

FILE

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Ohio

Public Utilities
Commission

2022 MAY 13 PM 3: 23

Competitive Retail Electric Service (CRES)

PUCN Provider Application

Case Number. 17-013 -EL- AGG

Please complete all information. Identify all attachments with a label and title (example: Exhibit C-2 Financial Statements). For paper filing, you can mail the original and two complete copies to the Public Utilities Commission of Ohio, Docketing Division, 180 East Broad Street, Columbus, Ohio 43215-3793.

A. Application Information

A-1. Provider Type.

Select the competitive retail electric service (CRES) provider type(s) for which the applicant is seeking certification. Please note you can select more than one.

Aggregator



Power Broker



Power Marketer



Retail Electric
Generation Provider



A-2. Applicant's legal name and contact information.

Provide the name and contact information of the business entity.

Legal Name: Greg Loughead
Street Address: 3240 Oakwood Lane ,
City: Westlake State: Ohio Zip: 44145
Telephone: 440-835-1866 Website: www.clepowerinc.com

A-3. Names and contact information under which the applicant will do business in Ohio.

Provide the names and contact information the business entity will use for business in Ohio. This does not have to be an Ohio address and may be the same contact information given in A-2.

Name: CLE POWER INC
Street Address: 3240 Oakwood Lane
City: Westlake State: Ohio Zip: 44145
Telephone: 4408351866 Website: www.clepowerinc.com

A-4. Names under which the applicant does business in North America.

Provide all business names the applicant uses in North America. You do not need to include the names provided in A-2 and A-3.

Name(s): CLE POWER INC

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 AK Date Processed MAY 13 2022

A-5. Contact person for regulatory matters.

Name: Greg Loughhead Title: President
Street Address: 3240 Oakwood Lane
City: Westlake State: Ohio Zip: 44145
Telephone: 4408351866 Email: www.clepowerinc.com

A-6. Contact person for PUCO Staff use in Investigating consumer complaints.

Name: Greg Loughhead Title: President
Street Address: 3240 Oakwood Lane
City: Westlake State: Ohio Zip: 44145
Telephone: 4408351866 Email: www.clepowerinc.com

A-7. Applicant's address and toll-free number for customer service and complaints.

Street Address: 3240 Oakwood Lane
City: Westlake State: Ohio Zip: 44145
Toll-free Telephone: 4408351866 Email: www.clepowerinc.com

A-8. Applicant's federal employer identification number.

FEIN: _____

A-9. Applicant's form of ownership (select one).

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

A-10. Identify current or proposed service areas.

Identify each service area in which the applicant is currently providing service or intends to provide service and identify each customer class that the applicant is currently serving or intends to serve.

Service area selection:

AEP Ohio <input checked="" type="checkbox"/>	DP&L <input checked="" type="checkbox"/>	Duke Energy Ohio <input checked="" type="checkbox"/>	FirstEnergy – Cleveland Electric Illuminating <input checked="" type="checkbox"/>
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FirstEnergy – Ohio
Edison



FirstEnergy – Toledo
Edison



Class of customer selection:

Commercial



Industrial



Mercantile



Residential



A-11. Start Date.

Indicate the approximate start date the applicant began/will begin offering services.

Date: 1-18-2022

A-12. Principal officers, directors and partners.

Please provide an attachment for all contacts that should be listed as an officer, director or partner.

A-13. Company history.

Provide an attachment with a concise description of the applicant's company history and principal business interests.

A-14. Secretary of State.

Provide evidence that the applicant is currently registered with the Ohio Secretary of State.

B. Managerial Capability

Provide a response or attachment for each of the sections below.

B-1. Jurisdiction of operations.

List all jurisdictions in which the applicant or any affiliated interest of the applicant is certified, licensed, registered or otherwise authorized to provide retail natural gas service or retail/wholesale electric service as of the date of filing the application.

B-2. Experience and plans.

Describe the applicant's experience in providing the service(s) for which it is applying (e.g., number and type of customers served, utility service areas, amount of load, etc.). Include the 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 Sections 4928.10 and/or 4929.22 of the Ohio Revised Code.

B-3. Disclosure of liabilities and investigations.

For the applicant, affiliate, predecessor of the applicant, or any principal officer of the applicant, describe all existing, pending or past rulings, judgments, findings, contingent liabilities, revocation of authority, regulatory investigations, judicial actions, or other formal or informal notices of violations, or any other matter related to competitive services in Ohio or equivalent services in another jurisdiction.

B-4. Disclosure of consumer protection violations.

Has the applicant, affiliate, predecessor of the applicant, or any principal officer of the applicant been convicted or held liable for fraud or for violation of any consumer protection or antitrust laws within the past five years? If yes, attach a document detailing the information.

Yes

☐

No

☒

B-5. Disclosure of certification denial, curtailment, suspension, or revocation.

Has the applicant, affiliate, or a predecessor of the applicant had any certification, license, or application to provide retail natural gas or retail/wholesale electric service denied, curtailed, suspended, revoked, or cancelled or been terminated or suspended from any of Ohio's Natural Gas or Electric Utility's Choice programs within the past two years? If yes, attach a document detailing the information.

Yes

☐

No

☒

B-6. Environmental disclosure.

This section is only applicable if power marketer or retail electric generation provider has been selected in A-1.

Provide a detailed description of how the applicant intends to determine its generation resource mix and environmental characteristics, including air emissions and radioactive waste. Include the annual projection methodology and the proposed approach to compiling the quarterly actual environmental disclosure data. See 4901:1-21-09 of the Ohio Administrative Code for additional details of this requirement.

C. Financial Capability

Provide a response or attachment for each of the sections below.

C-1. Financial reporting.

Provide a current link to the most recent Form 10-K filed with the Securities and Exchange Commission (SEC) or attach a copy of the form. If the applicant does not have a Form 10-K, submit the parent company's Form 10-K. If neither the applicant nor its parent is required to file Form 10-K, state that the applicant is not required to make such filings with the SEC and provide an explanation as to why it is not required.

C-2. Financial statements

Provide copies of the applicant's two most recent years of audited financial statements, including a 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, provide audited or officer certified financial statements covering the life of the business. If the applicant does not have a balance sheet, income statement, and cash flow statement, the applicant may provide a copy of its two most recent years of tax returns with social

security numbers and bank account numbers redacted.

If the applicant is unable to meet the requirement for two years of financial statements, the Staff reviewer may request additional financial information.

C-3. Forecasted financial statements.

Provide two years of forecasted income statements based solely on the applicant's anticipated business activities in the state of Ohio.

Include the following information with the forecast: a list of assumptions used to generate the forecast; a statement indicating that the forecast is based solely on Ohio business activities only; and the name, address, email address, and telephone number of the preparer of the forecast.

The forecast may be in one of two acceptable formats: 1) an annual format that includes the current year and the two years succeeding the current year; or 2) a monthly format showing 24 consecutive months following the month of filing this application broken down into two 12-month periods with totals for revenues, expenses, and projected net incomes for both periods. Please show revenues, expenses, and net income (revenues minus total expenses) that is expected to be earned and incurred in business activities only in the state of Ohio for those periods.

If the applicant is filing for both an electric certificate and a natural gas certificate, please provide a separate and distinct forecast for revenues and expenses representing Ohio electric business activities in the application for the electric certificate and another forecast representing Ohio natural gas business activities in the application for the natural gas certificate.

C-4. Credit rating.

Provide a credit opinion disclosing the applicant's credit rating as reported by at least one of the following ratings agencies: Moody's Investors Service, Standard & Poor's Financial Services, Fitch Ratings or the National Association of Insurance Commissioners. If the applicant does not have its own credit ratings, substitute the credit ratings of a parent or an affiliate organization and submit a statement signed by a principal officer of the applicant's parent or affiliate organization that guarantees the obligations of the applicant. If an applicant or its parent does not have such a credit rating, enter "Not Rated".

C-5. Credit report.

Provide a copy of the applicant's credit report from Experian, Equifax, TransUnion, Dun and Bradstreet or a similar credit reporting organization. If the applicant is a newly formed entity with no credit report, then provide a personal credit report for the principal owner of the entity seeking certification. At a minimum, the credit report must show summary information and an overall credit score. Bank/credit account numbers and highly sensitive identification information must be redacted. If the applicant provides an acceptable credit rating(s) in response to C-4, then the applicant may select "This does not apply" and provide a response in the box below stating that a credit rating(s) was provided in response to C-4.

C-6. Bankruptcy information.

Within the previous 24 months, have any of the following filed for reorganization, protection from creditors or any other form of bankruptcy? If yes, attach a document detailing the information.

Applicant

Parent company of the applicant

Affiliate company that guarantees the financial obligations of the applicant

Any owner or officer of the applicant

Yes

☐

No

☒

C-7. Merger information.

Is the applicant currently involved in any dissolution, merger or acquisition activity, or otherwise participated in such activities within the previous 24 months? If yes, attach a document detailing the information.

Yes

☐

No

☒

C-8. Corporate structure.

Provide a graphical depiction of the applicant's corporate structure. Do not provide an internal organizational chart. The graphical depiction should include all parent holding companies, subsidiaries and affiliates as well as a list of all affiliate and subsidiary companies that supply retail or wholesale electricity or natural gas to customers in North America. If the applicant is a stand-alone entity, then no graphical depiction is required, and the applicant may respond by stating that it is a stand-alone entity with no affiliate or subsidiary companies.

C-9. Financial arrangements.

This section is only applicable if power marketer or retail electric generation provider has been selected in A-1.

Provide copies of the applicant's financial arrangements to satisfy collateral requirements to conduct retail electric/natural gas business activities (e.g., parental guarantees, letters of credit, contractual arrangements, etc., as described below).

Renewal applicants may provide a current statement from an Ohio local distribution utility (LDU) that shows that the applicant meets the LDU's collateral requirements. The statement or letter must be on the utility's letterhead and dated within a 30-day period of the date the applicant files its renewal application.

First-time applicants or applicants whose certificate has expired must meet the requirements of C-9 in one of the following ways:

1. The applicant itself states that it is investment grade rated by Moody's Investors Service, Standard & Poor's Financial Services, or Fitch Ratings and provides evidence of rating from the rating agencies. If you provided a credit rating in C-4, reference the credit rating in the statement.

2. The applicant's parent company is investment grade rated (by Moody's, Standard & Poor's, or Fitch) and guarantees the financial obligations of the applicant to the LDU(s). Provide a copy of the most recent credit opinion from Moody's, Standard & Poor's or Fitch.
3. The applicant's parent company is not investment grade rated by Moody's, Standard & Poor's or Fitch but has substantial financial wherewithal in the opinion of the Staff reviewer to guarantee the financial obligations of the applicant to the LDU(s). The parent company's financials and a copy of the parental guarantee must be included in the application if the applicant is relying on this option.
4. The applicant can provide evidence of posting a letter of credit with the LDU(s) listed as the beneficiary, in an amount sufficient to satisfy the collateral requirements of the LDU(s).

D. Technical Capability

Provide an attachment for each of the sections below.

D-1. Operations.

Power brokers/aggregators: Include details of the applicant's business operations and plans for arranging and/or aggregating for the supply of electricity to retail customers.

Power Marketers/Generators: Describe the operational nature of the applicant's business, specifying whether operations will include the generation of power for retail sales, the scheduling of retail power for transmission and delivery, the provision of retail ancillary services, as well as other services used to arrange for the purchase and delivery of electricity to retail customers.

D-2. Operations expertise and key technical personnel.

Provide evidence of the applicant's experience and technical expertise in performing the operations described in this application. Include the names, titles, e-mail addresses, telephone numbers and background of key personnel involved in the operational aspects of the applicant's business.

D-3. FERC power marketer authorization.

This section is only applicable if power marketer or retail electric generation provider has been selected in A-1.

Provide the FERC docket granting the applicant power marketer authority.

As authorized representative for the above company/organization, I certify that all the information contained in this application is true, accurate and complete. I also understand that failure to report completely and accurately may result in penalties or other legal actions.

Signature

Owner

Title

1-18-2022

Date

Competitive Retail Electric Service Affidavit

County of Cuyahoga :

State of Ohio :

Greg Loughhead, Affiant, being duly sworn/affirmed, hereby states that:

1. The information provided within the certification or certification renewal application and supporting information is complete, true, and accurate to the best knowledge of affiant, and that it will amend its application while it is pending if any substantial changes occur regarding the information provided.
2. The applicant will timely file an annual report of its intrastate gross receipts, gross earnings, and sales of kilowatt-hours of electricity pursuant to Sections 4905.10(A), 4911.18(A), and 4928.06(F), Ohio Revised Code.
3. The applicant will timely pay any assessment made pursuant to Sections 4905.10, 4911.18, and 4928.06(F), Ohio Revised Code.
4. The applicant will comply with all applicable rules and orders adopted by the Public Utilities Commission of Ohio pursuant to Title 49, Ohio Revised Code.
5. The applicant 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 will fully comply with Section 4928.09, Ohio Revised Code regarding consent to the jurisdiction of Ohio Courts and the service of process.
7. The applicant will comply with all state and/or federal rules and regulations concerning consumer protection, the environment, and advertising/promotions.
8. The applicant 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 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, 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.
11. The Applicant will inform the Public Utilities Commission of Ohio 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 consumer complaints.

12. The facts set forth above are true and accurate 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.

13. Affiant further sayeth naught.

[Signature]
Signature of Affiant & Title

Sworn and subscribed before me this 18 day of January, 2022
Month Year

[Signature]
Signature of official administering oath



MARY J. PURO
Notary Public, State of Ohio
My Comm. Expires 06/19/2024
Recorded in Cuyahoga County

Mary J. Puro Assistant Branch Manager
Print Name and Title

My commission expires on 06/19/2024

CLE Power INC

Exhibit A-12
"Principal Officers, Directors & Partners"

The applicant has three members, Greg Loughhead (President and Secretary), Dorothy Babson (Co-owner/Treasurer) and James Ziegen (Director of operations). The address is 3240 Oakwood Lane Westlake, OH 44145. The phone number is 1-440-835-1866.

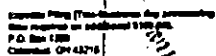
CLE Power INC

Exhibit A-13
"Company History"

CLE Power Inc. has been in existence for the last five years. CLE Power Inc. is owned by Greg Loughead and specializes in power quality products, such as the uninterruptible power systems and surge protection, breakers, batteries and other power related products. General Electric, Tripp Lite and APC are some of the OEM's we buy from. Cleveland Clinic, PPG, Next-Era, Suzlon, Noble Energy and Vesta's are some of our larger clients.

Exhibit A-14
"Articles of Incorporation and Bylaws"

See the attached Certificate of Organization.

[illegible]

2017 AUG 17 PM 03:31

Low Howard, STG12



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/22/2012	201223400926	DOMESTIC FOR PROFIT CORP - ARTICLES (ARF)	125.00	.00		.00	.00

Receipt

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

FINN POWER COMPANY LLC
27070 DETROIT RD
STE 106
WESTLAKE, OH 44145

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

2130064

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

CLE POWER INC.

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

Document(s):

DOMESTIC FOR PROFIT CORP - ARTICLES

Document No(s):

201223400926

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 17th day of August, A.D.
2012.

Ohio Secretary of State

Exhibit B-2
"Experience & Plans"

Applicant's two members, Greg Loughead and James Ziegler, have a combined experience of 15 years in the energy procurement and energy efficiencies gas and electric domain. Applicant will use its experience and existing infrastructure to work in its preferred business segments to build new relationships and leverage existing relationships into new aggregator/power broker business in Ohio.

CLE Power Inc.

Exhibit B-3

Disclosure of Liabilities and Investigations

The applicant is not aware of any pending or past rulings, judgements, contingent liabilities, revocation of authority, regulatory investigations, or in any matter that could adversely impact its financial or operation status or ability to provide the services it is seeking to be certified to provide.

Exhibit C-1
"Annual Reports"

The applicant is a privately held company and does not publish or prepare annual reports.

Exhibit C-2

~~Financial Statements~~

"Financial Statements"

~~Applicant does not and is not required to have such filings nor does it have a parent that makes such filings.~~

Form **1120-S**Department of the Treasury
Internal Revenue Service**U.S. Income Tax Return for an S Corporation**▶ Do not file this form unless the corporation has filed or is
attaching Form 2553 to elect to be an S corporation.▶ Go to www.irs.gov/Form1120S for instructions and the latest information.

OMB No. 1545-0123

2019

For calendar year 2019 or tax year beginning

, ending

A S election effective date 8/17/2012	TYPE OR PRINT	Name CLE POWER, INC.	D Employer identification number 90-0765944	
B Business activity code number (see instructions) 221100		Number, street, and room or suite no. If a P.O. box, see instructions. 3240 OAKWOOD LANE	E Date incorporated 8/17/2012	
		City or town WESTLAKE	State OH	ZIP code 44145
C Check if Sch. M-3 attached <input type="checkbox"/>		Foreign country name	Foreign province/state/county	Foreign postal code
		F Total assets (see instructions) \$ 10,960		

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☒ No If "Yes," attach Form 2553 if not already filed**H** Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination or revocation**I** Enter the number of shareholders who were shareholders during any part of the tax year 1**J** Check if corporation: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes**Caution:** Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a Gross receipts or sales	1a 588,528	
	b Returns and allowances	1b	
	c Balance. Subtract line 1b from line 1a		1c 588,528
	2 Cost of goods sold (attach Form 1125-A)		2 440,121
	3 Gross profit. Subtract line 2 from line 1c		3 148,407
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)		4
5 Other income (loss) (see instructions—attach statement)		5	
6 Total income (loss). Add lines 3 through 5		6 148,407	
Deductions (see instructions for limitations)	7 Compensation of officers (see instructions—attach Form 1125-E)		7
	8 Salaries and wages (less employment credits)		8
	9 Repairs and maintenance		9 60
	10 Bad debts		10
	11 Rents		11
	12 Taxes and licenses		12 1,577
	13 Interest (see instructions)		13
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		14
	15 Depletion (Do not deduct oil and gas depletion.)		15
	16 Advertising		16 4,193
	17 Pension, profit-sharing, etc., plans		17
	18 Employee benefit programs		18
	19 Other deductions (attach statement)		19 64,265
	20 Total deductions. Add lines 7 through 19		20 70,095
	21 Ordinary business income (loss). Subtract line 20 from line 6		21 78,312
Tax and Payments	22a Excess net passive income or LIFO recapture tax (see instructions)	22a	22c 0
	b Tax from Schedule D (Form 1120-S)	22b	
	c Add lines 22a and 22b (see instructions for additional taxes)		
	23a 2019 estimated tax payments and 2018 overpayment credited to 2019	23a	23e 0
	b Tax deposited with Form 7004	23b	
	c Credit for federal tax paid on fuels (attach Form 4136)	23c	
	d Reserved for future use	23d	
	e Add lines 23a through 23d		
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		24
	25 Amount owed. If line 23e is smaller than the total of lines 22c and 24, enter amount owed		25 0
	26 Overpayment. If line 23e is larger than the total of lines 22c and 24, enter amount overpaid		26 0
27 Enter amount from line 26: Credited to 2020 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>		27 0	

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

**Sign
Here**

Signature of officer

Date

Title

May the IRS discuss this return
with the preparer shown below?
See instructions. ☒ Yes ☐ No**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if
self-employed

PTIN

WILLIAM J YORK, CPA

WILLIAM J YORK, CPA

8/2/2021

P00269333

Firm's name ▶ NETCO

Firm's EIN ▶ 34-1657178

Firm's address ▶ 4418 BIRKDALE TURN

Phone no. 440-427-1212

City WESTLAKE

State OH

ZIP code 44145

For Paperwork Reduction Act Notice, see separate instructions.

