



## CMG APPLICATION FOR EMPLOYMENT

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED**

<b>PLEASE COMPLETE PAGES 1-5</b>	DATE <u>Feb 29, 2016</u>
Name <u>Debra Blydenburg</u> <small>Last First Middle Maiden</small>	
Present address <u>8505 E. Temple Drive Unit 471</u> <small>Number Street Denver</small> <small>CO</small> <u>80237</u> <small>City</small> <small>State</small> <small>Zip</small>	
Social Security No. <u>508</u> - <u>80</u> - <u>6116</u>	
Telephone <u>303-884-6088</u>	E-Mail <u>debbie.blydenburg@comcast.net</u>
If under 18, please list age _____	Referred by _____
Position applied for (1) <u>Due Diligence Analyst</u>	Shift available to work 1 <sup>st</sup> <input type="checkbox"/> _____ 2 <sup>nd</sup> <input type="checkbox"/> _____ 3 <sup>rd</sup> <input type="checkbox"/> _____
and salary desired (2) <u>\$50.00/hour</u> (Be specific)	
How many hours can you work weekly? <u>24</u>	Can you work nights? <u>no</u>
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input checked="" type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME	
When available for work? <u>immediately</u>	
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes    If so, please explain _____	
Do you anticipate any absences from work on a regular basis? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes    If so, please explain _____	

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	Northwest	Omaha NE	4	Diploma
College	Univ. of Nebr. at Lincoln	Lincoln NE	4	BS in Elementary Education
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s), dates of conviction(s), sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

### APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? my own vehicle

Driver's license number 92-181-3543 State of issue Colorado

Operator  Commercial (CDL)  Chauffeur

Expiration date 1-23-2017

Have you had any accidents during the past three years?  Yes  No

If so, how many? one; I was not at fault

Have you had any moving violations during the past three years?  Yes  No

If so, how many? \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name Christine Vermilyea Name Cindy Maul

Position Loan Officer Assistant Position Regional Account Manager

Company Citywide Mortgage Company Radian Guaranty

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone (303-596-8440) Telephone (720-244-8952)

## APPLICATION FOR EMPLOYMENT

### MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD?  Yes  No

Branch \_\_\_\_\_ Specialty \_\_\_\_\_

Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

### WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name <u>Debbie Blydenburg</u> Position <u>Compliance Director</u> Company <u>LenderLive Network</u> Address <u>720 S. Ash Street</u> <u>Glendale, CO 80246</u> Telephone (    ) _____	Supervisor name <u>Matt Slaney</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Employment dates</th> <th style="width: 50%;">Pay or salary</th> </tr> <tr> <td>From <u>June 2013</u></td> <td>Start <u>\$110,000/year</u></td> </tr> <tr> <td>To <u>December</u></td> <td>Final <u>\$112,000/year</u></td> </tr> </table> Your last job title <u>Compliance Director</u>	Employment dates	Pay or salary	From <u>June 2013</u>	Start <u>\$110,000/year</u>	To <u>December</u>	Final <u>\$112,000/year</u>
Employment dates	Pay or salary						
From <u>June 2013</u>	Start <u>\$110,000/year</u>						
To <u>December</u>	Final <u>\$112,000/year</u>						
Reason for leaving (be specific) <u>to pursue other opportunities</u>							
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <p style="text-align: center;"><u>Compliance oversight for Fulfillment and Correspondent channels</u></p>							

Name <u>Debbie Blydenburg</u> Position <u>Quality Assurance Manager</u> Company <u>Pinnacle Mortgage Group</u> Address <u>3605 S. teller Street</u> <u>Lakewood, CO</u> Telephone ( <u>303-716-9000</u> ) _____	Supervisor name <u>Brian Rindels</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Employment dates</th> <th style="width: 50%;">Pay or salary</th> </tr> <tr> <td>From <u>November 2009</u></td> <td>Start <u>\$45,000/year</u></td> </tr> <tr> <td>To <u>June 2013</u></td> <td>Final <u>\$90,000</u></td> </tr> </table> Your last job title <u>Quality Assurance Manager</u>	Employment dates	Pay or salary	From <u>November 2009</u>	Start <u>\$45,000/year</u>	To <u>June 2013</u>	Final <u>\$90,000</u>
Employment dates	Pay or salary						
From <u>November 2009</u>	Start <u>\$45,000/year</u>						
To <u>June 2013</u>	Final <u>\$90,000</u>						
Reason for leaving (be specific) <u>To take another job</u>							
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <p style="text-align: center;"><u>Managed quality control and quality assurance</u></p>							

