

Attachment [B]**AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES****TO BE SUBMITTED FOR EACH PERSON LISTED IN QUESTION # 16 & ANY INCORPORATOR**

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| Name: | Social Security #: |
|-------|--------------------|

List any other name used (e.g. maiden, prior marriage, nickname, other legal change, etc.)

Home Address, City, State, Zip Code:

| | |
|----------------|--------------------|
| Date of Birth: | Home Telephone No: |
|----------------|--------------------|

Read the following questions carefully. If the answer is "yes" to any of the questions within the past ten years, attach a full written explanation. Include names, dates, court name and address, case number, judgment amounts.

| | |
|--|------------------------------------|
| 1. Have any civil judgments been entered against you during the past 10 years? | () Yes, attach explanation () No |
|--|------------------------------------|

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|--|------------------------------------|
| 2. Are there any civil proceedings pending against you or civil judgments entered against you which involve fraud or dishonesty? | () Yes, attach explanation () No |
|--|------------------------------------|

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|--|------------------------------------|
| 3. Have you been convicted of, entered a plea of Nolo Contendere, or received a withheld judgment to a felony? | () Yes, attach explanation () No |
|--|------------------------------------|

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|---|------------------------------------|
| 4. Have you ever been convicted of, entered a plea of Nolo Contendere or received a withheld judgment to any misdemeanor involving theft, fraud, or dishonesty? | () Yes, attach explanation () No |
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| 5. Have you been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding? | () Yes, attach explanation () No |
|--|------------------------------------|

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| 6. Have you been subject to any enforcement proceedings by any State or Federal government agency involving a cease and desist order, denial, revocation or suspension of any business, fines or penalties? | () Yes, attach explanation () No |
|---|------------------------------------|

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|---|------------------------------------|
| 7. Have you been discharged for cause, been requested to resign from any employment position, or has any professional or occupational license or permit or your right to engage in any business been refused or restricted in any jurisdiction? | () Yes, attach explanation () No |
|---|------------------------------------|

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|---|------------------------------------|
| 8. Is there a criminal complaint, accusation, or information presently pending against you, or are you under indictment in any state, or by the federal government, or by any other jurisdiction? | () Yes, attach explanation () No |
|---|------------------------------------|

I hereby authorize the licensing authority, to make inquiries from any financial institution, credit bureau or law enforcement agency for the purpose of determining his/her financial responsibility, character and fitness in connection with an application for a license or registration.

I hereby certify that the information on this form is, to the best of my knowledge, complete and accurate.

Signature

SUBSCRIBED BEFORE ME ON THIS _____ day of _____, 20 _____.

AT: _____, _____

(CITY) (STATE or COMMONWEALTH)

| | |
|-------------------------------------|------------------------------------|
| PRINT NAME OF NOTARY PUBLIC: | SIGNATURE OF NOTARY PUBLIC: |
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Attachment [C]

EMPLOYMENT/EXPERIENCE HISTORY FOR THE LAST 10 YRS

Each sole proprietor, officer, director, partner, member, manager, supervising escrow agent, and 10% or greater equity owner of applicant must fill out this form. You may submit your own resume' as long as it includes ALL the information listed below. Explain any gaps in work history. *(Attach additional sheets, if necessary)*

NAME: _____

| Employer Name Address & Phone | Position AND Brief Description of Duties (job titles alone are not sufficient) | Start Date mo/yr | End Date mo/yr | Reason for Leaving |
|-------------------------------|---|---------------------|-------------------|--------------------|
| | | | | |
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Attachment [D]

LIST RESIDENTIAL ADDRESSES FOR THE LAST 10 YRS

Each sole proprietor, officer, director, partner, member, manager, supervising escrow agent and each 10% or greater equity owner of applicant must fill out this form. *(Attach additional sheets, if necessary)*

NAME: _____

| Residential Address | Start Date mo/yr | End Date mo/yr |
|---------------------|---------------------|-------------------|
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