

NC
FILE

ORIGINAL



The Public Utilities Commission of Ohio

PUCO USE ONLY		
Date Received	Case Number	Version
	EL-AGG	August 2004

13-756-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.

RECEIVED-DOCKETING DIV
2013 MAR 27 PM 3:39
PUCO

A. APPLICANT INFORMATION

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

Legal Name US Energy Consulting Group, LLC
Address 4711 66th St. N., St. Petersburg, FL 33709
Telephone # (813) 358-8839 Web site address (if any) www.usenergyconsultinggroup.com

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

Legal Name US Energy Consulting Group, LLC
Address 2628 Texter Rd., Lexington, OH 44904
Telephone # (866) 942-6020 Web site address (if any) www.usenergyconsultinggroup.com

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

US Energy Consulting Group, LLC
Cutting Edge Energy Solutions, LLC

A-4 Contact person for regulatory or emergency matters

Name Laura Edwards
Title Member/Owner

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 Am Date Processed 3/27/13

Business address 4711 66th St. N., St. Petersburg, FL 33709

Telephone # (813) 358-8839

Fax # (866) 670-5364

E-mail address (if any) ledwards@usenergyconsultinggroup.com

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

Name Laura Edwards

Title Member/Owner

Business address 4711 66th St. N., St. Petersburg, FL 33709

Telephone # (813) 358-8839

Fax # (866) 670-5364

E-mail address (if any) ledwards@usenergyconsultinggroup.com

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

Customer Service address 4711 66th St. N., St. Petersburg, FL 33709

Toll-free Telephone # (866) 942-6020

Fax # (866) 670-5364

E-mail address (if any) customerservice@usenergyconsultinggroup.com

A-7 Applicant's federal employer identification number # 273768864

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

☐ Sole Proprietorship

☐ Limited Liability Partnership (LLP)

☐ Corporation

☐ Partnership

☒ Limited Liability Company (LLC)

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

- A-10 Provide the approximate start date that the applicant proposes to begin delivering services

April 22, 2013

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.

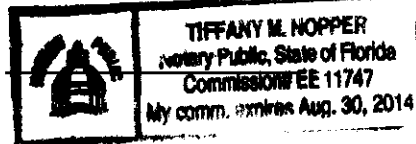
 President/Member/Owner
Signature of Applicant & Title

Sworn and subscribed before me this 25 day of March 2013
Month Year


Signature of official administering oath

Tiffany Nopper
Print Name and Title Notary

My commission expires on



AFFIDAVIT

State of Florida :

St. Petersburgss.

(Town)

County of Pinellas :

Laura Edwards, Affiant, being duly sworn/affirmed according to law, deposes and says that:

He/She is the Member/Owner (Office of Affiant) of US Energy Consulting Group, LLC (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.

[Signature] President/Member/owner
Signature of Affiant & Title

Sworn and subscribed before me this 21 day of March, 2013
Month Year

[Signature]
Signature of official administering oath

Tiffany Nopper
Print Name and Title Notary

My commission expires on

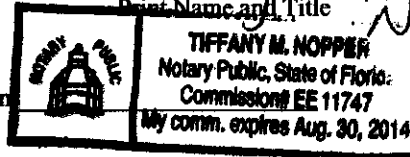
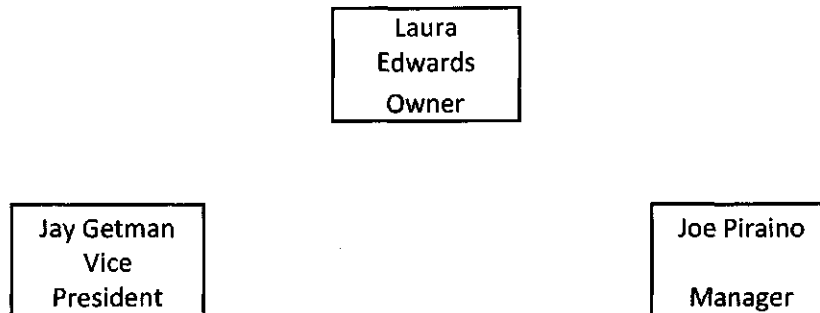


Exhibit A-11 "Principal Officers, Directors & Partners

Laura L Edwards
Member/Owner
4711 66th Street N.
St. Petersburg, FL 33709
(727) 906-1292

Exhibit A-12 Corporate Structure



At this point, US Energy Consulting Group, LLC only consists of the owner, Laura Edwards, a VP who is helping to strategize and a manager doing leg work in order to get all the integral parts in place.

Exhibit A-13 Company History

US Energy Consulting Group (USECG) has been in business since Oct. 2010. The intention was to seek licensing and contract with suppliers. Since inception, USECG selling energy to clients through brokers licensed and with contracts in place. The owner, Laura Edwards, has been in the energy industry since 2007 working for other energy companies and her principal business interests as the owner of USECG are to become licensed in all states requiring licensing for energy brokers, obtain contracts with suppliers and begin to grow her business into a 10-15 employee company focusing on customer retention each year and adding new businesses to USECG's client list.

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L10000107321
FILED 8:00 AM
October 14, 2010
Sec. Of State
gmcleod**

Article I

The name of the Limited Liability Company is:
US ENERGY CONSULTING GROUP, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
4711 66TH ST. N.
ST. PETERSBURG, FL. 33709

The mailing address of the Limited Liability Company is:
4711 66TH ST. N.
ST. PETERSBURG, FL. 33709

Article III

The purpose for which this Limited Liability Company is organized is:
ENERGY CONSULTING SERVICES, GREEN ENERGY, ENERGY MARKETING

Article IV

The name and Florida street address of the registered agent is:
LAURA L EDWARDS
4711 66TH ST. N.
ST. PETERSBURG, FL. 33709

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: LAURA L EDWARDS

Article V

The name and address of managing members/managers are:

Title: PRES
LAURA L EDWARDS
3400 55TH ST. N.
ST. PETERSBURG, FL. 33710

Title: VP
JAY J GETMAN
3400 55TH ST. N.
ST. PETERSBURG, FL. 33710

Article VI

The effective date for this Limited Liability Company shall be:

10/07/2010

Signature of member or an authorized representative of a member

Signature: LAURA L EDWARDS

L10000107321
FILED 8:00 AM
October 14, 2010
Sec. Of State
gmcleod



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COF
12/13/2012	201234800451	REGISTRATION OF FOREIGN FOR PROFIT LLC (LFP)	125.00	.00	.00	.00	.0

Receipt

This is not a bill. Please do not remit payment.

Exhibit A-15 Secretary of State

US ENERGY CONSULTING GROUP LLC
LAURA EDWARDS
4711 66TH ST N
SAINT PETERSBURG, FL 33709

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted

2157593

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

US ENERGY CONSULTING GROUP, LLC

and, that said business records show the filing and recording of:

Document(s):
REGISTRATION OF FOREIGN FOR PROFIT LLC

Document No(s):
201234800451



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 11th day of December, A.D.
2012.

