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June 10, 2020

VIA ELECTRONIC FILING

State of Wisconsin
Department of Financial Institutions
Bureau of Regulation & Enforcement -
Division of Securities
201 W. Washington Avenue, 4th Floor
Madison, WI 53703

Re: Renewal Registration for SCA Franchising Corporation d/b/a SCA Appraisal Services – File #624089

Dear Sir or Madam:

Please find the renewal franchise application for SCA Franchising Corporation d/b/a SCA Appraisal Services e-filing including:

1. \$400.00 filing fee;
2. the Uniform Franchise Application (Form A);
3. the Franchisor Costs and Sources of Funds (Form B);
4. the Uniform Consent to Service of Process (Form C);
5. the Franchise Seller Disclosure Forms (Form D);
6. the Consent of Accountant (Form F);
7. the Certification;
8. one clean copy of the Franchise Disclosure Document and exhibits; and
9. one redlined copy of the Franchise Disclosure Document and exhibits.

A Pennsylvania Limited Liability Partnership



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Kindly notify me of any comments or deficiencies in this application. Thank you very much for your assistance in this matter.

Very truly yours,



Eleanor Vaida Gerhards

EVG:mmm

(Form A)
UNIFORM FRANCHISE REGISTRATION APPLICATION

File No: 624089

State: Wisconsin

Fee: \$400.00

APPLICATION FOR

- _____ INITIAL REGISTRATION OF AN OFFER AND SALE OF FRANCHISES
 X RENEWAL APPLICATION OR ANNUAL REPORT
_____ PRE-EFFECTIVE AMENDMENT
_____ POST-EFFECTIVE AMENDMENT

1. Full Legal Name of Franchisor: SCA Franchising Corporation

2. Name of the Franchise Offering: SCA Appraisal Services

3. Franchisor's Principal Business Address:

SCA Franchising Corporation
3817 West Magnolia Boulevard
Burbank, CA 91505

4. Name and address of Franchisor's agent in this State authorized to receive service of process:

Commissioner of Securities
201 West Washington Avenue
Fourth Floor
Madison, Wisconsin 53703
(608) 261-9555

5. The states in which this application is or will be shortly on file:

California, Hawaii, Illinois, Indiana, Maryland, Minnesota, New York, North Dakota, Rhode Island,
South Dakota, Virginia, Washington, and Wisconsin.

6. Name, address and telephone and facsimile numbers, and email address of person to whom communications regarding this application should be directed.

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