Form **1120-S** (2019)

HTA

Schedule B Other Information (see instructions) (continued)		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction ▶ \$		X
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions	X	
14a	Did the corporation make any payments in 2019 that would require it to file Form(s) 1099?	X	
b	If "Yes," did the corporation file or will it file required Form(s) 1099?	X	
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 14 ▶ \$		X

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	78,312
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss) 3a		
	b Expenses from other rental activities (attach statement) 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a 3c		0
	4 Interest income 4		
	5 Dividends: a Ordinary dividends 5a		
	b Qualified dividends 5b		
	6 Royalties 6		
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S)) 7		
8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)) 8a			
b Collectibles (28%) gain (loss) 8b			
c Unrecaptured section 1250 gain (attach statement) 8c			
9 Net section 1231 gain (loss) (attach Form 4797) 9			
10 Other income (loss) (see instructions) Type ▶ 10			
Deductions	11 Section 179 deduction (attach Form 4562) 11		
	12a Charitable contributions 12a		
	b Investment interest expense 12b		
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶ 12c(2)		
d Other deductions (see instructions) Type ▶ 12d			
Credits	13a Low-income housing credit (section 42(j)(5)) 13a		
	b Low-income housing credit (other) 13b		
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) 13c		
	d Other rental real estate credits (see instructions) Type ▶ 13d		
	e Other rental credits (see instructions) Type ▶ 13e		
	f Biofuel producer credit (attach Form 6478) 13f		
	g Other credits (see instructions) Type ▶ 13g		
Foreign Transactions	14a Name of country or U.S. possession ▶ 14a		
	b Gross income from all sources 14b		
	c Gross income sourced at shareholder level 14c		
	Foreign gross income sourced at corporate level		
	d Reserved for future use 14d		
	e Foreign branch category 14e		
	f Passive category 14f		
	g General category 14g		
	h Other (attach statement) 14h		
	Deductions allocated and apportioned at shareholder level		
	i Interest expense 14i		
	j Other 14j		
	Deductions allocated and apportioned at corporate level to foreign source income		
	k Reserved for future use 14k		
	l Foreign branch category 14l		
	m Passive category 14m		
	n General category 14n		
o Other (attach statement) 14o			
Other information			
p Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued ▶ 14p			
q Reduction in taxes available for credit (attach statement) 14q			
r Other foreign tax information (attach statement)			

Schedule K		Shareholders' Pro Rata Share Items (continued)	Total amount	
Alternative Minimum Tax (AMT) Items	15a	Post-1986 depreciation adjustment	15a	
	b	Adjusted gain or loss	15b	
	c	Depletion (other than oil and gas)	15c	
	d	Oil, gas, and geothermal properties—gross income	15d	
	e	Oil, gas, and geothermal properties—deductions	15e	
	f	Other AMT items (attach statement)	15f	
Items Affecting Shareholder Bases	16a	Tax-exempt interest income	16a	
	b	Other tax-exempt income	16b	
	c	Nondeductible expenses	16c	4,570
	d	Distributions (attach statement if required) (see instructions)	16d	61,964
	e	Repayment of loans from shareholders	16e	
Other Information	17a	Investment income	17a	
	b	Investment expenses	17b	
	c	Dividend distributions paid from accumulated earnings and profits	17c	
	d	Other items and amounts (attach statement)		
Reconciliation	18	Income (loss) reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14p .	18	78,312

Schedule L		Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)		
1	Cash				10,960		
2a	Trade notes and accounts receivable						
b	Less allowance for bad debts		0		0		
3	Inventories						
4	U.S. government obligations						
5	Tax-exempt securities (see instructions)						
6	Other current assets (attach statement)						
7	Loans to shareholders						
8	Mortgage and real estate loans						
9	Other investments (attach statement)						
10a	Buildings and other depreciable assets						
b	Less accumulated depreciation		0		0		
11a	Depletable assets						
b	Less accumulated depletion		0		0		
12	Land (net of any amortization)						
13a	Intangible assets (amortizable only)						
b	Less accumulated amortization		0		0		
14	Other assets (attach statement)						
15	Total assets		0		10,960		
Liabilities and Shareholders' Equity							
16	Accounts payable		817				
17	Mortgages, notes, bonds payable in less than 1 year						
18	Other current liabilities (attach statement)						
19	Loans from shareholders						
20	Mortgages, notes, bonds payable in 1 year or more						
21	Other liabilities (attach statement)						
22	Capital stock						
23	Additional paid-in capital						
24	Retained earnings		(817)		10,960		
25	Adjustments to shareholders' equity (attach statement)						
26	Less cost of treasury stock						
27	Total liabilities and shareholders' equity		0		10,960		

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**Note:** The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	73,742	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize)		a	Tax-exempt interest \$	0
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14p (itemize):		6	Deductions included on Schedule K, lines 1 through 12 and 14p, not charged against book income this year (itemize):	
a	Depreciation \$		a	Depreciation \$	0
b	Travel and entertainment \$	4,570	7	Add lines 5 and 6	0
4	Add lines 1 through 3	78,312	8	Income (loss) (Schedule K, line 18). Subtract line 7 from line 4	78,312

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account (see instructions)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1 Balance at beginning of tax year	-818			
2 Ordinary income from page 1, line 21	78,312			
3 Other additions				
4 Loss from page 1, line 21				
5 Other reductions	4,570			
6 Combine lines 1 through 5	72,924	0	0	0
7 Distributions	61,964			
8 Balance at end of tax year. Subtract line 7 from line 6	10,960	0	0	0

☐ Final K-1☐ Amended K-1**Schedule K-1
(Form 1120-S)**Department of the Treasury
Internal Revenue Service**2019**

For calendar year 2019, or tax year

beginning

ending

**Shareholder's Share of Income, Deductions,
Credits, etc.**

▶ See back of form and separate instructions.

Part I Information About the Corporation**A** Corporation's employer identification number
90-0765944**B** Corporation's name, address, city, state, and ZIP codeCLE POWER, INC.
3240 OAKWOOD LANE
WESTLAKE, OH 44145**C** IRS Center where corporation filed return
e-file**Part II Information About the Shareholder****D** Shareholder's identifying number Shareholder: 1**E** Shareholder's name, address, city, state, and ZIP codeGREGORY LOUGHEAD
3240 OAKWOOD LANE
WESTLAKE, OH 44145**F** Shareholder's percentage of stock
ownership for tax year 100.000000%**Part III Shareholder's Share of Current Year Income,
Deductions, Credits, and Other Items**

1	Ordinary business income (loss)	13	Credits
	78,312		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
		C	4,570
12	Other deductions	D	61,964
		17	Other information
		V*	See Attached Stmt
18	<input type="checkbox"/> More than one activity for at-risk purposes*		
19	<input type="checkbox"/> More than one activity for passive activity purposes*		
* See attached statement for additional information.			

For IRS Use Only

GREGORY LOUGHEAD

K-1 Statement (Sch K-1, Form 1120S)

Line 16 - Items affecting shareholder basis

C	Code C - Nondeductible expenses	C	<u>4,570</u>
D	Code D - Distributions	D	<u>61,964</u>

Line 17 - Other Information

Section 199A Information (Code V)

Income Items	Non-SSTB	SSTB
Ordinary Income	<u>78,312</u>	<u>0</u>

Cost of Goods Sold

▶ Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.

▶ Go to www.irs.gov/Form1125A for the latest information.

OMB No. 1545-0123

Name

CLE POWER, INC.

Employer identification number

90-0765944

1	Inventory at beginning of year	1	
2	Purchases	2	440,121
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	Total. Add lines 1 through 5	6	440,121
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	440,121

9 a Check all methods used for valuing closing inventory:(i) ☒ Cost(ii) ☐ Lower of cost or market(iii) ☐ Other (Specify method used and attach explanation.) ▶**b** Check if there was a writedown of subnormal goods ▶ ☐**c** Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐**d** If the LIFO inventory method was used for this tax year, enter amount of closing inventory
computed under LIFO **9d** **e** If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions . . . ☐ Yes ☒ No**f** Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If

"Yes," attach explanation

☐ Yes☐ No

Compensation of Officers

OMB No. 1545-0123

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S

► Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e.

Name

CLE POWER, INC.

Employer identification number

90-0765944

Note: Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

[illegible]

1	Travel, Meals and Entertainment		
a	Travel	1a	3,168
b	Meals, subject to 50% limit	1b	9,139
e	Less disallowed	1e	4,570
f	Subtract line e from lines b, c and d	1f	4,569
2	BANK SERVICE CHARGES	2	100
3	CABLE INTERNET	3	1,780
4	OUTSIDE SERVICES	4	40,000
5	OFFICE SUPPLIES	5	855
6	PERMITS & FEES	6	200
7	POSTAGE AND DELIVERY	7	791
8	PROFESSIONAL FEES	8	2,750
9	TELEPHONE	9	2,000
10	COMMISSION	10	8,052
11	Total other deductions	11	64,265

A. Cash				61,964
B. Property				
Description	Date Acquired	Date Distributed	FMV on date of distribution	Basis in property
Total property				0
C. Other				
Total distributions				61,964

Income Items	Non-SSTB	SSTB
Ordinary Income	78,312	0

FORM 27**SCHEDULE B - DISTRIBUTION OF TAX WITHIN RITA MUNICIPALITIES**
TOTAL TAX DISTRIBUTED BELOW MUST EQUAL AMOUNT FROM PAGE 1, LINE 5

Note: For each separate municipality listed below, if Tax Due is \$10 or less, enter -0-.
(if more space is needed, attach additional schedule)

Municipality Name	Taxable Income / Loss	Tax Rate	Tax Due
WESTLAKE	78,312 .00	1.50 %	1,175 .00
	0 .00	%	0 .00
	0 .00	%	0 .00

COMPUTATION OF ESTIMATED TAX**ESTIMATED TAX DISTRIBUTION TOTAL TO LINE 8A**

(if more space is needed, attach additional schedule)

Municipality Name	Taxable Income / Loss	Tax Rate	Tax Due
WESTLAKE	80,000 .00	1.50 %	1,200 .00
	.00	%	0 .00
	.00	%	0 .00

8. A. ESTIMATED TAX (from distribution above)

▶ 8A 1,200 .00

B. CREDIT (if any) FROM PRIOR YEAR (7B)

8B 0 .00

C. LINE 8A LESS LINE 8B

8C 1,200 .00

D. AMOUNT PAID (not less than 1/4 of estimated tax)

(IF LINE 8A IS LEFT BLANK AN ESTIMATE WILL BE CREATED FOR YOU BASED ON YOUR PRIOR YEAR'S TAX LIABILITY AND MUNICIPAL DISTRIBUTION)

8D 300 .00

9. TOTAL OF 7A + 8D

9 350 .00

MAKE CHECKS PAYABLE TO RITA

The federal return **MUST** be attached to be considered a complete tax return. In order to avoid processing delays and notices from RITA, please also attach all applicable schedules and 1099-MISC.

I CERTIFY I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT, COMPLETE, AND THAT THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES.

SIGNATURE OF OFFICER OR PARTNER

WILLIAM J YORK, CPA
PREPARER'S SIGNATUREWILLIAM J YORK, CPA
PRINT NAME

PRINT NAME

4418 BIRKDALE TURN, WESTLAKE, OH 44145
PREPARER'S ADDRESS

TITLE

PHONE

DATE

440-427-1212
PREPARER'S PHONENETCO
FIRM NAME

May RITA discuss this return with the preparer shown above?

☒ Yes ☐ No

REMIT RETURN WITH REFUND TO:
REGIONAL INCOME TAX AGENCY
P.O. BOX 94652
CLEVELAND, OH 44101-4652

REMIT RETURN WITH PAYMENT TO:
REGIONAL INCOME TAX AGENCY
P.O. BOX 94582
CLEVELAND, OH 44101-4582

REMIT RETURN WITHOUT PAYMENT
TO: REGIONAL INCOME TAX AGENCY
P.O. BOX 89475
CLEVELAND, OH 44101-6475

Page
2

27F19
XTA

FORM 27**SCHEDULE X – ADJUSTMENT TO FEDERAL INCOME TAX RETURN**

(attach supporting statement for line items utilized below)

ITEMS NOT DEDUCTIBLE

A.	LOSSES THAT DIRECTLY RELATE TO THE SALE, EXCHANGE, OR OTHER DISPOSITION OF AN ASSET DESCRIBED IN 1221 OR 1231 OF THE IRC		.00
B.	TAXES BASED ON INCOME		.00
C.	5% OF THE AMOUNT DEDUCTED AS INTANGIBLE INCOME EXCLUDING THE PORTION DIRECTLY RELATED TO THE SALE, EXCHANGE, OR OTHER DISPOSITION OF PROPERTY DESCRIBED IN 1221 OF THE IRC		.00
D.	AMOUNTS PAID OR ACCRUED TO QUALIFIED SELF-EMPLOYED RETIREMENT AND HEALTH AND LIFE INSURANCE PLANS FOR OWNERS OR OWNER-EMPLOYEES OF NON-C CORPORATION ENTITIES		.00
E.	REIT'S AND RIC'S - ALL AMOUNTS WITH RESPECT TO DIVIDENDS, DISTRIBUTIONS, OR AMOUNTS SET ASIDE FOR OR CREDITED TO THE BENEFIT OF INVESTORS AND ALLOWED AS A DEDUCTION		.00
F.	OTHER: (ATTACH EXPLANATION)		.00
G.	TOTAL ADDITIONS (ENTER ON PAGE 1, LINE 2A)	0	.00

ITEMS NOT TAXABLE

N.	INCOME AND GAINS - FEDERALLY REPORTED INCOME AND GAINS FROM IRC 1221 OR 1231 PROPERTY DISPOSITIONS EXCEPT TO THE EXTENT THE INCOME AND GAINS APPLY TO THOSE DESCRIBED IN 1245 OR 1250 OF THE IRC		.00
O.	INTANGIBLE INCOME SUCH AS INTEREST, DIVIDEND, PATENT, AND COPYRIGHT INCOME ALSO INCLUDE ROYALTY INCOME EXCEPT ROYALTIES DERIVED FROM INTEREST IN LAND (i.e. OIL AND GAS RIGHTS, ETC.)	0	.00
P.	OTHER: PASS-THROUGH INCOME (LOSS)		.00
Q.	TOTAL DEDUCTIONS (ENTER ON LINE 2B)	0	.00

AFTI WORKSHEET
ADJUSTED FEDERAL TAXABLE INCOME
 For use by taxpayers that are NOT C Corporations

- (1) Federal Form 1120S (S Corporations) - Sch. K - Line 18
 (2) Federal Form 1065 (Partnerships, LLC's, LLP's) - Sch. K - Analysis of Net Income (Loss), Page 5 - Line 1
 (3) Federal Form 1041 (Estates, Trusts) - Page 1 - Line 17

	Form 1120S	Form 1065	Form 1041
a) From Federal Return (above)	\$ 78,312.00	\$ 0.00	\$ 0.00
b) Excess 179 Deduction / Carryover			
c) Charitable Contribution - In Excess of 10% Limitation			
d) Other: _____			
e) "ADJUSTED FEDERAL TAXABLE INCOME"	\$ 78,312.00	\$ 0.00	\$ 0.00

FORM 27**SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA (See Instructions)**

	A. LOCATED EVERYWHERE	B. RITA MUNICIPALITY	C. PERCENTAGE (B / A)
STEP 1. AVERAGE ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY	\$	\$	
GROSS ANNUAL RENTALS MULTIPLIED BY 8	\$	\$	
TOTAL OF STEP 1	\$ 0.00	\$ 0.00	0.0000 %
STEP 2. TOTAL WAGES, SALARIES, COMMISSION AND OTHER			
COMPENSATION PAID TO ALL EMPLOYEES	\$	\$	0.0000 %
STEP 3. GROSS RECEIPTS FROM SALES AND WORK OR			
SERVICES PERFORMED	\$	\$	0.0000 %
STEP 4. TOTAL OF PERCENTAGES			0.0000 %
STEP 5. AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED)			0.0000 %

	A. LOCATED EVERYWHERE	B. RITA MUNICIPALITY	C. PERCENTAGE (B / A)
STEP 1. AVERAGE ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY	\$ 0.00	\$	
GROSS ANNUAL RENTALS MULTIPLIED BY 8	\$ 0.00	\$	
TOTAL OF STEP 1	\$ 0.00	\$ 0.00	0.0000 %
STEP 2. TOTAL WAGES, SALARIES, COMMISSION AND OTHER			
COMPENSATION PAID TO ALL EMPLOYEES	\$ 0.00	\$	0.0000 %
STEP 3. GROSS RECEIPTS FROM SALES AND WORK OR			
SERVICES PERFORMED	\$ 0.00	\$	0.0000 %
STEP 4. TOTAL OF PERCENTAGES			0.0000 %
STEP 5. AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED)			0.0000 %

	A. LOCATED EVERYWHERE	B. RITA MUNICIPALITY	C. PERCENTAGE (B / A)
STEP 1. AVERAGE ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY	\$ 0.00	\$	
GROSS ANNUAL RENTALS MULTIPLIED BY 8	\$ 0.00	\$	
TOTAL OF STEP 1	\$ 0.00	\$ 0.00	0.0000 %
STEP 2. TOTAL WAGES, SALARIES, COMMISSION AND OTHER			
COMPENSATION PAID TO ALL EMPLOYEES	\$ 0.00	\$	0.0000 %
STEP 3. GROSS RECEIPTS FROM SALES AND WORK OR			
SERVICES PERFORMED	\$ 0.00	\$	0.0000 %
STEP 4. TOTAL OF PERCENTAGES			0.0000 %
STEP 5. AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED)			0.0000 %

TOTAL Sum all STEP 5 percentages for each municipality, enter on Page 1, Line 3C 0.0000%

SCHEDULE Y-1: RECONCILIATION OF SCHEDULE Y WAGES TO WITHHOLDING RETURNS

- Total workplace RITA wages shown on your withholding tax returns filed for the year covered by this return. \$
 - Attach explanation of any difference between total wages remitted and total wages shown on Schedule Y above.
 - Provide the Company Name and Federal Identification Number under which the withholding tax was remitted, if different than information on page 1.
- Company Name _____ Federal Identification Number _____

SCHEDULE Z: PASS-THROUGH DISTRIBUTIVE SHARES OF NET INCOME

Attach a schedule of each partner's/shareholder's name, social security number, distributive share, guaranteed payments (if applicable) and ownership percentage.