Jon Husted

Ohio Secretary of State

14

B-1 Exhibit Jurisdictions of Operation

Sent application to the state of New Jersey March 19, 2013

Exhibit B-2 Experience & Plans

The applicant, specifically Laura Edwards as the owner of US Energy Consulting Group (USECG), has 6 years of experience in selling energy. Ms. Edwards started selling energy as an account executive for other companies in business to sell energy and then became a manager for a company. Her responsibilities were managing all sales reps working in the actual call center as other call centers in other locations.

USECG plans to contract customers following the guidelines of the suppliers in which USECG partners with. Any and all agents will be trained appropriately to clearly explain and confirm a customer's understanding of all contractual obligations the client will have once enrolled into their utility's customer choice program, including the name of the supplier as well as its contact information, how to cancel without penalty, the number of days to cancel without penalty, term length, as well as early termination consequences and fees if applicable. Additionally, the customer will be informed on what the process is to pay their bill if it is any different from their current habits.

All customers, before contracting with a supplier via USECG, will receive a cost analysis clearly depicting an apples to apples price comparison. All rates quoted will include any taxes and/or other charges, if applicable so that the customer is fully aware of any and all charges and there are no surprises. All agents for USECG will ensure that the customer, if already contracted with the supplier, is made aware of any early termination fees with that current supplier before the customer decides to enroll through USECG. If there are any termination fees, USECG will include those fees in the detailed cost analysis so the customer can make an informed decision.

The USECG Manager will respond to any customer inquiries and complaints within one business day in order to remedy any situation immediately.

Exhibit B-3 Summary of Experience

Prior to USECG, the owner has been selling energy since 2007 primarily focused on chain restaurants and convenience stores and working with the energy broker companies she worked for to find the best rate possible. The biggest client was 91 convenient stores using a combined 35 million kwh. The average client she sells is approximately 200,000 kwh and focuses primarily on seriously finding the right supplier with the best rate without worrying about how she is paid. Of course being paid is vital but there are some suppliers who pay a year's usage upfront but that is rarely the right supplier to put a large user with. She focuses on the big picture by developing relationships with each client. They all have her cell phone number and email and know they can reach out to her at anytime.

The manager of USECG focuses on property management companies and mom and pop stores. As he says, it all adds up and they should be saving money as well. The average user is approximately 30,000 kwh. He maintains the same big picture dogma as the owner and stays in touch with his clients, making sure they are happy with their billing, etc. He will be training the sales managers who in turn will be training the sales agents for USECG.

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 the applicant's financial or operational status or ability to provide the services it is seeking to be certified to provide.

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000107321

Entity Name: US ENERGY CONSULTING GROUP, LLC

Exhibit C-1 Annual Reports

FILED
May 01, 2012
Secretary of State

Current Principal Place of Business:

4711 66TH ST. N.
ST. PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

4711 66TH ST. N.
ST. PETERSBURG, FL 33709

New Mailing Address:

FEI Number: 27-3768864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, LAURA L
4711 66TH ST. N.
ST. PETERSBURG, FL 33709 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: PRES
Name: EDWARDS, LAURA L
Address: 3400 55TH ST. N.
City-St-Zip: ST. PETERSBURG, FL 33710

Title: VP
Name: GETMAN, JAY J
Address: 3400 55TH ST. N.
City-St-Zip: ST. PETERSBURG, FL 33710

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LAURA EDWARDS

PRES

05/01/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000107321

FILED
Apr 29, 2011
Secretary of State

Entity Name: US ENERGY CONSULTING GROUP, LLC

Exhibit C-1 Annual Reports

Current Principal Place of Business:

4711 66TH ST. N.
ST. PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

4711 66TH ST. N.
ST. PETERSBURG, FL 33709

New Mailing Address:

FEI Number: 27-3768864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, LAURA L
4711 66TH ST. N.
ST. PETERSBURG, FL 33709 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: PRES
Name: EDWARDS, LAURA L
Address: 3400 55TH ST. N.
City-St-Zip: ST. PETERSBURG, FL 33710

Title: VP
Name: GETMAN, JAY J
Address: 3400 55TH ST. N.
City-St-Zip: ST. PETERSBURG, FL 33710

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LAURA L EDWARDS

PRES

04/29/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date

Exhibit C-2 SEC Filings

The applicant, USECG, is not required to file with the SEC because it is not a publicly traded company.

Label	For the year Jan. 1-Dec. 31, 2010, or other tax year beginning	2010, ending	20	OMB No. 1545-0074
(See instructions)	Name	Spouse's Name (if Joint Return)	Home Address	City, State, and ZIP Code
Use the IRS label. Otherwise, please print or type.	LAURA L EDWARDS		Exhibit C-3 Financial Statements - Last 2 years' personal tax returns for applicant's owner/member Laura Edwards pages 22 - 35.	
	Your social security number			
	Spouse's social security no.			
	You must enter your SSN(s) above.			▲
	Checking a box below will not change your tax or refund.			

Presidential

Election Campaign ▶ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ▶ ☐ You ☐ Spouse

Filing Status

1 ☒ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and 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

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☐ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security no.	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for credit (see instr.)

If more than four dependents, see instr. and check here ▶ ☐

d Total number of exemptions claimed

Boxes checked on 6a and 6b

No. of children on 6c who:

- lived with you 0
- did not live with you due to divorce or separation (see instr.) 0
- Dependents on 6c not entered above 0

Add numbers on lines above ▶ 1

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.

Adjusted Gross Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends (see instructions)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	6,794.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount (see instr.)	15b	
16a	Pensions and annuities	16a	
b	Taxable amount (see instr.)	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 (see instructions)	19	
20a	Social security benefits	20a	
b	Taxable amount (see instr.)	20b	
21	Other income. List type and amount (see instr.)	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	6,794.
23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis gov. 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	226.
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see instr.)	29	3,600.
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	
34	Tuition and fees. Attach Form 8879	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	3,826.

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	2,968.
39a	Check <input type="checkbox"/> You were born before Jan. 2, 1946, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before Jan. 2, 1946, <input type="checkbox"/> Blind. checked <input type="checkbox"/> 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see instructions and check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	5,700.
41	Subtract line 40a from line 38	41	(2,732.)
42	Exemptions. Multiply \$3,650 by the number on line 6d	42	3,650.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
44	Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	
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 credits 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	

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	452.
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	a <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 through 59. This is your total tax	60	452.

Payments

If you have a qualifying child, attach Schedule EIC.

