

PUCO USE ONLY		
Date Received	12-0138 Case Number	Version
	- -EL-AGG	

CERTIFICATION APPLICATION FOR AGGREGATORS/POWER BROKERS

Please print or type all required information. Identify all attachments with an exhibit label and title (Example: Exhibit A-5 Experience). All attachments should bear the legal name of the Applicant. Applicants should file completed applications and all related correspondence with the Public Utilities Commission of Ohio, Docketing Division; 180 East Broad Street, Columbus, Ohio 43215-3793.

This PDF form is designed so that you may input information directly onto the form. You may also download the form, by saving it to your local disk, for later use.

A. APPLICANT INFORMATION

A-1 Applicant's legal name, address, telephone number and web site address

Legal Name Adven Resources LLC
Address 13518 Tradewinds Drive, Strongsville, OH 44136
Telephone # (440) 572-9288 Web site address (if any) www.advenresources.com

A-2 List name, address, telephone number and web site address under which Applicant will do business in Ohio

Legal Name Adven Resources LLC
Address 13518 Tradewinds Drive, Strongsville, OH 44136
Telephone # (440) 572-9288 Web site address (if any) www.advenresources.com

A-3 List all names under which the applicant does business in North America

_____	_____
_____	_____
_____	_____

A-4 Contact person for regulatory or emergency matters

Name Steven Mittelmeier
Title Partner

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.
Technician Date Processed 01-04-12

RECEIVED-DOCKETING DIV
2012 JAN -4 PM 1:30
PUCO

Business address 13518 Tradewinds Drive, Strongsville, OH 44136
Telephone # (440) 572-9288 Fax # (440) 572-9288
E-mail address (if any) smittelmeier@advenresources.com

A-5 Contact person for Commission Staff use in investigating customer complaints

Name Steven Mittelmeier
Title Partner
Business address 13518 Tradewinds Drive, Strongsville, OH 44136
Telephone # (440) 572-9288 Fax # (440) 572-9288
E-mail address (if any) smittelmeier@advenresources.com

A-6 Applicant's address and toll-free number for customer service and complaints

Customer Service address _____
Toll-free Telephone # _____ Fax # _____
E-mail address (if any) _____

A-7 Applicant's federal employer identification number # 454012471

A-8 Applicant's form of ownership (check one)

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Limited Liability Partnership (LLP) | <input type="checkbox"/> Limited Liability Company (LLC) |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Other _____ |

A-9 (Check all that apply) Identify each electric distribution utility certified territory in which the applicant intends to provide service, including identification of each customer class that the applicant intends to serve, for example, residential, small commercial, mercantile commercial, and industrial. (A mercantile customer, as defined in (A) (19) of Section 4928.01 of the Revised Code, is a commercial customer who consumes more than 700,000 kWh/year or is part of a national account in one or more states).

- | | | | | |
|---|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> First Energy | | | | |
| <input type="checkbox"/> Ohio Edison | <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Mercantile | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Toledo Edison | <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Mercantile | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Cleveland Electric Illuminating | <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Mercantile | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Cincinnati Gas & Electric | <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Mercantile | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Monongahela Power | <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Mercantile | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> American Electric Power | | | | |
| <input type="checkbox"/> Ohio Power | <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Mercantile | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Columbus Southern Power | <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Mercantile | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Dayton Power and Light | <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Mercantile | <input type="checkbox"/> Industrial |

- A-10** Provide the approximate start date that the applicant proposes to begin delivering services
January 15, 2012

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED:

- A-11** **Exhibit A-11 "Principal Officers, Directors & Partners"** provide the names, titles, addresses and telephone numbers of the applicant's principal officers, directors, partners, or other similar officials.
- A-12** **Exhibit A-12 "Corporate Structure,"** provide a description of the applicant's corporate structure, including a graphical depiction of such structure, and a list of all affiliate and subsidiary companies that supply retail or wholesale electricity or natural gas to customers and companies that aggregate customers in North America.
- A-13** **Exhibit A-13 "Company History,"** provide a concise description of the applicant's company history and principal business interests.
- A-14** **Exhibit A-14 "Articles of Incorporation and Bylaws,"** if applicable, provide the articles of incorporation filed with the state or jurisdiction in which the Applicant is incorporated and any amendments thereto.
- A-15** **Exhibit A-15 "Secretary of State,"** provide evidence that the applicant has registered with the Ohio Secretary of the State.

B. APPLICANT MANAGERIAL CAPABILITY AND EXPERIENCE

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED:

- B-1** **Exhibit B-1 "Jurisdictions of Operation,"** provide a list of all jurisdictions in which the applicant or any affiliated interest of the applicant is, at the date of filing the application, certified, licensed, registered, or otherwise authorized to provide retail or wholesale electric services including aggregation services.
- B-2** **Exhibit B-2 "Experience & Plans,"** provide a description of the applicant's experience and plan for contracting with customers, providing contracted services, providing billing statements, and responding to customer inquiries and complaints in accordance with Commission rules adopted pursuant to Section 4928.10 of the Revised Code.

- B-3** **Exhibit B-3 "Summary of Experience,"** provide a concise summary of the applicant's experience in providing aggregation service(s) including contracting with customers to combine electric load and representing customers in the purchase of retail electric services. (e.g. number and types of customers served, utility service areas, amount of load, etc.).
- B-4** **Exhibit B-4 "Disclosure of Liabilities and Investigations,"** provide a description of all existing, pending or past rulings, judgments, contingent liabilities, revocation of authority, regulatory investigations, or any other matter that could adversely impact the applicant's financial or operational status or ability to provide the services it is seeking to be certified to provide.
- B-5** Disclose whether the applicant, a predecessor of the applicant, or any principal officer of the applicant have ever been convicted or held liable for fraud or for violation of any consumer protection or antitrust laws within the past five years.
☐ No ☐ Yes
- If yes, provide a separate attachment labeled as **Exhibit B-5 "Disclosure of Consumer Protection Violations"** detailing such violation(s) and providing all relevant documents.
- B-6** Disclose whether the applicant or a predecessor of the applicant has had any certification, license, or application to provide retail or wholesale electric service including aggregation service denied, curtailed, suspended, revoked, or cancelled within the past two years.
☐ No ☐ Yes
- If yes, provide a separate attachment labeled as **Exhibit B-6 "Disclosure of Certification Denial, Curtailment, Suspension, or Revocation"** detailing such action(s) and providing all relevant documents.

C. APPLICANT FINANCIAL CAPABILITY AND EXPERIENCE

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED:

- C-1** **Exhibit C-1 "Annual Reports,"** provide the two most recent Annual Reports to Shareholders. If applicant does not have annual reports, the applicant should provide similar information in Exhibit C-1 or indicate that Exhibit C-1 is not applicable and why.
- C-2** **Exhibit C-2 "SEC Filings,"** provide the most recent 10-K/8-K Filings with the SEC. If applicant does not have such filings, it may submit those of its parent company. If the applicant does not have such filings, then the applicant may indicate in Exhibit C-2 that the applicant is not required to file with the SEC and why.

- C-3 **Exhibit C-3 “Financial Statements,”** provide copies of the applicant’s two most recent years of audited financial statements (balance sheet, income statement, and cash flow statement). If audited financial statements are not available, provide officer certified financial statements. If the applicant has not been in business long enough to satisfy this requirement, it shall file audited or officer certified financial statements covering the life of the business.
- C-4 **Exhibit C-4 “Financial Arrangements,”** provide copies of the applicant’s financial arrangements to conduct CRES as a business activity (e.g., guarantees, bank commitments, contractual arrangements, credit agreements, etc.).
- C-5 **Exhibit C-5 “Forecasted Financial Statements,”** provide two years of forecasted financial statements (balance sheet, income statement, and cash flow statement) for the applicant’s CRES operation, along with a list of assumptions, and the name, address, e-mail address, and telephone number of the preparer.
- C-6 **Exhibit C-6 “Credit Rating,”** provide a statement disclosing the applicant’s credit rating as reported by two of the following organizations: Duff & Phelps, Dun and Bradstreet Information Services, Fitch IBCA, Moody’s Investors Service, Standard & Poors, or a similar organization. In instances where an applicant does not have its own credit ratings, it may substitute the credit ratings of a parent or affiliate organization, provided the applicant submits a statement signed by a principal officer of the applicant’s parent or affiliate organization that guarantees the obligations of the applicant.
- C-7 **Exhibit C-7 “Credit Report,”** provide a copy of the applicant’s credit report from Experian, Dun and Bradstreet or a similar organization.
- C-8 **Exhibit C-8 “Bankruptcy Information,”** provide a list and description of any reorganizations, protection from creditors or any other form of bankruptcy filings made by the applicant, a parent or affiliate organization that guarantees the obligations of the applicant or any officer of the applicant in the current year or within the two most recent years preceding the application.

C-9 **Exhibit C-9 "Merger Information,"** provide a statement describing any dissolution or merger or acquisition of the applicant within the five most recent years preceding the application.

Mr. C. Withers, Partner
Signature of Applicant & Title

Sworn and subscribed before me this 28th day of December, 2011
Month Year

Patrick Segura
Signature of official administering oath

Patrick Segura Financial Sales
Print Name and Title Consultant



Patrick Segura Commission expires on October 1, 2012
Notary Public, State of Utah
My Commission Expires October 1, 2012

AFFIDAVIT

State of Ohio :

Strongsville
(Town)

County of Cuyahoga :

Judy Mittelmeier, Affiant, being duly sworn/affirmed according to law, deposes and says that:

He/She is the Director (Office of Affiant) of Steven Mittelmeier (Name of Applicant);

That he/she is authorized to and does make this affidavit for said Applicant,

1. The Applicant herein, attests under penalty of false statement that all statements made in the application for certification are true and complete and that it will amend its application while the application is pending if any substantial changes occur regarding the information provided in the application.
2. The Applicant herein, attests it will timely file an annual report with the Public Utilities Commission of Ohio of its intrastate gross receipts, gross earnings, and sales of kilowatt-hours of electricity pursuant to Division (A) of Section 4905.10, Division (A) of Section 4911.18, and Division (F) of Section 4928.06 of the Revised Code.
3. The Applicant herein, attests that it will timely pay any assessments made pursuant to Sections 4905.10, 4911.18, or Division F of Section 4928.06 of the Revised Code.
4. The Applicant herein, attests that it will comply with all Public Utilities Commission of Ohio rules or orders as adopted pursuant to Chapter 4928 of the Revised Code.
5. The Applicant herein, attests that it will cooperate fully with the Public Utilities Commission of Ohio, and its Staff on any utility matter including the investigation of any consumer complaint regarding any service offered or provided by the Applicant.
6. The Applicant herein, attests that it will fully comply with Section 4928.09 of the Revised Code regarding consent to the jurisdiction of Ohio Courts and the service of process.
7. The Applicant herein, attests that it will comply with all state and/or federal rules and regulations concerning consumer protection, the environment, and advertising/promotions.
8. The Applicant herein, attests that it will use its best efforts to verify that any entity with whom it has a contractual relationship to purchase power is in compliance with all applicable licensing requirements of the Federal Energy Regulatory Commission and the Public Utilities Commission of Ohio.
9. The Applicant herein, attests that it will cooperate fully with the Public Utilities Commission of Ohio, the electric distribution companies, the regional transmission entities, and other electric suppliers in the event of an emergency condition that may jeopardize the safety and reliability of the electric service in accordance with the emergency plans and other procedures as may be determined appropriate by the Commission.
10. If applicable to the service(s) the Applicant will provide, the Applicant herein, attests that it will adhere to the reliability standards of (1) the North American Electric Reliability Council (NERC), (2) the appropriate regional reliability council(s), and (3) the Public Utilities Commission of Ohio. (Only applicable if pertains to the services the Applicant is offering)

11. The Applicant herein, attests that it will inform the Commission of any material change to the information supplied in the application within 30 days of such material change, including any change in contact person for regulatory purposes or contact person for Staff use in investigating customer complaints.

That the facts above set forth are true and correct to the best of his/her knowledge, information, and belief and that he/she expects said Applicant to be able to prove the same at any hearing hereof.

Judy Mittelmeier, Director
Signature of Affiant & Title

Sworn and subscribed before me this 28th day of December, 2011
Month Year

Patrick Segura
Signature of official administering oath

Patrick Segura Financial Sales
Print Name and Title Consultant



Patrick Segura
Notary Public, State of Ohio
My Commission Expires October 1, 2012

Adven Resources LLC

A - Applicant Information

Exhibit A-11 "Principal Officers, Directors & Partners"

Judy Mittelmeier Title: Director
13518 Tradewinds Drive, Strongsville, OH 44136
440-572-2961

Steven Mittelmeier Title: President
13518 Tradewinds Drive, Strongsville, OH 44136
440-572-2961

Exhibit A-12 "Corporate Structure"

The Director will be responsible for strategic planning and goal setting. The President will be responsible for developing supply agreements with power marketers, marketing initiatives and sales activities. This applicant has no affiliate or subsidiary companies.

