STATE OF SOUTH CAROLINA
ADMINISTRATIVE LAW COURT

Diana Jordan, Appellant, vs. SC Department of Employment and Workforce, Respondent,	Docket No. 15-ALJ-22-0138-AP Appellate Case # 2015-001918 **RECORD ON APPEAL**

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SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In The Administrative Law Court

APPEAL FROM SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE APPELLATE PANEL

Diana Jordan
104 Woodglen Lane
Chapin, SC 29036
Claimant

Sandra Grooms
Office of General Counsel-SCDEW
PO Box 8597
Columbia, SC 29202
803-737-0395
legal@dew.sc.gov
Attorney for Respondent

THE SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

Columbia, South Carolina

STATE OF SOUTH CAROLINA)
) CERTIFICATION
COUNTY OF RICHLAND)

The South Carolina Department of Employment and Workforce, by its Legal Department, hereby certifies that the attached hereto is a true and correct copy of the Record on Appeal in the matter of Jordan v. SCDEW together with a true and correct copy of the original decision of the Appellate Panel therein.

THE SOUTH CAROLINA DEPARTMENT OF
EMPLOYMENT AND WORKFORCE

Kristi Chesley

Kristi Chesley, Administrative Legal Assistant

Columbia, South Carolina

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Decision No: 2015-P-228
Appeal No: 10101-141315

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
Columbia, South Carolina

IN THE MATTER OF THE CLAIM OF:

Diana Jordan)
)
) **APPELLATE PANEL**
) **DECISION**
Claimant SSN:)
)

Appellant: Claimant

The claimant appealed Appeal Tribunal Decision 2014-A-10335 to the Appellate Panel. The Tribunal held the claimant ineligible for benefits and overpaid. The Tribunal also held the claimant ineligible for benefits for an additional fifty-two (52) weeks, upon a finding of fraud. This decision affirmed the claims adjudicator's determinations and the determinations of overpayment mailed on March 4, 2014, holding the claimant ineligible for benefits and overpaid, upon finding her claims for unemployment benefits were established through her use of fictitious employer accounts for the purposes of establishing her right to benefits.

The Appellate Panel notified the parties of its hearing to consider the appeal.

DECISION

Appeal Tribunal Decision 2014-A-10335 is affirmed. The claimant is ineligible for benefits and overpaid $7,592.00 for the claim weeks ending July 9, 2005, through January 7, 2006. She is ineligible for benefits and overpaid $32,274.00 for the claim weeks ending July 12, 2008, through June 19, 2010. The claimant is ineligible for benefits and overpaid $8,150.00 for the claim weeks ending July 21, 2012, through March 2, 2013. Additionally, she is ineligible for benefits for fifty two (52) weeks, from March 2, 2014, through February 28, 2015, upon a finding of fraud.

On February 19, 2005, the claimant completed and submitted to the Department an employer status report to determine liability for a business named A Home Improvement Company. Her boyfriend signed the report as owner of the business. The claimant completed and submitted to the Department employer quarterly contribution and wage reports for the business for the fourth quarter of 2004, and the first quarter of 2005. Her boyfriend signed the reports. The claimant indicated on the reports that she received wages from the business in the amount of $11,388.00 for the fourth quarter of

2004, and in the amount of $11,388.00 for the first quarter of 2005. She filed a claim for unemployment insurance benefits on July 5, 2005, effective July 3, 2005. The claimant indicated she worked for A Home Improvement Company from December 27, 2004, through April 4, 2005, and she was separated due to a lack of work. She completed and submitted to the Department an employer request for separation information form indicating she was separated from the business due to a lack of work. The claimant's boyfriend signed the form. She was held eligible for benefits effective July 3, 2005, upon finding she was separated due to a lack of work. The claimant filed for benefits for the claim weeks ending July 9, 2005, through January 7, 2006, and she received benefits in the amount of $7,592.00. She completed and submitted to the Department an employer's report of change in April 2005, indicating the business closed on April 4, 2005. The claimant's boyfriend signed the report.

On February 25, 2008, the claimant completed and submitted to the Department an employer status report to determine liability for a business named eBay Consignment Company, Inc. She indicated on the report that the business was incorporated in South Carolina on September 30, 2006. The claimant's boyfriend signed the report as president of the business. Department records show the claimant completed and submitted to the Department employer quarterly contribution and wage reports for the business for the fourth quarter of 2007, and the first quarter of 2008. The claimant's boyfriend signed the reports. She indicated on the reports that she received wages from the business in the amount of $12,714.00 for the fourth quarter of 2007, and in the amount of $12,714.00 for the first quarter of 2008. The claimant filed a claim for unemployment insurance benefits on July 8, 2008, effective July 6, 2008. She indicated she worked for eBay Consignment Company, Inc. from December 28, 2007, through May 2, 2008, and she was separated due to a lack of work. The claimant completed and submitted to the Department an employer request for separation information form indicating she was separated from the business due to a lack of work. Her boyfriend signed the form. The claimant was held eligible for benefits effective July 6, 2008, upon finding she was separated due to a lack of work. She filed for benefits for the claim weeks ending July 12, 2008, through June 19, 2010, and she received benefits in the amount of $32,274.00. The claimant completed and submitted to the Department an employer's report of change on July 28, 2008, indicating the business closed on May 2, 2008. Her boyfriend signed the report.

Department records show an employer status report to determine liability for a business named Lakewood Service Company was completed on March 27, 2012. The claimant's girlfriend was listed on the report as president of the business. The claimant completed and submitted to the Department employer quarterly contribution and wage reports for the business for the fourth quarter of 2011, and the first quarter of 2012. Her girlfriend

signed the reports. The claimant indicated on the reports that she received wages from the business in the amount of $12,714.00 for the fourth quarter of 2011, and in the amount of $12,714.00 for the first quarter of 2012. She filed a claim for unemployment insurance benefits on July 20, 2012, effective July 15, 2012. The claimant indicated she worked for Lakewood Service Company from December 30, 2011, through March 30, 2012, and she was separated due to a lack of work. She completed and submitted to the Department an employer request for separation information form indicating she was separated from the business due to a lack of work. The claimant's girlfriend signed the form. She was held eligible for benefits effective July 15, 2012, upon finding she was separated due to a lack of work. The claimant filed for benefits for the claim weeks ending July 21, 2012, through March 2, 2013, and she received benefits in the amount of $8,150.00. Department records show an employer's report of change was completed on October 15, 2012, indicating the business closed on March 31, 2012. This information was provided by the claimant's girlfriend.

Department records show an employer status report to determine liability for a business named Cedar Cove Service Company was completed on March 27, 2012. The claimant was listed on the report as owner of the business. The claimant completed and submitted to the Department employer quarterly contribution and wage reports for the business for the fourth quarter of 2011, and the first quarter of 2012. She indicated on the reports that she paid her girlfriend wages from the business in the amount of $12,714.00 for the fourth quarter of 2011, and in the amount of $12,714.00 for the first quarter of 2012. The claimant's girlfriend filed a claim for unemployment insurance benefits on July 17, 2012, effective July 15, 2012. Her girlfriend indicated she worked for Cedar Cove Service Company from December 30, 2011, through March 30, 2012, and she was separated due to a lack of work. The claimant's girlfriend was held eligible for benefits effective July 15, 2012, upon finding she was separated due to a lack of work. Her girlfriend filed for benefits, and she received benefits. Department records show an employer's report of change was completed on October 15, 2012, indicating the business closed on March 31, 2012. This information was provided by the claimant. Department records also show the claimant indicated her girlfriend was separated from the business due to a lack of work in a letter she wrote to the Department on April 23, 2014, regarding benefit charges.

When this information was discovered by the Department, the Department referred the case to the United States Department of Labor. An investigator for the United States Department of Labor, Office of Inspector General, conducted an investigation. The investigator interviewed the claimant, the claimant's boyfriend, and the claimant's girlfriend. The claimant's boyfriend told the investigator the businesses were a ruse and the claimant may not have actually worked for the businesses. When the investigator

asked him if the claimant was actually laid off from the businesses or if she terminated the businesses to collect unemployment insurance benefits, the claimant's boyfriend told the investigator the claimant probably terminated the businesses to collect unemployment insurance benefits. The claimant's girlfriend told the investigator no money had exchanged hands between her and the claimant. Based upon his investigation, the investigator determined the businesses were fictitious. The Department also contacted the South Carolina Secretary of State. The Director of Business Filings with the office of the South Carolina Secretary of State stated none of the businesses had filed the necessary paperwork to become incorporated in South Carolina. The Director of Business Filings provided documentation to substantiate her statement. The Department also contacted the South Carolina Department of Revenue. The Supervisor of Field Audit with the South Carolina Department of Revenue stated none of the businesses had filed the necessary paperwork with the South Carolina Department of Revenue for withholding taxes. The Department also noted the claimant received wages from the businesses in excess of $11,000.00 for only a few days of work, based upon her dates of employment. Based upon the totality of the evidence, the Department determined the claimant's claims for unemployment benefits were established through her use of fictitious employer accounts for the purposes of establishing her right to unemployment benefits.

The claimant asserted her boyfriend was the owner of A Home Improvement Company and eBay Consignment Company, Inc., and she was an employee of the businesses. She could provide no specific information on the type of work she performed for the businesses other than she researched potential business opportunities for her boyfriend. The claimant contended she worked for A Home Improvement Company from December 27, 2004, through April 4, 2005, and for eBay Consignment Company, Inc., from December 28, 2007, through May 2, 2008. She maintained she was separated from the businesses due to a lack of work. The claimant stated she received wages from A Home Improvement Company in the amount of $11,388.00 for work performed from December 27, 2004, through December 31, 2004, and in the amount of $11,388.00 for work performed from January 1, 2005, through April 4, 2005. She also stated she received wages from eBay Consignment Company, Inc., in the amount of $12,714.00 for work performed from December 28, 2007, through December 31, 2007, and in the amount of $12,714.00 for work performed from January 1, 2008, through May 2, 2008.

The claimant's boyfriend asserted he was the owner of A Home Improvement Company and eBay Consignment Company, Inc., and the claimant was an employee of the businesses. He could provide no specific information on the type of work the claimant performed for the businesses other than she researched potential business opportunities for him, and she ran the businesses for him. The claimant's boyfriend contended the

claimant worked for A Home Improvement Company from December 27, 2004, through April 4, 2005, and for eBay Consignment Company, Inc. from December 28, 2007, through May 2, 2008. He maintained the claimant was separated from the businesses due to a lack of work. The claimant's boyfriend stated the businesses earned no income. He asserted he paid the claimant cash from his personal savings account. The claimant's boyfriend contended the claimant received wages from A Home Improvement Company in the amount of $11,388.00 for work performed from December 27, 2004, through December 31, 2004, and in the amount of $11,388.00 for work performed from January 1, 2005, through April 4, 2005. He also contended the claimant received wages from eBay Consignment Company, Inc., in the amount of $12,714.00 for work performed from December 28, 2007, through December 31, 2007, and in the amount of $12,714.00 for work performed from January 1, 2008, through May 2, 2008. The claimant's boyfriend denied making the statements to the investigator about claimant's terminating the businesses to collect unemployment insurance benefits.

The claimant asserted Cedar Cove Service Company and Lakewood Service Company were businesses she established for herself and her girlfriend. She contended she was the owner of Cedar Cove Service Company and her girlfriend was an employee of the business. The claimant maintained her girlfriend was the owner of Lakewood Service Company and the claimant was an employee of the business. She stated she researched potential business opportunities for her girlfriend at Lakewood Service Company, and her girlfriend researched potential business opportunities for her at Cedar Cove Service Company. The claimant asserted Cedar Cove Service Company and Lakewood Service Company earned no income. She contended she paid her girlfriend's wages from money she obtained from cash advances on her credit card. The claimant maintained she gave her girlfriend money she obtained from cash advances on her credit card and her girlfriend used the money to pay the claimant's wages. She stated she worked for Lakewood Service Company from December 30, 2011, through March 30, 2012, and she was separated due to a lack of work. The claimant asserted she received wages from Lakewood Service Company in the amount of $12,714.00 for work performed from December 30, 2011, through December 31, 2011, and in the amount of $12,714.00 for work performed from January 1, 2012, through March 30, 2012.

The claimant's girlfriend was subpoenaed by the Department to testify at the Appeal Tribunal hearing. Her girlfriend appeared for the Appeal Tribunal hearing, and she was sequestered in a room with the other witnesses. However, when the hearing officer called the claimant's girlfriend to testify, she had vacated the premises.

The claimant asserted her claims for unemployment benefits were not established through her use of fictitious employer accounts for the purposes of establishing her right

to benefits. She contended the businesses were legitimate, and she filed the appropriate paperwork for the businesses to include State and Federal tax returns. Although there are no tax returns from A Home Improvement Company, the returns for eBay Consignment Company, Lakewood Service Company, and Cedar Cove Service Company show the claimant reported in such a manner that none of the companies owed state or federal taxes. The claimant presented a series of counter checks made out to her from Lakewood Service Company, which she contends were wages. She also submitted a wage and income transcript showing withholdings for Medicare and social security from wages paid to her by Lakewood Service Company. She did not withhold federal taxes in this Lakewood Service Company tax statement, and Department records show she did not withhold taxes from her unemployment benefit payments. The claimant submitted no other documentary evidence to verify she received wages from the various companies. She acknowledged she completed all of the paperwork for the businesses.

S.C. Code Ann. § 41-41-20(A) mandates that a claimant found by the Department to have knowingly made a false statement or knowingly failed to disclose a material fact when filing a compensable claim to establish the right to or increase the amount of benefits is ineligible to receive benefits for any week for which the claim was filed, and is ineligible to receive further benefits for not less than ten and not more than fifty-two consecutive weeks as determined by the Department according to the circumstances of the case, these weeks to commence with the date of the determination.

Under Public Law 110-252, Emergency Unemployment Compensation is payable to an individual who has exhausted benefit rights for regular compensation with respect to a benefit year that ended on or after May 1, 2007. The individual must have received all regular compensation payable or had his/her rights to regular compensation terminated by reason of expiration of the applicable benefit year. EUC08 is administered through voluntary agreements between states and the U.S. Department of Labor. Continuing eligibility is determined under the requirements of the state law.

S.C. Code Ann. § 41-35-410 requires claims for extended benefits to be subject to the statutory provisions which apply to claims for, or the payment of, regular benefits.

The evidence in this case is in direct dispute. However, we find the greater weight of the credible evidence establishes the claimant's claims for unemployment benefits, including emergency unemployment compensation and extended benefits, were established through her use of fictitious employer accounts for the purposes of establishing her right to unemployment benefits. She created the employer accounts, and created and submitted, or caused to be submitted, paperwork on behalf of the various businesses to

the Department, knowing that the entity was not an actual business, that she was not actually working, and that she was not actually being paid wages. We find she knowingly made false statements and knowingly failed to disclose material facts in order to obtain unemployment benefits to which she was not entitled. Therefore, we find sufficient evidence to warrant a finding of fraud, and the claimant is ineligible for benefits and overpaid during the weeks in question. The claimant is also ineligible for benefits for an additional fifty (52) weeks as an administrative penalty.

S.C. Code Ann. § 41-41-40 provides that any person who has received benefits during a period of disqualification or ineligibility must repay to the Department a sum equal to the amount received.

The evidence establishes the claimant received benefits during a period of ineligibility. Therefore, she must repay the benefits in question.

The Appeal Tribunal decision is affirmed.

Mr. Kelly on review.

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

E. B. Ayers

Tim Dangerfield

Stephen S. Kelly, Jr.

Hearing Date: 02/25/15
Date Mailed: 02/27/15
Mailed By: AG

Mailing Date: February 27, 2015

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
(SCDEW)
Columbia, South Carolina

NOTICE OF MAILING OF APPELLATE PANEL DECISION

Attached is a copy of the final agency decision of SCDEW in this case. Any further appeal is to the South Carolina Administrative Law Court. To obtain judicial review of this decision, you must comply with the requirements of S.C. Code Ann. § 41-35-750 and the Rules of Procedure of the Administrative Law Court. The Court may require a filing fee.

The law requires that a Petition for Judicial Review must be filed with the Court and served on all parties and SCDEW within thirty (30) days from the date of mailing of the agency's final decision **(see the mailing date above).**

The address of the Administrative Law Court is:

S.C. Administrative Law Court
Edgar A. Brown Building
1205 Pendleton St., Ste. 224
Columbia, SC 29201

Service of the Petition on SCDEW must be addressed and mailed to:

Office of General Counsel
S.C. Department of Employment and Workforce
Post Office Box 8597
Columbia, SC 29202

SCDEW cannot advise a party on any legal matter. For legal advice or assistance in filing an appeal to the Administrative Law Court, you should consult an attorney licensed to practice in South Carolina.

Form App-115
Rev.8/12

1 UCB-103
REV. 7/10

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

P.O. BOX 995, COLUMBIA, S.C. 29202

1 DIANA B JORDAN

1 124 LONGWOOD PASS

1 IRMO SC 29063

DATE OF THIS NOTICE 03/03/14

CLAIMANT'S NAME	SOCIAL SECURITY NUMBER	EFFECTIVE DATE	DISQUALIFICATION ENDS
1 DIANA B JORDAN		07/03/05	01/07/06

WFC. NO.	TYPE	CATEGORY	WEEKLY BENEFIT AMOUNT	MAXIMUM POTENTIAL ENTITLEMENT	LESS REDUCTION OF	NET TOTAL BENEFITS	BENEFIT YEAR ENDS
1 400	C	01	$ 303.00	$ 7592.00	$ 0.00	$ 7592.00	07/02/06

1

DETERMINATION BY CLAIMS ADJUDICATOR ON CLAIM FOR BENEFITS

1 _____ You are eligible for benefits from the above effective date.

1 _X_ You have been disqualified from receiving benefits or have been found to be ineligible for benefits for the following reason(s).

1
1
1
1
1
1
1
1
1 THE DEPARTMENT OF EMPLOYMENT AND WORKFORCE HAS DETERMINED YOUR CLAIM FOR UNEMPLOYMENT BENEFITS
1 WAS ESTABLISHED THROUGH YOUR USE OF A FICTITIOUS EMPLOYER ACCOUNT FOR THE PURPOSE OF
1 ESTABLISHING YOUR RIGHT TO BENEFITS. UNDER S C CODE ANN.41-41-20, YOUR OVERPAYMENT IS CONSIDERED
1 FRAUDULENT IN NATURE AND AN ADMINISTRATIVE PENALTY IS IMPOSED AS DESCRIBED BELOW. YOU MAY REPAY
1 THE OVERPAYMENT IN WEEKLY, BI-WEEKLY OR MONTHLY INSTALLMENTS. OVERPAID $7592.00. ADMINISTRATIVE
1 DISQUALIFICATION IS A TOTAL OF 52 WEEKS FROM 3-2-14 TO 2-28-15
1
1
1
1

1 _____ LAST SEPARATION FROM NON-LIABLE EMPLOYER

1

UI CLAIMS ADJUDICATOR

1 MAILING DATE 03/04/2014

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY WORKFORCE CENTER, BY MAIL, ADDRESSED TO THE 'APPEAL TRIBUNAL,' P.O. BOX 995, COLUMBIA, SOUTH CAROLINA 29202, OR BY FAX (803) 737-0287. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, CONTACT YOUR LOCAL WORKFORCE CENTER OR THE APPEALS DEPARTMENT AT (803) 737 - 2520.

BPC-128
REV..2/11

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
DETERMINATION OF OVERPAYMENT

TO: DIANA B JORDAN S.S. NO.: DATE: 03/03/14

OVERPAYMENT TYPE: [X] FRAUD [ ] NONFRAUD

AMOUNT OVERPAID: 7592.00 WEEKS OVERPAID: 07/16/05 TO 01/07/06 BYE: 07/02/06

An overpayment determination has been made on your unemployment insurance claim in accordance with Section 41-41-20 of the South Carolina Code. You have received benefits to which you were NOT entitled. See items checked below.

- [ ] You were paid benefits during a disqualification or a period of ineligibility.
- [ ] A revision in your base period wages resulted in a reduction of your weekly benefit entitlement.
- [ ] Earnings were not deducted. [ ] Pension was not deducted.
- [ ] Your claim was withdrawn.
- [X] You knowingly withheld information to obtain or increase your benefits.
- [ ] Other:

BENEFIT PAYMENT CONTROL

MAILING DATE 03/04/2014

[ ] If this box is checked and the overpayment is non-fraud, you may request a waiver of the overpayment.

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT UNLESS YOU FILE AN APPEAL AND/OR REQUEST FOR WAIVER WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESSDAY. YOUR REQUEST FOR WAIVER MUST BE FILED IN PERSON AT ANY LOCAL WORKFORCE CENTER. IF YOU CANNOT REPORT IN PERSON, PLEASE CONTACT YOUR LOCAL WORKFORCE CENTER FOR ADDITIONAL INFORMATION OR ASSISTANCE AN APPEAL MAY BE FILED IN PERSON OR BY MAIL ADDRESSED TO APPEALS, P.O. BOX. 995, COLUMBIA , SC 29202.

Section 41-41-40 of the South Carolina Code requires that you refund this overpayment regardless of the reason for the overpayment. Please make your personal check, money order, or cashier's check payable to the South Carolina Department of Employment and Workforce and MAIL TO:

SC DEPARTMENT OF EMPLOYMENT AND WORKFORCE
ATTN: BPC COLLECTIONS, ROOM 130
P.O. BOX 2644
COLUMBIA, S.C. 29202

DO NOT SEND CASH MONEY THROUGH THE MAIL.

To ensure proper credit to your account, please be sure to write your social security number on your payment. If you are unable to pay the entire amount, you can make arrangements to repay your overpayment in installments. You may use the section below to show how you intend to repay your overpayment. If assistance is needed in making such arrangement, contact the BPC Collections Unit at (803) 737-2387. You may also contact our field representative through your local unemployment insurance office to arrange an installment pay plan. Failure to repay this overpayment may result in prosecution (if the overpayment is fraud), wage garnishment,and/or your state tax refund being intercepted and applied to your overpayment.

REPAYMENT AGREEMENT

I UNDERSTAND THAT I AM OVERPAID AND MUST REPAY MY OVERPAYMENT. THEREFORE, I AGREE TO REPAY MY OVERPAYMENT IN INSTALLMENTS OF $_____ [ ] WEEKLY [ ] BI-WEEKLY [ ] MONTHLY UNTIL THE BALANCE IS PAID IN FULL.

I UNDERSTAND THAT THIS AGREEMENT HAS TO BE APPROVED BY THE SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE BPC COLLECTIONS UNIT AND IS NOT VALID UNLESS A PAYMENT IS ENCLOSED.

I UNDERSTAND THAT IF I BECOME ELIGIBLE FOR UNEMPLOYMENT INSURANCE BENEFITS, THEY WILL BE APPLIED TO MY OVERPAYMENT AND THIS INSTALLMENT AGREEMENT WILL NOT PREVENT THIS FROM HAPPENING.

SOCIAL SECURITY NUMBER _____ SIGNATURE _____ DATE

RETURN THIS PORTION WITH YOUR FIRST PAYMENT

1 UCB-103
REV. 7/10

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

P.O. BOX 995, COLUMBIA, S.C. 29202

1 DIANA B JORDAN

DATE OF THIS NOTICE 03/03/14

CLAIMANT'S NAME	SOCIAL SECURITY NUMBER	EFFECTIVE DATE	DISQUALIFICATION ENDS
DIANA B JORDAN		07/06/08	06/19/10

WFC. NO.	TYPE	CATEGORY	WEEKLY BENEFIT AMOUNT	MAXIMUM POTENTIAL ENTITLEMENT	LESS REDUCTION OF	NET TOTAL BENEFITS	BENEFIT YEAR ENDS
400	C	01	$ 326.00	$ 8476.00	$ 0.00	$ 8476.00	07/05/09

DETERMINATION BY CLAIMS ADJUDICATOR ON CLAIM FOR BENEFITS

1 ____ You are eligible for benefits from the above effective date.

1 _X_ You have been disqualified from receiving benefits or have been found to be ineligible for benefits for the following reason(s).

THE DEPARTMENT OF EMPLOYMENT AND WORKFORCE HAS DETERMINED THAT YOUR CLAIM FOR UNEMPLOYMENT BENEFITS WAS ESTABLISHED THROUGH YOUR USE OF A FICTITIOUS EMPLOYER ACCOUNT FOR THE PURPOSE OF ESTABLISHING YOUR RIGHT TO BENEFITS. UNDER S C CODE ANN. 41-41-20 YOUR OVERPAYMENT IS CONSIDERED FRAUDULENT IN NATURE AND AN ADMINISTRATIVE PENALTY IS IMPOSED AS DESCRIBED BELOW. YOU MAY REPAY THE OVERPAYMENT IN WEEK, BI-WEEKLY OR MONTHLY INSTALLMENTS. OVERPAYMENT AMOUNT $32,274.00. ADMINISTRATIVE DISQUALIFICATION IS A TOTAL OF 52 WEEKS FROM 3-2-14 TO 2-28-15

1 ____ LAST SEPARATION FROM NON-LIABLE EMPLOYER

UI CLAIMS ADJUDICATOR

1 MAILING DATE 03/04/2014

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY WORKFORCE CENTER, BY MAIL, ADDRESSED TO THE "APPEAL TRIBUNAL," P.O. BOX 995, COLUMBIA, SOUTH CAROLINA 29202, OR BY FAX (803) 737-0287. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, CONTACT YOUR LOCAL WORKFORCE CENTER OR THE APPEALS DEPARTMENT AT (803) 737 - 2520.

BPC-128
REV. 2/11

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
DETERMINATION OF OVERPAYMENT

TO: DIANA B JORDAN S.S. NO.: DATE: 03/03/14

OVERPAYMENT TYPE: [X] FRAUD [ ] NONFRAUD

AMOUNT OVERPAID: 8476.00 WEEKS OVERPAID: 07/19/08 TO 01/10/09 BYE: 07/05/09

An overpayment determination has been made on your unemployment insurance claim in accordance with Section 41-41-20 of the South Carolina Code. You have received benefits to which you were NOT entitled. See items checked below.

[ ] You were paid benefits during a disqualification or a period of ineligibility.

[ ] A revision in your base period wages resulted in a reduction of your weekly benefit entitlement.

[ ] Earnings were not deducted. [ ] Pension was not deducted.

[ ] Your claim was withdrawn.

[X] You knowingly withheld information to obtain or increase your benefits.

[ ] Other:

BENEFIT PAYMENT CONTROL

MAILING DATE 03/04/2014

[ ] If this box is checked and the overpayment is non-fraud, you may request a waiver of the overpayment.

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT UNLESS YOU FILE AN APPEAL AND/OR REQUEST FOR WAIVER WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESSDAY. YOUR REQUEST FOR WAIVER MUST BE FILED IN PERSON AT ANY LOCAL WORKFORCE CENTER. IF YOU CANNOT REPORT IN PERSON, PLEASE CONTACT YOUR LOCAL WORKFORCE CENTER FOR ADDITIONAL INFORMATION OR ASSISTANCE AN APPEAL MAY BE FILED IN PERSON OR BY MAIL ADDRESSED TO APPEALS, P.O. BOX. 995, COLUMBIA , SC 29202.

Section 41-41-40 of the South Carolina Code requires that you refund this overpayment regardless of the reason for the overpayment. Please make your personal check, money order, or cashier's check payable to the South Carolina Department of Employment and Workforce and MAIL TO:

SC DEPARTMENT OF EMPLOYMENT AND WORKFORCE
ATTN: BPC COLLECTIONS, ROOM 130
P.O. BOX 2644
COLUMBIA, S.C. 29202

DO NOT SEND CASH MONEY THROUGH THE MAIL.

To ensure proper credit to your account, please be sure to write your social security number on your payment. If you are unable to pay the entire amount, you can make arrangements to repay your overpayment in installments. You may use the section below to show how you intend to repay your overpayment. If assistance is needed in making such arrangement, contact the BPC Collections Unit at (803) 737-2387. You may also contact our field representative through your local unemployment insurance office to arrange an installment pay plan. Failure to repay this overpayment may result in prosecution (if the overpayment is fraud), wage garnishment, and/or your state tax refund being intercepted and applied to your overpayment.

REPAYMENT AGREEMENT

I UNDERSTAND THAT I AM OVERPAID AND MUST REPAY MY OVERPAYMENT. THEREFORE, I AGREE TO REPAY MY OVERPAYMENT IN INSTALLMENTS OF $_____ [ ] WEEKLY [ ] BI-WEEKLY [ ] MONTHLY UNTIL THE BALANCE IS PAID IN FULL.

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I UNDERSTAND THAT IF I BECOME ELIGIBLE FOR UNEMPLOYMENT INSURANCE BENEFITS, THEY WILL BE APPLIED TO MY OVERPAYMENT AND THIS INSTALLMENT AGREEMENT WILL NOT PREVENT THIS FROM HAPPENING.

_____ SOCIAL SECURITY NUMBER

_____ SIGNATURE

_____ DATE

RETURN THIS PORTION WITH YOUR FIRST PAYMENT

BPC-128
REV..2/11

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
DETERMINATION OF OVERPAYMENT

TO: DIANA B JORDAN S.S. NO.: DATE: 03/03/14

OVERPAYMENT TYPE: [X] FRAUD [ ] NONFRAUD

AMOUNT OVERPAID: 6520.00 WEEKS OVERPAID: 09/19/09 TO 01/30/10 BYE: 07/05/09

An overpayment determination has been made on your unemployment insurance claim in accordance with Section 41-41-20 of the South Carolina Code. You have received benefits to which you were NOT entitled. See items checked below.

[ ] You were paid benefits during a disqualification or a period of ineligibility.

[ ] A revision in your base period wages resulted in a reduction of your weekly benefit entitlement.

[ ] Earnings were not deducted. [ ] Pension was not deducted.

[ ] Your claim was withdrawn.

[X] You knowingly withheld information to obtain or increase your benefits.

[ ] Other:

BENEFIT PAYMENT CONTROL

MAILING DATE 03/04/2014

[ ] If this box is checked and the overpayment is non-fraud, you may request a waiver of the overpayment.

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT UNLESS YOU FILE AN APPEAL AND/OR REQUEST FOR WAIVER WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESSDAY. YOUR REQUEST FOR WAIVER MUST BE FILED IN PERSON AT ANY LOCAL WORKFORCE CENTER. IF YOU CANNOT REPORT IN PERSON, PLEASE CONTACT YOUR LOCAL WORKFORCE CENTER FOR ADDITIONAL INFORMATION OR ASSISTANCE AN APPEAL MAY BE FILED IN PERSON OR BY MAIL ADDRESSED TO APPEALS, P.O. BOX. 995, COLUMBIA , SC 29202.

Section 41-41-40 of the South Carolina Code requires that you refund this overpayment regardless of the reason for the overpayment. Please make your personal check, money order, or cashier's check payable to the South Carolina Department of Employment and Workforce and MAIL TO:

SC DEPARTMENT OF EMPLOYMENT AND WORKFORCE
ATTN: BPC COLLECTIONS, ROOM 130
P.O. BOX 2644
COLUMBIA, S.C. 29202

DO NOT SEND CASH MONEY THROUGH THE MAIL.

To ensure proper credit to your account, please be sure to write your social security number on your payment. If you are unable to pay the entire amount, you can make arrangements to repay your overpayment in installments. You may use the section below to show how you intend to repay your overpayment. If assistance is needed in making such arrangement, contact the BPC Collections Unit at (803) 737-2387. You may also contact our field representative through your local unemployment insurance office to arrange an installment pay plan. Failure to repay this overpayment may result in prosecution (if the overpayment is fraud), wage garnishment, and/or your state tax refund being intercepted and applied to your overpayment.

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_____ SOCIAL SECURITY NUMBER

_____ SIGNATURE

_____ DATE

RETURN THIS PORTION WITH YOUR FIRST PAYMENT

BPC-128
REV..2/11

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
DETERMINATION OF OVERPAYMENT

TO: DIANA B JORDAN S.S. NO.: DATE: 03/03/14

OVERPAYMENT TYPE: [X] FRAUD [ ] NONFRAUD

AMOUNT OVERPAID: 3586.00 WEEKS OVERPAID: 04/04/09 TO 06/13/09 BYE: 07/05/09

An overpayment determination has been made on your unemployment insurance claim in accordance with Section 41-41-20 of the South Carolina Code. You have received benefits to which you were NOT entitled. See items checked below.

- [ ] You were paid benefits during a disqualification or a period of ineligibility.
- [ ] A revision in your base period wages resulted in a reduction of your weekly benefit entitlement.
- [ ] Earnings were not deducted. [ ] Pension was not deducted.
- [ ] Your claim was withdrawn.
- [X] You knowingly withheld information to obtain or increase your benefits.
- [ ] Other:

BENEFIT PAYMENT CONTROL

MAILING DATE 03/04/2014

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SOCIAL SECURITY NUMBER _____ SIGNATURE _____ DATE _____

RETURN THIS PORTION WITH YOUR FIRST PAYMENT

BPC-128
REV..2/11

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
DETERMINATION OF OVERPAYMENT

TO: DIANA B JORDAN S.S. NO.: DATE: 03/03/14

OVERPAYMENT TYPE: [X] FRAUD [ ] NONFRAUD

AMOUNT OVERPAID: 326.00 WEEKS OVERPAID: 05/08/10 TO 05/08/10 BYE: 07/05/09

An overpayment determination has been made on your unemployment insurance claim in accordance with Section 41-41-20 of the South Carolina Code. You have received benefits to which you were NOT entitled. See items checked below.

- [ ] You were paid benefits during a disqualification or a period of ineligibility.
- [ ] A revision in your base period wages resulted in a reduction of your weekly benefit entitlement.
- [ ] Earnings were not deducted. [ ] Pension was not deducted.
- [ ] Your claim was withdrawn.
- [X] You knowingly withheld information to obtain or increase your benefits.
- [ ] Other:

BENEFIT PAYMENT CONTROL

MAILING DATE 03/04/2014

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COLUMBIA, S.C. 29202

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_____ SOCIAL SECURITY NUMBER

_____ SIGNATURE

_____ DATE

RETURN THIS PORTION WITH YOUR FIRST PAYMENT

UCB-103
REV. 7/10

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

P.O. BOX 995, COLUMBIA, S.C. 29202

DIANA JORDAN

DATE OF THIS NOTICE 03/03/14

CLAIMANT'S NAME	SOCIAL SECURITY NUMBER	EFFECTIVE DATE	DISQUALIFICATION ENDS
DIANA JORDAN		07/15/12	03/02/13

WFC. NO.	TYPE	CATEGORY	WEEKLY BENEFIT AMOUNT	MAXIMUM POTENTIAL ENTITLEMENT	LESS REDUCTION OF	NET TOTAL BENEFITS	BENEFIT YEAR ENDS
400	C	01	$ 326.00	$ 6520.00	$ 0.00	$ 6520.00	07/14/13

DETERMINATION BY CLAIMS ADJUDICATOR ON CLAIM FOR BENEFITS

_____ You are eligible for benefits from the above effective date.

__X__ You have been disqualified from receiving benefits or have been found to be ineligible for benefits for the following reason(s).

THE DEPARTMENT OF EMPLOYMENT AND WORKFORCE HAS DETERMINED THAT YOUR CLAIM FOR UNEMPLOYMENT BENEFITS WAS ESTABLISHED THROUGH YOUR USE OF A FICTITIOUS EMPLOYER ACCOUNT FOR THE PURPOSED OF ESTABLISHING YOUR RIGHTS TO BENEFITS. UNDER S C CODE ANN. 41-41-20, YOUR OVERPAYMENT IS CONSIDERED FRAUDULENT IN NATURE AND AN ADMINISTRATIVE PENALTY IS IMPOSED AS DESCRIBED BELOW. YOU MAY REPAY THE OVERPAYMENT IN WEEKLY, BI-WEEKLY OR MONTHLY INSTALLMENTS. OVERPAID AMOUNT $8150.00. ADMINISTRATIVE DISQUALIFICATION IS A TOTAL OF 52 WEEKS FROM 3-2-14 TO 2-28-15

_____ LAST SEPARATION FROM NON-LIABLE EMPLOYER

UI CLAIMS ADJUDICATOR

MAILING DATE 03/04/2014

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY WORKFORCE CENTER, BY MAIL, ADDRESSED TO THE 'APPEAL TRIBUNAL,' P.O. BOX 995, COLUMBIA, SOUTH CAROLINA 29202, OR BY FAX (803) 737-0287. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, CONTACT YOUR LOCAL WORKFORCE CENTER OR THE APPEALS DEPARTMENT AT (803) 737-2520.

BPC-128
REV..2/11

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
DETERMINATION OF OVERPAYMENT

TO: DIANA JORDAN S.S. NO.: DATE: 03/03/14

OVERPAYMENT TYPE: [X] FRAUD [ ] NONFRAUD

AMOUNT OVERPAID: 5868.00 WEEKS OVERPAID: 07/28/12 TO 11/24/12 BYE: 07/14/13

An overpayment determination has been made on your unemployment insurance claim in accordance with Section 41-41-20 of the South Carolina Code. You have received benefits to which you were NOT entitled. See items checked below.

- [ ] You were paid benefits during a disqualification or a period of ineligibility.
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- [ ] Earnings were not deducted. [ ] Pension was not deducted.
- [ ] Your claim was withdrawn.
- [X] You knowingly withheld information to obtain or increase your benefits.
- [ ] Other:

BENEFIT PAYMENT CONTROL

MAILING DATE 03/04/2014

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COLUMBIA, S.C. 29202

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SOCIAL SECURITY NUMBER _____ SIGNATURE _____ DATE _____

RETURN THIS PORTION WITH YOUR FIRST PAYMENT

BPC-128
REV..2/11

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
DETERMINATION OF OVERPAYMENT

TO: DIANA JORDAN S.S. NO.: DATE: 03/03/14

OVERPAYMENT TYPE: [X] FRAUD [ ] NONFRAUD

AMOUNT OVERPAID: 652.00 WEEKS OVERPAID: 12/08/12 TO 12/15/12 BYE: 07/14/13

An overpayment determination has been made on your unemployment insurance claim in accordance with Section 41-41-20 of the South Carolina Code. You have received benefits to which you were NOT entitled. See items checked below.

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- [ ] Earnings were not deducted. [ ] Pension was not deducted.
- [ ] Your claim was withdrawn.
- [X] You knowingly withheld information to obtain or increase your benefits.
- [ ] Other:

BENEFIT PAYMENT CONTROL

MAILING DATE 03/04/2014

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_____ SOCIAL SECURITY NUMBER

_____ SIGNATURE

_____ DATE

RETURN THIS PORTION WITH YOUR FIRST PAYMENT

Sent TB 3/11

SC Dept. of Employment & Workforce
MAR 11 2014
Received Benefits Div.

SCDEW
cc
MAR 07
Lower Authority Appeals

March 7, 2014

Re: Diana Jordan SSN APPEAL REQUEST

Dear Madam or Sir,

I received a disqualification letter suggesting that my former employers were fictitious. My former employers filed federal tax returns with the IRS, withheld both Social Security and Medicare taxes, filed tax returns with AND were licensed by the State of South Carolina. They were legitimate businesses.

Secondly, I received a notice that says I knowingly withheld information to obtain or increase benefits. Whenever I was scheduled for an appointment with unemployment I went to the meeting and had my paper work filled out. In December 2013 I met with investigators, answered their questions and sent copies of the pay checks they requested. I did not withhold information, I provided it.

For the past year I have been calling in my unemployment claim and conducting job searches on unemployment's web site as instructed but have not received benefit payments. Please release the payments.

Sincerely, Diana B. Jordan

APP-105
Rev. 9/10

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P.O. Box 995, Columbia, South Carolina 29202

NOTICE OF HEARING BEFORE APPEAL TRIBUNAL

Claimant's Name: DIANA JORDAN Social Security Number: ___

Address: _____

Employer's Name: NLE

Appeal Number: 1410101 Hearing Date: 07/17/14 (Month/Day/Year) Hearing Time: 2:00 P (Hour/Minute)

Hearing Location: SC DEPARTMENT OF EMPLOYMENT & WORKFORCE
631 HAMPTON STREET COLUMBIA SC 29201

Before: DANIEL C. BEACH

IMPORTANT: IF YOU HAVE APPEALED AND FAIL TO APPEAR WITHIN TEN (10) MINUTES AFTER THE SCHEDULED TIME FOR THE HEARING TO BEGIN, YOUR APPEAL MAY BE DISMISSED. FAILURE OF EITHER PARTY TO PARTICIPATE MAY RESULT IN YOUR INTERESTS BEGING ABANDONED.

THE HEARING WILL NOT BE POSTPONED EXCEPT FOR AN EMERGENCY. Contact a representative of the Department at (803) 737-2520, AT ONCE, if you cannot be present at the time scheduled and wish to request a postponemer of the hearing. Also, if you require any special needs, such as an interpreter, please contact us prior to the hearing.

ISSUES

___ Voluntary Quit	___ Voluntary Retirement	___ Timeliness of Appeal
___ Discharge	___ Absence from Hearing	X Fraud & Overpayment
___ Availability	___ Overpayment	___ Job Offer & Referral
___ Eligibility	___ Other _____	

EVIDENCE: This hearing is your only chance to testify and present evidence. Sworn testimor is required from witnesses with first-hand knowledge. Only documents, such as business records (fo example: timesheets, employer's policies or handbook, warnings) can be considered and must be submitted with an original and two copies. The original will be returned. No testimony or evidence will be considered from witnesses who are not present.

SUBPOENAS: If a witness is reluctant to appear, you may apply for a subpoena through the Commission's local office or the Appeal Tribunal at (803) 737-2520.

LEGAL REPRESENTATION: An attorney licensed to practice in South Carolina may represent you. It is yo responsibility to obtain representation prior to the hearing. Fees charged to represent claimants are limited to the greater of $125.00 or the claimant's weekly benefit amount per appearance.

BENEFITS: A claimant should continue to file for benefits during the appeal process. Weeks not claimed canno be paid, even if the claimant is held eligible.

THIS NOTICE SUPERSEDES ANY PREVIOUS HEARING NOTICE YOU MAY HAVE RECEIVED. I THE DATE ON THIS NOTICE IS LATER THAN THE DATE ON ANY OTHER NOTICE, YO SHOULD ASSUME THAT THE PREVIOUS HEARING HAS BEEN POSTPONED AND FOLLO THE INSTRUCTIONS ON THIS NOTICE.

Please note the hearing may result in an increase, decrease, or no change in the disqualification.

MAILING DATE: 07/01/2014

NO CELL PHONES OR CHILDREN ARE ALLOWED IN HEARINGS

GENERAL INFORMATION ON THE SOUTH CAROLINE CODE IS ON THE BACK OF THIS NOTICE.

THE SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE
631 Hampton Street
P.O. Box 995
Columbia, SC 29202

DIANA JORDAN	)	Appeal No. 1410101
	)	
	)	
	)	
	)	**ORDER RELEASING TAX INFORMATION**
	)	
	)	

HEARING BEFORE THE APPEAL TRIBUNAL:

NOTICE IS HEREBY GIVEN, pursuant to S.C. Reg. 47-51.C.1, the Appeal Tribunal ("Tribunal") of the South Carolina Department of Employment and Workforce ("Department") intends "to take such additional evidence at the hearing as it deems necessary." Id. Specifically, the Tribunal intends to direct the taking of evidence as described below. This Order is based on the following:

1. With regard to Diana Jordan ("Claimant"), as stated in the Claims Adjudicator's Determination(s) mailed March 4, 2014, the Department "has determined that [Claimant's] claim for unemployment benefits was established through...use of a fictitious employer account for the purposed of establishing...rights to benefits." Id. Therefore, Claimant has been found to have violated S.C. Code Ann. § 41-41-20.

2. Pursuant to S.C. Code Ann. § 12-54-240(B)(11), the Department is permitted to receive and inspect relevant tax information from SCDOR upon request.

3. As a part of the Department, this Tribunal may also request and be provided tax information, to include, but not limited to, documents, records and testimony from SCDOR employees pertaining to tax matters under § 12-54-240(B)(11). Accordingly, SCDOR employees are permitted to testify before the Tribunal in the present matter.

4. Such tax information retains its confidential nature under § 12-54-240 once produced to the Department, in part because the tax information contains sensitive information such as social security numbers and tax identification numbers.

5. Upon issuance of a proper judicial order, § 12-54-240 permits the Department to disclose necessary confidential tax information to a third party (i.e. Claimant).

6. As this tax information and SCDOR employee testimony are a crucial and non-severable part of the Department's case against Claimant, the Tribunal finds that it is necessary and proper for the Claimant to have the right to inspect such tax documents and hear/receive such testimony.

THEREFORE, IT IS HEREBY ORDERED that the Department must redact all social security and tax identification information contained on the requested tax documents.

IT IS FURTHER ORDERED that the Department should allow Claimant to inspect these redacted documents prior to the hearing, ***however, Claimant may not make any disclosure of confidential tax information without proper authorization.***

IT IS FURTHER ORDERED that designated employees with SCDOR shall be requested, via subpoena pursuant to § 12-54-240(B)(11), to provide testimony and/or written affidavits regarding the tax information found relevant to the above captioned matter.

IT IS SO ORDERED.

Romi Y. Robinson
Chief Administrative Hearing Officer

July 11, 2014
Columbia, South Carolina

STATE OF SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE

SUBPOENA

TO:	Milton Kimpson General Counsel for Tax and Regulatory Services South Carolina Department of Revenue

BY VIRTUE OF THE AUTHORITY vested in the South Carolina Department of Employment and Workforce, pursuant to S.C. Code Ann. §41-29-190; the Department is issuing this subpoena to compel the production of books, papers, correspondence, memoranda and other records considered necessary for the administration of Chapters 27 through 41 of Title 41, as described below:

YOU ARE HEREBY COMMANDED to appear at the place, date, and time specified below, to give evidence of what you know regarding any and all relevant matters including:

Testimony from designated personnel confirming the filing or nonfiling of any required tax returns, applications for withholding accounts, or other related tax information for the corporations, sole proprietorships, partnerships, and/or limited liability companies named on the attached list. (SEE ATTACHED)

PLACE:	C. Lem Harper Building 631 Hampton Street Columbia, SC 29201	DATE: July 17, 2014
		TIME: 2:00 P.M.

YOU ARE ALSO COMMANDED to permit inspection or provide a copy of the following document(s) or object(s):

N/A

In testimony whereof I have hereunto affixed my signature and the seal of the South Carolina Department of Employment & Workforce

DULY AUTHORIZED REPRESENTATIVE M R Thomas

M.R. Thomas
UI Supervisor

UCB-135A
5/14

FAILURE TO APPEAR constitutes contempt of court. **FURTHERMORE,** a person who, without just cause, fails or refuses to attend and testify; to answer a lawful inquiry; or to produce books, papers, correspondence, memoranda and other records, if it is in his power to do this in accordance with a subpoena of the department or a duly authorized representative, must be punished by a fine of not less than twenty nor more than two hundred dollars or by imprisonment for not more than thirty days. Each failure to obey a subpoena constitutes a separate offense. S.C. Code Ann. § 41-29-210

SUBPOENA ATTACHMENT
July 11, 2014

Employer Name	DEW Account #	Federal ID#	Address
Office Assignment a/k/a Office Assistant, Inc.			124 Longwood Pass Irmo, SC 29063
Ballentine Service Corporation.			P.O. Box 451 Ballentine, SC 29002
A Home Improvement Company			P.O. Box 451 Ballentine, SC 29002
eBay Consignment Company			124 Longwood Pass Irmo, SC 29063
Cedar Cove Service Company			P.O. Box 333 White Rock, SC 29177
Lakewood Service Company			P.O. Box 333 White Rock, SC 29177

P.O. Box 995
1550 Gadsden Street
Columbia, SC 29202
dew.sc.gov



Nikki R. Haley
Governor

Cheryl M. Stanton
Executive Director

P.O. Box 8597
Columbia, South Carolina 29202
(803) 737-2666
FAX (803) 737-0124

July 14, 2014

Jody Steigerwalt
Director of Business Filings
South Carolina Secretary of State's Office
1205 Pendleton Street, Suite 525
Columbia, SC 29201

[via U.S. Mail & E-mail: jsteigerwalt@sos.sc.gov]

Re: Department Subpoena

Dear Ms. Steigerwalt,

Please find attached a subpoena for the attendance of a witness from your office who can provide the required information as described in the subpoena attachment.

If you have any questions or concerns, please contact this office immediately.

Sincerely Yours,

E.B. "Trey" McLeod, III
Assistant General Counsel
tmcleod@dew.sc.gov

Enclosures

STATE OF SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE

SUBPOENA

TO:	Jody Steigerwalt Director of Business Filings South Carolina Secretary of State's Office

BY VIRTUE OF THE AUTHORITY vested in the South Carolina Department of Employment and Workforce, pursuant to S Code Ann. §41-29-190, the Department is issuing this subpoena to compel the production of books, papers, correspondenc memoranda and other records considered necessary for the administration of Chapters 27 through 41 of Title 41, as described below:

YOU ARE HEREBY COMMANDED to appear at the place, date, and time specified below, to give evidence of what you know regarding any and all relevant matters including:

Testimony from designated personnel confirming the existence or nonexistence of records pertaining to t corporations, sole proprietorships, partnerships, and/or limited liability companies named on the attached li (SEE ATTACHED)

PLACE:	C. Lem Harper Building 631 Hampton Street Columbia, SC 29201	DATE: July 17, 2014
		TIME: 2:00 P.M.

YOU ARE ALSO COMMANDED to permit inspection or provide a copy of the following document(s) or object(s):

Any and All Records pertaining to the businesses identified in the attachment.

In testimony whereof I have hereunto affixed my signature and the seal of t South Carolina Department of Employment & Workforce

DULY AUTHORIZED REPRESENTATIVE

Romi Y. Robinson
Chief Administrative Hearing Officer

UCB-1.
5

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SUBPOENA ATTACHMENT
July 14, 2014

Employer Name	DEW Account #	Federal ID#	Address
Office Assignment a/k/a Office Assistant, Inc.			124 Longwood Pass Irmo, SC 29063
Ballentine Service Corporation			P.O. Box 451 Ballentine, SC 29002
A Home Improvement Company			P.O. Box 451 Ballentine, SC 29002
eBay Consignment Company			124 Longwood Pass Irmo, SC 29063
Cedar Cove Service Company			P.O. Box 333 White Rock, SC 29177
Lakewood Service Company			P.O. Box 333 White Rock, SC 29177

STATE OF SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE

SUBPOENA

TO:	Kimberly L. Szabo 207 Lexington Lane Chapin, SC 29036

BY VIRTUE OF THE AUTHORITY vested in the South Carolina Department of Employment and Workforce, pursuant to S Code Ann. §41-29-190, the Department is issuing this subpoena to compel the production of books, papers, correspondei memoranda and other records considered necessary for the administration of Chapters 27 through 41 of Title 41, as described below:

YOU ARE HEREBY COMMANDED to appear at the place, date, and time specified below, to give evidence of what you know regarding any and all relevant matters and providing all other information as described below.

PLACE:	C. Lem Harper Building 631 Hampton Street Columbia, SC 29201	DATE: July 17, 2014
		TIME: 2:00 P.M.

YOU ARE ALSO COMMANDED to permit inspection or provide a copy of the following document(s) or object(s):

Appear as a witness and give testimony regarding the Unemployment Insurance Claim for Benefits filed by Diane Jordan.

In testimony whereof I have hereunto affixed my signature and the seal of t South Carolina Department of Employment & Workforce

DULY AUTHORIZED REPRESENTATIVE M.R. Thomas

M.R. Thomas
UI Supervisor

UCB-1
5

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STATE OF SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE

SUBPOENA

TO:	James J. Walleshauser 124 Longwood Pass Irmo, SC 29063

BY VIRTUE OF THE AUTHORITY vested in the South Carolina Department of Employment and Workforce, pursuant to S Code Ann. §41-29-190, the Department is issuing this subpoena to compel the production of books, papers, corresponder memoranda and other records considered necessary for the administration of Chapters 27 through 41 of Title 41, as described below:

YOU ARE HEREBY COMMANDED to appear at the place, date, and time specified below, to give evidence of what you know regarding any and all relevant matters and providing all other information as described below.

PLACE:	C. Lem Harper Building 631 Hampton Street Columbia, SC 29201	DATE: July 17, 2014
		TIME: 2:00 P.M.

YOU ARE ALSO COMMANDED to permit inspection or provide a copy of the following document(s) or object(s):

Appear as a witness and give testimony regarding the Unemployment Insurance Claim for Benefits filed by Diane Jordan.

South Carolina Department of Employment and Workforce

In testimony whereof I have hereunto affixed my signature and the seal of t South Carolina Department of Employment & Workforce

DULY AUTHORIZED REPRESENTATIVE M.R. Thomas

M.R. Thomas
UI Supervisor

UCB-1
5

FAILURE TO APPEAR constitutes contempt of court. **FURTHERMORE,** a person who, without just cause, fails or refuses to attend and testify; to answer a lawful inquiry; or to produce books, papers, correspondence, memoranda and other records, if it is in his power to do this in accordance with a subpoena of the department or a duly authorized representative, must be punished by a fine of not less than twenty nor more than two hundred dollars or by imprisonmen for not more than thirty days. Each failure to obey a subpoena constitutes a separate offense. S.C. Code Ann. § 41-29-21C

SOUTH CAROLINA

DEPARTMENT OF EMPLOYMENT & WORKFORCE

Columbia, South Carolina

Transcript of Testimony
Before

Daniel C. Beach, Administrative Hearing Officer

Diana Jordan	)	**CLAIMANT**
	)	
	)	
Claimant SSN:	)	
No Liable Employer	)	**LIABLE EMPLOYER**

PLACE OF HEARING: SC Department of Employment & Workforce
700 Taylor Street
Columbia, South Carolina

DATE OF HEARING: July 17, 2014

APPEARANCES:

For Claimant: In Person

For Employer: None

TESTIFYING WITNESSES

CLAIMANT:

Diana Jordan

AGENCY WITNESSES:

Bryan Johnson, FIRE Unit, Collection, & Recovery Supervisor (SCDEW)
Michael Waugh, Special Agent with the US Dept. of Labor, Office of Inspector General
Jody H. Steigerwalt, Director of Business Filings with the Secretary of State Office
Susan Shytle, Supervisor of Field Audit with the Department of Revenue
James Walleshauser, owner of A Home Improvement Company and eBay Consignment Company, Inc.

Before: Daniel C. Beach, Administrative Hearing Officer

HEARING OFFICER'S PREAMBLE.

ALL WITNESSES SWORN.

HEARING OFFICER: All right, please let the record reflect all parties have answered in the affirmative. We'll be mailing out a decision to you as soon as possible. Ms. Jordan, yours will be going to
Is that correct?

CLAIMANT: Yes.

HEARING OFFICER: A phone number for you 803-732-1762?

CLAIMANT: Correct.

HEARING OFFICER: Okay, and before I begin to take testimony would either party have any questions for me concerning the issues or the procedures that I have outlined here today? Mr. Johnson, any questions that you may have?

AGENCY WITNESS-1: No, sir.

HEARING OFFICER: All right. Ms. Jordan, any questions that you may have?

CLAIMANT: I previously asked before we were recording if the documents that I requested yesterday had come in, the business filings and you told me that they may not be here, and that this may need to be continued. I guess that probably should be on the recording but...