61	Federal income tax withheld from Forms W-2 and 1099	61	
62	2010 estimated tax payments and amount applied from 2009 return	62	
63	Making work pay and government retiree credits. Attach Schedule M	63	400.
64 a	Earned income credit (EIC)	64a	457.
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 (see inst.)	68	
69	Excess social security and tier 1 RRTA tax withheld (see inst.)	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, 62, 63, 64a and 65 through 71. These are your total payments	72	857.

Refund

Direct deposit? See instructions and fill in 74b, 74c, and 74d, or Form 8888.

73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	73	405.
74 a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	405.
b	Routing number <input type="text"/>		
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="text"/>		
	Amount of line 73 you want applied to your 2011 estimated tax <input type="checkbox"/> 75		

Amount You Owe

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

Third Party Designee

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

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

Sign Here

Joint return? See instr. 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

Page 23

Paid Preparer's	Print/Type preparer's name LEWIS S GRUTMAN	Preparer's signature <i>L. Grutman</i>	Date 01/08/2013	Check <input type="checkbox"/> if self-employed	PTIN P00125119
	Firm's name TAX SAVERS INC			Firm's EIN 59-3607878	

Schedule C
(Form 1040)Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2010

Attachment
Sequence No. 09Partnerships, 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 LAURA L EDWARDS	Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) CONSULTING	B Enter code from instructions [REDACTED]
C Business name. If no separate business name, leave blank.	D Employer ID no. (EIN), if any
E Business address (including suite or room no.) ▶ SAME City, town or post office, state, and ZIP code SAINT PETERSBURG FL 33710	
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶	
G Did you "materially participate" in the operation of this business during 2010? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.	1	12,502.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	12,502.
4 Cost of goods sold (from line 42 on page 2)	4	
5 Gross profit. Subtract line 4 from line 3	5	12,502.
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	12,502.

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

8 Advertising	8		18 Office expense	18	
9 Car and truck expenses (see instructions)	9	5,108.	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	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27 Other expenses (from line 48 on page 2)	27	600.
28 Total expenses before expenses for business use of home. Add lines 8 through 27	28	5,708.			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	6,794.			
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	6,794.			
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 <input type="checkbox"/>	All investment is at risk.	
			32b <input type="checkbox"/>	Some investment is not at risk.	

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

LAURA L EDWARDS

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 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. ☐

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	6,794.
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	3,194.
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	2,950.
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	2,950.
5a Enter your church employee income from Form W-2. See instructions for definition of church employee income.	5a	
b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-.	5b	
6 Add lines 4c and 5b.	6	2,950.
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	106,800.00
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	
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	
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11.	9	106,800.
10 Multiply the smaller of line 6 or line 9 by 12.4% (.124).	10	366.
11 Multiply line 6 by 2.9% (.029).	11	86.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56, or Form 1040NR, line 54.	12	452.
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	226.

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 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 4,480.00
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 were less than \$4,851 and also less than 72.189% of your gross nonfarm income, 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 Page 26

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

² From Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code A.

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

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

SCHEDULE M
(Form 1040A or 1040)

Making Work Pay Credit

OMB No. 1545-0074

2010

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040A or 1040.**

▶ **See separate instructions.**

Attachment
Sequence No. **166**

Name(s) shown on return

LAURA L EDWARDS

Your social security number

!

CAUTION

To take the making work pay credit, you must include your social security number (if filing a joint return, the number of either you or your spouse) on your tax return. A social security number does not include an identification number issued by the IRS. Only the Social Security Administration issues social security numbers.

!

CAUTION

You cannot take the making work pay credit if you can be claimed as someone else's dependent or if you are a nonresident alien.

Important: Check the "No" box on line 1a 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.

1 a Do you (and your spouse if filing jointly) have 2010 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 6,568.

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

1b

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

2 407.

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

3 400.

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

4 400.

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

5 2,968.

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

6 75,000.

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-

9 400.

10 Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2010? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions).

- ☒ No. Enter -0- on line 10 and go to line 11.
- ☐ Yes. Enter the total of the payments you (and your spouse, if filing jointly) received in 2010. Do not enter more than \$250 (\$500 if married filing jointly)

10

11 Making work pay credit. Subtract line 10 from line 9. If zero or less, enter -0-. Enter the result here and on Form 1040, line 63; or Form 1040A, line 40

11 400.

Form 1040 Department of the Treasury - Internal Revenue Service (99)		2011 OMB No. 1545-0074		IRS Use Only-Do not write or staple in this space.	
For the year Jan. 1-Dec. 31, 2011, or other tax year beginning				2011, ending	
Your first name and initial LAURA L EDWARDS				Last name	
If a joint return, spouse's first name and initial				Last name	
Home address (number and street). If you have a P.O. box, see instructions. 3400 55TH ST N				Apt. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). SAINT PETERSBURG FL 33710				Foreign country name	
Foreign province/county				Foreign postal code	
Filing Status				Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Check-ing a box below will not change your tax or refund.	
1 <input checked="" type="checkbox"/> Single				4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.)	
2 <input type="checkbox"/> Married filing jointly (even if only one had income)				If the qualifying person is a child but not your dependent, enter this child's name here. ▶	
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶				5 <input type="checkbox"/> Qualifying widow(er) with dependent child	
Exemptions				Boxes checked on	
6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a				6a and 6b	
b <input type="checkbox"/> Spouse				No. of children on 6c who:	
c Dependents:				* lived with you	
(1) First name Last name				* did not live with you due to divorce or separation (see instr.)	
(2) Dependent's social security no.				Dependents on 6c not entered above	
(3) Dependent's relationship to you				Add numbers on lines above	
(4) If child under age 17 qualifying for child tax credit (see instr.)				1	
d Total number of exemptions claimed				1	
Income				7	
7 Wages, salaries, tips, etc. Attach Form(s) W-2				7	
8a Taxable interest. Attach Schedule B if required				8a	
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				12 5,018.	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>				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. List type and amount (see instr.) 1099 MISC				21 1,468.	
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income				22 6,486.	
Adjusted Gross Income				23	
23 Educator expenses				23	
24 Certain business expenses of reservists, performing artists, and fee-basis gov. 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 Deductible part of self-employed health insurance				27 354.	
28 Self-employed SEP, SIMPLE and qualified plans				28	
29 Self-employed health insurance deduction				29 3,900.	
30 Penalty on early withdrawal of savings				30	
31a Alimony paid b Recipient's SSN ▶ JAN 11 2013				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	

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	2,232.
39a	Check <input type="checkbox"/> if: You were born before Jan. 2, 1947, <input type="checkbox"/> Blind. Spouse was born before Jan. 2, 1947, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a <input type="checkbox"/> 39b		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	5,800.
41	Subtract line 40 from line 38	41	(3,568.)
42	Exemptions. Multiply \$3,700 by the number on line 6d	42	3,700.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
44	TAX (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election	44	
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	
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 credits 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	

Standard Deduction for-

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others:

Single or Married filing separately, \$5,800

Married filing jointly or Qualifying widow(er), \$11,600

Head of household, \$8,500

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	616.
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	Household employment taxes from Schedule H	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Other taxes. Enter code(s) from instructions	60	
61	Add lines 55 through 60. This is your total tax	61	616.

