

BEFORE THE ADMINISTRATOR OF CONSUMER CREDIT
STATE OF OKLAHOMA

FILED

JUN 05 2018

STATE OF OKLAHOMA
DEPARTMENT OF
CONSUMER CREDIT

STATE OF OKLAHOMA *ex rel.*)
DEPARTMENT OF CONSUMER CREDIT,))
)
Petitioner)
)
v.)
)
RACQUET AND HEALTH 91, LLC,)
)
Respondent)

Case No. 18-0179-DIS

CONSENT ORDER

Petitioner, State of Oklahoma *ex rel.* Department of Consumer Credit ("Petitioner") and Respondent, Racquet and Health 91, LLC, ("Respondent") voluntarily enter into this Consent Order as an informal disposition of this individual proceeding to avoid litigation. Respondent agrees to waive its right to a hearing under the Oklahoma Administrative Procedures Act and both parties agree as follows:

- a. Respondent is a domestic limited liability company in the State of Oklahoma, Oklahoma Secretary of State filing number 3512573183, active filing status.
- b. Respondent transacts business at 3030 E. 91st Street, Tulsa, OK 74137.
- c. On April 13, 2018, Respondent sent a Health Spa license application to Petitioner wherein Respondent self-reported that the business had overlooked obtaining a Health Spa license.
- d. As of May 2, 2018, Respondent is licensed in the State of Oklahoma, license number SPA00761.

(2) Respondent does not admit to the allegations made by the Petitioner in the Notice of Hearing filed in this matter, and incorporated by reference in this Consent Order.

(3) Respondent agrees to pay a \$2,500.00 civil penalty, payable to the Oklahoma Department of Consumer Credit, on or before July 13, 2018. \$1,840.00 of which has been paid to date.

(4) The payment shall be made payable by check or money order to the Oklahoma Department of Consumer Credit, shall indicate the payment is for Case Number 18-0179-DIS and shall be addressed to the attention of John T. Coyne, Chief Enforcement Attorney, Department of Consumer Credit, 3613 N.W. 56th Street, Suite 240, Oklahoma City, Oklahoma 73112.

(5) A file stamped copy of this Consent Order will be returned to Respondent upon signature of the Administrator of the Department of Consumer Credit or the Deputy Administrator of the Department Consumer Credit.

(6) If Respondent fails to comply with the terms of this Consent Order, the Administrator of the Department of Consumer Credit is authorized to file an application to enforce this Consent Order in the District Court of Oklahoma County, Oklahoma in accordance with the provisions of 14 O.S. § 6-113(4).



[Redacted signature]

Scott Leshner
Administrator
State of Oklahoma
Department of Consumer Credit

Dated: 6/5/18

[Redacted signature]

Racquet and Health 91, LLC

Dated: 5/31/18

VERIFICATION OF CONSENT ORDER, CASE NUMBER 18-0179-DIS

STATE OF OKLAHOMA)
)
COUNTY OF _____)

Signed and sworn to (or affirmed) before me on _____,
2018, by _____ of Racquet and Health 91, LLC.

Racquet and Health 91, LLC

(Seal, if any)

Notary Public

My commission expires:

See attached

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
 County of Orange

Subscribed and sworn to (or affirmed) before me
 on this 31 day of May, 2018,
 by _____
Date Month Year



(1) _____
 (and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence
 to be the person(s) who appeared before me.

Signature _____
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Consent Order Document Date: 5-31-18

Number of Pages: _____ Signer(s) Other Than Named Above: _____