HEARING OFFICER: All right, all I received from you yesterday was a letter saying that Mr. Walleshauser would not be here today. That's July 16, that was yesterday.

CLAIMANT: I didn't talk to him.

HEARING OFFICER: So there was an attachment with your signature and a statement of Mr. Walleshauser saying he was not gonna be here today.

CLAIMANT: I didn't say he...I didn't know if he was gonna be here or not so I submitted that from previous. But the... (going through paperwork) [UNCLEAR] I had...

HEARING OFFICER: I'm looking at the second sentence was, "Please ask them to bring copies of the business tax filing for Lakewood Service. All the other businesses that you..."

CLAIMANT: Oh, okay, yeah...

HEARING OFFICER: Is that what you're requesting?

CLAIMANT: That's the original.

HEARING OFFICER: That's the same thing.

CLAIMANT: [UNCLEAR]

HEARING OFFICER: Okay.

CLAIMANT: Perfect, you got it. And now I don't know if the

HEARING OFFICER: (both speaking) was given to me.

CLAIMANT: ...if the...the stuff is here and we could discuss this before you...

HEARING OFFICER: Well, that's what I'm saying. I was just given this 15 minutes before I came downstairs. So I didn't issue any subpoena or request that information to be subpoenaed, however as I indicated off record if it's determined that information is necessary then we will [UNCLEAR], we can always continue

the hearing to...to gather that information at a later date. So I've addressed that concern with you. Is there any other questions that you may have for me?

CLAIMANT: No.

HEARING OFFICER: Okay. Ms. Jordan, if you would please state your name for the record spelling your first and last name for me.

CLAIMANT: Diana Jordan; D-I-A-N-A J-O-R-D-A-N.

HEARING OFFICER: All right, Ms. Jordan, let me get this [UNCLEAR]. Okay, Ms. Jordan, I have in front of me a copy of ten documents that were mailed to you on March 4, 2014. They are the determinations that were issued which held you ineligible from receiving benefits and ultimately overpaid in benefits for the weeks that we're referring to here today. I'll show you a copy of those at this time and give you an opportunity to review over them, then I'll have a couple questions for you.

CLAIMANT: All right.

HEARING OFFICER: Any objection to me entering those into the record as an exhibit?

CLAIMANT: No.

HEARING OFFICER: Okay. Mr. Johnson, any objection to me entering these into the record? If you can look over them real quick.

AGENCY WITNESS: [UNCLEAR]

HEARING OFFICER: Okay, they will be entered into the record as Agency Exhibit Number One, entered into the record without any objection, again, to reflect the determinations that are under appeal. Administratively I have copied and have in front of me a copy of all UI documents as it relates to the Agency here today. Administratively I can enter those into the record as they are business

records of the Agency, and it refers to four...one, two, three, four, five different businesses; Office Assistant Incorporated, reflects the benefit record which is the claim record for unemployment insurance benefits, as well as the tax, UI tax, which is the contribution employer's side of the unemployment insurance, and they are for the Office Assistant Incorporated, A Home Improvement Company, eBay Consignment Company Incorporated, Lakewood Service Company and Cedar Grove (SIC) Service Company. And these are those documents. Ms. Jordan, any objection to me entering those into the record as an exhibit?

CLAIMANT: Well, pretty much you were saying that I'm filing for business, right, so I don't need to go through...

HEARING OFFICER: Well, they're just Agency...they're Agency records as it relates to a claim filed by yourself and I believe by Ms. Szabo, and then the employer records as it relates to contributions and tax matters before the Agency.

CLAIMANT: Okay.

HEARING OFFICER: All right. Any objection?

CLAIMANT: No.

HEARING OFFICER: All right. Any objection, Mr. Bryan?

AGENCY WITNESS-1: No, sir.

HEARING OFFICER: Mr. Johnson; I'm sorry. I will label that as then Agency Exhibit...

CLAIMANT: Wait a minute. Excuse me. Yeah, I have a question.

HEARING OFFICER: Okay.

CLAIMANT: The overpayments that I got were from three companies, so why are additional ones being included with because they don't... relate to the overpayment.

HEARING OFFICER: We pulled...well, we pulled everything as it relates to the claims that were filed by you. So that's what we're...we have.

CLAIMANT: But the only issue on the hearing is for the overpayment, but...

HEARING OFFICER: Fraud and overpayment.

CLAIMANT: For three businesses.

HEARING OFFICER: Fraud and overpayment.

CLAIMANT: But the...that wasn't in the...you see what I'm saying? The original...

HEARING OFFICER: No, ma'am, I don't, actually.

CLAIMANT: Okay, the overpayment relates to three businesses. So...why are the

HEARING OFFICER: Which business? Which businesses?

CLAIMANT: Lakewood [UNCLEAR] I have so many pieces of paper. [UNCLEAR] (going through paperwork) I'm sorry, I'm kinda disorganized today.

UNIDENTIFIED MALE: Can I see the determination? [UNCLEAR]

HEARING OFFICER: I'm sorry?

UNIDENTIFIED MALE: Can I see the determination?

HEARING OFFICER: Oh, sure, sure.

UNIDENTIFIED MALE: Thank you.

CLAIMANT: Lakewood Service Company and A Home Improvement and eBay, so my question is why are other documents being added?

HEARING OFFICER: As I indicated, these are all documents as it relates to your name on any business filings with the Agency, and that's what that's what was pulled and they are Agency records. So do you want to raise an objection to them being into the record for that purpose?

CLAIMANT: Yes.

HEARING OFFICER: Okay.

CLAIMANT: I object to ones that aren't being appealed to being entered in, you know, lumping everything together.

HEARING OFFICER: So that would be Office Assistant...

CLAIMANT: Correct.

HEARING OFFICER: Cedar Grove (SIC) Service Company...

CLAIMANT: Correct.

HEARING OFFICER: And, [UNCLEAR] well, you named three of them one two three. So Office Assistant Lakewood...

CLAIMANT: Lakewood is correct.

HEARING OFFICER: A Home Improvement.

CLAIMANT: Is correct.

HEARING OFFICER: And eBay.

CLAIMANT: Is correct.

HEARING OFFICER: So your issue is with Office Assistant Information and Cedar Grove (SIC)?

CLAIMANT: Correct.

HEARING OFFICER: Let me note an objection for the record of the documents being entered into the record on behalf of Ms. Jordan. Again, the objection is noted for the record, preserved for the record, however, overruled for the purposes of this hearing. All right, Mr. Johnson, let's move to you then and get information as to how we got here then. If you would please state your name for the record spelling your first and last name for me.

AGENCY WITNESS-1: Bryan Johnson; B-R-Y-A-N J-O-H-N-S-O-N.

HEARING OFFICER: And your position title here with the Agency?

AGENCY WITNESS-1: I am supervisor of the FIRE Unit, Collection and Recovery.

HEARING OFFICER: All right. Mr. Johnson, how did you become involved in this matter?

AGENCY WITNESS-1: Early last year I was working on a report, one of the cross matches I run that we wanted to try to identify fictitious employers [UNCLEAR], that is employer accounts set up. They really aren't businesses, they're just set up for the sole purposes of obtaining unemployment benefits. And a couple of companies came to my attention, Cedar Grove (SIC) Service Company and Lakewood Service Company, they were both established the same day and they both share the same PO Box in White Rock, and the president of one was an employee of the other, and vice versa. Had two people involved, one was

president of Cedar Grove (SIC) and, you know, it was just back and forth on the accounts, and both accounts had claims filed against them.

HEARING OFFICER: And based upon that information coming across you what did you do at that point in time?

AGENCY WITNESS-1: Researched more into the accounts and looked at Diana Jordan's prior claims with the accounts associated with those, and also saw a pattern, accounts being established two quarters worth of wages, and maybe three quarters worth of wages reported, and businesses shut down and claims filed soon thereafter.

HEARING OFFICER: All right, and what procedure from that point then?

AGENCY WITNESS-1: At that point we referred the case to the Department of Labor and Office of Inspector General [UNCLEAR] procedures for these kind of cases for investigation.

HEARING OFFICER: All right, were you involved in any part of the investigation?

AGENCY WITNESS-1: I picked up records, secured records and things like that for. I did...I did not interview any folks involved.

HEARING OFFICER: All right, who was the investigator, to your knowledge?

AGENCY WITNESS-1: Michael Waugh and David Addison, an investigator with the Agency. [UNCLEAR]

HEARING OFFICER: All right, were you presented with any type of finding from [UNCLEAR]?

AGENCY WITNESS-1: We received some...yeah, I mean we determined that these things were fictitious from the documentation that we secured and the

interviews, it's determined that these were fictitious employers. So, Miss...Ms. Jordan was set up and overpaid for the benefits she received from these accounts.

HEARING OFFICER: And do you know what the total overpayment was that was set up as it relates to these...this investigation?

AGENCY WITNESS-1: I believe with the [UNCLEAR] penalties in there it came out to be a little over $60,000. The exact figure, I don't have that [UNCLEAR] $60,000...$60,020 is the total overpayment.

HEARING OFFICER: All right, at any point in time did you speak with Ms. Jordan then about this issue...this issue?

AGENCY WITNESS-1: No, I did not. I believe she did send some mail to me concerning her unemployment claim that a stop was put on it while the investigation was ongoing and I [UNCLEAR] responded to her, sent some letters back and I just stated that while the investigation was ongoing that no benefits were going to be paid. I do not believe I spoke with her about [UNCLEAR].

HEARING OFFICER: All right, any other information before we move to Mr. Waugh then?

AGENCY WITNESS-1: [UNCLEAR]

HEARING OFFICER: All right. Ms. Jordan, at the conclusion of each the employer or I don't want to say employer...the Agency witnesses, Mr. Johnson [SIC], you have an opportunity to ask questions of Mr. Johnson before we move to that next witness. Do you have any questions for him?

CLAIMANT: Who is the next witness?

HEARING OFFICER: Mr. Waugh.

CLAIMANT: No, I don't have any questions yet.

HEARING OFFICER: Okay. Mr. Waugh, if you would please state your name for the record spelling your first and last names for me.

AGENCY WITNESS-2: Michael Waugh; M-I-C-H-A-E-L W-A-U-G-H.

HEARING OFFICER: And your position?

AGENCY WITNESS-2: Special Agent with the US Department of Labor, Office of Inspector General in Atlanta.

HEARING OFFICER: All right, how...how did you become involved in this case?

AGENCY WITNESS-2: Our Agency was contacted by Mr. Johnson to initiate a suspected fictitious employer investigation, and Mr. Johnson sent me documentation from SCDEW's data base supporting the suspicions.

HEARING OFFICER: And did you conduct the investigation?

AGENCY WITNESS-2: I did.

HEARING OFFICER: All right, how did you conduct that investigation?

AGENCY WITNESS-2: Primarily interviews and [UNCLEAR] some bank records.

HEARING OFFICER: Do you have a list of who you interviewed or...or, I guess the question would be who did you interview?

AGENCY WITNESS-2: First was Jack Walleshauser, next was Kim Szabo. I spoke with Mr. Johnson periodically, I documented those as interviews, had an understanding of SCDEW's records, and we spoke with Miss...I spoke with Ms. Szabo two times and then we interviewed Ms. Jordan.

HEARING OFFICER: Okay, and based upon Miss...based upon your interview with the individuals did you come to a conclusion?

AGENCY WITNESS-2: Yes.

HEARING OFFICER: What was your conclusion?

AGENCY WITNESS-2: We could not find payments issued to Ms. Szabo for her work at Cedar Cove, and that was the basis for establishing that these were fictitious companies. Ms. Szabo also indicated in interviews with myself and Mr. Addison that she...no money exchanged hands between her and Ms. Jordan.

HEARING OFFICER: All right, did she provide verbal statements to you, or was there a written statement that was provided to you?

AGENCY WITNESS-2: No written statement, it was a verbal interview.

HEARING OFFICER: All right, was she under oath at the time?

AGENCY WITNESS-2: No.

HEARING OFFICER: All right, and then when you spoke to Ms. Jordan, what was...what you...tell me, I guess, an over...overview of your discussion with Ms. Jordan.

AGENCY WITNESS-2: She agreed that she had been responsible for submitting unemployment documents for four different companies that we questioned her about, including Lakewood Service Company and Cedar Cove. She had indicated...agreed that she was laid off from Lakewood Service Company. She agreed that she...that the two quarters of wages that were filed were familiar to her. We then discussed Cedar Cove. She agreed she was the president, had laid off Kim Szabo from that company. She discussed the roles and duties of herself and Ms. Szabo at the respective companies. She said that she paid Ms. Szabo the quarterly wages that were reported to the state and that ultimately the businesses

failed for lack of capital. We discussed some credit card insurance issues at that interview as well, which are not particularly pertinent in this hearing.

HEARING OFFICER: All right, was Ms. Jordan notified that Ms. Szabo indicated that she received no money as a result of...of her working for this business?

AGENCY WITNESS-2: Not directly. We did not inform Ms. Jordan that we had interviewed Ms. Szabo, per se.

HEARING OFFICER: All right, and did you, based upon that, did you go back and question any parties about these other businesses, Office Assistant, A Home Improvement Company, eBay Consignment?

AGENCY WITNESS-2: The eBay Consignment and A Home Improvement Company we covered with interviews with Mr. Walleshauser after the interview with Ms. Jordan and some reviews of bank records and I interviewed Ms. Szabo again just to ask her about some bank deposits.

HEARING OFFICER: All right, and then with regard to Mr. Walleshauser, what was your recollection of the discussion you had with him then?

AGENCY WITNESS-2: He said he was president of either both or one of the first two companies that Ms. Jordan used to draw unemployment benefits in 2005, and I believe 2007. But he was largely unfamiliar with what went on with the companies. He did say that he paid Ms. Jordan wages out of his statements. That's my recollection, I didn't review his report immediately before this hearing.

HEARING OFFICER: All right, and...all right, did you collect any...you said you looked through bank...banking statements or what not, did you collect any documentation indicating the payments from the businesses to Ms. Jordan or the businesses to Ms. Szabo?

AGENCY WITNESS-2: Most of...I...I collected bank records with one bank. I don't recall how many bank accounts there were, there may have just been one.

And typically when we subpoena a bank we ask for any and all accounts in some of the names, so it would have been all accounts in the business name and Ms. Jordan's name from First Citizens Bank. What I found was that the checks there was a lot of payments from Ms. Jordan to the bank and Ms. Jordan to herself I and...and some large cash deposits. I don't recall seeing any payments from the companies to Ms. Jordan, but I would have to review this a little closer.

HEARING OFFICER: All right, how about company to Ms. Szabo?

AGENCY WITNESS-2: I did not...during the time period that the wages were reported from Ms. Szabo, which is the time period I focused on again was just First Citizens bank records, I found no payments to Ms. Szabo.

HEARING OFFICER: Was Ms. Jordan or Mr. Walleshauser given an opportunity to submit those documents, if any, if they found them at a later subsequent time?

AGENCY WITNESS-2: The bank documents?

HEARING OFFICER: Yes.

AGENCY WITNESS-2: Yeah, during the interview with Ms. Jordan she said she would have to look through her bank records to determine...to find payments for the companies that we addressed during the interview. I never received bank documents from Ms. Jordan. I have received an email from her and she says her Citizens Bank checks were written to Lakewood Service Company to Diane Jordan, and she gave me dollar amounts and dates for those payments.

CLAIMANT: I brought the checks...

HEARING OFFICER: Hold...hold...hold...hold on. I'll give you an opportunity to respond. All right, any additional information at this time, Mr. Waugh?

AGENCY WITNESS-2: No.

HEARING OFFICER: All right. Mr. Johnson, any questions for Mr. Waugh?

AGENCY WITNESS-1: No.

HEARING OFFICER: Okay. Ms. Jordan, any questions for Mr. Waugh?

CLAIMANT: Oh, yeah.

HEARING OFFICER: Go ahead with your questions.

CLAIMANT: The email that I sent you I attached the checks and I actually brought my part of them with me today because...

HEARING OFFICER: Well, is the question did you attach copies of the checks with the email that you sent to him?

CLAIMANT: Oh, yeah.

HEARING OFFICER: Well, I'm...I'm trying to put it in the form of a question so he can respond.

CLAIMANT: Oh, I'm sorry. That so it can be recorded.

HEARING OFFICER: Sure. Yeah, this is...this is not...

CLAIMANT: (both speaking)

HEARING OFFICER: ...let me just jump in. This is not an opportunity for you to simply respond to their testimony. It's just an opportunity for you to ask questions because once we finish with them then I'm gonna come to you and ask you direct questions. But so this is an opportunity for you to cross examine and ask questions of...of Mr. Waugh.

CLAIMANT: Oh, okay.

HEARING OFFICER: So that's why I'm just putting it in the form of a question for you.

CLAIMANT: Okay, let me ask you a question...

HEARING OFFICER: So is that the question that...

CLAIMANT: ...did you receive the copies of the bank checks from First Citizens Bank made up from Lakewood Service Company to me? I thought I...I'm not very good with technology. I thought I attached them to the email and the response you sent me indicated that you received them. That was in January, it was after the holiday, correct?

AGENCY WITNESS-2: I have...I have the email here. I'm happy to read it.

HEARING OFFICER: Well, I think...well, the question is whether or not she attached those check stubs?

AGENCY WITNESS-2: There were...there were no attachments. I'm happy to read the email.

HEARING OFFICER: Well, again, she asked you the question then you can respond that way. So he answered your question that they were not attached to the email. So do you have any other questions for him?

CLAIMANT: Can he read the email because...

HEARING OFFICER: Certainly.

CLAIMANT: ...he had responded...

HEARING OFFICER: That's a question...that's a question, he can read the email. Go ahead.

AGENCY WITNESS-2: "Hello. Sorry it took me so long to get back to you, hectic time of year. You are...you already have copies of my Wells Fargo bank statements, which is..." the word [UNCLEAR] isn't spelled [UNCLEAR] "the following checks were deposited. First Citizens Bank checks were written from Lakewood Service Company to Diane Jordan in the following amounts and deposit dates; 12/30/11 for $12,714; 1/13/12 for 9...$9,524; 1/30 of '12 for $580; 2/13 of '12 for $580; 2/29 of '12 for $580; 3/13 of '12 for $580; 3/23 of '12 for $580; 3/13 of...3/30 of '12, excuse me, for $290 Happy Holidays Diana Jordan"

HEARING OFFICER: Any other questions?

CLAIMANT: No questions.

HEARING OFFICER: Okay.

CLAIMANT: Thank you for reading that.

AGENCY WITNESS-2: Sure.

CLAIMANT: I had forgotten I had bank statements and I didn't send the checks.

HEARING OFFICER: All right. Mr. Johnson, any other questions for Mr. Waugh?

AGENCY WITNESS-1: No, sir.

HEARING OFFICER: Okay. Let's start calling in the witnesses then. Let's get...

CLAIMANT: Excuse me, can I ask one more question...

HEARING OFFICER: Of who?

CLAIMANT: ...of Mr. Waugh?

HEARING OFFICER: Certainly...certainly.

CLAIMANT: During our interview you kept saying about somebody was gonna get indicted, and the follow up in our emails you told me that you and the two other investigators had turned in your reports to the prosecutor, and it was up to the prosecutor to make a determination as to how to proceed. My question is why wasn't I indicted if this is fraud?

AGENCY WITNESS-2: I cannot answer that because I don't make decisions on indictments. It's not to say that you won't be indicted in the future, but that is not...I'm not the prosecutor. I do not make...the case.

HEARING OFFICER: Well, let me clarify the question then. Did you make any statements to Ms. Jordan that she would or could be prosecuted?

AGENCY WITNESS-2: Could be prosecuted, yes.

HEARING OFFICER: All right, any other questions, Ms. Jordan?

CLAIMANT: No.

HEARING OFFICER: Okay, let me call in Ms. Steigerwalt. Well, I believe these...these witnesses were called to provide testimony on Secretary of State filing. So let me bring in Ms. Steigerwalt and we will move through the testimony.

CLAIMANT: Can I ask a quick question?

HEARING OFFICER: Certainly.

CLAIMANT: I did bring those checks that he called up. At what point would I say, "Hey, I have them?"

HEARING OFFICER: I'm gonna go through these witnesses first and then I'm gonna come to you and...and well actually, to be honest with you, I think I need to move to you now. I didn't want to have them sitting out in the lobby for a long

period of time, but since you brought that up we'll go ahead and move to you, Ms. Jordan, and get your testimony before we move to the witnesses then. All right, with regard to the businesses that we're referring to here today going through, were you involved with Office Assistant Incorporated?

CLAIMANT: Yes.

HEARING OFFICER: All right, what was your involvement with them?

CLAIMANT: I did research work, tax filings.

HEARING OFFICER: Were you a corporate officer...

CLAIMANT: No, I was an employee.

HEARING OFFICER: ...of the business? Who was the employer then?

CLAIMANT: Which business?

HEARING OFFICER: Who's your boss?

CLAIMANT: Jim Walleshauser.

HEARING OFFICER: All right, are you related to Mr. Walleshauser?

CLAIMANT: No.

HEARING OFFICER: Have you ever been related to Mr. Wall...well, what is your relationship with him, let me ask that?

CLAIMANT: Friends.

HEARING OFFICER: All right, and was...what did you...what type of duties did you perform as an office...for the business Office Assistant Incorporated?

CLAIMANT: I told you, I did research work, I did the tax filings and what have you.

HEARING OFFICER: And what was the nature...what was the nature of the business, what did the business do?

CLAIMANT: He wanted to do like a side job and had me researching the cost to start up a [UNCLEAR] business.

HEARING OFFICER: A second what business?

CLAIMANT: He didn't really care what, something that he could do evenings, weekends, and what have you.

HEARING OFFICER: Doing what? I mean, I don't understand.

CLAIMANT: That's what I was looking into the cost of different start ups.

HEARING OFFICER: So you were doing preliminary looking at how he could start a second business?

CLAIMANT: He didn't have the first business.

HEARING OFFICER: Well, a business. (both speaking)

CLAIMANT: ...started it up and trying to make it something that he can do in his part time.

HEARING OFFICER: And how long did you work for them?

CLAIMANT: Didn't take too long to figure out that it wasn't something he wanted to do. I can't remember exact dates, it was years ago.

HEARING OFFICER: All right, Agency Exhibit Number Two has been entered into the record and it reflects that you worked with them from December 30, 2002 to March 31, 2003. So is that an accurate statement?

CLAIMANT: I'm sorry, what did you say?

HEARING OFFICER: December 30, 2002 through March 31, 2013 (sic), basically three months.

CLAIMANT: If that's what it says on the report. That's sounds about right.

HEARING OFFICER: Okay, and were you...you were not...were you a corporate officer at that business?

CLAIMANT: No.

HEARING OFFICER: Okay, when you filed...you filed a claim for benefits after you were separated from that, is that correct?

CLAIMANT: Yes.

HEARING OFFICER: Okay. The documentation that we have reflects that the employer submitted a lack of work...employer replied to the Agency citing when you worked for them signed by yourself as president of the business. Why was that?

CLAIMANT: I have to look at this.

HEARING OFFICER: Certainly. That's your signature, president, showing the dates that you worked, showing lack of work.

CLAIMANT: Wait a minute. I'm telling you the wrong stuff on here because this is...this isn't Jim Walleshauser's business. That was my business, and that's not included in here. You specifically discluded this one...

HEARING OFFICER: I didn't disclude it. I did not disclude it. I did not. I said it was...your objection is noted for the record, and I overruled your objection...

CLAIMANT: Okay, then you asked me...

HEARING OFFICER: ...and I added it to the record.

CLAIMANT: ...about the dates and asked me who owned the business, I said Jim Walleshauser. I'm on the wrong business since...

HEARING OFFICER: All right, so who owned...who...owned

CLAIMANT: That was mine...

HEARING OFFICER: What is your relationship with Office Assistant Incorporated?

CLAIMANT: It was my business.

HEARING OFFICER: So you were the president of the business, of this business?

CLAIMANT: Yes.

HEARING OFFICER: Okay. All right, so after you...

CLAIMANT: I'm sorry.

HEARING OFFICER: That's okay. After you were separated from them you indicated that you were separated due to a lack of work and you began drawing unemployment insurance benefits. Is that correct?

CLAIMANT: I...I don't know. That's back like...this is 2002, was a long time.

HEARING OFFICER: All right, well...well, Office Assistant, since you were under the impression that that business was Mr. Walleshauser, what was the nature of the business of Office Assistant? What was that business, you're, as the president of that business, what were you doing?

CLAIMANT: That actually I was telling you the wrong thing. The Office Assistant business was mine and I was trying to do bookwork for other businesses and what have you.

HEARING OFFICER: Bookkeeping?

CLAIMANT: Correct.

HEARING OFFICER: Did you have any clients?

CLAIMANT: No. I was just mostly seeing what the cost to start up would be and what have you, advertise, and rent space and that kind of thing.

HEARING OFFICER: Did you...

CLAIMANT: (mumbling)

HEARING OFFICER: ...did you pay any...did you pay yourself any wages as a result of that?

CLAIMANT: I couldn't answer this. I didn't even know this was included today. I don't want to tell you wrong, and I haven't looked at that in ten years.

HEARING OFFICER: Okay. Well, let's move to...

CLAIMANT: Since it wasn't included with the overpayment notices. I didn't even...

HEARING OFFICER: All right, how about A Home Improvement Company, what was your involvement with that business?

CLAIMANT: That's what I thought we were talking about a minute ago. That is Jim Walleshauser's business, and that's what I thought we were talking about.

HEARING OFFICER: All right, and I questioned earlier what is your relationship, if any, with Mr. Walleshauser?

CLAIMANT: Friends.

HEARING OFFICER: Okay. All right, and do you recall what your...what you performed, what duties you performed at A Home Improvement Company?

CLAIMANT: Yes, exactly what I said before that I did the research work to...for him to do like building decks and stuff like that, you know, as far as if it was reasonable to start a business evenings, weekends, what have you, but and I didn't have documents and that kind of thing.

HEARING OFFICER: Okay, did you receive wages from Mr. Walleshauser during that time?

CLAIMANT: Yes.

HEARING OFFICER: All right, do you recall when you worked for him during that time frame? If the information when you filed your claim for benefits reflected December 27, 2004 through April 4, 2005, would that be accurate?

CLAIMANT: That sounds right.

HEARING OFFICER: Okay, and as a result of that you filed a claim for unemployment insurance benefits after you were separated from his employment.

CLAIMANT: In 2005, you're talking about?

HEARING OFFICER: Correct, 2005.

CLAIMANT: Yeah. Okay, yes.

HEARING OFFICER: Okay, and the employer reply that we received with all the letters that you've provided, it appears that you have reply filled out the employer reply indicating that you were separated due to a lack of work and had Mr. Walleshauser sign the document as the president of the business. Is that accurate?

CLAIMANT: Yeah.

HEARING OFFICER: Okay, were you a corporate officer of A Home Improvement Company?

CLAIMANT: No.

HEARING OFFICER: What is your relationship with eBay Consignment Company?

CLAIMANT: What do you mean? [UNCLEAR]

HEARING OFFICER: Did you work for the business?

CLAIMANT: Oh, yes.

HEARING OFFICER: Were you a corporate officer of the business?

CLAIMANT: No.

HEARING OFFICER: And what was the nature of the business then?

CLAIMANT: Tried to see about, again, a second business that would be like selling stuff on eBay and what have you, researching shipping costs and what all it would take to start it up, and...

HEARING OFFICER: (both speaking)

CLAIMANT: Purchasing merchandise and what have you.

HEARING OFFICER: Who was the corporate officer of this business?

CLAIMANT: Jim Walleshauser.

HEARING OFFICER: Okay, and did he pay you wages as a result of your service with eBay Consignment Company?

CLAIMANT: Yes I'm sitting here shaking my head, they can't hear that...

HEARING OFFICER: All right, and it looks like that you worked for them from December...if you listed on the employer reply on your application that you worked there from December 28, 2007 to May 2, 2003, would that be an accurate statement?

CLAIMANT: The dates again?

HEARING OFFICER: December 28, 2007 through May 2, 2003.

CLAIMANT: How can it be 2007 and 2003?

HEARING OFFICER: Well then it must be 2008. I'm just looking at the document here in front of me. It might be because of the copy or whatever. It looks like a little part came out. So let's say 12/28/2007 through May 2, 2008. Does that sound more accurate?

CLAIMANT: Yes, that sounds more reasonable.

HEARING OFFICER: All right, and why...why were you separated from that business?

CLAIMANT: It was gonna cost more for the expenses that he wanted to do.

HEARING OFFICER: Okay, and as a result of that you filed a claim for unemployment insurance benefits, correct?

CLAIMANT: Yes.

HEARING OFFICER: Okay, and did you receive unemployment insurance benefits?

CLAIMANT: Yes.

HEARING OFFICER: Okay, then we move to Lakewood Service Company. What's your association with that business?

CLAIMANT: I worked for them.

HEARING OFFICER: Were you a corporate officer of Lakewood Service Company?

CLAIMANT: No.

HEARING OFFICER: What was your job duties there?

CLAIMANT: Pretty much the same, set it up and Jim and I wanted to...we both have children and we wanted to get a home based business going that we could work around our kids schedule and what have you.

HEARING OFFICER: And what was the nature of the business? I mean, what were you looking for, what type of work were you performing?

CLAIMANT: Researching like pet sitting and home, you know, like somebody moves out of town, watching houses, anything that you could do on flexible hours. Not any one particular thing.

HEARING OFFICER: All right, for one, two, three, four different businesses you indicated you're doing the same thing for these four businesses, is that accurate?

CLAIMANT: Yes.

HEARING OFFICER: Okay. How did you determine what type of money or what you would be paid as it relates to these businesses? Did you say, "I want an hourly rate?" Do you want salary? How...how is that negotiated?

CLAIMANT: Pretty much based on what was available and the amount of effort we were having.

HEARING OFFICER: Available, what do you mean available?

CLAIMANT: To work with as far as funding.

HEARING OFFICER: So where did the funds come from to...to pay you this amount of money that you worked for these four businesses, well specifically for Lakewood...Lakewood, where did the money come to pay...to pay you, where did it come from?

CLAIMANT: From Jim Walleshauser worked and he had money in savings, so that was up to him. And I have the capital from Mr. Waugh had pulled credit cards and I'm able to use credit cards, you know, cash advances from credit cards, so basically that financed it.

HEARING OFFICER: All right, so that's with Office Assistant, you were the president of that business. So where...that's where you got the money to pay you was from credit cards?

CLAIMANT: (No reply)

HEARING OFFICER: Did you have any income from the business?

CLAIMANT: Office Assistant, now what were the dates? And that...that I have not looked at in years. I wouldn't want to tell you wrong about what I did since that wasn't one of the ones that was... (both speaking)

HEARING OFFICER: All right, well let's...let's move to the next one then. A Home Improvement was Mr. Walleshauser, so he paid you from his account, his savings account?

CLAIMANT: I didn't pull out payments. Yeah, I got money from him but as far as the only cancelled checks I brought with me are the checks that...the check copies since the most recent one, the one I had pulled out from Mr. Waugh was from Lakewood, those were the only ones that I brought with me because that's...

HEARING OFFICER: But what I'm asking in general is you're saying that you made this...you were performing this work in these businesses, some of the work for each one of the businesses.

CLAIMANT: Oh, yeah...yeah.

HEARING OFFICER: Where's the money coming if...if you're not...if you have a client, you don't have a customer, how do you get the money into the business to pay you is what I'm asking?

CLAIMANT: Oh, that's...I see what you're saying. That's where either from savings or the credit cards or what have you would come from.

HEARING OFFICER: Credit cards being his or your credit cards?

CLAIMANT: He didn't need to use credit cards.

HEARING OFFICER: So it was your credit cards?

CLAIMANT: Not for his business, no.

HEARING OFFICER: All right, so if it's from his business he was paying you from his savings?

CLAIMANT: I don't think so.

HEARING OFFICER: Well you just said that's where it came from. I...I don't mean to be mincing words with you but...

CLAIMANT: I...I don't know. I set up the accounts and then I had to document the checks, and I didn't pull those out so I don't remember how I set it up. Only one I brought with me today was Lakewood. Usually I go to the bank because I'm lazy, and I didn't like to open up bank accounts and what have you if, [UNCLEAR] I could do the payments periodically, so that's why [UNCLEAR] I just made sure that I had the, you know, enough of the checks documented that...

HEARING OFFICER: All right, so but...but how...how would you get the money from him? Is he telling you to go get it from this account and pay yourself funds from it? I mean...

CLAIMANT: No, I opened the account but I...

HEARING OFFICER: And would he put money in or would you put money in there?

CLAIMANT: Usually I start up all the...payroll.

HEARING OFFICER: Again, I'm not disputing who is setting up the accounts, I'm saying how did the money get in there? That's what I'm asking, how did the money get in the account, payroll account to pay you?

CLAIMANT: Different...different ways. Sometimes I had taken cash advance check if it was my business, other times I'd use cash. Other times I just go to the bank and get a bank check.

HEARING OFFICER: Bank check from where? They're not gonna give you money unless you have funds in the account. I'm asking how do you get the funds in the account? You need money to pay your payroll, okay, so where is the money coming from?

CLAIMANT: Mostly I would use credit card checks...

HEARING OFFICER: So your...

CLAIMANT: ...get cash and then use cash so that this way I could get the check and then settle up with them later.

HEARING OFFICER: So it has nothing to do with he has no business income? He has no funds coming in as a result of you looking for prospective businesses for him? You're not bringing in funds?

CLAIMANT: I didn't advertise it.

HEARING OFFICER: Well, I'm just saying you didn't bring any funds in as a result of what you were trying to do?

CLAIMANT: Right.

HEARING OFFICER: He was financing...well, to your extent, he was financing some of it, some of it was coming from your credit cards, writing checks from those credit card accounts, putting it in account, then paying you?

CLAIMANT: You're confusing me.

HEARING OFFICER: Well, I'm trying to find out how, I mean, all...all I'm...

CLAIMANT: (both speaking)

HEARING OFFICER: ...when it boils down, when it boils down to the rubber meets the road, you have a business.

CLAIMANT: Yeah.

HEARING OFFICER: You're being paid $12,000 in a quarter.

CLAIMANT: Right.

HEARING OFFICER: Where is that money coming from? That's what we're trying...that's what I'm trying to ask.

CLAIMANT: Okay.

HEARING OFFICER: Where is those...where is your wages coming from?

CLAIMANT: And that's where I didn't pull out the other checks.

HEARING OFFICER: Where is it coming from, that's what I'm asking?

CLAIMANT: Now I just told you several times, his savings account, my credit cards, her savings account or what have you. But a lot of times I do it in cash, that I take...Mr. Waugh can tell you, he saw large amounts that came off my credit cards.

HEARING OFFICER: You took credit card advances from your credit card and put it in there?

CLAIMANT: And then I get checks from the bank.

HEARING OFFICER: All right.

CLAIMANT: But not from a particular account, but it's a bank check.

HEARING OFFICER: How often would you receive a check from Mr. Walleshauser?

CLAIMANT: Don't remember, I didn't bring that one with me.

HEARING OFFICER: All right, eBay was his business as well. Let's move on to Lakewood then. Lakewood, was that your business or someone else's business?

CLAIMANT: Kim Szabo.

HEARING OFFICER: Okay, were you a corporate officer for that business?

CLAIMANT: No.

HEARING OFFICER: All right, did that business have any affiliation with Cedar Grove (SIC) Service Company?

CLAIMANT: I owned Cedar Cove.

HEARING OFFICER: Excuse me?

CLAIMANT: I owned Cedar Cove.

HEARING OFFICER: All right. Well, what did Lakewood Service Company do? You said that you were looking for dog sitting. Is there anything else that ya'll were looking for?

CLAIMANT: No, she pretty much liked the dog sitting.

HEARING OFFICER: Okay, did you ever have any customers?

CLAIMANT: Not while I was doing the work.

HEARING OFFICER: How were you paid from Lakewood Service Company?

CLAIMANT: That's where the checks came in.

HEARING OFFICER: What checks?

CLAIMANT: She...I paid her and then she didn't...she didn't care whether she had checks or not. I wanted checks so I said, "Okay, well I'll meet you at the bank." She was like, "Well you just handle it, you're doing payroll." So I took care of getting the checks from the bank for Lakewood.

HEARING OFFICER: So you got a check from the bank. You have to have money to write the check. So where is the money coming from?

CLAIMANT: I gave her the cash and then she gave it back to me, but I didn't want it in cash so I got checks.

HEARING OFFICER: Where did you get the money cash from?

CLAIMANT: I gave it to her...

HEARING OFFICER: No, where did you get the cash from?

CLAIMANT: From my credit card.

HEARING OFFICER: So you got a cash advance from your credit card?

CLAIMANT: To pay her.

HEARING OFFICER: To pay her, although she's the president of the business, correct?

CLAIMANT: No, she was my employee.

HEARING OFFICER: Of Lakewood?

CLAIMANT: Cedar Cove.

HEARING OFFICER: No, I'm saying Lakewood.

CLAIMANT: Yeah, but I (both speaking)

HEARING OFFICER: How did...

CLAIMANT: ...her work for me.

HEARING OFFICER: All right, what work did she do at Cedar Grove (SIC) then?

CLAIMANT: She did the leg work to see about the physical stuff as far as whether I was gonna open a physical location or not to do the work.

HEARING OFFICER: All right, so what does Cedar Grove (SIC) do? Lakewood was looking for dog sitting and whatever else. What was Cedar Grove (SIC) doing, service company?

CLAIMANT: To open the physical location.

HEARING OFFICER: Of what?

CLAIMANT: You...I'm not...both of us live in subdivisions and you can't have...run businesses from your house. So to see, you know, what the expenses and all would be on leases and stuff like that.

HEARING OFFICER: All right, so Lakewood Service hired you as an employee of Cedar Grove (SIC) Service Company to look for places that you could start a business, is that fair to say?

CLAIMANT: Run that by me again.

HEARING OFFICER: I'm just trying to clarify.

CLAIMANT: I have trouble explaining (both speaking)

HEARING OFFICER: Well, that's why...well, that's...that's why I asked what was the relationship between Lakewood Service Company and Cedar Grove (SIC) Service Company? It's obviously, based on your testimony, that they were intricately involved. So I'm just trying to find out what the relationship was. You're saying that you were taking money from Cedar Grove (SIC) to pay her at Lakewood so that she could pay you.

CLAIMANT: Yes.

HEARING OFFICER: So where were you getting money from Cedar Grove (SIC), from...from credit card advances?

CLAIMANT: Yeah.

HEARING OFFICER: Okay. All right, did you pay her as a Cedar Grove (SIC) employee from these advances?

CLAIMANT: Yes.

HEARING OFFICER: All right, did anyone...did you have any clients that were paying you any funds while you were working for Cedar Grove (SIC) as a...as a corporate officer of Cedar Grove (SIC) Service Company, other than Ms. Szabo?

CLAIMANT: I'm not sure I understand the question.

HEARING OFFICER: Did you have any income other than your credit card?

CLAIMANT: Oh, no.

HEARING OFFICER: How about with Lakewood?

CLAIMANT: No.

HEARING OFFICER: All right, and as a result of your operating...

CLAIMANT: Oh, excuse me.

HEARING OFFICER: All right, go ahead.

CLAIMANT: With Lakewood I don't know, no.

HEARING OFFICER: All right, as a result of you working for these businesses or owning the business, you completed all filings with the Department of Employment and Workforce, at one point in time the Employment Security Commission then transitioned into Department of Workforce. Is that an accurate statement?

CLAIMANT: That I completed all the forms?

HEARING OFFICER: Yes, ma'am. Going through these documents...

CLAIMANT: Yes. I just wanted to make sure I understood the question.

HEARING OFFICER: Certainly.

CLAIMANT: Yes.

HEARING OFFICER: It's...it's the tax records that says that you're submitting contributions for yourself, working for the employer, and for yourself working for yourself. And I'm just trying to clarify that for the records, those type of records.

CLAIMANT: I filled out the forms, correct.

HEARING OFFICER: And all the forms are, which appears to be your handwriting based upon the information that you have submitted, it's all printed and then you had the other people sign, is that correct or did you sign them with their names?

CLAIMANT: No, if it was their signature. Other than I goofed up the form and signed Kim's name and thought I had shredded it, but that was past the due date. With the exception of that one, that to make sure they sign their forms themselves.

HEARING OFFICER: All right, with regard to these businesses, did you begin these businesses or worked within these businesses simply to report wages to the Agency so that you could draw unemployment insurance benefits?

CLAIMANT: No.

HEARING OFFICER: The funds that were reported to the Agency I believe I have another exhibit I wanted to show you. (going through paperwork) Yeah, I went through and printed out the wages that were reported to the Agency as a result of you working for these businesses, and they are all fourth quarter and first quarter wages reported for the four years that we're talking about here today. So I'm gonna show you that and ask if those wages that are reported there were paid to you?

CLAIMANT: Those print outs look pretty accurate.

HEARING OFFICER: Mr. Johnson, let me show you a copy of the initial determination of the status of insured worker for the benefit years that we're covering here today. And that just simply indicates that those wages were reported to the Agency to reflect the quarters in which Ms. Jordan worked for these businesses. Any objection?

AGENCY WITNESS-1: No.

HEARING OFFICER: It will be entered into the record as Agency Exhibit Number Three without objection. Okay, any other information, Ms. Jordan, that you would like to provide here today? You said you had some documentation that you want to submit.

CLAIMANT: Oh, yeah. I guess so this would be a good time, I didn't make...excuse me, I did not make copies of these, so I need to hang onto them but...

HEARING OFFICER: I'd be more than happy to make copies for you.

CLAIMANT: One, two, three, four, five, six, seven, eight, I think that's correct. They're the ones.

HEARING OFFICER: They're the ones cited in the email?

CLAIMANT: Yeah, that I told you about.

HEARING OFFICER: All right, what has been submitted by Ms. Jordan are First Citizens cashier's checks reflecting the information that Mr. Waugh mentioned earlier. I'm just going through them. All right Mr. Johnson, I'll give you an opportunity to review over those and ask if you have an objection to me entering those into the record.

AGENCY WITNESS-1: No objection.

HEARING OFFICER: They will be entered into the record one, two, three, four, five, six, seven, eight checks, cashier checks, will be...

CLAIMANT: You said we can get copies? [UNCLEAR]

HEARING OFFICER: I'm sorry?

CLAIMANT: You said we can get copies?

HEARING OFFICER: I'll make copies of them for you, yes, ma'am. They will be entered into the record as Claimant Exhibit Number One, without objection. All right, and there was some documentation that you when you initiated your appeal, Ms. Jordan, I just want to have those as well since you made reference to them in your statement off record, and then again on record. And I have the information

that you had submitted from when you filed an appeal that begins with a March 7th letter, then we have a follow up March 10 letter, a June 19 letter, a July 15 letter, and then a July 16 letter, which is the last letter. Let me show you a copy of those and ask if you have an objection to me entering those into the record as an exhibit.

AGENCY WITNESS-1: Mr. Beach, could we look at those [UNCLEAR] again?

HEARING OFFICER: Sure.

AGENCY WITNESS-1: Thanks.

CLAIMANT: No objection.

HEARING OFFICER: All right. Let me show you these letters that were received by the Appeals Department or once Ms. Jordan filed an appeal, those are both documents that were submitted. Any objection?

AGENCY WITNESS-1: No, sir.

HEARING OFFICER: All right, they will be entered into the record as Claimant Exhibit Number Two. All right, and I guess just go back to you, Ms. Jordan. These cashier checks that you received from Mr. Walleshauser, Lakewood Service, you cashed these checks and received the money for them?

CLAIMANT: Yes, and that's not Mr. Walleshauser that was Kim Sabo.

HEARING OFFICER: Oh, Lakewood is Kim...Ms. Szabo?

CLAIMANT: Yes.

HEARING OFFICER: Okay. All right, I apologize for that. I was looking at the...I think I was looking at something else. All right, so these are checks that you received from Lakewood Service that was who Ms. Szabo was the president of the business?

CLAIMANT: Correct, and the email that Mr. Waugh got because he has copies of my bank statement, he'll be able to verify those deposits went into the Wachovia or who are now Wells Fargo account that...from your email.

HEARING OFFICER: All right, well, I thought...

CLAIMANT: They were all the, you know, the checks themselves were deposited into there and he pulled all my bank records.

HEARING OFFICER: Okay.

CLAIMANT: So he'll be able to prove that they were deposited.

HEARING OFFICER: All right, well I thought that that...when you were testifying to that earlier I thought that was for Mr. Walleshauser, so let me just clarify that. The...the checks that you listed earlier are these checks in general that you made...

CLAIMANT: Correct, correct.

HEARING OFFICER: Okay.

CLAIMANT: I didn't bring anything...

HEARING OFFICER: Okay.

CLAIMANT: ...because nobody asked me to.

HEARING OFFICER: All right, so...

CLAIMANT: (both speaking)

HEARING OFFICER: ...well let me ask this then, the $12,714 check that was issued to you by Lakewood Service Company, where did that money come from?

CLAIMANT: I'd have to go back and look. I probably took a cash advance...

HEARING OFFICER: That's...that's...

CLAIMANT: (both speaking)

HEARING OFFICER: ...that's...that's a pretty...

CLAIMANT: ...bank statement.

HEARING OFFICER: Well, that's a pretty significant amount of money, so.

CLAIMANT: Well, I have over $200,000 in credit, on credit cards.

HEARING OFFICER: Okay. All right.

CLAIMANT: (mumbling, laughing)

HEARING OFFICER: Okay, all right, anything else then before I start pulling in witnesses then? Any other questions? Sorry, any other testimony?

CLAIMANT: (mumbling)

HEARING OFFICER: All right. Mr. Johnson, as the spokesperson any questions that you may have for Ms. Jordan?

AGENCY WITNESS-1: Yes, I have. Going back to some of these companies, you would agree that your dates of employment with Office Assistant was December the 30th of 2002 to March 31, 2003, correct?

CLAIMANT: I don't know. That's not relevant right now because that's not what this hearing is about.

HEARING OFFICER: Well, again, I...I heard your objection earlier and I overruled your objection, so that gives him the authority to ask questions about it.

CLAIMANT: Okay.

HEARING OFFICER: It's in the record and your objection, again, is preserved for the record. So if he, yeah, if he has a document there to let you look at and refresh your memory.

AGENCY WITNESS-1: And that's when the claimant filed.

CLAIMANT: I mean, you're telling me.

AGENCY WITNESS-1: You...you... (both speaking)

CLAIMANT: I just don't, you know, know for sure.

AGENCY WITNESS-1: Okay, when you filed...you filed a claim though, correct?

CLAIMANT: (both speaking)

AGENCY WITNESS-1: ...Office...Office Assistant?

CLAIMANT: I...

AGENCY WITNESS-1: Also known as...

CLAIMANT: You know, you have to tell me because you're talking about, you know, back so far...

AGENCY WITNESS-1: Okay.

CLAIMANT: ...I didn't pull anything out.

AGENCY WITNESS-1: Okay, well the record shows that you filed for unemployment, you reported your dates of employment as December 30, 2002 to March 31, 2003. And you stated you submitted the contribution and wage reports for these companies...correct...for Office Assistant?

CLAIMANT: I probably did but, but I'm not you know, I haven't looked at that in years.

AGENCY WITNESS-1: Okay, the quarterly report which has been submitted into evidence for the fourth quarter of 2002 shows that you earned $10,842, correct?

CLAIMANT: I don't know.

HEARING OFFICER: Here you go.

CLAIMANT: That's my handwriting.

AGENCY WITNESS-1: That's Office Assistant there, and it's the 12/31/02, so it's the fourth quarter 2002.

CLAIMANT: Well, it is my handwriting.

HEARING OFFICER: So would that be accurate as for reported to the Department of Employment and Workforce?

CLAIMANT: Seems like it.

HEARING OFFICER: Okay.

AGENCY WITNESS-1: Okay. And you're aware that the fourth quarter ended December 31, 2002, correct?

CLAIMANT: That was...it sounds reasonable.

AGENCY WITNESS-1: So based on this information you earned $10,842.00 in two days of work, the same amount that you earned in three months of work the following year?

CLAIMANT: (No reply)

HEARING OFFICER: So, I guess the question would be did you earn $10,842 in two days of work?

CLAIMANT: I don't know or I moved something up. I'd have to, I mean, I didn't look at any of that for this hearing because it wasn't something that I was told to...

AGENCY WITNESS-1: Okay.

CLAIMANT: You know what I'm saying?

AGENCY WITNESS-1: Yes, ma'am. Looking at A Home Improvement Company, would you agree with your dates of employment with that company were December 27, 2004 to April 4, 2005?

CLAIMANT: That sounds reasonable.

AGENCY WITNESS-1: Okay, and you filed quarterly reports for this company, correct, for the fourth quarter and the first quarter?

CLAIMANT: Yes.

AGENCY WITNESS-1: Okay, and you're aware that fourth quarter 2004 ended on December 31, 2004, correct?

CLAIMANT: I think so.

AGENCY WITNESS-1: Okay. So on this information you're testifying to, you've earned...you earned 11,388 days (sic) in just five days of work from December 27, 2004 to December 31, 2004, would you agree?

CLAIMANT: Is that what I put on the form?

HEARING OFFICER: Let me show [UNCLEAR].

CLAIMANT: Okay, that's my handwriting.

AGENCY WITNESS-1: So would that be accurate as reported to our Agency?

CLAIMANT: I would say so.

AGENCY WITNESS-1: Okay, eBay Consignment, would you agree your dates for that company were December 27, 2007 to April 4, 2008?

CLAIMANT: Is this...

HEARING OFFICER: This...this may help you a little bit.

CLAIMANT: Well, that's my handwriting.

HEARING OFFICER: That's the dates listed for eBay Consignment.

CLAIMANT: Okay.

HEARING OFFICER: Signed by, Mr. Walleshauser.

CLAIMANT: Yes, that's my handwriting.

AGENCY WITNESS-1: Okay. And, again, you filed quarterly wage reports for this company, correct?

CLAIMANT: Yes.

AGENCY WITNESS-1: Okay, you filed a quarterly report for the fourth quarter you stated you earned $12,714, correct? Here you go.

HEARING OFFICER: Let me pull that up real quick. Here we go.

CLAIMANT: I should just pull up a chair next to you. (Laughing) That's my handwriting, yes.

AGENCY WITNESS-1: Okay, so you're aware the fourth quarter ended on December 31st, the fourth quarter of 2000...

CLAIMANT: Yes sir.

AGENCY WITNESS-1: ...2007? Okay. So based on this new information you're testifying to, you earned $12,714 in just five days of work from 12/27/07 to 12/31/07, the same amount of money you earned the following full quarter?

CLAIMANT: If that's what's on the form, yep.

AGENCY WITNESS-1: Okay. And Lakewood Service Company, would you agree your dates of employment with them were as they were reported to the Agency when you filed a claim from December 30, 2011 to March 30, 2012?

CLAIMANT: Yes.

AGENCY WITNESS-1: And you did, again, you filed the quarterly reports for this company?

CLAIMANT: Yes sir, that's my handwriting.

AGENCY WITNESS-1: Okay, and in that quarter, the fourth quarter of 2011 you stated you earned $12,714, correct?

HEARING OFFICER: That's what I just showed you.

CLAIMANT: Yeah, and [UNCLEAR] yeah.

HEARING OFFICER: Well, he's just asking if you... (both speaking)

CLAIMANT: Yes...yes, and it coincides with the check there.

AGENCY WITNESS-1: And so you earned $12,714 in just two days of work from 12/30 to 12/31, the same amount of money you earned in the first quarter of the following year?

CLAIMANT: Yes.

AGENCY WITNESS-1: And this is also the same amount you earned in the two quarters you worked with eBay Consignments?

CLAIMANT: I don't know. If it's on the forms (both speaking)

HEARING OFFICER: Well, maybe we can do it this way.

CLAIMANT: We're going over so much we're having trouble staying focused.

HEARING OFFICER: Well, yeah...

CLAIMANT: (both speaking)

HEARING OFFICER: ...he's simply asking...he's simply asking if this amount with Lakewood Service...

CLAIMANT: Yes.

HEARING OFFICER: ...is the same amount for eBay Consignment?

CLAIMANT: Okay, yes.

HEARING OFFICER: Okay.

CLAIMANT: It appears to be correct.

AGENCY WITNESS-1: Okay, that's all I have.

HEARING OFFICER: All right, let me call in Ms. Steigerwalt and get her testimony. Do you know why she was going to be called?

AGENCY WITNESS-1: Yes

HEARING OFFICER: Okay, let me get her [UNCLEAR] and if you wouldn't mind moving over just one [UNCLEAR]

CLAIMANT: Sure.

HEARING OFFICER: (Leaves to get witness) Step right in here and have a seat right here for me.

AGENCY WITNESS-3: Sure.

HEARING OFFICER: Thank you. Let the record reflect that Ms. Steigerwalt is now present in the hearing room. Ms. Steigerwalt, my name is Danny Beach, I'm with the... Administrative Hearing Officer with the Department of Employment and Workforce. We're conducting a hearing here today to take testimony regarding Ms. Diane Jordan and the issue of fraud and overpayment before the Agency. You have been called as a subpoenaed witness to provide testimony as it relates to that issue. Would you have any questions for me before I place you under oath and ask you some questions?

AGENCY WITNESS-3: No, sir.

HEARING OFFICER: All right, if you would please raise your right hand.

WITNESS SWORN.

HEARING OFFICER: Please state your name for the record, spelling your first and last name for me.

AGENCY WITNESS-3: Jody H. Steigerwalt; J-O-D-Y, middle initial H, last name Steigerwalt; S-T-E-I-G-E-R-W-A-L-T.

HEARING OFFICER: And your position there?

AGENCY WITNESS-3: Director of Business Filings with the Secretary of State's Office.

HEARING OFFICER: All right. Mr. Johnson, since you know why she was subpoenaed, if you would like to take over the questions? I may jump in, if you don't mind, I may interject a few here and there. So go ahead with your questions.

AGENCY WITNESS-1: Okay, that's fine. I want to enter these documents into...as exhibits.

HEARING OFFICER: Let's present...give them to her and ask her if she recognizes those documents. Are you familiar with those documents...

AGENCY WITNESS-3: No.

HEARING OFFICER: ...or what they are?

AGENCY WITNESS-3: No.

HEARING OFFICER: Okay. Would those be documents that would be generated through the Secretary of State?

AGENCY WITNESS-3: No.

HEARING OFFICER: Where would they be coming from then Mr. Johnson?

AGENCY WITNESS-1: These are Agency...

HEARING OFFICER: Oh, Agency. Oh, I'm sorry.

AGENCY WITNESS-1: Yes.

HEARING OFFICER: I thought they were Secretary of State documents.

AGENCY WITNESS-1: Oh, no, no, they...they're UCB-151's and employers who have yet to establish an account with us for.

HEARING OFFICER: Okay, go ahead and submit those. I thought they were Secretary of State filings. I apologize...I apologize.

AGENCY WITNESS-1: That's okay. That's okay. That's okay.

HEARING OFFICER: All right, what is being submitted, Ms. Jordan, are documents that were previously submitted in Agency Exhibit Number Two, but specifically Mr. Johnson wants to direct questions to Ms. Steigerwalt as it relates to these documents. So I'm gonna give you an opportunity to review. Let's see. She has them. You can give her a copy of those. Thank you. Thank you. Thank you.