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	
63	2011 estimated tax payments and amount applied from 2010 return	63	
64a	Earned income credit (EIC)	64a	358.
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"/> 8865	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	358.

Refund

73	If line 72 is more than line 61, subtract line 61 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 <input type="text"/>		
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="text"/>		
75	Amount of line 73 you want applied to your 2012 estimated tax	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see inst.	76	258.
77	Estimated tax penalty (see instructions)	77	

Third Party Designee

Do 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

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

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

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here

Paid Preparer's	Print/Type preparer's name LEWIS S GRUTMAN	Preparer's signature 	Date 01/08/2012	Check <input type="checkbox"/> if self-employed	PTIN <input type="text"/>
	Firm's name TAX SAVERS INC			Firm's EIN <input type="text"/>	

Schedule C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2011

Attachment
Sequence No. **09**

► For information on Schedule C and its instructions, go to www.irs.gov/schedulec
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor LAURA L EDWARDS		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) CONSULTING		B Enter code from instructions 812990
C Business name. If no separate business name, leave blank.		D Employer ID no. (EIN), (see instr.)

E Business address (including suite or room no.) ► **SAME**
City, town or post office, state, and ZIP code **SAINT PETERSBURG FL 33710**

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

G Did you "materially participate" in the operation of this business during 2011? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2011, check here ☐ Yes ☒ No

I Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No

J If "Yes," did you or will you file all required Forms 1099? ☐ Yes ☒ No

Part I Income

1a Merchant card and third party payments. For 2011, enter -0-	1a	
b Gross receipts or sales not entered on line 1a (see instructions)	1b	10,042.
c Income reported to you on Form W-2 if the "Statutory Employee" box on that form was checked. Caution. See instr. before completing this line	1c	
d Total gross receipts. Add lines 1a through 1c	1d	10,042.
2 Returns and allowances plus any other adjustments (see instructions)	2	
3 Subtract line 2 from line 1	3	10,042.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	10,042.
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	10,042.

Part II Expenses.

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

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	4,541.	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 sect. 179 expense deduction (not including 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	150.
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	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	600.
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	5,291.			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	4,751.			
30 Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere	30				
31 Net profit or (loss). Subtract line 30 from line 29.	31	4,751.			

- If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see instr. 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, (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see the instructions for line 31. 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.

Schedule C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

- For information on Schedule C and its instructions, go to www.irs.gov/schedulec
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2011

Attachment
Sequence No. **09**

Name of proprietor LAURA L EDWARDS		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) CONSULTING		B Enter code from instructions [REDACTED]
C Business name. If no separate business name, leave blank. US ENERGY CONSULTING GROUP INC		D Employer ID no. (EIN), (see instr.) [REDACTED]
E Business address (including suite or room no.) ► 4711 66TH ST N City, town or post office, state, and ZIP code SAINT PETERSBURG FL 33709		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2011? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2011, check here		<input type="checkbox"/> Yes <input type="checkbox"/> No
I Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
J If "Yes," did you or will you file all required Forms 1099?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income	
1a Merchant card and third party payments. For 2011, enter -0-	1a
b Gross receipts or sales not entered on line 1a (see instructions)	1b
c Income reported to you on Form W-2 if the "Statutory Employee" box on that form was checked. Caution. See instr. before completing this line	1c
d Total gross receipts. Add lines 1a through 1c	1d
2 Returns and allowances plus any other adjustments (see instructions)	2
3 Subtract line 2 from line 1	3
4 Cost of goods sold (from line 42)	4
5 Gross profit. Subtract line 4 from line 3	5
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

Part II Expenses.		Enter expenses for business use of your home only on line 30.	
8 Advertising	8	18 Office expense (see instructions)	18
9 Car and truck expenses (see instructions)	9	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 sect. 179 expense deduction (not including 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
17 Legal and professional services	17	25 Utilities	25
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	26 Wages (less employment credits)	26
29 Tentative profit or (loss). Subtract line 28 from line 7	29	27a Other expenses (from line 48)	27a
30 Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere	30	b Reserved for future use	27b
31 Net profit or (loss). Subtract line 30 from line 29.	31		

- If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see instr. 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, (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see the instructions for line 31. 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.

Page 32

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

LAURA L EDWARDS

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 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. ☐

1a Net farm profit or (loss) from Schedule F, line 34, 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 4b, 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	5,018.
3 Combine lines 1a, 1b, and 2.	3	5,018.
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	4,634.
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	4,634.
5a Enter your church employee income from Form W-2. See instructions for definition of church employee income.	5a	
b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-.	5b	
6 Add lines 4c and 5b.	6	4,634.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 4.2% portion of the 5.65% railroad retirement (tier 1) tax for 2011.	7	106,800 00
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	
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	
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11.	9	106,800.
10 Multiply the smaller of line 6 or line 9 by 10.4% (.104).	10	482.
11 Multiply line 6 by 2.9% (.029).	11	134.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56, or Form 1040NR, line 54.	12	616.
13 Deduction for employer-equivalent portion of self-employment tax. Add the two following amounts. • 59.6% (.596) of line 10. • One-half of line 11. Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27.	13	354.

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.	4,480 00
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.	
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits were less than \$4,851 and also less than 72.189% of your gross nonfarm income, 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.	Page 33
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ¹ (not less than zero) or the amount on line 16. Also include this amount on line 4b above.	

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.³ From Sch. C, line 31; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14.

Paid Preparer's Earned Income Credit Checklist

- For more information about Form 8867, see www.irs.gov/form8867
 ► To be completed by preparer and filed with Form 1040, 1040A, or 1040EZ.

Taxpayer name(s) shown on return

LAURA L EDWARDS

Taxpayer's social security number

For the definitions of the following terms, see Pub. 596.

- Investment Income • Qualifying Child • Earned Income • Full-time Student

Part I All Taxpayers

1 Enter preparer's name and PTIN as shown on return ► **LEWIS S GRUTMAN**
P00125119

2 Is the taxpayer's filing status married filing separately? ☐ Yes ☒ No

► If you checked "Yes" on line 2, stop; the taxpayer cannot take the EIC. Otherwise, continue.

3 Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work or is valid for EIC purposes? See the instructions before answering ☒ Yes ☐ No

► If you checked "No" on line 3, stop; the taxpayer cannot take the EIC. Otherwise, continue.

4 Is the taxpayer filing Form 2555 or Form 2555-EZ (relating to the exclusion of foreign earned income)? ☐ Yes ☒ No

► If you checked "Yes" on line 4, stop; the taxpayer cannot take the EIC. Otherwise, continue.