Exhibit A-13 "Company History"

We are a newly formed company. Our principal interests are to present mercantile, commercial, and industrial clients with proposals from energy generators/distributors. Our goal is to assist our clients source their energy needs at a significant cost savings based upon their current and future needs, considering their energy efficiency goals.

Exhibit A-14 "Articles of Incorporation and Bylaws"

Not applicable

Exhibit A-15 "Secretary of State"

See enclosed documents.

B – Applicant Managerial and Business Experience

Exhibit B-1 Jurisdictions of Operations”

NexTera Energy Services

Glacial Energy

Intelligen Resources

Discussions have taken place with First Energy Solutions and AEP Retail Energy. Both companies will accept applications after PUCO certification and are willing to establish agent agreements as a result my previous relationship with them.

Exhibit B-2 “Experience & Plans”

We are experienced in face-to-face and telephone solicitation, as well as with e-mail and the social media platforms. We have extensive business contacts in 4 deregulated states. Our customer service support will include an 800 number for clients, as well as e-mail, text and mobile telephone numbers. Our website will allow clients to view their contracts with suppliers. The contract term and rate will be displayed, as well as usage information.

Exhibit B-3 “Summary of Experience”

For 2 ½ years I represented Great Lakes Energy as a Sales Representative . During that time, I assisted 65 commercial and industrial customers in completing electricity supply arrangements. Their load ranged from 1 – 30 million kWh. Their combined annual usage was 218 million kWh. I was responsible for producing the documentation to submit to power marketers; communication with the power marketers regarding the client’s needs and presentation of proposals to the clients. Once a power marketer was selected, I supported the contract review with the client and submitted the signed contract to the power marketer. These clients are located in the following areas:

<u>State</u>	<u>Utility</u>
Illinois	Ameren
Michigan	Detroit Edison
Ohio	Cleveland Illuminating
	Ohio Edison
	Toledo Edison
	Duke Energy
	Dayton Power & Light
	AEP Ohio Power
	AEP Columbus Southern Power
Pennsylvania	Penn Power
	PP&L
	Duquesne
	Allegheny Power

During this 2 ½ year period I was an independent contractor. I recently decided that I could service my clients much better if I started my own energy consulting agency. My agency will be able to offer more

choices for electricity sourcing, demand response options and methods for reducing energy consumption.

Exhibit B-4 "Disclosure of Liabilities and Investigations"

There are no existing, pending or past rulings, judgments, contingent liabilities, revocation of authority, regulatory investigations, or any other matter that could adversely impact my financial or operational status or ability to provide.

Exhibit B-5

No predecessor of mine or any principal officer of mine has ever been convicted or held liable for fraud or for violation of any consumer protection or antitrust laws within the past five years.

Exhibit B-6

I, nor any predecessor of mine has had any certification, license, or application to provide retail or wholesale electric service including aggregation service denied, curtailed, suspended, revoked, or cancelled within the past two years.

Exhibit C-1 "Annual Reports"

As a newly formed agency, no annual report is available. In addition, my agency is not a publicly traded company.

C-2 Exhibit C-2 "SEC Filings"

My agency is not a publicly traded company so there are no 10-K/8-K Filings with the SEC.

Exhibit C-3 "Financial Statements"

See enclosed documents.

Exhibit C-4 "Financial Arrangements"

A credit line is not necessary as my company will not take ownership of electricity.

Exhibit C-5 "Forecasted Financial Statements"

See enclosed documents.

Exhibit C-6 "Credit Rating"

There is no credit rating established for my business.

Exhibit C-7 "Credit Report"

See enclosed document.

Exhibit C-8 "Bankruptcy Information"

During the past 2 years I have not been involved in any reorganizations for protection from creditors or any other form of bankruptcy, either directly or through a parent or affiliate organization of mine.

Exhibit C-9 "Merger Information,"

I have not been involved in any dissolution, merger or acquisition during the past 5 years.

Patrick Segura, Partner
Signature of Applicant & Title

Sworn and subscribed before me this 28th day of December, 2011
Month Year

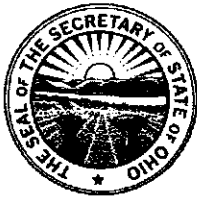
Patrick Segura Patrick Segura Financial Sales
Signature of official administering oath Print Name and Title CONSULTANT

My commission expires on October 1, 2012



Patrick Segura
Notary Public, State of Idaho
My Commission Expires October 1, 2012

Exhibit A-16 "Secretary of State"



Form 533A Prescribed by the:
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)
Mail form to one of the following:

- ☐ Expedite PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***
☒ Non Expedite PO Box 670
Columbus, OH 43216

ARTICLES OF ORGANIZATION FOR A DOMESTIC LIMITED LIABILITY COMPANY

Filing Fee: \$125.00

(CHECK ONLY ONE (1) BOX)

(1) <input checked="" type="checkbox"/> Articles of Organization for Domestic For-Profit Limited Liability Company (115-LCA) ORC 1705	(2) <input type="checkbox"/> Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA) ORC 1705
--	--

Name of limited liability company

Adven Resources LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," or "ltd"

Effective Date 11/28/2011 (The legal existence of the limited liability company begins upon the filing
(Optional) mm/dd/yyyy of the articles or on a later date specified that is not more than ninety days
after filing)

This limited liability company shall exist for _____
(Optional) Period of Existence

Purpose
(Optional)

☐ Check here if additional provisions are attached

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document on behalf of the limited liability company identified above.

REQUIRED

Articles and original appointment of agent must be authenticated (**signed**) by a member, manager or other representative.

Judy Mittelmeier
Signature

11/28/2011
Date

Judy Mittelmeier
Print Name

Signature

Date

Print Name

Signature

Date

Print Name

(See Instructions Below)

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

Adven Resources LLC

Name of Limited Liability Company

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is

Steven Mittelmeier

Name of Agent

13518 Tradewinds Drive

Mailing Address

Strongsville

City

Ohio

State

44136

Zip Code

☐ If the agent is an individual and using a P.O. Box, check this box to certify the agent is an Ohio resident.

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

Adven Resources LLC

Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company



Agent's Signature

Exhibit C-3 "Financial Statements"

Department of the Treasury — Internal Revenue Service Form 1040 U.S. Individual Income Tax Return 2010		(99) IRS Use Only — Do not write or staple in this space.																									
Name, Address, and SSN See separate instructions. Presidential Election Campaign	For the year Jan 1 - Dec 31, 2010, or other tax year beginning , 2010, ending , 20																										
	OMB No. 1545-0074																										
	Your first name MI Last name STEVEN C MITTELMEIER																										
	Your social security number																										
If a joint return, spouse's first name MI Last name JUDY A MITTELMEIER		Spouse's social security number																									
Home address (number and street). If you have a P.O. box, see instructions. Apartment no. 13518 TRADEWINDS DRIVE		Make sure the SSN(s) above and on line 6c are correct. Checking a box below will not change your tax or refund.																									
City, town or post office. If you have a foreign address, see instructions. State ZIP code STRONGSVILLE OH 44136																											
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? <input type="checkbox"/> You <input type="checkbox"/> Spouse																											
Filing Status Check only one box.	1 <input type="checkbox"/> Single																										
	2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)																										
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here .		4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here .																									
5 <input type="checkbox"/> Qualifying widow(er) with dependent child																											
Exemptions If more than four dependents, see instructions and check here .	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a																										
	b <input checked="" type="checkbox"/> Spouse																										
c Dependents:		Boxes checked on 6a and 6b ... 2																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax or (see instrs)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </tbody> </table>		(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax or (see instrs)					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>	No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instrs) ... Dependents on 6c not entered above Add numbers on lines above 2
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax or (see instrs)																							
				<input type="checkbox"/>																							
				<input type="checkbox"/>																							
				<input type="checkbox"/>																							
				<input type="checkbox"/>																							
d Total number of exemptions claimed		Add numbers on lines above 2																									
Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see instructions. Enclose, but do not attach, any payment. Also, please use Form 1040-V.	7 Wages, salaries, tips, etc. Attach Form(s) W-2 98,290.																										
	8a Taxable interest. Attach Schedule B if required 852.																										
	b Tax-exempt interest. Do not include on line 8a 8b																										
	9a Ordinary dividends. Attach Schedule B if required 9a																										
	b Qualified dividends 9b																										
	10 Taxable refunds, credits, or offsets of state and local income taxes 10																										
	11 Alimony received 11																										
	12 Business income or (loss). Attach Schedule C or C-EZ 130,037.																										
	13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here 13																										
	14 Other gains or (losses). Attach Form 4797 14																										
	15a IRA distributions 15a																										
	b Taxable amount 15b																										
	16a Pensions and annuities 16a																										
	b Taxable amount 16b																										
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17																										
	18 Farm income or (loss). Attach Schedule F 18																										
	19 Unemployment compensation 19																										
	20a Social security benefits 20a																										
b Taxable amount 20b																											
21 Other income 21																											
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 229,179.																											
Adjusted Gross Income	23 Educator expenses 23																										
	24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24																										
	25 Health savings account deduction. Attach Form 8889 25																										
	26 Moving expenses. Attach Form 3903 26																										
	27 One-half of self-employment tax. Attach Schedule SE 2,844.																										
	28 Self-employed SEP, SIMPLE, and qualified plans 28																										
	29 Self-employed health insurance deduction 29																										
	30 Penalty on early withdrawal of savings 30																										
	31a Alimony paid b Recipient's SSN 31a																										
	32 IRA deduction 32																										
	33 Student loan interest deduction 33																										
	34 Tuition and fees. Attach Form 8917 34																										
	35 Domestic production activities deduction. Attach Form 8903 35																										
36 Add lines 23 - 31a and 32 - 35 2,844.																											
37 Subtract line 36 from line 22. This is your adjusted gross income 226,335.																											

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	226,335.
39a	Check if: <input type="checkbox"/> You were born before January 2, 1946, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1946, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
	b If your spouse itemizes on a separate return, or you were a dual-status alien, check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	24,654.
41	Subtract line 40 from line 38	41	201,681.
42	Exemptions. Multiply \$3,650 by the number on line 6d	42	7,300.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	194,381.
44	Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	42,670.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	42,670.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 23	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see instructions)	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	42,670.

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	5,687.
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a	<input type="checkbox"/> Form(s) W-2, box 9 b <input type="checkbox"/> Schedule H c <input type="checkbox"/> Form 5405, line 16	59	
60	Add lines 55-59. This is your total tax	60	48,357.

Payments

If you have a qualifying child, attach Schedule EIC.

61	Federal income tax withheld from Forms W-2 and 1099	61	9,922.
62	2010 estimated tax payments and amount applied from 2009 return	62	31,648.
63	Making work pay credit. Attach Schedule M	63	0.
64a	Earned income credit (EIC)	64a	
	b Nontaxable combat pay election <input type="checkbox"/> 64b		
65	Additional child tax credit. Attach Form 8812	65	
66	American opportunity credit from Form 8863, line 14	66	
67	First-time homebuyer credit from Form 5405, line 10	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lines 61-63, 64a, & 65-71. These are your total pmts	72	41,570.

Refund

73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	73	
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> 74a		
	b Routing number XXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number XXXXXXXXXXXXXXXXXXXX		
75	Amount of line 73 you want applied to your 2011 estimated tax	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 60. For details on how to pay see instructions	76	6,787.
77	Estimated tax penalty (see instructions)	77	

Third Party DesigneeDo you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☒ No

Designee's name	Phone no.	Personal identification number (PIN)
-----------------	-----------	--------------------------------------

Sign Here

Joint return? See instructions.