CLAIMANT: Thank you.

HEARING OFFICER: All right, and so just give her...I'll give you a brief moment to look over those and then we'll proceed from...once you give me the okay.

AGENCY WITNESS-1: I would also like to submit that [UNCLEAR].

HEARING OFFICER: Okay.

CLAIMANT: Thank you.

HEARING OFFICER: All right, you got an opportunity to review over those documents, Ms. Jordan?

CLAIMANT: Yes.

HEARING OFFICER: Okay, would you have an objection to me entering them into the record as an exhibit?

CLAIMANT: No.

HEARING OFFICER: Okay, they will be entered into the record as Agency Exhibit Number Four. All right, go ahead Mr. Johnson.

AGENCY WITNESS-1: Ms. Steigerwalt, what must a business do in the state of South Carolina to incorporate?

AGENCY WITNESS-3: They would file according to what statute...statutory requirements would be if they are forming a corporation there is a certain application again according to the statute that must be completed where if it were a limited liability company or any other entity such as a limited liability partnership according to statute to file with my office.

CLAIMANT: She is... [INAUDIBLE]

HEARING OFFICER: Okay, do you have an objection or a comment?

CLAIMANT: When you asked me if I had an objection and I said, "No," I just realized just like that other stuff that was pulled, I do have an objection to the additional businesses besides the three that I was overpaid being entered into this.

HEARING OFFICER: And so you're referring to Office Assistant, A Home Improvement, and eBay Consignment, is that correct?

CLAIMANT: Well, no. A Home Improvement, eBay, and Lakewood are the ones that I was told that I was overpaid on. So I'm fine with them. But Cedar Cove, Balllentine Office Assistant, I wasn't prepared for today. Because...that's not what that was suggested that I was overpaid on.

HEARING OFFICER: All right so...

CLAIMANT: So I have objections.

HEARING OFFICER: Okay.

CLAIMANT: ...to those three.

HEARING OFFICER: All right, so it's basically the same objection as the previous documents were in, okay.

CLAIMANT: Correct.

HEARING OFFICER: Let me note for the record that there is an objection from Ms. Jordan for the documents being entered into the record which would include the Office Assistants Incorporated, and the Cedar Cove Service Company. The objection is noted for the record, however for the purposes of this hearing the objection is overruled. So I will allow the questions. All right, go ahead, Mr. Johnson.

AGENCY WITNESS-1: Ms. Steigerwalt, looking at this document which I have as an exhibit, the title at the top, "Subpoena Attachment," dated July 14, 2014. Are you familiar with this document?

AGENCY WITNESS-3: Yes.

AGENCY WITNESS-1: Okay, have you had a chance to review the Secretary of State records regarding the businesses shown in this exhibit?

AGENCY WITNESS-3: Yes.

AGENCY WITNESS-1: Has Office Assignment, also known as Office Assistant Incorporated, filed any paperwork, any of the required paperwork with your office?

AGENCY WITNESS-3: No, sir.

AGENCY WITNESS-1: Has Ballentine Service Corporation filed any required paperwork with your office?

AGENCY WITNESS-3: No, sir.

AGENCY WITNESS-1: Has A Home Improvement Company filed any required paperwork with your office?

AGENCY WITNESS-3: No.

AGENCY WITNESS-1: Has eBay Consignment filed any required paperwork with your company...

AGENCY WITNESS-3: No.

AGENCY WITNESS-1: ...office? Has Cedar Grove (SIC) Service Company filed any required paperwork with your office?

AGENCY WITNESS-3: No.

AGENCY WITNESS-1: Has Lakewood Service Company filed any required paperwork with your office?

AGENCY WITNESS-3: No. Mr. Johnson, I do have a comment. I have prepared a certificate, what we call, "Certificate of No Record," that if an entity...if somebody is inquiring about a particular entity and there is no such record, then we are able to produce this certificate. And I have a certificate for each one of those entities listed on that list per your records. And I do have extra copies.

HEARING OFFICER: Okay, and this is for each of the ones that you've just answered about?

AGENCY WITNESS-3: Yes, I have extras if...

HEARING OFFICER: Can you just pass a copy to Ms. Jordan?

CLAIMANT: Thank you.

HEARING OFFICER: All right, Ms. Jordan, since the documents have been offered, Ms. Jordan, I'll give you an opportunity to review over those, and let me know when you finish, okay?

AGENCY WITNESS-1: I have no further questions.

HEARING OFFICER: Okay.

CLAIMANT: Again, I have an objection to the three that don't pertain to what we're here for.

HEARING OFFICER: Okay. Let me say Office Assistant, Office Assistant Incorporated, Ballentine Service, A Home Improvement.

CLAIMANT: No, A Home Improvement is one of the ones that we're here to discuss.

HEARING OFFICER: Okay.

CLAIMANT: But Cedar Cove wasn't on the overpayment list.

HEARING OFFICER: Okay. So, again, I just want to get the three. So [UNCLEAR] the three...

CLAIMANT: Office Assistant...

HEARING OFFICER: ...Office Assistant...

CLAIMANT: ...Ballentine...

HEARING OFFICER: Well, hold...hold on, there's two Office Assistant. One is Office Assistant and one Office Assistant Incorporated, and then Ballentine Service Corporation, and what's the next one?

CLAIMANT: Cedar Cove.

HEARING OFFICER: And Cedar Cove. Okay, I'll note the...again, note the objection for the documents being entered into the record on behalf of Ms. Jordan, overrule the objection and enter these into the record as Agency Exhibit Number Five. Okay, Mr. Johnson, has no other questions for Ms. Steigerwalt. Ms. Jordan, any questions for Ms. Steigerwalt?

CLAIMANT: No.

HEARING OFFICER: All right, Mr. Johnson, any objection to me releasing Ms. Steigerwalt from the hearing here today?

AGENCY WITNESS-1: No, sir.

HEARING OFFICER: Ms. Jordan, any objection to me releasing her from the hearing here today?

CLAIMANT: No.

HEARING OFFICER: Okay. Ms. Steigerwalt, thank you for complying with the subpoena and providing your testimony here today and evidence. I appreciate it. Thank you, and you're free to leave.

AGENCY WITNESS-3: Thank you.

HEARING OFFICER: Thank you. (Leaves to get witness) Step in here and just have a seat, pass the door and then take a right, and have a seat right there if you would. Ms. Shytle, my name is Danny Beach, I'm an Administrative Hearing Officer with the Department of Employment and Workforce. And you have been subpoenaed. Did you receive a subpoena?

AGENCY WITNESS-4: I did.

HEARING OFFICER: Okay, you have been subpoenaed to provide testimony here today regarding the issue that we're covering with Ms. Jordan, the fraud and overpayment issue. So I'm gonna simply place you under oath and ask you some questions, and then Mr. Johnson will have an opportunity to ask you questions as well as Ms. Jordan. Would you have any questions before I do that?

AGENCY WITNESS-4: No.

HEARING OFFICER: Okay, if you would please raise your right hand.

WITNESS SWORN:

HEARING OFFICER: And please state your name for the record spelling your first and last name for me.

AGENCY WITNESS-4: My full name is Susan; S-U-S-A-N, last name is S-H-Y-T-L-E.

HEARING OFFICER: And say that last name for me.

AGENCY WITNESS-4: Shytle.

HEARING OFFICER: Okay, and your position with Department of Revenue?

AGENCY WITNESS-4: I'm the Supervisor of Field Audit.

HEARING OFFICER: All right. Mr. Johnson, again, I'll allow you the opportunity to direct questions to Ms. Shytle. Again, I may chime in here and there.

AGENCY WITNESS-1: Okay. Ms. Shytle, what must a business do in this state to properly withhold taxes for...business?

AGENCY WITNESS-4: They have to register for a withholding number and then submit quarterly returns.

AGENCY WITNESS-1: I'm going to show you show you some documents which have been entered today as exhibits.

HEARING OFFICER: We're referring to?

AGENCY WITNESS-1: We're referring to the [UNCLEAR]. Did you get a copy of that one?

HEARING OFFICER: Well, I don't know if that's been entered into the record yet. So are these different than what we just entered into the record? These are tax documents so, yes, we have not entered those into the record as of yet.

AGENCY WITNESS-1: Okay.

HEARING OFFICER: Do you have an extra copy or do you have...

AGENCY WITNESS-1: Ms. Jordan has a copy. I don't have an extra copy.

HEARING OFFICER: All right. So what we'll do is...well...

CLAIMANT: Oh, are they entered (both speaking)

HEARING OFFICER: They are in a stack of yours. All right, let's...let's show Ms. Shytle a copy of these and ask her if she can identify them.

AGENCY WITNESS-4: Yeah.

HEARING OFFICER: Can you tell me what they are?

AGENCY WITNESS-4: Okay, the first one is the SC...111, which is the tax registration application. Actually that's and the second is page two, and then the third is the withholding, quarterly withholding report. It's a 1605 number, and the 1606 is the annual filing report.

HEARING OFFICER: All right, and Ms. Jordan would you have an objection to me entering into the record these documents?

CLAIMANT: Just a second.

HEARING OFFICER: Sure.

CLAIMANT: If any of the businesses that I had objected to...

HEARING OFFICER: Okay.

CLAIMANT: ...is what I'm looking...

HEARING OFFICER: Well, this is just a basic sample blank form, is what they're offering as an exhibit, so it has nothing...well, as of right now it has nothing to do with...

CLAIMANT: (both speaking)

HEARING OFFICER: ...the line in question, it's just simply a form, blank form.

CLAIMANT: Okay, then I have...

HEARING OFFICER: So would you have an objection to me entering into the record the blank form, it's been identified by Ms. Shytle?

CLAIMANT: No.

HEARING OFFICER: Okay, any objection Mr. Johnson?

AGENCY WITNESS-1: No.

HEARING OFFICER: It will be entered into the record as Agency Exhibit Number Five, entered into the record without objection. Do you need these back to question?

AGENCY WITNESS-1: Ms. Shytle, again we're referring to this document titled, "Subpoena Attachment," dated July 14th.

AGENCY WITNESS-4: Mm-hmm.

AGENCY WITNESS-1: This document, this is all the companies Ms. Jordan has filed UI claims against with this Agency, against this Agency. Have you had a chance to...to review in part the revenue records regarding businesses on this list?

AGENCY WITNESS-4: I have.

AGENCY WITNESS-1: Does Office Assignment, also known as Office Assistant, have a withholding account?

AGENCY WITNESS-4: No, sir.

AGENCY WITNESS-1: Did this business file any quarterly withholding returns?

AGENCY WITNESS-4: No, sir.

AGENCY WITNESS-1: Does Ballentine Service Corporation have a withholding account?

AGENCY WITNESS-4: No, sir.

AGENCY WITNESS-1: Did this business file any quarterly withholding returns?

AGENCY WITNESS-4: No.

AGENCY WITNESS-1: Has A Home Improvement Company have a withholding account?

AGENCY WITNESS-4: No.

AGENCY WITNESS-1: Did this business file any quarterly withholding returns?

AGENCY WITNESS-4: No.

AGENCY WITNESS-1: Does eBay Consignment have a withholding account?

AGENCY WITNESS-4: No.

AGENCY WITNESS-1: Did this business file any quarterly withholding returns?

AGENCY WITNESS-4: No.

AGENCY WITNESS-1: Does Cedar Grove Service Company have a withholding account?

AGENCY WITNESS-4: No.

AGENCY WITNESS-1: Did this business file any quarterly withholding returns?

AGENCY WITNESS-4: No.

AGENCY WITNESS-1: Does Lakewood Service have a withholding account?

AGENCY WITNESS-4: No.

AGENCY WITNESS-1: Did this business file any quarterly withholding returns?

AGENCY WITNESS-4: No.

AGENCY WITNESS-1: I have no other...further questions.

HEARING OFFICER: All right. Ms. Jordan, any questions for Ms. Shytle at this time?

CLAIMANT: No.

HEARING OFFICER: Okay. If you'd pass up the exhibit that we've just entered into the record, Mr. Johnson. That...that, we already have that. I'm talking about the sample. I didn't know if you needed that to question anybody. All right, Mr. Johnson, any objection...actually, I labeled them as Agency Exhibit Number Five. I knew I was gonna do that. Let me identify it as Agency Exhibit Number Six, correctly identified as Agency Exhibit Number Five but it should be Agency Exhibit Number Six. All right, Mr. Johnson, would you have an objection to me releasing Ms. Shytle from the hearing here today?

AGENCY WITNESS-1: No, sir.

HEARING OFFICER: All right. Ms. Jordan, any objection?

CLAIMANT: No.

HEARING OFFICER: All right, Ms. Shytle, thank you for providing your testimony here today. I appreciate it. Thank you for doing so, and you're free to leave at this time. All right, we have two other witnesses outside. I'm gonna bring in Miss...I didn't see Mr. Walleshauser out there just a moment ago, so I'm gonna bring in Ms. Szabo and then we'll get to him next. So bear with me for a brief moment. (Brings in witness) Step in here. We have some chairs by the door. I'm just going to ask you to have a seat in one of the two chairs right there for me. Let the record reflect that Mr. Walleshauser is present in the hearing. I went to get Ms. Szabo and she was not out there.

CLAIMANT: [UNCLEAR]

HEARING OFFICER: Did she leave or do you know what...?

AGENCY WITNESS-5: She's been in and out.

HEARING OFFICER: Okay. I saw her when I went out to get Ms. Shytle, so I was gonna get her next but you're here so we'll get your testimony first. Mr. Walleshauser, my name is Danny Beach. I'm an Administrative Hearing Officer with the Department of Employment and Workforce. We had subpoenaed you to provide testimony here today with regard to the issue that we're covering with Ms. Jordan. The issue of fraud and overpayment. So I'm gonna have a couple of questions for you. Mr. Johnson, who is the Agency representative is gonna have some questions for you, and then Ms. Jordan may have some questions for you. Would you have any questions for me before I do that?

AGENCY WITNESS-5: Nope.

HEARING OFFICER: All right, if you would please raise your right hand to be placed under oath.

WITNESS SWORN.

HEARING OFFICER: Please let the record reflect Mr. Walleshauser has answered in the affirmative. Excuse me. If you would please state your name for the record spelling your first and last name.

AGENCY WITNESS-5: Spelling it?

HEARING OFFICER: Say it then spell it.

AGENCY WITNESS-5: James Walleshauser; J-A-M-E-S W-A-L-L-E-S-H-A-U-S-E-R.

HEARING OFFICER: All right, what is your relationship with Ms. Jordan?

AGENCY WITNESS-5: Times to be a couple and go together at one time.

HEARING OFFICER: How long has that been going on?

AGENCY WITNESS-5: It ended in 2008.

HEARING OFFICER: 2008? Were you common law, commonly law married?

AGENCY WITNESS-5: No.

HEARING OFFICER: Were you civilly married?

AGENCY WITNESS-5: No.

HEARING OFFICER: Okay. All right, did you...what is your relationship with A Home Improvement Company?

AGENCY WITNESS-5: What time span was that?

HEARING OFFICER: This was in 2004 through 2005, looks like. Were you associated with that business?

AGENCY WITNESS-5: Yes.

HEARING OFFICER: All right, what was your association with the business?

AGENCY WITNESS-5: Owner.

HEARING OFFICER: And as a result of you being an owner, did you employ any employees?

AGENCY WITNESS-5: Yes.

HEARING OFFICER: Who did you employ?

AGENCY WITNESS-5: Diana.

HEARING OFFICER: All right, what was her position with the business?

AGENCY WITNESS-5: She ran it.

HEARING OFFICER: Okay, what was the nature of the business?

AGENCY WITNESS-5: More of a marketing, I believe.

HEARING OFFICER: Marketing? Marketing for what?

AGENCY WITNESS-5: Businesses.

HEARING OFFICER: Marketing businesses how or what?

AGENCY WITNESS-5: Basically, if I understand it right, just doing marketing research for different areas as far as [UNCLEAR] have a business, I guess. [UNCLEAR]

HEARING OFFICER: All right. Well, doing marketing for...I don't understand?

AGENCY WITNESS-5: Just marketing research. Can you help me out with it?

HEARING OFFICER: Well...well, she's...

CLAIMANT: I'm not allowed to talk right now.

HEARING OFFICER: She's not allowed to testify.

CLAIMANT: Just defer to me... (both speaking)

AGENCY WITNESS-5: Sorry.

CLAIMANT: I've already explained it.

HEARING OFFICER: I've asked...I've asked similar questions but this is your time to provide your testimony and me ask you questions so I'm just trying to.

AGENCY WITNESS-5: She's, you know, even though I had the ownership, she took care of the business. And basically what, I guess, I got out of it was doing market research for different businesses will be successful in the areas.

HEARING OFFICER: All right. Well so did you have businesses that you worked for to see if they would be successful or pursuing potential businesses for you?

AGENCY WITNESS-5: Well, originally potential [UNCLEAR] I think it was potential businesses for myself.

HEARING OFFICER: What type of businesses was she looking at? Did she ever get back to you and report to you?

AGENCY WITNESS-5: Yeah, sort of...looking into avenues of, you know, possibly doing repairs, home repairs, restaurants. Did several marketing analysis [UNCLEAR].

HEARING OFFICER: All right, at any point in time that A Home Improvement Company was operational, did you have any clients?

AGENCY WITNESS-5: Not that I know of.

HEARING OFFICER: All right, did you pay Ms. Jordan wages?

AGENCY WITNESS-5: Yes.

HEARING OFFICER: How did you pay her wages?

AGENCY WITNESS-5: Cash.

HEARING OFFICER: All right, where did the cash come from?

AGENCY WITNESS-5: My account.

HEARING OFFICER: What account?

AGENCY WITNESS-5: Savings account.

HEARING OFFICER: Something that you built up?

AGENCY WITNESS-5: Yeah.

HEARING OFFICER: The savings account money was there when you paid her out...paid her cash?

AGENCY WITNESS-5: Mm-hmm

HEARING OFFICER: All right, did you take out any taxes as a result of paying her cash for this?

AGENCY WITNESS-5: (No reply)

HEARING OFFICER: Federal withholding, state withholding, social security, anything like that?

CLAIMANT AND AGENCY WITNESS-5: [UNCLEAR] (both speaking)

HEARING OFFICER: To your knowledge, that's all I'm asking, to your knowledge?

AGENCY WITNESS-5: No, I didn't.

HEARING OFFICER: All right, who handled that?

AGENCY WITNESS-5: Ms. Jordan.

HEARING OFFICER: All right, so would you direct her how much to pay her, how much to draw, or how much to write a check to, how would that happen?

AGENCY WITNESS-5: She...well, it was cash so what I did there was just to tell me the amount and give it to her.

HEARING OFFICER: Was there any discussion as to what her...whether or not she was an hourly employee or a salaried employee?

AGENCY WITNESS-5: Salary.

HEARING OFFICER: All right, so...I'm sorry?

AGENCY WITNESS-5: I believe she was salary.

HEARING OFFICER: All right, so...so she would come to you and say, "I need X amount for my pay," and you would give it to her?

AGENCY WITNESS-5: Yes.

HEARING OFFICER: All right, why was she separated from your business?

AGENCY WITNESS-5: It was lack of work, probably. [UNCLEAR].

HEARING OFFICER: All right, did you know that she filed a claim for unemployment insurance benefits?

AGENCY WITNESS-5: I believe so.

HEARING OFFICER: Okay, if I show you a document, and let me get to it real quick. I'm gonna show you a copy of the employers reply for A Home Improvement for a claim that was filed and ask if that is your signature?

AGENCY WITNESS-5: That is my signature.

HEARING OFFICER: Okay, and it lists that she was separated, "Lack of work?"

AGENCY WITNESS-5: Mm-hmm.

HEARING OFFICER: And that she worked from 12/27/04 to 4/04/05?

AGENCY WITNESS-5: Correct.

HEARING OFFICER: Did you sign that or see it when...or was this presented to you by Ms. Jordan?

AGENCY WITNESS-5: Yes.

HEARING OFFICER: And you signed off on it?

AGENCY WITNESS-5: Yes sir.

HEARING OFFICER: As it was true and accurate?

AGENCY WITNESS-5: Yes.

HEARING OFFICER: Okay. All right, and what was your association with eBay Consignment Company?

AGENCY WITNESS-5: I don't remember what that one was really about.

HEARING OFFICER: If you had submitted documentation to the Agency indicating that it was a business operating and you as the owner, would you agree with that?

AGENCY WITNESS-5: Yes.

HEARING OFFICER: Okay, there is a separation notice that was filed with the Agency that reflects that she worked with that business from 12/28/07 to 5/02/08 and signed by yourself indicating that she separated for lack of work. Is that accurate?

AGENCY WITNESS-5: Correct.

HEARING OFFICER: Is that your signature?

AGENCY WITNESS-5: Yes, it is.

HEARING OFFICER: Okay, it reflects that she received $12,000...$12,714 for fourth quarter earnings which would be reflecting of two or three days. Did she earn $12,000 in two or three days with you?

AGENCY WITNESS-5: I would give her the money, cash settlement.

HEARING OFFICER: Cash settlement from what?

AGENCY WITNESS-5: Savings account.

HEARING OFFICER: Well, you said, "settlement," so was there a dispute?

AGENCY WITNESS-5: No, just she basically ran it and I just [UNCLEAR] along.

HEARING OFFICER: All right, what was this business?

AGENCY WITNESS-5: It's sort of a situation where, you know, she was doing marketing or market and researching.

HEARING OFFICER: I mean, you...you understand my question, you're giving her a lot of money, don't know what she's doing, saying she's working for you, and you don't know what she's doing. It's a little concerning, is it not?

AGENCY WITNESS-5: Yes, sir.

HEARING OFFICER: All right.

AGENCY WITNESS-5: That was 2007, the one we just looked at?

HEARING OFFICER: Yeah, that's the eBay Consignment Company where she had received $12,000 in a quarter, well, for one quarter, and then $12,000 in another quarter. But the...the...what I was asking you about is that she received for the fourth quarter of 2007, she had received $12,000 for almost like two or three days of work. So that's why I was asking you about that. Were you...are you involved in Lakewood Service Company?

AGENCY WITNESS-5: No.

HEARING OFFICER: All right, you indicated that you and she split in 2008, is that correct?

AGENCY WITNESS-5: Right.

HEARING OFFICER: All right, have ya'll had any inner...any inner...any interaction, I can't get it out. Any interaction since 2008?

AGENCY WITNESS-5: No.

HEARING OFFICER: Did you talk with her before today's hearing?

AGENCY WITNESS-5: Just in the parking lot.

HEARING OFFICER: Okay. All right, Mr. Johnson, any questions for Mr. Walleshauser?

AGENCY WITNESS-1: Yes. Mr. Walleshauser, would it be correct to say that back on May 14 last year you were interviewed by Agent Waugh here, that you

stated that looking back on what Diana Jordan did, the company has been set up as ruse and Ms. Jordan may not have actually worked for the companies?

AGENCY WITNESS-5: I guess [UNCLEAR]

AGENCY WITNESS-1: Also on that day would it be correct to say that when asked whether Jordan was actually laid off from these businesses and whether she terminated them to and collected UI benefits, you stated that Jordan probably terminated the businesses to collect UI benefits?

AGENCY WITNESS-5: I can't say for sure, to be honest with you. I'm not sure if there was just a lack of work or... (both speaking)

AGENCY WITNESS-1: I mean, do you...do you recall saying that?

AGENCY WITNESS-5: No, I don't.

AGENCY WITNESS-1: A couple of other just quick questions I have. You ever use PO Box 451 in Ballentine, South Carolina?

AGENCY WITNESS-5: Yes.

AGENCY WITNESS-1: Did you use this PO Box in 2002 and 2003?

AGENCY WITNESS-5: Yes.

AGENCY WITNESS-1: Could I call Agent Waugh as a rebuttal witness?

HEARING OFFICER: We'll do that once we finish with...we still got one more witness to go and I would make a list of questions based upon the testimony of the individuals that I'm gonna address back with Mr. Waugh, once we move back to him. So just keep that question noted or any questions that you want to direct to him, we'll do that in a moment. All right, any other questions for Mr. Walleshauser?

AGENCY WITNESS-1: No.

HEARING OFFICER: All right. Ms. Jordan, any questions for Mr. Walleshauser at this time?

CLAIMANT: No.

HEARING OFFICER: Okay. Mr. Johnson, any objection to me releasing him from the hearing here today?

AGENCY WITNESS-1: No, sir.

HEARING OFFICER: Ms. Jordan, any objection?

CLAIMANT: No.

HEARING OFFICER: All right, Mr. Walleshauser, I appreciate you providing your testimony here today, complying with the subpoena. Thank you, for doing so. At this time you're free to leave.

AGENCY WITNESS-5: Thank you.

HEARING OFFICER: Thank you. Have a good day. (Leaves to get next witness) I cannot find Ms. Szabo. Do you know what she drives?

CLAIMANT: Actually I don't. She was [UNCLEAR] and she told me that...she was supposed to ride with me.

HEARING OFFICER: They said that she was out there when I went and called Ms. Shytle, she was right there, and so when I went to get Mr. Walleshauser she was not there. I've gone outside and looked around, so what we'll do is we'll...we'll...we'll come back and get some further testimony from Mr. Waugh, and then I'll check and see if she's back out there in just a moment. All right, with that being said, let's move back to Mister...well, first off I have to move back to Mr. Johnson first. Mr. Johnson, based upon the testimony of the witnesses here

today, is there any statements or comments that you would like to make at this time?

AGENCY WITNESS-1: No.

HEARING OFFICER: Okay. Okay, let's move back to Mr. Waugh then. Mr. Waugh, Mr. Johnson had a few more additional questions for you at this time. Go ahead, Mr. Johnson.

AGENCY WITNESS-1: Yes, during that interview with Mr. Walleshauser, did he state that when asked whether Jordan was actually laid off or whether she terminated his business to collect benefits UI benefits.

HEARING OFFICER: Again, well let's ask him what... (both speaking) I don't want you to lead and let's ask him. Do you recall the conversation that Mr. Walleshauser had with you about the issue that we addressed with him earlier?

AGENCY WITNESS-2: It was in 2013, and I remember interviewing him. I refreshed my memory with notes from that interview today and I...I recall the interview, yes.

HEARING OFFICER: Okay, and with regard to the interview, you've heard his testimony here today that he doesn't recall making that statement. Do you recall any statement similar to that being made?

AGENCY WITNESS-2: It's in my notes, he made that statement or at least agreed to it when he was asked.

HEARING OFFICER: And what was that statement?

AGENCY WITNESS-2: Referring to my interview, when I asked whether Jordan was actually laid off from these businesses or whether she terminated them to collect UI benefits, Walleshauser stated that Jordan probably terminated the businesses to collect UI benefits.

HEARING OFFICER: Next question, Mr. Johnson?

AGENCY WITNESS-1: That same day, well Mr. Walleshauser said earlier testified to...do you recall something different on the other question I asked?

AGENCY WITNESS-2: Yes, during that same interview, again referring to my notes, when asked Walleshauser agreed that looking back on [UNCLEAR] the companies were set up as a ruse, and Jordan may not have actually worked for the companies.

AGENCY WITNESS-1: I have no further questions.

HEARING OFFICER: All right. Ms. Jordan, any other questions for Mr. Waugh at this time?

CLAIMANT: I don't have questions for him, but Jim Walleshauser just verified his signature on the forms that say the reason for unemployment was lack of work, correct?

HEARING OFFICER: That is what the documents that I conferred with him, yes, ma'am.

CLAIMANT: Okay.

HEARING OFFICER: All right, so any other questions? I'm gonna come back to you, so any other questions for Mr. Waugh?

CLAIMANT: No.

HEARING OFFICER: Okay.

AGENCY WITNESS-2: Can I clarify one thing?

HEARING OFFICER: Certainly, go right ahead.

AGENCY WITNESS-2: I...I believe I was referring to notes. These...these are interview reports that I'm reviewing right now, not the actual notes.

HEARING OFFICER: All right. Ms. Jordan, as it relates to the testimony of Ms. Steigerwalt, you were the individual handling these businesses for Mr. Walleshauser as well as yourself. Did you file the appropriate...did you register those businesses with the Secretary of State?

CLAIMANT: I filled out all the papers that I got in a packet from the State. I filed them and I never got a request for any additional...usually if I goofed up and I didn't file something, you get a notice saying, "You need to fill out this form." Every form I ever got in saying that I needed to fill out a form or pay a fee, I did. So if anything was lacking I didn't realize it and I never got a request for it.

HEARING OFFICER: All right, and that occurred for four businesses that you were involved in?

CLAIMANT: I'm just now finding this out from this...this woman. I mean, I can't fix something if I don't know what's wrong.

HEARING OFFICER: Well, I know. But what I'm just asking is do you find it strange that you filled out paperwork for four separate entities and never received anything back from them?

CLAIMANT: (No reply)

HEARING OFFICER: At any point in time over the course of 12 years?

CLAIMANT: What do you mean never received...

HEARING OFFICER: A certificate indicating that you're registered with the Secretary of State or anything like that, that the business [UNCLEAR].

CLAIMANT: Oh, oh, excuse me. Now like the State would send all the tax forms that I had requested, I have this South Carolina Department of Revenue [UNCLEAR] (both speaking)

HEARING OFFICER: Well, that's...that's...that's...that's...that's different, that's different. I'm asking about the (both speaking) Secretary of State?

CLAIMANT: When you register it, they give me the state ID number and what have you. How am I supposed to know anything is deficient when I get a state ID number for the business?

HEARING OFFICER: Well, that's the Department of Revenue. I'm asking about Secretary of State, registering. These are the documents that she's referring to, that there was no business ever established for Office Assignment, Office Assignment Inc., Ballentine Service, Home Improvement Company (SIC), eBay Consignment, Cedar Cove Service or Lakewood Service, it was never registered with the Secretary of State. So I'm just giving you an opportunity to respond to that testimony that she gave. And so that's what I'm asking you about.

CLAIMANT: My response is that I didn't realize that I was supposed to be doing anything else. I just found out today from her testimony.

HEARING OFFICER: So you're saying that you registered with the Secretary of State, that's your testimony?

CLAIMANT: Oh, I don't know if I did it. I...I contact the State of South Carolina, I get the packet. Now you're telling me that was just the Department of Revenue, and Employment Security Commission, the Department of Revenue, you know, when I got a form in and it says the state ID number, and I never got a request for any more forms. I didn't know anything was deficient.

HEARING OFFICER: All right, how about the tax withholding documents to which Ms. Steigerwalt (SIC) addressed with regard to these sample documents, that none of these were ever filed for any of these businesses?

CLAIMANT: Because I didn't withhold. We don't submit a document if you didn't withhold, and previous here I was eligible for a refund for my taxes, so I was exempt.

HEARING OFFICER: All right. And I asked earlier [UNCLEAR] giving a response to this. I asked Mr. Walleshauser what your relationship was, he said ya'll were dating, lived together for some period of time. You indicated friends. Any reason why you didn't tell me that ya'll were in that relationship beforehand up until 2008?

CLAIMANT: We're still friends.

HEARING OFFICER: Okay, when was the last time you spoke to him other than out in the parking lot?

CLAIMANT: I don't remember the exact date. My daughter just got out of fifth grade. She had a graduation in May, beginning of June, and he came to her graduation at the Lake Murray Elementary School.

HEARING OFFICER: Is he the father or?

CLAIMANT: No.

HEARING OFFICER: Okay. Do you have any children together then?

CLAIMANT: No.

HEARING OFFICER: Okay. All right, with regard to what we've covered here today, is there any other statements or comments that you would like to address then here today, Ms. Jordan?

CLAIMANT: I want the... When we started this and the fax that I sent in yesterday requesting all three business tax filing with the South Carolina Department of Revenue that complying with the businesses filed taxes with the Department of Revenue plus the checks that we used to pay the licensing fee are

crucial to me proving that these businesses are not fictitious but they were legitimate. I need those tax, [UNCLEAR], before you make a ruling on this, I need them entered into evidence.

HEARING OFFICER: All right, what...well...well, let's address that then. You've indicated that your former employer has filed federal tax returns with IRS.

CLAIMANT: Yes.

HEARING OFFICER: So withheld both social security and Medicare taxes, filed tax returns. Well, there was one document in there that reflected that, that you have. That document, what is that document?

CLAIMANT: My son is going to Midlands Tech I had to give proof of income so I went to the IRS and that's from Lakewood and pulled from the IRS, my income. So there you can see that according to the IRS that was reported.

HEARING OFFICER: Did you...

CLAIMANT: So when I'm being told that these are fictitious businesses, I requested the tax filings because when they were filed with the Department of Revenue, there's a licensing fee. All the businesses filed their taxes and had paid the licensing fee which proves that they're not fictitious, they're legitimate businesses. I mean, if I missed a filing because somebody didn't send me a form saying, "Hello, you need to file this." I'm sorry. I mean, I just found out today that I didn't file a form.

HEARING OFFICER: Well...well with regard to...to...to what you're requesting, did you receive a W2 or a 1099 at the end of the year from these businesses?

CLAIMANT: Yes, but I produced it so that didn't...when you were saying that we had to have proof from like the...these gentlemen had these people come in from the Department of Revenue and the Secretary of State or what

have you. I mean, I could have brought copies of, you know gotten permission from [UNCLEAR] county to get copies of the forms. But anybody can fill out a form and bring it, so I didn't do that because I was afraid that they would say, you know, it has to come from the Department of Revenue and be verified.

HEARING OFFICER: Well...well, how you received your funds from these different businesses, other than these cashier checks. Mr. Walleshauser indicated that he gave you cash all the time. So did you report cash? [UNCLEAR] I mean, specifically for this one is Lakewood Service, which is the business that Ms. Szabo owned, right?

CLAIMANT: Mm-hmm.

HEARING OFFICER: Okay, what about Mr. Walleshauser's business, are you saying that you only filed for this business or all of them?

CLAIMANT: Oh, no, all of them.

HEARING OFFICER: Okay, so if he paid you cash did you report that to the IRS?

CLAIMANT: Oh, I went and got checks so that there was documentation, but he...this way he didn't have to go to the bank and deal with it. I only brought those checks today because that's what Mr. Waugh had requested.

HEARING OFFICER: So did you get W2's or 1099's for any of the work that you performed for these businesses that we talked about today?

CLAIMANT: Oh, yes, yes.

HEARING OFFICER: Why wouldn't you think just to provide those?

CLAIMANT: Because I filled them out and I didn't think you'd accept them since...oh, I guess I could have gone to the social...Internal Revenue Service. Since the W2's were in my handwriting and I filled them out, I didn't

bring them because I figured that you wouldn't accept them saying that anybody can get a W2 and fill it out. I have to have proof that it was actually filed, so I didn't bring them because they're in my handwriting. But, yes, I guess that's what I was trying to go through proper channels not just bring photo copies and say, "Oh, believe me." I didn't know what was allowed and...

HEARING OFFICER: How did you get this statement from Mr. Walleshauser then?

CLAIMANT: He had his signature notarized.

HEARING OFFICER: So how did you get it in your hands is what I'm asking?

CLAIMANT: Because he got...I produced the letter and he signed it and got it notarized.

HEARING OFFICER: How did you get the letter is what I'm asking?

CLAIMANT: Well, it's from me. I asked him to do it.

HEARING OFFICER: All right, so he did it and got it to you how?

CLAIMANT: Handed it to me. We were at the bank together...

HEARING OFFICER: Okay.

CLAIMANT: ...and notarized at Wachovia Bank.

HEARING OFFICER: All right, and that was in October of 2005, this was?

CLAIMANT: Yeah.

HEARING OFFICER: All right, I was under the impression that this was done the last couple of days. So why was this statement done in 2005 then? What was the purpose of him generating this statement in 2005?

CLAIMANT: As he wasn't gonna be present and I didn't know...the reason why I sent it in is I didn't know if he was gonna be here today or not. I had called and left messages and emails and he wasn't responding, so I didn't know. I had talked to Kim and I knew she had a subpoena, but I didn't know if Jim Walleshauser was gonna be here or not. Like I didn't know who all I got the packet of papers you guys...sent [UNCLEAR].

HEARING OFFICER: All right, anything else before I check to see if Ms. Szabo is still out there?

CLAIMANT: No.

HEARING OFFICER: All right. Mr. Johnson, any other questions for Ms. Jordan at this time?

AGENCY WITNESS-1: No.

HEARING OFFICER: Okay, let me give her one last [UNCLEAR] and see if Ms. Szabo is out there, and I'll come back in in just a moment. (Leaves room) Let the record reflect I checked and called for Ms. Szabo. Again, went out in the parking lot, didn't see her standing around. So it appears that she has left. Let me, I guess, let me ask a question.

UNIDENTIFIED MALE: Do you need her phone number?

HEARING OFFICER: I'm sorry?

UNIDENTIFIED MALE: Do you need her phone number? [UNCLEAR]

HEARING OFFICER: Well I can call her and see what she says.

CLAIMANT: 767...

HEARING OFFICER: 767...

CLAIMANT: ...8868.

HEARING OFFICER: ...8868, 803?

CLAIMANT: Yes. You're welcome.

UNIDENTIFIED MALE: (Whispering)

CLAIMANT: She has two boys and I think she had a babysitter. She might have had to go.

HEARING OFFICER: Okay. (Dials number, goes to voice mail) Hi, Ms. Szabo. This is Danny Beach with the Department of Employment and Workforce (SIC). I was conducting a hearing here today with Ms. Jordan and you were present when I made an attempt to call...call you for the testimony you had disappeared. It is now presently 4:03. I may try to give you one more call before we conclude the hearing but was trying to get in touch with you to get your testimony. Thank you. All right, with that being said then, let's go back to you, Mr. Johnson. Anything else that you would like to provide here today that we have not covered?

AGENCY WITNESS-1: No, sir.

HEARING OFFICER: Okay. Mr. Waugh, anything else that you would like to address here today?

AGENCY WITNESS-2: No.

HEARING OFFICER: Okay. Ms. Jordan, anything else that you would like to address before I conclude?

CLAIMANT: Well, I brought it up a minute ago and I don't know, do I need to get the copies of the tax returns from South Carolina Department of Revenue along with the, you know, proof that the licensing fees were paid?

HEARING OFFICER: When you say, "Licensing fees," for what, for the Department of Revenue, or Secretary of State, or what exactly are you referring to the licensing fees?

CLAIMANT: When you...when you fill out those tax forms for the State of South Carolina there is a fee, a license fee, for the business to be licensed in the State of South Carolina. And you pay that when you file the taxes with the South Carolina Department of Revenue. All three of the businesses filed state taxes and paid the licensing fee. Since I received notices that said that these businesses are fictitious, something that's fictitious doesn't exist. My point is that the businesses do exist and I filed taxes with the Department of Revenue, and they were licensed by the state and the fee was paid. That's why I asked that these taxes...

HEARING OFFICER: What would be the licensing fee then, $25?

CLAIMANT: Yes.

HEARING OFFICER: All right, the documentation that we had previously provided has that in there. This was in the stack that Ms. Robinson spoke to you about, you coming and looking at. So it's here. It has not been entered into the record. Do you want it to be entered into the record?

CLAIMANT: Yes, please. I want it entered into the record as the licensing fees were paid and that the taxes were filed. (someone coughing) The pollen is real bad today. I started coughing like that before I left the house and my son said, "How are you [UNCLEAR]?" "I got a cough drop," and I put an extra one in my purse and I was like that would be bad if I'm trying to answer questions.

HEARING OFFICER: (Going through paperwork)

CLAIMANT: And I only want it added in for the three businesses...

HEARING OFFICER: Well, we're gonna enter them all in there.

CLAIMANT: Oh, okay. I still have the objection for the...

HEARING OFFICER: Well, we haven't gotten to that point but I will entertain that objection once we get there.

CLAIMANT: Okay. Well, I didn't want to open my mouth after you got them all out but I wish you had told me ahead of time.

HEARING OFFICER: Well, I'm gonna let you look at them and then we'll address whether or not they should be [UNCLEAR]. All right, what I have in front of me are the State and Federal tax records for the businesses in question, and give you them at this time and ask if you have an objection to me entering those into the record as an exhibit.

UNIDENTIFIED MALES: (Talking in the background)

HEARING OFFICER: Any objection to me entering those into the record as an exhibit?

CLAIMANT: I have no objection to you entering A Home Improvement Company, eBay Consignment Company, and Lakewood Service Company since they relate to the overpayment notices that I received. I object to the other three being included.

HEARING OFFICER: [UNCLEAR]...well, I guess...well, it's only two, the Office Assistant and Cedar Grove, is it not?

CLAIMANT: Correct. Well, I...I was working off this list here.

HEARING OFFICER: The only ones I have are...are these.

CLAIMANT: Okay, well I object to...

HEARING OFFICER: Office Assistant and Cedar Grove (SIC).

CLAIMANT: ...Office Assistant and Cedar Cove, and you have (both speaking)

HEARING OFFICER: Cedar Cove, okay.

CLAIMANT: I object to those two. I agree to these three. I would like you to direct, you know, to direct you to look at the State filing where the licensing fee was...

HEARING OFFICER: Well, I'm gonna ask you questions about that then.

CLAIMANT: Okay.

HEARING OFFICER: So other than you paying fees of $25.00 did you submit any other taxes to the government?

CLAIMANT: All the...the social security was... (both speaking)

HEARING OFFICER: All of that?

CLAIMANT: Medicare was withheld, the Federal, the State. I don't...I didn't really look. I was more looking at the business name and the federal returns and...

HEARING OFFICER: All right, did you...did you...you maintained copies of the documents that you sent and provided to the federal government as it relates to Medicare and all that?

CLAIMANT: Oh. Oh, yes. Yes.

HEARING OFFICER: All right, so any reason why, I mean, where would those records be?

CLAIMANT: I have them. When I saw that there was a subpoena for somebody from the Department of Revenue, I assumed that I

couldn't just provide them, that it had to come from an authority figure that says, "Yes, this is in fact true." So I didn't bring any of the information that, you know, that could be said that I just produced that because it's all in my handwriting, so obviously I could produce it, and I didn't...think I could.

HEARING OFFICER: All right, let me note the objection for the record, overrule the objection, and the documents will be...Mr. Johnson, I believe you indicated there was no objection on your part, is that correct?

AGENCY WITNESS-1: No, there is not.

HEARING OFFICER: All right, as there is no objection on the part of Mr. Johnson, Ms. Jordan's objection is noted for the record, overruled and these documents are entered into the record as Agency Exhibit Number Seven. And that would be the State and Federal tax records for the businesses in question that we've been discussing here today. All right, so that's addressed, your concern with regard to that then, Ms. Jordan. Anything else that you would like to bring to my attention here today?

CLAIMANT: We entered the checks into evidence and I need to get copies...

HEARING OFFICER: I'll make copies of those for you, yes, ma'am. Anything else?

CLAIMANT: No, I believe I'm good.

HEARING OFFICER: Okay. All right, Mr. Johnson, anything else before I conclude then?

AGENCY WITNESS-1: No, other than she was set up overpaid for all these benefits she received from all of these companies not just the three she was mentioning today [UNCLEAR].

HEARING OFFICER: All right. Well, I guess to respond to that then her objections were the documents being entered into the record to reflect other two entities, Office Assistant and Cedar Grove or Cedar Cove. And your position, the Agency's position is that all of these businesses were involved and as a result the grand total of the 60 plus thousand dollars was as a result of all the businesses?

AGENCY WITNESS-1: Right, except for the one that Kim Szabo...

HEARING OFFICER: Except for Cedar...Cedar Grove...Cove?

AGENCY WITNESS-1: Mm-hmm.

HEARING OFFICER: All right, that where...that was involving where...where this...

AGENCY WITNESS-1: The company that...that Ms. Jordan owned that Ms. Szabo received benefits from, that was not...not...that overpayment was not charged to her.

HEARING OFFICER: That would be a matter that will be addressed to Ms. Szabo?

AGENCY WITNESS-1: Yes, sir.

HEARING OFFICER: Okay. All right, Mr. Waugh, anything else that you would like to add?

AGENCY WITNESS-2: No, sir.

HEARING OFFICER: Okay, I have no other questions for either party as it relates to the issue of fraud and overpayment, and as such I hereby declare this hearing adjourned.

HEARING CLOSED.

1 UCB-103
REV. 7/10

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

P.O. BOX 995, COLUMBIA, S.C. 29202

1 DIANA B JORDAN

1 124 LONGWOOD PASS

1 IRMO SC 29063

DATE OF THIS NOTICE 03/03/14

CLAIMANT'S NAME	SOCIAL SECURITY NUMBER	EFFECTIVE DATE	DISQUALIFICATION ENDS
1 DIANA B JORDAN		07/03/05	01/07/06

WFC. NO.	TYPE	CATEGORY	WEEKLY BENEFIT AMOUNT	MAXIMUM POTENTIAL ENTITLEMENT	LESS REDUCTION OF	NET TOTAL BENEFITS	BENEFIT YEAR ENDS
1 400	C	01	$ 303.00	$ 7592.00	$ 0.00	$ 7592.00	07/02/06

1

DETERMINATION BY CLAIMS ADJUDICATOR ON CLAIM FOR BENEFITS

1 ____ You are eligible for benefits from the above effective date.

1 _X_ You have been disqualified from receiving benefits or have been found to be ineligible for benefits for the following reason(s).

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1 THE DEPARTMENT OF EMPLOYMENT AND WORKFORCE HAS DETERMINED YOUR CLAIM FOR UNEMPLOYMENT BENEFITS
1 WAS ESTABLISHED THROUGH YOUR USE OF A FICTITIOUS EMPLOYER ACCOUNT FOR THE PURPOSE OF
1 ESTABLISHING YOUR RIGHT TO BENEFITS. UNDER S C CODE ANN. 41-41-20, YOUR OVERPAYMENT IS CONSIDERED
1 FRAUDULENT IN NATURE AND AN ADMINISTRATIVE PENALTY IS IMPOSED AS DESCRIBED BELOW. YOU MAY REPAY
1 THE OVERPAYMENT IN WEEKLY, BI-WEEKLY OR MONTHLY INSTALLMENTS. OVERPAID $7592.00. ADMINISTRATIVE
1 DISQUALIFICATION IS A TOTAL OF 52 WEEKS FROM 3-2-14 TO 2-28-15
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EXHIBIT 10 A# 1 FILE NO: 14101

1 ____ LAST SEPARATION FROM NON-LIABLE EMPLOYER

1

UI CLAIMS ADJUDICATOR

1 MAILING DATE 03/04/2014

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY WORKFORCE CENTER, BY MAIL, ADDRESSED TO THE 'APPEAL TRIBUNAL,' P.O. BOX 995, COLUMBIA, SOUTH CAROLINA 29202, OR BY FAX (803) 737-0287. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, CONTACT YOUR LOCAL WORKFORCE CENTER OR THE APPEALS DEPARTMENT AT (803) 737-2520.

BPC-128
REV-2/11

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
DETERMINATION OF OVERPAYMENT

TO: DIANA B JORDAN
124 LONGWOOD PASS
IRMO SC 29063

S.S. NO.:

DATE: 03/03/14

OVERPAYMENT TYPE: [X] FRAUD [ ] NONFRAUD

AMOUNT OVERPAID: 7592.00 WEEKS OVERPAID: 07/16/05 TO 01/07/06 BYE: 07/02/06

An overpayment determination has been made on your unemployment insurance claim in accordance with Section 41-41-20 of the South Carolina Code. You have received benefits to which you were NOT entitled. See items checked below.

[ ] You were paid benefits during a disqualification or a period of ineligibility.

[ ] A revision in your base period wages resulted in a reduction of your weekly benefit entitlement.

[ ] Earnings were not deducted. [ ] Pension was not deducted.

[ ] Your claim was withdrawn.

[X] You knowingly withheld information to obtain or increase your benefits.

[ ] Other:

BENEFIT PAYMENT CONTROL

MAILING DATE: 03/04/2014

[ ] If this box is checked and the overpayment is non-fraud, you may request a waiver of the overpayment.

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT, UNLESS YOU FILE AN APPEAL AND/OR REQUEST FOR WAIVER WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESSDAY. YOUR REQUEST FOR WAIVER MUST BE FILED IN PERSON AT ANY LOCAL WORKFORCE CENTER. IF YOU CANNOT REPORT IN PERSON, PLEASE CONTACT YOUR LOCAL WORKFORCE CENTER FOR ADDITIONAL INFORMATION OR ASSISTANCE. AN APPEAL MAY BE FILED IN PERSON OR BY MAIL ADDRESSED TO APPEALS, P.O. BOX 995, COLUMBIA, SC 29202.

Section 41-41-40 of the South Carolina Code requires that you refund this overpayment regardless of the reason for the overpayment. Please make your personal check, money order, or cashier's check payable to the South Carolina Department of Employment and Workforce and MAIL TO:

SC DEPARTMENT OF EMPLOYMENT AND WORKFORCE
ATTN: BPC COLLECTIONS, ROOM 130
P.O. BOX 2644
COLUMBIA, S.C. 29202

DO NOT SEND CASH MONEY THROUGH THE MAIL.

To ensure proper credit to your account, please be sure to write your social security number on your payment. If you are unable to pay the entire amount, you can make arrangements to repay your overpayment in installments. You may use the section below to show how you intend to repay your overpayment. If assistance is needed in making such arrangement, contact the BPC Collections Unit at (803) 737-2387. You may also contact our field representative through your local unemployment insurance office to arrange an installment pay plan. Failure to repay this overpayment may result in prosecution (if the overpayment is fraud), wage garnishment and/or your state tax refund being intercepted and applied to your overpayment.

REPAYMENT AGREEMENT

I UNDERSTAND THAT I AM OVERPAID AND MUST REPAY MY OVERPAYMENT. THEREFORE, I AGREE TO REPAY MY OVERPAYMENT IN INSTALLMENTS OF $_____ [ ] WEEKLY [ ] BI-WEEKLY [ ] MONTHLY UNTIL THE BALANCE IS PAID IN FULL.

I UNDERSTAND THAT THIS AGREEMENT HAS TO BE APPROVED BY THE SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE BPC COLLECTIONS UNIT AND IS NOT VALID UNLESS A PAYMENT IS ENCLOSED.

I UNDERSTAND THAT IF I BECOME ELIGIBLE FOR UNEMPLOYMENT INSURANCE BENEFITS, THEY WILL BE APPLIED TO MY OVERPAYMENT AND THIS INSTALLMENT AGREEMENT WILL NOT PREVENT THIS FROM HAPPENING.

SOCIAL SECURITY NUMBER _____ SIGNATURE _____ DATE _____

RETURN THIS PORTION WITH YOUR FIRST PAYMENT

121

AR02

1 UCB-103
REV. 7/10

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

P.O. BOX 995, COLUMBIA, S.C. 29202

1 DIANA B JORDAN

DATE OF THIS NOTICE 03/03/14

CLAIMANT'S NAME	SOCIAL SECURITY NUMBER	EFFECTIVE DATE	DISQUALIFICATION ENDS
DIANA B JORDAN		07/06/08	06/19/10

WFC. NO.	TYPE	CATEGORY	WEEKLY BENEFIT AMOUNT	MAXIMUM POTENTIAL ENTITLEMENT	LESS REDUCTION OF	NET TOTAL BENEFITS	BENEFIT YEAR ENDS
400	C	01	$ 326.00	$ 8476.00	$ 0.00	$ 8476.00	07/05/09

DETERMINATION BY CLAIMS ADJUDICATOR ON CLAIM FOR BENEFITS

1 ____ You are eligible for benefits from the above effective date.

1 _X_ You have been disqualified from receiving benefits or have been found to be ineligible for benefits for the following reason(s).

THE DEPARTMENT OF EMPLOYMENT AND WORKFORCE HAS DETERMINED THAT YOUR CLAIM FOR UNEMPLOYMENT BENEFITS WAS ESTABLISHED THROUGH YOUR USE OF A FICTITIOUS EMPLOYER ACCOUNT FOR THE PURPOSE OF ESTABLISHING YOUR RIGHT TO BENEFITS. UNDER S C CODE ANN. 41-41-20 YOUR OVERPAYMENT IS CONSIDERED FRAUDULENT IN NATURE AND AN ADMINISTRATIVE PENALTY IS IMPOSED AS DESCRIBED BELOW. YOU MAY REPAY THE OVERPAYMENT IN WEEK, BI-WEEKLY OR MONTHLY INSTALLMENTS. OVERPAYMENT AMOUNT $32,274.00. ADMINISTRATIVE DISQUALIFICATION IS A TOTAL OF 52 WEEKS FROM 3-2-14 TO 2-28-15

1 ____ LAST SEPARATION FROM NON-LIABLE EMPLOYER

UI CLAIMS ADJUDICATOR

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391

1 MAILING DATE 03/04/2014

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY WORKFORCE CENTER, BY MAIL, ADDRESSED TO THE "APPEAL TRIBUNAL," P.O. BOX 995, COLUMBIA, SOUTH CAROLINA 29202, OR BY FAX (803) 737-0287. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, CONTACT YOUR LOCAL WORKFORCE CENTER OR THE APPEALS DEPARTMENT AT (803) 737-2520.

BPC-128
REV..2/11

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
DETERMINATION OF OVERPAYMENT

TO: DIANA B JORDAN S.S. NO.: DATE: 03/03/14

OVERPAYMENT TYPE: [X] FRAUD [ ] NONFRAUD

AMOUNT OVERPAID: 8476.00 WEEKS OVERPAID: 07/19/08 TO 01/10/09 BYE: 07/05/09

An overpayment determination has been made on your unemployment insurance claim in accordance with Section 41-41-20 of the South Carolina Code. You have received benefits to which you were NOT entitled. See items checked below.

- [ ] You were paid benefits during a disqualification or a period of ineligibility.
- [ ] A revision in your base period wages resulted in a reduction of your weekly benefit entitlement.
- [ ] Earnings were not deducted. [ ] Pension was not deducted.
- [ ] Your claim was withdrawn.
- [X] You knowingly withheld information to obtain or increase your benefits.
- [ ] Other:

BENEFIT PAYMENT CONTROL

MAILING DATE 03/04/2014

[ ] If this box is checked and the overpayment is non-fraud, you may request a waiver of the overpayment.

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT UNLESS YOU FILE AN APPEAL AND/OR REQUEST FOR WAIVER WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESSDAY. YOUR REQUEST FOR WAIVER MUST BE FILED IN PERSON AT ANY LOCAL WORKFORCE CENTER. IF YOU CANNOT REPORT IN PERSON, PLEASE CONTACT YOUR LOCAL WORKFORCE CENTER FOR ADDITIONAL INFORMATION OR ASSISTANCE AN APPEAL MAY BE FILED IN PERSON OR BY MAIL ADDRESSED TO APPEALS, P.O. BOX 995, COLUMBIA, SC 29202.

Section 41-41-40 of the South Carolina Code requires that you refund this overpayment regardless of the reason for the overpayment. Please make your personal check, money order, or cashier's check payable to the South Carolina Deparment of Employment and Workforce and MAIL TO:	SC DEPARTMENT OF EMPLOYMENT AND WORKFORCE ATTN: BPC COLLECTIONS, ROOM 130 P.O. BOX 2644 COLUMBIA, S.C. 29202

DO NOT SEND CASH MONEY THROUGH THE MAIL.