SCHEDULE ZZ: CONSOLIDATED RETURN INFORMATION

If filing a consolidated return, you must attach Federal Form 851 or a schedule listing each name, address and employer identification number.

Form **1120-S****U.S. Income Tax Return for an S Corporation**

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service▶ Do not file this form unless the corporation has filed or is
attaching Form 2553 to elect to be an S corporation.▶ Go to www.irs.gov/Form1120S for instructions and the latest information.**2020**

For calendar year 2020 or tax year beginning

, ending

A S election effective date 8/17/2012	TYPE OR PRINT	Name CLE POWER, INC.	D Employer identification number 90-0765944	
B Business activity code number (see instructions) 221100		Number, street, and room or suite no. If a P.O. box, see instructions. 3240 OAKWOOD LANE	E Date incorporated 8/17/2012	
		City or town WESTLAKE	State OH	ZIP code 44145
		Foreign country name	Foreign province/state/country	Foreign postal code
C Check if Sch. M-3 attached <input type="checkbox"/>			F Total assets (see instructions) \$ 20,647	

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☐ No If "Yes," attach Form 2553 if not already filed**H** Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination or revocation**I** Enter the number of shareholders who were shareholders during any part of the tax year 1**J** Check if corporation: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes**Caution:** Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a Gross receipts or sales	1a 692,932	
	b Returns and allowances	1b	
	c Balance. Subtract line 1b from line 1a		1c 692,932
	2 Cost of goods sold (attach Form 1125-A)		2 524,717
	3 Gross profit. Subtract line 2 from line 1c		3 168,215
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)		4
5 Other income (loss) (see instructions—attach statement)		5	
6 Total income (loss). Add lines 3 through 5		6 168,215	
Deductions (see instructions for limitations)	7 Compensation of officers (see instructions—attach Form 1125-E)		7
	8 Salaries and wages (less employment credits)		8
	9 Repairs and maintenance		9 139
	10 Bad debts		10
	11 Rents		11
	12 Taxes and licenses		12 819
	13 Interest (see instructions)		13
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		14
	15 Depletion (Do not deduct oil and gas depletion.)		15
	16 Advertising		16 2,300
	17 Pension, profit-sharing, etc., plans		17
	18 Employee benefit programs		18
	19 Other deductions (attach statement)		19 47,545
	20 Total deductions. Add lines 7 through 19		20 50,603
	21 Ordinary business income (loss). Subtract line 20 from line 6		21 117,612
Tax and Payments	22a Excess net passive income or LIFO recapture tax (see instructions)	22a	22c 0
	b Tax from Schedule D (Form 1120-S)	22b	
	c Add lines 22a and 22b (see instructions for additional taxes)		
	23a 2020 estimated tax payments and 2019 overpayment credited to 2020	23a	23e 0
	b Tax deposited with Form 7004	23b	
	c Credit for federal tax paid on fuels (attach Form 4136)	23c	
	d Reserved for future use	23d	
	e Add lines 23a through 23d		
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		24
	25 Amount owed. If line 23e is smaller than the total of lines 22c and 24, enter amount owed		25 0
26 Overpayment. If line 23e is larger than the total of lines 22c and 24, enter amount overpaid		26 0	
27 Enter amount from line 26: Credited to 2021 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>		27 0	

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

Sign Here

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below? See instructions. ☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

WILLIAM J YORK, CPA

8/2/2021

P00269333

Firm's name ▶ NETCO

Firm's EIN ▶ 34-1657178

Firm's address ▶ 4418 BIRKDALE TURN

Phone no. 440-427-1212

City WESTLAKE

State OH

ZIP code 44145

For Paperwork Reduction Act Notice, see separate instructions.

Form **1120-S** (2020)

HTA

Form **8879-S****IRS e-file Signature Authorization for Form 1120-S**

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

- ▶ ERO must obtain and retain completed Form 8879-S.
▶ Go to www.irs.gov/Form8879S for the latest information.

2020

For calendar year 2020, or tax year beginning , 2020, and ending , 20

Name of corporation

CLE POWER, INC.

Employer identification number

90-0765944

Part I Tax Return Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1120-S, line 1c)	1	692,932
2	Gross profit (Form 1120-S, line 3)	2	168,215
3	Ordinary business income (loss) (Form 1120-S, line 21)	3	117,612
4	Net rental real estate income (loss) (Form 1120-S, Schedule K, line 2)	4	0
5	Income (loss) reconciliation (Form 1120-S, Schedule K, line 18)	5	117,612

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2020 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize NETCO to enter my PIN 65944 as my signature
ERO firm name Don't enter all zeros
on the corporation's 2020 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2020 electronically filed income tax return.

Officer's signature ▶ Date ▶ Title ▶ PRESIDENT**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

34489812345

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Date ▶ 8/2/2021

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

1 Check accounting method: a ☒ Cash b ☐ Accrual
c ☐ Other (specify) ▶

2 See the instructions and enter the:

a Business activity ▶ DISTRIBUTION

3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation.

4 At the end of the tax year, did the corporation:

a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below.

☒

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below

	X
--	---

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock?
If "Yes," complete lines (i) and (ii) below.

	X
--	---

(i)	Total shares of restricted stock	▶	-----
(ii)	Total shares of non-restricted stock	▶	-----

b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments?
If "Yes," complete lines (i) and (ii) below.

X

(i)	Total shares of stock outstanding at the end of the tax year	▶	
(ii)	Total shares of stock outstanding if all instruments were executed	▶	

6 Has this corporation filed, or is it required to file, **Form 8918**, Material Advisor Disclosure Statement, to provide information on any reportable transaction?

X

7 Check this box if the corporation issued publicly offered debt instruments with original issue discount ☐
If checked, the corporation may have to file **Form 8281**, Information Return for Publicly Offered Original Issue Discount Instruments.

8 If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions. ▶ \$

9 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions

X

10 Does the corporation satisfy one or more of the following? See instructions

X

a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.

b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense.

c The corporation is a tax shelter and the corporation has business interest expense.
If "Yes," complete and attach Form 8990.

11 Does the corporation satisfy **both** of the following conditions?

X

a The corporation's total receipts (see instructions) for the tax year were less than \$250,000.

b The corporation's total assets at the end of the tax year were less than \$250,000.

If "Yes," the corporation is not required to complete Schedules L and M-1.

Schedule B Other Information (see instructions) (continued)

	Yes	No
12 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
If "Yes," enter the amount of principal reduction ▶ \$		
13 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14a Did the corporation make any payments in 2020 that would require it to file Form(s) 1099?	X	
b If "Yes," did the corporation file or will it file required Form(s) 1099?	X	
15 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
If "Yes," enter the amount from Form 8996, line 15 ▶ \$		

Schedule K Shareholders' Pro Rata Share Items

Total amount

Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	117,612
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss) 3a		
	b Expenses from other rental activities (attach statement) 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a 3c		0
	4 Interest income 4		
	5 Dividends: a Ordinary dividends 5a		
	b Qualified dividends 5b		
	6 Royalties 6		
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S)) 7		
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)) 8a		
	b Collectibles (28%) gain (loss) 8b		
	c Unrecaptured section 1250 gain (attach statement) 8c		
	9 Net section 1231 gain (loss) (attach Form 4797) 9		
	10 Other income (loss) (see instructions) Type ▶ 10		
	11 Section 179 deduction (attach Form 4562) 11		
	12a Charitable contributions 12a		
Credits	b Investment interest expense 12b		
	c Section 59(e)(2) expenditures Type ▶ 12c		
	d Other deductions (see instructions) Type ▶ 12d		
	13a Low-income housing credit (section 42(j)(5)) 13a		
	b Low-income housing credit (other) 13b		
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) 13c		
	d Other rental real estate credits (see instructions) Type ▶ 13d		
Foreign Transactions	e Other rental credits (see instructions) Type ▶ 13e		
	f Biofuel producer credit (attach Form 6478) 13f		
	g Other credits (see instructions) Type ▶ 13g		
	14a Name of country or U.S. possession ▶ 14b		
	b Gross income from all sources 14b		
	c Gross income sourced at shareholder level 14c		
	Foreign gross income sourced at corporate level 14d		
	d Reserved for future use 14d		
	e Foreign branch category 14e		
	f Passive category 14f		
	g General category 14g		
	h Other (attach statement) 14h		
	Deductions allocated and apportioned at shareholder level 14i		
	i Interest expense 14j		
	j Other 14j		
	Deductions allocated and apportioned at corporate level to foreign source income 14k		
	k Reserved for future use 14k		
l Foreign branch category 14l			
m Passive category 14m			
n General category 14n			
o Other (attach statement) 14o			
Other information 14p			
p Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued ▶ 14p			
q Reduction in taxes available for credit (attach statement) 14q			
r Other foreign tax information (attach statement) 14r			

Schedule K		Shareholders' Pro Rata Share Items (continued)	Total amount	
Alternative Minimum Tax (AMT) items	15a	Post-1986 depreciation adjustment	15a	
	b	Adjusted gain or loss	15b	
	c	Depletion (other than oil and gas)	15c	
	d	Oil, gas, and geothermal properties—gross income	15d	
	e	Oil, gas, and geothermal properties—deductions	15e	
	f	Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a	Tax-exempt interest income	16a	
	b	Other tax-exempt income	16b	
	c	Nondeductible expenses	16c	1,360
	d	Distributions (attach statement if required) (see instructions)	16d	106,565
	e	Repayment of loans from shareholders	16e	
Other Information	17a	Investment income	17a	
	b	Investment expenses	17b	
	c	Dividend distributions paid from accumulated earnings and profits	17c	
	d	Other items and amounts (attach statement)		
Reconciliation	18	Income (loss) reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14p	18	117,612

Schedule L		Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)		
1	Cash		10,960		20,647		
2a	Trade notes and accounts receivable						
b	Less allowance for bad debts		0		0		
3	Inventories						
4	U.S. government obligations						
5	Tax-exempt securities (see instructions)						
6	Other current assets (attach statement)						
7	Loans to shareholders						
8	Mortgage and real estate loans						
9	Other investments (attach statement)						
10a	Buildings and other depreciable assets						
b	Less accumulated depreciation		0		0		
11a	Depletable assets						
b	Less accumulated depletion		0		0		
12	Land (net of any amortization)						
13a	Intangible assets (amortizable only)						
b	Less accumulated amortization		0		0		
14	Other assets (attach statement)						
15	Total assets		10,960		20,647		
Liabilities and Shareholders' Equity							
16	Accounts payable						
17	Mortgages, notes, bonds payable in less than 1 year						
18	Other current liabilities (attach statement)						
19	Loans from shareholders						
20	Mortgages, notes, bonds payable in 1 year or more						
21	Other liabilities (attach statement)						
22	Capital stock						
23	Additional paid-in capital						
24	Retained earnings		10,960		20,647		
25	Adjustments to shareholders' equity (attach statement)						
26	Less cost of treasury stock						
27	Total liabilities and shareholders' equity		10,960		20,647		

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	116,252	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize)		a	Tax-exempt interest \$	0
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14p (itemize):		6	Deductions included on Schedule K, lines 1 through 12 and 14p, not charged against book income this year (itemize):	
a	Depreciation \$		a	Depreciation \$	0
b	Travel and entertainment \$ 1,360		7	Add lines 5 and 6	0
		1,360	8	Income (loss) (Schedule K, line 18).	
4	Add lines 1 through 3	117,612		Subtract line 7 from line 4	117,612

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account (see instructions)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1	Balance at beginning of tax year	10,960		
2	Ordinary income from page 1, line 21	117,612		
3	Other additions			
4	Loss from page 1, line 21			
5	Other reductions	1,360		
6	Combine lines 1 through 5	127,212	0	0
7	Distributions	106,565		
8	Balance at end of tax year. Subtract line 7 from line 6	20,647	0	0

**Schedule K-1
(Form 1120-S)**Department of the Treasury
Internal Revenue Service**2020**

For calendar year 2020, or tax year

beginning

ending

**Shareholder's Share of Income, Deductions,
Credits, etc.**

▶ See separate instructions.

Part I Information About the Corporation**A** Corporation's employer identification number

90-0765944

B Corporation's name, address, city, state, and ZIP codeCLE POWER, INC.
3240 OAKWOOD LANE
WESTLAKE, OH 44145**C** IRS Center where corporation filed return

e-file

Part II Information About the Shareholder**D** Shareholder's identifying number

Shareholder: 1

E Shareholder's name, address, city, state, and ZIP codeGREGORY LOUGHEAD
3240 OAKWOOD LANE
WESTLAKE, OH 44145**F** Current year allocation percentage

100.000000 %

G Shareholder's number of shares

Beginning of tax year

End of tax year

H Loans from shareholder

Beginning of tax year \$

End of tax year \$

For IRS Use Only

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

**Part III Shareholder's Share of Current Year Income,
Deductions, Credits, and Other Items**

1	Ordinary business income (loss)	13	Credits
	117,612		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
12	Other deductions	C	1,360
		D	106,565
		17	Other information
		V*	See Attached Stmt

18 ☐ More than one activity for at-risk purposes*19 ☐ More than one activity for passive activity purposes*

* See attached statement for additional information.

GREGORY LOUGHEAD

K-1 Statement (Sch K-1, Form 1120S)

Line 16 - Items affecting shareholder basis

C	Code C - Nondeductible expenses	C	<u>1,360</u>
D	Code D - Distributions	D	<u>106,565</u>

Line 17 - Other Information

Section 199A Information (Code V)

Income Items	Non-SSTB	SSTB
Ordinary Income	<u>117,612</u>	<u>0</u>

Cost of Goods Sold

OMB No. 1545-0123

► Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.
► Go to www.irs.gov/Form1125A for the latest information.

Name

CLE POWER, INC.

Employer identification number

90-0765944

1	Inventory at beginning of year	1	
2	Purchases	2	524,717
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	Total. Add lines 1 through 5	6	524,717
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	524,717

9a Check all methods used for valuing closing inventory:

(i) ☒ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation.) ►

b Check if there was a writedown of subnormal goods ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ☐

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO **9d**

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions . . . ☐ Yes ☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

Compensation of Officers

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S

► Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e.

OMB No. 1545-0123

Name

CLE POWER, INC.

Employer identification number

90-0765944

Note: Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

[illegible]

Line 19 (1120S) - Other Deductions

1	Travel, Meals and Entertainment			
a	Travel		1a	395
c	Meals, subject to 50% limit	1c	2,719	
f	Less disallowed	1f	1,360	
g	Subtract line f from lines b, c, d and e		1g	1,359
2	BANK SERVICE CHARGES		2	451
3	COMPUTER CABLE INTERNET		3	1,658
4	OUTSIDE SERVICES		4	30,000
5	OFFICE SUPPLIES		5	685
6	PERMITS & FEES		6	200
7	POSTAGE AND DELIVERY		7	738
8	PROFESSIONAL FEES		8	2,710
9	TELEPHONE		9	1,047
10	COMMISSION		10	8,302
11	Total other deductions		11	47,545

Line 16d, Schedule K (1120S) - Distributions

1	Cash	106,565
	Total distributions	106,565

Line 17d, Sch K (1120S) - Other Items and Amounts

Section 199A Information

Income Items	Non-SSTB	SSTB
Ordinary Income	117,612	0

FORM 27**SCHEDULE B - DISTRIBUTION OF TAX WITHIN RITA MUNICIPALITIES**

TOTAL TAX DISTRIBUTED BELOW MUST EQUAL AMOUNT FROM PAGE 1, LINE 5

Note: For each separate municipality listed below, if Tax Due is \$10 or less, enter -0-.
(if more space is needed, attach additional schedule)

Municipality Name	Taxable Income / Loss	Tax Rate	Tax Due
WESTLAKE	117,612 .00	1.50 %	1,764 .00
	0 .00	%	0 .00
	0 .00	%	0 .00

COMPUTATION OF ESTIMATED TAX**ESTIMATED TAX DISTRIBUTION TOTAL TO LINE 8A**

(if more space is needed, attach additional schedule)

Municipality Name	Taxable Income / Loss	Tax Rate	Tax Due
WESTLAKE	150,000 .00	1.50 %	2,250 .00
	.00	%	0 .00
	.00	%	0 .00

8. A. ESTIMATED TAX (from distribution above)

8A 2,250 .00

B. CREDIT (if any) FROM PRIOR YEAR (7B)

8B 0 .00

C. LINE 8A LESS LINE 8B

8C 2,250 .00

D. AMOUNT PAID (not less than 1/4 of estimated tax)
(IF LINE 8A IS LEFT BLANK AN ESTIMATE WILL BE CREATED FOR YOU BASED
ON YOUR PRIOR YEAR'S TAX LIABILITY AND MUNICIPAL DISTRIBUTION)

8D 1,126 .00

9. TOTAL OF 7A + 8D

9 2,890 .00

MAKE CHECKS PAYABLE TO RITA

The federal return **MUST** be attached to be considered a complete tax return. In order to avoid processing delays and notices from RITA, please also attach all applicable schedules and 1099-NEC.

I CERTIFY I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT, COMPLETE, AND THAT THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES.

SIGNATURE OF OFFICER OR PARTNER

PREPARER'S SIGNATURE

WILLIAM J YORK, CPA
PRINT NAME

PRINT NAME

4418 BIRKDALE TURN, WESTLAKE, OH 44145
PREPARER'S ADDRESS

TITLE

PHONE

DATE

440-427-1212
PREPARER'S PHONE

NETCO
FIRM NAME

May RITA discuss this return with the preparer shown above?

☒ Yes ☐ No

REMIT RETURN WITH REFUND TO:
REGIONAL INCOME TAX AGENCY
P.O. BOX 94652
CLEVELAND, OH 44101-4652

REMIT RETURN WITH PAYMENT TO:
REGIONAL INCOME TAX AGENCY
P.O. BOX 94582
CLEVELAND, OH 44101-4582

REMIT RETURN WITHOUT PAYMENT
TO: REGIONAL INCOME TAX AGENCY
P.O. BOX 89475
CLEVELAND, OH 44101-8475

Page
2

27F20
XTA

Form 27

Regional Income Tax Agency
RITA Net Profit Tax Return

2020

RITA
REGIONAL INCOME TAX AGENCY800.860.7482
TDD 440.526.5332
ritaohio.com

FOR CALENDAR YEAR 2020 OR FISCAL YEAR BEGINNING AND ENDING

The federal return **MUST** be attached to be considered a complete tax return. Please also attach all applicable schedules and 1099-NEC to avoid delays.

Check if: ☐ Initial RITA Return ☐ No longer in RITA ☐ Extension
☐ Amended Return ☐ Out of Business
☐ Consolidated Return (Attach Form 851) ☐ Alternate Method
☐ Consolidated filer with 80% ownership of a Pass-Through Entity (see Instructions, Page 3)

Federal Business Activity Code # 221100

Business Activity DISTRIBUTION

BUSINESS: ☐ C CORPORATION ☐ PARTNERSHIP ☐ LLC SMALL EMPLOYER:
☒ S CORPORATION ☐ ESTATE ☐ TRUST

Company Name

CLE POWER, INC.