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
Your signature	Date
Spouse's signature. If a joint return, both must sign.	Date
Your occupation	Daytime phone number
SALES	
Spouse's occupation	
OFFICE MANAGER	

Paid Preparer's Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
KEN MOSS CPA	KEN MOSS CPA	03/31/2011		P01040748
Firm's name	Firm's address		Firm's EIN	
WAYNE SMITH TAX SERVICE	2032 W SCHAAF RD		34-1264393	
CLEVELAND		OH 44109-4608	Phone no. (216) 398-6622	

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ **Attach to Form 1040.**

▶ **See Instructions for Schedule A (Form 1040).**

OMB No. 1545-0074

2010

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

STEVEN C & JUDY A MITTELMEIER

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 38	2			
3	Multiply line 2 by 7.5% (.075)	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
Taxes You Paid		5 State and local (check only one box):			
a	<input checked="" type="checkbox"/> Income taxes, or	5	10,951.		
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions)	6	6,355.		
7	New motor vehicle taxes from line 11 of the worksheet on page 2 (for certain vehicles purchased in 2009). Skip this line if you checked box 5b	7			
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8	9			17,306.
Interest You Paid		10 Home mtg interest and points reported to you on Form 1098		10	6,648.
Note. Your mortgage interest deduction may be limited (see instrs).		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶			
				11	
		12 Points not reported to you on Form 1098. See instrs for spcl rules		12	
		13 Mortgage insurance premiums (see instructions)		13	
		14 Investment interest. Attach Form 4952 if required. (See instrs.)		14	
		15 Add lines 10 through 14		15	6,648.
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instrs		16	210.
If you made a gift and got a benefit for it, see instructions.		17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		17	490.
		18 Carryover from prior year		18	
		19 Add lines 16 through 18		19	700.
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶		21	
				22	
		22 Tax preparation fees		22	
		23 Other expenses — investment, safe deposit box, etc. List type and amount ▶		23	
				24	
		24 Add lines 21 through 23		24	
		25 Enter amount from Form 1040, line 38		25	
		26 Multiply line 25 by 2% (.02)		26	
		27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	
Other Miscellaneous Deductions		28 Other — from list in instructions. List type and amount ▶		28	
				28	
Total Itemized Deductions		29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40		29	24,654.
		30 If you elect to itemize deductions even though they are less than your standard deduction, check here			

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2010

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
Attach to Form 1040, 1040NR, or 1041. See instructions for Schedule C (Form 1040).

Name of proprietor

Social security number (SSN)

STEVEN C MITTELMEIER

A Principal business or profession, including product or service (see instructions)

B Enter code from instructions

SALES REP.

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN), if any

SYSTEMIC BUSINESS SOLUTIONS LLC

E Business address (including suite or room no.) **13518 TRADEWINDS DRIVE**

City, town or post office, state, and ZIP code **STRONGSVILLE, OH 44136**

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____

G Did you 'materially participate' in the operation of this business during 2010? If 'No,' see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2010, check here _____

Part I Income

1 Gross receipts or sales. Caution. See instructions and check the box if: • This income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, or • You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see instructions for limit on losses <input type="checkbox"/>	1	139,331.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	139,331.
4 Cost of goods sold (from line 42 on page 2)	4	
5 Gross profit. Subtract line 4 from line 3	5	139,331.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	139,331.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8		18 Office expense	18	267.
9 Car and truck expenses (see instructions)	9	5,202.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health) ...	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	489.
17 Legal & professional services ...	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27 Other expenses (from line 48 on page 2)	27	3,336.
28 Total expenses before expenses for business use of home. Add lines 8 through 27	28				
29 Tentative profit or (loss). Subtract line 28 from line 7	29				
30 Expenses for business use of your home. Attach Form 8829	30				
31 Net profit or (loss). Subtract line 30 from line 29.					
• If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2 or on Form 1040NR, line 13 (if you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.					
• If a loss, you must go to line 32.					
32 If you have a loss, check the box that describes your investment in this activity (see instructions).					
• If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.					
• If you checked 32b, you must attach Form 6198. Your loss may be limited.					
	31	130,037.			

32a ☐ All investment is at risk.

32b ☐ Some investment is not at risk.

EAA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule C (Form 1040) 2010

FDJ0112 12/27/10

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If 'Yes,' attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No	
35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36 Purchases less cost of items withdrawn for personal use	36
37 Cost of labor. Do not include any amounts paid to yourself	37
38 Materials and supplies	38
39 Other costs	39
40 Add lines 35 through 39	40
41 Inventory at end of year	41
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 02/15/2008

44 Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for:
a Business 10,403 b Commuting (see instructions) 300 c Other 4,297

45 Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☒ Yes ☐ No

47 a Do you have evidence to support your deduction? ☒ Yes ☐ No

b If 'Yes,' is the evidence written? ☒ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

DEDICATED FAX LINE	1,128.
CELL PHONE SERVICE (80%)	2,208.
48 Total other expenses. Enter here and on page 1, line 27	48 3,336.

Name of person with self-employment income (as shown on Form 1040)

STEVEN C MITTELMEIER

Social security number of person
with self-employment income ▶**Section B — Long Schedule SE****Part I Self-Employment Tax****Note.** If your only income subject to self-employment tax is **church employee income**, see specific instructions. Also see instructions for the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I <input type="checkbox"/>	
1a Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note. Skip this line if you use the nonfarm optional method (see instructions)	2 130,037.
3 Combine lines 1a, 1b and 2. Subtract from that total the amount on Form 1040, line 29, or Form 1040NR, line 29, and enter the result (see instructions)	3 130,037.
4a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3 Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a 120,089.
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b
c Combine lines 4a and 4b. If less than \$400, stop ; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue ▶	4c 120,089.
5a Enter your church employee income from Form W-2. See the instructions for definition of church employee income	5a
b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b 0.
6 Add lines 4c and 5b	6 120,089.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2010	7 106,800.
8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$106,800 or more, skip lines 8b through 10, and go to line 11	8a 89,027.
b Unreported tips subject to social security tax (from Form 4137, line 10)	8b
c Wages subject to social security tax (from Form 8919, line 10)	8c
d Add lines 8a, 8b, and 8c	8d 89,027.
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶	9 17,773.
10 Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10 2,204.
11 Multiply line 6 by 2.9% (.029)	11 3,483.
12 Self-employment tax. Add lines 10 & 11. Enter here & on Form 1040, line 56, or Form 1040NR, line 54	12 5,687.
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	13 2,844.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method only if (a) your gross farm income ⁽¹⁾ was not more than \$6,720 or (b) your net farm profits ⁽²⁾ were less than \$4,851.	
14 Maximum income for optional methods	14 4,480.
15 Enter the smaller of: two-thirds (2/3) of gross farm income ⁽¹⁾ (not less than zero) or \$4,480. Also, include this amount on line 4b above	15
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ⁽³⁾ were less than \$4,851 and also less than 72.189% of your gross nonfarm income ⁽⁴⁾ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution. You may use this method no more than five times.	
16 Subtract line 15 from line 14	16
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁽⁴⁾ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17

(1) From Schedule F, line 11, and Schedule K-1 (Form 1065), box 14, code B.

(2) From Schedule F, line 36, and Schedule K-1 (Form 1065), box 14, code A — minus the amount you would have entered on line 1b had you not used the optional method.

(3) From Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A; and Schedule K-1 (Form 1065-B), box 9, code J1.

(4) From Schedule C, line 7; Schedule C-EZ, line 1; Schedule K-1 (Form 1065), box 14, code C; and Schedule K-1 (Form 1065-B), box 9, code J2.

Label
(See instructions.)

Use the IRS label.
Otherwise, please print or type.

Presidential Election Campaign

For the year Jan 1 - Dec 31, 2009, or other tax year beginning , 2009, ending , 20		OMB No. 1545-0074
Your first name STEVEN	MI Last name C MITTELMEIER	Your social security number
If a joint return, spouse's first name JUDY	MI Last name A MITTELMEIER	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 13518 TRADEWINDS DRIVE		You must enter your social security number(s) above.
City, town or post office. If you have a foreign address, see instructions. STRONGSVILLE		
State ZIP code OH 44136		Checking a box below will not change your tax or refund.
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions)		<input type="checkbox"/> You <input type="checkbox"/> Spouse

Filing Status

Check only one box.

- 1 ☐ Single
- 2 ☒ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above & full name here .
- 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here .
- 5 ☐ Qualifying widow(er) with dependent child (see instructions)

Exemptions

If more than four dependents, see instructions and check here ☐

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a				Boxes checked on 6a and 6b	2
b <input checked="" type="checkbox"/> Spouse				No. of children on 6c who:	
c Dependents:				• lived with you	
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)	• did not live with you due to divorce or separation (see instrs)
				<input type="checkbox"/>	Dependents on 6c not entered above
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	Add numbers on lines above
d Total number of exemptions claimed					2

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	56,716.
8a Taxable interest. Attach Schedule B if required	8a	171.
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	
b Qualified dividends (see instrs)	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	1,100.
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	11,874.
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here	13	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount (see instrs)	15b	
16a Pensions and annuities	16a	
b Taxable amount (see instrs)	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation in excess of \$2,400 per recipient (see instructions)	19	8,571.
20a Social security benefits	20a	
b Taxable amount (see instrs)	20b	
21 Other income	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	78,432.

Adjusted Gross Income

23 Educator expenses (see instructions)	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25 Health savings account deduction. Attach Form 8889	25	
26 Moving expenses. Attach Form 3903	26	
27 One-half of self-employment tax. Attach Schedule SE	27	839.
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction (see instructions)	29	4,302.
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN	31a	
32 IRA deduction (see instructions)	32	
33 Student loan interest deduction (see instructions)	33	1,426.
34 Tuition and fees deduction. Attach Form 8917	34	
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 - 31a and 32 - 35	36	6,567.
37 Subtract line 36 from line 22. This is your adjusted gross income	37	71,865.

Tax and Credits**Standard Deduction for —**

• People who check any box on line 39a, 39b, or 40b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$5,700

Married filing jointly or Qualifying widow(er), \$11,400

Head of household, \$8,350

38	Amount from line 37 (adjusted gross income)	38	71,865.
39a	Check if: <input type="checkbox"/> You were born before January 2, 1945, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1945, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
	b If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here <input type="checkbox"/> 39b		
40a	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40a	17,590.
	b If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see instructions) <input type="checkbox"/> 40b		
41	Subtract line 40a from line 38	41	54,275.
42	Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see instructions	42	7,300.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	46,975.
44	Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	6,211.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	6,211.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 29	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see instructions)	51	
52	Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695	52	
53	Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	6,211.
56	Self-employment tax. Attach Schedule SE	56	1,678.
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59	Additional taxes: a <input type="checkbox"/> AEC payments b <input type="checkbox"/> Household employment taxes. Attach Schedule H	59	
60	Add lines 55-59. This is your total tax	60	7,889.
61	Federal income tax withheld from Forms W-2 and 1099	61	6,238.
62	2009 estimated tax payments and amount applied from 2008 return	62	
63	Making work pay and government retiree credit. Attach Schedule M	63	800.
64a	Earned income credit (EIC)	64a	
	b Nontaxable combat pay election <input type="checkbox"/> 64b		
65	Additional child tax credit. Attach Form 8812	65	
66	Refundable education credit from Form 8863, line 16	66	
67	First-time homebuyer credit. Attach Form 5405	67	
68	Amount paid with request for extension to file (see instructions)	68	
69	Excess social security and tier 1 RRTA tax withheld (see instructions)	69	
70	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	70	
71	Add lns 61-63, 64a, & 65-70. These are your total pmnts	71	7,038.
72	If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid	72	
73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> 73a		
	b Routing number 041000124 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 6913548		
74	Amount of line 72 you want applied to your 2010 estimated tax	74	
75	Amount you owe. Subtract line 71 from line 60. For details on how to pay, see instructions	75	851.
76	Estimated tax penalty (see instructions)	76	

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions and fill in 73b, 73c, and 73d or Form 8888.

Amount You Owe**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
		SALES	
		OFFICE MANAGER	

Paid Preparer's Use Only

Preparer's signature	Wayne Smith CPA	Date	03/31/2010	Check if self-employed	<input type="checkbox"/>	Preparer's SSN or PTIN	P01040748
Firm's name (or yours if self-employed)	WAYNE SMITH TAX SERVICE	EIN	34-1264393	Phone no.	(216) 398-6622		
Address, and ZIP code	2032 W SCHAAF RD CLEVELAND OH 44109-4608						

SCHEDULE A
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Itemized Deductions**▶ **Attach to Form 1040.**▶ **See Instructions for Schedule A (Form 1040).**

OMB No. 1545-0074

2009Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

STEVEN C & JUDY A MITTELMEIER

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1	0.
	2	Enter amount from Form 1040, line 38	2	71,865.
	3	Multiply line 2 by 7.5% (.075)	3	5,390.
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.
Taxes You Paid	5 State and local (check only one box):			
	a	<input checked="" type="checkbox"/> Income taxes, or		
	b	<input type="checkbox"/> General sales taxes	5	3,178.
	6	Real estate taxes (see instructions)	6	6,490.
	7	New motor vehicle taxes from line 11 of the worksheet on page 2. Skip this line if you checked box 5b	7	
	8	Other taxes. List type and amount ▶	8	
	9	Add lines 5 through 8	9	9,668.
Interest You Paid	10	Home mtg interest and points reported to you on Form 1098	10	7,922.
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶		
			11	
Note. Personal interest is not deductible.	12	Points not reported to you on Form 1098. See instrs for spl rules	12	
	13	Qualified mortgage insurance premiums (see instructions)	13	
	14	Investment interest. Attach Form 4952 if required. (See instrs.)	14	
	15	Add lines 10 through 14	15	7,922.
Gifts to Charity If you made a gift and got a benefit for it, see instructions.	16	Gifts by cash or check. If you made any gift of \$250 or more, see instrs	16	
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
	18	Carryover from prior year	18	
	19	Add lines 16 through 18	19	
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶		
			21	
	22	Tax preparation fees	22	
	23	Other expenses — investment, safe deposit box, etc. List type and amount ▶		
			23	
	24	Add lines 21 through 23	24	
	25	Enter amount from Form 1040, line 38	25	
26	Multiply line 25 by 2% (.02)	26		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	
Other Miscellaneous Deductions	28	Other — from list in the instructions. List type and amount ▶		
			28	
Total Itemized Deductions	29	Is Form 1040, line 38, over \$166,800 (over \$83,400 if married filing separately)? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40a. <input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.	29	17,590.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>		

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2009

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
Attach to Form 1040, 1040NR, or 1041. See Instructions for Schedule C (Form 1040).