To ensure proper credit to your account, please be sure to write your social security number on your payment. If you are unable to pay the entire amount, you can make arrangements to repay your overpayment in installments. You may use the section below to show how you intend to repay your overpayment. If assistance is needed in making such arrangement, contact the BPC Collections Unit at (803) 737-2387. You may also contact our field representative through your local unemployment insurance office to arrange an installment pay plan. Failure to repay this overpayment may result in prosecution (if the overpayment is fraud), wage garnishment and/or your state tax refund being intercepted and applied to your overpayment.

REPAYMENT AGREEMENT

I UNDERSTAND THAT I AM OVERPAID AND MUST REPAY MY OVERPAYMENT. THEREFORE, I AGREE TO REPAY MY OVERPAYMENT IN INSTALLMENTS OF $_____ [ ] WEEKLY [ ] BI-WEEKLY [ ] MONTHLY UNTIL THE BALANCE IS PAID IN FULL.

I UNDERSTAND THAT THIS AGREEMENT HAS TO BE APPROVED BY THE SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE BPC COLLECTIONS UNIT AND IS NOT VALID UNLESS A PAYMENT IS ENCLOSED.

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I UNDERSTAND THAT IF I BECOME ELIGIBLE FOR UNEMPLOYMENT INSURANCE BENEFITS, THEY WILL BE APPLIED TO MY OVERPAYMENT AND THIS INSTALLMENT AGREEMENT WILL NOT PREVENT THIS FROM HAPPENING.

SOCIAL SECURITY NUMBER _____ SIGNATURE _____ DATE _____

RETURN THIS PORTION WITH YOUR FIRST PAYMENT

AP04

BPC-128
REV..2/11

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
DETERMINATION OF OVERPAYMENT

TO: DIANA B JORDAN S.S. NO.: DATE: 03/03/14

OVERPAYMENT TYPE: [X] FRAUD [ ] NONFRAUD

AMOUNT OVERPAID: 6520.00 WEEKS OVERPAID: 09/19/09 TO 01/30/10 BYE: 07/05/09

An overpayment determination has been made on your unemployment insurance claim in accordance with Section 41-41-20 of the South Carolina Code. You have received benefits to which you were NOT entitled. See items checked below.

- [ ] You were paid benefits during a disqualification or a period of ineligibility.
- [ ] A revision in your base period wages resulted in a reduction of your weekly benefit entitlement.
- [ ] Earnings were not deducted. [ ] Pension was not deducted.
- [ ] Your claim was withdrawn.
- [X] You knowingly withheld information to obtain or increase your benefits.
- [ ] Other:

BENEFIT PAYMENT CONTROL

MAILING DATE 03/04/2014

- [ ] If this box is checked and the overpayment is non-fraud, you may request a waiver of the overpayment.

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT UNLESS YOU FILE AN APPEAL AND/OR REQUEST FOR WAIVER WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESSDAY. YOUR REQUEST FOR WAIVER MUST BE FILED IN PERSON AT ANY LOCAL WORKFORCE CENTER. IF YOU CANNOT REPORT IN PERSON, PLEASE CONTACT YOUR LOCAL WORKFORCE CENTER FOR ADDITIONAL INFORMATION OR ASSISTANCE. AN APPEAL MAY BE FILED IN PERSON OR BY MAIL ADDRESSED TO APPEALS, P.O. BOX 995, COLUMBIA, SC 29202.

Section 41-41-40 of the South Carolina Code requires that you refund this overpayment regardless of the reason for the overpayment. Please make your personal check, money order, or cashier's check payable to the South Carolina Department of Employment and Workforce and MAIL TO:

SC DEPARTMENT OF EMPLOYMENT AND WORKFORCE
ATTN: BPC COLLECTIONS, ROOM 130
P.O. BOX 2644
COLUMBIA, S.C. 29202

DO NOT SEND CASH MONEY THROUGH THE MAIL.

To ensure proper credit to your account, please be sure to write your social security number on your payment. If you are unable to pay the entire amount, you can make arrangements to repay your overpayment in installments. You may use the section below to show how you intend to repay your overpayment. If assistance is needed in making such arrangement, contact the BPC Collections Unit at (803) 737-2387. You may also contact our field representative through your local unemployment insurance office to arrange an installment pay plan. Failure to repay this overpayment may result in prosecution (if the overpayment is fraud), wage garnishment and/or your state tax refund being intercepted and applied to your overpayment.

REPAYMENT AGREEMENT

I UNDERSTAND THAT I AM OVERPAID AND MUST REPAY MY OVERPAYMENT. THEREFORE, I AGREE TO REPAY MY OVERPAYMENT IN INSTALLMENTS OF $_____ [ ] WEEKLY [ ] BI-WEEKLY [ ] MONTHLY UNTIL THE BALANCE IS PAID IN FULL.

I UNDERSTAND THAT THIS AGREEMENT HAS TO BE APPROVED BY THE SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE BPC COLLECTIONS UNIT AND IS NOT VALID UNLESS A PAYMENT IS ENCLOSED.

AI 5/10

I UNDERSTAND THAT IF I BECOME ELIGIBLE FOR UNEMPLOYMENT INSURANCE BENEFITS, THEY WILL BE APPLIED TO MY OVERPAYMENT AND THIS INSTALLMENT AGREEMENT WILL NOT PREVENT THIS FROM HAPPENING.

SOCIAL SECURITY NUMBER _____ SIGNATURE _____ DATE _____

RETURN THIS PORTION WITH YOUR FIRST PAYMENT

AP05

BPC-128
REV..2/11

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
DETERMINATION OF OVERPAYMENT

TO: DIANA B JORDAN S.S. NO.: DATE: 03/03/14

OVERPAYMENT TYPE: [X] FRAUD [ ] NONFRAUD

AMOUNT OVERPAID: 3586.00 WEEKS OVERPAID: 04/04/09 TO 06/13/09 BYE: 07/05/09

An overpayment determination has been made on your unemployment insurance claim in accordance with Section 41-41-20 of the South Carolina Code. You have received benefits to which you were NOT entitled. See items checked below.

- [ ] You were paid benefits during a disqualification or a period of ineligibility.
- [ ] A revision in your base period wages resulted in a reduction of your weekly benefit entitlement.
- [ ] Earnings were not deducted. [ ] Pension was not deducted.
- [ ] Your claim was withdrawn.
- [X] You knowingly withheld information to obtain or increase your benefits.
- [ ] Other:

BENEFIT PAYMENT CONTROL

MAILING DATE 03/04/2014

[ ] If this box is checked and the overpayment is non-fraud, you may request a waiver of the overpayment.

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT UNLESS YOU FILE AN APPEAL AND/OR REQUEST FOR WAIVER WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESSDAY. YOUR REQUEST FOR WAIVER MUST BE FILED IN PERSON AT ANY LOCAL WORKFORCE CENTER. IF YOU CANNOT REPORT IN PERSON, PLEASE CONTACT YOUR LOCAL WORKFORCE CENTER FOR ADDITIONAL INFORMATION OR ASSISTANCE AN APPEAL MAY BE FILED IN PERSON OR BY MAIL ADDRESSED TO APPEALS, P.O. BOX. 995, COLUMBIA , SC 29202.

Section 41-41-40 of the South Carolina Code requires that you refund this overpayment regardless of the reason for the overpayment. Please make your personal check, money order, or cashier's check payable to the South Carolina Deparment of Employment and Workforce and MAIL TO:	SC DEPARTMENT OF EMPLOYMENT AND WORKFORCE ATTN: BPC COLLECTIONS, ROOM 130 P.O. BOX 2644 COLUMBIA, S.C. 29202

DO NOT SEND CASH MONEY THROUGH THE MAIL.

To ensure proper credit to your account, please be sure to write your social security number on your payment. If you are unable to pay the entire amount, you can make arrangements to repay your overpayment in installments. You may use the section below to show how you intend to repay your overpayment. If assistance is needed in making such arrangement, contact the BPC Collections Unit at (803) 737-2387. You may also contact our field representative through your local unemployment insurance office to arrange an installment pay plan. Failure to repay this overpayment may result in prosecution (if the overpayment is fraud), wage garnishment,and/or your state tax refund being intercepted and applied to your overpayment.

REPAYMENT AGREEMENT

I UNDERSTAND THAT I AM OVERPAID AND MUST REPAY MY OVERPAYMENT. THEREFORE, I AGREE TO REPAY MY OVERPAYMENT IN INSTALLMENTS OF $_____ [ ] WEEKLY [ ] BI-WEEKLY [ ] MONTHLY UNTIL THE BALANCE IS PAID IN FULL.

I UNDERSTAND THAT THIS AGREEMENT HAS TO BE APPROVED BY THE SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE BPC COLLECTIONS UNIT AND IS NOT VALID UNLESS A PAYMENT IS ENCLOSED.

I UNDERSTAND THAT IF I BECOME ELIGIBLE FOR UNEMPLOYMENT INSURANCE BENEFITS, THEY WILL BE APPLIED TO MY OVERPAYMENT AND THIS INSTALLMENT AGREEMENT WILL NOT PREVENT THIS FROM HAPPENING.

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6/10

SOCIAL SECURITY NUMBER _____ SIGNATURE _____ DATE _____

RETURN THIS PORTION WITH YOUR FIRST PAYMENT

125

AP06

BPC-128
REV..2/11

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
DETERMINATION OF OVERPAYMENT

TO: DIANA B JORDAN S.S. NO.: DATE: 03/03/14

OVERPAYMENT TYPE: [X] FRAUD [ ] NONFRAUD

AMOUNT OVERPAID: 326.00 WEEKS OVERPAID: 05/08/10 TO 05/08/10 BYE: 07/05/09

An overpayment determination has been made on your unemployment insurance claim in accordance with Section 41-41-20 of the South Carolina Code. You have received benefits to which you were NOT entitled. See items checked below.

- [ ] You were paid benefits during a disqualification or a period of ineligibility.
- [ ] A revision in your base period wages resulted in a reduction of your weekly benefit entitlement.
- [ ] Earnings were not deducted. [ ] Pension was not deducted.
- [ ] Your claim was withdrawn.
- [X] You knowingly withheld information to obtain or increase your benefits.
- [ ] Other:

BENEFIT PAYMENT CONTROL

MAILING DATE 03/04/2014

[ ] If this box is checked and the overpayment is non-fraud, you may request a waiver of the overpayment.

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT UNLESS YOU FILE AN APPEAL AND/OR REQUEST FOR WAIVER WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESSDAY. YOUR REQUEST FOR WAIVER MUST BE FILED IN PERSON AT ANY LOCAL WORKFORCE CENTER. IF YOU CANNOT REPORT IN PERSON, PLEASE CONTACT YOUR LOCAL WORKFORCE CENTER FOR ADDITIONAL INFORMATION OR ASSISTANCE AN APPEAL MAY BE FILED IN PERSON OR BY MAIL ADDRESSED TO APPEALS, P.O. BOX. 995, COLUMBIA , SC 29202.

Section 41-41-40 of the South Carolina Code requires that you refund this overpayment regardless of the reason for the overpayment. Please make your personal check, money order, or cashier's check payable to the South Carolina Deparment of Employment and Workforce and MAIL TO:

SC DEPARTMENT OF EMPLOYMENT AND WORKFORCE
ATTN: BPC COLLECTIONS, ROOM 130
P.O. BOX 2644
COLUMBIA, S.C. 29202

DO NOT SEND CASH MONEY THROUGH THE MAIL.

To ensure proper credit to your account, please be sure to write your social security number on your payment. If you are unable to pay the entire amount, you can make arrangements to repay your overpayment in installments. You may use the section below to show how you intend to repay your overpayment. If assistance is needed in making such arrangement, contact the BPC Collections Unit at (803) 737-2387. You may also contact our field representative through your local unemployment insurance office to arrange an installment pay plan. Failure to repay this overpayment may result in prosecution (if the overpayment is fraud), wage garnishment,and/or your state tax refund being intercepted and applied to your overpayment.

REPAYMENT AGREEMENT

I UNDERSTAND THAT I AM OVERPAID AND MUST REPAY MY OVERPAYMENT. THEREFORE, I AGREE TO REPAY MY OVERPAYMENT IN INSTALLMENTS OF $_____ [ ] WEEKLY [ ] BI-WEEKLY [ ] MONTHLY UNTIL THE BALANCE IS PAID IN FULL.

I UNDERSTAND THAT THIS AGREEMENT HAS TO BE APPROVED BY THE SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE BPC COLLECTIONS UNIT AND IS NOT VALID UNLESS A PAYMENT IS ENCLOSED.

I UNDERSTAND THAT IF I BECOME ELIGIBLE FOR UNEMPLOYMENT INSURANCE BENEFITS, THEY WILL BE APPLIED TO MY OVERPAYMENT AND THIS INSTALLMENT AGREEMENT WILL NOT PREVENT THIS FROM HAPPENING.

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7/11

SOCIAL SECURITY NUMBER _____ SIGNATURE _____ DATE _____

RETURN THIS PORTION WITH YOUR FIRST PAYMENT

UCB-103
REV. 7/10

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

P.O. BOX 995, COLUMBIA, S.C. 29202

DIANA JORDAN

DATE OF THIS NOTICE 03/03/14

CLAIMANT'S NAME			SOCIAL SECURITY NUMBER	EFFECTIVE DATE	DISQUALIFICATION ENDS
DIANA JORDAN				07/15/12	03/02/13
WFC. NO.	TYPE	CATEGORY	WEEKLY BENEFIT AMOUNT	MAXIMUM POTENTIAL ENTITLEMENT	LESS REDUCTION OF	NET TOTAL BENEFITS	BENEFIT YEAR ENDS
400	C	01	$ 326.00	$ 6520.00	$ 0.00	$ 6520.00	07/14/13

DETERMINATION BY CLAIMS ADJUDICATOR ON CLAIM FOR BENEFITS

____ You are eligible for benefits from the above effective date.

__X__ You have been disqualified from receiving benefits or have been found to be ineligible for benefits for the following reason(s).

THE DEPARTMENT OF EMPLOYMENT AND WORKFORCE HAS DETERMINED THAT YOUR CLAIM FOR UNEMPLOYMENT BENEFITS WAS ESTABLISHED THROUGH YOUR USE OF A FICTITIOUS EMPLOYER ACCOUNT FOR THE PURPOSED OF ESTABLISHING YOUR RIGHTS TO BENEFITS. UNDER S C CODE ANN. 41-41-20, YOUR OVERPAYMENT IS CONSIDERED FRAUDULENT IN NATURE AND AN ADMINISTRATIVE PENALTY IS IMPOSED AS DESCRIBED BELOW. YOU MAY REPAY THE OVERPAYMENT IN WEEKLY, BI-WEEKLY OR MONTHLY INSTALLMENTS. OVERPAID AMOUNT $8150.00. ADMINISTRATIVE DISQUALIFICATION IS A TOTAL OF 52 WEEKS FROM 3-2-14 TO 2-28-15

____ LAST SEPARATION FROM NON-LIABLE EMPLOYER

UI CLAIMS ADJUDICATOR

MAILING DATE 03/04/2014

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY WORKFORCE CENTER, BY MAIL, ADDRESSED TO THE "APPEAL TRIBUNAL," P.O. BOX 995, COLUMBIA, SOUTH CAROLINA 29202, OR BY FAX (803) 737-0287. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, CONTACT YOUR LOCAL WORKFORCE CENTER OR THE APPEALS DEPARTMENT AT (803) 737-2520.

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8/10

BPC-128
REV..2/11

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
DETERMINATION OF OVERPAYMENT

TO: DIANA JORDAN S.S. NO.: DATE: 03/03/14

OVERPAYMENT TYPE: [X] FRAUD [ ] NONFRAUD

AMOUNT OVERPAID: 5868.00 WEEKS OVERPAID: 07/28/12 TO 11/24/12 BYE: 07/14/13

An overpayment determination has been made on your unemployment insurance claim in accordance with Section 41-41-20 of the South Carolina Code. You have received benefits to which you were NOT entitled. See items checked below.

- [ ] You were paid benefits during a disqualification or a period of ineligibility.
- [ ] A revision in your base period wages resulted in a reduction of your weekly benefit entitlement.
- [ ] Earnings were not deducted. [ ] Pension was not deducted.
- [ ] Your claim was withdrawn.
- [X] You knowingly withheld information to obtain or increase your benefits.
- [ ] Other:

BENEFIT PAYMENT CONTROL

MAILING DATE 03/04/2014

[ ] If this box is checked and the overpayment is non-fraud, you may request a waiver of the overpayment.

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT UNLESS YOU FILE AN APPEAL AND/OR REQUEST FOR WAIVER WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESSDAY. YOUR REQUEST FOR WAIVER MUST BE FILED IN PERSON AT ANY LOCAL WORKFORCE CENTER. IF YOU CANNOT REPORT IN PERSON, PLEASE CONTACT YOUR LOCAL WORKFORCE CENTER FOR ADDITIONAL INFORMATION OR ASSISTANCE AN APPEAL MAY BE FILED IN PERSON OR BY MAIL ADDRESSED TO APPEALS, P.O. BOX. 995, COLUMBIA , SC 29202.

Section 41-41-40 of the South Carolina Code requires that you refund this overpayment regardless of the reason for the overpayment. Please make your personal check, money order, or cashier's check payable to the South Carolina Deparment of Employment and Workforce and MAIL TO:

SC DEPARTMENT OF EMPLOYMENT AND WORKFORCE
ATTN: BPC COLLECTIONS, ROOM 130
P.O. BOX 2644
COLUMBIA, S.C. 29202

DO NOT SEND CASH MONEY THROUGH THE MAIL.

To ensure proper credit to your account, please be sure to write your social security number on your payment. If you are unable to pay the entire amount, you can make arrangements to repay your overpayment in installments. You may use the section below to show how you intend to repay your overpayment. If assistance is needed in making such arrangement, contact the BPC Collections Unit at (803) 737-2387. You may also contact our field representative through your local unemployment insurance office to arrange an installment pay plan. Failure to repay this overpayment may result in prosecution (if the overpayment is fraud), wage garnishment,and/or your state tax refund being intercepted and applied to your overpayment.

REPAYMENT AGREEMENT

I UNDERSTAND THAT I AM OVERPAID AND MUST REPAY MY OVERPAYMENT. THEREFORE, I AGREE TO REPAY MY OVERPAYMENT IN INSTALLMENTS OF $_____ [ ] WEEKLY [ ] BI-WEEKLY [ ] MONTHLY UNTIL THE BALANCE IS PAID IN FULL.

I UNDERSTAND THAT THIS AGREEMENT HAS TO BE APPROVED BY THE SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE BPC COLLECTIONS UNIT AND IS NOT VALID UNLESS A PAYMENT IS ENCLOSED.

A1
9/11

I UNDERSTAND THAT IF I BECOME ELIGIBLE FOR UNEMPLOYMENT INSURANCE BENEFITS, THEY WILL BE APPLIED TO MY OVERPAYMENT AND THIS INSTALLMENT AGREEMENT WILL NOT PREVENT THIS FROM HAPPENING.

SOCIAL SECURITY NUMBER _____ SIGNATURE _____ DATE _____

RETURN THIS PORTION WITH YOUR FIRST PAYMENT

128

BPC-128
REV..2/11

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
DETERMINATION OF OVERPAYMENT

TO: DIANA JORDAN S.S. NO.: DATE: 03/03/14

OVERPAYMENT TYPE: [X] FRAUD [ ] NONFRAUD

AMOUNT OVERPAID: 652.00 WEEKS OVERPAID: 12/08/12 TO 12/15/12 BYE: 07/14/13

An overpayment determination has been made on your unemployment insurance claim in accordance with Section 41-41-20 of the South Carolina Code. You have received benefits to which you were NOT entitled. See items checked below.

- [ ] You were paid benefits during a disqualification or a period of ineligibility.
- [ ] A revision in your base period wages resulted in a reduction of your weekly benefit entitlement.
- [ ] Earnings were not deducted. [ ] Pension was not deducted.
- [ ] Your claim was withdrawn.
- [X] You knowingly withheld information to obtain or increase your benefits.
- [ ] Other:

BENEFIT PAYMENT CONTROL

MAILING DATE 03/04/2014

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I UNDERSTAND THAT THIS AGREEMENT HAS TO BE APPROVED BY THE SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE BPC COLLECTIONS UNIT AND IS NOT VALID UNLESS A PAYMENT IS ENCLOSED.

AI
10/10

I UNDERSTAND THAT IF I BECOME ELIGIBLE FOR UNEMPLOYMENT INSURANCE BENEFITS, THEY WILL BE APPLIED TO MY OVERPAYMENT AND THIS INSTALLMENT AGREEMENT WILL NOT PREVENT THIS FROM HAPPENING.

_____ SOCIAL SECURITY NUMBER

_____ SIGNATURE

_____ DATE

RETURN THIS PORTION WITH YOUR FIRST PAYMENT

129

OFFICE ASSISTANT INC
BYE – 2004

EXHIBIT
A# 2
FILE NO: 14/0101

BENEFIT RECORD

UCB101I
REV. 07/02

NAME: DIANA B JORDAN SSN: BYE: 07/05/04

CLAIMSTAKER ID: KLBON LO #: 400 FILED: 07/07/03 EFF DATE: 07/06/03

MAILING ADDRESS: 124 LONGWOOD PASS

CITY: IRMO STATE: SC ZIP: 29063-9130

OTHER NAME:

[X]	1-UI	[ ]	4-UI/UCFE/UCX	[ ]	7-UCX	[X]	NEW	[ ] TRANSITIONAL
[ ]	2-UI/UCFE	[ ]	5-UCFE	[ ]	8-CW	[ ]	ADDITIONAL	[ ] R-ADD
[ ]	3-UI/UCX	[ ]	6-UCFE/UCX	[ ]	OTHER	[ ]	CONTINUED	

BONA FIDE EMPLOYER NAME & PAYROLL ADDRESS INFORMATION:

NAME: OFFICE ASSISTANT INC

STREET: 124 LONGWOON PASS

CITY: IRMO ST: SC ZIP: 29063 EMP. ACCT. #

DATES OF EMPLOYMENT:

FROM:	TO:
12/30/02	03/31/03

BONA FIDE EMPLOYER LOCAL ADDRESS INFORMATION:

STREET:

CITY: ST: AL ZIP: PHONE #: (803) 732-176

SEPARATION REASON: [X] LOW [ ] VQ [ ] DISCHARGE [ ] STILL WORKING

ISSUE CODES: 09

LIABLE EMPLOYER INFORMATION:

NAME: EMP. ACCT #

JOB LOCATION (CITY/STATE):

DATES OF EMPLOYMENT:

FROM:	TO:

SEPARATION REASON: [ ] LOW [ ] VQ [ ] DISCHARGE [ ] STILL WORKING

NARRATIVE REASON FOR SEPARATION FROM LIABLE EMPLOYER:

UCB 104-B
2-93

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

INITIAL DETERMINATION OF STATUS AS AN INSURED WORKER

LOCAL OFFICE 400

EFFECTIVE DATE 07/06/03 DATE FILED 07/07/03

DATE PREPARED 07/08/03

O

DIANA B JORDAN
124 LONGWOOD PASS

IRMO SC 29063

POTENTIAL BENEFITS ESTABLISHED

MILITARY ASSIGNMENTS

WEEKLY BENEFIT AMOUNT 285.00

MAXIMUM TOTAL BENEFITS 7228.00

BENEFIT YEAR ENDS 07/05/04

SEE BACK FOR CLAIMANT INFORMATION

EMPLOYMENT RECORD			BASE PERIOD QUARTERLY EARNINGS							
EMPLOYER	ACCOUNT NO.		YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.
OFFICE ASSISTANT INC			2002	02	2002	03	2002	04	2003	01
				.00		.00	10842.00		10842.00	
BASE QUARTER TOTAL				.00		.00		.00		.00

*QTR.
1.-JAN.,FEB.,MAR. 3.-JULY,AUG.,SEPT.
2.-APR.,MAY,JUNE 4.-OCT.,NOV.,DEC.

AD14

INFT-101
Rev. 9/02

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
REQUEST FOR INFORMATION
UNEMPLOYMENT INSURANCE BENEFITS

CLAIMANT'S NAME: DIANA B JORDAN

SOCIAL SECURITY NUMBER:

NAME WORKED UNDER:

DATE MAILED: 07/08/2003

EMPLOYER'S ACCOUNT #: ------

EMPLOYER'S NAME & ADDRESS: OFFICE ASSISTANT INC
124 LONGWOOD PASS
IRMO, SC 29063

RETURN WITHIN 7 DAYS OF THE ABOVE DATE TO: SCESC
700 Taylor Street
P. O. DRAWER 1469
COLUMBIA, SC 29202

FAX NUMBER: 803-737-2788

This person has filed a claim for Unemployment Insurance Benefits and named you as a previous employer. Please explain the reason this person no longer works for you so that a determination can be made on eligibility for benefits. If you reply by letter, fax, or e-mail you must include all information requested, as well as the claimant's name and social security number. Contact the local Employment Security office shown above within the 7-day time limit if you wish to appear or be represented at an interview. YOU WILL RECEIVE A DETERMINATION ON THIS CLAIM ONLY IF IT IS FOUND THAT YOU ARE THE BONA FIDE AND/OR LIABLE EMPLOYER.

☐ An interview has already been scheduled and will be held at the Employment Security office indicated ON: _____ AT: _____

SEPARATION INFORMATION

☑ LACK OF WORK (No additional written explanation is necessary.)

☐ DISCHARGED: (Give specific reason.)

If discharged for absenteeism, list dates of absences:

List any warnings, note if verbal or written and give dates:

State company policy that claimant violated, if applicable, and describe the final incident leading to the separation:

☐ VOLUNTARILY QUIT (Give specific reason.):

☐ OTHER (Explain in detail.):

S.C. Employment Security Comm.
JUL 11 2003

Dates of Employment: FROM: 1/30/02 TO: 3/31/03

During all terms of employment, have you paid this claimant as much as: $ 2224.00 ☑ YES ☐ NO

If NO, how much have you paid this claimant in all terms of employment? $ _____

Are you paying, or WILL YOU PAY, this claimant a pension or retirement pay? ☐ YES ☑ NO

If YES, what amount? $ _____ per _____

Did claimant contribute to pension plan? ☐ YES ☑ NO If YES, what percent? _____ _____ %

EMPLOYER NAME: OFFICE ASSISTANT INC. ACCOUNT NUMBER: __ ___

EMPLOYER SIGNATURE:** Diana B. Jordan TITLE: PRESIDENT

TELEPHONE NUMBER: (803) 732-1762 DATE: 7/10/03

**FORM MUST BE SIGNED IN ORDER FOR INFORMATION TO BE CONSIDERED

AP15

8/99
08121

Local Office No 407

Issue 25

UNEMPLOYMENT INSURANCE DIVISION
AVAILABILITY
FACT FINDING

11-6-03

Type of Claim

New 4 Add ___

Trans ___ Rein ___

Cont ___

BYE 7-504

CLAIMANT'S NAME Diana Jordan SOCIAL SECURITY NUMBEI

Occupation ___ Customary hours from ___ to ___ or which shift ___

1 During week(s) ending ___ were you physically and mentally able to work in yc customary occupation? Yes ___, No ___, NA ___ If "No," answer question "4" and explain in "Claimant's Statement."

2 During week(s) ending ___ did you restrict your availability because of lack transportation child care family illness vacation, Social Security benefits, incarceration military reserve duty jury duty out of the area (personal) school union restrictions, wage demands hour demanc etc ? Yes ___, No ___, NA ___ If "Yes" answer question "4" and explain in "Claimant's Statement."

3 During week(s) ending ___ did you seek work as directed by the local office? Yes ___, No ___, NA ___ If "No," answer question "4" and explain in "Claimant's Statement."

4 HAVE YOU NOW RESOLVED THE CONDITIONS WHICH MADE YOU UNAVAILABLE FOR EMPLOYMENT? Yes ___, No ___, NA ___ IF "YES," ON WHAT DATE DID YOU BECOME AVAILABLE FOR WORK? ___ EXPLAIN IN "CLAIMANT'S STATEMENT"

5 Are you qualified to perform the work which you are seeking (including license tools permits etc as required for this occupation)? Yes ___, No ___, NA ___ If 'No,' explain in "Claimant's Statement."

6 Have you failed to keep a scheduled appointment with the local office or have you received a notice statir that you did not report to Job Service every six weeks as directed? Yes ___, No ___, NA ___ If "Yes," explain in "Claimant's Statement."

7 Other ___ Explain in "Claimant's Statement

8 CLAIMANT'S STATEMENT (Include beginning and ending dates of availability, if known and any facts from othei including a physician s statement if needed as proof that the claimant is or is not available for employment)

I was sole owner of Office Assistant, Inc. I was the only employee & did research for Ballentine Service Co. When Ballentine Service closed, it put me out of business. I had no Co. property other than a home computer. I am not actively pursuing another client co. + am actively seeking full-time work

9 CLAIMANT'S CERTIFICATION I certify that the information above is true I understand that the Law prescribes penalties for false statements for the purpose of obtaining benefits to which I am not entitled.

S.C. Employment Security Comm
NOV 13 2003
BENEFIT DIVISION

CLAIMANT'S SIGNATURE Diana B Jordan DATE 11-12-03

10 INTERVIEWER'S STATEMENT ___

INTERVIEWER'S SIGNATURE D Styles DATE OF REPORT 11-12-03

AP16

UCB-103B
REV. 5/98

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
P. O. BOX 995, COLUMBIA, S. C. 29202

DETERMINATION OF ELIGIBILITY FOR BENEFITS

CLAIMANT'S NAME	SOCIAL SECURITY NUMBER	L. O. NO.	TYPE	CATEGORY
DIANA B JORDAN		400	I	01

WEEKLY BENEFIT AMOUNT	MAXIMUM BENEFIT AMOUNT	EFFECTIVE DATE	BENEFIT YEAR ENDS	DATE OF NOTICE
$ 285.00	$ 7,228.00	07/06/03	07/05/04	07/14/03

It has been determined that you are eligible without disqualification for unemployment compensation. This determination is made based on the South Carolina Employment Security Law and on evidence available at the time of this notice.

☐ The last separation was from a non-liable employer.

OFFICE ASSISTANT INC
124 LONGWOON PASS
IRMO SC 29063

MAILING DATE 07/15/2003

IMPORTANT:

THIS DETERMINATION WILL BE THE FINAL DECISION OF THE COMMISSION UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY EMPLOYMENT SECURITY OFFICE OR BY MAIL TO THE "APPEAL TRIBUNAL," AT THE ADDRESS BELOW. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, YOU MAY CONTACT YOUR LOCAL EMPLOYMENT SECURITY OFFICE.

UCB-103B
5-98

APPEAL TRIBUNAL
P. O. BOX 995
COLUMBIA, S.C. 29202

UI-5

SOUTH CAROLINA
EMPLOYMENT SECURITY COMMISSION
P. O. BOX 995
COLUMBIA, S. C. 29202
OFFICIAL BUSINESS
UCB-103B
FORWARDING SERVICE REQUESTED

OFFICE ASSISTANT INC
124 LONGWOON PASS
IRMO SC 29063

AD17

UCB-103
REV. MAY 2000

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

P.O. BOX 995, COLUMBIA, S.C. 29202

DIANA B JORDAN
124 LONGWOOD PASS
IRMO SC 29063

DATE OF THIS NOTICE 12/02/03

CLAIMANT'S NAME	SOCIAL SECURITY NUMBER	EFFECTIVE DATE	DISQUALIFICATION ENDS
DIANA B JORDAN		07/06/03	INDEF

L.O. NO.	TYPE	CATEGORY	WEEKLY BENEFIT AMOUNT	MAXIMUM POTENTIAL ENTITLEMENT	LESS REDUCTION OF	NET TOTAL BENEFITS	BENEFIT YEAR ENDS
400	C	01	$ 285.00	$ 7228.00	$ 0.00	$ 7228.00	07/05/04

DETERMINATION BY CLAIMS ADJUDICATOR ON CLAIM FOR BENEFITS

____ You are eligible for benefits from the above effective date.

_X_ You have been disqualified from receiving benefits or have been found to be ineligible for benefits for the following reason(s).

AS AN OFFICER OF A CORPORATION, YOU HAVE CONTROL OVER YOUR UNEMPLOYMENT INSURANCE BENEFITS. SINCE UNEMPLOYMENT INSURANCE BENEFITS ARE MEANT FOR THOSE WHO ARE UNEMPLOYED THROUGH NO FAULT OF THEIR OWN, YOU ARE INELIGIBLE FOR BENEFITS UNDER THE SOUTH CAROLINA EMPLOYMENT SECURITY LAW. YOU ARE INELIGIBLE FOR BENEFITS BEGINNING 07/06/03.

____ LAST SEPARATION FROM NON-LIABLE EMPLOYER

JOHN LEWIS
UI CLAIMS ADJUDICATOR

MAILING DATE 12/03/2003

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE COMMISSION UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY EMPLOYMENT SECURITY OFFICE, OR BY MAIL, ADDRESSED TO THE "APPEAL TRIBUNAL," P.O. BOX 995, COLUMBIA, SOUTH CAROLINA 29202. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, CONTACT YOUR LOCAL EMPLOYMENT SECURITY OFFICE.

BPC-128
REV...3/03

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
DETERMINATION OF OVERPAYMENT

TO: DIANA B JORDAN
124 LONGWOOD PASS
IRMO SC 29063

S.S. NO.:

DATE: 12/02/03

OVERPAYMENT TYPE: [ ] FRAUD [X] NONFRAUD

AMOUNT OVERPAID: 4560.00 WEEKS OVERPAID: 07/19/03 TO 11/01/03 BYE: 07/05/04

An overpayment determination has been made on your unemployment insurance claim in accordance with Section 41-41-20 of the South Carolina Employment Security Law. You have received benefits to which you were NOT entitled. See items checked below.

[X] You were paid benefits during a disqualification or a period of ineligibility.

[ ] A revision in your base period wages resulted in a reduction of your weekly benefit entitlement.

[ ] Earnings were not deducted. [ ] Pension was not deducted.

[ ] Your claim was withdrawn.

[ ] You knowingly withheld information to obtain or increase your benefits.

[ ] Other:

BENEFIT PAYMENT CONTROL

PATRICK HOLMES

MAILING DATE 12/03/2003

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P.O. BOX 2644
COLUMBIA, S.C. 29202

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_____ SOCIAL SECURITY NUMBER

_____ SIGNATURE

_____ DATE

RETURN THIS PORTION WITH YOUR FIRST PAYMENT

UI TAX RECORD

APJO

LICO-181 (REV 10/01) Catalog# 09235

C+W BB

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

PO Box 995
Columbia, South Carolina 29202
Telephone (803) 737-3075
Fax (803) 737-2547

Employer Status Report To Determine Liability Under The South Carolina Employment Security Law

All Information Provided Will Be Kept Strictly Confidential–
PLEASE TYPE OR PRINT RETURN WITHIN 10 DAYS

L-5

DO NOT WRITE IN THIS SPACE

Account Number			
1202	203	02	1202
LB	LE	CH	LA
320	314		
Area	Rate	Ind	Owner
MB	2-21-03		
By	Date	Parent Number	

Complete Both Sides Of This Application

Please Print Or Type All Information

1 Owner, Partnership, or Corporate Charter Name
OFFICE ASSISTANT INC.

2 Trade Name (Doing Business As)

3 Physical Location of Business Required (No PO Box)
124 LONGWOOD PASS
Street
IRMO 32 RICHLAND SC 29063
City County (Required) State Zip

4 Business Phone Number: (803) 732-1702
Day Time Phone Number: SAME.

5 Federal Identification Number

6 Mailing Address (For All Correspondence)
DIANA B. JORDAN
In Care Of
SAME.
Street
City County (Required) State Zip

7 Type of Business
- ☐ Agriculture Forestry Fishing & Hunting (11)
- ☐ Mining (21)
- ☐ Utilities (22)
- ☐ Construction (23)
- ☐ Manufacturing (31–33)
- ☐ Wholesale Trade (41–43)
- ☐ Retail Trade (44–46)
- ☐ Transportation & Warehousing (48–49)
- ☐ Information (51)
- ☐ Finance & Insurance (52)
- ☐ Real Estate Rental & Leasing (53)
- ☐ Professional Scientific & Technical Services (54)
- ☐ Management of Companies & Enterprises (55)
- ☐ Administrative and Support Waste Management & Remediation Services (56)
- ☐ Education Services (61)
- ☐ Health Care and Social Assistance (62)
- ☐ Arts Entertainment & Recreation (71)
- ☐ Accommodation & Food Services (72)
- ☑ Other Services (81) 81
- ☐ Public Administration (91-93)

8 Main Business (I E , Retail Furniture Sales)
RESEARCH ANALYSIS

8a Check If You Sell These Products (For Solid Waste Purposes)
☐ Motor Oil ☐ Lead Acid Batteries ☐ Tires ☐ Large Appliances

8b Do You Sell Aviation Gasoline? ☐ Yes ☑ No

8c Do You Provide Service To Cellular And Personal Communications Users? ☐ Yes ☑ No

9 Location of Records (No PO Box)
SAME.

10 Type of Ownership
- ☐ Sole Proprietor (One Owner)
- ☐ Partnership (Two Or More Owners)
- ☐ LLC/LLP
- ☑ SC Corporation Date Inc 5/1/00
- ☐ Foreign Corporation (Attach Copy Of Articles Of Certificate Of Authority)
- ☐ Unincorporated Association, Enter Legal Name
- ☐ Other (Explain)

11 Name(s) of Business Owner, General Partners, or Officers

Social Security Number	Name(s) (Last, First, Middle Initial)	Home Address	% Of Ownership
	DIANA B. JORDAN	124 LONGWOOD PASS	100%
	PRESIDENT/SECRETARY/	IRMO, SC 29063	
	TREASURER		

Are You A SC Resident? (Y/N) YES How Long Have You Lived In SC? 44 1/2 M (Years, Months)

12 Have You

A	Acquired Another Business?	☐ Yes	☑ No
	Merged With Another Business?	☐ Yes	☑ No
	Formed A Corporation Or Partnership?	☑ Yes	☐ No
	Made Any Other Change In The Ownership Of Your Business?	☐ Yes	☑ No

B Did You Acquire ☐ All Of The South Carolina Operations? ☐ Part Of The South Carolina Operations?
Percentage Acquired

C Date Acquired Or Changed
Was The Business Operating At The Time Of Acquisition Or Change? ☐ Yes ☐ No
Date Closed
Does The Former Owner Or Legal Entity Continue To Have Employees? ☐ Yes ☐ No

D Former Owner's S C E S C Account Number
Former Owner's S C Tax Account Number
Advice #:

E Name Of Business Acquired FEB 24 2003
(Full organization name including trade name)
Address Of Former Owner

13 First Date Of Employment In S C: mo/day/year 12/30/02

14 Anticipated Date Of First S C Payroll: mo/day/year 12/30/02

15 Estimate Number Of Employees In S C: 1

16 Is Business Within SC Municipal Limits? ☐ Yes ☑ No Which City?

17 Is Your Business Seasonal? ☐ Yes ☑ No If Yes, List Months Active

◁ Complete Reverse Side Of This Form ▷

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Diana B. Jordan — Signature of Owner/All Partners, Or Corporate Officer
PRESIDENT — Title
2/17/03 — Date

18 ENTER TOTAL WAGES PAID BY YOU TO S C WORKERS BY CALENDAR QUARTER BEGINNING WITH DATE IN ITEM 13

YEAR	JANUARY 1 THRU MARCH 31	APRIL 1 THRU JUNE 30	JULY 1 THRU SEPTEMBER 30	OCTOBER 1 THRU DECEMBER 31
2003				C&W $10,842.00
YEAR 20	JANUARY 1 THRU MARCH 31	APRIL 1 THRU JUNE 30	JULY 1 THRU SEPTEMBER 30	OCTOBER 1 THRU DECEMBER 31

19 INDICATE NUMBER OF EMPLOYEES WITHIN EACH CALENDAR WEEK (PART TIME COMMISSION SALESMAN, OFFICERS, ETC)

CALENDAR YEAR	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
2002	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER

CALENDAR YEAR	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
20____	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER

20 DID YOU FILE A FUTA FORM 940 WITH THE IRS FOR THE LAST COMPLETED CALENDAR YEAR? ☑ YES ☐ NO

21 IS YOUR ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501-C-3 OF THE IRS CODE FOR RELIGIOUS, EDUCATIONAL OR CHARITABLE PURPOSES? ☐ YES ☑ NO IF YES, ATTACH A COPY OF THE EXEMPTION LETTER

22 DOES YOUR BUSINESS CONSIST SOLELY OF AGRICULTURAL EMPLOYMENT? ☐ YES ☑ NO

23 DOES YOUR EMPLOYMENT CONSIST SOLELY OF DOMESTIC (HOUSEHOLD) WORKERS? ☐ YES ☑ NO

24 IS THE UNIT REPORTED ABOVE MADE UP OF MORE THAN ONE ESTABLISHMENT IN THE STATE? ☐ YES ☑ NO IF YES, HOW MANY ESTABLISHMENTS _____ PLEASE ENTER IN THE SECTION BELOW THE EXACT LOCATION AND THE EMPLOYMENT COUNT OF EACH ESTABLISHMENT COVERED BY THIS REPORT USE A SEPARATE SHEET OF PAPER IF ADDITIONAL SPACE IS NEEDED (IF ACTIVITIES VARY FOR THE SEPARATE ESTABLISHMENT, PLEASE PROVIDE PRODUCT OF ACTIVITY INFORMATION FOR THESE UNITS ON A SEPARATE SHEET OF PAPER)

STREET	CITY	COUNTY	ZIP CODE	AVERAGE EMPLOYMENT

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

FEBRUARY 17 20 03
DATE SIGNED AND SUBMITTED

OFFICE ASSISTANT ZNC.
NAME OF EMPLOYING UNIT

Diana B. Gordon
BY

PRESIDENT
OFFICIAL POSITION

FEB 2003 RECEIVED EMPLOYER STATUS

UPON COMPLETION OF THIS FORM SIGN, DATE AND RETURN TO

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
EMPLOYER STATUS UNIT
POST OFFICE BOX 995
COLUMBIA, SOUTH CAROLINA 29202

AP22

142

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
COLUMBIA, SC 29202

Acct:391072 Qtr:12/31/02 Form: 120

RIBUTION AND WAGE REPORTS 2624 ORIGINAL

proper processing align typewriter or
p and carriage return down the form.

FORM ALIGNMENT BOXES [X]

OFFICE ASSISTANT INC

2. ACCOUNT NUMBER	3. QUARTER ENDING DATE
	12/31/02
4. TOTAL NO. PAGES (Including Continuation Sheets)	5. TOTAL NO. OF EMPLOYEES
1	1

6. EMPLOYEE'S SOCIAL SECURITY NUMBER 000 00 0000	7. NAME: FIRST MIDDLE INITIAL LAST	8. TOTAL WAGES
	DIANA B. JORDAN	# 10,842.00

S.C.E.S.C. CONTRIBUTION UNIT Columbia, SC FEB 2003

11. EXCESS WAGES PAID THIS QUARTER (Enter on Line 2b, Form UCE-101) (See example for computing excess wages)	#3,842.00	
9. TOTAL WAGES THIS PAGE		# 10,842.00
10. TOTAL WAGES THIS REPORT (Enter on Line 2a, Form UCE-101)		# 10,842.00

AP23

FORM UCE-101

ATTACH CHECK HERE

NAME, ADDRESS

OFFICE ASSISTANT INC.
124 LONGWOOD PASS
IRMO, SC 29063

SCESC ACCT. NO.	QUARTER ENDING DATE	CURRENT F.E.I.N.	
	12/31/02		

L.B.	L.E.	L.A.	CH.	AREA

1. Number of covered workers who worked during or received pay for the payroll period which includes the 12th of the month.

MONTH 1	MONTH 2	MONTH 3
-0-	-0-	-0-

Diana B Gordon 1/23/03
SIGNATURE DATE

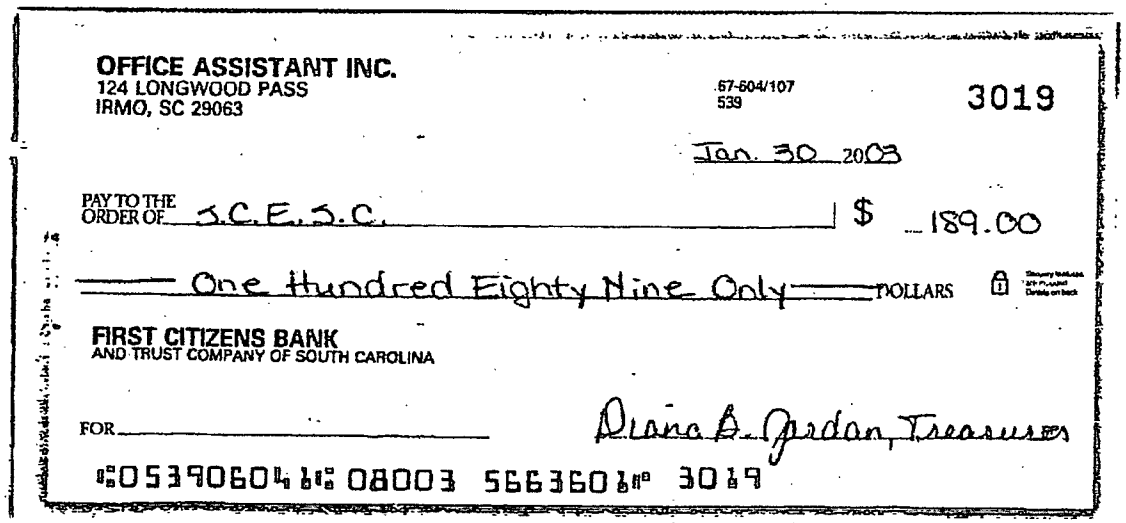
PREPARER'S TELEPHONE NUMBER: (803) 732-1702

EMPLOYER'S CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT AND ANY SUBSEQUENT PAGES ATTACHED IS TRUE AND CORRECT AND NO PART OF THE TAX WAS OR IS TO BE DEDUCTED FROM THE EMPLOYEE'S WAGES.

2 A. TOTAL WAGES PAID THIS QUARTER	10842.00
B. LESS: EXCESS OVER $7,000 (SEE ITEM 2B ON INSTRUCTIONS)	3842.00
C. NET TAXABLE WAGES (ITEM 2A MINUS 2B)	7000.00
3 A. TOTAL CONTRIBUTIONS DUE ITEM 2C TIMES- .0264	184.80
B. CONTINGENCY ASSESSMENT DUE ITEM 2C TIMES- .0006	4.20
4 INTEREST DUE	-0-
5 PENALTY DUE	-0-
8 LESS OUTSTANDING CREDIT OF $	
7 TOTAL AMOUNT DUE THIS QUARTER MAKE REMITTANCE PAYABLE TO: SCESC	189 00

S.C.E.S.C. CONTRIBUTION UNIT FEB 2003

AP24



OFFICE ASSISTANT INC.
124 LONGWOOD PASS
IRMO, SC 29063

67-604/107
539

3019

Jan. 30 2003

PAY TO THE ORDER OF S.C.E.S.C. $ 189.00

One Hundred Eighty Nine Only DOLLARS

FIRST CITIZENS BANK
AND TRUST COMPANY OF SOUTH CAROLINA

FOR _____ Diana B. Jordan, Treasurer

⑈053906041⑈ 08003 5663601⑈ 3019

Acct: Qtr:12/31/02 Form: 101C

6/12/27/03

UCE-101C

5/19/99

South Carolina Employment Security Commission
Employer's Contribution Report Correction/Entry Form

Adjusted By: WGANTT

Account No.: **Quarter:** 12/31/02 **Date:** 2/26/03 **Daily Reject Batch** 8837

Emp. Mo. 1: 0 **Val Date:** 2/6/03 **Wages Only**

Emp. Mo. 2: 0 **Val Amt.:** $ 189.00 XX **Adjust. Rate**

Emp. Mo. 3: 0 **Debit** XX **Credit**

	As Reported	As Corrected	Difference
Transfer: Acct. No.			ENTERED-3
Type Report:		A	
Quarter:			
Total Wages Paid		$ 10,842.00	
Less: Excess		$ 3,842.00	
Net Taxable Wages		$ 7,000.00	
Contribution Rate		2.84%	
Contributions Due		$ 198.80	$ 9.80
ESACA		$ 4.20	$ (4.20)
Interest		$ -	$ -
Report Penalty		$ -	$ -
Payment Penalty		$ -	$ -
Credit		$ -	$ -
Total	$ 189.00	$ 203.00	$ (14.00)

REMARKS: SUSPENSE

FORM UCE-120
REV. 5/94

[x] FORM ALIGNMENT BOXES

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
P.O. BOX 7103 COLUMBIA, SC 29202

EMPLOYER QUARTERLY CONTRIBUTION AND WAGE REPORTS

This is a machine readable form. For proper processing align typewriter or line printer to alignment boxes at top and carriage return down the form.

1111
2262 ORIGINAL
FORM ALIGNMENT BOXES [x]

146

1. EMPLOYER NAME	2. ACCOUNT NUMBER	3. QUARTER ENDING DATE
OFFICE ASSISTANT INC		03/31/03
	4. TOTAL NO. PAGES (Including Continuation Sheets)	5. TOTAL NO. OF EMPLOYEES
	1	1

6. EMPLOYEE'S SOCIAL SECURITY NUMBER 000-00-0000	7. NAME: FIRST MIDDLE INITIAL LAST	8. TOTAL WAGES
	DIANA B. JORDAN	# 10,842.00

11. EXCESS WAGES PAID THIS QUARTER (Enter on Line 2b. Form UCE-101) (See example for computing excess wages)	# 3842.00	9. TOTAL WAGES THIS PAGE	# 10,842.00
		10. TOTAL WAGES THIS REPORT (Enter on Line 2a, Form UCE-101)	# 10,842.00

AP27

FORM DES-161

NAME, ADDRESS

0087378
OFFICE ASSISTANT INC
124 LONGWOON PASS
IRMO SC 29063

ATTACH CHECK HERE

SCESC ACCT NO	QUARTER ENDING DATE	CURRENT FEIN	
	03/31/03		

LB	LF	LA	CH.	AREA
12/02	02/03	12/02	02	320

1 Number of covered workers who worked during or received pay for the pay period including the 12th of the month — MONTH 1 | MONTH 2 | MONTH 3

Diana B. Jordan 4/30/03
SIGNATURE DATE

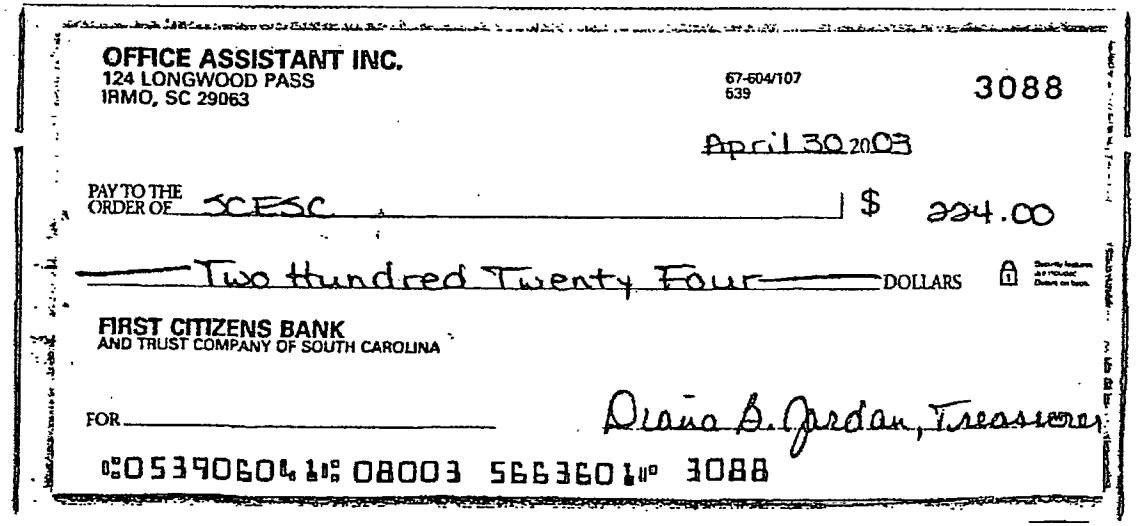
PREPARER'S TELEPHONE NUMBER (803) 732-1762

EMPLOYER'S CERTIFICATION I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT AND ANY SUBSEQUENT PAGES ATTACHED IS TRUE AND CORRECT AND NO PART OF THE TAX WAS OR IS TO BE DEDUCTED FROM THE EMPLOYEE'S WAGES

2 A TOTAL WAGES PAID THIS QUARTER	10842.00
B LESS EXCESS OVER $7,000 (SEE ITEM 2B ON INSTRUCTIONS)	3842.00
C NET TAXABLE WAGES (ITEM 2A MINUS 2B)	7000.00
3 A TOTAL CONTRIBUTIONS DUE ITEM 2C TIMES .0314	219.80
B CONTINGENCY ASSESSMENT DUE ITEM 2C TIMES .0006	4.20
4 INTEREST DUE	-0-
5 PENALTY DUE	-0-
6 LESS OUTSTANDING CREDIT OF $ .00	-0-
7 TOTAL AMO INT DUE THIS QUARTER MAKE REMITTANCE PAYABLE TO SCESC	224 00

1 391072 2 031 0314 6 0203 024 0

ADJR



OFFICE ASSISTANT INC.
124 LONGWOOD PASS
IRMO, SC 29063

67-604/107
639

3088

April 30 2003

PAY TO THE ORDER OF SCESC $ 224.00

Two Hundred Twenty Four DOLLARS

FIRST CITIZENS BANK
AND TRUST COMPANY OF SOUTH CAROLINA

FOR _____ Diana B. Jordan, Treasurer

⑆053906041⑆ 08003 566360⑈ 3088

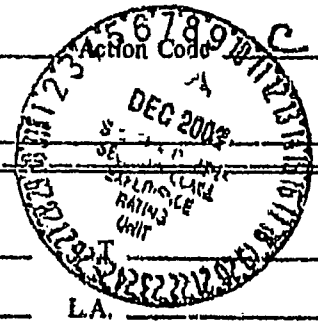
UCE 148
Rev 3 90
09185

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

88

ADVICE NOTICE

Date 12-05-03 Advice No _____ Action Code C



Account ID Office Management, Inc.

Acct CN 3-31-03 Suffix 1 Status L

LB _____ LE _____ Ch _____ LA _____

SIC _____ Area _____ Rate _____ FID _____

Date _____ Parent _____ Tif _____

Name Diana B Jordan OK - JP

T/A Office Assignment 12-11-03

Addr _____

Addr _____

Addr _____

City _____ State _____ Zip _____

Remarks

Employer is not registered as a corporation with Secretary of State Office. We will change the account doing business as sole proprietor from the beginning until 3-31-03 Time.

