



Authorization of Direct Deposit

The undersigned (hereafter referred to as the "employee") hereby authorizes and requests PAYCOM to make deposits from time to time in the account(s) identified below and authorizes the bank to accept such deposits. It is agreed that these deposits may be made electronically and under the Rules of the National Automated Clearing House Association. It is agreed that PAYCOM is only responsible for direct deposit of funds that have previously been received from _____ hereafter referred to as the "employer".

Attach a voided check, copy of a check, or spec sheet for each account. Indicate whether it is a checking or savings account. (No deposit slips)

1. Call your bank and confirm the ACH Routing Number(s) and Account numbers for Checking and/or Savings
2. Complete and Sign the form

Main Account (Net Pay) - Checking or Savings Account (circle one)

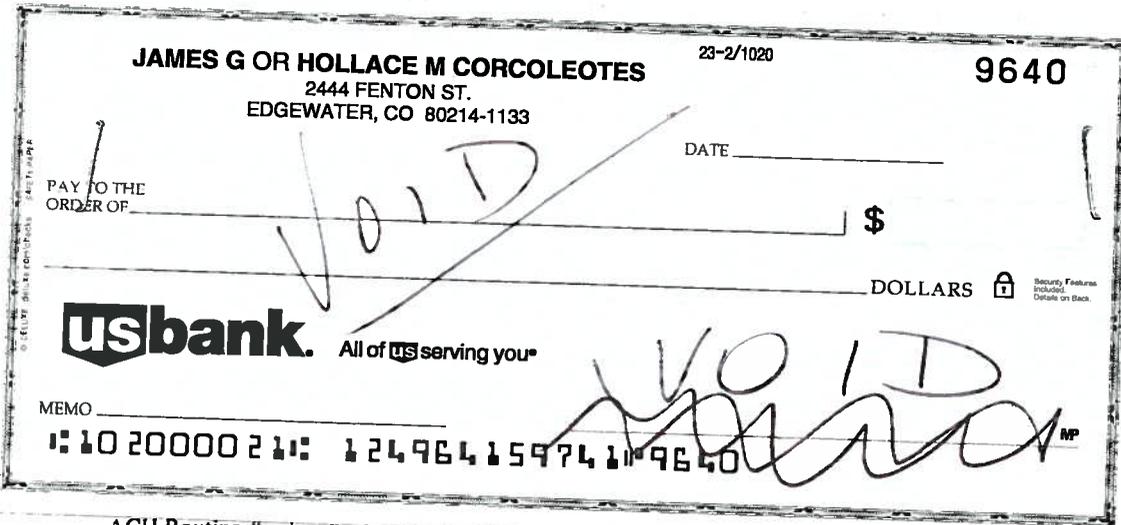
Acct # 124964159741

ACH Routing # 1110121010101211

Bank Name US Bank

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____



ACH Routing # _____

Bank Name _____

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

ACH Routing # _____

Bank Name _____

Employee Name Hollace M. Corcoleotes SS# 52118212427

Address 2444 Fenton St City Edgewater State CO Zip 80214

Employee Signature Hollace M Corcoleotes



DISCLOSURE REGARDING BACKGROUND INVESTIGATION

_____ or any of its subsidiaries may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history (State and Federal records), social security verification, address trace, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised NationSearch.com, LLC. 11160 Huron St. Suite 100 Northglenn, CO 80234, (800)-827-9550 will be conducting the ICR or another outside organization. The scope of this notice and authorization is all encompassing, however, allowing the Company to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, credit reporting agency, employer, to provide any and all background information requested by NationSearch LLC. 11160 Huron St. Suite 100 Northglenn, CO 80234 (800)-827-9550, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Notice to California Applicants: Notice to California Applicants: Under section 1786.22 of California Civil Code, you have the right to request from NationSearch, upon proper identification, the nature and substance of all information in files pertaining to you, including the sources of information, and recipients of any reports on you, which NationSearch has previously furnished within the two-year period preceding your request. You may view the file maintained on you by contacting NationSearch during normal business hours. You may also obtain a copy of this report(s) upon submitting proper identification. Upon making a written request, you may receive a summary of your report.
New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.
Notice to Maine Applicants: Under Chapter 210 Section 1314 of Maine revised Statutes, you have the right, upon request, to be informed within 5 business days of such a request to whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency, NationSearch and request a copy of the report(s) compiled.
Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Last Name: <i>Corcoleptes</i>	First Name: <i>Hollace</i>	Middle Name: <i>Miller</i>
Other Names Used: <i>maiden name: Hollace Gray Miller</i>	SSN: <i>521-82-2427</i>	Date of Birth: (For Employment Purposes Only) <i>2/10/1954</i>
Motor Vehicle Number & State of Issue: (Driver's License Number) <i>92-046-6846 Colorado</i>		
Address: <i>2444 Fenton Street Edgewater, Colorado 80214</i>		

Signature: *Hollace M Corcoleptes* Date: *3/18/2013*