Name of proprietor

STEVEN C MITTELMEIER

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)

SALES REP.

B Enter code from instructions

C Business name. If no separate business name, leave blank.

SYSTEMIC BUSINESS SOLUTIONS LLC

D Employer ID number (EIN), if any

E Business address (including suite or room no.) **13518 TRADEWINDS DRIVE**

City, town or post office, state, and ZIP code **STRONGSVILLE, OH 44136**

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Did you 'materially participate' in the operation of this business during 2009? If 'No,' see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2009, check here ☒

Part I Income

1 Gross receipts or sales. **Caution.** See the instructions and check the box if:

- This income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, or
- You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see instructions for limit on losses

☐

1 23,172.

2 Returns and allowances

2

3 Subtract line 2 from line 1

3

23,172.

4 Cost of goods sold (from line 42 on page 2)

4

5 Gross profit. Subtract line 4 from line 3

5

23,172.

6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)

6

7 Gross income. Add lines 5 and 6

7

23,172.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising **8** 288.

9 Car and truck expenses (see instructions) **9** 7,898.

10 Commissions and fees **10**

11 Contract labor (see instructions) **11**

12 Depletion **12**

13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) **13**

14 Employee benefit programs (other than on line 19) **14**

15 Insurance (other than health) **15**

16 Interest:

a Mortgage (paid to banks, etc) **16a**

b Other **16b**

17 Legal & professional services **17**

18 Office expense **18** 416.

19 Pension and profit-sharing plans **19**

20 Rent or lease (see instructions):

a Vehicles, machinery, and equipment **20a**

b Other business property **20b**

21 Repairs and maintenance **21**

22 Supplies (not included in Part III) **22**

23 Taxes and licenses **23**

24 Travel, meals, and entertainment:

a Travel **24a**

b Deductible meals and entertainment (see instructions) **24b** 437.

25 Utilities **25**

26 Wages (less employment credits) **26**

27 Other expenses (from line 48 on page 2) **27** 2,259.

28 Total expenses before expenses for business use of home. Add lines 8 through 27 **28** 11,298.

29 Tentative profit or (loss). Subtract line 28 from line 7 **29** 11,874.

30 Expenses for business use of your home. Attach Form 8829 **30**

31 Net profit or (loss). Subtract line 30 from line 29.

- If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2 or on Form 1040NR, line 13 (if you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.

- If a loss, you must go to line 32.

31 11,874.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

- If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.

- If you checked 32b, you must attach Form 6198. Your loss may be limited.

32a ☐ All investment is at risk.

32b ☐ Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If 'Yes,' attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No	
35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36 Purchases less cost of items withdrawn for personal use	36
37 Cost of labor. Do not include any amounts paid to yourself	37
38 Materials and supplies	38
39 Other costs	39
40 Add lines 35 through 39	40
41 Inventory at end of year	41
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 02/15/2008

44 Of the total number of miles you drove your vehicle during 2009, enter the number of miles you used your vehicle for:
a Business 14,360 b Commuting (see instructions) 2,450 c Other 22,655

45 Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☒ Yes ☐ No

47a Do you have evidence to support your deduction? ☒ Yes ☐ No

b If 'Yes,' is the evidence written? ☒ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

DEDICATED FAX LINE	675.
CELL PHONE SERVICE (80%)	1,584.
48 Total other expenses. Enter here and on page 1, line 27	48 2,259.

SCHEDULE SE
(Form 1040)

Self-Employment Tax

OMB No. 1545-0074

2009

Attachment
Sequence No. **17**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040. ▶ See Instructions for Schedule SE (Form 1040).**

Name of person with self-employment income (as shown on Form 1040)

STEVEN C MITTELMEIER

Social security number of person
with self-employment income ▶

Who Must File Schedule SE

You must file Schedule SE if:

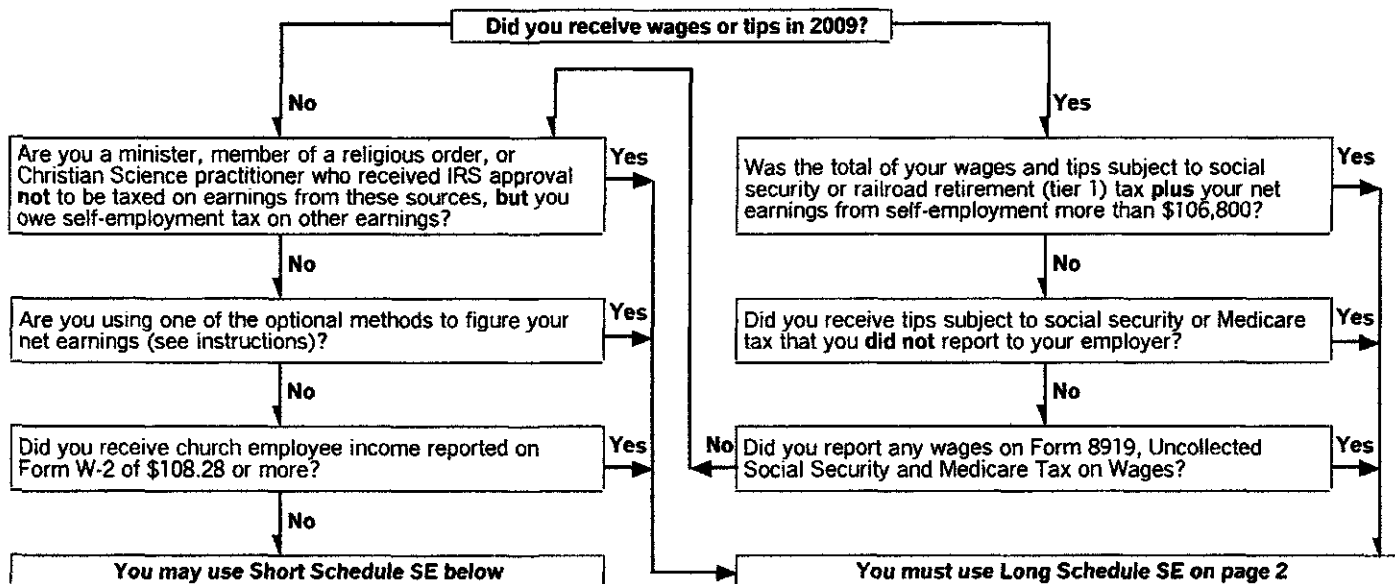
- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, **or**
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order **is not** church employee income (see instructions).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either 'optional method' in Part II of Long Schedule SE (see instructions).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write 'Exempt - Form 4361' on Form 1040, line 56.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE*, above.



Section A – Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1 a Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1 a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1 b	
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instrs for types of income to report on this line. See instrs for other income to report	2	11,874.
3 Combine lns 1a, 1b & 2	3	11,874.
4 Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4	10,966.
5 Self-employment tax. If the amount on line 4 is: • \$106,800 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56. • More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$13,243.20 to the result. Enter the total here and on Form 1040, line 56.	5	1,678.
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27	6	839.

SCHEDULE M
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

**Making Work Pay and Government
Retiree Credits**

▶ **Attach to Form 1040A, 1040, or 1040NR.**

▶ **See separate instructions.**

OMB No. 1545-0074

2009

Attachment
Sequence No. **166**

Name(s) shown on return

Your social security number

STEVEN C & JUDY A MITTELMEIER

1a Important: See the instructions if you can be claimed as someone else's dependent or are filing Form 1040NR. Check the 'No' box below and see the instructions if (a) you have a net loss from a business, (b) you received a taxable scholarship or fellowship grant not reported on a Form W-2, (c) your wages include pay for work performed while an inmate in a penal institution, (d) you received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or (e) you are filing Form 2555 or 2555-EZ.

Do you (and your spouse if filing jointly) have 2009 wages of more than \$6,451 (\$12,903 if married filing jointly)?

- ☒ **Yes.** Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.
☐ **No.** Enter your earned income (see instructions) **1a**

b Nontaxable combat pay included on line 1a (see instructions) **1b**

2 Multiply line 1a by 6.2% (.062) **2**

3 Enter \$400 (\$800) if married filing jointly **3**

4 Enter the **smaller** of line 2 or line 3 (unless you checked 'Yes' on line 1a) **4**

800.

5 Enter the amount from Form 1040, line 38*, or Form 1040A, line 22 **5**

71,865.

6 Enter \$75,000 (\$150,000 if married filing jointly) **6**

150,000.

7 Is the amount on line 5 more than the amount on line 6?

- ☒ **No.** Skip line 8. Enter the amount from line 4 on line 9 below.
☐ **Yes.** Subtract line 6 from line 5 **7**

8 Multiply line 7 by 2% (.02) **8**

9 Subtract line 8 from line 4. If zero or less, enter -0- **9**

800.

10 Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2009? You may have received this payment if you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits (see instructions).

- ☒ **No.** Enter -0- on line 10 and go to line 11.
☐ **Yes.** Enter the total of the payments received by you (and your spouse, if filing jointly). Do not enter more than \$250 (\$500 if married filing jointly) **10**

0.

11 Did you (or your spouse, if filing jointly) receive a pension or annuity in 2009 for services performed as an employee of the U.S. Government or any U.S. state or local government from work **not** covered by social security? Do not include any pension or annuity reported on Form W-2.

- ☒ **No.** Enter -0- on line 11 and go to line 12.
☐ **Yes.** • If you checked 'No' on line 10, enter \$250 (\$500 if married filing jointly and the answer on line 11 is 'Yes' for both spouses)
• If you checked 'Yes' on line 10, enter -0- (exception: enter \$250 if filing jointly and the spouse who received the pension or annuity did not receive an economic recovery payment described on line 10) **11**

0.

12 Add lines 10 and 11 **12**

0.

13 Subtract line 12 from line 9. If zero or less, enter -0- **13**

800.

14 **Making work pay and government retiree credits.** Add lines 11 and 13. Enter the result here and on Form 1040, line 63, Form 1040A, line 40; or Form 1040NR, line 60 **14**

800.

*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

BAA For Paperwork Reduction Act Notice, see Form 1040A, 1040, or 1040NR instructions.