( ) Entitled to Reserve - Total ( ) Entitled to Reserve - Portion ( ) Not Entitled to Reserve

Date Acquired _____

Predecessor _____ Account Number _____

To General Files
From Experience Rating

DEC 16 2003

By: LB

UCE-101-S
Revised 7/00
Catalog 0899J

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
EMPLOYERS REPORT OF CHANGE

Name Address and SCESC Account Number

0087378
OFFICE ASSISTANT INC
124 LONGWOON PASS
IRMO SC 320 29063

Quarter Ending Date
03/31/03

IMPORTANT
FOR ANY CHANGES THIS FORM MUST BE SIGNED

1 TYPE OF CHANGE (check appropriate block)

☐ CORPORATE NAME OR OFFICER(S) CHANGED BY CHARTER AMENDMENT

New Corporate Name _____

New Corporate Officer(s) (Title & Social Security Number) _____

☐ TRADE NAME CHANGED TO _____

☐ BUSINESS PHYSICAL LOCATION CHANGED TO ☐ ADDITIONAL LOCATION

(Street) (City) (County) (State) (Zip Code)

☐ MAILING ADDRESS CHANGED TO (ATTENTION ALL SCESC CORRESPONDENCE WILL BE MAILED TO THIS ADDRESS)

(Street/P O Box) (City) (County) (State) (Zip Code)

Advice Entered
VIOLET
MAY 06 2003

☑ BUSINESS CLOSED (no longer in business)
Date of Final Payroll 3/31/03 CN

☐ BUSINESS SOLD ☐ PARTIAL ☐ TOTAL (ALL)
Date of Sale _____ (Month/Day/Year)
(If checked complete ITEM #2)

☐ CHANGE IN LEGAL ENTITY (i e incorporated partnership change etc)

Date of Change _____ (Month/Day/Year)
(If checked complete ITEM # 3)

RECEIVED
EMPLOYER STATUS

☐ NEW TELEPHONE NUMBER _____

If your business closed or a change in ownership or legal entity occurred during the period covered by this Contribution Report written notice of such change must be submitted to the SC Employment Security Commission within 20 days from the end of the quarter during which the change occurred SEPARATE REPORTS MUST BE FILED BY DIFFERENT OWNERSHIPS (If each ownership such separate report should cover only that part of the quarter for which it operated)

2 NAME AND ADDRESS OF NEW OWNER OR LEGAL ENTITY

Name _____ New FID Number _____

Address 5-5-03 MB Telephone Number _____

3 ANY OTHER CHANGE, EXPLAIN (i e , nature of business, etc)

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

By Diana B. Jordan

Title President

Telephone Number (803) 732-1762

Date 4/30/03

150

UCB 105

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

FIELD DEPUTY'S REPORT

FIELD DEPUTY NAME: S B W HINELY DATE 11-25-03

SUBJECT STATUS ASSIGNMENT

EMPLOYER NAME OFFICE ASSIGNMENT INC

T/A: ACCOUNT NUMBER:

ADDRESS 124 LONGWOON PASS IRMO, SC 29063

PERSON (S) INTERVIEWED DIANA B JORDAN

REMARKS

ACCORDING TO DIANA JORDAN SHE APPLIED WITH THE SECRETARY OF STATE IN THE YEAR 2000 FOR A CORPORATE CHARTER VIA THE INTERNET. SHE IS UNABLE TO FIND THE CHARTER OR ANY COPPORATE INFORMATION FROM THE SECREATAY OF STATE'S OFFICE SHE STATED THAT SHE IS CHECKING HER CREDIT CARD STATEMENTS TO FIND THE DATE AND CERTIFY THAT SHE DID APPLY SHE HAS BEEN FILING 1120A TAX RETURNS FOR THE PAST THREE YEARS, THEREFORE SHE HAS BEEN REPRESENTING HER BUSINESS AS A CORPORATION FOR THE LAST THREE YEARS SHE IS THE ONE AND ONLY OFFICER AND WAS THE ONLY EMPLOYEE SHE STATED THAT HER ONLY CLIENT LEFT THEREFORE SHE CLOSED THE BUSINESS AND FILED FOR UNEMPLOYMENT. IT IS THE OPINION OF THIS DEPUTY THAT SHE SHOULD BE HELD OVERPAYED EITHER WAY STATUS DETERMINES THE LEGAL ENTITY OF THE ACCOUNT AS THE ONLY CORPORATE OFFICER HER FATE WAS IN HER OWN HANDS AND AS A SOLE PROPRIETOR THE WAGES WOULD BE DELETED AND CONTRIBUTIONS REFUNDED



A HOME IMPROVMENT BYE – 2006

BENEFIT RECORD

UCB101I
REV. 07/02

NAME: DIANA B JORDAN SSN: BYE: 07/02/06

CLAIMSTAKER ID: JAJVN LO #: 400 FILED: 07/05/05 EFF DATE: 07/03/05

MAILING ADDRESS: 124 LONGWOOD PASS

CITY: IRMO STATE: SC ZIP: 29063-9130

OTHER NAME:

[X]	1-UI	[ ]	4-UI/UCFE/UCX	[ ]	7-UCX	[X] NEW	[ ] TRANSITIONAL
[ ]	2-UI/UCFE	[ ]	5-UCFE	[ ]	8-CW	[ ] ADDITIONAL	[ ] R-ADD
[ ]	3-UI/UCX	[ ]	6-UCFE/UCX	[ ]	OTHER	[ ] CONTINUED	

BONA FIDE EMPLOYER NAME & PAYROLL ADDRESS INFORMATION:

NAME: A HOME IMPROVEMENT COMPANY

STREET: 1720 DUTCH FORK RD, PO BOX 451

CITY: BALLENTINE ST: SC ZIP: 29002 EMP. ACCT. #

DATES OF EMPLOYMENT:

FROM:	TO:
12/27/04	04/04/05

BONA FIDE EMPLOYER LOCAL ADDRESS INFORMATION:

STREET:

CITY: ST: SC ZIP: PHONE #:

SEPARATION REASON: [X] LOW [ ] VQ [ ] DISCHARGE [ ] STILL WORKING

ISSUE CODES: 09

LIABLE EMPLOYER INFORMATION:

NAME: EMP. ACCT #

JOB LOCATION (CITY/STATE):

DATES OF EMPLOYMENT:

FROM:	TO:

SEPARATION REASON: [ ] LOW [ ] VQ [ ] DISCHARGE [ ] STILL WORKING

NARRATIVE REASON FOR SEPARATION FROM LIABLE EMPLOYER:

UCB 104-B
2-93

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

INITIAL DETERMINATION OF STATUS AS AN INSURED WORKER

LOCAL OFFICE 400

EFFECTIVE DATE 07/03/05

DATE FILED 07/05/05

DATE PREPARED 07/05/05

O

DIANA B JORDAN
124 LONGWOOD PASS

IRMO SC 29063

POTENTIAL BENEFITS ESTABLISHED

MILITARY ASSIGNMENTS

WEEKLY BENEFIT AMOUNT 303.00

MAXIMUM TOTAL BENEFITS 7592.00

BENEFIT YEAR ENDS 07/02/06

SEE BACK FOR CLAIMANT INFORMATION

EMPLOYMENT RECORD			BASE PERIOD QUARTERLY EARNINGS							
EMPLOYER	ACCOUNT NO.		YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.
			2004	02	2004	03	2004	04	2005	01
A HOME IMPROVEMENT C				.00		.00	11388.00		11388.00	
BASE QUARTER TOTAL				.00		.00	11388.00		11388.00	

*QTR.
1.-JAN.,FEB.,MAR. 3.-JULY,AUG.,SEPT.
2.-APR.,MAY,JUNE 4.-OCT.,NOV.,DEC.

NET-101
Rev. 5/04

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
REQUEST FOR INFORMATION
UNEMPLOYMENT INSURANCE BENEFITS

CLAIMANT'S NAME: DONNA S JORDAN SS#:

NAME WORKED UNDER:

DATE MAILED: 07/05/2005

EMPLOYER'S ACCOUNT #:

EMPLOYER'S NAME & ADDRESS: A HOME IMPROVEMENT COMPANY
1720 DUTCH FORK RD
PO BOX 451
BALLENTINE, SC 29002

RETURN WITHIN 7 DAYS OF THE ABOVE DATE TO: SCESC
700 Taylor Street
P. O. DRAWER 1448
COLUMBIA, SC 29202

FAX NUMBER: 803-737-2758

This person has filed a claim for Unemployment Insurance Benefits and named you as a previous employer. Please explain the reason this person no longer works for you so that a determination can be made on eligibility for benefits. If you reply by letter, fax, or email, you must include all information requested, as well as the claimant's name and social security number. For instructions about responding by email, please go to to our agency website at www.sces.org. Contact the local Employment Security office shown above within the 7-day time limit if you wish to appear or be represented at an interview. YOU WILL RECEIVE A DETERMINATION ON THIS CLAIM ONLY IF IT IS FOUND THAT YOU ARE THE BONA FIDE AND/OR LIABLE EMPLOYER.

☒ CLAIMANT'S Reason for Separation: DISCHARGED/FIRED/TERMINATED
BUSINESS CLOSED.

☐ An interview has already been scheduled and will be held at the Employment Security office indicated ON: _____ AT: _____

SEPARATION INFORMATION

☑ LACK OF WORK (No additional written explanation is necessary.)

☐ DISCHARGED: (Give specific reason.)

State company policy that claimant violated, if applicable, and describe the final incident leading to the separation:

List any warnings, note if verbal or written and give dates:

If discharged for absenteeism, list dates of absences:

☐ VOLUNTARILY QUIT (Give specific reason.):

☐ OTHER (Explain in detail.):

Dates of Employment: FROM: 12/27/04 TO: 4/4/05
During all terms of employment, have you paid this claimant as much as: $ 2424.00 ☑ YES ☐ NO

If NO, how much have you paid this claimant in all terms of employment? $ _____

Are you paying, or WILL YOU PAY, this claimant a pension or retirement pay? ☐ YES ☑ NO

If YES, what amount? $ _____ PER _____

Did claimant contribute to pension plan? ☐ YES ☑ NO If YES, what percent? _____ %

EMPLOYER NAME: A HOME IMPROVEMENT CO ACCOUNT NUMBER: _____

EMPLOYER SIGNATURE: ** [signature] TITLE: PRESIDENT

TELEPHONE NUMBER: CLOSED DATE: 7/1/05

**FORM MUST BE SIGNED IN ORDER FOR INFORMATION TO BE CONSIDERED

UCB-102AV
8-99
08121

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
UNEMPLOYMENT INSURANCE DIVISION
AVAILABILITY
FACT FINDING

Effective Date of Issue 8/28/2005	
Type of Claim	
New _____	Add _____
Trans _____	Rein _____
Cont _____	
BYE 7/2/2006	

L O No 400

Issue 04

Adjudicated By Local Office

Date _____

CLAIMANT'S NAME Diana Jordan

SOCIAL SECURITY NUMBER _____

Occupation Research Analyst Customary hours: from 8am to 4 30pm mon-fri or which shift ____

1 During week(s) ending 09-03-05 were you physically and mentally able to work in your customary occupation? Yes ☒, No ☐, NA ☐ If "No," answer question "4" and explain in "Claimant's Statement "

2 During week(s) ending 09-03-05 did you restrict your availability because of lack of transportation, child care, family illness, vacation, Social Security benefits, incarceration, military reserve duty, jury duty, out of the area (personal), school, union restrictions, wage demands, hour demands, etc ?
Yes ☐ No ☒ NA ☐ If "Yes," answer question "4" and explain in "Claimant's Statement "

3 During week(s) ending 09-03-05 did you seek work as directed by the local office?
Yes☒ No ☐ NA ☐ If "No " answer question "4" and explain in Claimant's Statement "

4 HAVE YOU NOW RESOLVED THE CONDITIONS, WHICH MADE YOU UNAVAILABLE FOR EMPLOYMENT? Yes ☐ No ☐ NA ☒ If "Yes" ON WHAT DATE DID YOU BECOME AVAILABLE FOR WORK? _____ EXPLAIN IN "CLAIMANT'S STATEMENT "

5 Are you qualified to perform the work, which you are seeking (including license, tools, permits, etc as required for this occupation)? Yes ☒, No ☐ , NA ☐ If "No," explain in "Claimant's Statement"

6 Have you failed to keep a scheduled appointment with the local office or have you received a notice stating that you did not report to Job Service every six weeks as directed? Yes ☐, No ☐, NA ☒ If "Yes," explain in "Claimant's Statement "

7 Other _____ Explain in "Claimant's Statement "

8 CLAIMANT'S STATEMENT (Include beginning and ending dates of availability, if known, and any facts from others including a physicians statement if needed as proof that the claimant is or is not available for employment)
I did not report for ERI 8-29-05 @ 9 05AM because I had a job interview at the Sheraton Hotel at 9 30am I mailed my ERI in to the Claim's office on 8-26-05 I thought this would suffice After I did not get a check this week, I called the claims office on 9-8-05 and was told I needed to come in for an unresolved issue I understand this may effect my claim for benefits

SC Employment Security Comm
SEP 15 2005
BENEFIT DIVISION

9 CLAIMANT'S CERTIFICATION I certify that the information above is true I understand that the Law prescribes penalties for false statements for the purpose of obtaining benefits to which I am not entitled

CLAIMANT'S SIGNATURE Diana B. Jordan DATE 9/9/05

10 INTERVIEWER'S STATEMENT

INTERVIEWER'S SIGNATURE Mike Salato DATE OF REPORT 9-9-05

BENEFIT DEPARTMENT

UCB-103B
REV. 5/88

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
P. O. BOX 995, COLUMBIA, S. C. 29202

DETERMINATION OF ELIGIBILITY FOR BENEFITS

CLAIMANT'S NAME	SOCIAL SECURITY NUMBER	L. O. NO.	TYPE	CATEGORY
DIANA B JORDAN		400	I	01

WEEKLY BENEFIT AMOUNT	MAXIMUM BENEFIT AMOUNT	EFFECTIVE DATE	BENEFIT YEAR ENDS	DATE OF NOTICE
$ 303.00	$ 7,592.00	07/03/05	07/02/06	07/11/05

It has been determined that you are eligible without disqualification for unemployment compensation. This determination is made based on the South Carolina Employment Security Law and on evidence available at the time of this notice.

☐ The last separation was from a non-liable employer.

A HOME IMPROVEMENT COMPANY
1720 DUTCH FORK RD
PO BOX 451
BALLENTINE SC 29002

MAILING DATE 07/12/2005

IMPORTANT:

THIS DETERMINATION WILL BE THE FINAL DECISION OF THE COMMISSION UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY EMPLOYMENT SECURITY OFFICE OR BY MAIL TO THE "APPEAL TRIBUNAL," AT THE ADDRESS BELOW. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, YOU MAY CONTACT YOUR LOCAL EMPLOYMENT SECURITY OFFICE.

UCB-103B
5-98

APPEAL TRIBUNAL
P. O. BOX 995
COLUMBIA, S.C. 29202

UI-5

SOUTH CAROLINA
EMPLOYMENT SECURITY COMMISSION
P. O. BOX 995
COLUMBIA, S. C. 29202
OFFICIAL BUSINESS
UCB-103B
FORWARDING SERVICE REQUESTED

A HOME IMPROVEMENT COMPANY
1720 DUTCH FORK RD
PO BOX 451
BALLENTINE SC 29002

UCB-103
REV. MAY 2000

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

P.O. BOX 995, COLUMBIA, S.C. 29202

DIANA B JORDAN

124 LONGWOOD PASS

IRMO SC 29063

DATE OF THIS NOTICE 09/13/05

CLAIMANT'S NAME				SOCIAL SECURITY NUMBER	EFFECTIVE DATE		DISQUALIFICATION ENDS
DIANA B JORDAN					08/28/05		
L.O. NO.	TYPE	CATEGORY	WEEKLY BENEFIT AMOUNT	MAXIMUM POTENTIAL ENTITLEMENT	LESS REDUCTION OF	NET TOTAL BENEFITS	BENEFIT YEAR ENDS
400	C	01	$ 303.00	$ 7592.00	$ 0.00	$ 4865.00	07/02/06

DETERMINATION BY CLAIMS ADJUDICATOR ON CLAIM FOR BENEFITS

X ——— You are eligible for benefits from the above effective date.

——— You have been disqualified from receiving benefits or have been found to be ineligible for benefits for the following reason(s).

YOU DID NOT REPORT TO THE LOCAL OFFICE AS SCHEDULED CONCERNING YOUR CLAIM FOR BENEFITS. THE REASON YOU GAVE FOR FAILURE TO REPORT IN A TIMELY MANNER IS CONSIDERED TO BE WITH GOOD CAUSE WITHIN THE MEANING OF THE SOUTH CAROLINA EMPLOYMENT SECURITY LAW, SECTION 41-35-110. THEREFORE, YOUR LATE REPORTING IS BEING ALLOWED.

YOU DID NOT REPORT FOR YOUR ELIGIBILITY REVIEW INTERVIEW ON 08/29/05 BECAUSE YOU HAD A JOB INTERVIEW ON THAT DAY.

——— LAST SEPARATION FROM NON-LIABLE EMPLOYER

J. G. BROWN
UI CLAIMS ADJUDICATOR

MAILING DATE 09/14/2005

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE COMMISSION UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY EMPLOYMENT SECURITY OFFICE, OR BY MAIL, ADDRESSED TO THE "APPEAL TRIBUNAL," P.O. BOX 995, COLUMBIA, SOUTH CAROLINA 29202. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, CONTACT YOUR LOCAL EMPLOYMENT SECURITY OFFICE.

UCB-123

NAME Diana Jordan SOCIAL SECURITY # _____

CAT 01 LOCAL OFFICE _____ JTPA PROJECT # _____

BYE DATE 7/2/06 WBA 303.00

CHECK NUMBER	ISSUE DATE	CWE DATE	AMOUNT
5392613	12/19/05	12/17/05	303.00
			286.00
			$17.00 overpayment

"DATE"

FIELD ASSIGNMENT SENT _____

AFFIDAVIT FROM FIELD _____

OUTSTANDING # 5392613 FEB 17 2006

_____

_____

_____

STOP-PAY SUBMITTED FEB 17 2006

CHECK RETURNED FOR CREDIT

_____

_____

_____

_____

CR. RECEIVED # _____

	"NUMBER"	"CWE"	"DATE"
REPLACEMENT REQUESTED	5392613	12/17/05	FEB 21
REPLACEMENT NUMBERS	57077938	12/17/05	FEB 22

DATE REPLACEMENT MAILED FEB 22 2006

124 TO LOCAL OFFICE _____

REASON _____

RECEIPT RECEIVED 3-9-06

FILE CLOSED 3-9-06

OVERPAID TO BPC	"NUMBER"	"DATE"	"CWE"

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
Interoffice Communication

February 22, 2006

LO Columbia Local Office 400

FROM Sheila M Blandon/lw
Reconciliation Section

SUBJECT Diana Jordan SS#
124 Longwood Pass
Irmo, SC 29063

Enclosed are the replacement check(s) issued to the claimant(s) listed above Please verify the enclosed replacement check(s) are numbered and dated as shown on the enclosed receipts The claimant(s) should sign the said receipts and they should be properly witnessed

The original receipt will be returned to us and a copy of the receipt will be retained for your files

Thank you for your cooperation in this matter

Enclosures

2/23

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
RECEIPT FOR CHECK(S)

CLAIMANT'S NAME: Diana Jordan .SS#

ADDRESS 124 Longwood Pass, Irmo, SC 29063

This is to certify that I have this day received of the South Carolina Employment Security Commission replacement check(s) issued to me as follows

REPLACEMENT CHECK NUMBER	WEEK ENDING DATE	CHECK AMOUNT
5707938	12-17-05	$ 286 00

The replacement check(s) are issued to me as the original check(s) were not received, lost and/or stolen, and that no part of the proceeds thereof has come into my possession

I further certify that in the event the original check(s) are received, I shall not cash or deposit it, but shall immediately send it the South Carolina Employment Security Commission, 1550 Gadsden Street, Post Office Box 995, Columbia, South Carolina 29202

Diana B. Jordan
Signature of Claimant

3/8/2006
Date

This is to certify that on this day of 3/8, 2006, the above listed check(s) were delivered to Diana Jordan SS# 065-40-3789, in person, and that I witnessed his/her signature acknowledging receipt of said check(s)

Carmen M. Pacheco
Local Office Representative

S C Employment Security Comm
MAR 09 2006
RECONCILIATION

02/17/06 B E N E F I T P A Y M E N T H I S T O R Y

SSN 0 NAME DIANA B JORDAN BYE 07/02/06
BENEFITS WBA 303 00 UI MBA 7592 00 BALANCE 17 00

PGM CDE	PO DOI	CWE	ENTRY DATE	BY	MICROFILM NUMBER	CHECK DOI	CHECK NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
01	010306	010706	010806	T	000000000	010906	5493220	16	17 00	0	00	17 00
01	122605	123105	010306	T	000000000	010306	5456444	01	303 00	0	00	303 00
01	121905	122405	122505	T	000000000	122605	5423215	01	303 00	0	00	303 00
01	121205	121705	121805	T	000000000	121905	5392613	01	303 00	0	00	303 00
01	120505	121005	121105	T	000000000	121205	5362785	01	303 00	0	00	303 00
01	112705	120305	120405	T	000000000	120505	5332892	01	303 00	0	00	303 00
01	112105	112605	112705	T	000000000	112705	5299241	01	303 00	0	00	303 00
01	111305	111905	112005	T	000000000	112105	5271854	01	303 00	0	00	303 00
01	110705	111205	111305	T	000000000	111305	5243128	01	303 00	0	00	303 00
01	103105	110505	110605	T	000000000	110705	5215886	01	303 00	0	00	303 00
01	102405	102905	103005	T	000000000	103105	5188468	01	303 00	0	00	303 00
01	101705	102205	102305	T	000000000	102405	5160744	01	303 00	0	00	303 00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION

1-2-06

South Carolina Employment Security Commission
CLAIMANT'S AFFIDAVIT

Local Office COLUMBIA400 County RICHLAND 079 Date 2/7/2006

I, DIANA JORDAN (Claimant) , (Social Security Number) hereby certify that

Check Number	Date Issued	Compensable Week Ending Date	Amount
5392613	12/19/2005	12/17/05	303 00

drawn by the South Carolina Employment Security Commission on Bank of America, Charlotte, North Carolina, has

A NOT BEEN RECEIVED BY ME IN THE MAIL, OR DELIVERED BY HAND
I certify that I did not endorse the subject check(s), that any writing of my name thereon as endorser is a forgery and no part of the proceeds of the above check(s) has come into my possession I understand that any future attempt on my part to cash or receive benefits from the above listed check(s) on or after the date of this affidavit constitutes an attempt on my part to obtain unemployment benefits to which I am not entitled
DBJ (INITIAL)

B RECEIVED BY ME IN THE MAIL, OR DELIVERED BY HAND
I certify that I did not endorse the subject check(s), that any writing of my name thereon as endorser is a forgery and no part of the proceeds of the above check(s) has come into my possession I understand that any future attempt on my part to cash or receive benefits from the above listed check(s) on or after the date of this affidavit constitutes an attempt on my part to obtain unemployment benefits to which I am not entitled
_____ (INITIAL)

If a photostat copy of the above check(s) is attached, it has

C BEEN EXAMINED BY ME AND THE ENDORSEMENT ON THE CHECK(S) IS MY SIGNATURE
_____ (INITIAL)

D BEEN EXAMINED BY ME AND THE ENDORSEMENT ON THE CHECK(S) IS NOT MY SIGNATURE AND NO PART OF THE PROCEEDS OF THE ABOVE CHECK(S) HAS COME INTO MY POSSESSION
_____ (INITIAL)

(Section 41-41-10 of SCESC Law) False statements to obtain or increase benefits. Whoever makes a false statement or representation knowing it to be false or who knowingly fails to disclose a material fact to obtain or to increase any benefits or other payments under this Title or under an employment security or unemployment compensation law of any state, the federal government, or of a foreign government either for himself or for any other person, shall be punished by a fine of not less than twenty nor more than one hundred dollars or by imprisonment for not longer than thirty days and each such false statement or representation or failure to disclose a material fact shall constitute a separate offense.

Claimant's Name *(print or type)* DIANA JORDAN Signature Diana B. Jordan

Address *(street, city, state, zip)* 124 Longwood Pass Irmo SC 29063

Notary Public for South Carolina

My Commission Expires 1/11 20 2006

02/07/06
DATE

S C Employment Security Comm.
FEB 0 8 2006

UCE-171 Revised 12/01
Catalog# 09310

South Carolina Department of Employment and Workforce

1550 Gadsden Street
Post Office Box 995
Columbia, South Carolina 29202

BELOW IS A TRUE COPY OF A CHECK ISSUED BY OUR AGENCY

Certified a true copy in compliance
With Section 19-5-10, S C Code

Sworn to before me this_____
day of_____, ____

_____
Date

_____
Notary Public of South Carolina
My Commission expires on

LO	DATE ISSUED / VOID AFTER 2 MOS.	C.W.E.	CAT	CHECK NUMBER	AMOUNT
400	07 18 05	0716	01	4760003	******303.00

STATE OF SOUTH CAROLINA
EMPLOYMENT SECURITY COMMISSION
COLUMBIA, SOUTH CAROLINA 29202-1477

DO NOT FOLD, STAPLE OR MUTILATE

SOCIAL SECURITY NUMBER AMOUNT

67-448
539

PAY TO THE ORDER OF

DIANA B JORDAN
124 LONGWOOD PASS
IRMO SC 29063-9130

$**303.00

UNEMPLOYMENT COMPENSATION - UC

THREE HUNDRED THREE DOLLARS AND NO/100

BANK OF AMERICA

SIGNED J. William McLeod

COMMISSIONERS J. William McLeod, Chairman; Shirley Washington, Jr.; Gerald G. Robinson

⑈4760003⑈ ⑆053904483⑆ 0707840012⑈ ⑈0000030300⑈

...ENT ... ION ... EDL...

WHEN CASHING THIS CHECK FOR THE INDIVIDUAL PAYEE, YOU SHOULD REQUIRE FULL IDENTIFICATION AND ENDORSEMENT IN YOUR PRESENCE. AS CLAIMS AGAINST ENDORSERS MAY OTHERWISE RESULT

CERTIFICATION: By signing this check, I certify that the claim week or weeks that are represented by this check I was able to work, available for work and I made an active search for fulltime work as required and I reported all earnings in accordance with the South Carolina Employment Security Law.

Diana B Jordan
(ENDORSE ON THIS LINE)

For Deposit Only
to a/c #

053100300
072105

BANK OF AMERICA, NA CAR
100 E TRYON RD RALEIGH NC
072105 71677215

⑆053281487⑆
FORT CO, INC.

07/22/05

7000 5204

1550 Gadsden Street
Post Office Box 995
Columbia, South Carolina 29202

BELOW IS A TRUE COPY OF A CHECK ISSUED BY OUR AGENCY

Certified a true copy in compliance
With Section 19-5-10, S.C. Code

Date

Sworn to before me this _____
day of _____, _____

Notary Public of South Carolina
My Commission expires on

LO	DATE ISSUED / VOID AFTER 2 MOS	C.W.E.	CAT	CHECK NUMBER	AMOUNT
400	01 09 06	0107	01	5493220	*******17.00

STATE OF SOUTH CAROLINA
EMPLOYMENT SECURITY COMMISSION
COLUMBIA, SOUTH CAROLINA 29202-1477

DO NOT FOLD, STAPLE OR MUTILATE

SOCIAL SECURITY NUMBER AMOUNT

67-448
539

PAY TO THE ORDER OF

DIANA B JORDAN
124 LONGWOOD PASS
IRMO SC 29063-9130

$***17.00

UNEMPLOYMENT COMPENSATION - UC

SEVENTEEN DOLLARS AND NO/100

BANK OF AMERICA

SIGNED J. William McLeod

COMMISSIONERS: Mickelay Workspring, Jr.
Becky D. Fisherdale

⑈5493220⑈ ⑆053904483⑆ 0707840016⑈ ⑈000001700

FIRST SOUTH BANK >053202282<
SPARTANBURG, SC 29304
294026926 02-03-06 0001013770 04

0930919879
02062006
0530-0020-6
ENT=1655 TRC=1631 PK=10

BANK OF AMERICA,NA CAR
053000196 E5583 13 P02
02/06/06

WHEN CASHING THIS CHECK FOR THE INDIVIDUAL PAYEE, YOU SHOULD REQUIRE FULL IDENTIFICATION AND ENDORSEMENT IN YOUR PRESENCE, AS CLAIMS AGAINST ENDORSERS MAY OTHERWISE RESULT.

CERTIFICATION: By signing this check, I certify that the claim week or weeks that are represented by this check I was able to work, available for work and I made an active search for fulltime work as required and I reported all earnings in accordance with the South Carolina Employment Security Law

Diana B Jordan
(ENDORSE ON THIS LINE)

For Deposit Only
to a/c #

SSN: NAME: DIANA B JORDAN BYE: 07/02/06
BENEFITS WBA: 303.00 UI MBA : 7592.00 BALANCE: .00

PGM CDE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
01	010306	010706	010806	T	010906		5493220	16	17.00	0	00	17.00
01	122605	123105	010306	T	010306		5456444	01	303.00	0	00	303.00
01	121905	122405	122505	T	122605		5423215	01	303.00	0	00	303.00
01	121205	121705	121805	T	121905		5392613	01	303.00	9	00	303.00
01	120505	121005	121105	T	121205		5362785	01	303.00	0	00	303.00
01	112705	120305	120405	T	120505		5332892	01	303.00	0	00	303.00
01	112105	112605	112705	T	112705		5299241	01	303.00	0	00	303.00
01	111305	111905	112005	T	112105		5271854	01	303.00	0	00	303.00
01	110705	111205	111305	T	111305		5243128	01	303.00	0	00	303.00
01	103105	110505	110605	T	110705		5215886	01	303.00	0	00	303.00
01	102405	102905	103005	T	103105		5188468	01	303.00	0	00	303.00
01	101705	102205	102305	T	102405		5160744	01	303.00	0	00	303.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

SSN: NAME: DIANA B JORDAN BYE: 07/02/06
BENEFITS WBA: 303.00 UI MBA : 7592.00 BALANCE: .00

PGM CDE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
01	101005	101505	101605	T	101705		5132685	01	303.00	0	00	303.00
01	100305	100805	100905	T	101005		5106557	01	303.00	0	00	303.00
01	092605	100105	100205	T	100305		5080056	01	303.00	0	00	303.00
01	091905	092405	092505	T	092605		5053501	01	303.00	0	00	303.00
01	091205	091705	091805	T	091905		5026618	01	303.00	0	00	303.00
01	090505	091005	091105	T	091305		5021986	01	303.00	0	00	303.00
01	082905	090305	090405	T	091305		5021986	01	303.00	0	00	303.00
01	082205	082705	082805	T	082905		4945099	01	303.00	0	00	303.00
01	081505	082005	082105	T	082205		4916588	01	303.00	0	00	303.00
01	080805	081305	081405	T	081505		4885329	01	303.00	0	00	303.00
01	080105	080605	080705	T	080805		4853633	01	303.00	0	00	303.00
01	072505	073005	073105	T	080105		4823227	01	303.00	0	00	303.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

SSN: NAME: DIANA B JORDAN BYE: 07/02/06
BENEFITS WBA: 303.00 UI MBA : 7592.00 BALANCE: .00

PGM CDE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
01	071805	072305	072405	T	072505		4792943	01	303.00	0	00	303.00
01	071105	071605	071705	T	071805		4760003	01	303.00	0	00	303.00
01	070505	070905	071005	T			0000000	10	.00	0	00	.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

1 UCB-103
REV. 7/10

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

P.O. BOX 995, COLUMBIA, S.C. 29202

1 DIANA B JORDAN

1 124 LONGWOOD PASS

1 IRMO SC 29063

DATE OF THIS NOTICE 03/03/14

CLAIMANT'S NAME				SOCIAL SECURITY NUMBER	EFFECTIVE DATE	DISQUALIFICATION ENDS	
1 DIANA B JORDAN					07/03/05	01/07/06	
WFC. NO.	TYPE	CATEGORY	WEEKLY BENEFIT AMOUNT	MAXIMUM POTENTIAL ENTITLEMENT	LESS REDUCTION OF	NET TOTAL BENEFITS	BENEFIT YEAR ENDS
1 400	C	01	$ 303.00	$ 7592.00	$ 0.00	$ 7592.00	07/02/06

1

DETERMINATION BY CLAIMS ADJUDICATOR ON CLAIM FOR BENEFITS

1 ____ You are eligible for benefits from the above effective date.

1 _X_ You have been disqualified from receiving benefits or have been found to be ineligible for benefits for the following reason(s).

1
1
1
1
1
1
1
1 THE DEPARTMENT OF EMPLOYMENT AND WORKFORCE HAS DETERMINED YOUR CLAIM FOR UNEMPLOYMENT BENEFITS
1 WAS ESTABLISHED THROUGH YOUR USE OF A FICTITIOUS EMPLOYER ACCOUNT FOR THE PURPOSE OF
1 ESTABLISHING YOUR RIGHT TO BENEFITS. UNDER S C CODE ANN. 41-41-20, YOUR OVERPAYMENT IS CONSIDERED
1 FRAUDULENT IN NATURE AND AN ADMINISTRATIVE PENALTY IS IMPOSED AS DESCRIBED BELOW. YOU MAY REPAY
1 THE OVERPAYMENT IN WEEKLY, BI-WEEKLY OR MONTHLY INSTALLMENTS. OVERPAID $7592.00. ADMINISTRATIVE
1 DISQUALIFICATION IS A TOTAL OF 52 WEEKS FROM 3-2-14 TO 2-28-15.
1
1
1
1

1 ____ LAST SEPARATION FROM NON-LIABLE EMPLOYER

1

UI CLAIMS ADJUDICATOR

1 MAILING DATE 03/04/2014

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY WORKFORCE CENTER, BY MAIL, ADDRESSED TO THE "APPEAL TRIBUNAL," P.O. BOX 995, COLUMBIA, SOUTH CAROLINA 29202, OR BY FAX (803) 737-0287. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, CONTACT YOUR LOCAL WORKFORCE CENTER OR THE APPEALS DEPARTMENT AT (803) 737-2520.

BPC-128
REV.-2/11

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
DETERMINATION OF OVERPAYMENT

TO: DIANA B JORDAN
124 LONGWOOD PASS
IRMO SC 29063

S.S. NO.:

DATE: 03/03/14

OVERPAYMENT TYPE: [X] FRAUD [ ] NONFRAUD

AMOUNT OVERPAID: 7592.00 WEEKS OVERPAID: 07/16/05 TO 01/07/06 BYE: 07/02/06

An overpayment determination has been made on your unemployment insurance claim in accordance with Section 41-41-20 of the South Carolina Code. You have received benefits to which you were NOT entitled. See items checked below.

[ ] You were paid benefits during a disqualification or a period of ineligibility.

[ ] A revision in your base period wages resulted in a reduction of your weekly benefit entitlement.

[ ] Earnings were not deducted. [ ] Pension was not deducted.

[ ] Your claim was withdrawn.

[X] You knowingly withheld information to obtain or increase your benefits.

[ ] Other:

BENEFIT PAYMENT CONTROL

MAILING DATE 03/04/2014

[ ] If this box is checked and the overpayment is non-fraud, you may request a waiver of the overpayment.

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT UNLESS YOU FILE AN APPEAL AND/OR REQUEST FOR WAIVER WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESSDAY. YOUR REQUEST FOR WAIVER MUST BE FILED IN PERSON AT ANY LOCAL WORKFORCE CENTER. IF YOU CANNOT REPORT IN PERSON, PLEASE CONTACT YOUR LOCAL WORKFORCE CENTER FOR ADDITIONAL INFORMATION OR ASSISTANCE AN APPEAL MAY BE FILED IN PERSON OR BY MAIL ADDRESSED TO APPEALS, P.O. BOX, 995, COLUMBIA, SC 29202.

Section 41-41-40 of the South Carolina Code requires that you refund this overpayment regardless of the reason for the overpayment. Please make your personal check, money order, or cashier's check payable to the South Carolina Department of Employment and Workforce and MAIL TO:

SC DEPARTMENT OF EMPLOYMENT AND WORKFORCE
ATTN: BPC COLLECTIONS, ROOM 130
P.O. BOX 2644
COLUMBIA, S.C. 29202

DO NOT SEND CASH MONEY THROUGH THE MAIL.

To ensure proper credit to your account, please be sure to write your social security number on your payment. If you are unable to pay the entire amount, you can make arrangements to repay your overpayment in installments. You may use the section below to show how you intend to repay your overpayment. If assistance is needed in making such arrangement, contact the BPC Collections Unit at (803) 737-2387. You may also contact our field representative through your local unemployment insurance office to arrange an installment pay plan. Failure to repay this overpayment may result in prosecution. (If the overpayment is fraud), wage garnishment and/or your state tax refund being intercepted and applied to your overpayment.

REPAYMENT AGREEMENT

I UNDERSTAND THAT I AM OVERPAID AND MUST REPAY MY OVERPAYMENT. THEREFORE, I AGREE TO REPAY MY OVERPAYMENT IN INSTALLMENTS OF $_____ [ ] WEEKLY [ ] BI-WEEKLY [ ] MONTHLY UNTIL THE BALANCE IS PAID IN FULL.

I UNDERSTAND THAT THIS AGREEMENT HAS TO BE APPROVED BY THE SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE BPC COLLECTIONS UNIT AND IS NOT VALID UNLESS A PAYMENT IS ENCLOSED.

I UNDERSTAND THAT IF I BECOME ELIGIBLE FOR UNEMPLOYMENT INSURANCE BENEFITS, THEY WILL BE APPLIED TO MY OVERPAYMENT AND THIS INSTALLMENT AGREEMENT WILL NOT PREVENT THIS FROM HAPPENING.

SOCIAL SECURITY NUMBER _____ SIGNATURE _____ DATE _____

RETURN THIS PORTION WITH YOUR FIRST PAYMENT

UI TAX RECORD

Catalog#: 09335

C+W MB

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
P.O. BOX 995
COLUMBIA, SOUTH CAROLINA 29202
TELEPHONE (803) 737-3075
FAX (803) 737-2547

L5

EMPLOYER STATUS REPORT TO DETERMINE LIABILITY UNDER THE SOUTH CAROLINA EMPLOYMENT SECURITY LAW

ALL INFORMATION PROVIDED WILL BE KEPT STRICTLY CONFIDENTIAL
PLEASE TYPE OR PRINT. RETURN WITHIN 10 DAYS

DO NOT WRITE IN THIS SPACE

Account Number			
1204	305	02	1204
LIB.	LE	C.H.	LA.
400	334		
AREA	RATE	IND.	OWNER
MB	3-7-05	435867	
BY	DATE	PARENT NUMBER	

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION. PLEASE PRINT OR TYPE ALL INFORMATION.

1. OWNER, PARTNERSHIP, OR CORPORATE CHARTER NAME
A HOME IMPROVEMENT COMPANY

2. TRADE NAME (DOING BUSINESS AS)

3. PHYSICAL LOCATION OF BUSINESS REQUIRED (NO P.O. BOX)
1120 DUTCH FORK ROAD
STREET
IRMO RICHLAND SC 29063
CITY COUNTY (REQUIRED) STATE ZIP

4. BUSINESS PHONE NUMBER
DAY TIME PHONE NUMBER

5. FEDERAL IDENTIFICATION NUMBER
57-1430554

6. MAILING ADDRESS (FOR ALL CORRESPONDENCE)
IN CARE OF
P.O. BOX 451
STREET
BALLENTINE RICHLAND SC 29002
CITY COUNTY (REQUIRED) STATE ZIP

7. TYPE OF BUSINESS
- ☐ AGRICULTURE, FORESTRY, FISHING & HUNTING (11)
- ☐ MINING (21)
- ☐ UTILITIES (22)
- ☐ CONSTRUCTION (23)
- ☐ MANUFACTURING (31-33)
- ☐ WHOLESALE TRADE (42)
- ☐ RETAIL TRADE (44-45)
- ☐ TRANSPORTATION & WAREHOUSING (48-49)
- ☐ INFORMATION (51)
- ☐ FINANCE & INSURANCE (52)
- ☐ REAL ESTATE, RENTAL & LEASING (53)
- ☐ PROFESSIONAL, SCIENTIFIC & TECHNICAL SERVICES (54)
- ☐ MANAGEMENT OF COMPANIES & ENTERPRISES (55)
- ☐ ADMINISTRATIVE AND SUPPORT, WASTE MANAGEMENT & REMEDIATION SERVICES (56)
- ☐ EDUCATION SERVICES (61)
- ☐ HEALTH CARE AND SOCIAL ASSISTANCE (62)
- ☐ ARTS, ENTERTAINMENT, & RECREATION (71)
- ☐ ACCOMMODATION & FOOD SERVICES (72)
- ☒ OTHER SERVICES (81)
- ☐ PUBLIC ADMINISTRATION (92)

81

8. MAIN BUSINESS (I.E., RETAIL FURNITURE SALES)
HOME IMPROVEMENT

8A. CHECK IF YOU SELL THESE PRODUCTS (FOR SOLID WASTE PURPOSES)
☐ MOTOR OIL ☐ LEAD ACID BATTERIES ☐ TIRES ☐ LARGE APPLIANCES

8B. DO YOU SELL AVIATION GASOLINE? ☐ YES ☒ NO

8C. DO YOU PROVIDE SERVICE TO CELLULAR AND PERSONAL COMMUNICATIONS UTILITY? ☐ YES ☒ NO

9. LOCATION OF RECORDS (NO P.O. BOX)
1120 DUTCH FORK ROAD

10. TYPE OF OWNERSHIP
- ☐ SOLE PROPRIETOR (ONE OWNER)
- ☐ PARTNERSHIP (TWO OR MORE OWNERS)
- ☒ LLC/LLP
- ☐ SC CORPORATION DATE INC.
- ☐ FOREIGN CORPORATION (ATTACH COPY OF ARTICLES OF CERTIFICATE OF AUTHORITY)
- ☐ UNINCORPORATED ASSOCIATION: ENTER LEGAL NAME
- ☐ OTHER (EXPLAIN)

11. NAME(S) OF BUSINESS OWNER, GENERAL PARTNERS, OR OFFICERS

SOCIAL SECURITY NUMBER	NAME(S) OF OWNER, GENERAL PARTNERS, OR OFFICERS	HOME ADDRESS	TITLE
	JAMES J. WALLESHAUSER I, MEMBER		
	Wallershauser		

ARE YOU A SC RESIDENT? (Y/N) _____ HOW LONG HAVE YOU LIVED IN SC? 15 YEARS (YEARS, MONTHS)

12. HAVE YOU
A: ACQUIRED ANOTHER BUSINESS? ☐ YES ☒ NO
MERGED WITH ANOTHER BUSINESS? ☐ YES ☒ NO
FORMED A CORPORATION OR PARTNERSHIP? ☐ YES ☒ NO
MADE ANY OTHER CHANGE IN THE OWNERSHIP OF YOUR BUSINESS? ☐ YES ☒ NO

B: DO YOU ACQUIRE: ☐ ALL OF THE SOUTH CAROLINA OPERATIONS?
☐ PART OF THE SOUTH CAROLINA OPERATIONS?
PERCENTAGE ACQUIRED: _____

C: DATE ACQUIRED OR CHANGED: _____
WAS THE BUSINESS OPERATING AT THE TIME OF ACQUISITION OR CHANGE? ☐ YES ☐ NO
DATE CLOSED: _____
DOES THE FORMER OWNER OR LEGAL ENTITY CONTINUE TO HAVE EMPLOYEES? ☐ YES ☐ NO

D: FORMER OWNER'S S.C.E.S.C. ACCOUNT NUMBER:
LIB:
FORMER OWNER'S S.C. TAX ACCOUNT NUMBER:
NIA

E: NAME OF BUSINESS ACQUIRED:
NIA
ADDRESS OF FORMER OWNER
NIA

13. FIRST DATE OF EMPLOYMENT IN S.C.	14. REPORTED DATE OF FIRST S.C. PAYROLL	15. ESTIMATE NUMBER OF EMPLOYEES IN S.C.
12/27/04	12/31/04	1

16. IS BUSINESS WITHIN SC MUNICIPAL LIMITS?
☐ YES ☒ NO WHICH CITY?

17. IS YOUR BUSINESS SEASONAL?
☐ YES ☒ NO IF YES, LIST MONTHS ACTIVE

COMPLETE REVERSE SIDE OF THIS FORM

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

James J. Walleshauser — OWNER — 3/19/05 — RECD. MAR 09 2005

SIGNATURE OF OWNER, ALL PARTNERS, OR CORPORATE OFFICER — TITLE — DATE

18. ENTER TOTAL WAGES PAID BY YOU TO S.C. WORKERS BY CALENDAR QUARTER BEGINNING WITH DATE IN ITEM 13

YEAR	JANUARY 1 THRU MARCH 31	APRIL 1 THRU JUNE 30	JULY 1 THRU SEPTEMBER 30	OCTOBER 1 THRU DECEMBER 31
2004				$11,388.00
YEAR 20	JANUARY 1 THRU MARCH 31	APRIL 1 THRU JUNE 30	JULY 1 THRU SEPTEMBER 30	OCTOBER 1 THRU DECEMBER 31

19. INDICATE NUMBER OF EMPLOYEES WITHIN EACH CALENDAR WEEK (PART-TIME COMMISSION SALESMAN, OFFICERS, ETC.)

CALENDAR YEAR	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
20 04						
	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER

CALENDAR YEAR	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
20 05						
	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER

20. DID YOU FILE A FUTA FORM 940 WITH THE IRS FOR THE LAST COMPLETED CALENDAR YEAR? ☑ YES ☐ NO

21. IS YOUR ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501-C-3 OF THE IRS CODE FOR RELIGIOUS, EDUCATIONAL OR CHARITABLE PURPOSES? ☐ YES ☑ NO IF YES, ATTACH A COPY OF THE EXEMPTION LETTER.

22. DOES YOUR BUSINESS CONSIST SOLELY OF AGRICULTURAL EMPLOYMENT? ☐ YES ☑ NO

23. DOES YOUR EMPLOYMENT CONSIST SOLELY OF DOMESTIC (HOUSEHOLD) WORKERS? ☐ YES ☑ NO

24. IS THE UNIT REPORTED ABOVE MADE UP OF MORE THAN ONE ESTABLISHMENT IN THE STATE? ☐ YES ☑ NO IF YES, HOW MANY ESTABLISHMENTS _____ PLEASE ENTER IN THE SECTION BELOW THE EXACT LOCATION AND THE EMPLOYMENT COUNT OF EACH ESTABLISHMENT COVERED BY THIS REPORT. USE A SEPARATE SHEET OF PAPER IF ADDITIONAL SPACE IS NEEDED. (IF ACTIVITIES VARY FOR THE SEPARATE ESTABLISHMENT, PLEASE PROVIDE PRODUCT OF ACTIVITY INFORMATION FOR THESE UNITS ON A SEPARATE SHEET OF PAPER.)

STREET	CITY	COUNTY	ZIP CODE	AVERAGE EMPLOYMENT

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

FEBRUARY 19 , 20 05 — A HOME IMPROVEMENT COMPANY
DATE SIGNED AND SUBMITTED — NAME OF EMPLOYING UNIT

RECEIVED MAR 2005 EMPLOYER STATUS

BY

OWNER
OFFICIAL POSITION

UPON COMPLETION OF THIS FORM SIGN, DATE AND MAIL TO:

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
EMPLOYER STATUS UNIT
POST OFFICE BOX 995
COLUMBIA, SOUTH CAROLINA 29202

Acct Qtr 12/31/04 Form 120

COLUMBIA SC 29202 [redacted] 1111

RIBUTION AND WAGE REPORTS
proper processing align typewriter or
and carriage return down the form

2227 ORIGINAL

FORM ALIGNMENT BOXES

HOME IMPROVEMENT COMPANY
[redacted]

2. ACCOUNT NUMBER	3. QUARTER ENDING DATE
	12/31/04
4. TOTAL NO. PAGES (Including Continuation Sheets)	5. TOTAL NO. OF EMPLOYEES

6. EMPLOYEES SOCIAL SECURITY NUMBER 000 00 0000	7. NAME: FIRST, MIDDLE INITIAL, LAST	8. TOTAL WAGES
	DIANA B JORDAN	# 11,388.00

11 EXCESS WAGES PAID THIS QUARTER
(Enter on Line 2b, Form UCE 101)
(See example for computing excess wages)

4,388.00

9 TOTAL WAGES THIS PAGE

11,388.00

10 TOTAL WAGES THIS REPORT
(Enter on Line 2a, Form UCE 101)

11,388.00

FORM UCE-101

ATTACH CHECK HERE

NAME, ADDRESS

[redacted]

A HOME IMPROVEMENT CO.
P.O. BOX 467
BBULENTINE, SC 29002

SCESC ACCT NO.	QUARTER ENDING DATE	CURRENT F.E.I.N
[redacted]	123104	

L.B.	L.E.	L.A.	CH.	AREA
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

1. Number of covered workers who worked during or received pay for the payroll period which includes the 12th of the month.	0 MONTH 1	0 MONTH 2	0 MONTH 3

2 A. TOTAL WAGES PAID THIS QUARTER	$ 11388.00
B. LESS: EXCESS OVER $7,000 (SEE ITEM 2B ON INSTRUCTIONS)	4388.00
C. NET TAXABLE WAGES (ITEM 2A MINUS 2B)	7000.00
3 A. TOTAL CONTRIBUTIONS DUE ITEM 2C TIMES 0.0314	219.80
B. CONTINGENCY ASSESSMENT DUE ITEM 2C TIMES 0.0006	4.20
4 INTEREST DUE	0.
5 PENALTY DUE	0.
6 LESS OUTSTANDING CREDIT OF $ .00	0
7 TOTAL AMOUNT DUE THIS QUARTER MAKE REMITTANCE PAYABLE TO SCESC	$ 224 00

FEB 2005

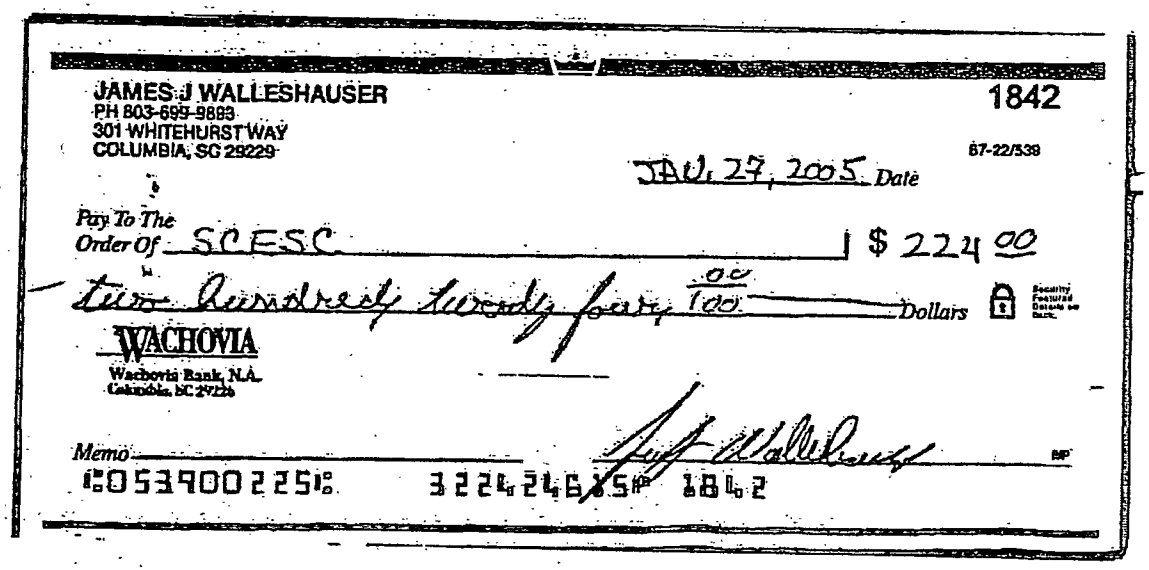
[redacted]

SIGNATURE [redacted] DATE 1127105

PREPARER'S TELEPHONE NUMBER: ( )

EMPLOYER'S CERTIFICATION. I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT AND ANY SUBSEQUENT PAGES ATTACHED IS TRUE AND CORRECT AND NO PART OF THE TAX WAS OR IS TO BE DEDUCTED FROM THE EMPLOYEE'S WAGES

[redacted]



JAMES J WALLESHAUSER
PH 803-699-9883
301 WHITEHURST WAY
COLUMBIA, SC 29229

1842

67-22/539

JAN. 27, 2005 Date

Pay To The Order Of SCESC $ 224 00

Two Hundred twenty four 00/100 Dollars

WACHOVIA
Wachovia Bank, N.A.
Columbia, SC 29229

Memo

Security Features Details on Back.

⑆053900225⑆ 3224246855 1842

Acct Qtr 12/31/04 Form 101C

UCE-101C

5/19/99 Sc

Empl ...eport Correction/Entry Form

Adjusted By WGANTT

Daily Reject Batch 3587

Account No _____ Quarter 12/31/04 Date 3/11/05

Emp Mo 1 0 Val Date 2/17/05 Wages Only

Emp Mo 2 0 Val Amt $ 224 00 Adjustment

Emp Mo 3 0 XX Rate

Debit XX

Credit

	As Reported	As Corrected	Difference
Transfer Acct No			
Type Report		A	
Quarter			
Total Wages Paid		$ 11,388 00	
Less Excess		$ 4,388 00	
Net Taxable Wages		$ 7,000 00	
Contribution Rate		3 34%	
Contributions Due		$ 233 80	$ 9 80
ESACA		$ 4 20	$ (4 20)
Interest		$ -	$ -
Report Penalty		$ -	$ -
Payment Penalty		$ -	$ -
Credit		$ -	$ -
Total	$ 224 00	$ 238 00	$ (14 00)

REMARKS SUSPENSE

FORM UCE 120
REV 5/94

00075

PO BOX 7103 COLUMBIA SC 29202

ORIGINAL 1111

1305 ORIGINAL

EMPLOYER QUARTERLY CONTRIBUTION AND WAGE REPORTS

This is a machine readable form. For proper processing align typewriter or line printer to alignment boxes at top and carriage return down the form

[X] FORM ALIGNMENT BOXES

FORM ALIGNMENT BOXES [X]

1. EMPLOYER NAME	2. ACCOUNT NUMBER	3. QUARTER ENDING DATE
A HOME IMPROVEMENT COMPANY		03/31/05
	4. TOTAL NO. PAGES (Including Continuation Sheets)	5. TOTAL NO. OF EMPLOYEES

6. EMPLOYEE'S SOCIAL SECURITY NUMBER 000 00 0000	7. NAME: FIRST, MIDDLE INITIAL, LAST	8. TOTAL WAGES
	DIANA B JORDAN	$ 11,388.00

11 EXCESS WAGES PAID THIS QUARTER
(Enter on Line 2b, Form UCE-101)
(See example for computing excess wages)
$ 4,388.00

9 TOTAL WAGES THIS PAGE
$ 11,388.00

10 TOTAL WAGES THIS REPORT
(Enter on Line 2a, Form UCE-101)
$ 11,388.00

FORM UCE-101

ATTACH CHECK HERE

NAME, ADDRESS

CMB

A HOME IMPROVEMENT COMPANY
1720 DUTCH FORK RD
PO BOX 451
BALLENTINE SC 29002

SCESC ACCT. NO.	QUARTER ENDING DATE	CURRENT F.E.I.N.	
	03/31/05		

L.B.	L.E.	L.A.	CH.	AREA
12/04	03/05	12/04	02	400

1. Number of covered workers who worked during or received pay for the payroll period which includes the 12th of the month.	MONTH 1	MONTH 2	MONTH 3
	1		

SIGNATURE [signature] DATE 4/20/05

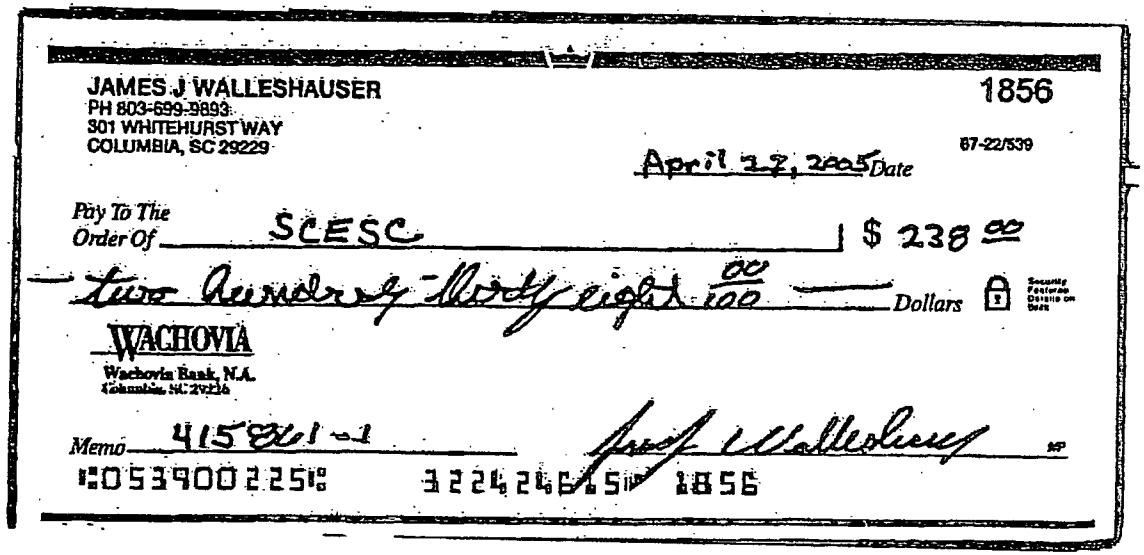
PREPARER'S TELEPHONE NUMBER: ( )

EMPLOYER'S CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT AND ANY SUBSEQUENT PAGES ATTACHED IS TRUE AND CORRECT AND NO PART OF THE TAX WAS OR IS TO BE DEDUCTED FROM THE EMPLOYEE'S WAGES.