Federal Identification Number

90-0765944

Address # Street Suite #
3240 OAKWOOD LANE
City State Zip Code
WESTLAKE OH 44145

1. INCOME PER ATTACHED FEDERAL RETURN
(per attached Federal Form 1120 (Line 28), 1120S (Sch. K - Line 18), 990T (Line 30),
1065 (Sch. K - Analysis of Net Income (Loss), Page 5 - Line 1), 1041 (Line 17) or the equivalent)

1 117,612 .00

2. A. ITEMS NOT DEDUCTIBLE (from Page 3, Schedule X, Line G)

Add 2A 0 .00

B. ITEMS NOT TAXABLE (from Page 3, Schedule X, Line Q)

Deduct 2B 0 .00

C. ENTER EXCESS OF LINE 2A OR 2B

2C 0 .00

3. A. ADJUSTED FEDERAL TAXABLE INCOME (Line 1 plus or minus Line 2C)

▶ 3A 117,612 .00

B. PRE-APPORTIONED LOSSES FROM TAX YEARS BEGINNING ON OR AFTER 1/1/17 (subject to 50%)

Check this box if utilizing a NOL incurred prior to 1/1/17 first. See instructions.

▶ ☐

Checkbox instructions: If you check the box you must use the Worksheet on Page 4 of the Net Profit Instructions. References for Line 3B(i) through Line 4 are found on the worksheet.

i. TOTAL UNUTILIZED PRE-APPORTIONED LOSSES FROM TAX YEARS BEGINNING ON OR AFTER 1/1/17

▶ 3B(i) .00

ii. PRE-APPORTIONED LOSSES FROM TAX YEARS BEGINNING ON OR AFTER 1/1/17 UTILIZED in TAX YEAR 2020

▶ 3B(ii) 0 .00

iii. Income/Loss Subject to Apportionment (Line 3A less Line 3B(ii))

▶ 3B(iii) 0 .00

C. AMOUNT ALLOCABLE TO RITA

If Schedule Y, Page 4 is used

% of Line 3b(ii)

3C 0 .00

D. LESS POST APPORTIONED LOSSES FOR TAX YEAR BEGINNING PRIOR TO 1/1/17 Per previous Municipal Income Tax Returns (schedule must be submitted)

▶ 3D 0 .00

4. AMOUNT SUBJECT TO MUNICIPAL INCOME TAX
(Line 3C less Line 3D)

▶ 4 117,612 .00

5. MUNICIPAL INCOME TAX DUE (see Instructions)
NOTE: Must equal Schedule B on Page 2

▶ 5 1,764 .00

6. A. PAYMENTS ON DECLARATIONS OF ESTIMATED MUNICIPAL INCOME TAX

2020 6A 0 .00

B. AMOUNT OF PREVIOUS YEAR CREDIT

6B 0 .00

C. TOTAL CREDITS ALLOWABLE (Line 6A + 6B)

▶ 6C 0 .00

7. A. BALANCE DUE (Line 5 less Line 6C) AMOUNT PAYABLE TO RITA MUST ACCOMPANY THIS FORM

▶ 7A 1,764 .00

B. OVERPAYMENT CLAIMED (If Line 6C exceeds Line 5 enter difference here and check the desired box)

7B 0 .00

(Cannot be split between refund and credit) Refund ☐ Credit ☐

XTA

CLE Power Inc.

Exhibit C-3

"Forecasted Financial Statements"

Cle Power
Two Year Profit & Loss Forecast

	YEAR 1	YEAR 2
Revenue	<u>\$ 180,000</u>	<u>\$ 300,000</u>
Expenses:		
Commissions	\$ 54,000	\$ 90,000
Office Expense	3,600	6,000
Rent	3,600	6,000
Automobile Expense	5,400	10,800
Advertising	4,500	7,500
Printing & Production	2,000	3,500
Travel	5,000	7,500
Meals & Entertainment	5,000	7,500
Professional Fees	7,200	10,500
Telephone/Communications	2,500	3,500
Total Expenses	<u>\$ 92,800</u>	<u>\$ 152,800</u>
Net Profits	<u>\$ 87,200</u>	<u>\$ 147,200</u>

CLEV POWER
BALANCE SHEET PROJECTION

YEAR 1 YEAR 2

CURRENT ASSETS

CASH	77,200	224,400
ACCOUNTS RECEIVABLE	-	-
TOTAL CURRENT	<u>77,200</u>	<u>224,400</u>

FIXED ASSETS

COMPUTER/EQUIPMENT	5,000	5,000
OFFICE FURNITURE	5,000	5,000
TOTAL FIXED	<u>10,000</u>	<u>10,000</u>

TOTAL ASSETS	<u>87,200</u>	<u>234,400</u>
---------------------	---------------	----------------

LIABILITIES

CURRENT LIABILITIES	0	0
----------------------------	---	---

LONG TERM LIABILITIES	0	0
------------------------------	---	---

SHAREHOLDER EQUITY

RETAINED EARNING	0	87,200
CURRENT YEAR INCOME/LOSS	<u>87,200</u>	<u>147,200</u>

TOTAL LIABILITIES AND EQUITY	<u>87,200</u>	<u>234,400</u>
-------------------------------------	---------------	----------------

	CLE POWER	
	CASH FLOW 2 YEAR	
OPERATING ACTIVITIES		
NET INCOME	\$ 87,200	\$ 147,200
INVESTING ACTIVITIES		
CAPITAL EXPENDITURES	\$(10,000)	\$ -
CASH BEGINNING OF THE YEAR		\$ 77,200
CASH END OF YEAR	\$ 77,200	\$ 224,400

CLE Power Inc.

Exhibit C-4
"Credit Rating"

*** 356360124-007 ***
TransUnion LLC
PO Box 805
Woodlyn, PA 19094-0805



05/03/2017

TransUnion^{tu}

Find an inaccuracy on your report?
Submit your dispute online at:
<http://transunion.com/disputeonline>

P6X10F00202590-1034583-033517590



DOROTHY C. BABSON
3231 CLARK PKWY
WESTLAKE, OH 44145-4644

Enclosed is the TransUnion Personal Credit Report that you requested. As a trusted leader in the consumer credit information industry, TransUnion takes the accuracy of your credit information very seriously. We are committed to providing the complete and reliable credit information that you need to participate in everyday transactions and purchases.

If you believe an item of information to be incomplete or inaccurate, please alert us immediately. We will investigate the data and notify you of the results of our investigation.

To make it easier to request an investigation, you can now submit your request online, **24 hours a day, 7 days a week**. You must have an active email address to use the online service. Please note that your email address will only be used for communicating with you regarding your request and the results of our investigation. Your email address will not be shared with any non-TransUnion entities.

To submit an online request for investigation:

Step 1. Go to the TransUnion online investigation service at <http://transunion.com/disputeonline>

Step 2. Follow the instructions provided by the web site.

Once submitted, you will receive online confirmation of your request. You will also be notified by email when we complete our investigation and your results will be available online. You can check the status of your investigation online by logging into your account.

Thank you for helping ensure the accuracy of your credit information.

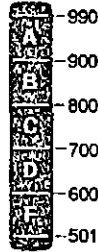
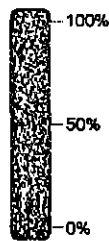
TransUnion Consumer Relations

For frequently asked questions about your credit report, please visit <http://transunion.com/consumerfaqs>.

TransUnion Personal Credit

DOROTHY C. BABSON

YOUR CREDIT SCORE

Your Score & Grade	Score & Grade Range	Where You Rank
<p>Score Not Purchased (See Below)</p> <p>Grade -</p> <p>Created on 05/03/2017</p> <p>Based on your TransUnion credit report, this is a depiction of your creditworthiness.</p>	<p>Unavailable (See Below)</p> 	<p>Unavailable (See Below)</p> 
	<p>The numerical score ranges from 990 to 501 equating grade ranges from A to F.</p>	<p>Your credit ranks higher than --% of the nation's population.</p>

Summary

You did not order a TransUnion credit score. You can purchase your credit score for \$9.95 by calling 1-866-SCORE-TU or 1-866-726-7388.

Important Information Concerning Your TransUnion Credit Report:

- Your SSN has been masked for your protection. You may request disclosure of your full Social Security number by writing to us at the address found at the end of this report.
- For your protection, your account numbers have been partially masked, and in some cases scrambled.
- Please note: Accounts are reported as "Current; Paid or paying as agreed" if paid within 30 days of the due date. Accounts reported as Current may still incur late fees or interest charges if not paid on or before the due date.

YOUR CREDIT FILE CONTAINS:

- One or more satisfactory accounts.
- Regular Inquiries. Inquiries are posted when someone accesses your credit information from TransUnion. The presence of an inquiry means that the company listed received your credit information on the dates specified. These inquiries will remain on your credit file for up to 2 years.
- Promotional Inquiries. The companies listed received your name, address and other limited information about you so they could make a firm offer of credit or insurance. They did not receive your full credit report. These inquiries are not seen by anyone but you and do not affect your score.
- Account Review Inquiries. The listing of a company's inquiry in this section means that they obtained information from your credit file in connection with an account review or other business transaction with you. These inquiries are not seen by anyone but you and will not be used in scoring your credit file (except insurance companies may have access to other insurance company inquiries, certain collection companies may have access to other collection company inquiries, and users of a report for employment purposes may have access to other employment inquiries, where permitted by law).

1000000

Personal Information

SSN: XXX-XX-2170

You have been on our files since 10/01/1975

Date of Birth: 01/04/1939

Names Reported: DOROTHY C. BABSON, DOROTHY W. BABSON, and DOROTHY C. BARSON

Addresses Reported:

Address
3231 CLARK PKWY, WESTLAKE, OH 44145-4644

PO BOX 450746, WESTLAKE, OH 44145-0615

Date Reported
10/01/1997

Address
1001 ISLAMORADA BLVD APT 13C, PUNTA GORDA, FL
33955-1813

Date Reported
02/01/2001

Telephone Numbers Reported:

(440) 835-1252 (216) 835-1252

Employment Data Reported:

Employer Name
BABSON GARDEN CTR

Date Verified
04/01/1989

Account Information

Typically, creditors report any changes made to your account information monthly. This means that some accounts listed below may not reflect the most recent activity until the creditor's next reporting. This information may include things such as balances, payments, dates, remarks, ratings, etc. The key(s) below are provided to help you understand some of the account information that could be reported.

Rating Key

Some creditors report the timeliness of your payments each month in relation to your agreement with them. The ratings in the key below describe the payments that may be reported by your creditors. Any rating that is shaded indicates that it is considered adverse. Please note: Some but not all of these ratings may be present in your credit report.

N/R	X	OK	30	60	90	120	COL	VS	RPO	C/O	FC
Not Reported	Unknown	Current	30 days late	60 days late	90 days late	120+ days late	Collection	Voluntary Surrender	Repossession	Charge Off	Foreclosure

Remark Key

Additionally, some creditors may notate your account with comments each month. We refer to these creditor comments as "Remarks". The key below gives the descriptions of the abbreviated remarks contained in your credit file. Any remark containing brackets > < indicates that this remark is considered adverse.

DRC DISP INVG COMP-CONSUM DISAGRS

Satisfactory Accounts

AMERICAN EXPRESS **** (PO BOX 981537, EL PASO, TX 79998, (800) 874-2717)

Date Opened: 06/01/2016
Responsibility: Individual Account
Account Type: Revolving Account
Loan Type: CREDIT CARD

Date Updated: 04/19/2017

Pay Status: Current; Paid or Paying as Agreed
Terms: Paid Monthly

Credit Limit: Credit limit of \$25,000 from 07/2016 to 04/2017

	04/2017	03/2017	02/2017	01/2017	12/2016	11/2016	10/2016	09/2016	08/2016	07/2016
Balance	\$2,562	\$2,458	\$2,312	\$2,069	\$2,303	\$2,711	\$215	\$241	\$14	\$810
Scheduled Payment		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Amount Paid		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Past Due		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
High Balance	\$2,562	\$2,458	\$2,312	\$2,303	\$2,303	\$810	\$810	\$810	\$810	\$810
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

AMERICAN EXPRESS #349991749829**** (PO BOX 981537, EL PASO, TX 79998, (800) 874-2717)

Date Opened: 05/10/2010
Responsibility: Relationship Terminated (07/13/2016)
Account Type: Revolving Account
Loan Type: CREDIT CARD

Balance: \$0
Date Updated: 07/13/2016
High Balance: \$3,073
Credit Limit: \$7,900

Pay Status: Current; Paid or Paying as Agreed
Terms: Paid Monthly
Date Closed: 06/17/2016

Remarks: PURCHASED BY ANOTHER LENDER

	06/2016	05/2016	04/2016	03/2016	02/2016	01/2016	12/2015	11/2015	10/2015	09/2015	08/2015	07/2015
Rating	X	X	X	X	X	X	X	X	X	X	X	X
	06/2015	05/2015	04/2015	03/2015	02/2015	01/2015	12/2014	11/2014	10/2014	09/2014	08/2014	07/2014
Rating	X	X	X	X	X	X	X	X	X	X	X	X

To dispute online go to: <http://transunion.com/disputeonline>

Consumer Credit Report for DOROTHY C. BABSON

File Number: 356360124 Date Issued: 05/03/2017

	06/2014	05/2014	04/2014	03/2014	02/2014	01/2014	12/2013	11/2013	10/2013	09/2013	08/2013	07/2013				
Rating	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>				
	06/2013	05/2013	04/2013	03/2013	02/2013	01/2013	12/2012	11/2012	10/2012	09/2012	08/2012	07/2012	06/2012	05/2012	04/2012	03/2012
Rating	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>N/R</div>
	02/2012	01/2012	12/2011	11/2011	10/2011	09/2011	08/2011	07/2011	06/2011	05/2011	04/2011	03/2011	02/2011	01/2011	12/2010	11/2010
Rating	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>
	10/2010	09/2010	08/2010	07/2010												
Rating	<div>OK</div>	<div>OK</div>	<div>OK</div>	<div>OK</div>												

BARCLAYS BANK DELAWARE ***** (125 S WEST ST, WILMINGTON, DE 19801, (866) 370-5931)

Date Opened: 07/06/2007

Responsibility: Authorized Account

Account Type: Revolving Account

Loan Type: FLEXIBLE SPENDING CREDIT CARD

Balance: \$0

Date Updated: 11/27/2013

High Balance: \$0

Credit Limit: \$50,000

Pay Status: Current; Paid or Paying as Agreed

Terms: Paid Monthly

Date Closed: 07/15/2009

Remarks: ACCOUNT CLOSED BY CONSUMER; CLOSED

	10/2013	09/2013	08/2013	07/2013	06/2013	05/2013	04/2013	03/2013	02/2013	01/2013	12/2012	11/2012				
Rating	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK				
	10/2012	09/2012	08/2012	07/2012	06/2012	05/2012	04/2012	03/2012	02/2012	01/2012	12/2011	11/2011				
Rating	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK				
	10/2011	09/2011	08/2011	07/2011	06/2011	05/2011	04/2011	03/2011	02/2011	01/2011	12/2010	11/2010				
Rating	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK				
	10/2010	09/2010	08/2010	07/2010	06/2010	05/2010	04/2010	03/2010	02/2010	01/2010	12/2009	11/2009	10/2009	09/2009	08/2009	07/2009
Rating	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK
	06/2009	05/2009	04/2009	03/2009	02/2009	01/2009	12/2008	11/2008	10/2008	09/2008	08/2008	07/2008	06/2008	05/2008	04/2008	03/2008
Rating	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK
	02/2008	01/2008	12/2007	11/2007	10/2007	09/2007	08/2007	07/2007								
Rating	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK								

BEST BUY/CBNA ***** (PO BOX 6497, SIOUX FALLS, SD 57117, Phone number not available)

Date Opened: 10/17/2015

Responsibility: Individual Account

Account Type: Revolving Account

Loan Type: CHARGE ACCOUNT

Date Updated: 04/22/2017

Last Payment Made: 08/12/2016

Pay Status: Current; Paid or Paying as Agreed

Terms: Paid Monthly

Date Paid: 08/12/2016

High Balance: High balance of \$1,166 from 10/2015 to 04/2017

Credit Limit: Credit limit of \$6,000 from 10/2015 to 04/2017

	04/2017	03/2017	02/2017	01/2017	12/2016	11/2016	10/2016	09/2016	08/2016	07/2016	06/2016	05/2016
Balance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$126	\$226	\$32
Scheduled Payment		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25	\$25	\$2
Amount Paid		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$
Past Due		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	04/2016	03/2016	02/2016	01/2016	12/2015	11/2015	10/2015
Balance	\$426	\$526	\$626	\$726	\$826	\$926	\$1,166
Scheduled Payment	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Amount Paid	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Past Due	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rating	OK	OK	OK	OK	OK	OK	OK

CAPITAL ONE ***** (P O BOX 30253, SALT LAKE CITY, UT 84130-0253, (800) 947-1000)

Date Opened: 11/13/1992

Responsibility: Joint Account

Account Type: Revolving Account

Loan Type: CREDIT CARD

Date Updated: 04/25/2017

Last Payment Made: 01/16/2014

Pay Status: Current; Paid or Paying as Agreed

Terms: Paid Monthly

Date Paid: 01/16/2014

High Balance: High balance of \$11,057 from 11/2014 to 04/2017

Credit Limit: Credit limit of \$15,000 from 11/2014 to 04/2017

	04/2017	03/2017	02/2017	01/2017	12/2016	11/2016	10/2016	09/2016	08/2016	07/2016	06/2016	05/2016
Balance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$
Scheduled Payment		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$
Amount Paid		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$
Past Due		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$
Remarks	DRC	DRC	DRC	DRC	DRC	DRC	DRC	DRC	DRC	DRC	DRC	DR
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

To dispute online go to: <http://transunion.com/disputeonline>

P 6X10F-002 02590-1034586 04/

DSNB/MACYS (PO BOX 8218, MASON, OH 45050, (800) 289-6229)

Date Opened: 10/01/1975

Date Updated: 04/29/2017

Pay Status: Current; Paid or Paying as Agreed

Responsibility: Individual Account

Last Payment Made: 03/24/2017

Terms: Paid Monthly

Account Type: Revolving Account

Date Paid: 03/24/2017

Loan Type: CHARGE ACCOUNT

High Balance: High balance of \$1,136 from 11/2014 to 08/2015; \$1,136 from 12/2015 to 04/2017

Credit Limit: Credit limit of \$2,300 from 11/2014 to 08/2015; \$2,300 from 12/2015 to 04/2017

