 of Initial Insured Indebtedness per Annum

Coverage Basis: Total of Payments

Single Interest: \$2.80 per \$100 per annum

Dual Interest: \$3.80 per \$100 per annum

Involuntary Unemployment Insurance

Premium Rates per \$100 of Initial Insured Indebtedness

Coverage Basis: Monthly Payment x Term

Single Interest: \$4.00 per \$100

Vendor Single Interest Coverage

Premium Rates per \$100 of Initial Insured Indebtedness per Annum

Coverage Basis: Lesser of Total of Payments or Retail Value of Collateral

Class 1: \$8.50 per \$100 per annum

Class 2: \$12.75 per \$100 per annum

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Gross Decreasing Life Coverage
Premium Rates per \$100 of Initial Insured Indebtedness
Coverage Basis: Total of Payments

Term In Months	Single	Joint
1	0.08	0.14
2	0.12	0.21
3	0.16	0.28
4	0.20	0.35
5	0.24	0.42
6	0.28	0.49
7	0.32	0.56
8	0.36	0.63
9	0.40	0.70
10	0.44	0.77
11	0.47	0.82
12	0.51	0.89
13	0.55	0.96
14	0.59	1.03
15	0.63	1.10
16	0.67	1.17
17	0.71	1.24
18	0.74	1.30
19	0.78	1.37
20	0.82	1.44
21	0.86	1.51
22	0.90	1.58
23	0.94	1.65
24	0.97	1.70
25	1.01	1.77
26	1.05	1.84
27	1.09	1.91
28	1.12	1.96
29	1.16	2.03
30	1.20	2.10
31	1.24	2.17
32	1.27	2.22
33	1.31	2.29
34	1.35	2.36
35	1.38	2.42
36	1.42	2.49
37	1.46	2.56
38	1.49	2.61
39	1.53	2.68
40	1.57	2.75
41	1.60	2.80
42	1.64	2.87
43	1.67	2.92
44	1.71	2.99
45	1.75	3.06
46	1.78	3.12
47	1.82	3.19
48	1.85	3.24
49	1.89	3.31
50	1.93	3.38
51	1.96	3.43
52	2.00	3.50
53	2.03	3.55
54	2.07	3.62
55	2.10	3.68
56	2.14	3.75
57	2.17	3.80
58	2.21	3.87
59	2.24	3.92
60	2.28	3.99

7-Day Retroactive Disability Coverage
Premium Rates per \$100 of Initial Insured Indebtedness
Coverage Basis: Monthly Payment x Term

Term In Months	Single	Joint
1	2.16	3.89
2	2.16	3.89
3	2.16	3.89
4	2.16	3.89
5	2.16	3.89
6	2.16	3.89
7	2.22	4.00
8	2.28	4.10
9	2.34	4.21
10	2.40	4.32
11	2.46	4.43
12	2.52	4.54
13	2.58	4.64
14	2.64	4.75
15	2.70	4.86
16	2.76	4.97
17	2.82	5.08
18	2.88	5.18
19	2.94	5.29
20	3.00	5.40
21	3.06	5.51
22	3.12	5.62
23	3.18	5.72
24	3.24	5.83
25	3.30	5.94
26	3.36	6.05
27	3.42	6.16
28	3.48	6.26
29	3.54	6.37
30	3.61	6.50
31	3.66	6.59
32	3.71	6.68
33	3.76	6.77
34	3.81	6.86
35	3.86	6.95
36	3.91	7.04
37	3.96	7.13
38	4.00	7.20
39	4.04	7.27
40	4.09	7.36
41	4.13	7.43
42	4.17	7.51
43	4.21	7.58
44	4.26	7.67
45	4.30	7.74
46	4.34	7.81
47	4.39	7.90
48	4.43	7.97
49	4.46	8.03
50	4.50	8.10
51	4.53	8.15
52	4.57	8.23
53	4.60	8.28
54	4.64	8.35
55	4.67	8.41
56	4.70	8.46
57	4.74	8.53
58	4.77	8.59
59	4.81	8.66
60	4.84	8.71