5a Was the taxpayer a nonresident alien for any part of 2011? ☐ Yes ☒ No

► If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.

b Is the taxpayer's filing status married filing jointly? ☐ Yes ☐ No

► If you checked "Yes" on line 5a and "No" on line 5b, stop; the taxpayer cannot take the EIC. Otherwise, continue.

6 Is the taxpayer's investment income more than \$3,150? See Rule 6 in Pub. 596 before answering ☐ Yes ☒ No

► If you checked "Yes" on line 6, stop; the taxpayer cannot take the EIC. Otherwise, continue.

7 Could the taxpayer, or the taxpayer's spouse if filing jointly, be a qualifying child of another person for 2011? If the taxpayer's filing status is married filing jointly, check "No." Otherwise, see Rule 10 (Rule 13 if the taxpayer does not have a qualifying child) in Pub. 596 before answering ☐ Yes ☒ No

► If you checked "Yes" on line 7, stop; the taxpayer cannot take the EIC. Otherwise, go to Part II or Part III, whichever applies.

For Paperwork Reduction Act Notice, see instructions.

Form 8867 (2011)

BCA

Part III Taxpayers Without a Qualifying Child

<p>16 Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period. See Pub. 596.)</p> <p>▶ If you checked "No" on line 16, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>17 Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of 2011?</p> <p>▶ If you checked "No" on line 17, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>18 Is the taxpayer, or the taxpayer's spouse if filing jointly, eligible to be claimed as a dependent on anyone else's federal income tax return for 2011? If the taxpayer's filing status is married filing jointly, check "No."</p> <p>▶ If you checked "Yes" on line 18, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>19 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for 2011? See Pub. 596 for the limit.</p> <p>▶ If you checked "No" on line 19, stop; the taxpayer cannot take the EIC. If you checked "Yes" on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if Form 8862 must be filed. Go to line 20.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Due Diligence Requirements

<p>20 Did you complete Form 8867 based on current information provided by the taxpayer or reasonably obtained by you?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>21 Did you complete the EIC worksheet found in the Form 1040, 1040A, or 1040EZ instructions (or your own worksheet that provides the same information as the 1040, 1040A, or 1040EZ worksheet)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>22 Did you comply with the knowledge requirements? (To comply with the knowledge requirements, you must not know or have reason to know that any information used to determine the taxpayer's eligibility for, and the amount of the EIC is incorrect. You may not ignore the implications of information furnished to or known by you, and you must make reasonable inquiries if the information furnished appears to be incorrect, inconsistent, or incomplete. At the time you make these inquiries, you must document in your files the inquiries you made and the responses you received.)</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>23 Did you keep the following records?</p> <ul style="list-style-type: none"> • Form 8867, • The EIC worksheet(s) or your own worksheet(s), • A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained, and • Copies of any documents provided by the taxpayer and on which you relied to complete the form and the worksheet. <p>▶ If you checked "Yes" on lines 20, 21, 22, and 23, submit Form 8867 in the manner required, and keep the records described on line 23 for 3 years (see instructions), you have complied with all the due diligence requirements.</p> <p>▶ If you checked "No" on line 20, 21, 22, or 23, you have not complied with all the due diligence requirements and may have to pay a \$500 penalty for each failure to comply.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

BCA

Form 8867 (2011)

TAXPAYER INTERVIEW

TAXPAYER INTERVIEW

TAXPAYER

SOCIAL SECURITY CARD

DRIVERS LICENSE

Exhibit C-4 Financial Arrangements

The applicant has no financial arrangements with any entity whatsoever.

Exhibit C-5 Forecasted Financial Statements

Attached are 2 years of forecasted financial statements prepared by applicant's owner/member, Laura Edwards:

Balance Sheet	Page 38
Income Statement	Page 39
Cash Flow Statement	Pages 40-41

Balance Sheet Projected



Balance Sheet (Projected)

US Energy Consulting Group, LLC

	Beginning 6/1/2013	Projected 6/1/2015
Assets		
<u>Current Assets</u>		
Cash in bank	\$ 2,500	\$ 50,000
Accounts receivable	2,000	250,000
Inventory	-	-
Prepaid expenses	-	-
Other current assets	-	-
Total Current Assets	\$ 4,500	\$ 300,000
<u>Fixed Assets</u>		
Machinery & equipment	\$ 1,000	\$ 7,500
Furniture & fixtures	500	3,000
Leasehold improvements	-	-
Land & buildings	-	-
Other fixed assets	-	-
(LESS accumulated	-	-
Total Fixed Assets (net of	\$ 1,500	\$ 10,500
<u>Other Assets</u>		
Intangibles	\$ -	\$ -
Deposits	-	-
Goodwill	-	-
Other	-	-
Total Other Assets	\$ -	\$ -
TOTAL Assets	\$ 6,000	\$ 310,500
Liabilities and Equity		
<u>Current Liabilities</u>		
Accounts payable	\$ -	\$ -
Interest payable	-	-
Taxes payable	1,000	40,000
Notes, short-term (due within 12	-	-
Current part, long-term debt	-	-
Other current liabilities	-	-
Total Current Liabilities	\$ 1,000	\$ 40,000
<u>Long-term Debt</u>		
Bank loans payable	\$ -	\$ -
Notes payable to stockholders	-	-
LESS: Short-term portion	-	-
Other long term debt	-	-
Total Long-term Debt	\$ -	\$ -
Total Liabilities	\$ 1,000	\$ 40,000
<u>Owners' Equity</u>		
Invested capital	\$ -	\$ 40,000
Retained earnings - beginning	-	-
Retained earnings - current	-	-
Total Owners' Equity	\$ -	\$ 40,000
Total Liabilities & Equity	\$ 1,000	\$ 80,000

US Energy Consulting Group, LLC

Income Statement

Revenue	June 2014-May 2015	June 2013-May 2014
Sales revenue	645,000	279,000
(Less sales returns and allowances)		
Service revenue	-	-
Interest revenue		
Other revenue		
Total Revenues	645,000	279,000
Expenses		
Advertising	-	-
Bad debt		
Commissions	387,000	167,400
Cost of goods sold	-	-
Depreciation		
Employee benefits		
Furniture and equipment	3,000	500
Insurance	500	500
Interest expense		
Maintenance and repairs	1,000	500
Office supplies	1,000	500
Payroll taxes	77,400	33,480
Rent	12,000	6,000
Research and development		
Salaries and wages	55,000	22,000
Software		
Travel	5,000	1,000
Utilities	400	400
Web hosting and domains		
Other	17,460	
Total Expenses	559,760	232,280
Net Income Before Taxes	85,240	46,720
Income tax expense	14,936	9,920
Income from Continuing Operations	70,304	36,800
Below-the-Line Items		
Income from discontinued operations		
Effect of accounting changes		
Extraordinary items		
Net Income	70,304	36,800