**APPLICATION FOR EMPLOYMENT**

**WORK EXPERIENCE**

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Employment dates</th> <th style="width:50%;">Pay or salary</th> </tr> <tr> <td>From _____</td> <td>Start _____</td> </tr> <tr> <td>To _____</td> <td>Final _____</td> </tr> </table> Your last job title _____	Employment dates	Pay or salary	From _____	Start _____	To _____	Final _____
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To _____	Final _____						
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Employment dates	Pay or salary						
From _____	Start _____						
To _____	Final _____						
Reason for leaving (be specific) _____							
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.							

May we contact your present employer?  Yes  No

Did you complete this application yourself  Yes  No

If not, who did? \_\_\_\_\_

**PLEASE READ CAREFULLY  
APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Corporate Management Group, Inc.,

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 remain an employee of Corporate Management Group, Inc. (CMG), 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 a written instrument signed by an officer of CMG. Both the undersigned and CMG may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CMG may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release CMG from any liability as a result of such contact.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by 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 CMG policies.

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

I understand that, in connection with the routine processing of your employment application, CMG 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, CMG 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 CMG 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 CMG is terminable at will for any reason by either party.

Signature of applicant Debra Blydenburg  
Debra Blydenburg (Feb 29, 2016)

Date: Feb 29, 2016



[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

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 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 manner 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.

**ACKNOWLEDGMENT 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: Blydenburg		First: Debra	SS# 508806116
Other Names used: Debra Pfeiffer, Debra Karasek		Date of Birth: For employment Purposes Only 01/23/1956	
Motor Vehicle Number and State of Issue: (Driver's License #, NOT License Plate #) Colorado 92-181-3543			
Address: 8505 E. Temple Drive, Unit 471 Denver CO 80237			

Signature: Debra Blydenburg  
Debra Blydenburg (Feb 29, 2016)

Date: Feb 29, 2016

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:

DLB

## IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Name: Debra Blydenburg

Address: 8505 E. Temple Drive, Unit 471 Denver CO 80237

Home Phone: 303-884-6088

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

1. **Name:** Alan Blydenburg

Phone (work): 303-829-3939

Phone (home): 303-829-3939

2. **Name:** Adam Pfeiffer

Phone (work): 303-530-4526

Phone (home): 720-837-9058

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

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### 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 Debra Blydenburg 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 saving 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 # 0587613902

ACH Routing # /3 /0 /2 /0 /7 /5 /0 /1 /8 /

Bank Name Bellco Credit Union

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 \_\_\_\_\_

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 Debra Blydenburg SS# 508 / 80 / 6116

Address 8505 e. Temple Drive Unit 471 City Denver State CO Zip 80237

Employee Signature Debra Blydenburg  
Debra Blydenburg © Pat. 29, 2016

ALAN C BLYDENBURG  
DEBRA L BLYDENBURG  
8505 E TEMPLE DR #471  
DENVER, CO 80237

1308  
23-7501/3023

VOID

PAY TO THE  
ORDER OF

DATE

\$

DOLLARS



**BELLCO**  
Banking for Everyone.

303-426-7100  
Bellco.org

FOR

⑆302075018⑆0587613902⑆ 1308





**To:** All Employees  
**Quien:** Todos Empleados

**From:** Corporate Management Group & Employer Solutions Group  
**De:** Corporate Management Group y Employer Solutions Group

**Re:** Stop Payment Check Fee  
**Re:** Tarifa de cheque parado

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Effective immediately, to replace a lost or stolen check, \$50.00 will be deducted from the replacement check for a stop payment fee and for a reprocessing fee. *Efectivo inmediatamente, para reemplazar un cheque de sueldo perdido o robado, \$50.00 de tarifa sera deducido de el cheque reemplazado para parar el cheque original y para procesarlo denuevo.*