Please initial this box in affirmation that you have been advised of your rights as it pertains to this consumer investigative report, and are aware of the agency conducting the investigation:

hmc

1102 Corcoleptes

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.")

Position Applying For: <i>A/P Specialist</i>		Name (Last, First, Middle): <i>Corcorates, Hollace Miller</i>		Other names under which you have attended school or been employed: <i>Hollace G Miller</i>	
		City, State & Zip:			
Social Security Number: <i>521-82-2427</i>		Home Phone: <i>303-234-0823</i>		Cell Phone: <i>303-949-3774</i>	
				Email: <i>jimhol@g.com</i>	
Are you eligible to work in the United States? <small>We participate in the E-Verify program.</small>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are you applying for:		<input checked="" type="checkbox"/> F/T <input checked="" type="checkbox"/> P/T			
Do you have any responsibilities or commitments that will prevent you from working the required schedules or anticipate any absences from work on a regular basis?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, please explain:	
Have you ever been convicted of any law violations (excluding minor traffic)? Please include any plea of guilty or no contest. <small>Answering yes is not automatic grounds for disqualifications. Any offer of employment will be subject to a successful background investigation.</small>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If YES, please explain:	
Have you in the past 7 years or are you currently in the process of filing bankruptcy? <small>Answering yes is not automatic grounds for disqualification. Candidates may be subject to a credit check.</small>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
How did you learn about this employment opportunity at Nationsearch Staffing Solutions? Check all that apply: <input type="checkbox"/> Job Bulletin (Posting) <input type="checkbox"/> Website <input type="checkbox"/> Dept. of Labor <input type="checkbox"/> Referral by employee <input checked="" type="checkbox"/> Other: <i>indeed.com</i>					

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."

PLEASE NOTE: Nationsearch Staffing Solutions reserves the right to contact all employers for reference information. However, current employers will not be contacted without written consent from applicant.

Dates Employed (most recent position) From: To		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name:			
Supervisor's Name & Title		Phone #:	
Primary duties:		Reason for Leaving:	

Dates Employed (most recent position) From: To		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name:			
Supervisor's Name & Title		Phone #:	
Primary duties:		Reason for Leaving:	

Dates Employed (most recent position) From: To		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name:			
Supervisor's Name & Title		Phone #:	
Primary duties:		Reason for Leaving:	

ALL OFFERS OF EMPLOYMENT ARE CONDITIONAL UPON SATISFACTORY PROOF OF IDENTITY AND LEGAL ABILITY TO WORK IN THE U.S

I authorize Nationsearch Staffing Solutions and Corporate Management Group, herein after know as NSS/CMG, to use the information and statements contained in this application to determine my qualifications for employment. I authorize NSS/CMG to make inquiries of my former employers, exception as indicated in this application regarding my previous duties, responsibilities, performance, compensation, and eligibility for rehire.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of NSS/CMG. This may include but is not limited to investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by NSS/CMG policies.