US Energy Consulting Group, LLC
2-YEAR CASH FLOW PROJECTION

	Month-1 Jun-13	Month-2 Jul-13	Month-3 Aug-13	Month-4 Sep-13	Month-5 Oct-13	Month-6 Nov-13	Month-7 Dec-13	Month-8 Jan-14	Month-9 Feb-14	Month-10 Mar-14	Month-11 Apr-14
TOTAL CASH IN	\$10,000	\$12,000	\$15,000	\$17,500	\$22,000	\$25,000	\$20,000	\$25,000	\$27,500	\$30,000	\$35,000
TOTAL CASH DISBURSEMENT	\$7,500	\$9,000	\$11,250	\$13,125	\$16,500	\$18,750	\$15,000	\$18,750	\$20,625	\$22,500	\$26,250
Closing Cash Balance (Cumulative)	\$2,500	\$3,000	\$3,750	\$4,375	\$5,500	\$6,250	\$5,000	\$6,250	\$6,875	\$7,500	\$8,750

Month-12	Total	Month-13	Month-14	Month-15	Month-16	Month-17	Month-18	Month-19	Month-20	Month-21	Month-22	Month-23	Month-24	Total
May-14	Year-1	Jun-14	Jul-14	Aug-14	Sep-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	Year-2
\$40,000	\$279,000	\$45,000	\$50,000	\$50,000	\$55,000	\$55,000	\$60,000	\$65,000	\$50,000	\$50,000	\$60,000	\$65,000	\$40,000	\$645,000
\$30,000	\$209,250	\$33,750	\$37,500	\$37,500	\$41,250	\$41,250	\$45,000	\$48,750	\$37,500	\$37,500	\$45,000	\$48,750	\$30,000	\$483,750
\$10,000	\$69,750	\$11,250	\$12,500	\$12,500	\$13,750	\$13,750	\$15,000	\$16,250	\$12,500	\$12,500	\$15,000	\$16,250	\$10,000	\$161,250

Exhibit C- Credit Rating

Attached is personal credit rating for Laura Edwards, Member/Owner of USECG from TransUnion on pages 43 and 44 and from Equifax pages 45 and 46.



LAURA EDWARDS | Account: ACTIVE | Logout

Home Scores Smart Credit Report Alerts Account Help

Your Credit and Identity

Live ID Protect

50%

Settings »

Credit Score

728

Your Grade: C

Details »

Identity Score

updating...

Insurance Score

897

Your Risk: Average

Details »

Smart Credit Report

Money Manager

Add Account

Cash & Credit Summary

All Accounts

Recent Transactions

Payments Due

Bank Accounts \$0

Credit Cards 1 \$0

Household Bills \$0

Loans \$0

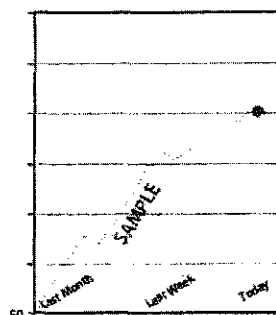
Investments \$0

Properties \$0

Net Worth \$0

Cash & Credit Summary

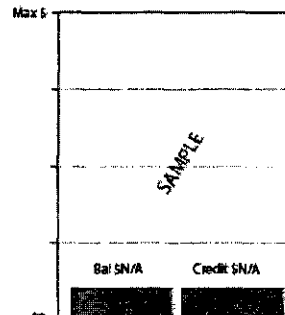
Total Cash: \$N/A



No data available.

Add Bank Acct Now »

Credit Card Bal: \$N/A



No data available.

Add Credit Card Now »

All Money Manager Accounts are Updated Daily

Alerts Inbox 1

View: All Live ID Protect Money Manager Membership

Date

From

Category

Title

03/18/13

TransUnion Plus

General Account Information

Welcome!

details »

*

Showing 1 to 1 of 1 entries


First Previous 1 Next Last


[Home](#) [Membership Options](#) [Money Manager](#) [Live ID Protection](#)
[Overview](#) [About Us](#) [Scores](#)

For customer service questions, call 1-800-500-1234

We're committed to providing you with the best possible customer service.

Available: Monday - Friday 9AM - 9PM EST.

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Attention 
Don't forget to add your
online
accounts to Money Manager

Personal Profile

Below is your personal information as it appears in your credit file. This information includes your legal name, current and previous addresses, employment information and other details.

	Experian	Equifax	TransUnion
Name:	LAURA L EDWARDS	LAURA L EDWARDS	LAURA L EDWARDS
Also Known As:			
Year of Birth:	1964	1964	1964
Address(es):	3400 55TH ST N, SAINT PETERSBURG, FL 33710- 2047 4463 4TH AVE N, SAINT PETERSBURG, FL 33713- 7311 1 KEY CAPRI APT 307E, TREASURE ISLAND, FL 33706-4947	3400 55TH ST N, SAINT PETERSBURG, FL 33710 6263 93RD TER N, PINELLAS PARK, FL 33782 8908 N LONGWOOD DR, GRANBURY, TX 76049	3400 55TH ST, SAINT PETERSBURG, FL 33710 3400 50TH SR PETE FL ST, SAINT PETERSBURG, FL 33714 6263 93RD TE 4202, PINELLAS PARK, FL 33782 ST PETERSBURG, FL
Current Employer:	TECHNOGRAPHICS	NATIONAL COMP ASSOC	ECKERD COLLEGE
Previous Employer(s):		PIZZA HUT DOMINOS PIZZA	

Credit Summary

Below is an overview of your present and past credit status including open and closed accounts and balance information.


	Experian	Equifax	TransUnion
Real Estate Accounts:			
Count:	0	0	0
Balance:	\$0.00	\$0.00	\$0.00
Current:			
Closed:			
Revolving Accounts:			
Count:	1	1	1
Balance:	\$332.00	\$332.00	\$332.00
Current:			
Closed:			
Installment Accounts:			
Count:	0	0	0
Balance:	\$0.00	\$0.00	\$0.00
Current:			
Closed:			
Other Accounts:			
Count:	2	1	2
Balance:			

Based on your credit report dated 03/24/2013

CreditXpert® Score™ on Equifax

Best
850
350
Worst

689
FAIR

Better than
35% 
of U.S. population

What you can expect:

- Difficulty qualifying for the best offers from lenders
- Higher fees and interest rates
- Difficulty obtaining high credit limits and loan amounts

Q: What should I know about credit scores?

A: Your credit scores are based on the information in your credit bureau reports. The higher your credit scores, the better. With a higher credit score, you are more likely to be eligible for the best credit card and loan offers, including terms and conditions, such as interest rates, fees, and benefits. Keep in mind that lenders review other factors (such as income and monthly payments) in addition to credit scores when evaluating credit applications.