If you lose your check, we will first have to verify that it has not been processed through the bank. If it has not, a new check will be issued, minus the \$50.00 fee. *Si usted pierde su cheque, tendremos que verificar que no ha sido procesado en el banco. Si no, un cheque nuevo sera processado, menos las tarifa de \$50.00.*

If your check is stolen, we will first need a copy of the police report before a new check can be reissued. After we receive a copy of the police report, a new check will be issued following the same procedures as listed above. *Si su cheque es robado, necesitaremos una copia de el reporte de policia antes de que un cheque nuevo sera procesado. Despues de obtener una copia del reporte de policia, un cheque nuevo sera procesado usando los mismos procedimientos mencionados arriba.*

If you have any questions regarding this new policy, please contact your On-Site Representative or the Corporate Office (303-920-1425). *Si usted tiene preguntas sobre esta poliza, por favor contacte a su representante de CMG o la oficina corporal al (303-920-1425)*

Thank you for your continued dedication and hard work!

*Gracias por su dedicacion continua!*

By signing below you are confirming that you understand the above policy.  
*Con su firma abajo usted esta confirmando que entiende la poliza descrita.*

Signature/Firma: Debra Blydenburg  
Debra Blydenburg (Feb 29, 2016)

Date/Fecha: Feb 29, 2016

February 2011



## Notification of Colorado Law Requirement Unemployment Acknowledgement

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-needed 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 CMG 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 CMG once an assignment ends. I also acknowledge that I have received a separate copy of this form.

DLB  
DLB

\_\_\_\_\_ (Initial)

Debra Blydenburg  
Debra Blydenburg (Feb 29, 2016)

Employee Signature:

Feb 29, 2016

Date:

Debra Blydenburg

Employee (please print your name here)



*"your workforce management & staffing experts"*

## 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:** Debra Blydenburg  
Debra Blydenburg (Feb 29, 2016)

**Date:** Feb 29, 2016



Employees:

Implementation of the Affordable Care Act (ACA) of 2010 (the health care reform law) requires that we send you this notice. The notice describes the new online Health Insurance Marketplace (also called an Exchange), which is available at [www.healthcare.gov](http://www.healthcare.gov) beginning October 1, 2013. The Marketplace describes options you may have available for health insurance (other than employer-based plans) and is designed so you can make easy cost and coverage comparisons. The enclosed notice also includes information about coverage you may be eligible for through Corporate Management Group (CMG).

If you have coverage through Essential StaffCare, please be advised that the Essential StaffCare plan does not meet the criteria to avoid a penalty under the ACA plan requirements for 2014 and beyond.

Starting in 2014, if you do not have medical coverage, you will have to pay a penalty (in the form of a tax). If you do not qualify for coverage through CMG or you do not enroll yourself or a dependent, it is your responsibility to obtain coverage or pay the penalty. This penalty is known as the "individual mandate penalty."

The individual mandate penalty increases each year. In 2014 the penalty is 1% of your household yearly income or \$95 per adult and \$47.50 per child (up to \$285 for a family), whichever is higher. In 2015 the penalty is 2% of your household yearly income or \$325 per adult and \$162.50 per child (up to \$975 for a family), whichever is higher. The penalty for 2016 is 2.5% of your household yearly income or \$695 per adult and \$347.50 per child (up to \$2,085 for a family), whichever is higher. **If you chose to pay the penalty you will not get any health insurance coverage and will be 100% responsible for the cost of your medical care.**

If you are considered to be low income, Medicaid could be a viable option. Some states will also be expanding the eligibility rule and income requirements to qualify for Medicaid. To determine if the state where you live is expanding Medicaid coverage and to learn about Medicaid, please visit <https://www.healthcare.gov/do-i-qualify-for-medicaid>.

Please remember that open enrollment in the Marketplace begins on **October 1, 2013** and ends on March 31, 2014. After open enrollment ends you will not be able to get health coverage through Marketplace until the **next annual enrollment period**, unless you have a qualifying life event.