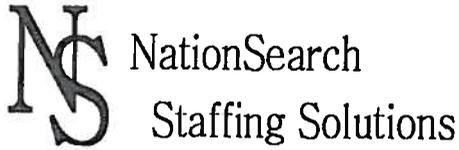
I release NSS/CMG and other persons or entities from any claims that might be based on NSS/CMG decision to conduct a background check.

I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination.

If hired, I agree to abide by the policies and procedures on NSS/CMG and the client to which I am placed.

Applicant Signature: *Hollace M Coradoles* Date: 3/18/2013

Printed Name: Hollace M Coradoles



11160 Huron St., #100, Northglenn, CO
Toll Free 800-827-9550
www.NationSearchStaffingSolutions.com

Sick Leave Policy

All employees assigned to LenderLive are entitled to 8 hours of Sick Leave per month beginning the first of the month following date of employment. To earn the 8 hours of Sick Leave you must work a full 40 hour week, each week. Anyone who works less than 40 hours a week, will accrue a percentage of the 8 hour monthly allowance.

Any unused accrued Sick Leave will be forfeited if not used by the last day of your anniversary month. Sick Leave cannot be carried over to the next year.

Upon your assignment ending at LenderLive, you will not be paid for any accrued Sick Leave.

The pay rate for Sick Leave is \$12.00 an hour for all positions and shifts, regardless of your actual pay rate.

3/18/2013

Date

Shelley K. [Signature]

Employee

IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Name: Hollace M Corcoleotes

Address: 2444 Fenton Street, Edgewater, Co 80214

Home Phone: 303-234-0823

Person(s) to contact in case of an emergency on the job (in order of preference):

1. Name: Jim Corcoleotes

Phone (work): _____

Phone (home): 303-234-0823

2. Name: Ardith Beyette

Phone (work): _____

Phone (home): 303-279-3172

Additional information you want Employer Solutions Group and our clients to know in the event of an emergency:

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Nationseach Staffing Solutions, (hereinafter called "the Company"),

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to retain an employee Nationsearch Staffing Solutions, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by written instrument signed by the Owner/Managing Member of the Company. Both the undersigned and Nationsearch Staffing Solutions may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures, and such changes may include reduction of benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice. I hereby give the Company permission to contact, schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.

I understand that, in connection with the routine processing of your application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the company shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Initial Yun

Date 3/18/13

Nationsearch Staffing Solutions

Acknowledgement of Instructions & Procedures
For Job Assignments

I understand that, if I am hired for placement by Nationsearch Staffing Solutions (NSS), I will work at, or out of, the work sites of clients of NSS.

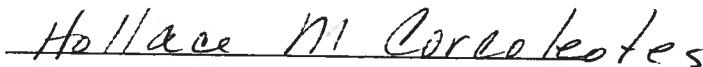
I understand that the clients of NSS are under no obligation to continue my placement. When a client ends my job assignment, I understand that it does not necessarily end my status for other assignments from NSS.

I understand and agree that, if hired, I cannot receive payment for my hours worked unless a time sheet, signed by the client and myself, is turned into, and received by NSS. Unless otherwise instructed, I am solely responsible for obtaining the authorized signature of the client and for turning the time sheet in to NSS.

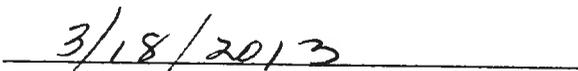
If hired for temporary placement, I agree to comply with the policies, rules, regulations, and procedures of NSS and its clients for which I accept temporary job assignments. I will immediately inform NSS of any problems or concerns that arise in the course of my assignments. I acknowledge that I received written guidelines and instructions from NSS, as well as the NSS Policy on Sexual Harassment.