Schedule M (Form 1040A or 1040) 2009

Exhibit C-5 "Forecasted Financial Statements"

Steven Mittelmeier

Adven Resources LLC**Forecasted Income Statement****For the years ending 12/ 2011, 12/2012 and 12/2013**

	12/31/2011	12/31/2012	12/31/2013
REVENUE:			
Commissions	\$0	\$29,500	\$103,500
OPERATING EXPENSES			
Rent	\$0	\$0	\$0
Telephone	\$251	\$3,012	\$3,012
Office Supplies	\$80	\$400	\$400
Bank Charges	\$0	\$90	\$90
Travel & Maintenance	\$150	\$4,320	\$6,000
Liability Insurance	\$0	\$1,200	\$1,200
Wages	\$0	\$15,500	\$58,000
Website & Maintenance	\$45	\$1,800	\$1,300
Health Insurance	\$0	\$18,000	\$18,000
Employer Costs (12.4%)	\$0	\$1,922	\$7,192
Conferencing	\$8	\$96	\$96
Incorporation	\$125	\$0	\$0
Internet Accounts	\$30	\$360	\$360
Leasing Expense	\$0	\$0	\$0
Professional Fees	\$0	\$415	\$415
TOTAL OPERATING EXPENSES	\$689	\$47,115	\$96,065
Net Income (before tax)	-\$689	-\$17,615	\$7,435
Taxes (25%)			\$1,859
Net Income (after Tax)			\$5,576

Preparer:

Steven Mittelmeier

13518 Tradewinds Drive

Strongsville, OH 44136

Exhibit C-5 "Forecasted Financial Statements"
Steven Mittelmeier

ADVEN RESOURCES LLC FORECASTED CASH FLOW STATEMENT FOR YEAR ENDING DEC. 31 2012												
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
CASH INFLOWS:												
Sales Objectives per month (%)	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%
Commissions	\$0	\$0	\$450	\$750	\$1,300	\$2,000	\$2,600	\$3,000	\$3,600	\$4,200	\$5,500	\$6,100
TOTAL CASH INFLOWS	\$0	\$0	\$450	\$750	\$1,300	\$2,000	\$2,600	\$3,000	\$3,600	\$4,200	\$5,500	\$6,100
CASH OUTFLOWS:												
Telephone	\$251	\$251	\$251	\$251	\$251	\$251	\$251	\$251	\$251	\$251	\$251	\$251
Office Supplies	\$100	\$0	\$0	\$100	\$0	\$0	\$100	\$0	\$0	\$100	\$0	\$0
Rent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Bank Charges	\$0	\$0	\$45	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$45	\$0
Travel & Maintenance	\$360	\$360	\$360	\$360	\$360	\$360	\$360	\$360	\$360	\$360	\$360	\$360
Liability Insurance	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Health Insurance	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Wages	\$0	\$0	\$450	\$750	\$1,300	\$1,500	\$1,500	\$1,500	\$2,000	\$2,000	\$2,000	\$2,500
Employer Costs (12.4%)	\$0	\$0	\$56	\$93	\$161	\$186	\$186	\$186	\$248	\$248	\$248	\$310
Conferencing	\$8	\$8	\$8	\$8	\$8	\$8	\$8	\$8	\$8	\$8	\$8	\$8
Incorporation Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Internet Account	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30
Website & Maintenance	\$1,000	\$30	\$30	\$30	\$30	\$30	\$500	\$30	\$30	\$30	\$30	\$30
Leasing	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Computer Equipment & Furniture	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Professional Fees	\$315	\$0	\$0	\$0	\$0	\$100	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL CASH OUTFLOWS	\$3,664	\$2,279	\$2,830	\$3,222	\$3,740	\$4,065	\$4,535	\$3,965	\$4,527	\$4,627	\$4,572	\$5,089
Net Cash Flow	(\$3,664)	(\$2,279)	(\$2,380)	(\$2,472)	(\$2,440)	(\$2,065)	(\$1,935)	(\$965)	(\$927)	(\$427)	\$928	\$1,011
Plus: Beginning Cash	\$20,000	\$16,336	\$14,057	\$11,677	\$9,205	\$6,765	\$4,700	\$2,765	\$1,800	\$873	\$446	\$1,374
ENDING CASH BALANCE	\$16,336	\$14,057	\$11,677	\$9,205	\$6,765	\$4,700	\$2,765	\$1,800	\$873	\$446	\$1,374	\$2,385

Preparer:
Steven Mittelmeier
13518 Tradewinds Drive
Strongsville, OH 44136

Exhibit C-5 "Forecasted Financial Statements"
Steven Mittelmeier

ADVEN RESOURCES LLC FORECASTED CASH FLOW STATEMENT FOR YEAR ENDING DEC. 31, 2013												
CASH INFLOWS:	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Sales Objectives per month (%)	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%
Credit Sales per month	\$6,500	\$7,000	\$7,300	\$7,700	\$8,200	\$8,500	\$8,900	\$9,100	\$9,500	\$9,900	\$10,200	\$10,700
From Partner	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL CASH INFLOWS	\$6,500	\$7,000	\$7,300	\$7,700	\$8,200	\$8,500	\$8,900	\$9,100	\$9,500	\$9,900	\$10,200	\$10,700
CASH OUTFLOWS:												
Telephone	\$251	\$251	\$251	\$251	\$251	\$251	\$251	\$251	\$251	\$251	\$251	\$251
Office Supplies	\$100	\$0	\$0	\$100	\$0	\$0	\$100	\$0	\$0	\$100	\$0	\$0
Rent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Bank Charges	\$0	\$0	\$45	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$45	\$0
Travel & Maintenance	\$500	\$500	\$500	\$500	\$700	\$700	\$700	\$700	\$700	\$700	\$700	\$700
Liability Insurance	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Health Insurance	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Wages	\$2,500	\$3,500	\$4,000	\$4,000	\$5,000	\$5,000	\$5,000	\$5,000	\$6,000	\$6,000	\$6,000	\$6,000
Employer Costs (12.4%)	\$310	\$434	\$496	\$496	\$620	\$620	\$620	\$620	\$744	\$744	\$744	\$744
Conferecing	\$8	\$8	\$8	\$8	\$8	\$8	\$8	\$8	\$8	\$8	\$8	\$8
Incorporation Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Internet Account	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30
Website & Maintenance	\$500	\$30	\$30	\$30	\$30	\$30	\$500	\$30	\$30	\$30	\$30	\$30
Leasing	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Computer Equipment & Furniture	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Professional Fees	\$315	\$0	\$0	\$0	\$0	\$100	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL CASH OUTFLOWS	\$6,114	\$6,353	\$6,960	\$7,015	\$8,239	\$8,339	\$8,809	\$8,239	\$9,363	\$9,463	\$9,408	\$9,363
Net Cash Flow	\$386	\$647	\$340	\$685	(\$39)	\$161	\$91	\$861	\$137	\$437	\$792	\$1,337
Plus: Beginning Cash	\$2,385	\$3,202	\$3,849	\$4,189	\$4,874	\$4,835	\$4,996	\$5,087	\$5,948	\$6,085	\$6,522	\$7,314
ENDING CASH BALANCE	\$3,202	\$3,849	\$4,189	\$4,874	\$4,835	\$4,996	\$5,087	\$5,948	\$6,085	\$6,522	\$7,314	\$8,651

Prepared:
Steven Mittelmeier
13518 Tradewinds Drive
Strongsville, OH 44136

ADVEN RESOURCES LLC	
OPENING BALANCE SHEET	
AS OF January 1, 2012	
	<u>January 1, 2012</u>
ASSETS:	
Cash	\$20,000
Office Equipment	<u>\$1,500</u>
TOTAL ASSETS	\$21,500
TOTAL LIABILITIES	\$0
TOTAL EQUITY	<u>\$17,400</u>
TOTAL LIABILITIES & EQUITY	\$17,400

Exhibit C-5 "Forecasted Financial Statements"

Steven Mittelmeier

ADVEN RESOURCES LLC	
FORECASTED BALANCE SHEET	
AS OF Decmber 31, 2012	
	<u>December 31, 2012</u>
ASSETS:	
Cash	\$2,385
Office Equipment	<u>\$1,500</u>
TOTAL ASSETS	\$3,885
TOTAL LIABILITIES	\$0
TOTAL EQUITY	<u>\$3,885</u>
TOTAL LIABILITIES & EQUITY	\$3,885

Preparer:

Steven Mittelmeier

13518 Tradewinds Drive

Strongsville, OH 44136

Exhibit C-5 "Forecasted Financial Statements"

Steven Mittelmeier

ADVEN RESOURCES LLC	
FORECASTED BALANCE SHEET	
AS OF Decmber 31, 2013	
	<u>December 31, 2013</u>
ASSETS:	
Cash	\$8,651
Office Equipment	<u>\$1,500</u>
TOTAL ASSETS	\$10,151
TOTAL LIABILITIES	\$0
TOTAL EQUITY	<u>\$10,151</u>
TOTAL LIABILITIES & EQUITY	\$10,151

Preparer:

Steven Mittelmeier

13518 Tradewinds Drive

Strongsville, OH 44136

Exhibit C-1 "Credit Report"



 Close window

Online Personal Credit Report from Experian for

Experian credit report prepared for

STEVEN MITTELMEIER

Your report number is

3803-0258-44

Report date:

12/21/2011

Index:

- [Contact us](#)
- [Accounts in good standing](#)
- [Requests for your credit history](#)
- [Personal information](#)
- [Important message from Experian](#)
- [Know your rights](#)

 **Print report**

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To return to your report in the near future, log on to www.experian.com/consumer and select "View your report again" or "Dispute" and then enter your report number.

If you disagree with information in this report, return to the Report Summary page and follow the instructions for disputing.

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You may also contact us by mail at:

NCAC

P.O. Box 9701

Allen, TX 75013

Or, by phone at:

1 800 493 1058

Monday through Friday, 9 am to 5 pm in your time zone.

Accounts in Good Standing

[back to top](#)

These items may stay on your credit report for as long as they are open. Once an account is closed or paid off it may continue to appear on your report for up to ten year.

AMERICAN EXPRESS

Address:

PO BOX 981537

EL PASO, TX 79998

(800) 874-2717

Address Identification Number:

0095076489

Status: Open/Never late.

Account Number:

~~XXXXXXXXXXXX~~

35

Date Opened:	Type:	Credit Limit/Original Amount:
08/1989	Credit card	NA
Reported Since:	Terms:	High Balance:
06/2011	1 Months	\$775
Date of Status:	Monthly Payment:	Recent Balance:
12/2011	\$0	\$353 as of 12/2011
Last Reported:	Responsibility:	Recent Payment:
12/2011	Individual	\$0

Balance History - The following data will appear in the following format:

account balance / date payment received / scheduled payment amount / actual amount paid

Nov 2011: \$200 / no data / Unknown / no data
 Oct 2011: \$558 / no data / Unknown / no data
 Sep 2011: \$29 / no data / Unknown / no data
 Aug 2011: \$371 / no data / Unknown / no data
 Jul 2011: \$406 / no data / Unknown / no data
 Jun 2011: \$68 / no data / Unknown / no data
 May 2011: \$367 / no data / Unknown / no data
 Apr 2011: \$517 / no data / Unknown / no data
 Mar 2011: \$498 / no data / Unknown / no data
 Feb 2011: \$402 / no data / Unknown / no data
 Jan 2011: \$775 / no data / Unknown / no data
 Dec 2010: \$171 / no data / Unknown / no data
 Nov 2010: \$138 / no data / Unknown / no data
 Oct 2010: \$179 / no data / Unknown / no data
 Sep 2010: \$697 / no data / Unknown / no data
 Aug 2010: \$265 / no data / Unknown / no data
 Jul 2010: \$225 / no data / Unknown / no data
 Jun 2010: \$501 / no data / no data / no data
 May 2010: \$147 / no data / no data / no data
 Apr 2010: \$55 / no data / no data / no data
 Mar 2010: \$185 / no data / no data / no data
 Feb 2010: \$520 / no data / no data / no data
 Jan 2010: \$346 / no data / no data / no data
 Dec 2009: \$118 / no data / no data / no data

Between Jan 2011 and Nov 2011, your credit limit/high balance was \$775

Between Nov 2010 and Dec 2010, your credit limit/high balance was \$697

Between Oct 2010 and Oct 2010, your credit limit/high balance was \$1,127

Between Sep 2010 and Sep 2010, your credit limit/high balance was \$2,408

Between Jun 2010 and Aug 2010, your credit limit/high balance was \$2,758

Between Apr 2010 and May 2010, your credit limit/high balance was \$4,222

Between Dec 2009 and Mar 2010, your credit limit/high balance was \$4,429

HOME DEPOT/CITIBANK

Address:	Account Number:
PO BOX 6497	REDACTED
SIOUX FALLS, SD 57117	
(800) 677-0232	
Address Identification Number:	
0095076489	

Status: Paid/Closed/Never late.

Status Details: This account is scheduled to continue on record until Aug 2013.

Date Opened:	Type:	Credit Limit/Original Amount:
06/2000	Revolving	\$8,000
Reported Since:	Terms:	High Balance:
07/1999	NA	\$3,039
Date of Status:	Monthly Payment:	Recent Balance:
08/2003	\$0	NA
Last Reported:	Responsibility:	Recent Payment:
08/2003	Individual	NA

Your Statement:

Account closed at consumer's request.

CCO MORTGAGE

Address: 2812 EMERYWOOD PKWY
RICHMOND, VA 23294

No phone number available

Address Identification Number:
0095076489

Status: Open/Never late.