	04/2017	03/2017	02/2017	01/2017	12/2016	11/2016	10/2016	09/2016	08/2016	07/2016	06/2016	05/2016				
Balance	\$0	\$0	\$69	\$21	\$37	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
Scheduled Payment		\$0	\$27	\$21	\$27	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
Amount Paid		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
Past Due		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK				
	04/2016	03/2016	02/2016	01/2016	12/2015	11/2015	10/2015	09/2015	08/2015	07/2015	06/2015	05/2015				
Balance	\$0	\$0	\$0	\$0	\$19				\$120	\$123	\$0	\$0				
Scheduled Payment	\$0	\$0	\$19	\$19	\$19				\$5	\$5	\$5	\$5				
Amount Paid	\$0	\$0	\$0	\$0	\$0				\$0	\$0	\$0	\$121				
Past Due	\$0	\$0	\$0	\$0	\$0				\$0	\$0	\$0	\$0				
Rating	OK	OK	OK	OK	OK	N/R	N/R	N/R	OK	OK	OK	OK				
	04/2015	03/2015	02/2015	01/2015	12/2014	11/2014	10/2014	09/2014	08/2014	07/2014	06/2014	05/2014				
Balance	\$121	\$0	\$0	\$0	\$205	\$7										
Scheduled Payment	\$5	\$7	\$7	\$7	\$7	\$5										
Amount Paid	\$0	\$0	\$0	\$205	\$7	\$0										
Past Due	\$0	\$0	\$0	\$0	\$0	\$0										
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK				
	04/2014	03/2014	02/2014	01/2014	12/2013	11/2013	10/2013	09/2013	08/2013	07/2013	06/2013	05/2013	04/2013	03/2013	02/2013	01/2013
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
	12/2012	11/2012	10/2012	09/2012	08/2012	07/2012	06/2012	05/2012	04/2012	03/2012	02/2012	01/2012	12/2011	11/2011	10/2011	09/2011
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
	08/2011	07/2011	06/2011	05/2011	04/2011	03/2011	02/2011	01/2011	12/2010	11/2010	10/2010	09/2010	08/2010	07/2010	06/2010	
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	

KOHL'S DEPARTMENT STORE (PO BOX 15298, WILMINGTON, DE 19850, (800) 564-5740)

Date Opened: 06/27/1997

Balance: \$0

Pay Status: Current; Paid or Paying as Agreed

Responsibility: Joint Account

Date Updated: 02/18/2010

Date Closed: 02/18/2010

Account Type: Revolving Account

Payment Received: \$46

Date Paid: 01/09/2008

Loan Type: CHARGE ACCOUNT

Last Payment Made: 01/09/2008

High Balance: \$355

Credit Limit: \$2,000

Remarks: INACTIVE ACCOUNT; CLOSED

	01/2010	12/2009	11/2009	10/2009	09/2009	08/2009	07/2009	06/2009	05/2009	04/2009	03/2009	02/2009				
Rating	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK				
	01/2009	12/2008	11/2008	10/2008	09/2008	08/2008	07/2008	06/2008	05/2008	04/2008	03/2008	02/2008				
Rating	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK				
	01/2008	12/2007	11/2007	10/2007	09/2007	08/2007	07/2007	06/2007	05/2007	04/2007	03/2007	02/2007				
Rating	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK				
	01/2007	12/2006	11/2006	10/2006	09/2006	08/2006	07/2006	06/2006	05/2006	04/2006	03/2006	02/2006	01/2006	12/2005	11/2005	10/2005
Rating	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK
	09/2005	08/2005	07/2005	06/2005	05/2005	04/2005	03/2005	02/2005	01/2005	12/2004	11/2004	10/2004	09/2004	08/2004	07/2004	06/2004
Rating	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK
	05/2004	04/2004	03/2004	02/2004	01/2004	12/2003	11/2003	10/2003	09/2003	08/2003	07/2003	06/2003	05/2003	04/2003		
Rating	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK	<input type="checkbox"/> OK		

SYNCH/BELK (PO BOX 965005, ORLANDO, FL 32896, (800) 669-6550)

Date Opened: 05/17/2015

Date Updated: 04/21/2017

Pay Status: Current; Paid or Paying as Agreed

Responsibility: Individual Account

Last Payment Made: 06/09/2015

Terms: Paid Monthly

Account Type: Revolving Account

Date Paid: 06/09/2015

Loan Type: CHARGE ACCOUNT

High Balance: High balance of \$201 from 05/2015 to 05/2015; \$231 from 06/2015 to 04/2017

Credit Limit: Credit limit of \$1,500 from 05/2015 to 07/2015; \$1,800 from 08/2015 to 06/2016; \$1,024 from 07/2016 to 04/2017

	04/2016	03/2016	02/2016	01/2016	12/2015	11/2015	10/2015	09/2015	08/2015	07/2015	06/2015	05/2015
Balance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Scheduled Payment	\$0	\$0	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Amount Paid	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Past Due	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Remarks	DRC	DRC	DRC	DRC	DRC	DRC	DRC	DRC	DRC	DRC	DRC	DRC
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	04/2015	03/2015	02/2015	01/2015	12/2014	11/2014	10/2014	09/2014	08/2014	07/2014	06/2014	05/2014
Balance	\$0	\$0	\$0	\$0	\$0	\$0						
Scheduled Payment	\$25	\$25	\$25	\$25	\$25	\$25						
Amount Paid	\$0	\$0	\$0	\$0	\$0	\$0						
Past Due	\$0	\$0	\$0	\$0	\$0	\$0						
Remarks	DRC	DRC	DRC	DRC	DRC	DRC						
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	04/2014	03/2014	02/2014	01/2014	12/2013	11/2013	10/2013	09/2013	08/2013	07/2013	06/2013	05/2013	04/2013	03/2013	02/2013	01/2013
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	12/2012	11/2012	10/2012	09/2012	08/2012	07/2012	06/2012	05/2012	04/2012	03/2012	02/2012	01/2012	12/2011	11/2011	10/2011	09/2011
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	08/2011	07/2011	06/2011	05/2011	04/2011	03/2011	02/2011	01/2011	12/2010	11/2010	10/2010	09/2010	08/2010	07/2010	06/2010
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

CAPITAL ONE **** (P O BOX 30253, SALT LAKE CITY, UT 84130-0253, (800) 947-1000)

Date Opened: 11/13/1992

Responsibility: Joint Account

Account Type: Revolving Account

Loan Type: CREDIT CARD

Balance: \$0

Date Updated: 04/30/2008

Payment Received: \$1,917

Last Payment Made: 04/06/2008

High Balance: \$11,057

Pay Status: Current; Paid or Paying as Agreed

Terms: Paid Monthly

Date Closed: 04/30/2008

Remarks: DISP INVG COMP-CONSUM DISAGRS; CREDIT CARD LOST OR STOLEN; CLOSED

	03/2008	02/2008	01/2008	12/2007	11/2007	10/2007	09/2007	08/2007	07/2007	06/2007	05/2007	04/2007
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
	03/2007	02/2007	01/2007	12/2006	11/2006	10/2006	09/2006	08/2006	07/2006	06/2006	05/2006	04/2006
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
	03/2006	02/2006	01/2006	12/2005	11/2005	10/2005	09/2005	08/2005				
Rating	OK	OK	OK	OK	OK	OK	OK	OK				

CITICARDS CBNA **** (PO BOX 6190, SIOUX FALLS, SD 57117, (855) 378-6467)

Date Opened: 05/10/2010

Responsibility: Authorized Account

Account Type: Revolving Account

Loan Type: FLEXIBLE SPENDING CREDIT CARD

Date Updated: 04/07/2017

Last Payment Made: 03/29/2017

Pay Status: Current; Paid or Paying as Agreed

Terms: \$25 per month, paid Monthly

High Balance: High balance of \$5,211 from 09/2016 to 04/2017

Credit Limit: Credit limit of \$7,900 from 09/2016 to 04/2017

	04/2017	03/2017	02/2017	01/2017	12/2016	11/2016	10/2016	09/2016
Balance	\$621	\$534	\$367	\$421	\$778	\$587	\$679	\$597
Scheduled Payment	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Amount Paid		\$0	\$0	\$0	\$0	\$0	\$0	\$0
Past Due		\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rating	OK	OK	OK	OK	OK	OK	OK	OK

COMENITY BANK/BEALFL **** (P O BOX 182789, COLUMBUS, OH 43218-2789, Phone number not available)

Date Opened: 03/25/2015

Responsibility: Individual Account

Account Type: Revolving Account

Loan Type: CHARGE ACCOUNT

Date Updated: 07/17/2015

Last Payment Made: 06/04/2015

Pay Status: Current; Paid or Paying as Agreed

Terms: Paid Monthly

Date Paid: 06/04/2015

High Balance: High balance of \$121 from 04/2015 to 07/2015

Credit Limit: Credit limit of \$1,500 from 04/2015 to 07/2015

	07/2015	06/2015	05/2015	04/2015
Balance	\$0	\$0	\$56	\$121
Scheduled Payment		\$25	\$25	\$25
Amount Paid		\$56	\$121	\$0
Past Due		\$0	\$0	\$0
Rating	OK	OK	OK	OK

Consumer Credit Report for DOROTHY C. BABSON

Number: 356360124 Date Issued: 05/03/2017

	04/2017	03/2017	02/2017	01/2017	12/2016	11/2016	10/2016	09/2016	08/2016	07/2016	06/2016	05/2016				
Balance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
Scheduled Payment		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
Amount Paid		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
Past Due		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK				
	04/2016	03/2016	02/2016	01/2016	12/2015	11/2015	10/2015	09/2015	08/2015	07/2015	06/2015	05/2015				
Balance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
Scheduled Payment	\$0	\$17	\$17	\$17	\$17	\$17	\$17	\$17	\$17	\$17	\$17	\$17				
Amount Paid	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
Past Due	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK				
	04/2015	03/2015	02/2015	01/2015	12/2014	11/2014	10/2014	09/2014	08/2014	07/2014	06/2014	05/2014				
Balance	\$0	\$0	\$0	\$17	\$0	\$0										
Scheduled Payment	\$17	\$17	\$17	\$17	\$0	\$0										
Amount Paid	\$0	\$0	\$17	\$0	\$0	\$0										
Past Due	\$0	\$0	\$0	\$0	\$0	\$0										
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK				
	04/2014	03/2014	02/2014	01/2014	12/2013	11/2013	10/2013	09/2013	08/2013	07/2013	06/2013	05/2013	04/2013	03/2013	02/2013	01/2013
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
	12/2012	11/2012	10/2012	09/2012	08/2012	07/2012	06/2012	05/2012	04/2012	03/2012	02/2012	01/2012	12/2011	11/2011	10/2011	09/2011
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
	08/2011	07/2011	06/2011	05/2011	04/2011	03/2011	02/2011	01/2011	12/2010	11/2010	10/2010	09/2010	08/2010	07/2010	06/2010	
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	

SYNCB/KIRKLANDS

*** (PO BOX 965005, ORLANDO, FL 32896-5005, (866) 230-9175)

Date Opened: 01/20/2010
 Responsibility: Individual Account
 Account Type: Revolving Account
 Loan Type: CHARGE ACCOUNT

Balance: \$0
 Date Updated: 04/21/2017
 Last Payment Made: 03/08/2010
 High Balance: \$88
 Credit Limit: \$124

Pay Status: Current; Paid or Paying as Agreed
 Terms: Paid Monthly
 Date Closed: 01/03/2012
 Date Paid: 03/08/2010

Remarks: CLOSED

	03/2017	02/2017	01/2017	12/2016	11/2016	10/2016	09/2016	08/2016	07/2016	06/2016	05/2016	04/2016				
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK				
	03/2016	02/2016	01/2016	12/2015	11/2015	10/2015	09/2015	08/2015	07/2015	06/2015	05/2015	04/2015				
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK				
	03/2015	02/2015	01/2015	12/2014	11/2014	10/2014	09/2014	08/2014	07/2014	06/2014	05/2014	04/2014				
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK				
	03/2014	02/2014	01/2014	12/2013	11/2013	10/2013	09/2013	08/2013	07/2013	06/2013	05/2013	04/2013	03/2013	02/2013	01/2013	12/2012
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
	11/2012	10/2012	09/2012	08/2012	07/2012	06/2012	05/2012	04/2012	03/2012	02/2012	01/2012	12/2011	11/2011	10/2011	09/2011	08/2011
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
	07/2011	06/2011	05/2011	04/2011	03/2011	02/2011	01/2011	12/2010	11/2010	10/2010	09/2010	08/2010	07/2010	06/2010		
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK		

SYNCB/LEVIN FURNITURE

*** (C/O P.O. BOX 965036, ORLANDO, FL 32896-5036, (866) 396-8254)

Date Opened: 10/04/2015
 Responsibility: Individual Account
 Account Type: Revolving Account
 Loan Type: CHARGE ACCOUNT

Date Updated: 04/21/2017
 Payment Received: \$100
 Last Payment Made: 04/10/2017

Pay Status: Current; Paid or Paying as Agreed
 Terms: \$77 per month, paid Monthly

High Balance: High balance of \$5,502 from 10/2015 to 04/2017

Credit Limit: Credit limit of \$6,500 from 10/2015 to 04/2017

	04/2017	03/2017	02/2017	01/2017	12/2016	11/2016	10/2016	09/2016	08/2016	07/2016	06/2016	05/2016
Balance	\$2,150	\$2,250	\$2,350	\$2,450	\$2,550	\$2,657	\$2,757	\$2,857	\$2,957	\$3,057	\$3,157	\$3,257
Scheduled Payment	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77	\$77
Amount Paid	\$100	\$100	\$100	\$100	\$107	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Past Due		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	04/2017	03/2017	02/2017	01/2017	12/2016	11/2016	10/2016	09/2016	08/2016	07/2016	06/2016	05/2016
Balance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Scheduled Payment		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Amount Paid		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Past Due		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	04/2016	03/2016	02/2016	01/2016	12/2015	11/2015	10/2015	09/2015	08/2015	07/2015	06/2015	05/2015
Balance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$201
Scheduled Payment	\$0	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Amount Paid	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Past Due	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

SYNCB/BELK ***** (PO BOX 965005, ORLANDO, FL 32896, (800) 669-6550)

Date Opened: 02/24/2009
 Responsibility: Individual Account
 Account Type: Revolving Account
 Loan Type: CHARGE ACCOUNT

Balance: \$0
 Date Updated: 07/31/2015
 Last Payment Made: 02/12/2010
 High Balance: \$291
 Credit Limit: \$124

Pay Status: Current; Paid or Paying as Agreed
 Terms: Paid Monthly
 Date Closed: 03/31/2013
 Date Paid: 02/12/2010

Remarks: CLOSED

	06/2015	05/2015	04/2015	03/2015	02/2015	01/2015	12/2014	11/2014	10/2014	09/2014	08/2014	07/2014
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	06/2014	05/2014	04/2014	03/2014	02/2014	01/2014	12/2013	11/2013	10/2013	09/2013	08/2013	07/2013
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	06/2013	05/2013	04/2013	03/2013	02/2013	01/2013	12/2012	11/2012	10/2012	09/2012	08/2012	07/2012
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	06/2012	05/2012	04/2012	03/2012	02/2012	01/2012	12/2011	11/2011	10/2011	09/2011	08/2011	07/2011	06/2011	05/2011	04/2011	03/2011
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	02/2011	01/2011	12/2010	11/2010	10/2010	09/2010	08/2010	07/2010	06/2010	05/2010	04/2010	03/2010	02/2010	01/2010	12/2009	11/2009
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	10/2009	09/2009	08/2009	07/2009	06/2009	05/2009	04/2009	03/2009	02/2009
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK

SYNCB/HH GREGG ***** (PO BOX 965036, ORLANDO, FL 32896-5036, (866) 396-8254)

Date Opened: 12/20/2006
 Responsibility: Individual Account
 Account Type: Revolving Account
 Loan Type: CHARGE ACCOUNT

Balance: \$0
 Date Updated: 09/16/2016
 Last Payment Made: 12/23/2007
 High Balance: \$3,399
 Credit Limit: \$8,000

Pay Status: Current; Paid or Paying as Agreed
 Terms: Paid Monthly
 Date Closed: 01/30/2011
 Date Paid: 12/23/2007

Remarks: INACTIVE ACCOUNT; CLOSED

	08/2016	07/2016	06/2016	05/2016	04/2016	03/2016	02/2016	01/2016	12/2015	11/2015	10/2015	09/2015
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	08/2015	07/2015	06/2015	05/2015	04/2015	03/2015	02/2015	01/2015	12/2014	11/2014	10/2014	09/2014
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	08/2014	07/2014	06/2014	05/2014	04/2014	03/2014	02/2014	01/2014	12/2013	11/2013	10/2013	09/2013
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	08/2013	07/2013	06/2013	05/2013	04/2013	03/2013	02/2013	01/2013	12/2012	11/2012	10/2012	09/2012	08/2012	07/2012	06/2012	05/2012
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	04/2012	03/2012	02/2012	01/2012	12/2011	11/2011	10/2011	09/2011	08/2011	07/2011	06/2011	05/2011	04/2011	03/2011	02/2011	01/2011
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	12/2010	11/2010	10/2010	09/2010	08/2010	07/2010	06/2010	05/2010	04/2010	03/2010	02/2010	01/2010	12/2009	11/2009
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

SYNCB/JC PENNEY ***** (PO BOX 965007, ORLANDO, FL 32896-5007, (866) 227-5213)

Date Opened: 04/23/1983
 Responsibility: Individual Account
 Account Type: Revolving Account
 Loan Type: CHARGE ACCOUNT

Date Updated: 04/09/2017
 Last Payment Made: 02/02/2015

Pay Status: Current; Paid or Paying as Agreed
 Terms: Paid Monthly
 Date Paid: 02/02/2015

High Balance: High balance of \$610 from 11/2014 to 04/2017
 Credit Limit: Credit limit of \$1,000 from 11/2014 to 04/2017

Consumer Credit Report for DOROTHY C. BABSON

File Number: 356360124 Date Issued: 05/03/2017

	04/2016	03/2016	02/2016
Balance	\$727	\$780	\$829
Scheduled Payment	\$25	\$25	\$25
Amount Paid	\$50	\$0	\$0
Past Due	\$0	\$0	\$0
Rating	OK	OK	OK