Thank you,

**Corporate Management Group**  
303-920-1425  
[Pay@corpmgmtgroup.com](mailto:Pay@corpmgmtgroup.com)



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 11-30-2013)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution --as well as your employee contribution to employer-offered coverage-- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Corporate Management Group, Inc.		4. Employer Identification Number (EIN) 20-1535646	
5. Employer address 12000 N. Washington Street, Suite #290		6. Employer phone number 303-920-1425	
7. City Thomton	8. State CO	9. ZIP code 80241	
10. Who can we contact at this job? Corporate office			
11. Phone number (if different from above)		12. Email address Pay@corpmgmtgroup.com	

You are not eligible for health insurance coverage through this employer. You and your family may be able to obtain health coverage through the Marketplace, with a new kind of tax credit that lowers your monthly premiums and with assistance for out-of-pocket costs.

# Pre-Screening Notice and Certification Request for the Work Opportunity Credit

► Information about Form 8850 and its separate instructions is at [www.irs.gov/form8850](http://www.irs.gov/form8850).

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name Debra Blydenburg Social security number ► 508-80-6116

Street address where you live 8505 e. Temple Drive Unit 471

City or town, state, and ZIP code Denver CO 80237

County Denver Telephone number 303-884-6088

If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_\_

- 1  Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
  
- 2  Check here if **any** of the following statements apply to you.
  - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
  - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
  - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
  - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
    - a Received SNAP benefits (food stamps) for the past 6 months, **or**
    - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
  - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
  
- 3  Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
  
- 4  Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
  
- 5  Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
  
- 6  Check here if you are a member of a family that:
  - Received TANF payments for at least the past 18 months, **or**
  - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

**Signature— All Applicants Must Sign**

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► Debra Blydenburg  
Debra Blydenburg (Feb 29, 2016)

Date Feb 29, 2016

For Employer's Use Only

Employer's name Corporate Management Group Telephone no. 303-920-1425 EIN 201535646

Street address 12000 N Washington St #290

City or town, state, and ZIP code Thornton, CO 80241

Person to contact, if different from above Telephone no.

Street address

City or town, state, and ZIP code

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6)

Date applicant: Gave information Was offered job Was hired Started job

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete.

Employer's signature Title Date

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code. Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer.

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws.

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.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: Recordkeeping 6 hr., 27 min. Learning about the law or the form 30 min. Preparing and sending this form to the SWA 37 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you.

Do not send this form to this address. Instead, see When and Where To File in the separate instructions.



**DEBRA L. BLYDENBURG**  
**8505 E. Temple Drive, Unit 471, Denver CO 80237**  
**debbie.blydenburg@comcast.net**  
**303-884-6088**

**OBJECTIVE**

To join a mortgage services organization in a leadership position that involves strategic planning, research and analysis and process improvement implementation to further the success of the company.

**SUMMARY**

Versatile, seasoned professional with 23 years of retail, correspondent and wholesale mortgage experience across all facets of the mortgage origination process. Demonstrated expertise in project coordination and change management, adding value through creative and innovative solutions. Excellent organizational and problem-solving skills, with a detail-oriented and analytical approach. Thrives in an environment that offers the opportunity for both independent projects and strategic team interaction.

**EXPERIENCE**

**Compliance Director**

*LenderLive Network, Inc.*

**June 2013 to December 2015**

Direct report to the SVP of Risk Management. Responsible for compliance oversight, implementation and monitoring for the Fulfillment and Correspondent Channels, which supported small banks, credit unions and correspondent lenders with end-to-end origination support. Partnered with the Operations Team and Client Service Managers to implement compliant policies and procedures, and with the Training team to administer applicable training. Researched and communicated state and federal regulatory and legislative updates, consulted with outside counsel when appropriate, and managed applicable updates to the LOS system. Participated as a compliance representative on project teams formed to research and implement new regulatory requirements. Managed a team that included the company's Policy and Procedures Administrator and the internal QC Manager. Acted as the liaison between LLN's Risk team and the clients' compliance and legal representatives.