2 A. TOTAL WAGES PAID THIS QUARTER	11388.00
B. LESS, EXCESS OVER $7,000 (SEE ITEM 2B ON INSTRUCTIONS)	4388.00
C. NET TAXABLE WAGES (ITEM 2A MINUS 2B)	7000.00
3 A. TOTAL CONTRIBUTIONS DUE ITEM 2C TIMES- 0.0334	233.80
B. CONTINGENCY ASSESSMENT DUE ITEM 2C TIMES- 0.0006	4.20
4 INTEREST DUE	0.
5. PENALTY DUE	0.
6 LESS OUTSTANDING CREDIT OF $ .00	0
7 TOTAL AMOUNT DUE THIS QUARTER MAKE REMITTANCE PAYABLE TO: SCESC	238 00

1 415861 6 051 0334 6 0305 044 4

AP61



JAMES J WALLESHAUSER
PH 803-699-9893
301 WHITEHURST WAY
COLUMBIA, SC 29229

1856

67-22/539

April 27, 2005 Date

Pay To The Order Of SCESC $ 238 00

Two hundred thirty eight 00/100 Dollars

WACHOVIA
Wachovia Bank, N.A.
Columbia, SC 29210

Memo 415861-1

James J Walleshauser

:053900225: 3224246: 1856

FORM UCE-131
NAME ADDRESS R8-2905
SC
A HOME IMPROVEMENT COMPANY

ATTACH CHECK HERE

SCESC ACCT NO	QUARTER ENDING DATE	CURRENT FEIN	
	06/30/05		

LJ	LE	LA	GR	LA
	03-05	12-04		

1 NUMBER OF PAYABLE EMPLOYEES WHO RECEIVED PAY OR WERE ON PAID LEAVE DURING THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH

MONTH 1	MONTH 2	MONTH 3

SIGNATURE DATE

PREPARER'S TELEPHONE NUMBER ( )

EMPLOYER'S CERTIFICATION I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT AND ANY SUBSEQUENT PAGES ATTACHED IS TRUE AND CORRECT AND NO PART OF THE TAX WAS OR IS TO BE DEDUCTED FROM THE EMPLOYEE'S WAGES

2 A. TOTAL WAGES PAID THIS QUARTER	0.00
B LESS EXCESS OVER $7,000 (SEE ITEM 2B ON INSTRUCTIONS)	0.00
C NET TAXABLE WAGES (ITEM 2A MINUS 2B)	0.00
3 A. TOTAL CONTRIBUTIONS DUE ITEM 2C TIMES .0334	0.00
B CONTINGENCY ASSESSMENT DUE ITEM 2C TIMES .0006	0.00
4 INTEREST DUE	0.00
5 PENALTY DUE	0.00
6 LESS OUTSTANDING CREDIT OF $ 0.00	0.00
7 TOTAL AMOUNT DUE THIS QUARTER MAKE REMITTANCE PAYABLE TO: SCESC	0 00

1 415861 6 052 0334 6 0305 044 6

AP63

UCE-101-S
Revised 7/00
Catalog# 08991

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
EMPLOYERS REPORT OF CHANGE

Name Address and SCESC Account Number	Quarter Ending Date
A HOME IMPROVEMENT CO P O BOX 451 BALLENTINE, SC 29002 ##	

IMPORTANT
FOR ANY CHANGES THIS FORM MUST BE SIGNED

1. TYPE OF CHANGE (check appropriate block)

☐ CORPORATE NAME OR OFFICER(s) CHANGED BY CHARTER AMENDMENT

New Corporate Name _____

New Corporate Officer(s) (Title & Social Security Number) _____

☐ TRADE NAME CHANGED TO _____

☐ BUSINESS' PHYSICAL LOCATION CHANGED TO ☐ ADDITIONAL LOCATION

_____
(Street) (City) (County) (State) (Zip Code)

☐ MAILING ADDRESS CHANGED TO

_____
(Street/P.O. Box) (City) (County) (State) (Zip Code)

☑ BUSINESS CLOSED (no longer in business)
Date of Final Payroll 4/4/05 CN

☐ BUSINESS SOLD * ☐ PARTIAL ☐ TOTAL (ALL)
Date of Sale _____
(Month/Day/Year)
(* If checked complete ITEM #2)

☐ CHANGE IN LEGAL ENTITY * (i.e. incorporated partnership change etc.)

Date of Change _____
(Month/Day/Year)
(* If checked complete ITEM #2)

☐ NEW TELEPHONE NUMBER _____

If your business closed or a change in ownership or legal entity occurred during the period covered by this Contribution Report, written notice of such change must be submitted to the S.C. Employment Security Commission within 30 days from the end of the quarter during which the change occurred. SEPARATE REPORTS MUST BE FILED BY DIFFERENT OWNERSHIPS. (For each ownership such separate report should cover only that part of the quarter for which it operated.)

2. NAME AND ADDRESS OF NEW OWNER OR LEGAL ENTITY

Name _____ New FID Number _____

Address 5-3-05 MB _____ Telephone Number _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

3. ANY OTHER CHANGE EXPLAIN (i.e. nature of business etc.)

By _____

Title PRESIDENT

Telephone Number _____

Date 4/21/05

EBAY CONSIGNMENT CO.
BYE – 2009

BENEFIT RECORD

UCB101I
REV. 07/02

NAME: DIANA B JORDAN SSN: BYE: 05/10/09

CLAIMSTAKER ID: WBGTH LO #: 400 FILED: 05/16/08 EFF DATE: 05/11/08

MAILING ADDRESS:

CITY: STATE: ZIP:

OTHER NAME:

[X]	1-UI	[ ]	4-UI/UCFE/UCX	[ ]	7-UCX	[X]	NEW	[ ] TRANSITIONAL
[ ]	2-UI/UCFE	[ ]	5-UCFE	[ ]	8-CW	[ ]	ADDITIONAL	[ ] R-ADD
[ ]	3-UI/UCX	[ ]	6-UCFE/UCX	[ ]	OTHER	[ ]	CONTINUED	

BONA FIDE EMPLOYER NAME & PAYROLL ADDRESS INFORMATION:

NAME: EBAY CONSIGNMENT COMPANY INC

STREET: 124 LONGWOOD PASS

CITY: IRMO ST: SC ZIP: 29063-9130 EMP. ACCT. #

DATES OF EMPLOYMENT:

FROM:	TO:
12/28/07	05/02/08

BONA FIDE EMPLOYER LOCAL ADDRESS INFORMATION:

STREET:

CITY: IRMO ST: SC ZIP: PHONE #: (803) 781-5683

SEPARATION REASON: [X] LOW [ ] VQ [ ] DISCHARGE [ ] STILL WORKING

ISSUE CODES: 09

LIABLE EMPLOYER INFORMATION:

NAME: EMP. ACCT #

JOB LOCATION (CITY/STATE):

DATES OF EMPLOYMENT:

FROM:	TO:

SEPARATION REASON: [ ] LOW [ ] VQ [ ] DISCHARGE [ ] STILL WORKING

NARRATIVE REASON FOR SEPARATION FROM LIABLE EMPLOYER:

UCB 104-B
2-93

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

INITIAL DETERMINATION OF STATUS AS AN INSURED WORKER

LOCAL OFFICE 400

EFFECTIVE DATE 05/11/08 DATE FILED 05/16/08

DATE PREPARED 05/16/08

O

DIANA B JORDAN

POTENTIAL BENEFITS ESTABLISHED

MILITARY ASSIGNMENTS

WEEKLY BENEFIT AMOUNT .00

MAXIMUM TOTAL BENEFITS .00

BENEFIT YEAR ENDS 05/10/09

SEE BACK FOR CLAIMANT INFORMATION

EMPLOYMENT RECORD			BASE PERIOD QUARTERLY EARNINGS							
EMPLOYER	ACCOUNT NO.		YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.
EBAY CONSIGNMENT COM			2007	01	2007	02	2007	03	2007	04
				.00		.00		.00		12714.00
BASE QUARTER TOTAL				.00		.00		.00		12714.00

*QTR.
1.-JAN.,FEB.,MAR. 3.-JULY,AUG.,SEPT.
2.-APR.,MAY,JUNE 4.-OCT.,NOV.,DEC.

UCB101I
REV. 07/02

NAME: DIANA B JORDAN SSN: BYE: 07/05/09

CLAIMSTAKER ID: KLBON LO #: 400 FILED: 07/08/08 EFF DATE: 07/06/08

MAILING ADDRESS:

CITY: STATE: ZIP:

OTHER NAME:

[X]	1-UI	[ ]	4-UI/UCFE/UCX	[ ]	7-UCX	[X]	NEW	[ ] TRANSITIONAL
[ ]	2-UI/UCFE	[ ]	5-UCFE	[ ]	8-CW	[ ]	ADDITIONAL	[ ] R-ADD
[ ]	3-UI/UCX	[ ]	6-UCFE/UCX	[ ]	OTHER	[ ]	CONTINUED	

BONA FIDE EMPLOYER NAME & PAYROLL ADDRESS INFORMATION:

NAME: EBAY CONSIGNMENT COMPANY INC

STREET: 124 LONGWOOD PASS

CITY: IRMO ST: SC ZIP: 29063-9130 EMP. ACCT. #

DATES OF EMPLOYMENT:

FROM:	TO:
12/27/07	05/02/08

BONA FIDE EMPLOYER LOCAL ADDRESS INFORMATION:

STREET:

CITY: IRMO ST: SC ZIP: PHONE #: (803) 781-5683

SEPARATION REASON: [X] LOW [ ] VQ [ ] DISCHARGE [ ] STILL WORKING

ISSUE CODES: 09

LIABLE EMPLOYER INFORMATION:

NAME: EMP. ACCT #

JOB LOCATION (CITY/STATE):

DATES OF EMPLOYMENT:

FROM:	TO:

SEPARATION REASON: [ ] LOW [ ] VQ [ ] DISCHARGE [ ] STILL WORKING

NARRATIVE REASON FOR SEPARATION FROM LIABLE EMPLOYER:

NET-101
Rev. 8/05

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
REQUEST FOR INFORMATION
UNEMPLOYMENT INSURANCE BENEFITS

CLAIMANT'S NAME: DIANA B JORDAN SS #:

NAME WORKED UNDER:

DATE MAILED: 2008-07-08

EMPLOYER'S ACCOUNT #:

EMPLOYER'S NAME & ADDRESS: EBAY CONSIGNMENT COMPANY INC
124 LONGWOOD PASS
IRMO, SC 29063-9130

RETURN WITHIN 7 DAYS OF THE ABOVE DATE TO: SCESC
700 Taylor Street
P. O. DRAWER 1469
COLUMBIA, SC 29202

FAX NUMBER: 803-737-2750

This person has filed a claim for Unemployment Insurance Benefits and named you as a previous employer. Please explain the reason this person no longer works for you so that a determination can be made on eligibility for benefits. If you reply by letter, fax, or email, you must include all information requested, as well as the claimant's name and social security number. For instructions about responding by email, please go to to our agency website at www.sces.org. YOU WILL RECEIVE A DETERMINATION ON THIS CLAIM ONLY IF IT IS FOUND THAT YOU ARE THE BONA FIDE AND/OR LIABLE EMPLOYER.

[X] CLAIMANT'S Reason for Separation: LACK OF WORK
LACK OF WORK.. BUSINESS CLOSED.

[X] Contact the local Employment Security Office shown above by 07/18/2008 if you wish to appear or b represented at an interview regarding the reason for separation.

SEPARATION INFORMATION

[✓] LACK OF WORK (No additional written explanation is necessary.)

[ ] DISCHARGED: (Give specific reason.)

State company policy that claimant violated, if applicable, and describe the final incident leading to the separation:

List any warnings, note if verbal or written and give dates:

If discharged for absenteeism, list dates of absences:

[ ] VOLUNTARILY QUIT (Give specific reason.):

[ ] OTHER (Explain in detail.):

4th Qtr 2007 #18,714.00
1st Qtr 2008 #18,714.00
* NOT RECORDED *
SEE ATTACHED

Dates of Employment: FROM: 12/28/07 TO: 5/2/08
During all terms of employment, have you paid this claimant as much as: $ 2808.00 [✓] YES [ ] NO

If NO, how much have you paid this claimant in all terms of employment? $

Are you paying, or WILL YOU PAY, this claimant a pension or retirement pay? [ ] YES [✓] NO

If YES, what amount? $ PER

Did claimant contribute to pension plan? [ ] YES [✓] NO If YES, what percent? 0 %

EMPLOYER NAME: EBay Consignment Com ACCOUNT NUMBER: 457057

EMPLOYER SIGNATURE:** TITLE: OWNER

TELEPHONE NUMBER: (803) 781-5183 DATE: 7/11/08

**FORM MUST BE SIGNED IN ORDER FOR INFORMATION TO BE CONSIDERED

UCB 104-B
2-93

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

INITIAL DETERMINATION OF STATUS AS AN INSURED WORKER

LOCAL OFFICE 400

EFFECTIVE DATE 07/06/08

DATE FILED 07/08/08

DATE PREPARED 07/08/08

O

DIANA B JORDAN

POTENTIAL BENEFITS ESTABLISHED

MILITARY ASSIGNMENTS

WEEKLY BENEFIT AMOUNT .00

MAXIMUM TOTAL BENEFITS .00

BENEFIT YEAR ENDS 07/05/09

SEE BACK FOR CLAIMANT INFORMATION

EMPLOYMENT RECORD			BASE PERIOD QUARTERLY EARNINGS							
EMPLOYER	ACCOUNT NO.		YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.
EBAY CONSIGNMENT COM			2007	02	2007	03	2007	04	2008	01
				.00		.00	12714.00			.00
BASE QUARTER TOTAL				.00		.00	12714.00			.00

*QTR.
1.-JAN.,FEB.,MAR. 3.-JULY,AUG.,SEPT.
2.-APR.,MAY,JUNE 4.-OCT.,NOV.,DEC.

UCB 104-B
2-93

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

INITIAL DETERMINATION OF STATUS AS AN INSURED WORKER

LOCAL OFFICE 400

EFFECTIVE DATE 07/06/08

DATE FILED 07/08/08

DATE PREPARED 07/16/08

RECONSIDERED

O

DIANA R JORDAN

POTENTIAL BENEFITS ESTABLISHED

MILITARY ASSIGNMENTS

WEEKLY BENEFIT AMOUNT 326.00

MAXIMUM TOTAL BENEFITS 8476.00

BENEFIT YEAR ENDS 07/05/09

SEE BACK FOR CLAIMANT INFORMATION

EMPLOYMENT RECORD			BASE PERIOD QUARTERLY EARNINGS							
EMPLOYER	ACCOUNT NO.		YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.
			2007	02	2007	03	2007	04	2008	01
EBAY CONSIGNMENT COM				.00		.00	12714.00		12714.00	
BASE QUARTER TOTAL				.00		.00	12714.00		12714.00	

*QTR.
1.-JAN.,FEB.,MAR. 3.-JULY,AUG.,SEPT.
2.-APR.,MAY,JUNE 4.-OCT.,NOV.,DEC.

UCB205RU

Notice Of Redetermination
From Invalid To Valid

To: Local Office 400 **Date:** 07/17/08

From: Redetermination Unit **BYE:** 07/05/09

Claimant's Name: Diana B Jordan

SSN:

Date of Redetermination: 07/16/08

Claim Effective Date: 07/06/08

UCB-103B
REV. 5/98

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
P. O. BOX 995, COLUMBIA, S. C. 29202

DETERMINATION OF ELIGIBILITY FOR BENEFITS

CLAIMANT'S NAME	SOCIAL SECURITY NUMBER	L. O. NO.	TYPE	CATEGORY
DIANA B JORDAN		400	I	01

WEEKLY BENEFIT AMOUNT	MAXIMUM BENEFIT AMOUNT	EFFECTIVE DATE	BENEFIT YEAR ENDS	DATE OF NOTICE
$ 326.00	$ 8,476.00	07/06/08	07/05/09	07/16/08

It has been determined that you are eligible without disqualification for unemployment compensation. This determination is made based on the South Carolina Employment Security Law and on evidence available at the time of this notice.

☐ The last separation was from a non-liable employer.

EBAY CONSIGNMENT COMPANY INC
124 LONGWOOD PASS
IRMO SC 29063

MAILING DATE 07/17/2008

IMPORTANT:

THIS DETERMINATION WILL BE THE FINAL DECISION OF THE COMMISSION UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY EMPLOYMENT SECURITY OFFICE OR BY MAIL TO THE "APPEAL TRIBUNAL," AT THE ADDRESS BELOW. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, YOU MAY CONTACT YOUR LOCAL EMPLOYMENT SECURITY OFFICE.

UCB-103B
5-98

APPEAL TRIBUNAL
P. O. BOX 995
COLUMBIA, S.C. 29202

UI-5

SOUTH CAROLINA
EMPLOYMENT SECURITY COMMISSION
P. O. BOX 995
COLUMBIA, S. C. 29202
OFFICIAL BUSINESS
UCB-103B
FORWARDING SERVICE REQUESTED

EBAY CONSIGNMENT COMPANY INC
124 LONGWOOD PASS
IRMO SC 29063

1 UCB-103
REV. 7/10

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

P.O. BOX 995, COLUMBIA, S.C. 29202

1 DIANA B JORDAN

DATE OF THIS NOTICE 03/03/14

CLAIMANT'S NAME				SOCIAL SECURITY NUMBER	EFFECTIVE DATE		DISQUALIFICATION ENDS
1 DIANA B JORDAN					07/06/08		06/19/10
WFC. NO.	TYPE	CATEGORY	WEEKLY BENEFIT AMOUNT	MAXIMUM POTENTIAL ENTITLEMENT	LESS REDUCTION OF	NET TOTAL BENEFITS	BENEFIT YEAR ENDS
1 400	C	01	$ 326.00	$ 8476.00	$ 0.00	$ 8476.00	07/05/09

DETERMINATION BY CLAIMS ADJUDICATOR ON CLAIM FOR BENEFITS

1 ____ You are eligible for benefits from the above effective date.

1 _X_ You have been disqualified from receiving benefits or have been found to be ineligible for benefits for the following reason(s).

1 THE DEPARTMENT OF EMPLOYMENT AND WORKFORCE HAS DETERMINED THAT YOUR CLAIM FOR UNEMPLOYMENT
1 BENEFITS WAS ESTABLISHED THROUGH YOUR USE OF A FICTITIOUS EMPLOYER ACCOUNT FOR THE PURPOSE OF
1 ESTABLISHING YOUR RIGHT TO BENEFITS. UNDER S C CODE ANN. 41-41-20 YOUR OVERPAYMENT IS CONSIDERED
1 FRAUDULENT IN NATURE AND AN ADMINISTRATIVE PENALTY IS IMPOSED AS DESCRIBED BELOW. YOU MAY REPAY
1 THE OVERPAYMENT IN WEEK, BI-WEEKLY OR MONTHLY INSTALLMENTS. OVERPAYMENT AMOUNT $32,274.00.
1 ADMINISTRATIVE DISQUALIFICATION IS A TOTAL OF 52 WEEKS FROM 3-2-14 TO 2-28-15

1 ____ LAST SEPARATION FROM NON-LIABLE EMPLOYER

UI CLAIMS ADJUDICATOR

1 MAILING DATE 03/04/2014

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY WORKFORCE CENTER, BY MAIL, ADDRESSED TO THE "APPEAL TRIBUNAL," P.O. BOX 995, COLUMBIA, SOUTH CAROLINA 29202, OR BY FAX (803) 737-0287. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, CONTACT YOUR LOCAL WORKFORCE CENTER OR THE APPEALS DEPARTMENT AT (803) 737-2520.

FORM UCE 120
REV 5/94

P O BOX 7103 COLUMBIA SC 29202

EMPLOYER QUARTERLY CONTRIBUTION AND WAGE REPORTS

This is a machine readable form For proper processing, align typewriter or line printer to alignment boxes at top and carriage return down the form

[X] FORM ALIGNMENT BOXES

1108 ORIGINAL

FORM ALIGNMENT BOXES [X]

1. EMPLOYER NAME	2. ACCOUNT NUMBER	3. QUARTER ENDING
EBAY CONSIGNMENT COMPANY		3/31/2008
	4. TOTAL NO. PAGES (Including Continuation Sheets)	5. TOTAL NO. OF EMPLO
	1	1

6. EMPLOYEE'S SOCIAL SECURITY NUMBER 000 00 0000	7. NAME: FIRST MIDDLE INITIAL LAST	8. TOTAL WAGES
	DIANA B. JORDAN	$ 12,714.00

11 EXCESS WAGES PAID THIS QUARTER
(Enter on Line 2b, Form UCE-101)
(See example for computing excess wages)

$5,714.00

9 TOTAL WAGES THIS PAGE $ 12,714.00

10 TOTAL WAGES THIS REPORT
(Enter on Line 2a, Form UCE 101) $ 12,714.00

[redacted]

FORM UCE-101

NAME, ADDRESS

EBAY CONSIGNMENT COMPANY
124 LONGWOOD PASS
IRMO, SC 29063 9130

CWB

ATTACH CHECK HERE

L.B.	L.E.	L.A.	CH.	AREA
7/2007	03/2008	12/2007	020	40

1. Number of covered workers who worked during or received pay for the payroll period which includes the 12th of the month.	MONTH 1	MONTH 2	MONTH 3
	1	1	1

Signature 4/29/08
SIGNATURE DATE

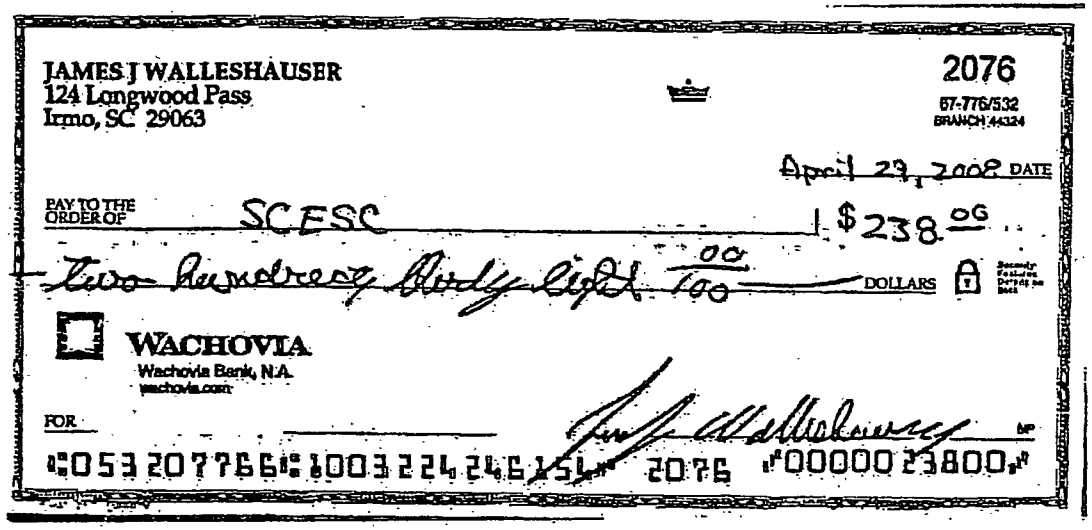
PREPARER'S TELEPHONE NUMBER: (803) 781-5083

EMPLOYER'S CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT AND ANY SUBSEQUENT PAGES ATTACHED IS TRUE AND CORRECT AND NO PART OF THE TAX WAS OR IS TO BE DEDUCTED FROM THE EMPLOYEE'S WAGES.

SCESC ACCT. NO.	QUARTER ENDING DATE	CURRENT F.E.I.N.	
	3/31/2008		

2 A. TOTAL WAGES PAID THIS QUARTER	127,140.00
B. LESS: EXCESS OVER $7,000 (SEE ITEM 2B ON INSTRUCTIONS)	57,140.00
C. NET TAXABLE WAGES (ITEM 2A MINUS 2B)	70,000.00
3 A. TOTAL CONTRIBUTIONS DUE ITEM 2C TIMES- 0.0334	2,338.00
B. CONTINGENCY ASSESSMENT DUE ITEM 2C TIMES- 0.0006	42.00
4 INTEREST DUE	0.00
5 PENALTY DUE	0.00
6 LESS OUTSTANDING CREDIT OF $ 0.00	0.00
7 TOTAL AMOUNT DUE THIS QUARTER MAKE REMITTANCE PAYABLE TO: SCESC	2,380.00

3 0457057 2 20081 8



JAMES J WALLESHAUSER
124 Longwood Pass
Irmo, SC 29063

2076
57-776/532
BRANCH 44324

April 29, 2008 DATE

PAY TO THE ORDER OF SCESC $238.00

Two hundred thirty eight 00/100 DOLLARS

WACHOVIA
Wachovia Bank, N.A.
wachovia.com

FOR

⑆053207766⑆ 1003224246151⑈ 2076 ⑈00000238⑆00⑈

FOR DEPOSIT ONLY

FORM UCE 120
REV 5/94

P O BOX 7155 COLUMBIA SC 29202

1041

ORIGINAL

EMPLOYER QUARTERLY CONTRIBUTION AND WAGE REPORTS

This is a machine readable form For proper processing align typewriter or line printer to alignment boxes at top and carriage return down the form

[X] FORM ALIGNMENT BOXES

FORM ALIGNMENT BOXES [X]

1. EMPLOYER NAME	2. ACCOUNT NUMBER	3. QUARTER ENDING D
EBAY CONSIGNMENT COMPANY INC		06/30/2008
	4. TOTAL NO. PAGES (Including Continuation Sheets)	5. TOTAL NO. OF EMPLOY
	1	1

6. EMPLOYEE'S SOCIAL SECURITY NUMBER 000 00 0000	7. NAME: FIRST, MIDDLE INITIAL, LAST	8. TOTAL WAGES
	DIANA B. JORDAN	$42.38

11 EXCESS WAGES PAID THIS QUARTER
(Enter on Line 2b, Form UCE-101)
(See example for computing excess wages)

$42.38

9 TOTAL WAGES THIS PAGE

$42.38

10 TOTAL WAGES THIS REPORT
(Enter on Line 2a, Form UCE-101)

$42.38

[redacted]

200

FORM UCE-101

NAME, ADDRESS

EBAY CONSIGNMENT COMPANY INC
124 LONGWOOD PASS
IRMO SC 29063-9130

ATTACH CHECK HERE

SCESC ACCT. NO.	QUARTER ENDING DATE	CURRENT F.E.I.N.	
	06/30/2008		

L.B.	L.E.	L.A.	CH.	AREA
12/07	03/08	12/07	020	40

	MONTH 1	MONTH 2	MONTH 3
1 Number of covered workers who worked during or received pay for the payroll period which includes the 12th of the month.	1	0	0

SIGNATURE

DATE: 11/25/08

PREPARER'S TELEPHONE NUMBER: ( )

EMPLOYER'S CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT AND ANY SUBSEQUENT PAGES ATTACHED IS TRUE AND CORRECT AND NO PART OF THE TAX WAS OR IS TO BE DEDUCTED FROM THE EMPLOYEE'S WAGES.

2 A. TOTAL WAGES PAID THIS QUARTER	42.38
B. LESS: EXCESS OVER $7,000 (SEE ITEM 2B ON INSTRUCTIONS)	42.38
C. NET TAXABLE WAGES (ITEM 2A MINUS 2B)	0.00
3 A. TOTAL CONTRIBUTIONS DUE ITEM 2C TIMES 0.0334	0.00
B. CONTINGENCY ASSESSMENT DUE ITEM 2C TIMES 0.0006	0.00
4 INTEREST DUE	0.00
5 PENALTY DUE	0.00
6 LESS OUTSTANDING CREDIT OF $0.00	0.00
7 TOTAL AMOUNT DUE THIS QUARTER MAKE REMITTANCE PAYABLE TO: SCESC	0.00

3 0457057 2 20082 2

AP81

Revised 7/00
Catalog# 08991

EMPLOYERS REPORT OF CHANGE

Name Address and S C E S C Account Number	Quarter Ending Date
EBAY CONSIGNMENT COMPANY INC 124 LONGWOOD PASS IRMO SC 29063-9130	06/30/2008

IMPORTANT
FOR ANY CHANGES THIS FORM MUST BE SIGNED

1 TYPE OF CHANGE (check appropriate block)

☐ CORPORATE NAME OR OFFICER(s) CHANGED BY CHARTER AMENDMENT

New Corporate Name _____

New Corporate Officer(s) (Title & Social Security Number) _____

☐ TRADE NAME CHANGED TO _____

☐ BUSINESS PHYSICAL LOCATION CHANGED TO ☐ ADDITIONAL LOCATION

_____
(Street) (City) (County) (State) (Zip Code)

☐ MAILING ADDRESS CHANGED TO (ATTENTION ALL SCESC TAX CORRESPONDENCE WILL BE MAILED TO THIS ADDRESS)

_____
(Street/P O Box) (City) (County) (State) (Zip Code)

☑ BUSINESS CLOSED (no longer in business)
Date of Final Payroll 5/28/08 CN

☐ BUSINESS SOLD * ☐ PARTIAL ☐ TOTAL (ALL)
Date of Sale _____ (Month/Day/Year)
(* If checked complete ITEM #2)

☐ CHANGE IN LEGAL ENTITY * (i.e. incorporated partnership change, etc.) 25

_____
Date of Change _____ (Month/Day/Year)
(* If checked complete ITEM #2)

AUG 2008 RECEIVED

☐ NEW TELEPHONE NUMBER _____

If your business closed or a change in ownership or legal entity occurred during the period covered by this Contribution Report written notice of such change must be submitted to the S C Employment Security Commission within 30 days from the end of the quarter during which the change occurred SEPARATE REPORTS MUST BE FILED BY DIFFERENT OWNERSHIPS (For each ownership such separate report should cover only that part of the quarter for which it operated.)

2 NAME AND ADDRESS OF NEW OWNER OR LEGAL ENTITY

Name _____ New FID Number _____

Address _____ Telephone Number _____

8-21-08
mB

3 ANY OTHER CHANGE, EXPLAIN (i.e., nature of business, etc.)

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

By Jeff Wallisburg

Title PRESIDENT

Telephone Number (803) 781-5083

Date 7/28/08

201

LAKEWOOD SERVICE CO.
BYE – 2013

BENEFIT RECORD

SC Department of Employment and Workforce
Initial Claims Application

Filing location: Library
Office location: COLUMBIA
Claim creator: Claimant
Worked under a different name: No

Ethnicity

Claimant Hispanic or Latino: No

Claimant

Claimant's name: Diana Jordan
Date of birth:
Gender: Female
US citizen: Yes

Aliases

Alias type: SocialSecurityCard
Name: Diana Jordan

Alias type: Current
Name: Diana Jordan

Race(s)

* White

Addresses

Address type: physical
Address:
United States address: Yes

Address type: mailing
Address:
United States address: Yes

Telephone Number

Telephone number type: Home
Telephone number: 803 7321762 Ext:

Alien Information

Alien card number: None
Expiration date: No

Veteran Information

Service branch: None

Date entered:

Date released:

Character of service: None

Reason for separation:

Completed first full term of service: No

In the National Guard or a Reserve Unit and served on active duty during a period of war or in a campaign or expedition: No

Served on active duty in the military for a period of more than 180 days: No

Separated from military in the last 48 months: No

Accured days lost: No

Accured leave: 0
(Item #16 on DD-214)

Pay grade:
(Item #4b on DD-214)

Retired from military service: No

Have a service related disability: No

Percent disabled: 0%

Awarded a campaign badge or ribbon for service during a conflict: No

Badges and ribbons: None

Will receive pension: No

Worked in the last 18 months: Yes

Employer Name: LAKEWOOD SERVICE COMPANY

Employer delivery address: PO BOX 333

Employer city: WHITE ROCK

Employer state: SC

Employer zip code: 29177

Employer telephone number:

Worked for this employer: Yes

Worked part-time only: No

Hire date: 12/30/2011

Termination date: 3/30/2012

Type of work: Managers, All Other

Earned at least $2,608.00: Yes

Occupational license required: No

Job city: White Rock

Job state: South Carolina

Job duties: Statistical research.

Discharge reason: Lack of Work

Discharge explanation: Business closed.

Federal employer: No

Received SF8 form: No

Payroll office address based on SF8: No

Job Registration

Spouse of a veteran: No
Spouse of a deceased veteran with a total disability rating: No
Spouse of a 100% total disabled veteran: No
Spouse of a veteran killed in the line of duty: No
Spouse of a MIA or POW: No
Worked on a farm: No
Worked in a food processing plant: No

Farm Worker Information

Earned at least half income performing farm work in the last 12 months: No
Employed all year in farm work: No
Traveled to perform farm work: No
Worked at least 25 days or parts of days during the last 12 months performing farm work: No

Food Processing Information

Earned at least half income performing food processing in the last 12 months: No
Employed all year in food processing: No
Traveled to perform food processing: No
Worked at least 25 days or parts of days during the last 12 months performing food processing: No

Do you have a valid driver's license: Yes

Driver License Classes

* D Regular Operator's License

Additional Claim Information

Filed UI claim outside SC in the last 18 months: No
Worked in state outside SC in the last 18 months: No
Filed claim for Trade Readjustment Allowances(TRA): No
Filed claim for Disaster Unemployment Assistance(DUA): No
Receive or have received Federal-Funded assistance: No
Receive or have received retirement: No
Receive or have received federal civilian employee benefits: No
Receive or have received federal military employee benefits: No
Claimant wants taxes withheld from unemployment benefits: No

Extra Earned Income

Pension amount: $0.00
Pension paid by:
Employer pension contribution percentage:
Pension effective date:

Retirement amount: $0.00
Retirement paid by:
Employer retirement contribution percentage:
Retirement effective date:

Disability amount: $0.00
Disability paid by:
Disability effective date:

Social security amount: $0.00
Social security effective date:

Job Eligibility

Only available for part-time work: No
Part-time work explanation: None

Willing to relocate: No

Can begin work immediately: Yes

Children or dependants in household who require care during working hours: No

Children or dependent care explanation: None

Self-Employed: No
Self-Employed job title:

Child or spouse of employer: No
Owner or corporate officer of a business: No

Will be recalled to last job: No
Date of recall to last job:

Have a health condition that limits ability to accept full-time work now or in the future: No

Health status explanation: None

Willing to look for other types of work: No

Kind of Jobs Seeking

Managers, All Other
Years of experience: 5
Years of training: 4

Managers, All Other
Years of experience: 5
Years of training: 4

Last Job

Number of miles traveled to work on last job: 5 - 10
Rate of pay on last job: $51,000.00
Unit of pay on last job: Yearly

Job Schedule Availability

Monday
Start time: 8:00 AM
End time: 4:30 PM

Tuesday
Start time: 8:00 AM
End time: 4:30 PM

Wednesday
Start time: 8:00 AM
End time: 4:30 PM

Thursday
Start time: 8:00 AM
End time: 4:30 PM

Friday
Start time: 8:00 AM
End time: 4:30 PM

New Job

Miles willing to travel to work: 10 - 20
Minimum wage you will accept on next job: $51,000.00
Unit of pay on next job: Yearly

Job Schedule Availability

Monday
Start time: 8:00 AM
End time: 4:30 AM

Tuesday
Start time: 8:00 AM
End time: 4:30 AM

Wednesday
Start time: 8:00 AM
End time: 4:30 AM

Thursday
Start time: 8:00 AM
End time: 4:30 AM

Friday
Start time: 8:00 AM
End time: 4:30 AM

Work Counties

Lexington
County FIPS: 63

Richland
County FIPS: 79

Last grade completed: Bachelors Degree
Currently attending school: No
Planning to attend school: No

Current School Information

Name of school: None
School location:
When did you start school:

School Schedule

Willing to change school/training schedule for a full-time job: No
Willing to quit school/training schedule for a full-time job: No

Future School Information

Name of school: None
Location of school:
When are you planning to attend school:

School Schedule

Willing to change school/training schedule for a full-time job: No
Willing to quit school/training schedule for a full-time job: No

Transportation Methods

* Automobile

Benefit Payment Method

Benefit payment type: Direct Deposit
Bank name: [redacted]
Account type: [redacted]
Account number: [redacted]
Routing number: [redacted]
Debit card agreement accepted: No
Direct deposit agreement accepted: Yes

UCB101I
REV. 07/02

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

NAME: DIANA JORDAN SSN: BYE: 06/23/13

CLAIMSTAKER ID: WFC #: 400 FILED: 06/26/12 EFF DATE: 06/24/12

MAILING ADDRESS:

CITY: STATE: ZIP:

OTHER NAME: DIANA JORDAN

[X]	1-UI	[ ]	4-UI/UCFE/UCX	[ ]	7-UCX	[X] NEW	[ ] TRANSITIONAL
[ ]	2-UI/UCFE	[ ]	5-UCFE	[ ]	8-CW	[ ] ADDITIONAL	[ ] R-ADD
[ ]	3-UI/UCX	[ ]	6-UCFE/UCX	[ ]	OTHER	[ ] CONTINUED	

BONA FIDE EMPLOYER NAME & PAYROLL ADDRESS INFORMATION:

NAME: LAKEWOOD SERVICE COMPANY

STREET: PO BOX 333

CITY: WHITE ROCK ST: SC ZIP: 29177 EMP. ACCT. #

DATES OF EMPLOYMENT:

FROM:	TO:
12/30/11	03/30/12

BONA FIDE EMPLOYER LOCAL ADDRESS INFORMATION:

STREET:

CITY: WHITE ROCK ST: SC ZIP: PHONE #:

SEPARATION REASON: [X] LOW [ ] VQ [ ] DISCHARGE [ ] STILL WORKING

ISSUE CODES: 09

LIABLE EMPLOYER INFORMATION:

NAME: LAKEWOOD SERVICE COMPANY EMP. ACCT #

JOB LOCATION (CITY/STATE): WHITE ROCK, SC

DATES OF EMPLOYMENT:

FROM:	TO:
12/30/11	03/30/12

SEPARATION REASON: [ ] LOW [ ] VQ [ ] DISCHARGE [ ] STILL WORKING

NARRATIVE REASON FOR SEPARATION FROM LIABLE EMPLOYER:

UCB 104-S 20WK
7-11

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

INITIAL DETERMINATION OF STATUS AS AN INSURED WORKER

WORKFORCE CENTER 400

EFFECTIVE DATE 06/24/12

DATE FILED 06/26/12

DATE PREPARED 06/27/12

O

DIANA JORDAN

*BENEFITS YOU MAY BE ELIGIBLE FOR: MILITARY ASSIGNMENTS

WEEKLY BENEFIT AMOUNT .00

MAXIMUM TOTAL BENEFITS .00

BENEFIT YEAR ENDS 06/23/13

* This statement establishes that you have the necessary wages to qualify for unemployment insurance. However, to receive benefits your job separation must also be considered. If you qualify, this is the maximum you may be entitled to receive.

SEE BACK FOR CLAIMANT INFORMATION

EMPLOYMENT RECORD			STANDARD BASE PERIOD QUARTERLY EARNINGS							
EMPLOYER	ACCOUNT NO.		YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.
			2011	01	2011	02	2011	03	2011	04
LAKEWOOD SERVICE COM				.00		.00		.00		12714.00
STANDARD BASE QUARTER TOTAL				.00		.00		.00		12714.00

*QTR.
1.-JAN.,FEB.,MAR. 3.-JULY,AUG.,SEPT.
2.-APR.,MAY,JUNE 4.-OCT.,NOV.,DEC.

SSN: NAME: DIANA JORDAN BYE: 06/23/13
NO. OF EMPLOYERS: 01

EMPL NO: 01 ACCT: TYPE: 00 NAME: LAKEWOOD SERVICE COMPANY

	WAGES		START	END	CLMNT	EMPL T	DUE	RECEIPT
ST QTR 2011:	.00	1	12/30/11	03/30/12	9	U	06/26/12	
ND QTR 2011:	.00	2					NAICS CDE:	812990550
RD QTR 2011:	.00	3					LAST EMP:	Y
TH QTR 2011:	12714.00	4					REIMBURSE:	N
AG QTR :	.00	5					AFFIDAVIT:	N
TOTAL WAGES :	12714.00							

LIABLE: Y UCB214 DATE: PAID 8XWBA: Y B7 8XWBA: U
UCB103 DATE: TYPE: DISREGARD DATE: TRAIN DTE:

FOR MORE THAN 1 EMPLOYER DEPRESS PF2 TRANSACTION OPTION:

SSN: NAME: DIANA JORDAN BYE: 06/23/13
BENEFITS WBA: .00 UI MBA : .00 BALANCE: .00

PGM CODE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
0	062612	063012					0000000	00	.00	0	00	.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

SC Department of Employment and Workforce
Initial Claims Application

Filing location: Home
Office location: COLUMBIA
Claim creator: Claimant
Worked under a different name: No

Ethnicity

Claimant Hispanic or Latino: No

Claimant

Claimant's name: Diana Jordan
Date of birth:
Gender: Female
US citizen: Yes

Aliases

Alias type: SocialSecurityCard
Name: Diana Jordan

Alias type: Current
Name: Diana Jordan

Race(s)

* White

Addresses

Address type: physical
Address:
United States address: Yes

Address type: mailing
Address:
United States address: Yes

Telephone Number

Telephone number type: Home
Telephone number: 803 7321762 Ext:

Alien Information

Alien card number: None
Expiration date: No

Veteran Information

Service branch: None

Date entered:

Date released:

Character of service: None

Reason for separation:

Completed first full term of service: No

In the National Guard or a Reserve Unit and served on active duty during a period of war or in a campaign or expedition: No

Served on active duty in the military for a period of more than 180 days: No

Separated from military in the last 48 months: No

Accured days lost: No

Accured leave: 0
(Item #16 on DD-214)

Pay grade:
(Item #4b on DD-214)

Retired from military service: No

Have a service related disability: No

Percent disabled: 0%

Awarded a campaign badge or ribbon for service during a conflict: No

Badges and ribbons: None

Will receive pension: No

Worked in the last 18 months: Yes

Employer Name: LAKEWOOD SERVICE COMPANY

Employer delivery address: PO BOX 333

Employer city: WHITE ROCK

Employer state: SC

Employer zip code: 29177

Employer telephone number:

Worked for this employer: Yes

Worked part-time only: No

Hire date: 12/30/2011

Termination date: 3/30/2012

Type of work: Managers, All Other

Earned at least $2,608.00: Yes

Occupational license required: No

Job city: White Rock

Job state: South Carolina

Job duties: Statistical analysis, research, tax filing.

Discharge reason: Lack of Work

Discharge explanation: Business closed.

Federal employer: No

Received SF8 form: No

Payroll office address based on SF8: No

Job Registration

Spouse of a veteran: No
Spouse of a deceased veteran with a total disability rating: No
Spouse of a 100% total disabled veteran: No
Spouse of a veteran killed in the line of duty: No
Spouse of a MIA or POW: No
Worked on a farm: No
Worked in a food processing plant: No

Farm Worker Information

Earned at least half income performing farm work in the last 12 months: No
Employed all year in farm work: No
Traveled to perform farm work: No
Worked at least 25 days or parts of days during the last 12 months performing farm work: No

Food Processing Information

Earned at least half income performing food processing in the last 12 months: No
Employed all year in food processing: No
Traveled to perform food processing: No
Worked at least 25 days or parts of days during the last 12 months performing food processing: No

Do you have a valid driver's license: Yes

Driver License Classes

* D Regular Operator's License

Additional Claim Information

Filed UI claim outside SC in the last 18 months: No
Worked in state outside SC in the last 18 months: No
Filed claim for Trade Readjustment Allowances(TRA): No
Filed claim for Disaster Unemployment Assistance(DUA): No
Receive or have received Federal-Funded assistance: No
Receive or have received retirement: No
Receive or have received federal civilian employee benefits: No
Receive or have received federal military employee benefits: No
Claimant wants taxes withheld from unemployment benefits: No

Extra Earned Income

Pension amount: $0.00
Pension paid by:
Employer pension contribution percentage:
Pension effective date:

Retirement amount: $0.00
Retirement paid by:
Employer retirement contribution percentage:
Retirement effective date:

Disability amount: $0.00
Disability paid by:
Disability effective date:

Social security amount: $0.00
Social security effective date:

Job Eligibility

Only available for part-time work: No
Part-time work explanation: None

Willing to relocate: No

Can begin work immediately: Yes

Children or dependants in household who require care during working hours: No

Children or dependent care explanation: None

Self-Employed: No
Self-Employed job title:

Child or spouse of employer: No
Owner or corporate officer of a business: No

Will be recalled to last job: No
Date of recall to last job:

Have a health condition that limits ability to accept full-time work now or in the future: No

Health status explanation: None

Willing to look for other types of work: No

Kind of Jobs Seeking

Managers, All Other
Years of experience: 5
Years of training: 5

Managers, All Other
Years of experience: 5
Years of training: 5

Last Job

Number of miles traveled to work on last job: 5 - 10
Rate of pay on last job: $51,000.00
Unit of pay on last job: Yearly

Job Schedule Availability

Monday
Start time: 8:00 AM
End time: 4:30 PM

Tuesday
Start time: 8:00 AM
End time: 4:30 PM

Wednesday
Start time: 8:00 AM
End time: 4:30 PM

Thursday
Start time: 8:00 AM
End time: 4:30 PM

Friday
Start time: 8:00 AM
End time: 4:30 PM

New Job

Miles willing to travel to work: 5 - 10
Minimum wage you will accept on next job: $51,000.00
Unit of pay on next job: Yearly

Job Schedule Availability

Monday
Start time: 8:00 AM
End time: 4:30 PM

Tuesday
Start time: 8:00 AM
End time: 4:30 PM

Wednesday
Start time: 8:00 AM
End time: 4:30 PM

Thursday
Start time: 8:00 AM
End time: 4:30 PM

Friday
Start time: 8:00 AM
End time: 4:30 PM

Work Counties

Lexington
County FIPS: 63

Richland
County FIPS: 79

Last grade completed: Bachelors Degree
Currently attending school: No
Planning to attend school: No

Current School Information

Name of school: None
School location:
When did you start school:

School Schedule

Willing to change school/training schedule for a full-time job: No
Willing to quit school/training schedule for a full-time job: No

Future School Information

Name of school: None
Location of school:
When are you planning to attend school:

School Schedule

Willing to change school/training schedule for a full-time job: No
Willing to quit school/training schedule for a full-time job: No

Transportation Methods

* Automobile

Benefit Payment Method

Benefit payment type: Direct Deposit
Bank name: [redacted]
Account type: [redacted]
Account number: [redacted]
Routing number: [redacted]
Debit card agreement accepted: No
Direct deposit agreement accepted: Yes

UCB101I
REV. 07/02

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

NAME: DIANA JORDAN SSN: BYE: 07/14/13

CLAIMSTAKER ID: WFC #: 400 FILED: 07/20/12 EFF DATE: 07/15/12

MAILING ADDRESS:

CITY: STATE: SC ZIP: 29036

OTHER NAME: DIANA JORDAN

[X]	1-UI	[ ]	4-UI/UCFE/UCX	[ ]	7-UCX	[X]	NEW	[ ] TRANSITIONAL
[ ]	2-UI/UCFE	[ ]	5-UCFE	[ ]	8-CW	[ ]	ADDITIONAL	[ ] R-ADD
[ ]	3-UI/UCX	[ ]	6-UCFE/UCX	[ ]	OTHER	[ ]	CONTINUED	

BONA FIDE EMPLOYER NAME & PAYROLL ADDRESS INFORMATION:

NAME: LAKEWOOD SERVICE COMPANY

STREET: PO BOX 333

CITY: WHITE ROCK ST: SC ZIP: 29177 EMP. ACCT. #

DATES OF EMPLOYMENT:

FROM:	TO:
12/30/11	03/30/12

BONA FIDE EMPLOYER LOCAL ADDRESS INFORMATION:

STREET:

CITY: WHITE ROCK ST: SC ZIP: PHONE #:

SEPARATION REASON: [X] LOW [ ] VQ [ ] DISCHARGE [ ] STILL WORKING

ISSUE CODES: 09

LIABLE EMPLOYER INFORMATION:

NAME: LAKEWOOD SERVICE COMPANY EMP. ACCT #

JOB LOCATION (CITY/STATE): WHITE ROCK, SC

DATES OF EMPLOYMENT:

FROM:	TO:
12/30/11	03/30/12

SEPARATION REASON: [ ] LOW [ ] VQ [ ] DISCHARGE [ ] STILL WORKING

NARRATIVE REASON FOR SEPARATION FROM LIABLE EMPLOYER:

UCB 104-S 20WK
7-11

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

INITIAL DETERMINATION OF STATUS AS AN INSURED WORKER

WORKFORCE CENTER 400

EFFECTIVE DATE 07/15/12

DATE FILED 07/20/12

DATE PREPARED 07/21/12

O

DIANA JORDAN

*BENEFITS YOU MAY BE ELIGIBLE FOR:

MILITARY ASSIGNMENTS

WEEKLY BENEFIT AMOUNT 326.00

MAXIMUM TOTAL BENEFITS 6520.00

BENEFIT YEAR ENDS 07/14/13

* This statement establishes that you have the necessary wages to qualify for unemployment insurance. However, to receive benefits your job separation must also be considered. If you qualify, this is the maximum you may be entitled to receive.

SEE BACK FOR CLAIMANT INFORMATION

EMPLOYMENT RECORD			STANDARD BASE PERIOD QUARTERLY EARNINGS							
EMPLOYER	ACCOUNT NO.		YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.
			2011	02	2011	03	2011	04	2012	01
LAKEWOOD SERVICE COM				.00		.00	12714.00		12714.00	
STANDARD BASE QUARTER TOTAL				.00		.00	12714.00		12714.00	

*QTR.
1.-JAN.,FEB.,MAR. 3.-JULY,AUG.,SEPT.
2.-APR.,MAY,JUNE 4.-OCT.,NOV.,DEC.

ev 3/11

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

REQUEST FOR INFORMATION
UNEMPLOYMENT INSURANCE BENEFITS

AIMANT'S NAME Diana Jordan

SS#

ME WORKED UNDER

DATE MAILED 2012-06-27

PLOYER'S ACCOUNT #

PLOYER'S NAME LAKEWOOD SERVICE COMPANY
ADDRESS PO BOX 333
WHITE ROCK SC 29177

RETURN WITHIN 10 DAYS OF THE ABOVE DATE TO SCDEW
700 TAYLOR STREET
PO DRAWER 1449
COLUMBIA SC 29202

FAX NUMBER 803-737-2756

is person has filed a claim for Unemployment Insurance Benefits and named you as a previous employer Please explain the son this person no longer works for you so that a determination can be made on eligibility for benefits If you reply by letter fax email you must include all information requested as well as the claimant s name and social security number For instructions out responding by email please go to to our agency website at www dew sc gov YOU WILL RECEIVE A DETERMINATION ON IIS CLAIM ONLY IF IT IS FOUND THAT YOU ARE THE BONA FIDE AND/OR LIABLE EMPLOYER

☐ CLAIMANT'S Reason for Separation LACK OF WORK
siness closed

☐ Contact the local Dept of Employment & Workforce shown above by 07/07/2012 if you wish to ap
☐ or be represented at an interview regarding the reason for separation

SC Dept. of Employment & Workforce
JUL 24 2012
Received Benefits Div.