US BANK *** MANAGEMENT, PO BOX 3447, OSHKOSH, WI 54903, (844) 624-8230

Date Opened: 07/13/2005

Date Updated: 03/31/2017

Pay Status: Current; Paid or Paying as Agreed

Responsibility: Individual Account

Payment Received: \$2,000

Terms: \$286 per month, paid Monthly

Account Type: Line of Credit Account

Last Payment Made: 03/09/2017

Loan Type: HOME EQUITY LOAN

High Balance: High balance of \$184,764 from 11/2014 to 03/2017

Credit Limit: Credit limit of \$216,000 from 11/2014 to 03/2017

	03/2017	02/2017	01/2017	12/2016	11/2016	10/2016	09/2016	08/2016	07/2016	06/2016	05/2016	04/2016
Balance	\$18,320	\$20,260	\$21,899	\$22,828	\$24,254	\$25,727	\$26,943	\$28,458	\$29,966	\$31,368	\$32,569	\$33,863
Scheduled Payment	\$286	\$294	\$297	\$300	\$305	\$307	\$314	\$318	\$319	\$325	\$325	\$331
Amount Paid	\$2,000	\$1,700	\$1,000	\$1,500	\$1,550	\$1,300	\$1,600	\$1,600	\$1,500	\$1,300	\$1,400	\$1,200
Past Due	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	03/2016	02/2016	01/2016	12/2015	11/2015	10/2015	09/2015	08/2015	07/2015	06/2015	05/2015	04/2015
Balance	\$34,956	\$36,143	\$37,933	\$38,810	\$39,684	\$40,560	\$42,528	\$35,504	\$37,383	\$38,256	\$39,130	\$40,097
Scheduled Payment	\$329	\$339	\$342	\$339	\$351	\$115	\$124	\$128	\$126	\$134	\$133	\$141
Amount Paid	\$1,300	\$1,900	\$1,000	\$1,000	\$1,000	\$2,100	\$1,100	\$2,000	\$1,000	\$1,000	\$1,100	\$1,400
Past Due	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	03/2015	02/2015	01/2015	12/2014	11/2014	10/2014	09/2014	08/2014	07/2014	06/2014	05/2014	04/2014
Balance	\$41,365	\$42,425	\$43,795	\$45,146	\$45,993							
Scheduled Payment	\$132	\$150	\$154	\$150	\$158							
Amount Paid	\$1,200	\$1,500	\$1,500	\$1,000	\$300							
Past Due	\$0	\$0	\$0	\$0	\$0							
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	03/2014	02/2014	01/2014	12/2013	11/2013	10/2013	09/2013	08/2013	07/2013	06/2013	05/2013	04/2013	03/2013	02/2013	01/2013	12/2012
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	11/2012	10/2012	09/2012	08/2012	07/2012	06/2012	05/2012	04/2012	03/2012	02/2012	01/2012	12/2011	11/2011	10/2011	09/2011	08/2011
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	07/2011	06/2011	05/2011	04/2011	03/2011	02/2011	01/2011	12/2010	11/2010	10/2010	09/2010	08/2010	07/2010	06/2010	05/2010
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

WELLS FARGO NA/DILLARDS

**** (CREDIT BUREAU DISP, PO BOX 14517, DES MOINES, IA 50306, (800) 642-4720)

Date Opened: 01/01/1988

Date Updated: 03/29/2017

Pay Status: Current; Paid or Paying as Agreed

Responsibility: Joint Account

Payment Received: \$51

Terms: Paid Monthly

Account Type: Revolving Account

Last Payment Made: 03/22/2017

Date Paid: 03/22/2017

Loan Type: CHARGE ACCOUNT

High Balance: High balance of \$705 from 11/2014 to 11/2014; \$705 from 01/2015 to 03/2017

Credit Limit: Credit limit of \$1,000 from 11/2014 to 11/2014; \$1,000 from 01/2015 to 03/2017

	03/2017	02/2017	01/2017	12/2016	11/2016	10/2016	09/2016	08/2016	07/2016	06/2016	05/2016	04/2016
Balance	\$0	\$51	\$142	\$0	\$0	\$164	\$0	\$0	\$0	\$0	\$0	\$0
Scheduled Payment		\$25	\$25	\$0	\$0	\$25	\$0	\$0	\$0	\$0	\$0	\$0
Amount Paid	\$51	\$142	\$0	\$0	\$164	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Past Due	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	03/2016	02/2016	01/2016	12/2015	11/2015	10/2015	09/2015	08/2015	07/2015	06/2015	05/2015	04/2015
Balance	\$0	\$104	\$143	\$61	\$81	\$55	\$136	\$0	\$24	\$0	\$0	\$0
Scheduled Payment	\$0	\$35	\$40	\$35	\$35	\$25	\$25	\$24	\$24	\$0	\$0	\$0
Amount Paid	\$104	\$108	\$61	\$55	\$0	\$136	\$0	\$24	\$0	\$0	\$0	\$0
Past Due	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

To dispute online go to: <http://transunion.com/disputeonline>

	04/2016	03/2016	02/2016	01/2016	12/2015	11/2015	10/2015
Balance	\$3,357	\$4,022	\$4,422	\$4,822	\$5,022	\$5,222	\$5,502
Scheduled Payment	\$77	\$102	\$109	\$121	\$125	\$129	\$136
Amount Paid	\$665	\$400	\$400	\$200	\$0	\$0	\$0
Past Due	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rating	OK	OK	OK	OK	OK	OK	OK

SYNCB/ROOMS TO GO *** (C/O PO BOX 965036, ORLANDO, FL 32896-5036, (866) 396-8254)

Date Opened: 02/10/2016

Date Updated: 04/18/2017

Pay Status: Current; Paid or Paying as Agreed

Responsibility: Individual Account

Last Payment Made: 01/06/2017

Terms: Paid Monthly

Account Type: Revolving Account

Date Paid: 01/06/2017

Loan Type: CHARGE ACCOUNT

High Balance: High balance of \$0 from 02/2016 to 02/2016; \$588 from 03/2016 to 04/2017

Credit Limit: Credit limit of \$6,500 from 02/2016 to 04/2017

	04/2017	03/2017	02/2017	01/2017	12/2016	11/2016	10/2016	09/2016	08/2016	07/2016	06/2016	05/2016
Balance	\$0	\$0	\$0	\$0	\$100	\$188	\$238	\$288	\$338	\$388	\$438	\$488
Scheduled Payment		\$0	\$0	\$0	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Amount Paid		\$0	\$0	\$100	\$88	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Past Due		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	04/2016	03/2016	02/2016
Balance	\$538	\$588	\$0
Scheduled Payment	\$50	\$50	\$0
Amount Paid	\$50	\$0	\$0
Past Due	\$0	\$0	\$0
Rating	OK	OK	OK

SYNCB/TJX CO PLCC *** (PO BOX 965015, ORLANDO, FL 32896, (800) 926-6299)

Date Opened: 05/07/2009

Balance: \$0

Pay Status: Current; Paid or Paying as Agreed

Responsibility: Individual Account

Date Updated: 04/25/2017

Terms: Paid Monthly

Account Type: Revolving Account

High Balance: \$135

Date Closed: 09/28/2011

Loan Type: CHARGE ACCOUNT

Credit Limit: \$1,200

Remarks: CLOSED

Remarks: CCOSCB

	03/2017	02/2017	01/2017	12/2016	11/2016	10/2016	09/2016	08/2016	07/2016	06/2016	05/2016	04/2016				
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK				
	03/2016	02/2016	01/2016	12/2015	11/2015	10/2015	09/2015	08/2015	07/2015	06/2015	05/2015	04/2015				
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK				
	03/2015	02/2015	01/2015	12/2014	11/2014	10/2014	09/2014	08/2014	07/2014	06/2014	05/2014	04/2014				
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK				
	03/2014	02/2014	01/2014	12/2013	11/2013	10/2013	09/2013	08/2013	07/2013	06/2013	05/2013	04/2013	03/2013	02/2013	01/2013	12/2012
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
	11/2012	10/2012	09/2012	08/2012	07/2012	06/2012	05/2012	04/2012	03/2012	02/2012	01/2012	12/2011	11/2011	10/2011	09/2011	08/2011
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
	07/2011	06/2011	05/2011	04/2011	03/2011	02/2011	01/2011	12/2010	11/2010	10/2010	09/2010	08/2010	07/2010	06/2010		
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK		

SYNCB/WALMART DUAL CARD *** (P O BOX 965024, ORLANDO, FL 32896-5024, (866) 611-1148)

Date Opened: 02/11/2016

Date Updated: 04/18/2017

Pay Status: Current; Paid or Paying as Agreed

Responsibility: Individual Account

Payment Received: \$25

Terms: \$25 per month, paid Monthly

Account Type: Revolving Account

Last Payment Made: 04/07/2017

Loan Type: CREDIT CARD

High Balance: High balance of \$834 from 02/2016 to 04/2017

Credit Limit: Credit limit of \$2,900 from 02/2016 to 05/2016; \$5,000 from 06/2016 to 04/2017

	04/2017	03/2017	02/2017	01/2017	12/2016	11/2016	10/2016	09/2016	08/2016	07/2016	06/2016	05/2016
Balance	\$177	\$202	\$252	\$302	\$352	\$402	\$427	\$452	\$502	\$577	\$627	\$677
Scheduled Payment	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Amount Paid	\$25	\$50	\$50	\$50	\$50	\$25	\$25	\$50	\$75	\$50	\$50	\$50
Past Due		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	03/2015	02/2015	01/2015	12/2014	11/2014	10/2014	09/2014	08/2014	07/2014	06/2014	05/2014	04/2014
Balance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Scheduled Payment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Amount Paid	\$0	\$0	\$354	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Past Due	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	03/2014	02/2014	01/2014	12/2013	11/2013	10/2013	09/2013	08/2013	07/2013	06/2013	05/2013	04/2013	03/2013	02/2013	01/2013	12/2012
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	11/2012	10/2012	09/2012	08/2012	07/2012	06/2012	05/2012	04/2012	03/2012	02/2012	01/2012	12/2011	11/2011	10/2011	09/2011	08/2011
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	07/2011	06/2011	05/2011	04/2011	03/2011	02/2011	01/2011	12/2010	11/2010	10/2010	09/2010	08/2010	07/2010	06/2010	05/2010
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

WORLD'S FOREMOST BANK

*** (4800 NW 1ST ST STE 300, LINCOLN, NE 68521-4463, (800) 850-8402)

Date Opened: 12/10/2004

Date Updated: 04/13/2017

Pay Status: Current; Paid or Paying as Agreed

Responsibility: Joint Account

Last Payment Made: 10/31/2013

Terms: Paid Monthly

Account Type: Revolving Account

Loan Type: CREDIT CARD

High Balance: High balance of \$1,398 from 11/2014 to 04/2017

Credit Limit: Credit limit of \$21,000 from 11/2014 to 04/2017

	04/2017	03/2017	02/2017	01/2017	12/2016	11/2016	10/2016	09/2016	08/2016	07/2016	06/2016	05/2016
Balance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Scheduled Payment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Amount Paid	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Past Due	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	04/2016	03/2016	02/2016	01/2016	12/2015	11/2015	10/2015	09/2015	08/2015	07/2015	06/2015	05/2015
Balance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Scheduled Payment	\$0	\$28	\$28	\$28	\$28	\$28	\$28	\$28	\$28	\$28	\$28	\$28
Amount Paid	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Past Due	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	04/2015	03/2015	02/2015	01/2015	12/2014	11/2014	10/2014	09/2014	08/2014	07/2014	06/2014	05/2014
Balance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Scheduled Payment	\$28	\$28	\$28	\$28	\$28	\$28	\$28	\$28	\$28	\$28	\$28	\$28
Amount Paid	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Past Due	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	04/2014	03/2014	02/2014	01/2014	12/2013	11/2013	10/2013	09/2013	08/2013	07/2013	06/2013	05/2013	04/2013	03/2013	02/2013	01/2013
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	12/2012	11/2012	10/2012	09/2012	08/2012	07/2012	06/2012	05/2012	04/2012	03/2012	02/2012	01/2012	12/2011	11/2011	10/2011	09/2011
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	08/2011	07/2011	06/2011	05/2011	04/2011	03/2011	02/2011	01/2011	12/2010	11/2010	10/2010	09/2010	08/2010	07/2010	06/2010
Rating	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

Regular Inquiries

SYNCB (CO PO BOX 965037, ORLANDO, FL 32896, (866) 419-4096)

Requested On: 10/03/2015

Inquiry Type: Individual

SYNCBELK (PO BOX 965028, ORLANDO, FL 32896, (800) 669-6550)

Requested On: 05/17/2015

Inquiry Type: Individual

Promotional Inquiries

AUTO CLUB GROUP (1 AUTO CLUB DR, DEARBORN, MI 48126-4213, (313) 222-6424)

Requested On: 02/27/2017, 01/26/2017, 11/25/2016, 07/26/2016, 05/14/2016

CHASE MORTGAGE (P.O. BOX 24696, COLUMBUS, OH 43224, (800) 848-9136)

Requested On: 10/26/2016, 08/31/2016, 07/06/2016

FST BANK SYSTEM (4325 17TH AVE S, FARGO, ND 58103, (612) 370-4141)

Requested On: 10/10/2016, 08/19/2016, 07/18/2016

To dispute online go to: <http://transunion.com/disputeonline>

GE MONEY (4246 SOUTH RIVERBOAT RD, SALT LAKE CITY, UT 84123, (866) 423-3796)

Requested On: 09/28/2016

FIRST USA (800 BROOKSEGE BLVD, WESTERVILLE, OH 43081-2822, (877) 242-7372)

Requested On: 07/02/2016, 06/02/2016

THE TRAVELERS COMPANIES (1 TOWER SQ, 18CP, HARTFORD, CT 06183-0001, (866) 240-2682)

Requested On: 05/14/2016

Account Review Inquiries

SYNCB/JC PENNEY (PO BOX 965007, ORLANDO, FL 32896-5007, (866) 227-5213)

Requested On: 02/28/2017

SYNCB/BELK (PO BOX 965005, ORLANDO, FL 32896, (800) 669-6550)

Requested On: 02/28/2017

SYNCB/WALMART DUAL CARD (P O BOX 965024, ORLANDO, FL 32896-5024, (866) 611-1148)

Requested On: 02/28/2017

SYNCB/LEVIN FURNITURE (C/O P.O. BOX 965036, ORLANDO, FL 32896-5036, (866) 396-8254)

Requested On: 02/22/2017

SYNCB/ROOMS TO GO (C/O PO BOX 965036, ORLANDO, FL 32896-5036, (866) 396-8254)

Requested On: 02/22/2017

FRAUD ALERT FREE DISCLOSU (P O BOX 1000, CHESTER, PA 19016, (800) 888-4213)

Requested On: 09/29/2016

HASTINGS MUTUAL INS CO (3001 EAST BYPASS, COLLEGE STATIO, TX 77845, (800) 442-8877)

Permissible Purpose: INSURANCE UNDERWRITING

Requested On: 05/25/2016

SAFECO INS AUTO (SAFECO PLAZA, 1001 FOURTH AVENUE, SEATTLE, WA 98154, (888) 398-8924)

Permissible Purpose: INSURANCE UNDERWRITING

Requested On: 05/25/2016

TRAVELERS via TRAVELERS (PO BOX 42486, HOUSTON, TX 77242, (800) 550-7717)

Permissible Purpose: INSURANCE UNDERWRITING

Requested On: 05/13/2016, 07/21/2015

Should you wish to contact TransUnion, you may do so,

Online:

To dispute information contained in your credit report, please visit: www.transunion.com/disputeonline

For answers to general questions, please visit: www.transunion.com

By Mail:

TransUnion Consumer Relations

P.O. Box 2000

Chester, PA 19016-2000

By Phone:

(800) 916-8800

You may contact us between the hours of 8:00 a.m. and 11:00 p.m. Eastern Time, Monday through Friday, except major holidays.

For all correspondence, please have your TransUnion file number available (located at the top of this report).

Summary of Rights

GENERAL SUMMARY OF CONSUMER RIGHTS UNDER THE FCRA

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

In addition, 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 more 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 1-888-567-8688 (888-5OPTOUT).
- **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 information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20552</p> <p>Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580</p> <p>1-877-382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>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</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and Insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>Federal Reserve Consumer Help (FRCH) PO Box 1200 Minneapolis, MN 55480</p> <p>1-888-851-1920</p> <p>FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p> <p>1-202-366-1306</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors subject to Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center-FCRA Washington, DC 20580</p> <p>1-877-382-4357</p>

OHIO BILL OF RIGHTS

Ohio Consumers Have the Right to Obtain a Security Freeze

"You may obtain a "security freeze" on your credit report to protect your privacy and ensure that credit is not granted in your name without your knowledge. You have a right to place a "security freeze" on your credit report pursuant to Ohio law. The "security freeze" will prohibit a consumer reporting agency from releasing any information in your credit report without your express authorization or approval. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. When you place a security freeze on your credit report, within five business days you will be provided a personal identification number or password to use if you choose to remove the freeze on your credit report or to temporarily authorize the release of your credit report for a specific party or parties or for a specific period of time after the security freeze is in place. To provide that authorization you must contact the consumer reporting agency and provide all of the following:

- (a) Information generally considered sufficient to identify the consumer;
- (b) The unique personal identification number or password provided by the consumer credit reporting agency; and
- (c) The proper information regarding the third party who is to receive the consumer credit report or the time period for which the credit report shall be available to users of the credit report.

A consumer reporting agency that receives a request from a consumer to temporarily lift a security freeze on a credit report shall comply with the request not later than fifteen minutes after receiving the request.

A security freeze does not apply to circumstances in which you have an existing account relationship and a copy of your report is requested by your existing creditor or its agents or affiliates for certain types of account review, collection, fraud control, or similar activities.

You have a right to bring civil action against anyone, including a consumer reporting agency, who improperly obtains access to a file, knowingly or willfully misuses file data, or fails to correct inaccurate file data.

If you are actively seeking credit, you should understand that the procedures involved in lifting a security freeze may slow your own applications for credit. You should plan ahead and lift a freeze, either completely if you are shopping around, or specifically for a certain creditor, a few days before actually applying for new credit

The parent or guardian of a minor under the age of sixteen or the guardian or conservator of an incapacitated or protected adult, collectively referred to as a "protected consumer" may seek a security freeze to protect the identity of a protected consumer and ensure that credit is not inappropriately granted in the protected consumer's name. In order to request a security freeze for a protected consumer, the protected consumer's parent, guardian, or conservator must present sufficient proof of authority to act on the protected consumer's behalf. The parent, guardian, or conservator must also present sufficient proof of identity for the parent, guardian, or conservator, in addition to proof of identity for the protected consumer

In order for the representative of a protected consumer to request the removal of a security freeze of a protected consumer, the representative must contact the consumer credit reporting agency and provide all of the following:

- (a) Sufficient proof of identity for both the protected consumer and the protected consumer's representative;
- (b) Sufficient proof of authority to act on the behalf of the protected consumer.

A minor protected consumer, upon reaching sixteen years of age, may also request that the security freeze be removed. A minor protected consumer making such a request must provide proof of identity and age.

A consumer credit reporting agency that receives a proper request by certified mail or other comparable service, secure electronic method selected by the consumer credit reporting agency, telephone, or by any other means authorized by the consumer credit reporting agency to remove a security freeze on a credit report shall comply with the request not later than thirty days after receiving the request. A security freeze does not apply to circumstances in which a protected consumer already has an existing account relationship and a copy of the protected consumer's credit report is requested by the protected consumer's existing creditor or its agents or affiliates for certain types of account review, collection, fraud control, or similar activities. If a protected consumer is actively seeking credit, it should be understood that the

procedures involved in removing a security freeze may slow any applications for credit. Plan ahead and remove a freeze a month before actually applying for new credit."

004000



CLE Power Inc.

Exhibit C-5
"Credit Report"

Home Offers Summary Simulator

Allow one revolving account to go into Collections ☐

Have a tax lien on your public record ☐

Have your property foreclosed on ☐

Fail to make child support payments ☐

Have your wages garnished ☐

Simulate

Clear all

799

CURRENT SCORE

799 800 801

SIMULATED SCORE

Wherever you stand, it helps to know more.