**Quality Assurance Manager**

*Pinnacle Mortgage Group, Inc.*

**May 2010 to June 2013**

Developed Pinnacle's in-house Quality Control process, which included prefund and post-close audits, trend analysis and management reporting. Managed Quality Assurance throughout the loan production process to measure compliance with federal and state regulatory requirements, as well as adherence to agency guidelines, and acted as a staff resource for compliance inquiries. Worked closely with Operations to implement procedures that aligned with Pinnacle's Compliance Policies, and assisted with monitoring for adherence to policies and identifying applicable staff training needs. Partnered with Pinnacle's Compliance Manager to respond to federal and state exams and to implement procedural changes based on exam findings. Researched technology solutions for compliance management, such as Corelogic and Mavent, and implemented and managed the use of software for fair lending analysis.

**State Licensing Specialist/Compliance Department**

**Nov. 2009 to May 2010**

*Pinnacle Mortgage Group, Inc.*

Developed, implemented and maintained Pinnacle's state licensing program. Researched federal and State requirements for MLO and Company licensing for 41 states, developed procedures to insure compliance and managed the company information in the NMLS database.

**Partner/Principal**

**Jan. 2008 to Nov. 2009**

*NewBridge Capital*

Commercial mortgage loan originator with diverse lender relationships and financing options, including SBA. Property types included: multi-family, warehouse and industrial, anchored and unanchored retail.

## **Vice President, Regional Market Manager**

**Feb. 2004 to Dec. 2007**

### ***Wells Fargo Home Equity***

Supported Wells Fargo Home Mortgage Wholesale Account Executives in a five state region in driving Home Equity production.

- Provided support in the following areas: liaison between Operations and Sales; new AE onboarding; ongoing training for new products and pricing; marketing support; production reporting and analysis; joint sales calls; plan and conduct client training seminars.
- Responsible for meeting or exceeding goals for portfolio quality, AE pull-through percentages, broker client wallet share and quarterly regional production goals. Worked in tandem with WFHM Area Sales Managers to drive production to meet their variable forecast model goals.

## **Asst. Vice President, Branch Manager – Sales and Operations April 1997 to Feb. 2004**

### ***Wells Fargo Home Mortgage/Western Sunrise Mortgage***

Managed 16 direct reports, including 12 account executives and 4 operations managers, and as many as 75 indirect reports across all four branches. Met or exceeded profitability goals through management of branch pricing models and staffing efficiencies. Led the branch teams through the First Security Bank and Wells Fargo mergers, a loan origination platform conversion and a company-wide best practices initiative.

- ***Denver Wholesale Branch:*** Managed the branch from April 1997 through July 2003. Increased production from \$6 million/month in April 1997 to an average of \$111 million/month in 2003. Relocated the office twice and increased the operations and sales staff by 500%
- ***Salt Lake City:*** Resurrected a branch that was scheduled to close in December of 2000 and managed the branch through July of 2002. Production increased from \$6 million in December 2000 to \$51 million in November 2001. Expanded the branch location to increase capacity.
- ***Colorado Springs:*** Opened the branch in November 2001; branch averaged \$20 million/month in production in 2002 and 2003.
- ***St. Louis:*** Opened the branch in July 2003, funding \$30 million the first month.

### **Wholesale Account Executive**

**March 1996 to March 1997**

#### ***Western Sunrise Mortgage***

### **Loan Originator**

**June 1995 to March 1996**

#### ***Pacific American Mortgage Company***

### **Loan Processor**

**June 1994 to June 1995**

#### ***The Mortgage Network, Inc.***

### **Closing Coordinator**

**February 1993 to July 1994**

#### ***Brokers Mortgage Group, LTD.***

## **EDUCATION AND PROFESSIONAL DEVELOPMENT**

University of Nebraska at Lincoln, B.S. in Elementary Education Grades K-6

MBA School of Mortgage Servicing Course and Default Management Courses, 2012/2013

MBA Commercial Loan Origination 101 and 201, May 2008

MBA School of Mortgage Banking Course I, November 2004

High Trust Sales and Marketing for Wells Fargo Institutional Lending, April 2003

Wells Fargo Academy "Building Management Essentials," August 2002

Wells Fargo Academy "Managing for Premier Performance," November 2001

## **PROFESSIONAL AFFILIATIONS**

Member of the Colorado Mortgage Lenders Association, 1997 – 2015

Treasurer, Women Helping Others, a giving circle of Volunteers of America, 2009-2010, 2012-2014

Education Chairperson of the Executive Women's Golf Association, 2009 -2010

Member of the Colorado Association of Mortgage Brokers Education Committee, 1999 – 2001

Cherry Creek Chorale Board, President-Elect, President and Past President, 1998 - 2001

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

LenderLive Network Inc.