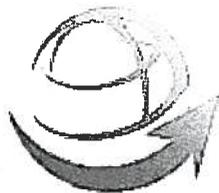
Signature



Printed name



Date



NationSearch
REMOVING THE GRAY

ANTI-HARASSMENT POLICY

It is Corporate Management Group's (CMG) policy that all employees should be able to enjoy a work environment free from all forms of discrimination, including harassment. As such, CMG is committed to vigorously enforcing their Anti-harassment Policy. This policy applies to all employees of the organization (without regard to position) and individuals not directly connected to CMG (e.g., an outside vendor, consultant, customer or guest). Title VII of the Civil Rights Act of 1964 prohibits employment discrimination based on race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, sexual orientation or veteran status. Harassment is considered a form of discrimination and is specifically included among the prohibitions under Title VII of the Civil Rights Act of 1964. In addition, retaliation or reprisal taken against anyone who has expressed concern about harassment or discrimination against the individual raising the concern is illegal.

The Equal Employment Opportunity Commission (EEOC) defines sexual harassment as "unwelcome sexual advances, requests for sexual favors, sexual comments, or other verbal or physical acts of a sexual or sex-based nature including, but not limited to drawings, pictures, jokes, and/or teasing where (1) submission to such conduct is made either explicitly or implicitly a term or a condition of an individual's employment; (2) an employment decision is based on an individual's acceptance or rejection of such conduct; or (3) such conduct interferes with an individual's work performance or creates an intimidating, hostile or offensive working environment."

The Anti-harassment Policy prohibits harassment and/or retaliation by any individual employed by, doing business with or for, or visiting CMG. Employees who believe they have been the subject of harassment and/or retaliation or an employee who may have been witness to harassment and/or retaliation must report the incident immediately. Information and/or allegations must be reported to a manager of CMG (**by telephoning 866.920.1425 or 303.920.1425**). Only those who have an immediate need to know, including the alleged target of harassment or retaliation, the alleged harassers or retaliators, and any witnesses may find out the identity of the complainant. All individuals contacted in the course of an investigation will be advised that all persons involved in a charge are entitled to respect and that any retaliation or reprisal against an individual who is an alleged target of harassment or retaliation, who has made a complaint, or who has provided information in connection with a complaint, is a separate violation of CMG's policy. All information will be disclosed only on a need-to-know basis to allow CMG to

investigate and resolve the incident. CMG recognizes the serious nature of harassment and therefore will endeavor to protect the employee who may have been subjected to harassment, any witnesses and the party against whom allegations have been filed to every possible extent.

Harassment is unlawful and has a negative impact on employees. Violation of the Anti-harassment Policy will not be tolerated by CMG and may result in discipline up to and including termination. Offensive acts or conduct have no legitimate business purpose; accordingly, any employee, regardless of his/her position within CMG, who it is determined has engaged in such conduct will be made to bear the full responsibility for such unlawful conduct.

With respect to sexual harassment, the following is prohibited:

1. Unwelcome sexual advances, request for sexual favors, and all other verbal or physical conduct of a sexual or otherwise offensive nature, especially where:
 - Submission to such conduct is made either explicitly or implicitly a term or condition of employment;
 - Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment; or
 - Such conduct has the purpose or effect of creating an intimidating, hostile or offensive working environment.
2. Offensive comments, jokes, innuendoes and other sexually-oriented statements.

If Harassment Occurs:

1. When possible, confront the harasser and tell him/her to stop. Sometimes a simple confrontation will end the situation.
2. If confrontation is unsuccessful, immediately contact your CMG supervisor to report the harassment.
3. An investigation will be conducted and appropriate action taken, including disciplinary measures. We will investigate, in confidence; all reported incidents of harassment and retaliation.

Employee Signature: _____

Date: _____

William M. Crisp
3/18/2013

Nationsearch Staffing Solutions

Employment Guidelines

Once your placement has been made, you will likely be filling a position that will require your immediate attention. Our client will, therefore, be counting on your complete cooperation and professionalism. Nationsearch Staffing Solutions (NSS) asks that you adhere to the following Employment Guidelines:

- If you are unable to report to work or anticipate being late for any reason, please call both the Client Company and NSS immediately. If you call outside business hours, please leave a voicemail message.
- All personal phone calls (texting) and personal computer use should be kept to a minimum. Please refrain from any social media interaction on company time. Misuse of these privileges will likely force the client to end your placement.
- Your hourly rate of pay should never be discussed with fellow co-workers. All salary issues should be discussed exclusively with NSS.
- Tardiness and absenteeism must be kept to a minimum. This is the #1 reason clients end placements.
- It is expected that you show up to work dressed in professional attire. Please pay particular attention to the dress code enforced by our client's company. No tank tops, halter tops, or tube tops. Skirts must be a professional length. No mini-skirt or micro-mini. If jeans are permitted be sure they are clean and free of rips and/or tears. Hair must be clean and professional in style.
- While we at NSS appreciate your individual sense of style our, clients may have a policy in place that requires all tattoos to be covered and piercings to be removed. In this regard, we ask that you respect the guidelines set forth in our client's dress code.
- Should you need to end your placement please provide NSS with 2 weeks notice.
- It is expected that you adhere to all rules and regulations set forth by NSS as well as those set by the client company.

Payroll Process

- NSS employees will complete a timesheet on a weekly basis. These timesheets MUST be signed by your Supervisor.
- NSS employees will submit their hours to payroll@nationsearchstaffing.com NO LATER THAN THURSDAY end of business for Friday processing.
- Checks will be delivered via direct deposit from Capital Management Group every Friday.

Signed

Shelley M. Caroleo

Date:

3/18/13

NATIONSEARCH STAFFING SOLUTIONS

CONFIDENTIALLY AGREEMENT

In consideration for employment by Nationsearch Staffing Solutions (NSSS) on assignment to NSSS clients, I hereby agree never to communicate, divulge, use or disclose, directly or indirectly, for my own behalf or for the benefit of another, any confidential business information or trade secrets with which I may come in contact during the course of my employment duties with NSSS. I understand and agree that this Agreement shall survive any termination of assignment and/or employment and that any violation of this Agreement is considered a serious offense and may result in termination of employment and/or liability for civil damages.

Employee Signature: _____

Hollace M Corcoran

Printed name of Employee: _____

Hollace M Corcoran

Date: _____

3/18/13

3/18/1pm

Hollace M. Corcoleotes

Resume page two

Home infusion

CORAM Healthcare, Inc., Denver, Colorado

Accounts Payable Technician, July 2000 through December 2008

- Processed all vendor invoices from source documents through payment for multiple locations
- Obtained vendor discount opportunities when offered
- Provided professional and efficient customer service to both Coram's internal customers and external vendors and discrepancy resolutions
- Performed Accounts Payable functions for Coram's national partnerships and Canadian division
- Processed nationwide employee expense reports including auditing for content and company compliance through final reimbursement

Crumpets Tea Room, Lakewood, Colorado

Co-Owner, March 1999 through April 2000

- Completed and analyzed monthly financial statement
- Reconciled monthly bank statement
- Prepared monthly sales tax returns
- Reconciled monthly balance sheet accounts
- Organized and assisted in daily operation of restaurant
- Purchased food and supplies

CEAVCO Audio-Visual Company, Inc., Lakewood, Colorado

Full-Charge Bookkeeper, October 1989 through February 1999

- Coordinated and completed all Accounts Payable function from source document entry through payment for multiple locations and departments
- Reconciled vendor statements for accuracy and discrepancy resolution while maintaining excellent vendor relationships
- Coordinated and completed all Accounts Receivable function from source document entry through and including collection for multiple locations and departments
- Balanced Accounts Payable and Accounts Receivable subsidiary ledgers to the GL
- Prepared and analyzed monthly financial statement
- Reconciled monthly balance sheet accounts
- Reconciled monthly bank statements
- Prepared monthly sales tax returns
- Completed and supplied all necessary documents and support for year-end auditor review and analysis

EDUCATION AND CERTIFICATIONS

- Community College of Aurora, Certificate in Victim Assistance, 1989
- Phi Theta Kappa
- Attended multiple bookkeeping and accounting classes sponsored by General Motors and Ford Motors

Hollace M. Corcoleotes

2444 Fenton Street
Edgewater, Colorado 80214
Home (303) 234-0823 Cell (303) 949-3774
jimhol@q.com

More than fifteen years of professional experience with high volume Accounts Payable and related accounting functions including managing workflow and GL account coding.