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To start a dispute online, [click here](#).

Personal Credit Report for:
DOROTHY BABSON

File Number:
356360124

Date Created:
10/02/2021

Personal Information

You have been on our files since 10/01/1975. Your SSN has been masked for your protection.

Credit Report Date

10/02/2021

Social Security Number

XXX-XX-2170

Date of Birth

Name

DOROTHY C. BABSON

Also Known As

AKA

DORTHY BABSON

AKA

DOROTHY W. BABSON

AKA

DOROTHY C. BARSON

Addresses

Current Address

3231 CLARK PKWY WESTLAKE, OH 44145-4644

Date Reported

10/01/1997

Other Address

1001 ISLAMORADA BLVD APT 13C PUNTA GORDA, FL 33955-1813

Date Reported

02/01/2001

Other Address

PO BOX 450746 WESTLAKE, OH 44145-0615

Phone Numbers

Phone Number

(216) 402-6997

Phone Number

(440) 835-1252

Phone Number

(216) 835-1252

Employers

Employer

BABSON GARDEN CTR

Date Verified

04/01/1989

Accounts

Typically, creditors report any changes made to your account information monthly. This means that some accounts listed below may not reflect the most recent activity until the creditor's next reporting. This information may include things such as balances, payments, dates, remarks, ratings, etc. The rating key is provided to help you understand

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

2016

Rating: X X X X X X

2015

Rating: X X X X X X X X X X X X

2014

Rating: OK OK OK OK OK OK X X X X X X

2013

Rating: OK OK OK OK OK OK OK OK OK OK OK OK

2012

Rating: OK OK N/R OK OK OK OK OK OK OK OK OK OK

2011

Rating: OK OK OK OK OK OK OK OK OK OK OK OK

2010

Rating: OK OK OK OK OK OK

AMERICAN EXPRESS

Address
PO BOX 981537 EL PASO, TX 79998

Phone
(800) 874-2717

Monthly Payment
\$102

Date Opened
06/01/2016

Responsibility
Individual Account

Account Type
Revolving Account

Loan Type
CREDIT CARD

Date Updated
09/22/2021

Pay Status
Current Account

Terms
\$102 per month; paid Monthly

High Balance (Hist.)
High balance of \$3,598 from 04/2019
to 09/2021

Credit Limit (Hist.)

Credit limit of \$25,000 from 04/2019
to 09/2021

Payment History

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
--	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

2021

Balance:	\$505	\$496	\$1,457	\$893	\$1,283	\$570	\$953	\$907	\$973			
Past Due:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Scheduled Payment:	\$40	\$40	\$40	\$127	\$290	\$289	\$202	\$102	\$102			
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK			

2020

Balance:	\$967	\$708	\$772	\$690	\$749	\$1,730	\$1,571	\$1,146	\$291	\$494	\$1,972	\$1,204
Past Due:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Scheduled Payment:	\$295	\$152	\$235	\$233	\$0	\$331	\$254	\$125	\$40	\$40	\$40	\$40
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2019

Balance:	---	---	---	\$944	\$501	\$719	\$605	\$1,701	\$907	\$1,037	\$1,002	\$1,232
Past Due:	---	---	---	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Scheduled Payment:	---	---	---	\$35	\$35	\$35	\$85	\$127	\$77	\$145	\$288	\$274
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2018

Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

2017

Balance:	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2016

Balance:											
Past Due:											
Scheduled Payment:											
Rating:							OK	OK	OK	OK	OK

BEST BUY/CBNA

Address
5800 South Corporate Place SIOUX
FALLS, SD 57108

Phone
Phone number not available

Date Opened
10/17/2015

Responsibility
Individual Account

Account Type
Revolving Account

Loan Type
CHARGE ACCOUNT

Date Updated
09/22/2021

Last Payment Made
06/12/2019

Pay Status
Current Account

Terms
Paid Monthly

Date Closed
06/21/2021

Date Paid
06/12/2019

High Balance (Hist.)
High balance of \$1,166 from 04/2019 to
06/2021; \$1,166 from 09/2021 to
09/2021

Credit Limit (Hist.)
Credit limit of \$6,000 from 04/2019 to
06/2021; \$6,000 from 09/2021 to
09/2021

Payment History

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021												
Balance:	\$0	\$0	\$0	\$0	\$0	\$0	---	---	\$0			
Past Due:	\$0	\$0	\$0	\$0	\$0	\$0	---	---	\$0			
Scheduled Payment:	---	---	---	---	---	---	---	---	---			
Remarks:	---	---	---	---	---	CBG/CLO	---	---	INA/CLO			
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK			
2020												
Balance:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Past Due:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Remarks:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
2019												
Balance:	---	---	---	\$68	\$28	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Past Due:	---	---	---	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Scheduled Payment:	---	---	---	\$27	\$27	---	---	---	---	---	---	---
Remarks:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
2018												
Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Remarks:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
2017												

	Jan	Feb		Apr	May	Jun	Jul		Sep	Oct	Nov	Dec
Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Remarks:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2016

Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Remarks:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2015

Balance:										---	---	---
Past Due:										---	---	---
Scheduled Payment:										---	---	---
Remarks:										---	---	---
Rating:										OK	OK	OK

CAPITAL ONE / CABELAS

Address
PO BOX 31293 SALT LAKE CITY, UT
84131

Phone
(800) 955-7070

Date Opened
12/10/2004

Responsibility
Joint Account

Account Type
Revolving Account

Loan Type
CREDIT CARD

Date Updated
02/11/2020

Last Payment Made
10/31/2013

Pay Status
Current Account

Terms
Paid Monthly

Date Closed
01/23/2020

Date Paid
10/31/2013

High Balance (Hist.)

High balance of \$1,398 from 04/2019 to
02/2020

Credit Limit (Hist.)

Credit limit of \$21,000 from 04/2019 to
02/2020

Payment History

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
--	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

2020

Balance:	\$0	\$0										
Past Due:	\$0	\$0										
Remarks:	CBG	CBG/CLO										
Rating:	OK	OK										

2019

Balance:	---	---	---	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Past Due:	---	---	---	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Remarks:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2018

Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Remarks:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2017

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Remarks:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2016

Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Remarks:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2015

Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Remarks:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2014

Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Remarks:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2013

Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Remarks:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:				OK	OK	OK	OK	OK	OK	OK	OK	OK

Address
P O Box 31293 Salt Lake City, UT
84130-0281

Phone
(800) 955-1000

Date Opened
11/13/1992

Responsibility
Joint Account

Account Type
Revolving Account

Loan Type
CREDIT CARD

Date Updated
09/25/2021

Last Payment Made
07/10/2019

Pay Status
Current Account

Terms
Paid Monthly

Date Paid
07/10/2019

High Balance (Hist.)
High balance of \$11,057 from 04/2019
to 09/2021

Credit Limit (Hist.)
Credit limit of \$15,000 from 04/2019 to
09/2021

Payment History

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021												
Balance:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Past Due:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Scheduled Payment:	---	---	---	---	---	---	---	---	---			
Remarks:	DRC	DRC	DRC	DRC	DRC	DRC	DRC	DRC	DRC			
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK			
2020												
Balance:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Past Due:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Remarks:	DRC	DRC	DRC	DRC	DRC	DRC	DRC	DRC	DRC	DRC	DRC	DRC
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	Jan	Feb		Apr	May	Jun	Jul		Sep	Oct	Nov	Dec
2019												
Balance:	---	---	---	\$0	\$0	\$109	\$0	\$0	\$0	\$0	\$0	\$0
Past Due:	---	---	---	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Scheduled Payment:	---	---	---	---	---	\$27	---	---	---	---	---	---
Remarks:	---	---	---	DRC	DRC	DRC	DRC	DRC	DRC	DRC	DRC	DRC
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
2018												
Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Remarks:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
2017												
Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Remarks:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
2016												
Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Remarks:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
2015												

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Remarks:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2014

Balance:											---	---
Past Due:											---	---
Scheduled Payment:											---	---
Remarks:											---	---
Rating:											OK	OK

CITICARDS CBNA

Address
5800 SOUTH CORPORATE PLACE
SIOUX FALLS, SD 57108

Phone
(855) 378-6467

Date Opened
05/10/2010

Responsibility
Account Relationship Terminated

Account Type
Revolving Account

Loan Type
FLEXIBLE SPENDING CREDIT CARD

Date Updated
06/07/2019

Last Payment Made
05/31/2019

Pay Status
Current Account

Terms
Paid Monthly

Date Closed
11/12/2016

High Balance (Hist.)
High balance of \$5,211 from 04/2019 to
06/2019

Credit Limit (Hist.)
Credit limit of \$7,900 from 04/2019 to
06/2019

Remarks
Account closed at consumer's request

Payment History

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

2019

Balance:	---	---	---	\$462	\$667	\$0
Past Due:	---	---	---	\$0	\$0	\$0
Scheduled Payment:	---	---	---	\$25	\$25	---
Rating:	OK	OK	OK	OK	OK	OK

2018

Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2017

Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2016

Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	---	---	---	---	---	---	---	OK	OK	OK	OK	OK

CITICARDS CBNA

4111 1st St

Address
5800 SOUTH CORPORATE PLACE
SIOUX FALLS, SD 57108

Phone
(855) 378-6467

Monthly Payment
\$35

Date Opened
06/07/2019

Responsibility
Individual Account

Account Type
Revolving Account

Loan Type
FLEXIBLE SPENDING CREDIT CARD

Date Updated
09/02/2021

Last Payment Made
08/26/2021

Pay Status
Current Account

Terms
\$35 per month; paid Monthly

Credit Limit (Hist.)
Credit limit of \$7,000 from 07/2019 to
09/2021

Payment History

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
--	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

2021

Balance:	\$865	\$940	\$999	\$634	\$607	\$1,834	\$796	\$943	\$655			
High Balance:	\$1,686	\$1,686	\$1,686	\$1,686	\$1,686	\$1,834	\$1,834	\$1,834	\$1,834			
Past Due:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Scheduled Payment:	\$25	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35			
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK			

2020

Balance:	\$897	\$725	\$560	\$833	\$371	\$760	\$689	\$1,686	\$1,170	\$677	\$921	\$1,310
High Balance:	\$1,461	\$1,461	\$1,461	\$1,461	\$1,461	\$1,461	\$1,461	\$1,686	\$1,686	\$1,686	\$1,686	\$1,686
Past Due:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Scheduled Payment:	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2019

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Balance:						\$791	\$864	\$944	\$914	\$1,260	\$1,461
High Balance:						\$791	\$864	\$944	\$944	\$1,260	\$1,461
Past Due:						\$0	\$0	\$0	\$0	\$0	\$0
Scheduled Payment:						\$25	\$25	\$25	\$25	\$25	\$25
Rating:						OK	OK	OK	OK	OK	OK

COMENITY BANK/BEALFL

Address
6939 AMERICANA PARKWAY
REYNOLDSBURG, OH 43068

Phone
Phone number not available

Date Opened
03/25/2015

Responsibility
Individual Account

Account Type
Revolving Account

Loan Type
CHARGE ACCOUNT

Date Updated
05/16/2020

Payment Received
\$0

Last Payment Made
01/11/2018

Pay Status
Current Account

Terms
Paid Monthly

Date Closed
04/24/2020

Date Paid
01/11/2018

High Balance (Hist.)
High balance of \$121 from 04/2019 to
03/2020; \$121 from 05/2020 to
05/2020

Credit Limit (Hist.)
Credit limit of \$1,500 from 04/2019 to
03/2020; \$1,500 from 05/2020 to
05/2020

Remarks
CLOSED BY CREDIT GRANTOR;
CLOSED

Payment History

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

2020

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Balance:	\$0	\$0	\$0	---	\$0							
Past Due:	\$0	\$0	\$0	---	\$0							
Amount Paid:	\$0	\$0	\$0	---	\$0							
Rating:	OK	OK	OK	X	OK							

2019

Balance:	---	---	---	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Past Due:	---	---	---	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Amount Paid:	---	---	---	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2018

Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Amount Paid:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2017

Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Amount Paid:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2016

Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Amount Paid:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2015

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Balance: --- --- --- --- --- --- --- --- --- ---

Past Due: --- --- --- --- --- --- --- --- --- ---

Amount Paid: --- --- --- --- --- --- --- --- --- ---

Rating: OK OK OK OK OK OK OK OK OK OK

COMENITY BANK/BEALFL

Address
6939 AMERICANA PARKWAY
REYNOLDSBURG, OH 43068

Phone
Phone number not available

Date Opened
01/19/2021

Responsibility
Individual Account

Account Type
Revolving Account

Loan Type
CHARGE ACCOUNT

Date Updated
09/25/2021

Payment Received
\$0

Last Payment Made
03/08/2021

Pay Status
Current Account

Terms
Paid Monthly

Date Paid
03/08/2021

High Balance (Hist.)
High balance of \$108 from 01/2021 to
03/2021; \$108 from 05/2021 to
09/2021

Credit Limit (Hist.)
Credit limit of \$1,300 from 01/2021 to
03/2021; \$1,300 from 05/2021 to
09/2021

Payment History

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

2021

Balance: \$108 \$48 \$0 --- \$0 \$0 \$0 \$0 \$0

Past Due: \$0 \$0 \$0 --- \$0 \$0 \$0 \$0 \$0

Amount Paid: \$0 \$108 \$48 --- \$0 \$0 \$0 \$0 \$0

Scheduled Payment: \$29 \$29 --- --- --- --- --- ---

Rating: OK OK OK OK OK OK OK OK OK

Address
PO BOX 8218 MASON, OH 45050

Phone
(800) 289-6229

Date Opened
10/01/1975

Responsibility
Individual Account

Account Type
Revolving Account

Loan Type
CHARGE ACCOUNT

Date Updated
09/30/2021

Payment Received
\$0

Last Payment Made
04/26/2019

Pay Status
Current Account

Terms
Paid Monthly

Date Paid
04/26/2019

High Balance (Hist.)
High balance of \$1,136 from 04/2019 to
09/2021

Credit Limit (Hist.)
Credit limit of \$2,300 from 04/2019 to
03/2021: \$1,200 from 04/2021 to
09/2021

Payment History

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021												
Balance:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Past Due:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Amount Paid:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Scheduled Payment:	---	---	---	---	---	---	---	---	---			
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK			
2020												
Balance:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Past Due:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Amount Paid:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
2019												

	Jan	Feb		Apr	May	Jun	Jul		Sep	Oct	Nov	Dec
Balance:	---	---	---	\$2	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Past Due:	---	---	---	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Amount Paid:	---	---	---	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Scheduled Payment:	---	---	---	\$2	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2018

Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Amount Paid:	---	---	---	---	---	---	---	---	---	---	---	---
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2017

Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Amount Paid:	---	---	---	---	---	---	---	---	---	---	---	---
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2016

Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Amount Paid:	---	---	---	---	---	---	---	---	---	---	---	---
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2015

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Amount Paid:	---	---	---	---	---	---	---	---	---	---	---	---
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	N/R	N/R	N/R	OK

2014

Balance:											---	---
Past Due:											---	---
Amount Paid:											---	---
Scheduled Payment:											---	---
Rating:											OK	OK

JPMCB CARD SERVICES

Address
PO BOX 15369 WILMINGTON, DE
19850

Phone
(800) 945-2000

Monthly Payment
\$35

Date Opened
12/06/2020

Responsibility
Individual Account

Account Type
Revolving Account

Loan Type
FLEXIBLE SPENDING CREDIT CARD

Date Updated
09/05/2021

Last Payment Made
09/01/2021

Pay Status
Current Account

Terms
\$35 per month: paid Monthly

High Balance (Hist.)
High balance of \$618 from 01/2021 to
01/2021: \$903 from 02/2021 to
09/2021

Credit Limit (Hist.)
Credit limit of \$2,700 from 01/2021 to
09/2021

Payment History

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

2021

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Balance:	\$618	\$494	\$369	\$193	\$356	\$0	\$0	\$192	\$188			
Past Due:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Scheduled Payment:	\$35	\$35	\$35	\$35	\$35	---	---	\$35	\$35			
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK			

KEYBANK NA

Address Phone
 4910 TIEDEMAN RD.MAILCODE OH-01- (800) 539-2968
 51-0562 BROOKLYN, OH 44144

Date Opened Responsibility
 07/13/2020 Individual Account

Account Type Loan Type
 Line of Credit Account HOME EQUITY LOAN

Date Updated Payment Received
 08/31/2021 \$0

Last Payment Made Pay Status
 07/21/2021 Current Account

Terms Date Paid
 Paid Monthly 07/21/2021

High Balance (Hist.) Credit Limit (Hist.)
 High balance of \$0 from 08/2020 to Credit limit of \$62,800 from 08/2020
 08/2020; \$0 from 10/2020 to 08/2021 to 08/2020; \$62,800 from 10/2020 to
 08/2021

Payment History

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021												
Balance:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
Past Due:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
Amount Paid:	\$0	\$0	\$0	\$0	\$0	\$0	\$50	\$0				
Scheduled Payment:	---	---	---	---	---	---	---	---				
Rating:	OK	OK	OK	OK	OK	OK	OK	OK				

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

2020

Balance:	\$50	---	\$0	\$0	\$0
Past Due:	\$0	---	\$0	\$0	\$0
Amount Paid:	\$0	---	\$0	\$0	\$0
Scheduled Payment:	\$0	---	---	---	---
Rating:	OK	OK	OK	OK	OK

SYNCB/BELK

Address Phone
PO BOX 965005 ORLANDO, FL 32896 (800) 669-6550

Date Opened Responsibility
05/17/2015 Individual Account

Account Type Loan Type
Revolving Account CHARGE ACCOUNT

Date Updated Payment Received
09/21/2021 \$0

Last Payment Made Pay Status
05/10/2021 Current Account

Terms Date Paid
Paid Monthly 05/10/2021

High Balance (Hist.) Credit Limit (Hist.)
High balance of \$231 from 04/2019 to 09/2021 Credit limit of \$1,800 from 04/2019 to 09/2021

Payment History

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

2021

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Balance:	\$0	\$39	\$24	\$38	\$0	\$0	\$0	\$0	\$0			
Past Due:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Amount Paid:	\$0	\$0	\$39	\$24	\$38	\$0	\$0	\$0	\$0			
Scheduled Payment:	---	\$28	\$24	\$29	---	---	---	---	---			
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK			

2020

Balance:	\$33	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Past Due:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Amount Paid:	\$132	\$33	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Scheduled Payment:	\$28	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2019

Balance:	---	---	---	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$132
Past Due:	---	---	---	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Amount Paid:	---	---	---	\$18	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	\$28
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2018

Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Amount Paid:	---	---	---	---	---	---	---	---	---	---	---	---
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2017

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Amount Paid:	---	---	---	---	---	---	---	---	---	---	---	---
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2016

Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Amount Paid:	---	---	---	---	---	---	---	---	---	---	---	---
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2015

Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Amount Paid:	---	---	---	---	---	---	---	---	---	---	---	---
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:					OK	OK	OK	OK	OK	OK	OK	OK

SYNCB/HOME DESIGN HVAC

Address
C/O PO BOX 965036 ORLANDO, FL
32896-5036

Phone
(866) 396-8254

Date Opened
02/28/2019

Responsibility
Individual Account

Account Type
Revolving Account

Loan Type
CHARGE ACCOUNT

Date Updated
09/21/2021

Payment Received
\$0

Last Payment Made
09/11/2020

Pay Status
Current Account

Terms
Paid Monthly

Date Paid
09/11/2020

High Balance (Hist.)