\_\_\_\_\_, 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" conducted by a consumer reporting agency 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 report conducted by a consumer reporting agency. Please be advised NationSearch.com, LLC (NationSearch)—11184 Huron St. Suite 13; Northglenn, CO 80234; (800)-827-9550—will be the consumer reporting agency conducting the background investigation. The scope of this notice and authorization is all encompassing, however, allowing the Company to obtain from any outside organization all manners of consumer reporting 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 report conducted by a consumer reporting agency.

**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" 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.com, LLC—11184 Huron St. Suite 13; 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 report conducted by a consumer reporting agency and 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 a 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: Blydenburg	First Name: Debra	Middle Name: Lynn
Other Names Used: Debra Pfeiffer	SSN: 508-80-6116	Date of Birth: (For Employment Purposes Only) 01/23/1956
Motor Vehicle Number & State of Issue: (Driver's License Number) Colorado 92-181-3543	Current Address: 8505 E. Temple Drive Unit 471 Denver CO 80237	

Signature: Debra Blydenburg  
Debra Blydenburg (Feb 29, 2016)

Date: Feb 29, 2016

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

# Nationsearch Authorization Form

Adobe Document Cloud Document  
History

2/29/16

Created:	2/29/16
By:	Caitlin Scholl (Caitlin@corpmgmtgroup.com)
Status:	SIGNED
Transaction ID:	CBJCHBCAABAA7OdcoSiP9O_4BgOlPJ3BzwZ-Egm3RIPD

## “Nationsearch Authorization Form” History

-  Document created by Caitlin Scholl (Caitlin@corpmgmtgroup.com)  
2/29/16 - 10:10:45 MST - IP address: 96.93.208.70
-  Document emailed to Debra Blydenburg (debbie.blydenburg@comcast.net) for signature  
2/29/16 - 10:10:47 MST
-  Document viewed by Debra Blydenburg (debbie.blydenburg@comcast.net)  
2/29/16 - 10:28:21 MST - IP address: 70.196.195.155
-  Document e-signed by Debra Blydenburg (debbie.blydenburg@comcast.net)  
Signature Date: 2/29/16 - 12:30:00 MST - Time Source: server - IP address: 184.96.39.134
-  Signed document emailed to Debra Blydenburg (debbie.blydenburg@comcast.net) and Caitlin Scholl (Caitlin@corpmgmtgroup.com)  
2/29/16 - 12:30:00 MST

**BACKGROUND AGREEMENT**

TEMPORARY WORKFORCE

In order to be considered for assignment at LenderLive, you must complete a LenderLive authorized background and drug screen. Along with the Background Release form, please complete the questions below.

**INSTRUCTIONS:** Please answer EVERY question ACCURATELY, TRUTHFULLY and COMPLETELY. No action can be taken on this addendum until all questions are answered. Use blank paper if you do not have enough room on this form. Please print all answers except for your signature. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

	YES	NO
Have you ever been charged, convicted, plead guilty, and/or no contest to any felony?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>If "yes", please explain:</i>		
<i>(Answering yes does not disqualify you for assignment, however LenderLive reserves the right to hire based on its established policies in order to comply with regulations in the financial and mortgage industry)</i>		

**EMPLOYMENT HISTORY**

Name of Employer LenderLive Network	Job Title Compliance Director
Job Duties: Compliance oversight for Fulfillment, Retail and Correspondent	Dates of Employment: From: 6/2013      To: 12/2015
Street Address 720 S. Ash Street	Pay: Start \$ 110,000      per year  Final \$ 112,000      per year
City, State, Zip Code Glendale, CO	Supervisor(s): Donna Clayton, Matt Slaney
Supervisor(s) E-mail: donna.clayton@lenderlive.com; matt.slaney@lenderlive.com	Supervisor(s) Telephone Number: 303-226-8182
Reason for Leaving: To pursue other opportunities	

LenderLive Network, Inc. is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.