⊖ NEGATIVE FACTORS

There are both positive and negative factors that influence your credit score. The most important factors are listed below, in order of importance. These factors vary in how strongly they impact your credit score. For example, if you have a very high credit score, the negative factors in your analysis are likely to have a small impact. The same is true for positive factors if you have a very low credit score. Additional details are provided for some factors to help you better understand how they relate to your credit accounts.

1. You have at least one collection account or negative public record.

This lowers your score. Having a collection account or a negative public record (such as a bankruptcy or a court judgment against you) on your report is a negative factor. Collection accounts demonstrate a pattern of not paying your bills. Negative public records are legal obligations that have priority over your debts, so they may impact your ability to repay your debts. Public records (other than bankruptcy) often result from unpaid bills for which creditors file lawsuits in order to be paid. As collection accounts or negative public records get older, they are less harmful to your credit scores. If you have not had any new collection accounts or negative public records reported recently, lenders may consider that you have regained control of your financial situation. In any case, these records will significantly affect your ability to get new credit accounts. You may be required to make a deposit and/or pay higher fees and interest rates.

Date Filed or First Reported	Institution, Reference Number	Comment	Date Last Reported
	I.C. SYSTEM INC.,	Collection	

Exhibit C-7 Credit Report

Attached is credit report from Dunn & Bradstreet for USECG, pages 48-49, and TransUnion personal credit report for Laura Edwards, Member/Owner of USECG on pages 50-58. Both D&B and personal included because there is no D&B rating yet.

This D&B report is provided for your company's internal review. It may not be used for any other purpose or provided to anyone else.

Business Information Report

User Id: ledwards@usenergyconsultinggroup.com

Report Printed: Wednesday February 06, 2013 03:42 PM

Business Summary

Company Name: US ENERGY CONSULTING GROUP, LLC
 Physical Address: 4711 66th St N
 Physical City: Saint Petersburg
 Physical State: FL
 Physical Zip: 33709
 Telephone: UNKNOWN
 Year started: 2010
 Employs: UNDETERMINED
 SIC: 8748
 Line of business: Business consulting services

D-U-N-S Number: 054241119

Special Events

2012-03-18
 Source(s) indicate the address shown above may no longer be used by this business.
 2011-10-18
 The name and address of this business have been confirmed by D&B using available sources.

History

The following information was reported 01/14/12:

Business started 2010.

Operations

2012-01-14
 Description: Provides business consulting services.
 Employees: UNDETERMINED.
 Facilities: Occupies premises in building.

SIC & NAICS

SIC: 87480000 Business consulting, nec
 NAICS: 541618 Other Management Consulting Services

PAYMENT SUMMARY

The Payment Summary section reflects payment information in D&B's file as of the date of this report.

Below is an overview of the company's dollar-weighted payments, segmented by its suppliers' primary industries:

	Total Rcv'd (#)	Total Dollar Amts (\$)	Largest High Credit (\$)	Within Terms (%)	Days Slow			
					<31 (%)	31-60 (%)	61-90 (%)	90+ (%)
Top Industries:								
Other payment categories:								
Cash experiences	1	50	50					
Payment record unknown	0	0	0					
Unfavorable comments	0	0	0					
Placed for collections:								
With D&B	0	0						
Other	0	N/A						
Total in D&B's file	1	50	50					

The highest Now Owes on file is \$0

The highest Past Due on file is \$0

D&B receives over 600 million payment experiences each year. We enter these new and updated experiences into D&B Reports as this information is received.

PAYMENT DETAILS

Detailed Payment History

Date Reported (mm/yy)	Paying Record	High Credit (\$)	Now Owes (\$)	Past Due (\$)	Selling Terms	Last Sale Within (months)
10/12	(001)	50			Cash account	2-3 mos

Payments Detail Key: ■ 30 or more days beyond terms

Each experience shown is from a separate supplier. Updated trade experiences replace those previously reported.

This D&B report is provided for your company's internal review. It may not be used for any other purpose or provided to anyone else.

Banking & Finance

D&B has researched this company and found no information available at this time.

PUBLIC FILINGS

No Public Filings available for this Company.

[X Close window](#)**Online Personal Credit Report from Experian for**

Experian credit report prepared for

LAURA EDWARDS

Your report number is

0211-7815-23

Report date:

03/18/2013

Index:

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

Print report

Experian collects and organizes information about you and your credit history from public records, your creditors and other reliable sources. By law, we cannot disclose certain medical information (relating to physical, mental, or behavioral health or condition). Although we do not generally collect such information, it could appear in the name of a data furnisher (i.e., "Cancer Center") that reports your payment history to us. If so, those names display in your report, but in reports to others they display only as "Medical Information Provider." Consumer statements included on your report at your request that contain medical information are disclosed to others.

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.

Contact us[back to top](#)

Need to view your report again or dispute information? Access your report online at www.experian.com/viewreport.

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.

Potentially Negative Items or items for further review[back to top](#)

This information is generally removed seven years from the initial missed payment that led to the delinquency. Missed payments and most public record items may remain on the credit report for up to seven years, except Chapters 7, 11 and 12 bankruptcies and unpaid tax liens, which may remain for up to 10 years. A paid tax lien may remain for up to seven years. Transferred accounts that have not been past due remain up to 10 years after the date the account was transferred.

Payment history legend

OK	Current/Terms of agreement met	VS	Voluntarily surrendered
30	Account 30 days past due	R	Repossession
60	Account 60 days past due	PBC	Paid by creditor
90	Account 90 days past due	IC	Insurance claim

Page 50

120 Account 120 days past due	G Claim filed with government
150 Account 150 days past due	D Defaulted on contract
180 Account 180 days past due	C Collection
CRD Creditor received deed	CO Charge off
FS Foreclosure proceedings started	CLS Closed
F Foreclosed	ND No data for this time period

Credit Items

For your protection, the last few digits of your account numbers do not display.

U S DEPT OF ED/NDLSL/SF

Address:
PO BOX 4222
IOWA CITY, IA 52244
No phone number available
Address Identification Number:
0075930139

Status: Collection account. \$3,413 past due as of Jun 2012.

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

Date Opened: 06/2006	Type: Education	Credit Limit/Original Amount: \$2,280
Reported Since: 06/2012	Terms: 12 Months	High Balance: NA
Date of Status: 06/2012	Monthly Payment: \$0	Recent Balance: \$3,413 as of 06/2012
Last Reported: 06/2012	Responsibility: Individual	Recent Payment: \$0

Creditor's Statement: Student loan permanently assigned to government.

Payment History:

2012
JUN
C

Account History:
Collection as of Jun 2012

Accounts in Good Standing

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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 years.

AMC MORTGAGE SERVICES

Address:
1100 TOWN AND COUNTRY RD. 1200
ORANGE, CA 92868
(714) 347-4799
Address Identification Number:
[REDACTED]

Status: Paid,Closed/Never late.