PROFESSIONAL SKILLS AND CAPABILITIES

- Proficient with computers and accounting software: Microsoft Office, Lawson, OnBase, QuickBooks, Oracle, Great Plains and PeopleSoft
- Experienced with third party employee expense report software: JPMorganChase, Wells Fargo and American Express
- Proven organizational skills and ability to prioritize in a multi-task setting
- Strong commitment to a team approach and quality improvement
- Excellent written and oral communication skills

EXPERIENCE

DCP Midstream, Denver, Colorado

**Accounts Payable Employee Expense and Purchase Card Administrator,
Temporary assignment April 2012 through August 2012**

- Processed applications for employee purchase cards through JPMorganChase and employee travel cards through American Express
- Managed PeopleSoft software with third party downloads from JPMorganChase and American Express
- Provided customer service and discrepancy resolution for users

StarTek, Inc., Denver, Colorado

**Accounts Payable Accountant, March 2010 through November 2011
(Temporary assignment October 2009 through February 2010)**

- Processed Accounts Payable invoices both overhead and 3 way purchase order match including GL account coding and all necessary approvals for multiple locations
- Processed employee expense reports for payment through third party software downloads including auditing for company policy compliance, accurate payment amounts, GL account coding and currency conversion
- Audited employee company purchase cards through third party software for accurate amounts, company policy compliance and GL account coding
- Tested third party software for user acceptance
- Trained co-workers on Lawson and third party software
- Prepared month end accruals for employee expense reports as necessary
- Scanned, indexed and routed invoices using OnBase software
- Self assessed use tax
- Provided professional and efficient customer service to both StarTek's internal customers and external vendors and discrepancy resolution

Kforce

outsourcing

Form W-4 (2012)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on www.irs.gov/w4 for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u>1</u>
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	_____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child 	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u>1</u>

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	Employee's Withholding Allowance Certificate ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.	OMB No. 1545-0074 2012
1 Your first name and middle initial <u>Hollace M</u> Last name <u>Corcoleates</u>		2 Your social security number <u>521-82-2427</u>
Home address (number and street or rural route) <u>2444 Fenton Street +</u>		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code <u>Edgewater, CO 80214</u>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>1</u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption.		
• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and		
• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.		
If you meet both conditions, write "Exempt" here ▶ <u>1</u>		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ <u>Hollace M Corcoleates</u>		Date ▶ <u>3/22/13</u>
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
<u>CMG 12000 N. Washington St. Suite #290, Thornton, CO 80241</u>		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2012 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$3,800 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

EMPLOYEE INFORMATION
(Must Be Filled Out)

ENROLLMENT FORM - PLAN 2

USE BLACK or BLUE INK ONLY

Social Security Number 521-82-2427
Date of Birth 02/10/1954 Sex M F
Name Hollace M Corcoleotes
Street Address 2444 Fenton Street
City Edgewater State CO Zip 80217
Home Phone 303-234-0823

Do you or any dependents have Medicare?
 Yes No If Yes:
Medicare Health Insurance Claim Number (HICN) _____
Medicare Effective Date
Names of Covered Person(s)
1. _____
2. _____
3. _____
4. _____

- You MUST enroll in the Medical Insurance Plan before adding any additional benefits.
- Your coverage level for the additional benefits will be identical to your medical plan selection.

BENEFIT SELECTION

Weekly Rates

MEDICAL

- \$23.69 Employee Only
- \$48.08 Employee +1
- \$64.20 Employee + Family
- NO to all benefits.
If NO is checked, sign and date the bottom of the form and go no further.