PARATION INFORMATION

☑ LACK OF WORK (No additional written explanation is necessary)

☐ DISCHARGED (Give specific reason)

State company policy that claimant violated, if applicable, and describe the final incident leading to the separation

List any warnings, note if verbal or written and give dates

If discharged for absenteeism, list dates of absences B7 TWO

JUL 23 2012

☐ VOLUNTARILY QUIT (Give specific reason)

☐ OTHER (Explain in detail) Sty

ates of Employment FROM 12/30/11 TO 3/30/12
uring all terms of employment have you paid this claimant as much as $ 2608 00 ☑ YES ☐ NO

If NO how much have you paid this claimant in all terms of employment? $ _____

re you paying or WILL YOU PAY this claimant a pension or retirement pay? ☐ YES ☑ NO

If YES what amount? $ _____ PER _____

id claimant contribute to pension plan? ☐ YES ☑ NO If YES what percent? _____ %

MPLOYER NAME LAKEWOOD SERVICE CO. ACCOUNT NUMBER _____

MPLOYER SIGNATURE ** Kim Igala TITLE PRESIDENT

ELEPHONE NUMBER NONE. DATE 7/18/12

AP105

SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE
PO DRAWER 1449
COLUMBIA SC 29202

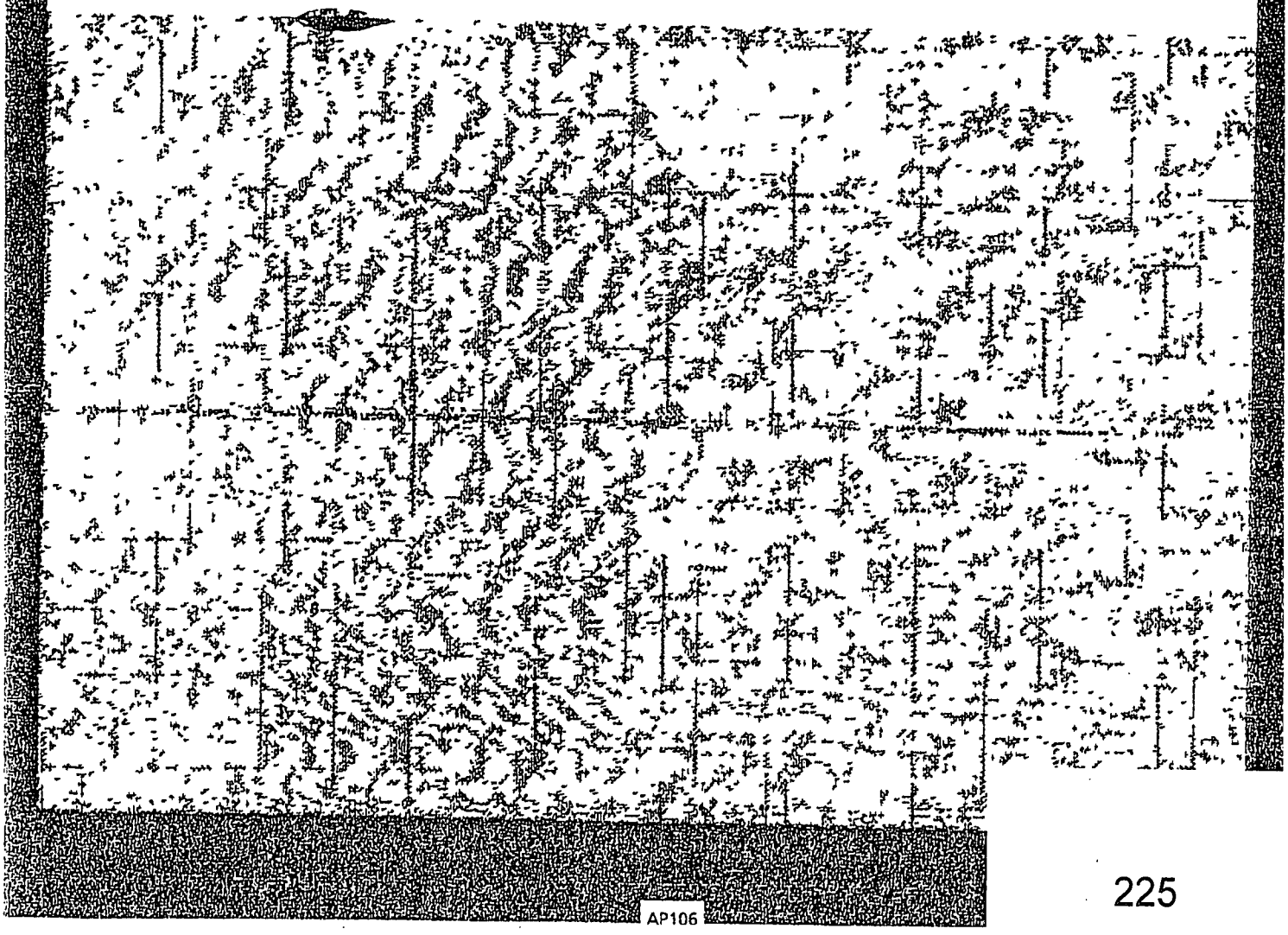
OFFICIAL BUSINESS

NET101

FORWARDING SERVICE REQUESTED

LAKEWOOD SERVICE COMPANY
PO BOX 333
WHITE ROCK SC 29177

F*PWSIP 29177



AP106

SN: NAME: DIANA JORDAN BYE: 07/14/13
O. OF EMPLOYERS: 01

MPL NO: 01 ACCT: TYPE: 00 NAME: LAKEWOOD SERVICE COMPANY

	WAGES		START	END	CLMNT	EMPL	T	DUE	RECEIPT
ND QTR 2011:	.00	1	12/30/11	03/30/12	9	9	N	07/20/12	
RD QTR 2011:	.00	2						NAICS CDE:	812990550
TH QTR 2011:	12714.00	3						LAST EMP:	Y
ST QTR 2012:	12714.00	4						REIMBURSE:	N
AG QTR :	.00	5						AFFIDAVIT:	N

OTAL WAGES : 25428.00
IABLE: Y UCB214 DATE: PAID 8XWBA: Y B7 8XWBA: Y
CB103 DATE: 08/02/12 TYPE: 2 DISREGARD DATE: TRAIN DTE:

FOR MORE THAN 1 EMPLOYER DEPRESS PF2 TRANSACTION OPTION:

UCB-103B
REV. 7/10

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P. O. BOX 995, COLUMBIA, S. C. 29202

6

DETERMINATION OF ELIGIBILITY FOR BENEFITS					
CLAIMANT'S NAME		SOCIAL SECURITY NUMBER	WFC. NO.	TYPE	CATEGORY
DIANA	JORDAN		400	I	01

WEEKLY BENEFIT AMOUNT	MAXIMUM BENEFIT AMOUNT	EFFECTIVE DATE	BENEFIT YEAR ENDS	DATE OF NOTICE
$ 326.00	$ 6,520.00	07/15/12	07/14/13	08/02/12

It has been determined that you are eligible without disqualification for unemployment compensation. This determination is made based on the South Carolina Code and on evidence available at the time of this notice.

☐ The last separation was from a non-liable employer.

DIANA JORDAN

MAILING DATE 08/03/2012

IMPORTANT:

THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY WORKFORCE CENTER OR BY MAIL TO THE "APPEAL TRIBUNAL," AT THE ADDRESS BELOW OR BY FAX (803) 737 - 0287. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, YOU MAY CONTACT YOUR LOCAL WORKFORCE CENTER OR THE APPEALS DEPARTMENT AT (803) 737 - 2520.

UCB-103B
Rev. 7/10

APPEAL TRIBUNAL
P. O. BOX 995
COLUMBIA, S.C. 29202

SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P. O. BOX 995
COLUMBIA, S. C. 29202
OFFICIAL BUSINESS

DIANA JORDAN

FORWARDING SERVICE REQUESTED
UI-5 UCB-103B

1 UCB-103
REV. 7/10

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

P.O. BOX 995, COLUMBIA, S.C. 29202

1 DIANA JORDAN

DATE OF THIS NOTICE 05/24/13

CLAIMANT'S NAME				SOCIAL SECURITY NUMBER	EFFECTIVE DATE	DISQUALIFICATION ENDS	
1 DIANA JORDAN					05/12/13	05/18/13	
WFC. NO.	TYPE	CATEGORY	WEEKLY BENEFIT AMOUNT	MAXIMUM POTENTIAL ENTITLEMENT	LESS REDUCTION OF	NET TOTAL BENEFITS	BENEFIT YEAR ENDS
1 400	C	21	$ 326.00	$ 3520.00	$ 326.00	$ 1564.00	07/14/13

DETERMINATION BY CLAIMS ADJUDICATOR ON CLAIM FOR BENEFITS

1 _____ You are eligible for benefits from the above effective date.

1 _X_ You have been disqualified from receiving benefits or have been found to be ineligible for benefits for the following reason(s).

1 THE BUDGET CONTROL ACT OF 2011 (PUBLIC LAW 112-25) REQUIRES ACROSS-THE-BOARD BUDGET REDUCTIONS
1 TO MANY FEDERAL PROGRAMS, INCLUDING EMERGENCY UNEMPLOYMENT COMPENSATION (EUC). UNDER THE POLICY
1 INSTITUTED BY THE SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE, TO MEET THESE MANDATORY
1 BUDGET REQUIREMENTS, EUC BENEFITS ARE NOT PAYABLE FOR THE CLAIM WEEK LISTED ABOVE. YOUR MAXIMUM
1 BENEFITS ARE ALSO REDUCED BY 1 TIMES YOUR WEEKLY BENEFIT AMOUNT.

1 _____ LAST SEPARATION FROM NON-LIABLE EMPLOYER

UI CLAIMS ADJUDICATOR

1 MAILING DATE 05/28/2013

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY WORKFORCE CENTER, BY MAIL, ADDRESSED TO THE "APPEAL TRIBUNAL," P.O. BOX 995, COLUMBIA, SOUTH CAROLINA 29202, OR BY FAX (803) 737-0287. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, CONTACT YOUR LOCAL WORKFORCE CENTER OR THE APPEALS DEPARTMENT AT (803) 737-2520.

APP-105
Rev. 9/10

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P.O. Box 995, Columbia, South Carolina 29202

NOTICE OF HEARING BEFORE APPEAL TRIBUNAL

Claimant's Name: DIANA JORDAN Social Security Number: ___

Address: _____

Employer's Name: NLE

Appeal Number: EUC-7614 Hearing Date: 08/27/13 (Month/Day/Year) Hearing Time: 9:00 AM (Hour/Minute)

Hearing Location: SC DEPARTMENT OF EMPLOYMENT & WORKFORCE
631 HAMPTON STREET COLUMBIA SC 29201

Before: ROBIN R. BRADLEY

IMPORTANT: IF YOU HAVE APPEALED AND FAIL TO APPEAR WITHIN TEN (10) MINUTES AFTER THE SCHEDULED TIME FOR THE HEARING TO BEGIN, YOUR APPEAL MAY BE DISMISSED. FAILURE OF EITHER PARTY TO PARTICIPATE MAY RESULT IN YOUR INTERESTS BEGING ABANDONED.

THE HEARING WILL NOT BE POSTPONED EXCEPT FOR AN EMERGENCY. Contact a representative of the Department at (803) 737-2520, AT ONCE, if you cannot be present at the time scheduled and wish to request a postponement of the hearing. Also, if you require any special needs, such as an interpreter, please contact us prior to the hearing.

ISSUES

_____ Voluntary Quit	_____ Voluntary Retirement	_____ Timeliness of Appeal
_____ Discharge	_____ Absence from Hearing	_____ Fraud & Overpayment
_____ Availability	_____ Overpayment	_____ Job Offer & Referral
X Eligibility	_____ Other _____	

EVIDENCE: This hearing is your only chance to testify and present evidence. Sworn testimony is required from witnesses with first-hand knowledge. Only documents, such as business records (for example: timesheets, employer's policies or handbook, warnings) can be considered and must be submitted with an original and two copies. The original will be returned. No testimony or evidence will be considered from witnesses who are not present.

SUBPOENAS: If a witness is reluctant to appear, you may apply for a subpoena through the Commission's local office or the Appeal Tribunal at (803) 737-2520.

LEGAL REPRESENTATION: An attorney licensed to practice in South Carolina may represent you. It is your responsibility to obtain representation prior to the hearing. Fees charged to represent claimants are limited to the greater of $125.00 or the claimant's weekly benefit amount per appearance.

BENEFITS: A claimant should continue to file for benefits during the appeal process. Weeks not claimed cannot be paid, even if the claimant is held eligible.

THIS NOTICE SUPERSEDES ANY PREVIOUS HEARING NOTICE YOU MAY HAVE RECEIVED. IF THE DATE ON THIS NOTICE IS LATER THAN THE DATE ON ANY OTHER NOTICE, YOU SHOULD ASSUME THAT THE PREVIOUS HEARING HAS BEEN POSTPONED AND FOLLOW THE INSTRUCTIONS ON THIS NOTICE.

Please note the hearing may result in an increase, decrease, or no change in the disqualification.

MAILING DATE: 08/16/2013

NO CELL PHONES OR CHILDREN ARE ALLOWED IN HEARINGS

GENERAL INFORMATION ON THE SOUTH CAROLINE CODE IS ON THE BACK OF THIS NOTICE.

SCDEW
JUL 9 2013
Lower Authority Appeal

APP 100

July 8, 2013

7.14.13

Re: Diana Jordan
Social Security Number [redacted]

Dear Madam or Sir,

For the past four months I have been calling in my weekly unemployment claim and conducting job searches and have not received my benefit checks. Please pay my claim or request a fair hearing regarding the matter.

Thank You,
Diana B. Jordan

(803) 732-1762

SC Dept. of
Employment & Workforce
JUL 10 2013
Received Benefits Div.

APP
UPDATE

Sent
7/31
#8

July 26, 2013

Re: "APPEAL TRIBUNAL" THIRD REQUEST

Dear Madam or Sir,

On 5/24/13 I was notified my benefits were reduced by #391.00. On 5/31/13 I submitted an appeal and never received a response. On 7/8/13 I requested a fair hearing regarding the matter and never received a response. On 7/19/13 another #391.00 reduction occurred. I have not received benefit checks since 3/6/13. I am appealing the #1563.00 in reductions since I am not receiving benefits.

Sincerely,
Diana B. Jordan

SCDEW
JUL 29 2013
Lower Authority Appeals

Phone # (803) 732-1762

SC Dept. of
Employment & Workforce
JUL 31 2013
Received Benefits Div.

Attachments: Notice dated 7/19/13
Notice dated 5/24/13

UCB-103
Rev. 2/12

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

P.O. BOX 995, COLUMBIA, S.C. 29202

DIANA JORDAN

DATE OF THIS NOTICE 07/18/13

CLAIMANT'S NAME		SOCIAL SECURITY NUMBER	EFFECTIVE DATE	DISQUALIFICATION ENDS
DIANA	JORDAN		07/07/13	07/13/13

SC WORKS #	TYPE	CATEGORY	WEEKLY BENEFIT AMOUNT	MAXIMUM POTENTIAL ENTITLEMENT	LESS REDUCTION OF	NET TOTAL BENEFITS	BENEFIT YEAR ENDS
400	C	21	$ 326.00	$ 3520.00	$ 326.00	$ 1238.00	07/14/13

DETERMINATION BY CLAIMS ADJUDICATOR ON CLAIM FOR BENEFITS

____ You are eligible for benefits from the above effective date.

__X__ You have been disqualified from receiving benefits or have been found to be ineligible for benefits for the following reason(s).

THE BUDGET CONTROL ACT OF 2011 (PUBLIC LAW 112-25) REQUIRES ACROSS-THE-BOARD BUDGET REDUCTIONS TO MANY FEDERAL PROGRAMS, INCLUDING EMERGENCY UNEMPLOYMENT COMPENSATION (EUC). UNDER THE POLICY INSTITUTED BY THE SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE, TO MEET THESE MANDATORY BUDGET REQUIREMENTS, EUC BENEFITS ARE NOT PAYABLE FOR THE CLAIM WEEK LISTED ABOVE. YOUR MAXIMUM BENEFITS ARE ALSO REDUCED BY 1 TIMES YOUR WEEKLY BENEFIT AMOUNT.

____ LAST SEPARATION FROM NON-LIABLE EMPLOYER

UI CLAIMS ADJUDICATOR

MAILING DATE 07/22/2013

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOURAPPEAL MAY BE FILED IN PERSON AT ANY SC WORKS CENTER, BY MAIL, ADDRESSED TO THE "APPEAL TRIBUNAL," P.O.BOX 995, C OLUMBIA,SOUTH CAROLINA 29202, OR BY FAX (803) 737-0287. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, CONTACT YOUR LOCAL SC WORKS CENTER OR C ALL (803) 737-2400.

UCB-103
Rev. 2/12

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

P.O. BOX 995, COLUMBIA, S.C. 29202

DIANA JORDAN

DATE OF THIS NOTICE 05/24/13

CLAIMANT'S NAME		SOCIAL SECURITY NUMBER	EFFECTIVE DATE	DISQUALIFICATION ENDS
DIANA	JORDAN		05/12/13	05/18/13

SC WORKS #	TYPE	CATEGORY	WEEKLY BENEFIT AMOUNT	MAXIMUM POTENTIAL ENTITLEMENT	LESS REDUCTION OF	NET TOTAL BENEFITS	BENEFIT YEAR ENDS
400	C	21	$ 326.00	$ 3520.00	$ 326.00	$ 1564.00	07/14/13

DETERMINATION BY CLAIMS ADJUDICATOR ON CLAIM FOR BENEFITS

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_____ LAST SEPARATION FROM NON-LIABLE EMPLOYER

UI CLAIMS ADJUDICATOR

MAILING DATE 05/28/2013

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOURAPPEAL MAY BE FILED IN PERSON AT ANY SC WORKS CENTER, BY MAIL, ADDRESSED TO THE "APPEAL TRIBUNAL," P.O.BOX 995, C OLUMBIA,SOUTH CAROLINA 29202, OR BY FAX (803) 737-0287. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, CONTACT YOUR LOCAL SC WORKS CENTER OR C ALL (803) 737-2400.

Appeal No: EUC-7614 DECISION NO: 2013-A-13525

SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE

DECISION OF APPEAL TRIBUNAL

Hearing Date: August 27, 2013

DIANA JORDAN	)	**CLAIMANT**
NO LIABLE EMPLOYER	)	**EMPLOYER**

APPELLANT: Claimant SS NO:

APPEARANCES

FOR THE CLAIMANT: Present

FOR THE EMPLOYER: No liable employer

FINDINGS OF FACT

The issues in this case are the timeliness of the claimant's appeal and eligibility.

On May 28, 2013, the Department mailed to the appellant's address of record a determination wherein Emergency Unemployment Compensation (EUC) was denied for the period May 12, 2013 through May 18, 2013 and the maximum EUC benefit allowance was reduced by one (1) times the weekly benefit amount. The claimant received the determination but did not recall the date. She asserted that she mailed an appeal letter to the Appeal Tribunal on May 31, 2013 from the post office. She did not call the Tribunal to confirm receipt. On July 8, 2013, the claimant faxed a letter of appeal indicating she had been filing for benefits each week and receiving nothing. She did not reference any particular determination she was appealing and did not mention her appeal of May 31, 2013. On July 22, 2013, a second determination was mailed, wherein Emergency Unemployment Compensation (EUC) was denied for the period July 7, 2013 through July 13, 2013 and the maximum EUC benefit allowance was reduced by one (1) times the weekly benefit amount. The claimant faxed another appeal on July 29, 2013, appealing the determination of July 22, 2013, as well as the determination of May 28, 2013, at which time she referenced her appeal mailed in on May 31, 2013. The appeal period for the determination of May 28, 2013 expired on June 7, 2013.

The claimant agreed to waive notice on the issue of timeliness.

The claimant received prior notification that EUC benefits would be affected by Federal sequestration. She appealed the determinations because she has not yet been determined eligible for benefits for those weeks and does not believe the maximum EUC benefit allowance should be reduced until such time a determination on her eligibility is rendered. Her claim is currently under investigation and benefit payments are pending until the investigation is completed.

REASONS

S.C. Code Ann. §41-35-660 provides that any interested party may file an appeal no later than ten (10) calendar days after a determination was mailed to the last known address.

The Agency fulfilled its sole obligation by mailing to the claimant a determination of eligibility. Thereafter, it was the burden of the claimant to file an appeal if she was in disagreement with it. The claimant received the determination mailed May 28, 2013 and asserted she mailed an appeal on May 31, 2013; however, the Agency records reflect the first appeal received after the determination was mailed, was on July 8, 2013, at which time she made no mention of an appeal mailed May 31, 2013. She provided no other evidence of such an appeal. When she filed her appeal of the second sequestration determination mailed July 22, 2013 on July 29, 2013, she referenced appealing the previous determination of May 28, 2013. It is unfortunate that the claimant did not file her appeal of the May 28, 2013 determination sooner; however, the law is very specific regarding this requirement. The Tribunal finds that the appeal of the determination of May 28, 2013 was not filed within the time allowed by the statute and therefore, cannot be considered.

Under Public Law 110-252, Emergency Unemployment Compensation is payable to an individual who has exhausted benefit rights for regular compensation with respect to a benefit year that ended on or after May 1, 2007. The individual must have received all regular compensation payable or had his/her rights to regular compensation terminated by reason of the expiration of the applicable benefit year. EUC08 is administered through voluntary agreements between states and the U.S. Department of Labor. Continuing eligibility is determined under the requirements of the state law.

The Budget Control Act of 2011 (Public Law 112-25) requires across-the-board budget reductions (also known as "sequestration") to many federal programs, including the Emergency Unemployment compensation (EUC) program. In order to meet the Federal requirement for sequestration, the state must reduce the total amount of EUC benefits paid in the remainder of the 2013 federal fiscal year by 10.7 percent.

The Department will accomplish this mandatory reduction by using selected weeks where claimants who certify for EUC benefits for the week will have their EUC benefits withheld to effectuate the required sequestration reductions. Benefits during these sequestered weeks will not be paid and the maximum available balance will be reduced by an amount equal to the weekly benefit amount of the EUC claim. These benefit reductions are required under Federal law by the Balanced Budget and Emergency Control Act of 1985, as amended, and the Budget Control Act of 2011 and the reductions are not appealable.

Appeal No: EUC-7614 DECISION NO: 2013-A-13525

The current week in question, claim week ending July 13, 2013, was selected to satisfy the mandatory reduction. The claimant's appeal did not dispute the calculation of the reduction, and since the reduction requirement alone is not appealable, the claimant's appeal is dismissed.

DECISION

The appeal dated July 29, 2013 of the determination mailed May 28, 2013 is dismissed as untimely.

The claimant's appeal is hereby dismissed, and the determination mailed July 22, 2013 remains the Department's final decision in this matter.

This will be the final decision of the Agency, unless you file an appeal to the Appellate Panel setting forth in detail the grounds for appeal within ten (10) calendar days, including weekends and holidays, from the mailing date of this decision. If the tenth day falls on a Saturday, Sunday or holiday, the appeal period is extended to the next business day. Your appeal may be filed by mail addressed to **"Appellate Panel, Post Office Box 1752, Columbia, South Carolina, 29202"**, or by fax at **803.737.3166**. For additional information on filing an appeal, visit our web site at www.dew.sc.gov/appeals.asp.



Robin R. Bradley
Administrative Hearing Officer

RRB: WH
Decision Mailed: 08/30/13
Mailed on the above Date By: WH

SN: NAME: DIANA B JORDAN BYE: 07/05/09
ENEFITS WBA: 326.00 UI MBA : 8476.00 BALANCE: 32274.00

GM DE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
1	061410	061910	062110	T	062110		1527809	07	326.00	0	59	326.00
1	060710	061210	061410	T	061410		1448875	07	326.00	0	59	326.00
1	060110	060510	060710	T	060710		1352703	07	326.00	0	59	326.00
1	052410	052910	060110	T	060110		1290972	07	326.00	0	59	326.00
1	052110	052210	052410	T	052410		1167555	07	326.00	0	59	326.00
1	052010	051510	052110	T	052110		1128664	07	326.00	0	59	326.00
1	050410	050810	051410	T	051410		1034824	07	326.00	0	59	326.00
1	042610	050110	050310	T	050310		9884274	07	326.00	0	59	326.00
1	041910	042410	042610	T	042610		9787407	07	326.00	0	59	326.00
1	041210	041710	041910	T	041910		9690498	07	326.00	0	59	326.00
1	040510	041010	041210	T	041210		9594267	07	326.00	0	59	326.00
1	032910	040310	040510	T	040510		9490798	07	326.00	0	59	326.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

SN: NAME: DIANA B JORDAN BYE: 07/05/09
ENEFITS WBA: 326.00 UI MBA : 8476.00 BALANCE: 32274.00

GM DE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
1	032210	032710	032910	T	032910		9384564	07	326.00	0	59	326.00
1	031510	032010	032210	T	032210		9273779	07	326.00	0	59	326.00
1	030810	031310	031510	T	031510		9159872	07	326.00	0	59	326.00
1	030110	030610	030810	T	030810		9045553	07	326.00	0	59	326.00
1	022210	022710	030110	T	030110		8927685	07	326.00	0	59	326.00
1	021610	022010	022210	T	022210		8804894	07	326.00	0	59	326.00
1	021210	021310	021610	T	021610		8732618	07	326.00	0	59	326.00
1	020510	020610	021210	T	021210		8651789	07	326.00	0	59	326.00
1	012510	013010	020110	T	020110		8467375	07	326.00	0	59	326.00
1	011810	012310	012510	T	012510		8346896	07	326.00	0	59	326.00
1	011210	011610	011810	T	011810		8229452	07	326.00	0	59	326.00
1	010410	010910	011110	T	011210		8111975	07	326.00	0	59	326.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

SSN: NAME: DIANA B JORDAN BYE: 07/05/09
BENEFITS WBA: 326.00 UI MBA : 8476.00 BALANCE: 32274.00

PGM CDE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
1	122809	010210	010410	T	010410		7986089	07	326.00	0	59	326.00
1	122109	122609	122809	T	122809		7868642	07	326.00	0	59	326.00
1	121409	121909	122109	T	122109		7747957	07	326.00	0	59	326.00
1	120709	121209	121409	T	121409		7637210	07	326.00	0	59	326.00
1	113009	120509	120709	T	120709		7534987	07	326.00	0	59	326.00
1	112409	112809	113009	T	113009		7431504	07	326.00	0	59	326.00
1	111609	112109	112309	T	112409		7373934	07	326.00	0	59	326.00
1	111009	111409	111609	T	111609		7227173	07	326.00	0	59	326.00
1	110209	110709	111009	T	111009		7156267	07	326.00	0	59	326.00
1	102709	103109	110209	T	110209		7007792	07	326.00	0	59	326.00
1	102009	102409	102709	T	102909		6957363	07	326.00	0	59	326.00
1	102009	101709	101909	T	102009		6844628	07	326.00	0	59	326.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

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ENEFITS WBA: 326.00 UI MBA : 8476.00 BALANCE: 32274.00

GM DE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
1	100509	101009	101209	T	101309		6742000	07	326.00	0	59	326.00
1	092809	100309	100509	T	100509		6603367	07	326.00	0	59	326.00
1	092209	092609	092809	T	092809		6503089	07	326.00	0	59	326.00
1	091809	091909	092109	T	092209		6441288	07	326.00	0	59	326.00
1	090709	091209	091409	T	091509		6339805	07	326.00	0	59	326.00
1	083109	090509	090709	T	090709		6197543	07	326.00	0	59	326.00
1	082509	082909	083109	T	083109		6097551	07	326.00	0	59	326.00
1	081709	082209	082409	T	082509		6033490	07	326.00	0	59	326.00
1	081109	081509	081709	T	081709		5888969	07	326.00	0	59	326.00
1	080409	080809	081009	T	081109		5823529	07	326.00	0	59	326.00
1	072809	080109	080409	T	080409		5717403	07	326.00	0	59	326.00
1	072109	072509	072709	T	072809		5611822	07	326.00	0	59	326.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

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GM DE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
1	071309	071809	072009	T	072109		5503957	07	326.00	0	59	326.00
1	070709	071109	071309	T	071309		5354617	07	326.00	0	59	326.00
1	063009	070409	070609	T	070709		5285077	07	326.00	0	59	326.00
1	062309	062709	063009	T	063009		5175664	07	326.00	0	59	326.00
1	061709	062009	062209	T	062309		5064599	07	326.00	0	59	326.00
1	060909	061309	061509	T	061609		4954674	07	326.00	0	59	326.00
1	060209	060609	060909	T	060909		4843888	07	326.00	0	59	326.00
1	052609	053009	060209	T	060209		4729029	07	326.00	0	59	326.00
1	052209	052309	052609	T	052609		4613166	07	326.00	0	59	326.00
1	051209	051609	052209	T	052209		4534807	07	326.00	0	59	326.00
1	050409	050909	051109	T	051209		4397381	07	326.00	0	59	326.00
1	042809	050209	050409	T	050409		4252933	07	326.00	0	59	326.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

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ENEFITS WBA: 326.00 UI MBA : 8476.00 BALANCE: 32274.00

GM DE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
1	042109	042509	042809	T	042809		4184904	07	326.00	0	59	326.00
1	041409	041809	042009	T	042109		4076344	07	326.00	0	59	326.00
1	040709	041109	041309	T	041409		3965293	07	326.00	0	59	326.00
1	033109	040409	040609	T	040709		3854852	07	326.00	0	59	326.00
1	032409	032809	033009	T			0000000	07	.00	0	05	.00
1	031709	032109	032309	T	032409		3624698	07	326.00	0	59	326.00
1	031009	031409	031609	T	031709		3392922	07	326.00	0	59	326.00
1	030309	030709	031009	T	031009		3278107	07	326.00	0	59	326.00
1	022409	022809	030309	T	030309		3160684	07	326.00	0	59	326.00
1	021709	022109	022409	T	022409		3047263	07	326.00	0	59	326.00
1	021009	021409	021709	T	021709		2929320	07	326.00	0	59	326.00
1	020309	020709	021009	T	021009		2818446	07	326.00	0	59	326.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

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GM DE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
1	012709	013109	020309	T	020309		2706380	07	326.00	0	59	326.00
1	012309	012409	012609	T	012909		2617731	07	326.00	0	59	326.00
1	010609	011009	011209	T	011209		2327182	07	326.00	0	59	326.00
1	123008	010309	010509	T	010609		2255631	07	326.00	0	59	326.00
1	122308	122708	123008	T	010109		2146876	07	326.00	0	59	326.00
1	121608	122008	122308	T	122308		2059813	07	326.00	0	59	326.00
1	120908	121308	121608	T	121608		1958685	07	326.00	0	59	326.00
1	120108	120608	120908	T	120908		1851923	07	326.00	0	59	326.00
1	112408	112908	120108	T	120108		1749759	07	326.00	0	59	326.00
1	111708	112208	112408	T	112408		1680755	07	326.00	0	59	326.00
1	111108	111508	111708	T	111708		1627265	07	326.00	0	59	326.00
1	110308	110808	111008	T	111108		1584730	07	326.00	0	59	326.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

SN: NAME: DIANA B JORDAN BYE: 07/05/09

ENEFITS WBA: 326.00 UI MBA : 8476.00 BALANCE: 32274.00

GM DE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
1	102708	110108	110308	T	110308		1506057	07	326.00	0	59	326.00
1	102008	102508	102708	T	102708		1449603	07	326.00	0	59	326.00
1	101308	101808	102008	T	102008		1390474	07	326.00	0	59	326.00
1	100608	101108	101308	T	101308		1332283	07	326.00	0	59	326.00
1	092908	100408	100608	T	100608		1268226	07	326.00	0	59	326.00
1	092208	092708	092908	T	092908		1202722	07	326.00	0	59	326.00
1	091508	092008	092208	T	092208		1138469	07	326.00	0	59	326.00
1	090808	091308	091508	T	091508		1072459	07	326.00	0	59	326.00
1	090108	090608	090808	T	090808		1005970	07	326.00	0	59	326.00
1	082508	083008	090108	T	090108		9936964	07	326.00	0	59	326.00
1	081808	082308	082508	T	082508		9871912	07	326.00	0	59	326.00
1	081108	081608	081808	T	081808		9802992	07	326.00	0	59	326.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

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ENEFITS WBA: 326.00 UI MBA : 8476.00 BALANCE: 32274.00

GM DE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
1	080408	080908	081008	T	081108		9735571	07	326.00	0	59	326.00
1	072808	080208	080408	T	080408		9667666	07	326.00	0	59	326.00
1	072108	072608	072708	T	072808		9602248	07	326.00	0	59	326.00
1	071408	071908	072108	T	072108		9528642	07	326.00	0	59	326.00
1	070808	071208	071408	T			0000000	07	.00	0	59	.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

1 UCB-103
REV, 7/10

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

P.O. BOX 995, COLUMBIA, S.C. 29202

1 DIANA JORDAN

DATE OF THIS NOTICE 03/03/14

CLAIMANT'S NAME				SOCIAL SECURITY NUMBER	EFFECTIVE DATE		DISQUALIFICATION ENDS
1 DIANA JORDAN					07/15/12		03/02/13
WFC NO.	TYPE	CATEGORY	WEEKLY BENEFIT AMOUNT	MAXIMUM POTENTIAL ENTITLEMENT	LESS REDUCTION OF	NET TOTAL BENEFITS	BENEFIT YEAR ENDS
1 400	C	01	$ 326.00	$ 6520.00	$ 0.00	$ 6520.00	07/14/13

DETERMINATION BY CLAIMS ADJUDICATOR ON CLAIM FOR BENEFITS

1 ____ You are eligible for benefits from the above effective date.

1 _X_ You have been disqualified from receiving benefits or have been found to be ineligible for benefits for the following reason(s).

1 THE DEPARTMENT OF EMPLOYMENT AND WORKFORCE HAS DETERMINED THAT YOUR CLAIM FOR UNEMPLOYMENT
1 BENEFITS WAS ESTABLISHED THROUGH YOUR USE OF A FICTITIOUS EMPLOYER ACCOUNT FOR THE PURPOSED OF
1 ESTABLISHING YOUR RIGHTS TO BENEFITS. UNDER S C CODE ANN. 41-41-20, YOUR OVERPAYMENT IS
1 CONSIDERED FRAUDULENT IN NATURE AND AN ADMINISTRATIVE PENALTY IS IMPOSED AS DESCRIBED BELOW. YOU
1 MAY REPAY THE OVERPAYMENT IN WEEKLY, BI-WEEKLY OR MONTHLY INSTALLMENTS. OVERPAID AMOUNT
1 $8150.00. ADMINISTRATIVE DISQUALIFICATION IS A TOTAL OF 52 WEEKS FROM 3-2-14 TO 2-28-15

1 ____ LAST SEPARATION FROM NON-LIABLE EMPLOYER

UI CLAIMS ADJUDICATOR

1 MAILING DATE 03/04/2014

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY WORKFORCE CENTER, BY MAIL, ADDRESSED TO THE "APPEAL TRIBUNAL," P.O. BOX 995, COLUMBIA, SOUTH CAROLINA 29202, OR BY FAX (803) 737-0287. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, CONTACT YOUR LOCAL WORKFORCE CENTER OR THE APPEALS DEPARTMENT AT (803) 737-2520.

BPC-128
REV..2/11

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
DETERMINATION OF OVERPAYMENT

TO: DIANA JORDAN S.S. NO.: DATE: 03/03/14

OVERPAYMENT TYPE: [X] FRAUD [ ] NONFRAUD

AMOUNT OVERPAID: 5868.00 WEEKS OVERPAID: 07/28/12 TO 11/24/12 BYE: 07/14/13

An overpayment determination has been made on your unemployment insurance claim in accordance with Section 41-41-20 of the South Carolina Code. You have received benefits to which you were NOT entitled. See items checked below.

- [ ] You were paid benefits during a disqualification or a period of ineligibility.
- [ ] A revision in your base period wages resulted in a reduction of your weekly benefit entitlement.
- [ ] Earnings were not deducted. [ ] Pension was not deducted.
- [ ] Your claim was withdrawn.
- [X] You knowingly withheld information to obtain or increase your benefits.
- [ ] Other:

BENEFIT PAYMENT CONTROL

MAILING DATE 03/04/2014

[ ] If this box is checked and the overpayment is non-fraud, you may request a waiver of the overpayment.

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT UNLESS YOU FILE AN APPEAL AND/OR REQUEST FOR WAIVER WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESSDAY. YOUR REQUEST FOR WAIVER MUST BE FILED IN PERSON AT ANY LOCAL WORKFORCE CENTER. IF YOU CANNOT REPORT IN PERSON, PLEASE CONTACT YOUR LOCAL WORKFORCE CENTER FOR ADDITIONAL INFORMATION OR ASSISTANCE AN APPEAL MAY BE FILED IN PERSON OR BY MAIL ADDRESSED TO APPEALS, P.O. BOX. 995, COLUMBIA , SC 29202.

Section 41-41-40 of the South Carolina Code requires that you refund this overpayment regardless of the reason for the overpayment. Please make your personal check, money order, or cashier's check payable to the South Carolina Deparment of Employment and Workforce and MAIL TO:

SC DEPARTMENT OF EMPLOYMENT AND WORKFORCE
ATTN: BPC COLLECTIONS, ROOM 130
P.O. BOX 2644
COLUMBIA, S.C. 29202

DO NOT SEND CASH MONEY THROUGH THE MAIL.

To ensure proper credit to your account, please be sure to write your social security number on your payment. If you are unable to pay the entire amount, you can make arrangements to repay your overpayment in installments. You may use the section below to show how you intend to repay your overpayment. If assistance is needed in making such arrangement, contact the BPC Collections Unit at (803) 737-2387. You may also contact our field representative through your local unemployment insurance office to arrange an installment pay plan. Failure to repay this overpayment may result in prosecution (if the overpayment is fraud), wage garnishment,and/or your state tax refund being intercepted and applied to your overpayment.

REPAYMENT AGREEMENT

I UNDERSTAND THAT I AM OVERPAID AND MUST REPAY MY OVERPAYMENT. THEREFORE, I AGREE TO REPAY MY OVERPAYMENT IN INSTALLMENTS OF $_____ [ ] WEEKLY [ ] BI-WEEKLY [ ] MONTHLY UNTIL THE BALANCE IS PAID IN FULL.

I UNDERSTAND THAT THIS AGREEMENT HAS TO BE APPROVED BY THE SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE BPC COLLECTIONS UNIT AND IS NOT VALID UNLESS A PAYMENT IS ENCLOSED.

I UNDERSTAND THAT IF I BECOME ELIGIBLE FOR UNEMPLOYMENT INSURANCE BENEFITS, THEY WILL BE APPLIED TO MY OVERPAYMENT AND THIS INSTALLMENT AGREEMENT WILL NOT PREVENT THIS FROM HAPPENING.

SOCIAL SECURITY NUMBER _____ SIGNATURE _____ DATE

RETURN THIS PORTION WITH YOUR FIRST PAYMENT

BPC-128
REV..2/11

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
DETERMINATION OF OVERPAYMENT

TO: DIANA JORDAN S.S. NO.: DATE: 03/03/14

OVERPAYMENT TYPE: [X] FRAUD [ ] NONFRAUD

AMOUNT OVERPAID: 652.00 WEEKS OVERPAID: 12/08/12 TO 12/15/12 BYE: 07/14/13

An overpayment determination has been made on your unemployment insurance claim in accordance with Section 41-41-20 of the South Carolina Code. You have received benefits to which you were NOT entitled. See items checked below.

- [ ] You were paid benefits during a disqualification or a period of ineligibility.
- [ ] A revision in your base period wages resulted in a reduction of your weekly benefit entitlement.
- [ ] Earnings were not deducted. [ ] Pension was not deducted.
- [ ] Your claim was withdrawn.
- [X] You knowingly withheld information to obtain or increase your benefits.
- [ ] Other:

BENEFIT PAYMENT CONTROL

MAILING DATE 03/04/2014

[ ] If this box is checked and the overpayment is non-fraud, you may request a waiver of the overpayment.

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT UNLESS YOU FILE AN APPEAL AND/OR REQUEST FOR WAIVER WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR REQUEST FOR WAIVER MUST BE FILED IN PERSON AT ANY LOCAL WORKFORCE CENTER. IF YOU CANNOT REPORT IN PERSON, PLEASE CONTACT YOUR LOCAL WORKFORCE CENTER FOR ADDITIONAL INFORMATION OR ASSISTANCE AN APPEAL MAY BE FILED IN PERSON OR BY MAIL ADDRESSED TO APPEALS, P.O. BOX. 995, COLUMBIA, SC 29202.

Section 41-41-40 of the South Carolina Code requires that you refund this overpayment regardless of the reason for the overpayment. Please make your personal check, money order, or cashier's check payable to the South Carolina Deparment of Employment and Workforce and MAIL TO:

SC DEPARTMENT OF EMPLOYMENT AND WORKFORCE
ATTN: BPC COLLECTIONS, ROOM 130
P.O. BOX 2644
COLUMBIA, S.C. 29202

DO NOT SEND CASH MONEY THROUGH THE MAIL.

To ensure proper credit to your account, please be sure to write your social security number on your payment. If you are unable to pay the entire amount, you can make arrangements to repay your overpayment in installments. You may use the section below to show how you intend to repay your overpayment. If assistance is needed in making such arrangement, contact the BPC Collections Unit at (803) 737-2387. You may also contact our field representative through your local unemployment insurance office to arrange an installment pay plan. Failure to repay this overpayment may result in prosecution (if the overpayment is fraud), wage garnishment,and/or your state tax refund being intercepted and applied to your overpayment.

REPAYMENT AGREEMENT

I UNDERSTAND THAT I AM OVERPAID AND MUST REPAY MY OVERPAYMENT. THEREFORE, I AGREE TO REPAY MY OVERPAYMENT IN INSTALLMENTS OF $_____ [ ] WEEKLY [ ] BI-WEEKLY [ ] MONTHLY UNTIL THE BALANCE IS PAID IN FULL.

I UNDERSTAND THAT THIS AGREEMENT HAS TO BE APPROVED BY THE SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE BPC COLLECTIONS UNIT AND IS NOT VALID UNLESS A PAYMENT IS ENCLOSED.

I UNDERSTAND THAT IF I BECOME ELIGIBLE FOR UNEMPLOYMENT INSURANCE BENEFITS, THEY WILL BE APPLIED TO MY OVERPAYMENT AND THIS INSTALLMENT AGREEMENT WILL NOT PREVENT THIS FROM HAPPENING.

SOCIAL SECURITY NUMBER _____ SIGNATURE _____ DATE _____

RETURN THIS PORTION WITH YOUR FIRST PAYMENT

UCE 151

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

P O BOX 995
COLUMBIA SOUTH CAROLINA 29202
TELEPHONE (803) 737 3075
FAX (803) 737 2547

EMPLOYER STATUS REPORT TO DETERMINE LIABILITY UNDER THE SOUTH CAROLINA EMPLOYMENT SECURITY LAW

ALL INFORMATION PROVIDED WILL BE KEPT STRICTLY CONFIDENTIAL

5

DO NOT WRITE IN THIS SPACE

ACCOUNT NUMBER			
1011	312	02	1211
LB	LE	CH	LA
400	204		
AREA	RATE	IND	OWNER
PT	3/27/12		
BY	DATE	PARENT NUMBER	

PLEASE TYPE OR PRINT RETURN WITHIN 10 DAYS

#547173

COMPLETE BOTH SIDES OF THIS APPLICATION PLEASE PRINT OR TYPE ALL INFORMATION

1 OWNER, PARTNERSHIP, OR CORPORATE CHARTER NAME
LAKEWOOD SERVICE COMPANY

2 TRADE NAME(DOING BUSINESS AS)

3 PHYSICAL LOCATION OF BUSINESS REQUIRED (NO P O BOX)

STREET

CITY COUNTY(REQUIRED) STATE ZIP

4 BUSINESS PHONE NUMBER

DAYTIME PHONE NUMBER

5 FEDERAL IDENTIFICATION NUMBER
274702096

6 MAILING ADDRESS (FOR ALL CORRESPONDECE)

IN CARE OF

PO BOX 333

STREET

WHITE ROCK SC 29177

CITY COUNTY(REQUIRED) STATE ZIP

7 TYPE OF BUSINESS

- ☐ AGRICULTURE FORESTRY FISHING & HUNTING (11)
- ☐ MINING (21)
- ☐ UTILITIES (22)
- ☐ CONSTUCTION (23)
- ☐ MANUFACTURING (31 33)
- ☐ WHOLESALE TRADE (41 43)
- ☐ RETAIL TRADE (44 46)
- ☐ TRANSPORTATION & WAREHOUSING (48-49)
- ☐ INFORMATION (51)
- ☐ FINANCE & INSURANCE (52)
- ☐ REAL ESTATE RENTAL & LEASING (53)
- ☐ PROFESSIONAL SCIENTIFIC & TECHNICAL SERVICES (54)
- ☐ MANAGEMENT OF COMPANIES & ENTERPRISES (55)
- ☐ ADMINISTRATIVE & SUPPORT & WASTE MANAGEMENT & REMEDIATION SERVICES (56)
- ☐ EDUCATION SERVICES (61)
- ☐ HEALTH CARE & SOCIAL ASSISTANCE (62)
- ☐ ARTS ENTERTAINMENT & RECREATION (71)
- ☐ ACCOMMODATIONS & FOOD SERVICE (72)
- ☒ OTHER SERVICES (81)
- ☐ PUBLIC ADMINISTRATION

9 LOCATION OF RECORDS (NO P O BOX)

10 TYPE OF OWNERSHIP

- ☐ SOLE PROPRIETOR (ONE OWNER)
- ☐ PARTNERSHIP (TWO OR MORE OWNERS)
- ☐ LLC/LLP
- ☒ SC CORPORATION DATE INC. ____
- ☐ FOREIGN CORPORATION (ATTACH COPY OF ARTICLES OF CERTIFICATE OF AUTHORITY)
- ☐ UNINCORPORATED ASSOCIATION ENTER LEGAL NAME ____
- ☐ OTHER (EXPLAIN)

8 MAIN BUSINESS(I E RETAIL FURNITURE SALES)

8A CHECK IF YOU SELL THESE PRODUCTS(FOR SOLID WASTE PURPOSE)
☐ MOTOR OIL ☐ LEAD ACID BATTERIES ☐ TIRES ☐ LARGE APPLIANCES

8B DO YOU SELL AVAIATION GASOLINE? ☐ YES ☐ NO

8C DO YOU PROVIDE SERVICE TO CELLULLAR AND PERSONAL COMMUNICATIONS USERS? ☐ YES ☐ NO

11 NAME(S) OF BUSINESS OWNER , PARTNERS, OR OFFICERS

SOCIAL SECURITY NUMBER	NAME/TITLE/GENERAL PARTNERS	HOME ADDRESS	IF PARTNER OWNER%
	KIMBERLY SZABO (PRES)		

ARE YOU A SC RESIDENT YES ☐ NO ☐

HOW LONG HAVE YOU LIVED IN SC? (YEARS/MONTHS)

12 HAVE YOU

A ACQUIRED ANOTHER BUSINESS? ☐ YES ☐ NO
MERGED WITH ANOTHER BUSINESS ☐ YES ☐ NO
FORMED A CORPORATION OR PARTNERSHIP? ☐ YES ☐ NO
MADE ANY OTHER CHANGE IN OWNERSHIP OF YOUR BUSINESS? ☐ YES ☐ NO

B DID YOU ACQUIRE ☐ ALL OF THE SOUTH CAROLINA OPERATIONS?
☐ PART OF THE SOUTH CAROLINA OPERATIONS?
PERCENT ACQUIRED ____

C DATE ACQUIRED OR CHANGED ____
WAS THE BUSINESS OPERATING AT THE TIME OF ACQUISITION OR CHANGE? ☐ YES ☐ NO
DATE CLOSED
DOES THE FORMER OWNER OR LEGAL ENITY CONTINUE TO HAVE EMPLOYEES? ☐ YES ☐ NO

D FORMER OWNER S S C E S C ACCOUNT NUMBER

FORMER OWNER S S C TAX ACCOUNT NUMBER

E NAME OF BUSINESS ACQUIRED

(Full organization name including trade name)

ADDRESS OF FORMER OWNER

13 FIRST DATE OF EMPLOYMENT IN S C
MO/DAY/YEAR 10/1/11

14 ANTICIPATED DATE OF FIRST SC PAYROLL
MO/DAY/YEAR 10/1/11

15 ESTIMATED NUMBER OF EMPLOYEES IN SC
1

16 IS BUSINESS WITHIN SC MUNICIPAL LIMITS?
☐ YES ☐ NO WHICH CITY? ____

17 IS YOUR BUSINESS SEASONAL?
☐ YES ☐ NO IF YES LIST MONTHS ACTIVE ____

COMPLETE REVERSE SIDE OF THIS FORM

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

AP131

250

UCE 151

18. ENTER TOTAL WAGES PAID BY YOU TO SC WORKERS BY CALENDAR QUARTERS BEGINNING WITH DATE IN ITEM 13.

YEAR 11	JANUARY 1 THRU MARCH 31	APRIL 1 THRU JUNE 30	JULY 1 THRU SEPTEMBER 30	OCTOBER 1 THRU DECEMBER 31
				$12714.00 C&W
YEAR	JANUARY 1 THRU MARCH 31	APRIL 1 THRU JUNE 30	JULY 1 THRU SEPTEMBER 30	OCTOBER 1 THRU DECEMBER 31

19 INDICATE NUMBER OF EMPLOYEES WITHIN EACH CALENDAR WEEK (PART-TIME COMMISSION SALES OFFICERS ETC)

CALENDAR YEAR

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
JULY	**AUGUST**	**SEPTEMBER**	**OCTOBER**	**NOVEMBER**	**DECEMBER**

CALENDAR YEAR

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
JULY	**AUGUST**	**SEPTEMBER**	**OCTOBER**	**NOVEMBER**	**DECEMBER**

20 DID YOU FILE A FUTA FORM 940 WITH THE IRS FOR THE LAST COMPLETED CALENDAR YEAR? ☐ YES ☐ NO

21 IS YOUR ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501 C 3 OF THE IRS CODE FOR RELIGIOUS EDUCATIONAL OR CHARTIABLE PURPOSES? ☐ YES ☐ NO IF YES ATTACH A COPY OF EXEMPTION LETTER

22. DOES YOUR BUSINESS CONSIST SOLELY OF AGRICULTURAL EMPLOYMENT ☐ YES ☐ NO

23 DOES YOUR EMPLOYMENT CONSIST SOLELY OF DOMESTIC (HOUSEHOLD) WORKERS? ☐ YES ☐ NO

24 IS THE UNIT REPORTED ABOVE MADE UP OF MORE THAN ONE ESTABLISHMENT IN THE STATE? ☐ YES ☐ NO
IF YES HOW MANY ESTABLISHMENTS _____ PLEASE ENTER IN THE SECTION BELOW THE EXACT LOCATION AND THE EMPLOYMENT COUNT OF EACH ESTABLISHMENT COVERED BY THIS REPORT USE A SEPARATE SHEET OF PAPER IF ADDITIONAL SPACE IS NEEDED (IF ACTIVITIES VARY FOR THE SEPARATE ESTABLISHMENT PLEASE PROVIDE PRODUCTS OF ACTIVITY INFORMATION FOR THESE UNITS ON A SEPARATE SHEET OF PAPER)

STREET	CITY	COUNTY	ZIP CODE	AVERAGE EMPLOYMENT

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

3/27/12
DATE SIGNED AND SUBMITTED

LAKEWOOD SERVICE COMPANY
NAME OF EMPLOYING UNIT

INFORMATION PER 12/31/11 C&W REPT & DOR FILES

PAM TAYLOR
BY

CLAIMS ANALYST
OFFICAL POSITION

UPON COMPLETION OF THIS FORM SIGN, DATE AND MAIL TO

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT & WORKFORCE
EMPLOYER STATUS UNIT
P AP132 IX 995, COLUMBIA, SC 29202

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
P O BOX 7101 COLUMBIA SC 29202

ORIGINAL 1111

FORM [illegible]
REV [illegible]

EMPLOYER QUARTERLY CONTRIBUTION AND WAGE REPORT

ORIGINAL

This is a machine readable form. For proper processing align typewriter [illegible]
[illegible] to alignment boxes at top and carriage return down the form

1. EMPLOYER NAME	2. ACCOUNT NUMBER	3. QUARTER ENDING DA
LAKEWOOD SERVICE COMPANY		12/31/11

Acct Qtr 12/31/11 Form: 120

4. TOTAL NO OF EMPLOYE

FIRST MIDDLE INITIAL LAST	$ TOTAL WAGES
DIANA B JORDAN	# 12,714.00

11 IF [illegible] WAGES PAID THIS QUARTER
(If [illegible] Part II [illegible])

2,714.00

9 TOTAL WAGES THIS PAGE # 12,714.00

10 TOTAL WAGES THIS REPORT # 12,714.00
(Enter on Line 2a, Form UI-E 1)

[redacted]

AP133

252

FORM UCE-101

ATTACH CHECK HERE

NAME, ADDRESS LAKEWOOD SERVICE CO.
P.O. BOX 333
WHITE ROCK, SC 29177

[redacted]

4 Dcsch

L.B.	L.E.	L.A.	CH.	AREA
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

1. Number of covered workers who worked during or received pay for the payroll period which includes the 12th of the month.	MONTH 1	MONTH 2	MONTH 3
	0	0	0

Ken Szabo 1/30/12
SIGNATURE DATE

PREPARER'S TELEPHONE NUMBER ( )

EMPLOYER'S CERTIFICATION I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT AND ANY SUBSEQUENT PAGES ATTACHED IS TRUE AND CORRECT AND NO PART OF THE TAX WAS OR IS TO BE DEDUCTED FROM THE EMPLOYEE'S WAGES.