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

Inquiries Shared Only With You

You may not have initiated the following inquiries, so you may not recognize each source. We report these requests to you only as a record of activities, and we do not include any of these requests on credit reports to others.

We offer credit information about you to those with a permissible purpose, for example to:

- other creditors who want to offer you preapproved credit;
- an employer who wishes to extend an offer of employment;
- a potential investor in assessing the risk of a current obligation;
- Experian Consumer Assistance to process a report for you;
- your current creditors to monitor your accounts (date listed may reflect only the most recent request);
- an end user to complete your mortgage loan application.

These inquiries do not affect your credit score.

LEXISNEXIS/INS/P&C

Address:

1000 ALDERMAN DR
ALPHARETTA GA 30005
No phone number available

Comments:

On behalf of USAA for Insurance underwriting

Date of Request:

03/16/2013, 05/11/2011

ACCOUNT CONTROL TECHNOLO

Address:

6918 OWENSMOUTH AVE
CANOGA PARK CA 91303
No phone number available

Date of Request:

02/16/2013

SOCIAL SECURITY ADMINIST

Address:

6401 SECURTIY BLVD
BALTIMORE MD 21235
No phone number available

Date of Request:

01/09/2013

ACCOUNT CONTROL TECHNOLO

Address:

6918 OWENSMOUTH AVE
CANOGA PARK CA 91303
No phone number available

Date of Request:

10/22/2012

VERIFACTS INC

Address:
204 1ST AVE
STERLING IL 61081
No phone number available

Date of Request:
03/02/2012

PROGRESSIVE INSURANCE

Address:
6300 WILSON MILLS RD
CLEVELAND OH 44143
No phone number available

Date of Request:
09/28/2011

CAP ONE

Address:
PO BOX 30281
SALT LAKE CITY UT 84130
No phone number available

Date of Request:
06/25/2011, 06/16/2011, 06/09/2011,
05/23/2011

CAP ONE

Address:

No phone number available

Date of Request:
05/23/2011

Personal Information

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The following information is reported to us by you, your creditors and other sources. Each source may report your personal info differently, which may result in variations of your name, address, Social Security number, etc. As part of our fraud prevention efforts, a notice with additional information may appear. As a security precaution, we did not list the Social Security number that you provided when you contacted us. If any Social Security number variations were reported to us, only the last four digits of each are displayed. Numbers that appear here vary from the number you used to generate this report. Actual differences in these numbers may be part of the displayed portion or part of the hidden portion. The names are listed in no particular order and may include variations of your legal name. The Name identification number is how our system identifies the names associated with respective accounts on your credit report. These addresses are listed in no particular order and may include previous addresses where you received mail. The Address identification number is how our system identifies the address. The Geographical Code shown with each address identifies the state, county, census tract, block group and Metropolitan Statistical Area associated with each address.

Names:
LAURA L EDWARDS
Name identification number: [REDACTED]

LAURA EDWARDS
Name identification number: [REDACTED]

Address: 3400 55TH N ST
SAINT PETERSBURG, FL 33710-2047
Address identification number: [REDACTED]
Type of Residence: Single family
Geographical Code: [REDACTED]

Address: 4463 4TH N AVE
SAINT PETERSBURG, FL 33713-7311

LAURAL EDWARDS

Name identification number: [REDACTED]

LAURA LEIGH EDWARDS

Name identification number: [REDACTED]

Year of birth:

1964

Spouse or co-applicant:

LYNDA

Employers:

TECHNOGRAPHICS

Telephone numbers:

(727) 576-6153 Residential

Address identification number: 0075998513

Type of Residence: Single family

Geographical Code: [REDACTED]

Address: 1 KEY CAPRI APT307E
TREASURE ISLAND, FL 33706-4947

Address identification number: [REDACTED]

Type of Residence: Apartment complex

Geographical Code: [REDACTED]

Address: 2704 LARKIN AVE
FORT WORTH, TX 76133-2322

Address identification number: [REDACTED]

Type of Residence: Single family

Geographical Code: [REDACTED]

Address: 103 HIDDEN HARBOUR DR
INDIAN ROCKS BEACH, FL 33785-3717

Address identification number: [REDACTED]

Type of Residence: Single family

Geographical Code: [REDACTED]

Address: 11717 104TH ST
LARGO, FL 33773-2431

Address identification number: [REDACTED]

Type of Residence: Single family

Geographical Code: [REDACTED]

Address: 6263 93RD N TER APT4202
PINELLAS PARK, FL 33782-4640

Address identification number: [REDACTED]

Type of Residence: Apartment complex

Geographical Code: [REDACTED]

Address: 3400 TH N ST
SAINT PETERSBURG, FL 33710-

Address identification number: [REDACTED]

Type of Residence: Single family

Geographical Code: [REDACTED]

Address: 2400 55TH N ST
SAINT PETERSBURG, FL 33710-4229

Address identification number: [REDACTED]

Type of Residence: Single family

Geographical Code: [REDACTED]

Notices:

This address has pertained to a business: 3400 55TH ST N ST PETERSBURG FL 33710 .
ENGINEERING-MANAGEMENT SERVICE: 3400 55TH ST N, ST PETERSBURG, FL, 33710 .

Important Message From Experian

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By law, we cannot disclose certain medical information (relating to physical, mental, or behavioral health or condition). Although we do not generally collect such information, it could appear in the name of a data furnisher (i.e., "Cancer Center") that reports your payment history to us. If so, those names display in your report, but in reports to others they display only as MEDICAL PAYMENT DATA. Consumer statements included on your report at your request that contain medical information are disclosed to others.

Know your rights

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FCRA Rights

Para informacion en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552.

A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

All consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1 888 5OPTOUT (1 888 567 8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For more information about your federal rights, contact:

Type of Business:	Contact:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list in addition to the Bureau:	a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue SE Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, SW Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration

	409 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357

States Rights

[Notification of rights for Alabama consumers](#)
[Notification of rights for Alaska consumers](#)
[Notification of rights for Arkansas consumers](#)
[Notification of rights for California consumers](#)
[California notice of your rights to request and obtain your credit score](#)
[Notification of rights for Colorado consumers](#)
[Notification of rights for Connecticut consumers](#)
[Notification of rights for Delaware consumers](#)
[Notification of rights for District of Columbia consumers](#)
[Notification of rights for Florida consumers](#)
[Notification of rights for Georgia consumers](#)
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[Notification of rights for Wisconsin consumers](#)

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Other product and company names mentioned herein may be the trademarks of their respective owners.

Exhibit C-8 Bankruptcy Information

There have been no bankruptcies 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.

Exhibit C-9 Merger Information

The applicant, US Energy Consulting Group, has not had any dissolution or merger or acquisition within the five most recent years preceding this application.