DENTAL

- YES \$5.23 Employee Only
- NO \$10.46 Employee +1
- \$17.26 Employee + Family

VISION

- YES \$2.35 Employee Only
- NO \$4.00 Employee +1
- \$5.64 Employee + Family

TERM LIFE

- YES \$0.60 Employee Only
- NO \$0.90 Employee +1
- \$1.80 Employee + Family

SHORT-TERM DISABILITY

- YES \$4.20 Employee Only
- NO

Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

REQUIRED DEPENDENT INFORMATION

Name _____
Social Security Number --
Date of Birth //
Relationship: Spouse Domestic Partner Child

Name _____
Social Security Number --
Date of Birth //
Relationship: Spouse Domestic Partner Child

Name _____
Social Security Number --
Date of Birth //
Relationship: Spouse Domestic Partner Child

Name _____
Social Security Number --
Date of Birth //
Relationship: Spouse Domestic Partner Child

BENEFICIARY INFORMATION

For Term Life \ Accidental Loss of Life, Limb & Sight, please write in your beneficiary information.

NAME OF BENEFICIARY

James G Corcoleotes

RELATIONSHIP

husband

Accidental Loss of Life, Limb & Sight is part of the Medical Benefit.

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declination of coverage.

► **Signature** Hollace M Corcoleotes

Date 03/22/2013



Revision Date: 01/11/12

Affirmation of Legal Work Status
Pursuant to § 8-2-122, Colorado Revised Statutes

Employee Name: Corcoleotes, Hollace M 2/10/54
Last First Middle Date of Birth

Social Security Number: 521 - 82 - 2427 Date of Hire: 03/25/2013 (MM/DD/YYYY)

In accordance with § 8-2-122, C.R.S., within 20 days after hiring the new employee listed above,

I affirm all four of the following by signing this form:

1. I have examined the legal work status of the above named employee.
2. I have retained file copies of the documents required by 8 U.S.C. sec. 1324a.
3. I have not altered or falsified the employee's identification documents.
4. I have not knowingly hired an unauthorized alien.

Print Name of Employer (or Designated Representative) Official Title

Signature of Employer (or Designated Representative) Date Signed by Employer (MM/DD/YYYY)

Business or Organization Name Employer Phone Number

The provision of false or fraudulent information on this form may subject the employer to a significant fine and/or additional penalties.

This form and the documents required by 8 U.S.C. sec. 1324 (copies or electronic copies) will be retained for the duration of the above named individual's employment.

§ 8-2-122(2), C.R.S.: On and after January 1, 2007, within twenty days after hiring a new employee, each employer in Colorado shall affirm that the employer has examined the legal work status of such newly-hired employee and has retained file copies of the documents required by 8 U.S.C. sec. 1324a; that the employer has not altered or falsified the employee's identification documents; and that the employer has not knowingly hired an unauthorized alien. The employer shall keep a written or electronic copy of the affirmation, and of the documents required by 8 U.S.C. sec. 1324a, for the term of employment of each employee.

Notification of Colorado Law Requirements- Unemployment Acknowledge

According to Colorado Statutes section 8-73-105.3 A temporary employee who is given a notice that the employee is required to contact or notify the employer upon completion of an assignment and to be available to work, as agreed upon at the time of hire, during a specified period of time, on specified dates, or upon call by the employer on an as-needed basis and who does not contact or notify the employer upon completion of an assignment in compliance with the notice and is not available to work at the agreed-upon times is deemed to have voluntarily terminated employment for the purpose of determining benefits pursuant to section 8-73-108 (5) (e). Also, a temporary employee who agrees to work on an as need basis and refuses all work within three separate pay periods when contacted by the employer is deemed to have voluntarily terminated employment for reasons that may or may not allow an award of benefits pursuant to section 8-73-108.

It is your responsibility to contact or notify NationSearch Staffing Solutions and Corporate Management Group once your assignment ends. If you fail to do so, it may affect your unemployment benefits.