Your Partner in the Mortgage Industry

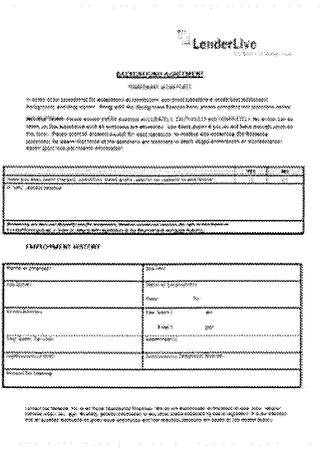
Name of Employer Pinnacle Mortgage Group	Job Title Quality Assurance Manager
Job Duties: Managed quality assurance and quality control	Dates of Employment: From: 11/2009 To: 6/2013
Street Address 3605 S. Teller Street	Pay: Start \$ 45,000 per year Final \$ 90,000 per year
City, State, Zip Code Lakewood, CO 80235	Supervisor(s): Brian Rindels
Supervisor(s) E-mail:	Supervisor(s) Telephone Number: 303-716-9000
Reason for Leaving: To take another job	

Name of Employer Wells Fargo Home Equity	Job Title Regional Market Manager
Job Duties: Home Equity regional sales support	Dates of Employment: From: 2/2004 To: 12/2007
Street Address	Pay: Start \$ 93,000 per year Final \$ 110,000 per year
City, State, Zip Code	Supervisor(s): Gary Barton
Supervisor(s) E-mail:	Supervisor(s) Telephone Number:
Reason for Leaving: Reduction in force	

I certify that all information provided in this addendum is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal at a later date.

I authorize the investigation of any or all statements contained in this addendum. I also, authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

LenderLive Network, Inc. is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.



# Temp Workforce Background Addendum

Adobe Document Cloud Document History

2/29/16

Created:	2/29/16
By:	Caitlin Scholl (Caitlin@corpmgmtgroup.com)
Status:	SIGNED
Transaction ID:	CBJCHBCAABAA8YXwSZCT9CflwWSQDhFsrz0rpLa0dD_g

## “Temp Workforce Background Addendum” History

-  Document created by Caitlin Scholl (Caitlin@corpmgmtgroup.com)  
2/29/16 - 10:11:13 MST - IP address: 96.93.208.70
-  Document emailed to Debra Blydenburg (debbie.blydenburg@comcast.net) for signature  
2/29/16 - 10:11:15 MST
-  Document viewed by Debra Blydenburg (debbie.blydenburg@comcast.net)  
2/29/16 - 10:28:35 MST - IP address: 70.196.195.155
-  Document e-signed by Debra Blydenburg (debbie.blydenburg@comcast.net)  
Signature Date: 2/29/16 - 12:42:34 MST - Time Source: server - IP address: 184.96.39.134
-  Signed document emailed to Caitlin Scholl (Caitlin@corpmgmtgroup.com) and Debra Blydenburg (debbie.blydenburg@comcast.net)  
2/29/16 - 12:42:34 MST



Your Partner in the Mortgage Industry

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics, and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. It is further understood that, Motor Vehicle Reports and other background checks with state or federal agencies may be conducted. As LenderLive is both a state licensed financial institution and its employees have access to personal and non-public information as well as confidential company information, the company must therefore ensure that all employees exhibit integrity and financial responsibility. As such it is understood that a credit report will be required. Furthermore, I understand that I may be required to provide a written explanation of any potentially disqualifying information from the consumer report.

I have read, understand, and by my signature consent to these statements.

*Debra Blydenburg*  
Debra Blydenburg (Feb 29, 2016)

*Applicant Signature*

Feb 29, 2016

*Date*



# 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) Blydenburg		First Name (Given Name) Debra		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) 8505 E. Temple Drive			Apt. Number 471	City or Town Denver		State CO Zip Code 80237
Date of Birth (mm/dd/yyyy) 01/23/1956	U.S. Social Security Number 5 0 8 - 8 0 - 6 1 1 6		E-mail Address debbie.blydenburg@comcast.net			Telephone Number 3038846088

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):

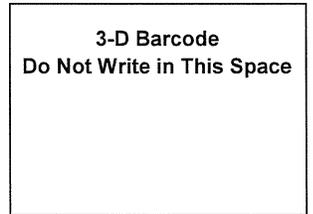
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" 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: <u>Debra L. Blydenburg</u> <small>Debra L. Blydenburg (Mar 2, 2016)</small>	Date (mm/dd/yyyy):
---	--------------------