Date Opened:	Type:	Credit Limit/Original Amount:
03/2003	Mortgage	\$185,000
Reported Since:	Terms:	High Balance:
04/2003	15 Years	NA
Date of Status:	Monthly Payment:	Recent Balance:
12/2011	\$1,536	\$97,663 as of 12/2011
Last Reported:	Responsibility:	Recent Payment:
12/2011	Joint with JUDY A MITTELMEIER	\$1,536

Balance History - The following data will appear in the following format:

account balance / date payment received / scheduled payment amount / actual amount paid

Nov 2011: \$98,726 / October 13, 2011 / \$1,536 / \$1,536
 Oct 2011: \$99,784 / September 8, 2011 / \$1,536 / \$1,536
 Sep 2011: \$100,837 / August 12, 2011 / \$1,536 / \$1,536
 Aug 2011: \$101,885 / July 11, 2011 / \$1,536 / \$1,536
 Jul 2011: \$102,928 / June 7, 2011 / \$1,536 / \$1,536
 Jun 2011: \$103,966 / May 12, 2011 / \$1,536 / \$1,536
 May 2011: \$105,000 / April 7, 2011 / \$1,536 / \$1,536
 Apr 2011: \$106,028 / March 10, 2011 / \$1,536 / \$1,536
 Mar 2011: \$107,051 / February 11, 2011 / \$1,536 / \$1,536
 Feb 2011: \$108,070 / January 13, 2011 / \$1,536 / \$1,536
 Jan 2011: \$109,083 / December 13, 2010 / \$1,536 / \$1,536
 Dec 2010: \$110,092 / November 12, 2010 / \$1,536 / \$1,536
 Nov 2010: \$111,096 / October 12, 2010 / \$1,536 / \$1,536
 Oct 2010: \$112,095 / September 13, 2010 / \$1,536 / \$1,536
 Sep 2010: \$113,089 / August 16, 2010 / \$1,536 / \$1,536
 Aug 2010: \$114,079 / July 12, 2010 / \$1,536 / \$1,536
 Jul 2010: \$115,064 / June 14, 2010 / \$1,536 / \$1,536
 Jun 2010: \$116,044 / no data / no data / no data
 May 2010: \$117,020 / no data / no data / no data
 Apr 2010: \$117,990 / no data / no data / no data
 Mar 2010: \$118,957 / no data / no data / no data
 Feb 2010: \$119,918 / no data / no data / no data
 Jan 2010: \$120,875 / no data / no data / no data
 Dec 2009: \$121,828 / no data / no data / no data

The original amount of this account was \$185,000

CHARTER ONE AUTO FINANCE

Address: 228 MAIN ST E
ROCHESTER, NY 14604

No phone number available

Address Identification Number:
0095076489

Status: Paid,Closed/Never late.

Status Details: This account is scheduled to continue on record until Aug 2014.

Date Opened:	Type:	Credit Limit/Original Amount:
08/2001	Installment	\$27,065
Reported Since:	Terms:	High Balance:
07/2001	66 Months	NA

Date of Status:	Monthly Payment:	Recent Balance:
08/2004	\$0	NA
Last Reported:	Responsibility:	Recent Payment:
08/2004	Joint with JUDY A MITTELMEIER	NA

Your Statement:

Account closed at consumer's request.

CHARTER ONE AUTO FINANCE

Address:	Account Number:
228 MAIN ST E	5367....
ROCHESTER, NY 14604	
<i>No phone number available</i>	
Address Identification Number:	
0095076489	

Status: Transferred,closed/Never late.

Status Details: This account is scheduled to continue on record until Oct 2014.

Date Opened:	Type:	Credit Limit/Original Amount:
08/2002	Installment	\$13,154
Reported Since:	Terms:	High Balance:
07/2002	60 Months	NA
Date of Status:	Monthly Payment:	Recent Balance:
10/2004	\$0	NA
Last Reported:	Responsibility:	Recent Payment:
10/2004	Joint with JUDY A MITTELMEIER	NA

CHASE AUTO FINANCE

Address:	Account Number:
PO BOX 901076	1053181238....
FORT WORTH, TX 76101	
(800) 955-9900	
Address Identification Number:	
0095076489	

Status: Paid,Closed/Never late.

Status Details: This account is scheduled to continue on record until Feb 2018.

Date Opened:	Type:	Credit Limit/Original Amount:
11/2005	Installment	\$24,380
Reported Since:	Terms:	High Balance:
11/2005	48 Months	NA
Date of Status:	Monthly Payment:	Recent Balance:
02/2008	\$0	NA
Last Reported:	Responsibility:	Recent Payment:
02/2008	Joint with JUDY A MITTELMEIER	NA

CHASE AUTO FINANCE

Address:	Account Number:
PO BOX 901076	1080381249....
FORT WORTH, TX 76101	
(800) 955-9900	
Address Identification Number:	
0095076489	

Status: Paid,Closed/Never late.

Status Details: This account is scheduled to continue on record until May 2021.

Date Opened:	Type:	Credit Limit/Original Amount:
02/2008	Installment	\$41,223
Reported Since:	Terms:	High Balance:
02/2008	72 Months	NA

Date of Status:	Monthly Payment:	Recent Balance:
05/2011	\$0	NA
Last Reported:	Responsibility:	Recent Payment:
05/2011	Joint with JUDY A MITTELMEIER	NA

Balance History - The following data will appear in the following format:

account balance / date payment received / scheduled payment amount / actual amount paid

Apr 2011: \$6,405 / April 6, 2011 / \$698 / \$698
 Mar 2011: \$7,069 / March 9, 2011 / \$698 / \$5,698
 Feb 2011: \$12,719 / February 22, 2011 / \$698 / \$10,698
 Jan 2011: \$23,312 / January 12, 2011 / \$698 / \$698
 Dec 2010: \$23,878 / December 10, 2010 / \$698 / \$698
 Nov 2010: \$24,440 / November 15, 2010 / \$698 / \$698
 Oct 2010: \$25,004 / October 11, 2010 / \$698 / \$698
 Sep 2010: \$25,560 / September 13, 2010 / \$698 / \$698
 Aug 2010: \$26,117 / August 20, 2010 / \$698 / \$698
 Jul 2010: \$26,666 / July 9, 2010 / \$698 / \$698
 Jun 2010: \$27,213 / June 15, 2010 / \$698 / \$698
 May 2010: \$27,762 / no data / no data / no data
 Apr 2010: \$28,302 / no data / no data / no data
 Mar 2010: \$28,844 / no data / no data / no data
 Feb 2010: \$29,377 / no data / no data / no data
 Jan 2010: \$29,924 / no data / no data / no data
 Dec 2009: \$30,452 / no data / no data / no data

The original amount of this account was \$41,223

CHASE

Address: Account Number:
 800 BROOKSEGE BLVD 407158388006....
 WESTERVILLE, OH 43081
 (800) 955-9900
 Address Identification Number:
 0095076489

Status: Paid,Closed/Never late.

Status Details: This account is scheduled to continue on record until Sep 2012.

Date Opened:	Type:	Credit Limit/Original Amount:
03/1995	Credit card	\$5,800
Reported Since:	Terms:	High Balance:
05/1997	NA	\$5,980
Date of Status:	Monthly Payment:	Recent Balance:
09/2002	\$0	NA
Last Reported:	Responsibility:	Recent Payment:
09/2002	Individual	NA
Your Statement:		

Account closed at consumer's request.

CHASE BANK USA

Address: Account Number:
 PO BOX 15298 426692101710....
 WILMINGTON, DE 19850
 (800) 955-9900
 Address Identification Number:
 0095076489

Status: Paid,Closed/Never late.

Status Details: This account is scheduled to continue on record until Jan 2019.

Date Opened:	Type:	Credit Limit/Original Amount:
09/1995	Credit card	\$10,200
Reported Since:	Terms:	High Balance:
10/1995	NA	\$7,075
Date of Status:	Monthly Payment:	Recent Balance:
01/2009	\$0	NA

Last Reported:
01/2009

Responsibility:
Individual

Recent Payment:
NA

CHASE BANK USA

Address:
PO BOX 15298
WILMINGTON, DE 19850
(800) 955-9900

Account Number:
438854906076....

Address Identification Number:
0095076489

Status: Open/Never late.

Date Opened:
09/2002

Type:
Flex Spending

Credit Limit/Original Amount:
\$8,800

Reported Since:
10/2002

Terms:
NA

High Balance:
\$11,212

Date of Status:
11/2011

Monthly Payment:
\$25

Recent Balance:
\$651 as of 11/2011

Last Reported:
11/2011

Responsibility:
Individual

Recent Payment:
\$1,186

Balance History - The following data will appear in the following format:

account balance / date payment received / scheduled payment amount / actual amount paid

Oct 2011: \$1,186 / October 5, 2011 / \$25 / \$3,867
Sep 2011: \$3,867 / September 14, 2011 / \$89 / \$6,606
Aug 2011: \$6,606 / August 11, 2011 / \$132 / \$1,500
Jul 2011: \$3,771 / July 12, 2011 / \$87 / \$2,000
Jun 2011: \$4,563 / June 6, 2011 / \$95 / \$2,000
May 2011: \$2,851 / May 1, 2011 / \$62 / \$4,322
Apr 2011: \$6,362 / April 8, 2011 / \$132 / \$500
Mar 2011: \$5,714 / March 4, 2011 / \$114 / \$5,637
Feb 2011: \$5,637 / February 3, 2011 / \$112 / \$2,211
Jan 2011: \$2,211 / January 20, 2011 / \$44 / \$1,750
Dec 2010: \$1,747 / December 10, 2010 / \$34 / \$2,500
Nov 2010: \$3,383 / November 10, 2010 / \$67 / \$777
Oct 2010: \$777 / October 20, 2010 / \$37 / \$3,144
Sep 2010: \$3,144 / September 16, 2010 / \$84 / \$2,500
Aug 2010: \$5,078 / August 12, 2010 / \$101 / \$2,000
Jul 2010: \$5,960 / July 14, 2010 / \$119 / \$2,520
Jun 2010: \$2,520 / June 18, 2010 / \$75 / \$3,000
May 2010: \$4,605 / no data / no data / no data
Apr 2010: \$4,939 / no data / no data / no data
Mar 2010: \$902 / no data / no data / no data
Feb 2010: \$4,589 / no data / no data / no data
Jan 2010: \$1,514 / no data / no data / no data
Dec 2009: \$1,577 / no data / no data / no data

Between Dec 2009 and Oct 2011, your credit limit/high balance was \$0

PRISM/CITIBANK

Address:
PO BOX 6497
SIOUX FALLS, SD 57117
No phone number available

Account Number:
525650030775....

Address Identification Number:
0095076489

Status: Paid,Closed/Never late.

Status Details: This account is scheduled to continue on record until Mar 2018.

Date Opened:
11/2005

Type:
Credit card

Credit Limit/Original Amount:
\$2,500

Reported Since:
11/2005

Terms:
NA

High Balance:
NA

Date of Status:
03/2008

Monthly Payment:
\$0

Recent Balance:
NA

Last Reported:
03/2008

Responsibility:
Individual

Recent Payment:
NA

Creditor's Statement: Account closed at credit grantor's request.

CITIBANK NEW YORK STATE

Address: Account Number:
PO BOX 7013 3364616....
INDIANAPOLIS, IN 46207
(800) 489-5005
Address Identification Number:
0095076489

Status: Paid,Closed/Never late.

Status Details: This account is scheduled to continue on record until Jul 2015.

Date Opened: Type:
11/2001 Installment
Reported Since: Terms:
11/2001 39 Months
Date of Status: Monthly Payment:
07/2005 \$0
Last Reported: Responsibility:
07/2005 Individual

Credit Limit/Original Amount:
\$27,739
High Balance:
NA
Recent Balance:
NA
Recent Payment:
NA

CITIZENS AUTO FINANCE

Address: Account Number:
480 JEFFERSON BLVD 270462....
WARWICK, RI 02886
(800) 610-7300
Address Identification Number:
0095076489

Status: Paid,Closed/Never late.

Status Details: This account is scheduled to continue on record until Nov 2016.

Date Opened: Type:
08/2002 Installment
Reported Since: Terms:
11/2004 60 Months
Date of Status: Monthly Payment:
11/2006 \$0
Last Reported: Responsibility:
11/2006 Joint with JUDY A
MITTELMEIER

Credit Limit/Original Amount:
\$13,154
High Balance:
NA
Recent Balance:
NA
Recent Payment:
NA

FIRST USA BANK N A

Address: Account Number:
800 BROOKSEDGE BLVD 432515030858....
WESTERVILLE, OH 43081
(800) 955-9900
Address Identification Number:
0095076489

Status: Paid,Closed/Never late.

Status Details: This account is scheduled to continue on record until Oct 2012.

Date Opened: Type:
12/1995 Credit card
Reported Since: Terms:
11/1999 NA
Date of Status: Monthly Payment:
10/2002 \$0
Last Reported: Responsibility:
10/2002 Individual
Your Statement:

Credit Limit/Original Amount:
\$5,000
High Balance:
\$4,322
Recent Balance:
NA
Recent Payment:
NA

Account closed at consumer's request.

FIRST USA BANK

Address: 800 BROOKSEDGE BLVD
WESTERVILLE, OH 43081
(800) 955-9900
Account Number: 426651302373....
Address Identification Number: 0095076489

Status: Paid,Closed/Never late.

Status Details: This account is scheduled to continue on record until Aug 2013.