I understand by signing this form that I am responsible to contact or notify NationSearch Staffing Solutions and Corporate Management Group once my assignment ends. I also acknowledge that I have received a separate copy of this form. HM (Initial)

Hollace M Corcokates
Employee Signature

3/18/2013
Date

Hollace M Corcokates
Employee (please print name here)



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment , but not before accepting a job offer.)					
Last Name (Family Name) <i>Corcoleotes</i>		First Name (Given Name) <i>Hollace</i>		Middle Initial <i>M</i>	Other Names Used (if any)
Address (Street Number and Name) <i>2444 Fenton Street</i>			Apt. Number	City or Town <i>Edgewater</i>	State <i>CO</i> Zip Code <i>80214</i>
Date of Birth (mm/dd/yyyy) <i>02/10/1954</i>	U.S. Social Security Number <i>521-82-2427</i>	E-mail Address			Telephone Number <i>303-234-0823</i>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

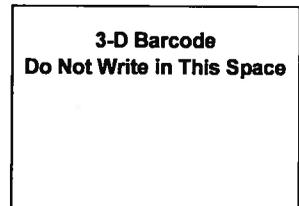
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: <i>Hollace M Corcoleotes</i>	Date (mm/dd/yyyy): <i>03/22/2013</i>
---	--------------------------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)
--

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):		
Last Name (Family Name)			First Name (Given Name)		
Address (Street Number and Name)		City or Town		State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>Passport</u>		Document Title:		Document Title:
Issuing Authority: <u>USA</u>		Issuing Authority:		Issuing Authority:
Document Number: <u>45083447</u>		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): <u>Sept 14, 2018</u>		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode
Do Not Write in This Space**

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 4.1.13 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Tina Kool</u>		Date (mm/dd/yyyy) <u>4.1.13</u>	Title of Employer or Authorized Representative <u>Account Manager</u>	
Last Name (Family Name) <u>Kool</u>		First Name (Given Name) <u>Tina</u>	Employer's Business or Organization Name <u>CMG</u>	
Employer's Business or Organization Address (Street Number and Name)			City or Town	State
				Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:

Letter of Recommendation

Hollace Corcoleotes

Hollace has been employed at Coram Specialty Infusion Services since July 31, 2000 as an Accounts Payable Technician. Due to the acquisition of Coram by Apria Healthcare and the relocation of the accounts payable functions to Apria headquarters in California, Hollace's position was eliminated as of December 31, 2008.

Hollace has been an excellent employee. She has specialized in processing the invoices for seven joint venture entities and one Canadian entity. This has involved ensuring that all invoice transactions are posted to the appropriate general ledger categories and disbursed from the appropriate checking accounts. When some of these entities were discontinued, Hollace began auditing and processing employee expense reports. This required maintaining strict controls and compelling some recalcitrant employees to comply with expense reimbursement regulations. She has balanced her workload with the cyclical nature of invoice and expense report submissions and the varying volumes of each.

Hollace would be a great asset to any company with her great work ethic and reliability.

Bill Bowen

Handwritten signature of Bill Bowen in black ink, with the date 12/31/08 written below it.

Accounts Payable Manager
Coram Specialty Infusion Services
303-520-2506

Hollace M. Corcoleotes

2444 Fenton Street
Edgewater, Colorado 80214
Home (303) 234-0823 Cell (303) 949-3774
jimhol@g.com

Reference List:

Kelli Mills 303-262-4225. Kelli is the Accounts Payable Manager at StarTek.

Marcie Daniel-Kirka (work) 720-974-2688 (cell) 303-467-0954. Marcie was the Accounts Payable Manager at StarTek.

Bill Bowen (cell) 303-520-2506. Bill was the Accounts Payable Manager at Coram Healthcare.

Chris Foster (cell) 303-906-1243, (home) 303-988-4286, (work) 720-423-4933. Chris and I owned Crumpets Tea Room together.

Matt Emerson (work) 303-539-3400. I reported directly to Matt, VP/Finance, at CEAVCO Audio-Visual Co., Inc.

Sandy Newton (cell) 303-548-7819. Sandy and I worked together for many years at Stevinson Chevrolet. When she was promoted to Business Manager, I was promoted to Office Manager and I worked for her for a short while until I was promoted to Business Manager at another Stevinson dealership.