**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: Blydenburg, Debra L.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>CO Driver License</u>		Document Title: <u>Social Security Card</u>
Issuing Authority:		Issuing Authority: <u>Colorado DMV</u>		Issuing Authority: <u>SSA</u>
Document Number:		Document Number: <u>92-181-3543</u>		Document Number: <u>508-80-6616</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>01/23/2017</u>		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				<div style="border: 1px solid black; padding: 5px;"> <p>3-D Barcode Do Not Write in This Space</p> </div>
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

## 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): 02/29/2016 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Andrea Findley</u>		Date (mm/dd/yyyy) <u>03/02/2016</u>	Title of Employer or Authorized Representative <u>Admin. Assistant</u>	
Last Name (Family Name) <u>Findley</u>		First Name (Given Name) <u>Andrea</u>	Employer's Business or Organization Name <u>Corporate Management Group</u>	
Employer's Business or Organization Address (Street Number and Name) <u>12000 N. Washington St. Ste. 350</u>		City or Town <u>Thornton</u>	State <u>CO</u>	Zip Code <u>80241</u>

## 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:
---	--------------------	--

# Colorado Driver License



92-181-3543 Expires: 01-23-2017  
Class: R Issued: 02-08-2012  
DOB: 01-23-1956  
Rest: V Previous Type:  
Ht: 5'06" Wt: 145 Eyes: BLU Sex: F  
Voter: *Debra L. Plydenburg*

DEBRA L. PLYDENBURG  
8505 E. TEMPLE DRIVE UNIT 471  
DENVER, CO 80237

**SOCIAL SECURITY**

508-90-6116

THIS NUMBER HAS BEEN ESTABLISHED FOR  
DEBRA L. PLYDENBURG

*Debra L. Plydenburg*  
SIGNATURE





SENSITIVE BUT UNCLASSIFIED

**Case Verification Number: 2016062154808AQ**

Report Prepared: 03/02/2016

**Company Information**

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Company ID: 31504

Company Name: Corporate Management Group, INC.

**Employee Information**

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Last Name: Blydenburg

First Name: Debra

Date of Birth: 01/23/1956

Social Security Number: \*\*\* \*\* 6116

Hire Date: 02/29/2016

Citizenship Status: A citizen of the United States

**Document Information**

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List B Document: Driver's license or ID card issued by a U.S. state or List C Document: Social Security Card  
outlying possession

Document Name: Driver's license

Document State: Colorado

Driver's License or ID Card Number:

Document Expiration Date: 01/23/2017

**Case Status Information**

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Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 03/02/2016

Case Submitted By: AFIN1933

Closed On: 03/02/2016

Closed By: AFIN1933

Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.

SENSITIVE BUT UNCLASSIFIED



# Form W-4 (2016)

**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 2016 expires February 15, 2017. 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 \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**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 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>1</u>
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	_____
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b>	<u>1</u>
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	_____
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note:</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	_____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children.</li> <li>• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</li> </ul>	<b>G</b>	_____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>2</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 \$50,000 (\$20,000 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 <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>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.</b></p>	OMB No. 1545-0074  <h1 style="margin: 0;">2016</h1>
<b>1</b> Your first name and middle initial Debra L	Last name Blydenburg	<b>2</b> Your social security number 508806116
Home address (number and street or rural route) 8505 E. Temple Drive, Unit 471 City or town, state, and ZIP code Denver, CO 80237		<b>3</b> <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.  <b>4</b> 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"/>
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)	<b>5</b> <u>2</u>	
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .	<b>6</b> \$ _____	
<b>7</b> I claim exemption from withholding for 2016, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		<b>7</b> _____
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.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶ <i>Debra L Blydenburg</i> <small>Debra L Blydenburg (Mar 2, 2016)</small>		<b>Date</b> ▶ Mar 2, 2016
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	<b>9</b> Office code (optional)	<b>10</b> 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.

<b>1</b>	Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505)	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2016 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2016 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,050 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

**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.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____

**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.

<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 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.