Date Opened: 11/1999
Type: Credit card
Reported Since: 11/1999
Terms: NA
Date of Status: 07/2003
Monthly Payment: \$0
Last Reported: 08/2003
Responsibility: Individual
Your Statement:

Credit Limit/Original Amount: \$500
High Balance: NA
Recent Balance: NA
Recent Payment: NA

Account closed at consumer's request.

G M A C

Address: PO BOX 380901
BLOOMINGTON, MN 55438
(800) 200-4622
Account Number: 01030894....
Address Identification Number: 0095076489

Status: Paid,Closed/Never late.

Status Details: This account is scheduled to continue on record until Feb 2014.

Date Opened: 03/2000
Type: Installment
Reported Since: 04/2000
Terms: 39 Months
Date of Status: 02/2004
Monthly Payment: \$0
Last Reported: 02/2004
Responsibility: Joint with HEATHER M THOMPSON

Credit Limit/Original Amount: \$8,933
High Balance: NA
Recent Balance: NA
Recent Payment: NA

GOODYEAR TIRE/CITIBANK

Address: PO BOX 6497
SIOUX FALLS, SD 57117
No phone number available
Account Number: 603551012330....
Address Identification Number: 0095076489

Status: Paid,Closed/Never late.

Status Details: This account is scheduled to continue on record until Nov 2021.

Date Opened: 12/2005
Type: Revolving
Reported Since: 01/2006
Terms: NA
Date of Status: 11/2011
Monthly Payment: \$0
Last Reported: 11/2011
Responsibility: Individual

Credit Limit/Original Amount: \$600
High Balance: \$648
Recent Balance: NA
Recent Payment: NA

Creditor's Statement: Account closed at credit grantor's request.

GE CAPITAL/DILLARDS

Address: PO BOX 965024
ORLANDO, FL 32896
(800) 643-8278
Account Number: 604587051229....
Address Identification Number: 0095076489

Status: Paid,Closed/Never late.

Status Details: This account is scheduled to continue on record until Oct 2018.

Date Opened:	Type:	Credit Limit/Original Amount:
08/1990	Revolving	NA
Reported Since:	Terms:	High Balance:
04/1994	NA	\$1,024
Date of Status:	Monthly Payment:	Recent Balance:
10/2008	\$0	NA
Last Reported:	Responsibility:	Recent Payment:
10/2008	Individual	NA

GE/JCPENNEY

Address: PO BOX 965007
ORLANDO, FL 32896
(800) 542-0800
Account Number: 600889568522....
Address Identification Number: 0095076489

Status: Open/Never late.

Date Opened:	Type:	Credit Limit/Original Amount:
03/1972	Revolving	\$124
Reported Since:	Terms:	High Balance:
04/1994	NA	\$1,941
Date of Status:	Monthly Payment:	Recent Balance:
11/2011	\$0	\$0 as of 11/2011
Last Reported:	Responsibility:	Recent Payment:
11/2011	Joint with JUDY ANN MITTELMEIER	\$0

Balance History - The following data will appear in the following format:

account balance / date payment received / scheduled payment amount / actual amount paid

Oct 2011: \$0 / April 8, 1999 / no data / no data
Sep 2011: \$0 / April 8, 1999 / no data / no data
Aug 2011: \$0 / April 8, 1999 / no data / no data
Jul 2011: \$0 / April 8, 1999 / no data / no data
Jun 2011: \$0 / April 8, 1999 / no data / no data
May 2011: \$0 / April 8, 1999 / no data / no data
Apr 2011: \$0 / April 8, 1999 / no data / no data
Mar 2011: \$0 / April 8, 1999 / no data / no data
Feb 2011: \$0 / April 8, 1999 / no data / no data
Jan 2011: \$0 / April 8, 1999 / no data / no data
Dec 2010: \$0 / April 8, 1999 / no data / no data
Nov 2010: \$0 / April 8, 1999 / no data / no data
Oct 2010: \$0 / April 8, 1999 / no data / no data
Sep 2010: \$0 / April 8, 1999 / no data / no data
Aug 2010: \$0 / April 8, 1999 / no data / no data
Jul 2010: \$0 / April 8, 1999 / no data / no data
Jun 2010: \$0 / April 8, 1999 / no data / no data
May 2010: \$0 / no data / no data / no data
Apr 2010: \$0 / no data / no data / no data
Mar 2010: \$0 / no data / no data / no data
Feb 2010: \$0 / no data / no data / no data
Jan 2010: \$0 / no data / no data / no data
Dec 2009: \$0 / no data / no data / no data

Between Dec 2009 and Oct 2011, your credit limit/high balance was \$124

BEST BUY/HSBC

Address: Account Number:
PO BOX 5253 700119113015....
CAROL STREAM, IL 60197
(800) 477-6000
Address Identification Number:
0095076489

Status: Paid,Closed/Never late.

Status Details: This account is scheduled to continue on record until Jun 2020.

Date Opened:	Type:	Credit Limit/Original Amount:
04/2007	Revolving	NA
Reported Since:	Terms:	High Balance:
01/2007	NA	\$1,612
Date of Status:	Monthly Payment:	Recent Balance:
06/2010	\$0	NA
Last Reported:	Responsibility:	Recent Payment:
06/2010	Individual	NA

IBERIA BANK

Address: Account Number:
PO BOX 7500 475659000106....
LITTLE ROCK, AR 72217
No phone number available
Address Identification Number:
0095076489

Status: Paid,Closed/Never late.

Status Details: This account is scheduled to continue on record until Nov 2013.

Date Opened:	Type:	Credit Limit/Original Amount:
07/1997	Credit card	\$7,000
Reported Since:	Terms:	High Balance:
07/1997	NA	\$6,998
Date of Status:	Monthly Payment:	Recent Balance:
11/2003	\$0	NA
Last Reported:	Responsibility:	Recent Payment:
11/2003	Individual	NA

Creditor's Statement: Account closed at credit grantor's request.

KOHL'S/CHASE

Address: Account Number:
PO BOX 3115 02839195....
MILWAUKEE, WI 53201
(800) 564-5740
Address Identification Number:
0095076489

Status: Paid,Closed/Never late.

Status Details: This account is scheduled to continue on record until Oct 2019.

Date Opened:	Type:	Credit Limit/Original Amount:
01/1999	Revolving	\$1,500
Reported Since:	Terms:	High Balance:
10/2009	NA	\$320
Date of Status:	Monthly Payment:	Recent Balance:
10/2009	\$0	NA
Last Reported:	Responsibility:	Recent Payment:
10/2009	Joint with JUDY A MITTELMEIER	NA

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PNC BANK

Address: Account Number:
4661 E MAIN ST 448911921009....
COLUMBUS, OH 43213
No phone number available
Address Identification Number:
0095076489

Status: Paid,Closed/Never late.

Status Details: This account is scheduled to continue on record until Oct 2017.

Date Opened: Type:
03/2001 Revolving
Reported Since: Terms:
04/2001 NA
Date of Status: Monthly Payment:
10/2007 \$0
Last Reported: Responsibility:
10/2007 Joint with JUDY A
MITTELMEIER

Credit Limit/Original Amount:
\$1,000
High Balance:
\$946
Recent Balance:
NA
Recent Payment:
NA

Your Statement:

Account closed at consumer's request.

PNC BANK

Address: Account Number:
PO BOX 3180 448929856017....
PITTSBURGH, PA 15230
No phone number available
Address Identification Number:
0095076489

Status: Paid,Closed/Never late.

Status Details: This account is scheduled to continue on record until Sep 2017.

Date Opened: Type:
11/2002 Revolving
Reported Since: Terms:
12/2002 NA
Date of Status: Monthly Payment:
09/2007 \$0
Last Reported: Responsibility:
09/2007 Joint with JUDY A
MITTELMEIER

Credit Limit/Original Amount:
\$15,151
High Balance:
\$8,349
Recent Balance:
NA
Recent Payment:
NA

Your Statement:

Account closed at consumer's request.

PNC BANK

Address: Account Number:
PO BOX 3180 448961807011....
PITTSBURGH, PA 15230
No phone number available
Address Identification Number:
0095076489

Status: Open/Never late.

Date Opened: Type:
07/2005 Revolving
Reported Since: Terms:
08/2005 NA
Date of Status: Monthly Payment:
12/2011 \$73
Last Reported:
12/2011

Credit Limit/Original Amount:
\$52,000
High Balance:
\$49,791
Recent Balance:
\$26,947 as of 12/2011
Recent Payment:
\$556

Responsibility:
Joint with JUDY A
MITTELMEIER

Balance History - The following data will appear in the following format:

account balance / date payment received / scheduled payment amount / actual amount paid

Nov 2011: \$27,430 / October 30, 2011 / \$56 / \$3,785

Oct 2011: \$11,487 / September 22, 2011 / \$27 / \$800

Sep 2011: \$4,785 / August 21, 2011 / \$13 / \$500

Aug 2011: \$5,272 / July 20, 2011 / \$14 / \$500

Jul 2011: \$5,707 / June 19, 2011 / \$15 / \$700

Jun 2011: \$6,391 / May 22, 2011 / \$15 / \$103

May 2011: \$103 / April 20, 2011 / \$1 / \$50

Apr 2011: \$153 / March 25, 2011 / \$1 / \$100

Mar 2011: \$252 / February 18, 2011 / \$1 / \$500

Feb 2011: \$751 / August 19, 2010 / \$1 / no data

Jan 2011: \$0 / August 19, 2010 / \$3 / no data

Dec 2010: \$0 / August 19, 2010 / \$3 / no data

Nov 2010: \$0 / August 19, 2010 / \$3 / no data

Oct 2010: \$0 / August 19, 2010 / \$3 / no data

Sep 2010: \$0 / August 19, 2010 / \$3 / \$50

Aug 2010: \$50 / May 19, 2010 / \$3 / no data

Jul 2010: \$0 / May 19, 2010 / \$3 / no data

Jun 2010: \$0 / no data / no data / no data

May 2010: \$3 / no data / no data / no data

Apr 2010: \$2,001 / no data / no data / no data

Mar 2010: \$0 / no data / no data / no data

Feb 2010: \$0 / no data / no data / no data

Jan 2010: \$0 / no data / no data / no data

Dec 2009: \$0 / no data / no data / no data

Between Dec 2009 and Nov 2011, your credit limit/high balance was \$52,000

CITIBANK/SEARS

Address: Account Number:
PO BOX 6241 512107011444....
SIOUX FALLS, SD 57117
(800) 669-8488
Address Identification Number:
0095076489

Status: Paid,Closed/Never late.

Status Details: This account is scheduled to continue on record until Mar 2019.

Date Opened:	Type:	Credit Limit/Original Amount:
04/1978	Credit card	\$10,500
Reported Since:	Terms:	High Balance:
04/1994	NA	\$1,785
Date of Status:	Monthly Payment:	Recent Balance:
03/2009	\$0	NA
Last Reported:	Responsibility:	Recent Payment:
03/2009	Individual	NA
Your Statement:		

Account closed at consumer's request.

SEARS/CITIBANK

Address: Account Number:
PO BOX 6241 504994106826....
SIOUX FALLS, SD 57117
No phone number available
Address Identification Number:
0095076489

Status: Open/Never late.

Date Opened:	Type:	Credit Limit/Original Amount:
03/2010	Revolving	\$6,000

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Reported Since:	Terms:	High Balance:
04/2010	NA	\$2,747
Date of Status:	Monthly Payment:	Recent Balance:
12/2011	\$30	\$0 /paid as of 12/2011
Last Reported:	Responsibility:	Recent Payment:
12/2011	Individual	\$0

Balance History - The following data will appear in the following format:

account balance / date payment received / scheduled payment amount / actual amount paid

Nov 2011: \$0 / August 15, 2010 / \$30 / no data
 Oct 2011: \$0 / August 15, 2010 / \$30 / no data
 Sep 2011: \$0 / August 15, 2010 / \$30 / no data
 Aug 2011: \$0 / August 15, 2010 / \$30 / no data
 Jul 2011: \$0 / August 15, 2010 / \$30 / no data
 Jun 2011: \$0 / August 15, 2010 / \$30 / no data
 May 2011: \$0 / August 15, 2010 / \$30 / no data
 Apr 2011: \$0 / August 15, 2010 / \$30 / no data
 Mar 2011: \$0 / August 15, 2010 / \$30 / no data
 Feb 2011: \$0 / August 15, 2010 / \$30 / no data
 Jan 2011: \$0 / August 15, 2010 / \$30 / no data
 Dec 2010: \$0 / August 15, 2010 / \$30 / no data
 Nov 2010: \$0 / August 15, 2010 / \$30 / no data
 Oct 2010: \$0 / August 15, 2010 / \$30 / no data
 Sep 2010: \$0 / August 15, 2010 / \$30 / no data
 Aug 2010: \$1,999 / July 15, 2010 / \$30 / no data
 Jul 2010: \$2,599 / June 18, 2010 / \$39 / \$150
 Jun 2010: \$2,747 / no data / no data / no data
 May 2010: \$2,632 / no data / no data / no data
 Apr 2010: \$2,732 / no data / no data / no data

Between Apr 2010 and Nov 2011, your credit limit/high balance was \$6,000

SHELL/CITIBANK SD

Address: Account Number:
 PO BOX 6497 13334....
 SIOUX FALLS, SD 57117
No phone number available
 Address Identification Number:
 0095076489

Status: Paid,Closed/Never late.