High balance of \$4,651 from 04/2019 to
09/2021

Credit Limit (Hist.)

Credit limit of \$6,000 from 04/2019 to
09/2021

Payment History

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021												
Balance:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Past Due:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Amount Paid:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Scheduled Payment:	---	---	---	---	---	---	---	---	---			
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK			
2020												
Balance:	\$3,251	\$3,111	\$2,961	\$2,811	\$2,661	\$2,361	\$2,111	\$1,611	\$0	\$0	\$0	\$0
Past Due:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Amount Paid:	\$140	\$140	\$150	\$150	\$150	\$300	\$250	\$500	\$1,611	\$0	\$0	\$0
Scheduled Payment:	\$117	\$117	\$117	\$117	\$117	\$117	\$117	\$117	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
2019												
Balance:		---	---	\$4,531	\$4,381	\$4,231	\$4,101	\$3,971	\$3,821	\$3,671	\$3,531	\$3,391
Past Due:		---	---	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Amount Paid:		---	---	\$0	\$150	\$150	\$130	\$130	\$150	\$150	\$140	\$140
Scheduled Payment:		---	---	\$117	\$117	\$117	\$117	\$117	\$117	\$117	\$117	\$117
Rating:		OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

SYNCB/JC PENNEY
600889072168****

Address none
PO BOX 965007 ORLANDO, FL 32896-5007 (866) 227-5213

Date Opened
04/23/1983

Responsibility
Individual Account

Account Type
Revolving Account

Loan Type
CHARGE ACCOUNT

Balance
\$0

Date Updated
11/08/2019

Payment Received
\$0

Last Payment Made
02/02/2015

High Balance
\$610

Credit Limit
\$1,000

Pay Status
Current Account

Terms
Paid Monthly

Date Closed
03/11/2019

Date Paid
02/02/2015

Remarks
INACTIVE ACCOUNT; CLOSED

Payment History

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019												
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK		
2018												
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
2017												
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
2016												
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
2015												
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

2014

Rating: OK OK OK OK OK OK OK OK OK OK OK OK

2013

Rating: OK OK OK OK OK OK OK OK OK OK OK OK

SYNCB/LEVIN FURNITURE

Address Phone
C/O P.O. BOX 965036 ORLANDO, FL (866) 396-8254
32896-5036

Date Opened Responsibility
10/04/2015 Individual Account

Account Type Loan Type
Revolving Account CHARGE ACCOUNT

Date Updated Payment Received
09/21/2021 \$0

Last Payment Made Pay Status
04/12/2019 Current Account

Terms Date Paid
Paid Monthly 04/12/2019

High Balance (Hist.) Credit Limit (Hist.)
High balance of \$5,502 from 04/2019 to 09/2021 Credit limit of \$6,500 from 04/2019 to 04/2020; \$6,000 from 05/2020 to 09/2021

Payment History

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

2021

Balance: \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0

Past Due: \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0

Amount Paid: \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0

Rating: OK OK OK OK OK OK OK OK OK

2020

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Balance:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Past Due:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Amount Paid:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2019

Balance:	---	---	---	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Past Due:	---	---	---	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Amount Paid:	---	---	---	\$85	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2018

Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Amount Paid:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2017

Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Amount Paid:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2016

Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Amount Paid:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2015

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Balance: --- --- ---
 Past Due: --- --- ---
 Amount Paid: --- --- ---
 Rating: OK OK OK

SYNCB/ROOMS TO GO

Address Phone
 C/O PO BOX 965036 ORLANDO, FL (866) 396-8254
 32896-5036

Date Opened Responsibility
 02/10/2016 Individual Account

Account Type Loan Type
 Revolving Account CHARGE ACCOUNT

Date Updated Payment Received
 06/18/2020 \$0

Last Payment Made Pay Status
 01/06/2017 Current Account

Terms Date Closed
 Paid Monthly 02/18/2020

Date Paid High Balance (Hist.)
 01/06/2017 High balance of \$588 from 04/2019 to
 02/2020; \$588 from 06/2020 to
 06/2020

Credit Limit (Hist.)
 Credit limit of \$6,000 from 04/2019 to
 02/2020; \$6,000 from 06/2020 to
 06/2020

Payment History

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

2020

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Balance:	\$0	\$0	---	---	---	\$0						
Past Due:	\$0	\$0	---	---	---	\$0						
Amount Paid:	\$0	\$0	---	---	---	\$0						
Remarks:	---	INA/CLO	---	---	---	INA/CLO						
Rating:	OK	OK	OK	OK	OK	OK						

2019

Balance:	---	---	---	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Past Due:	---	---	---	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Amount Paid:	---	---	---	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Remarks:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2018

Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Amount Paid:	---	---	---	---	---	---	---	---	---	---	---	---
Remarks:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2017

Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Amount Paid:	---	---	---	---	---	---	---	---	---	---	---	---
Remarks:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2016

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Balance:		---	---	---	---	---	---	---	---	---	---	---
Past Due:		---	---	---	---	---	---	---	---	---	---	---
Amount Paid:		---	---	---	---	---	---	---	---	---	---	---
Remarks:		---	---	---	---	---	---	---	---	---	---	---
Rating:		OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

SYNCB/WALMART DUAL CARD

Address Phone
P O BOX 965024 ORLANDO, FL 32896- (855) 893-5848
5024

Date Opened Responsibility
02/11/2016 Individual Account

Account Type Loan Type
Revolving Account CREDIT CARD

Date Updated Payment Received
01/19/2020 \$0

Last Payment Made Pay Status
07/10/2017 Current Account

Terms Date Closed
Paid Monthly 08/20/2019

Date Paid High Balance (Hist.)
07/10/2017 High balance of \$834 from 04/2019 to
08/2019; \$834 from 01/2020 to
01/2020

Credit Limit (Hist.)
Credit limit of \$1,524 from 04/2019 to
08/2019; \$1,524 from 01/2020 to
01/2020

Payment History

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

2020

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Balance:	\$0											
Past Due:	\$0											
Amount Paid:	\$0											
Remarks:	INA/CLO											
Rating:	OK											

2019

Balance:	---	---	---	\$0	\$0	\$0	\$0	\$0	---	---	---	---
Past Due:	---	---	---	\$0	\$0	\$0	\$0	\$0	---	---	---	---
Amount Paid:	---	---	---	\$0	\$0	\$0	\$0	\$0	---	---	---	---
Remarks:	---	---	---	---	---	---	---	INA/CLO	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2018

Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Amount Paid:	---	---	---	---	---	---	---	---	---	---	---	---
Remarks:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2017

Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Amount Paid:	---	---	---	---	---	---	---	---	---	---	---	---
Remarks:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2016

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Amount Paid:	---	---	---	---	---	---	---	---	---	---	---	---
Remarks:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:		OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

THE HOME DEPOT/CBNA

Address Phone
 5800 South Corporate Place SIOUX (800) 677-0232
 FALLS, SD 57108

Date Opened Responsibility
 06/01/2018 Individual Account

Account Type Loan Type
 Revolving Account CHARGE ACCOUNT

Date Updated Payment Received
 09/21/2021 \$0

Last Payment Made Pay Status
 05/12/2021 Current Account

Terms Date Paid
 Paid Monthly 05/12/2021

High Balance (Hist.) Credit Limit (Hist.)
 High balance of \$217 from 04/2019 to Credit limit of \$8,000 from 04/2019 to
 09/2021 09/2020; \$5,001 from 10/2020 to
 09/2021

Payment History

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
--	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

2021

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Balance:	\$0	\$0	\$0	\$141	\$0	\$0	\$0	\$0	\$0			
Past Due:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Amount Paid:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Scheduled Payment:	---	---	---	\$28	---	---	---	---	---			
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK			

2020

Balance:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Past Due:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Amount Paid:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2019

Balance:	---	---	---	\$0	\$0	\$209	\$111	\$58	\$0	\$0	\$0	\$0
Past Due:	---	---	---	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Amount Paid:	---	---	---	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Scheduled Payment:	---	---	---	---	---	\$27	\$27	\$27	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2018

Balance:						---	---	---	---	---	---	---
Past Due:						---	---	---	---	---	---	---
Amount Paid:						---	---	---	---	---	---	---
Scheduled Payment:						---	---	---	---	---	---	---
Rating:						OK	OK	OK	OK	OK	OK	OK

US BANK
300038****

Address
ATTN CBDH, PO BOX 3447 OSHKOSH, WI 54903
Phone
(844) 624-8230

Date Opened
07/13/2005

Responsibility
Individual Account

Account Type
Line of Credit Account

Loan Type
HOME EQUITY LOAN

Date Updated
07/31/2020

Payment Received
\$463

Last Payment Made
07/06/2020

Pay Status
Paid, Closed: was Paid as agreed

Terms
Paid Monthly

Date Closed
07/10/2020

Date Paid
07/06/2020

High Balance (Hist.)
High balance of \$184,764 from 04/2019
to 07/2020

Credit Limit (Hist.)
Credit limit of \$216,000 from 04/2019
to 07/2020

Remarks
Account closed at consumer's request;
CLOSED

Payment History

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2020												
Balance:	\$13,457	\$11,598	\$9,632	\$4,050	\$1,860	\$463	\$0					
Past Due:	\$0	\$0	\$0	\$0	\$0	\$0	\$0					
Amount Paid:	\$2,000	\$1,900	\$2,000	\$5,600	\$2,200	\$1,400	\$463					
Scheduled Payment:	\$60	\$52	\$43	\$38	\$25	\$12	---					
Rating:	OK	OK	OK	OK	OK	OK	OK					
2019												
Balance:	---	---	---	\$27,580	\$25,942	\$24,845	\$23,145	\$22,034	\$20,313	\$19,087	\$17,350	\$15,407
Past Due:	---	---	---	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Amount Paid:	---	---	---	\$5,400	\$1,750	\$1,200	\$1,800	\$1,200	\$1,800	\$1,300	\$1,800	\$2,000
Scheduled Payment:	---	---	---	\$29	\$84	\$123	\$104	\$102	\$93	\$83	\$75	\$66
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2018												
Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Amount Paid:	---	---	---	---	---	---	---	---	---	---	---	---
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
2017												
Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Amount Paid:	---	---	---	---	---	---	---	---	---	---	---	---
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
2016												
Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Amount Paid:	---	---	---	---	---	---	---	---	---	---	---	---
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
2015												
Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Amount Paid:	---	---	---	---	---	---	---	---	---	---	---	---
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
2014												

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Amount Paid:	---	---	---	---	---	---	---	---	---	---	---	---
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2013

Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Amount Paid:	---	---	---	---	---	---	---	---	---	---	---	---
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:									OK	OK	OK	OK

WF/DILLARDS

Address PO BOX 14517 DES MOINES, IA 50306 Phone (877) 302-6157

Monthly Payment \$26 Date Opened 01/01/1988

Responsibility Joint Account Account Type Revolving Account

Loan Type CHARGE ACCOUNT Date Updated 08/29/2021

Payment Received \$68 Last Payment Made 08/20/2021

Pay Status Current Account Terms \$26 per month; paid Monthly High Balance (Hist.) High balance of \$705 from 04/2019 to 08/2021

Credit Limit (Hist.) Credit limit of \$1,000 from 04/2019 to 08/2021

Payment History

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021												
Balance:	\$0	\$0	\$0	\$92	\$0	\$0	\$68	\$26				
Past Due:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
Amount Paid:	\$0	\$0	\$0	\$0	\$92	\$0	\$0	\$68				
Scheduled Payment:	---	---	---	\$29	---	---	\$29	\$26				
Rating:	OK	OK	OK	OK	OK	OK	OK	OK				
2020												
Balance:	\$225	\$127	\$38	\$254	\$45	\$0	\$0	\$39	\$96	\$195	\$131	\$0
Past Due:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Amount Paid:	\$130	\$130	\$127	\$38	\$200	\$45	\$0	\$0	\$39	\$96	\$195	\$8
Scheduled Payment:	\$25	\$25	\$25	\$25	\$25	---	---	\$25	\$25	\$25	\$25	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
2019												
Balance:	---	---	---	\$85	\$0	\$0	\$358	\$346	\$183	\$87	\$0	\$256
Past Due:	---	---	---	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Amount Paid:	---	---	---	\$60	\$85	\$0	\$0	\$125	\$150	\$100	\$87	\$0
Scheduled Payment:	---	---	---	\$25	---	---	\$25	\$25	\$25	\$25	---	\$25
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
2018												
Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Amount Paid:	---	---	---	---	---	---	---	---	---	---	---	---
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
2017												

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Amount Paid:	---	---	---	---	---	---	---	---	---	---	---	---
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2016

Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Amount Paid:	---	---	---	---	---	---	---	---	---	---	---	---
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2015

Balance:	---	---	---	---	---	---	---	---	---	---	---	---
Past Due:	---	---	---	---	---	---	---	---	---	---	---	---
Amount Paid:	---	---	---	---	---	---	---	---	---	---	---	---
Scheduled Payment:	---	---	---	---	---	---	---	---	---	---	---	---
Rating:	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

2014

Balance:										---	---	---
Past Due:										---	---	---
Amount Paid:										---	---	---
Scheduled Payment:										---	---	---
Rating:										OK	OK	OK

Inquiries

Regular Inquiries

Regular Inquiries are posted when someone accesses your credit information from TransUnion. The presence of an inquiry means that the company listed received your credit information on the dates specified. These inquiries will remain on your credit file for up to 2 years.

Name

UBS BANK USA

Location
299 SOUTH MAIN STREET
SUITE 2275
SALT LAKE CITY, UT 84111

Requested On
07/28/2020

Phone
(801) 741-0310

Inquiry Type
Individual

Promotional Inquiries

The companies listed below received your name, address and other limited information about you so they could make a firm offer of credit or insurance. They did not receive your full credit report. These inquiries are not seen by anyone but you and do not affect your score.

Name

CHASE.COM

Location
P.O. BOX 15298

Requested On
08/31/2021, 07/25/2021, 06/28/2021

Phone
(800) 955-9900

WILMINGTON, DE 19850

THE HARTFORD

Location
8 FARM SPRINGS RD

Requested On
06/01/2021, 03/18/2021, 11/30/2020

Phone
(888) 413-8970

FARMINGTON, CT 06032-2526

CAPITAL ONE BANK USA NA

Name		
Location P O Box 31293 Salt Lake City, UT 84131	Requested On 04/07/2021, 12/04/2020	Phone (800) 955-7070
T-MOBILE		
Location 12920 SE 38TH STRE BELLEVUE, WA 98006	Requested On 04/01/2021, 11/26/2020	Phone (800) 318-9270
JPMORGAN CHASE BANK NA		
Location 2500 WESTFIELD DR ELGIN, IL 60124	Requested On 12/21/2020	Phone (800) 955-9000

Account Review Inquiries

The listing of a company's inquiry in this section means that they obtained information from your credit file in connection with an account review or other business transaction with you. These inquiries are not seen by anyone but you and will not be used in scoring your credit file (except insurance companies may have access to other insurance company inquiries, certain collection companies may have access to other collection company inquiries, and users of a report for employment purposes may have access to other employment inquiries, where permitted by law).

Name		
SYNCB/HOME DESIGN HVAC		
Location C/O PO BOX 965036 ORLANDO, FL 32896-5036	Requested On 09/08/2021	Phone (866) 396-8254
SYNCB/LEVIN FURNITURE		
Location C/O P.O. BOX 965036 ORLANDO, FL 32896-5036	Requested On 09/08/2021	Phone (866) 396-8254
SYNCB/BELK		
Location PO BOX 965005 ORLANDO, FL 32896	Requested On 09/08/2021	Phone (800) 669-6550

Name

SYNCB/SYNCB

Location

C/O PO BOX 965036

Requested On

08/26/2021

Phone

(866) 396-8254

ORLANDO, FL 32896-5036

CITICARDS CBNA

Location

CITI BRANDS CREDIT BUREAU DISP

POB 6241

SIOUX FALLS, SD 57117

Requested On

06/04/2021

Phone

Phone number not available

DOROTHY BABSON via TRANSUNION INTERACTIVE IN

Location

100 CROSS ST

STE 202

SAN LUIS OBISPO, CA 93401

Requested On

10/02/2021, 10/02/2021, 10/02/2021

Phone

(855) 681-3196

DOROTHY BABSON via TRANSUNION INTERACTIVE

Location

100 CROSS STREET 202

SAN LUIS OBISPO, CA 93401

Requested On

09/03/2021, 08/03/2021, 07/03/2021,

06/03/2021, 05/03/2021, 04/03/2021

Phone

(800) 493-2392

UBS BUSA SBL SUM

Location

299 N MAIN

SALT LAKE CITY, UT 84111

Requested On

07/08/2021, 03/03/2021, 11/20/2020

Phone

Phone number not available

Should you wish to contact TransUnion, you may do so,

Online:

To report an inaccuracy, please visit: dispute.transunion.com

For answers to general questions, please visit: www.transunion.com

By Mail:

<https://annualcreditreport.transunion.com/dss/disclosure.page>

Exhibit C-6
"Bankruptcy Information"

The applicant has not filed any reorganization, protection from creditors or other form of bankruptcy.

**Exhibit C-8 "Bankruptcy
Information"**

The applicant has not filed any reorganization, protection from creditors or other form of bankruptcy.

**Exhibit C-9 "Merger
Information"**

The applicant has not been involved with any dissolution, merger, or acquisition within the five most recent years, or ever, in the history of the company.

CLE Power Inc

Exhibit C-10
"Corporate Structure"

Stand Alone Entity

"Exhibit D1"
Operations

CLE Power Inc's operation will provide the sale of electrical generation contracts through Electric Generation Companies to small and large commercial facilities.

"Exhibit D2"

Applicant's two members, Greg Loughhead and James Ziegen, have a combined experience of 20 years in the energy procurement and energy efficiencies gas and electric domain. Applicant will use its experience and existing infrastructure to work in its preferred business segments to build new relationships and leverage existing relationships into new aggregator/power broker business in Ohio.

Greg Loughhead, President and Secretary, has been involved with electrical and related consulting services since 2009. He is currently a VAR partner with GE

James Ziegen has worked for Commerce Energy and Volunteer Energy and is the Owner of Ohio Energy Management as a master distributor of Natural Gas and Electricity to over 290 commercial businesses. He has also negotiated and managed electricity and natural gas supply sales agreements. He has assisted companies of various sizes in navigating the complexities of a deregulated energy marketplace and provided objective and unbiased cost saving solutions.