Date Opened:	Type:	Credit Limit/Original Amount:
12/1990	Credit card	\$750
Reported Since:	Terms:	High Balance:
11/2000	NA	NA
Date of Status:	Monthly Payment:	Recent Balance:
11/2001	\$0	NA
Last Reported:	Responsibility:	Recent Payment:
11/2001	Individual	NA
Your Statement:		

Account closed at consumer's request.

SUNOCO/CITIBANK

Address: Account Number:
 PO BOX 6497 5011576....
 SIOUX FALLS, SD 57117
No phone number available
 Address Identification Number:
 0095076489

Status: Paid,Closed/Never late.

Status Details: This account is scheduled to continue on record until Aug 2018.

Date Opened:	Type:	Credit Limit/Original Amount:
06/1990	Credit card	\$300

Reported Since:	Terms:	High Balance:
10/2004	NA	NA
Date of Status:	Monthly Payment:	Recent Balance:
08/2008	\$0	NA
Last Reported:	Responsibility:	Recent Payment:
08/2008	Individual	NA

TD AUTO FINANCE

Address:	Account Number:
5225 CROOKS RD STE 140	100519....
TROY, MI 48098	
(866) 206-9292	
Address Identification Number:	
0095076489	

Status: Paid,Closed/Never late.

Status Details: This account is scheduled to continue on record until May 2017.

Date Opened:	Type:	Credit Limit/Original Amount:
07/2004	Installment	\$32,126
Reported Since:	Terms:	High Balance:
07/2004	72 Months	NA
Date of Status:	Monthly Payment:	Recent Balance:
05/2007	\$0	NA
Last Reported:	Responsibility:	Recent Payment:
05/2007	Joint with JUDY A MITTELMEIER	NA

THIRD FEDERAL S & L

Address:	Account Number:
7007 BROADWAY AVE	50070011....
CLEVELAND, OH 44105	
No phone number available	
Address Identification Number:	
0095076489	

Status: Paid,Closed/Never late.

Status Details: This account is scheduled to continue on record until Apr 2013.

Date Opened:	Type:	Credit Limit/Original Amount:
07/2001	Mortgage	\$182,000
Reported Since:	Terms:	High Balance:
08/2001	30 Years	NA
Date of Status:	Monthly Payment:	Recent Balance:
04/2003	\$0	NA
Last Reported:	Responsibility:	Recent Payment:
04/2003	Joint with JUDY A MITTELMEIER	NA

UNIVERSAL CARD/CITIBANK

Address:	Account Number:
PO BOX 44167	549113030575....
JACKSONVILLE, FL 32231	
No phone number available	
Address Identification Number:	
0095076489	

Status: Paid,Closed/Never late.

Status Details: This account is scheduled to continue on record until Mar 2013.

Date Opened:	Type:	Credit Limit/Original Amount:
11/2001	Credit card	\$8,100
Reported Since:	Terms:	High Balance:
11/2001	NA	\$5,360
Date of Status:	Monthly Payment:	Recent Balance:
03/2003	\$0	NA

Last Reported:
03/2003
Your Statement:

Responsibility:
Individual

Recent Payment:
NA

Account closed at consumer's request.

US BANK

Address: PO BOX 130
HILLSBORO, OH 45133
No phone number available
Address Identification Number:
0095076489

Account Number:
972301....

Status: Paid,Closed/Never late.

Status Details: This account is scheduled to continue on record until Apr 2012.

Date Opened: 02/1995
Reported Since: 04/2002
Date of Status: 04/2002
Last Reported: 04/2002
Type: Installment
Terms: 36 Months
Monthly Payment: \$0
Responsibility: Individual

Credit Limit/Original Amount: \$14,965
High Balance: NA
Recent Balance: NA
Recent Payment: NA

Creditor's Statement: Full termination/obligation satisfied.

U.S. DEPT OF ED - DIRECT LOANS

Address: PO BOX 5609
GREENVILLE, TX 75403
(800) 848-0979
Address Identification Number:
0095076489

Account Number:
336461....

Status: Transferred,closed/Never late.

Status Details: This account is scheduled to continue on record until Sep 2021.

Date Opened: 08/2005
Reported Since: 08/2011
Date of Status: 09/2011
Last Reported: 09/2011
Type: Installment
Terms: 102 Months
Monthly Payment: \$0
Responsibility: Individual

Credit Limit/Original Amount: \$4,000
High Balance: NA
Recent Balance: NA
Recent Payment: NA

Balance History - The following data will appear in the following format:

account balance / date payment received / scheduled payment amount / actual amount paid

Aug 2011: \$1,698 / no data / Unknown / no data
Jul 2011: \$1,743 / no data / Unknown / no data
Jun 2011: \$1,803 / no data / Unknown / no data
May 2011: \$1,849 / no data / Unknown / no data
Apr 2011: \$1,893 / no data / Unknown / no data
Mar 2011: \$1,938 / no data / Unknown / no data
Feb 2011: \$1,984 / no data / Unknown / no data
Jan 2011: \$2,030 / no data / Unknown / no data
Dec 2010: \$2,074 / no data / Unknown / no data
Nov 2010: \$2,107 / no data / Unknown / no data
Oct 2010: \$2,139 / no data / Unknown / no data
Sep 2010: \$2,173 / no data / Unknown / no data
Aug 2010: \$2,423 / no data / Unknown / no data
Jul 2010: \$2,470 / no data / Unknown / no data
Jun 2010: \$2,517 / no data / Unknown / no data
May 2010: \$2,561 / no data / no data / no data
Apr 2010: \$2,604 / no data / no data / no data
Mar 2010: \$2,646 / no data / no data / no data
Feb 2010: \$2,690 / no data / no data / no data

Jan 2010: \$2,733 / no data / no data / no data
Dec 2009: \$2,775 / no data / no data / no data

The original amount of this account was \$4,000

U.S. DEPT OF ED - DIRECT LOANS

Address: Account Number:
PO BOX 5609 336461....
GREENVILLE, TX 75403
(800) 848-0979
Address Identification Number:
0095076489

Status: Paid,Closed.

Date Opened:	Type:	Credit Limit/Original Amount:
09/1997	Installment	\$9,019
Reported Since:	Terms:	High Balance:
12/2001	120 Months	NA
Date of Status:	Monthly Payment:	Recent Balance:
12/2001	\$0	NA
Last Reported:	Responsibility:	Recent Payment:
12/2001	Individual	NA

U.S. DEPT OF ED - DIRECT LOANS

Address: Account Number:
PO BOX 5609 336461....
GREENVILLE, TX 75403
(800) 848-0979
Address Identification Number:
0095076489

Status: Paid,Closed.

Status Details: This account is scheduled to continue on record until Jul 2015.

Date Opened:	Type:	Credit Limit/Original Amount:
08/2001	Installment	\$9,000
Reported Since:	Terms:	High Balance:
07/2005	120 Months	NA
Date of Status:	Monthly Payment:	Recent Balance:
07/2005	\$0	NA
Last Reported:	Responsibility:	Recent Payment:
07/2005	Individual	NA

U.S. DEPT OF ED - DIRECT LOANS

Address: Account Number:
PO BOX 5609 336461....
GREENVILLE, TX 75403
(800) 848-0979
Address Identification Number:
0095076489

Status: Paid,Closed.

Status Details: This account is scheduled to continue on record until Jul 2015.

Date Opened:	Type:	Credit Limit/Original Amount:
08/2002	Installment	\$12,000
Reported Since:	Terms:	High Balance:
07/2005	120 Months	NA
Date of Status:	Monthly Payment:	Recent Balance:
07/2005	\$0	NA
Last Reported:	Responsibility:	Recent Payment:
07/2005	Individual	NA

U.S. DEPT OF ED - DIRECT LOANS

So

Address: Account Number:
 PO BOX 5609 336461....
 GREENVILLE, TX 75403
 (800) 848-0979
 Address Identification Number:
 0095076489
 Status: Paid,Closed.

Status Details: This account is scheduled to continue on record until Jul 2015.

Date Opened:	Type:	Credit Limit/Original Amount:
08/2003	Installment	\$13,280
Reported Since:	Terms:	High Balance:
07/2005	120 Months	NA
Date of Status:	Monthly Payment:	Recent Balance:
07/2005	\$0	NA
Last Reported:	Responsibility:	Recent Payment:
07/2005	Individual	NA

U.S. DEPT OF ED - DIRECT LOANS

Address: Account Number:
 PO BOX 5609 336461....
 GREENVILLE, TX 75403
 (800) 848-0979
 Address Identification Number:
 0095076489
 Status: Paid,Closed.

Status Details: This account is scheduled to continue on record until Jul 2015.

Date Opened:	Type:	Credit Limit/Original Amount:
08/2004	Installment	\$13,238
Reported Since:	Terms:	High Balance:
07/2005	120 Months	NA
Date of Status:	Monthly Payment:	Recent Balance:
07/2005	\$0	NA
Last Reported:	Responsibility:	Recent Payment:
07/2005	Individual	NA

U.S. DEPT OF ED - DIRECT LOANS

Address: Account Number:
 PO BOX 5609 336461....
 GREENVILLE, TX 75403
 (800) 848-0979
 Address Identification Number:
 0095076489
 Status: Transferred,closed/Never late.

Status Details: This account is scheduled to continue on record until Sep 2021.

Date Opened:	Type:	Credit Limit/Original Amount:
07/2005	Installment	\$45,230
Reported Since:	Terms:	High Balance:
08/2011	120 Months	NA
Date of Status:	Monthly Payment:	Recent Balance:
09/2011	\$0	NA
Last Reported:	Responsibility:	Recent Payment:
09/2011	Individual	NA

Balance History - The following data will appear in the following format:
account balance / date payment received / scheduled payment amount / actual amount paid
 Aug 2011: \$18,440 / no data / Unknown / no data
 Jul 2011: \$18,835 / no data / Unknown / no data
 Jun 2011: \$19,385 / no data / Unknown / no data
 May 2011: \$19,792 / no data / Unknown / no data
 Apr 2011: \$20,173 / no data / Unknown / no data
 Mar 2011: \$20,569 / no data / Unknown / no data
 Feb 2011: \$20,979 / no data / Unknown / no data
 Jan 2011: \$21,394 / no data / Unknown / no data
 Dec 2010: \$21,769 / no data / Unknown / no data

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Nov 2010: \$22,123 / no data / Unknown / no data
Oct 2010: \$22,458 / no data / Unknown / no data
Sep 2010: \$22,810 / no data / Unknown / no data
Aug 2010: \$25,350 / no data / Unknown / no data
Jul 2010: \$25,771 / no data / Unknown / no data
Jun 2010: \$26,184 / no data / Unknown / no data
May 2010: \$26,560 / no data / no data / no data
Apr 2010: \$26,928 / no data / no data / no data
Mar 2010: \$27,292 / no data / no data / no data
Feb 2010: \$27,680 / no data / no data / no data
Jan 2010: \$28,054 / no data / no data / no data
Dec 2009: \$28,404 / no data / no data / no data

The original amount of this account was \$45,230

WFNNB/CLARK

Address: Account Number:
PO BOX 182789 707654001012....
COLUMBUS, OH 43218
No phone number available
Address Identification Number:
0095076489

Status: Closed/Never late.

Status Details: This account is scheduled to continue on record until Jul 2015.

Date Opened:	Type:	Credit Limit/Original Amount:
04/1995	Revolving	NA
Reported Since:	Terms:	High Balance:
11/2000	NA	\$180
Date of Status:	Monthly Payment:	Recent Balance:
04/2001	\$0	\$0 /paid as of 07/2005
Last Reported:	Responsibility:	Recent Payment:
07/2005	Individual	\$0
Your Statement:		

Account closed at consumer's request.

Record of Requests for Your Credit History

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Inquiries Shared With Others

We make your credit history available to your current and prospective creditors and employers as allowed by law. Experian may list these inquiries for up to two years.

The section below lists all of the companies that have requested your credit history as a result of action you took, such as applying for credit or financing or as a result of a collection. The inquiries in this section are shared with companies that receive your credit history.

CREDCO/QUICKEN

Address:
12395 FIRST AMERICAN WAY
POWAY CA 92064
No phone number available
Address Identification Number:
0095076489

Date of Request:
09/19/2011

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