SCESC ACCT. NO.	QUARTER ENDING DATE	CURRENT F.E.I.N.	
- -	12/31/11		

2 A. TOTAL WAGES PAID THIS QUARTER	12714.00
B. LESS: EXCESS OVER [redacted] 10,000 (SEE ITEM 2B ON INSTRUCTIONS)	2714.00
C. NET TAXABLE WAGES (ITEM 2A MINUS 2B)	10000.00
3 A. TOTAL CONTRIBUTIONS DUE ITEM 2C TIMES- 0.0254	254.00
B. CONTINGENCY ASSESSMENT DUE ITEM 2C TIMES- 0.0006	6.00
4 INTEREST DUE	0
5 PENALTY DUE	0
6 LESS OUTSTANDING CREDIT OF $ .00	0
7 TOTAL AMOUNT DUE THIS QUARTER; MAKE REMITTANCE PAYABLE TO: SCESC	27000

SCESC Contributions Section Columbia SC FEB 2012

[redacted]

Kim Szabo
207 Lexington Ln
Chapin, SC 29036

096

1-30-2012
Date
Fecha

67-776/532
22067

Pay to the Order of
Páguese a la Orden de SC employment Security Comm. 270.00

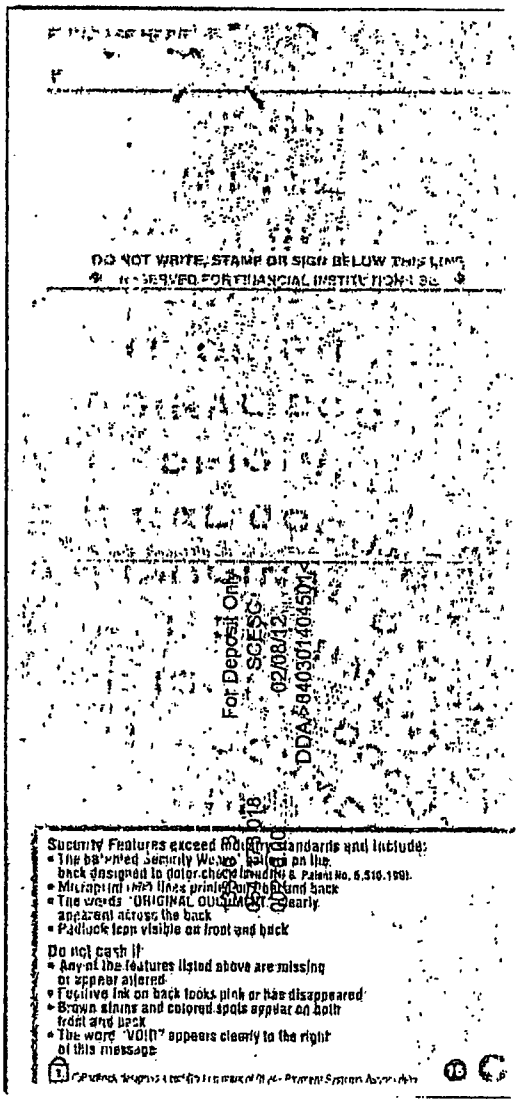
two hundred & seventy + no/100 Dollars
Dólares

WACHOVIA
Wachovia Bank, N.A.
wachovia.com

For
Para Lakewood Services Co. / FEIN

Kim Szabo

⑆053207766⑆ 6010247260045⑈ 0096


DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE
For Deposit Only
SCESG
02/08/12
DDA 5840301404501
Security Features exceed industry standards and include:
• The patented Security Weave™ pattern on the back designed to deter check fraud (U.S. Patent No. 6,516,199).
• Microprinting in lines printed on the front and back
• The words "ORIGINAL DOCUMENT" clearly apparent across the back
• Padlock icon visible on front and back
Do not cash if:
• Any of the features listed above are missing or appear altered
• Fugitive ink on back looks pink or has disappeared
• Brown stains and colored spots appear on both front and back
• The word "VOID" appears clearly to the right of this message

547173 3/31/2012

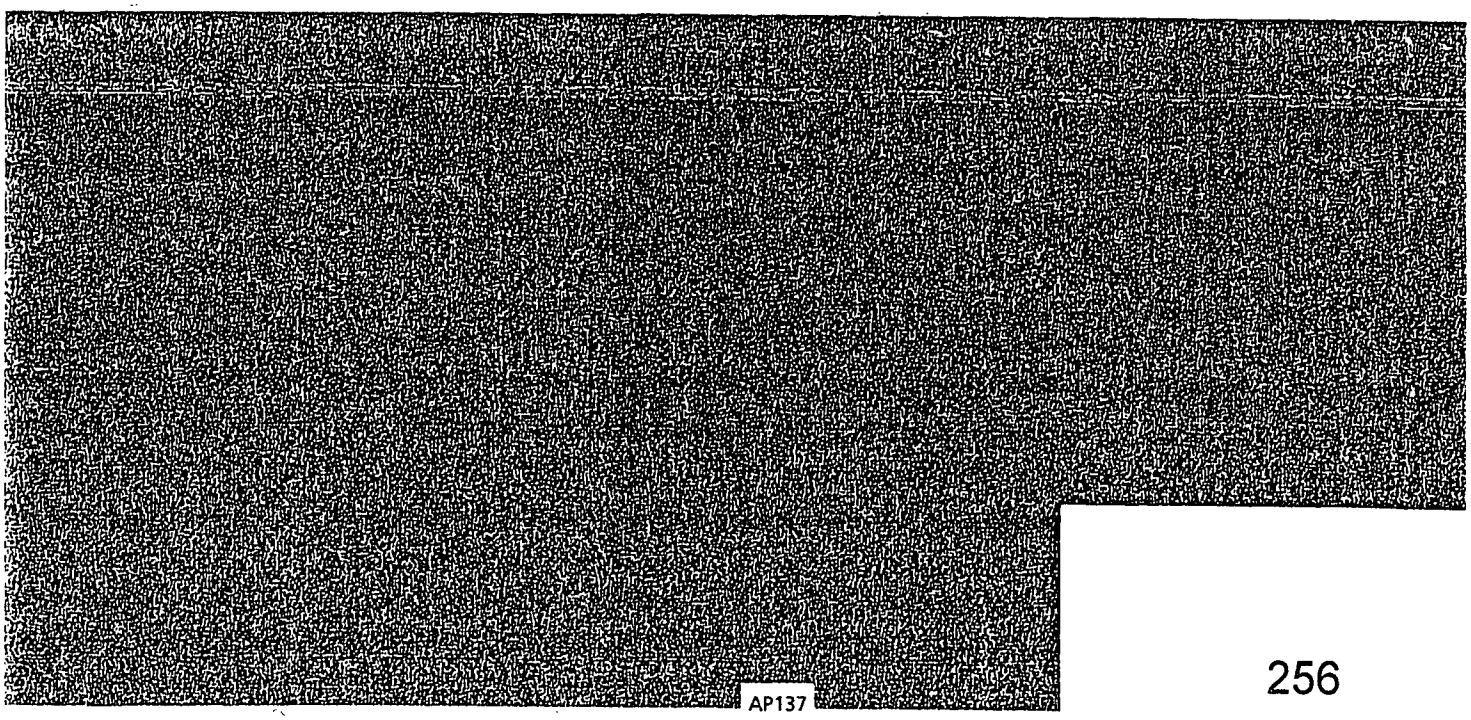
LAKEWOOD SERVICE COMPANY

Acct Qtr 03/31/12 Form 120

DIANA B. JORDAN $ 12,714 00

$ 12,714 00

$ 714 00 $ 12,714.00



FORM UCE-101

ATTACH CHECK HERE

NAME, ADDRESS
LAKEWOOD SERVICE COMPANY
PO BOX 333
WHITE ROCK, SC 29177 0333

PAB

SCDEW ACCT. NO.	QUARTER ENDING DATE	CURRENT F.E.I.N.	
	3/31/2012		

L.B.	L.E.	L.A.	CH.	AREA
10/2011	03/2012	12/2011	020	40

1. Number of covered workers who worked during or received pay for the payroll period which includes the 12th of the month.	MONTH 1	MONTH 2	MONTH 3
	1	1	1

Kim Sykes 4/30/12
SIGNATURE DATE

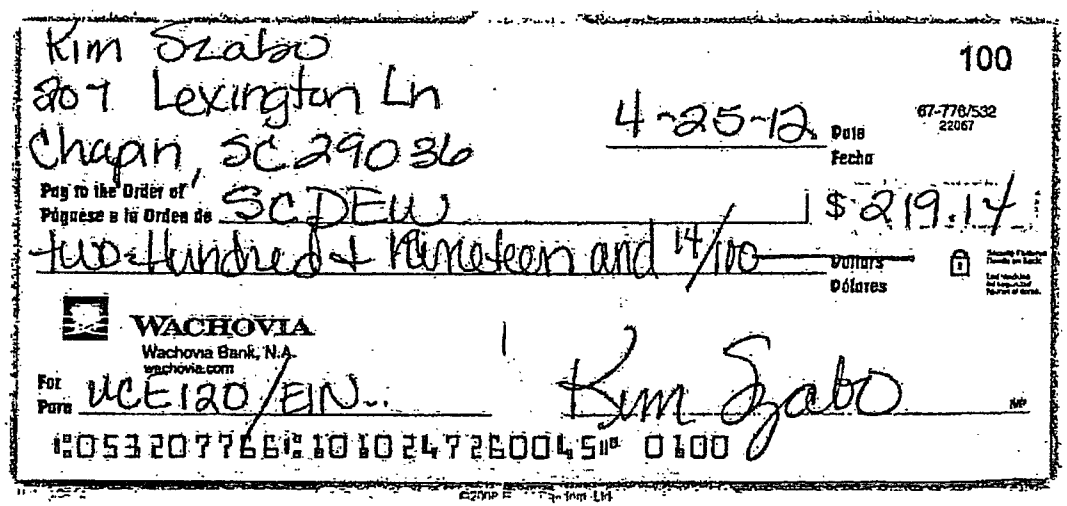
PREPARER'S TELEPHONE NUMBER: ( )

EMPLOYER'S CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT AND ANY SUBSEQUENT PAGES ATTACHED IS TRUE AND CORRECT AND NO PART OF THE TAX WAS OR IS TO BE DEDUCTED FROM THE EMPLOYEE'S WAGES.

2 A. TOTAL WAGES PAID THIS QUARTER ~~12,500~~	12714.00
B. LESS: EXCESS OVER ~~10,000~~ (SEE ITEM 2B ON INSTRUCTIONS)	714.00
C. NET TAXABLE WAGES (ITEM 2A MINUS 2B)	12000.00
3 A. TOTAL CONTRIBUTIONS DUE ITEM 2C TIMES 0.0203	243.60
B. DACA/SURCHARGE DUE ITEM 2C TIMES .00182	21.84
4 INTEREST DUE	0
5 PENALTY DUE	0
6 LESS OUTSTANDING CREDIT OF $ ~~PAID~~	46.30
7 TOTAL AMOUNT DUE THIS QUARTER MAKE REMITTANCE PAYABLE TO: SCDEW	219.14

3 0547173 0 20121 8

AP138



Kim Szabo
807 Lexington Ln
Chapin, SC 29036

100

4-25-12
Date / Fecha

67-776/532
22067

Pay to the Order of / Páguese a la Orden de SCDEW

$ 219.17

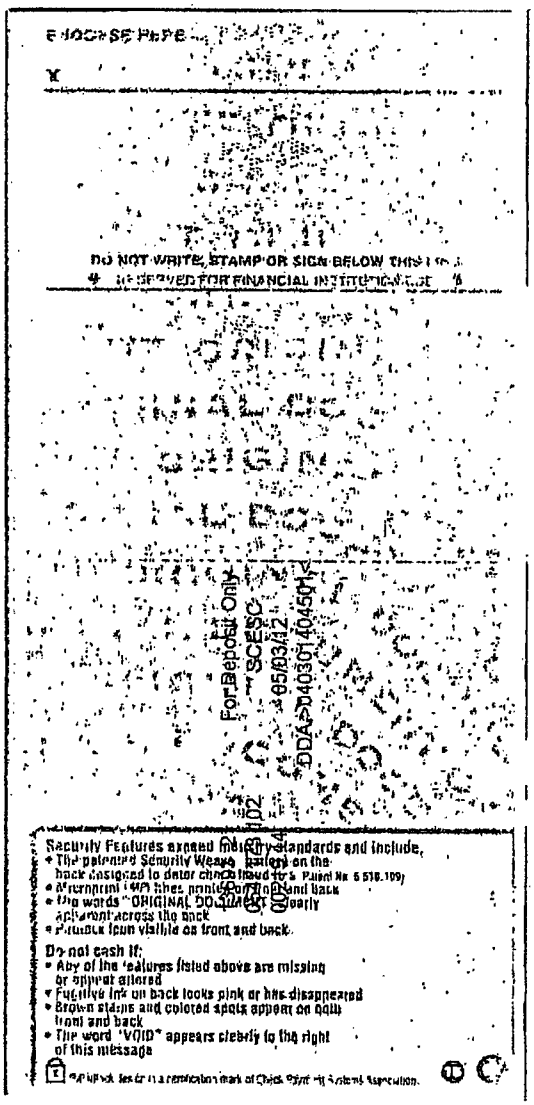
Two Hundred + Nineteen and 17/100 Dollars / Dólares

WACHOVIA
Wachovia Bank, N.A.
wachovia.com

For / Para UCE120/EIN..

Kim Szabo

⑆053207766⑆ 1010247260045⑈ 0100


ENDORSE HERE
X
DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE
For Deposit Only
SCESC
05/03/12
DDA>040301404501
Security Features exceed industry standards and include:
• The patented Security Weave™ printed on the back designed to deter chemical alteration (U.S. Patent No. 6,518,109)
• Prismatic MICR fibers printed on front and back
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Do not cash if:
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Security Weave is a registration mark of Check Payment Systems Association.

UCE 168
REV 5 11

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT & WORKFORCE
CHANGE IN STATUS OF EMPLOYER'S ACCOUNT

Account Number _____ Assignment Number (s) 186385

RECEIVED
OCT 17 2012
Employer Status

Name of Employing Unit LAKEWOOD SERVICE

Trade Name _____

SUBJECT EMPLOYER'S ACCOUNT HAS BEEN CHANGED AS INDICATED BELOW

☐ Name of Employing Unit _____

☐ Trade Name _____

☐ Business Location _____
(Street and No.) (Town or City) (County) (State) (Zip Code)

☐ Mailing Address Tax Documents _____
(Street and No.) (Town or City) (County) (State) (Zip Code)

☐ Mailing Address Benefit Documents _____
(Street and No.) (Town or City) (County) (State) (Zip Code)

☐ Nature of Business _____

☐ Other

Change in ☐ Officers ☐ Partners | Fed ID# | ☐ Change (Explain in Remarks)

Name	Percent of Ownership	Title	Home Address

PLEASE INACTIVATE THE SUBJECT EMPLOYER'S ACCOUNT AS OF 3/31/12

☒ No Successor ☐ Succeeded by Account Number

Trade Name _____

Address _____

PT
11/8/12

Status report for successor attached Yes ☐ No ☐ If "no", explain in remarks

☐ Consolidated with _____ Account Number _____

Information obtained from KIMBERLY SZABO
Name and Title

Remarks Business closed

Date 10-15-12 Field Deputy _____

CEDAR COVE SERVICE CO.
BYE – 2013
(Szabo)

LAIMANT SSN: LOCAL OFFICE: 360 BYE: 07/14/13

AME: KIM SZABO
AILING ADDRESS: 207 LEXINGTON LN
ITY: CHAPIN STATE: SC ZIP CODE: 29036

IABLE STATE: 45 MAIL INDICATOR: 3 --------AGREEMENT--------
ELEPHONE: 803 767 8868 INTERRUPT IND : N DAY: 00 AMOUNT: .00

-------SUMMARY OF OVERPAYMENTS-------

TOTAL OVERPAID AMOUNT:	11817.50
TOTAL AMOUNT RECOUPED:	.00
TOTAL AMOUNT OFFSET:	.00
TOTAL AMOUNT WRITTEN OFF:	.00
TOTAL OUTSTANDING BALANCE:	11817.50
TOTAL NUMBER OF OVERPAID WEEKS:	29

TOTAL NUMBER - OVERPAYMENTS: 04 REPAYMENTS: 00

TRANSACTION OPTION:

SC Department of Employment and Workforce
Initial Claims Application

Filing location: Other
Office location: NEWBERRY
Claim creator: Claimant
Worked under a different name: No

Ethnicity

Claimant Hispanic or Latino: No

Claimant

Claimant's name: Kim Szabo
Date of birth:
Gender: Female
US citizen: Yes

Aliases

Alias type: SocialSecurityCard
Name: Kimberly Szabo

Alias type: Current
Name: Kim Szabo

Race(s)

* White

Addresses

Address type: physical
Address: 207 LEXINGTON LN CHAPIN, SC 29036-8246
United States address: Yes

Address type: mailing
Address: 207 LEXINGTON LN CHAPIN, SC 29036-8246
United States address: Yes

Telephone Number

Telephone number type: Home
Telephone number: 803 7678868 Ext:

Alien Information

Alien card number: None
Expiration date: No

Veteran Information

Service branch: None

Date entered:

Date released:

Character of service: None

Reason for separation:

Completed first full term of service: No

In the National Guard or a Reserve Unit and served on active duty during a period of war or in a campaign or expedition: No

Served on active duty in the military for a period of more than 180 days: No

Separated from military in the last 48 months: No

Accured days lost: No

Accured leave: 0
(Item #16 on DD-214)

Pay grade:
(Item #4b on DD-214)

Retired from military service: No

Have a service related disability: No

Percent disabled: 0%

Awarded a campaign badge or ribbon for service during a conflict: No

Badges and ribbons: None

Will receive pension: No

Worked in the last 18 months: Yes

Employer Name: CEDAR COVE SERVICE COMPANY

Employer delivery address: PO BOX 333

Employer city: WHITE ROCK

Employer state: SC

Employer zip code: 29177

Employer telephone number:

Worked for this employer: Yes

Worked part-time only: No

Hire date: 12/30/2011

Termination date: 3/30/2012

Type of work: Managers, All Other

Earned at least $2,608.00: Yes

Occupational license required: No

Job city: White Rock

Job state: South Carolina

Job duties: Statistical analysis, research reports.

Discharge reason: Lack of Work

Discharge explanation: Business closed.

Federal employer: No

Received SF8 form: No

Payroll office address based on SF8: No

Job Registration

Spouse of a veteran: No
Spouse of a deceased veteran with a total disability rating: No
Spouse of a 100% total disabled veteran: No
Spouse of a veteran killed in the line of duty: No
Spouse of a MIA or POW: No
Worked on a farm: No
Worked in a food processing plant: No

Farm Worker Information

Earned at least half income performing farm work in the last 12 months: No
Employed all year in farm work: No
Traveled to perform farm work: No
Worked at least 25 days or parts of days during the last 12 months performing farm work: No

Food Processing Information

Earned at least half income performing food processing in the last 12 months: No
Employed all year in food processing: No
Traveled to perform food processing: No
Worked at least 25 days or parts of days during the last 12 months performing food processing: No

Do you have a valid driver's license: Yes

Driver License Classes

* D Regular Operator's License

Additional Claim Information

Filed UI claim outside SC in the last 18 months: No
Worked in state outside SC in the last 18 months: No
Filed claim for Trade Readjustment Allowances(TRA): No
Filed claim for Disaster Unemployment Assistance(DUA): No
Receive or have received Federal-Funded assistance: No
Receive or have received retirement: No
Receive or have received federal civilian employee benefits: No
Receive or have received federal military employee benefits: No
Claimant wants taxes withheld from unemployment benefits: No

Extra Earned Income

Pension amount: $0.00
Pension paid by:
Employer pension contribution percentage:
Pension effective date:

Retirement amount: $0.00
Retirement paid by:
Employer retirement contribution percentage:
Retirement effective date:

Disability amount: $0.00
Disability paid by:
Disability effective date:

Social security amount: $0.00
Social security effective date:

Job Eligibility

Only available for part-time work: No
Part-time work explanation: None

Willing to relocate: No

Can begin work immediately: Yes

Children or dependants in household who require care during working hours: No

Children or dependent care explanation: None

Self-Employed: No
Self-Employed job title:

Child or spouse of employer: No
Owner or corporate officer of a business: No

Will be recalled to last job: No
Date of recall to last job:

Have a health condition that limits ability to accept full-time work now or in the future: No

Health status explanation: None

Willing to look for other types of work: No

Kind of Jobs Seeking

Managers, All Other
Years of experience: 5
Years of training: 5

Managers, All Other
Years of experience: 5
Years of training: 5

Last Job

Number of miles traveled to work on last job: 5 - 10
Rate of pay on last job: $51,000.00
Unit of pay on last job: Yearly

Job Schedule Availability

Monday
Start time: 8:30 AM
End time: 4:30 PM

Tuesday
Start time: 8:30 AM
End time: 4:30 PM

Wednesday
Start time: 8:30 AM
End time: 4:30 PM

Thursday
Start time: 8:30 AM
End time: 4:30 PM

Friday
Start time: 8:30 AM
End time: 4:30 PM

New Job

Miles willing to travel to work: 10 - 20
Minimum wage you will accept on next job: $51,000.00
Unit of pay on next job: Yearly

Job Schedule Availability

Monday
Start time: 8:30 AM
End time: 4:30 PM

Tuesday
Start time: 8:30 AM
End time: 4:30 PM

Wednesday
Start time: 8:30 AM
End time: 4:30 PM

Thursday
Start time: 8:30 AM
End time: 4:30 PM

Friday
Start time: 8:30 AM
End time: 4:30 PM

Work Counties

Lexington
County FIPS: 63

Newberry
County FIPS: 71

Richland
County FIPS: 79

Last grade completed: Bachelors Degree
Currently attending school: No
Planning to attend school: No

Current School Information

Name of school: None
School location:
When did you start school:

School Schedule

Willing to change school/training schedule for a full-time job: No
Willing to quit school/training schedule for a full-time job: No

Future School Information

Name of school: None
Location of school:
When are you planning to attend school:

School Schedule

Willing to change school/training schedule for a full-time job: No
Willing to quit school/training schedule for a full-time job: No

Transportation Methods

* Automobile

Benefit Payment Method

Benefit payment type: Direct Deposit
Bank name: [redacted]
Account type: [redacted]
Account number: [redacted]
Routing number: [redacted]
Debit card agreement accepted: No
Direct deposit agreement accepted: Yes

UCB101I
REV. 07/02

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

NAME: KIM SZABO SSN: BYE: 07/14/13

CLAIMSTAKER ID: WFC #: 360 FILED: 07/19/12 EFF DATE: 07/15/12

MAILING ADDRESS: 207 LEXINGTON LN

CITY: CHAPIN STATE: SC ZIP: 29036

OTHER NAME: KIMBERLY SZABO

[X]	1-UI	[ ]	4-UI/UCFE/UCX	[ ]	7-UCX	[X]	NEW	[ ] TRANSITIONAL
[ ]	2-UI/UCFE	[ ]	5-UCFE	[ ]	8-CW	[ ]	ADDITIONAL	[ ] R-ADD
[ ]	3-UI/UCX	[ ]	6-UCFE/UCX	[ ]	OTHER	[ ]	CONTINUED	

BONA FIDE EMPLOYER NAME & PAYROLL ADDRESS INFORMATION:

NAME: CEDAR COVE SERVICE COMPANY

STREET: PO BOX 333

CITY: WHITE ROCK ST: SC ZIP: 29177 EMP. ACCT. #

DATES OF EMPLOYMENT:

FROM:	TO:
12/30/11	03/30/12

BONA FIDE EMPLOYER LOCAL ADDRESS INFORMATION:

STREET:

CITY: WHITE ROCK ST: SC ZIP: PHONE #:

SEPARATION REASON: [X] LOW [ ] VQ [ ] DISCHARGE [ ] STILL WORKING

ISSUE CODES: 09

LIABLE EMPLOYER INFORMATION:

NAME: CEDAR COVE SERVICE COMPANY EMP. ACCT #

JOB LOCATION (CITY/STATE): WHITE ROCK, SC

DATES OF EMPLOYMENT:

FROM:	TO:
12/30/11	03/30/12

SEPARATION REASON: [ ] LOW [ ] VQ [ ] DISCHARGE [ ] STILL WORKING

NARRATIVE REASON FOR SEPARATION FROM LIABLE EMPLOYER:

UI-5
UCB104-S 20WK
Rev. 7/11

SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P.O. BOX 1477
COLUMBIA, S. C. 29202
OFFICIAL BUSINESS
UCB-104S

FORWARDING SERVICE REQUESTED

KIM SZABO
207 LEXINGTON LN

CHAPIN SC 29036

INFORMATION FOR CLAIMANT

This is a monetary determination of your claim for benefits based on wages paid during your Base Period. This determination shows your Base Period Employment Record. It lists your covered employer(s) that paid you wages, their account number, and the wages paid to you by quarter and year during the base period of your claim. The total amount of wages paid to you by quarter in the base period is shown beside Base Quarter Total. This determination covers only the monetary portion of your claim. Another determination will be issued that states if you are eligible to receive benefits. It will be based on the reason for separation from your most recent bona fide employer.

Under Potential Benefits Established, your Weekly Benefit Amount, Maximum Benefit Amount, and the date your Benefit Year Ends are shown.
BASE PERIOD: The first four of the last five completed calendar quarters prior to the effective date of your initial claim. If you earned wages in covered employment not shown on the face of this form, give the information to your claimstaker at the local workforce center.

If the monetary determination was invalid using base period wages, this determination may show wages and employment from an Alternate Base Period.

ALTERNATE BASE PERIOD: The first four most recently completed calendar quarters prior to the effective date of your initial claim. If you earned wages in covered employment not shown on the face this form, give the information to your claimstaker at the workforce center.

HIGH QUARTER: The quarter in our Base Period during which wages paid to you for insured work were highest.

WEEKLY BENEFIT AMOUNT: The amount of benefits you may receive weekly, if unemployed and otherwise eligible, shall be one-half of the average weekly wage in the high quarter of your base period but shall not be less than $42.00 nor greater than the maximum weekly benefit amount as determined by the Commission on or before June 30 of each year for benefit years on or after July 1 of such current calendar year, and prior to July 1 of the succeeding calendar year as provided in Section 41-35-40 of the Law.

MAXIMUM POTENTIAL BENEFITS: The greatest amount of compensation that you may receive during your benefit year.

BENEFIT YEAR: The one (1) year period following the effective date of your initial claim. To establish a Benefit Year in accordance with the provisions of the Law, you must meet the following wage requirements:

1. You were paid at least $1,092.00 for insured work during the high quarter of your base period;
2. You were paid at least $4,455.00 for insured work during your base period;
3. The total of your base period wages for insured work equaled or exceeded one and one-half times the total of your high quarter wages.

AVERAGE WEEKLY WAGE: Shall be determined by dividing the high quarter wages by 13 weeks.

REDETERMINATION RIGHTS: You have the right to request a correction if you do not agree that this determination is correct. Your request for redetermination may be made by letter or by personal visit to the office where your claim was filed and it should be made without delay. No change can be made on this determination after one year from the date of this notice.

BE SURE TO NOTIFY YOUR WORKFORCE CENTER ANYTIME YOUR MAILING ADDRESS CHANGES WHILE FILING A CLAIM FOR BENEFITS.

EXAMPLE OF COMPUTATION OF BENEFITS:

High Quarter Wages		$1092.00
Base Period Wages		$4455.00
Average Weekly Wage	$1092.00 divided by 13 =	$ 84.00
Weekly Benefit Amount	84.00 divided by 2 =	$ 42.00

Maximum Potential Benefits:
Your maximum total benefit amount for this benefit year is the lesser of:
1. Twenty (20) times your Weekly Benefit Amount, or
2. One-third (1/3) of your total Base Period Wages as shown on this determination.
(1) 20 X $42.00 = $840.00 (2) 1/3 of $4455.00 = $1485.00.
Maximum Benefits would be $840.00 since that amount is less than $1485.00.

UCB 104-S 20WK
7-11

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

INITIAL DETERMINATION OF STATUS AS AN INSURED WORKER

WORKFORCE CENTER 360

EFFECTIVE DATE 07/15/12 DATE FILED 07/19/12

DATE PREPARED 07/19/12

O

KIM SZABO
207 LEXINGTON LN

CHAPIN SC 29036

*BENEFITS YOU MAY BE ELIGIBLE FOR: MILITARY ASSIGNMENTS

WEEKLY BENEFIT AMOUNT 326.00

MAXIMUM TOTAL BENEFITS 6520.00

BENEFIT YEAR ENDS 07/14/13

* This statement establishes that you have the necessary wages to qualify for unemployment insurance. However, to receive benefits your job separation must also be considered. If you qualify, this is the maximum you may be entitled to receive.

SEE BACK FOR CLAIMANT INFORMATION

EMPLOYMENT RECORD			STANDARD BASE PERIOD QUARTERLY EARNINGS							
EMPLOYER	ACCOUNT NO.		YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.
			2011	02	2011	03	2011	04	2012	01
CEDAR COVE SERVICE C				.00		.00	12714.00		12714.00	
STANDARD BASE QUARTER TOTAL				.00		.00	12714.00		12714.00	

*QTR.
1.-JAN.,FEB.,MAR. 3.-JULY,AUG.,SEPT.
2.-APR.,MAY,JUNE 4.-OCT.,NOV.,DEC.

```
SN:                    NAME: KIM            SZABO                    BYE:  07/14/13
O. OF EMPLOYERS: 01

MPL NO: 01  ACCT:          TYPE: 00 NAME: CEDAR COVE SERVICE COMPANY
              WAGES        START     END     CLMNT     EMPL T   DUE       RECEIPT
ND QTR 2011:       .00 1 12/30/11 03/30/12    9           U 07/19/12
RD QTR 2011:       .00 2                                    NAICS CDE: 236116550
TH QTR 2011: 12714.00 3                                     LAST EMP: Y
ST QTR 2012: 12714.00 4                                    REIMBURSE: N
AG QTR     :       .00 5                                   AFFIDAVIT: N
OTAL WAGES : 25428.00
IABLE: Y   UCB214 DATE:              PAID 8XWBA: Y          B7 8XWBA: U
CB103 DATE: 08/01/12   TYPE: 2   DISREGARD DATE:          TRAIN DTE:




FOR MORE THAN 1 EMPLOYER  DEPRESS PF2                TRANSACTION OPTION:
```

UCB-103B
REV. 7/10

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P. O. BOX 995, COLUMBIA, S. C. 29202

190

DETERMINATION OF ELIGIBILITY FOR BENEFITS					
CLAIMANT'S NAME		SOCIAL SECURITY NUMBER	WFC. NO.	TYPE	CATEGORY
KIM SZABO			360	I	01
WEEKLY BENEFIT AMOUNT	MAXIMUM BENEFIT AMOUNT	EFFECTIVE DATE	BENEFIT YEAR ENDS		DATE OF NOTICE
$ 326.00	$ 6,520.00	07/15/12	07/14/13		08/01/12

It has been determined that you are eligible without disqualification for unemployment compensation. This determination is made based on the South Carolina Code and on evidence available at the time of this notice.

☐ The last separation was from a non-liable employer.

KIM SZABO
207 LEXINGTON LN
CHAPIN , SC 29036 8246

MAILING DATE 08/02/2012

IMPORTANT:

THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY WORKFORCE CENTER OR BY MAIL TO THE "APPEAL TRIBUNAL," AT THE ADDRESS BELOW OR BY FAX (803) 737 - 0287. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, YOU MAY CONTACT YOUR LOCAL WORKFORCE CENTER OR THE APPEALS DEPARTMENT AT (803) 737 - 2520.

UCB-103B
Rev. 7/10

APPEAL TRIBUNAL
P. O. BOX 995
COLUMBIA, S.C. 29202

SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P. O. BOX 995
COLUMBIA, S. C. 29202
OFFICIAL BUSINESS

FORWARDING SERVICE REQUESTED
UI-5 UCB-103B

KIM SZABO
207 LEXINGTON LN
CHAPIN , SC 29036 8246

SN: NAME: KIM SZABO BYE: 07/14/13
ENEFITS WBA: 326.00 UI MBA : 6520.00 BALANCE: 9714.00

GM DE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
0	053113	060113					0000000	00	.00	0	00	.00
1	052113	052513	053113	T			0000000	07	.00	0	20	.00
1	051413	051813	052113	T			0000000	07	.00	0	20	.00
1	050713	051113	051313	T			0000000	07	.00	0	20	.00
1	043013	050413	050713	T			0000000	07	.00	0	20	.00
1	042313	042713	043013	T			0000000	07	.00	0	20	.00
1	041513	042013	042313	T			0000000	07	.00	0	20	.00
1	040913	041313	041513	T			0000000	07	.00	0	20	.00
1	040213	040613	040913	T			0000000	07	.00	0	20	.00
1	032513	033013	040213	T	040213	DD	2743062	07	326.00	0	59	326.00
1	031813	032313	032513	T	032813	DD	2705857	07	326.00	0	59	326.00
1	031113	031613	031813	T	032813	DD	2705857	07	326.00	0	59	326.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

SN: NAME: KIM SZABO BYE: 07/14/13
ENEFITS WBA: 326.00 UI MBA : 6520.00 BALANCE: 9714.00

GM DE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
1	030513	030913	031113	T	032813	DD	2705857	07	326.00	0	59	326.00
1	022513	030213	030513	T	030513	DD	2578664	07	326.00	0	59	326.00
1	021813	022313	022513	T	022513	DD	2529919	07	326.00	0	59	326.00
1	021113	021613	021813	T	021813	DD	2484884	07	326.00	0	59	326.00
1	020613	020913	021113	T	021113	DD	2440951	07	326.00	0	59	326.00
1	013113	020213	020513	T	020613	DD	2401909	07	326.00	0	59	326.00
1	121812	122212	122412	T	122412	DD	2123263	07	326.00	0	59	326.00
1	121112	121512	121712	T	121812	DD	2081858	07	326.00	0	59	326.00
1	120412	120812	121112	T	121112	DD	2030590	07	326.00	0	59	326.00
1	112712	120112	120312	T	120412	DD	1982420	07	326.00	0	59	326.00
1	112012	112412	112612	T	112712	DD	1937945	07	326.00	0	59	326.00
1	111212	111712	112012	T	112012	DD	1893134	07	326.00	0	59	326.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

SSN: NAME: KIM SZABO BYE: 07/14/13
BENEFITS WBA: 326.00 UI MBA : 6520.00 BALANCE: 9714.00

GM DE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
1	110712	111012	111212	T			0000000	07	.00	0	03	.00
1	103012	110312	110712	T	110712	DD	1809614	07	326.00	0	59	326.00
1	102412	102712	102912	T	103012	DD	1760275	07	326.00	0	59	326.00
1	101612	102012	102412	T	102412	DD	1714668	07	326.00	0	59	326.00
1	101112	101312	101512	T	101612	DD	1665107	07	326.00	0	59	326.00
1	100212	100612	101012	T	101112	DD	1622024	07	326.00	0	59	326.00
1	092612	092912	100212	T	100212	DD	1571722	07	326.00	0	59	326.00
1	091812	092212	092612	T	092612	DD	1526563	07	326.00	0	59	326.00
1	091312	091512	091712	T	091812	DD	1477324	07	326.00	0	59	326.00
1	090412	090812	091212	T			0000000	07	.00	0	03	.00
1	082812	090112	090412	T	090412	DD	1380018	07	326.00	0	59	326.00
1	082112	082512	082812	T	082812	DD	1333168	07	326.00	0	59	326.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

547154 3/31/2012

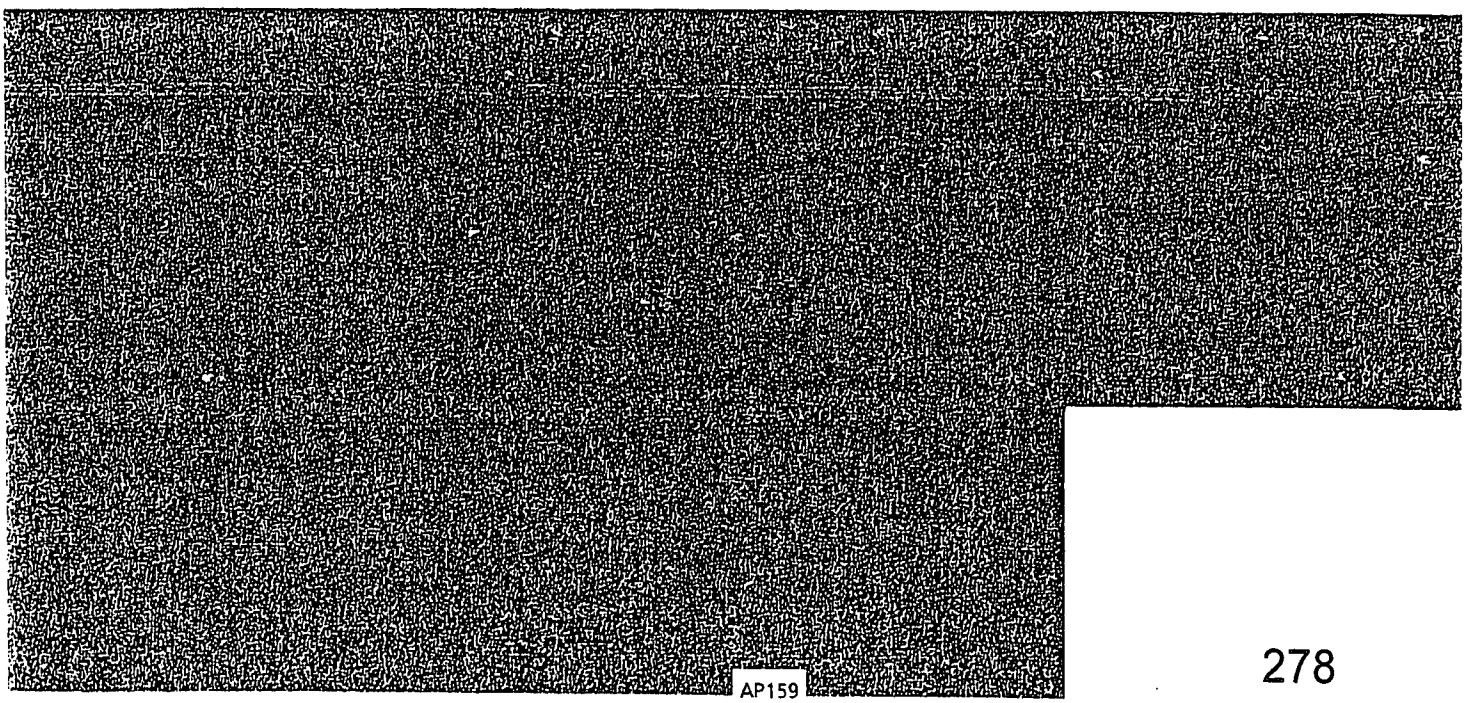
CEDAR COVE SERVICE COMPANY

Acct . . . . . Qtr 03/31/12 Form 120

KIMBERLY L. SZABO $ 12,714.00

$ 12,714.00

$ 714.00 $ 12,714.00



FORM UCE-101

NAME, ADDRESS

CEDAR COVE SERVICE COMPANY
PO BOX 333
WHITE ROCK, SC 29177 0333

BAB

SCDEW ACCT. NO.	QUARTER ENDING DATE	CURRENT F.E.I.N.	
	3/31/2012		

L.B.	L.E.	L.A.	CH.	AREA
10/2011	03/2012	12/2011	020	40

	MONTH 1	MONTH 2	MONTH 3
1. Number of covered workers who worked during or received pay for the payroll period which includes the 12th of the month.	1	1	1

Diana Gordon 4/30/12
SIGNATURE DATE

PREPARER'S TELEPHONE NUMBER ( )

EMPLOYERS, CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT AND ANY SUBSEQUENT PAGES ATTACHED IS TRUE AND CORRECT AND NO PART OF THE TAX WAS OR IS TO BE DEDUCTED FROM THE EMPLOYEE'S WAGES.

2 A. TOTAL WAGES PAID THIS QUARTER 12,000	18714.00
B. LESS: EXCESS OVER ~~18,000~~ (SEE ITEM 2B ON INSTRUCTIONS)	714.00
C. NET TAXABLE WAGES (ITEM 2A MINUS 2B)	12000.00
3 A. TOTAL CONTRIBUTIONS DUE ITEM 2C TIMES 0.0203	243.60
B. DACA/SURCHARGE DUE ITEM 2C TIMES .00182	21.84
4 INTEREST DUE	0
5 PENALTY DUE	0
6 LESS OUTSTANDING CREDIT OF $ ~~WEAR~~	4630
7 TOTAL AMOUNT DUE THIS QUARTER MAKE REMITTANCE PAYABLE TO: SCDEW	2914

ATTACH CHECK HERE

3 0547154 4 20121 0

AP160

OFFICE ASSISTANT INC.
~~134 LONGWOOD DRIVE~~
~~IRMO, SC 29063~~

67-804/539 3780

Date ~~April 29, 2013~~

Pay To The Order of SCDEW $ 219.14

Two Hundred Nineteen & 14/100 Dollars

Security Features Included. Details on Back.

FIRST CITIZENS BANK
AND TRUST COMPANY OF SOUTH CAROLINA

CEDAR COVE SERV CO.
For EIN

Diana B. Jordan, Treasurer

⑈053906041⑈ 08003 566360⑈ 3780

© ARTISTIC CHECKS, INC. 1-800-224-7831 www.printablechecks.com

SERENITY 187

ENDORSE HERE

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE *

For Deposit Only
SCESC
05/03/12
DDA >040301404501<

13693 2
0547154 103
00219.14

FEDERAL RESERVE BANK REGULATION CC

SECURITY FEATURES

Security Screen

UCE 156
REV 5 11

4: CLEARED FS

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT & WORKFORCE
CHANGE IN STATUS OF EMPLOYER'S ACCOUNT

Account Number

Assignment Number (s) 186380

RECEIVED
OCT 17 2012

Name of Employing Unit CEDAR COVE SERVICE

Trade Name

Employer Status

SUBJECT EMPLOYER'S ACCOUNT HAS BEEN CHANGED AS INDICATED BELOW

☐ Name of Employing Unit

☐ Trade Name

☐ Business Location
(Street and No.) (Town or City) (County) (State) (Zip Code)

☐ Mailing Address Tax Documents
(Street and No.) (Town or City) (County) (State) (Zip Code)

☐ Mailing Address Benefit Documents
(Street and No.) (Town or City) (County) (State) (Zip Code)

☐ Nature of Business

☐ Other

Change in ☐ Officers ☐ Partners | Fed ID# | ☐ Change (Explain in Remarks)

Name	Percent of Ownership	Title		Home Address

PLEASE INACTIVATE THE SUBJECT EMPLOYER'S ACCOUNT AS OF 3/31/12

☒ No Successor ☐ Succeeded by

Trade Name

Address

Account Number PT 11/8/12

Status report for successor attached Yes ☐ No ☐ If "no", explain in remarks

☐ Consolidated with Account Number

Information obtained from DIANA JORDAN, OWNER
Name and Title

Remarks Business closed

Date 10-15-12 Field Deputy

UCB 104-S 20WK
7-11

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

INITIAL DETERMINATION OF STATUS AS AN INSURED WORKER

WORKFORCE CENTER 400

EFFECTIVE DATE 07/15/12

DATE FILED 07/20/12

DATE PREPARED 07/21/12

O

DIANA JORDAN

*BENEFITS YOU MAY BE ELIGIBLE FOR:

MILITARY ASSIGNMENTS

WEEKLY BENEFIT AMOUNT 326.00

MAXIMUM TOTAL BENEFITS 6520.00

BENEFIT YEAR ENDS 07/14/13

* This statement establishes that you have the necessary wages to qualify for unemployment insurance. However, to receive benefits your job separation must also be considered. If you qualify, this is the maximum you may be entitled to receive.

SEE BACK FOR CLAIMANT INFORMATION

EMPLOYMENT RECORD			STANDARD BASE PERIOD QUARTERLY EARNINGS							
EMPLOYER	ACCOUNT NO.		YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.
			2011	02	2011	03	2011	04	2012	01
LAKEWOOD SERVICE COM				.00		.00	12714.00		12714.00	
STANDARD BASE QUARTER TOTAL				.00		.00	12714.00		12714.00	

EXHIBIT 4

A# 3

FILE NO: 1410101

*QTR.
1.-JAN.,FEB.,MAR. 3.-JULY,AUG.,SEPT.
2.-APR.,MAY,JUNE 4.-OCT.,NOV.,DEC.

UCB 104-B
2-93

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

INITIAL DETERMINATION OF STATUS AS AN INSURED WORKER

LOCAL OFFICE 400

EFFECTIVE DATE 07/06/08

DATE FILED 07/08/08

DATE PREPARED 07/16/08

RECONSIDERED

O

DIANA B JORDAN

POTENTIAL BENEFITS ESTABLISHED

WEEKLY BENEFIT AMOUNT 326.00

MAXIMUM TOTAL BENEFITS 8476.00

BENEFIT YEAR ENDS 07/05/09

MILITARY ASSIGNMENTS

SEE BACK FOR CLAIMANT INFORMATION

EMPLOYMENT RECORD		BASE PERIOD QUARTERLY EARNINGS							
EMPLOYER	ACCOUNT NO.	YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.
		2007	02	2007	03	2007	04	2008	01
EBAY CONSIGNMENT COM		.00		.00		12714.00		12714.00	
BASE QUARTER TOTAL		.00		.00		12714.00		12714.00	

AB
2/4

*QTR.
1.-JAN.,FEB.,MAR. 3.-JULY,AUG.,SEPT.
2.-APR.,MAY,JUNE 4.-OCT.,NOV.,DEC.

UCB 104-B
2-93

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

INITIAL DETERMINATION OF STATUS AS AN INSURED WORKER

LOCAL OFFICE 400

EFFECTIVE DATE 07/03/05

DATE FILED 07/05/05

DATE PREPARED 07/05/05

O

DIANA B JORDAN

POTENTIAL BENEFITS ESTABLISHED

MILITARY ASSIGNMENTS

WEEKLY BENEFIT AMOUNT 303.00

MAXIMUM TOTAL BENEFITS 7592.00

BENEFIT YEAR ENDS 07/02/06

SEE BACK FOR CLAIMANT INFORMATION

EMPLOYMENT RECORD			BASE PERIOD QUARTERLY EARNINGS							
EMPLOYER	ACCOUNT NO.		YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.
			2004	02	2004	03	2004	04	2005	01
A HOME IMPROVEMENT C				.00		.00	11388.00		11388.00	
BASE QUARTER TOTAL				.00		.00	11388.00		11388.00	

A3
394

*QTR.
1.-JAN.,FEB.,MAR. 3.-JULY,AUG.,SEPT.
2.-APR.,MAY,JUNE 4.-OCT.,NOV.,DEC.

UCB 104-B
2-93

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

INITIAL DETERMINATION OF STATUS AS AN INSURED WORKER

LOCAL OFFICE 400

EFFECTIVE DATE 07/06/03 DATE FILED 07/07/03

DATE PREPARED 07/08/03

O

DIANA B JORDAN
124 LONGWOOD PASS

IRMO SC 29063

POTENTIAL BENEFITS ESTABLISHED

MILITARY ASSIGNMENTS

WEEKLY BENEFIT AMOUNT 285.00

MAXIMUM TOTAL BENEFITS 7228.00

BENEFIT YEAR ENDS 07/05/04

SEE BACK FOR CLAIMANT INFORMATION

EMPLOYMENT RECORD			BASE PERIOD QUARTERLY EARNINGS							
EMPLOYER	ACCOUNT NO.		YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.
			2002	02	2002	03	2002	04	2003	01
OFFICE ASSISTANT INC				.00		.00	10842.00		10842.00	
BASE QUARTER TOTAL				.00		.00		.00		.00

A3
404

*QTR.
1.-JAN.,FEB.,MAR. 3.-JULY,AUG.,SEPT.
2.-APR.,MAY,JUNE 4.-OCT.,NOV.,DEC.

EXHIBIT

A# 4 11B

(A4)

FILE NO: 141010 1

391072 C+W

UCB-181 (REV 10/01) Catalog# 09235

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
PO Box 995
Columbia, South Carolina 29202
Telephone (803) 737-3075
Fax (803) 737-2547

Employer Status Report *To Determine Liability Under The South Carolina Employment Security Law*

All Information Provided Will Be Kept Strictly Confidential– **PLEASE TYPE OR PRINT RETURN WITHIN 10 DAYS** L-5

DO NOT WRITE IN THIS SPACE

Account Number			
1202	203	02	1202
LB	LE	CH	LA
320	314		
Area	Rate	Ind	Owner
MB	2-21-03		
By	Date	Parent Number	

Complete Both Sides Of This Application — **Please Print Or Type All Information**

1 Owner, Partnership, or Corporate Charter Name
OFFICE ASSISTANT INC.

2 Trade Name (Doing Business As)

3 Physical Location of Business Required (No PO Box)
124 LONGWOOD PASS (Street)
IRMO (City) RICHLAND (County (Required)) SC (State) 29063 (Zip)

4 Business Phone Number (803) 732-1703 — Day Time Phone Number SAME.

5 Federal Identification Number

6 Mailing Address (For All Correspondence)
DIANA B. JORDAN (In Care Of)
SAME. (Street)
(City) (County (Required)) (State) (Zip)

7 Type of Business 81
- ☐ Agriculture Forestry Fishing & Hunting (11)
- ☐ Mining (21)
- ☐ Utilities (22)
- ☐ Construction (23)
- ☐ Manufacturing (31-33)
- ☐ Wholesale Trade (41-43)
- ☐ Retail Trade (44-46)
- ☐ Transportation & Warehousing (48-49)
- ☐ Information (51)
- ☐ Finance & Insurance (52)
- ☐ Real Estate Rental & Leasing (53)
- ☐ Professional Scientific & Technical Services (54)
- ☐ Management of Companies & Enterprises (55)
- ☐ Administrative and Support Waste Management & Remediation Services (56)
- ☐ Education Services (61)
- ☐ Health Care and Social Assistance (62)
- ☐ Arts Entertainment & Recreation (71)
- ☐ Accommodation & Food Services (72)
- ☒ Other Services (81)
- ☐ Public Administration (91 92)

9 Location of Records (No PO Box)
SAME.

10 Type of Ownership
- ☐ Sole Proprietor (one owner)
- ☐ Partnership (two or more owners)
- ☐ LLC/LLP
- ☒ SC Corporation Date Inc 5/11/00
- ☐ Foreign Corporation (attach copy of articles of certificate of authority)
- ☐ Unincorporated Association, Enter Legal Name
- ☐ Other (explain)

8 Main Business (i.e., Retail Furniture Sales)
RESEARCH ANALYSIS

8a Check If You Sell These Products (for solid waste purposes)
☐ Motor Oil ☐ Lead Acid Batteries ☐ Tires ☐ Large Appliances

8b Do You Sell Aviation Gasoline? ☐ Yes ☒ No

8c Do You Provide Service To Cellular and Personal Communications Users? ☐ Yes ☒ No

11 Name(s) of Business Owner, General Partners, or Officers

Social Security Number	Name/Title/General Partners	Home Address	% Ownership
	DIANA B. JORDAN	124 LONGWOOD PASS	100%
	PRESIDENT/SECRETARY/TREASURER	IRMO, SC 29063	

Are You A SC Resident? (Y/N) YES How Long Have You Lived In SC? 24 Y 10 M (Years, Months)

12 Have You
- A Acquired Another Business? ☐ Yes ☒ No
  Merged With Another Business? ☐ Yes ☒ No
  Formed A Corporation Or Partnership? ☒ Yes ☐ No
  Made Any Other Change In The Ownership Of Your Business? ☐ Yes ☒ No
- B Did You Acquire ☐ All Of The South Carolina Operations? ☐ Part Of The South Carolina Operations? Percentage Acquired
- C Date Acquired Or Changed
  Was The Business Operating At The Time Of Acquisition Or Change? ☐ Yes ☐ No
  Date Closed
  Does The Former Owner Or Legal Entity Continue To Have Employees? ☐ Yes ☐ No
- D Former Owner's S C E S C Account Number
  Former Owner's S C Tax Account Number Advice Pr
- E Name Of Business Acquired FEB 24 2003
  (Full organization name including trade name)
  Address Of Former Owner

13 First Date Of Employment In S C	14 Anticipated Date Of First S C Payroll	15 Estimate Number Of Employees In S C
mo/day/year 12/30/02	mo/day/year 12/30/02	1

16 Is Business Within SC Municipal Limits? ☐ Yes ☒ No Which City?

17 Is Your Business Seasonal? ☐ Yes ☒ No If Yes, List Months Active

◁ Complete Reverse Side Of This Form ▷

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Diana B. Jordan — Signature of Owner/All Partners, or Corporate Officer
PRESIDENT — Title
2/17/03 — Date

A4
27

18 ENTER TOTAL WAGES PAID BY YOU TO S C WORKERS BY CALENDAR QUARTER BEGINNING WITH DATE IN ITEM 13

YEAR	JANUARY 1 THRU MARCH 31	APRIL 1 THRU JUNE 30	JULY 1 THRU SEPTEMBER 30	OCTOBER 1 THRU DECEMBER 31
2002				C&W $10,842.00
YEAR 20	JANUARY 1 THRU MARCH 31	APRIL 1 THRU JUNE 30	JULY 1 THRU SEPTEMBER 30	OCTOBER 1 THRU DECEMBER 31

19 INDICATE NUMBER OF EMPLOYEES WITHIN EACH CALENDAR WEEK (PART TIME COMMISSION SALESMAN, OFFICERS, ETC)

CALENDAR YEAR	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
2002	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER

CALENDAR YEAR	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
20____	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER

20 DID YOU FILE A FUTA FORM 940 WITH THE IRS FOR THE LAST COMPLETED CALENDAR YEAR? ☑ YES ☐ NO

21 IS YOUR ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501–C–3 OF THE IRS CODE FOR RELIGIOUS, EDUCATIONAL OR CHARITABLE PURPOSES? ☐ YES ☑ NO IF YES, ATTACH A COPY OF THE EXEMPTION LETTER

22 DOES YOUR BUSINESS CONSIST SOLELY OF AGRICULTURAL EMPLOYMENT? ☐ YES ☑ NO

23 DOES YOUR EMPLOYMENT CONSIST SOLELY OF DOMESTIC (HOUSEHOLD) WORKERS? ☐ YES ☑ NO

24 IS THE UNIT REPORTED ABOVE MADE UP OF MORE THAN ONE ESTABLISHMENT IN THE STATE? ☐ YES ☑ NO IF YES, HOW MANY ESTABLISHMENTS _____ PLEASE ENTER IN THE SECTION BELOW THE EXACT LOCATION AND THE EMPLOYMENT COUNT OF EACH ESTABLISHMENT COVERED BY THIS REPORT USE A SEPARATE SHEET OF PAPER IF ADDITIONAL SPACE IS NEEDED (IF ACTIVITIES VARY FOR THE SEPARATE ESTABLISHMENT, PLEASE PROVIDE PRODUCT OF ACTIVITY INFORMATION FOR THESE UNITS ON A SEPARATE SHEET OF PAPER)

STREET	CITY	COUNTY	ZIP CODE	AVERAGE EMPLOYMENT

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

FEBRUARY 17 — 20 03
DATE SIGNED AND SUBMITTED

OFFICE ASSISTANT INC.
NAME OF EMPLOYING UNIT

Diana B. Jordan
BY

PRESIDENT
OFFICIAL POSITION

FEB 2003 RECEIVED EMPLOYER STATUS

UPON COMPLETION OF THIS FORM SIGN, DATE AND MAIL TO

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
EMPLOYER STATUS UNIT
POST OFFICE BOX 995
COLUMBIA, SOUTH CAROLINA 29202

A4
3911

C+W 78

UCB-181 (REV. 10/01) Catalog#: 09235

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
P.O. Box 995
Columbia, South Carolina 29202
Telephone (803) 737-3075
Fax (803) 737-2547

L5

EMPLOYER STATUS REPORT TO DETERMINE LIABILITY UNDER THE SOUTH CAROLINA EMPLOYMENT SECURITY LAW

ALL INFORMATION PROVIDED WILL BE KEPT STRICTLY CONFIDENTIAL
PLEASE TYPE OR PRINT. RETURN WITHIN 10 DAYS

DO NOT WRITE IN THIS SPACE

ACCOUNT NUMBER:			
1204	305	02	1204
LB.	LE.	CH.	LA.
400	334		
AREA	RATE	IND.	OWNER
MB	3-7-05	435961	
BY	DATE	PARENT NUMBER	

COMPLETE BOTH SIDES OF THIS APPLICATION — PLEASE PRINT OR TYPE ALL INFORMATION

1. OWNER, PARTNERSHIP, OR CORPORATE CHARTER NAME
A HOME IMPROVEMENT COMPANY

2. TRADE NAME (DOING BUSINESS AS)

3. PHYSICAL LOCATION OF BUSINESS REQUIRED (NO P.O. BOX)
130 DUTCH FORK ROAD
STREET
BALLENTINE RICHLAND SC 29002
CITY COUNTY (REQUIRED) STATE ZIP

4. BUSINESS PHONE NUMBER
DAY TIME PHONE NUMBER

5. FEDERAL IDENTIFICATION NUMBER
20-1430454

6. MAILING ADDRESS (FOR ALL CORRESPONDENCE)
IN CARE OF
P.O. BOX 491
STREET
BALLENTINE RICHLAND SC 29002
CITY COUNTY (REQUIRED) STATE ZIP

7. TYPE OF BUSINESS
81
- ☐ Agriculture, Forestry, Fishing & Hunting (11)
- ☐ Mining (21)
- ☐ Utilities (22)
- ☐ Construction (23)
- ☐ Manufacturing (31-33)
- ☐ Wholesale Trade (41-42)
- ☐ Retail Trade (44-45)
- ☐ Transportation & Warehousing (48-49)
- ☐ Information (51)
- ☐ Finance & Insurance (52)
- ☐ Real Estate, Rental & Leasing (53)
- ☐ Professional, Scientific, & Technical Services (54)
- ☐ Management of Companies & Enterprises (55)
- ☐ Administrative and Support, Waste Management & Remediation Services (56)
- ☐ Education Services (61)
- ☐ Health Care and Social Assistance (62)
- ☐ Arts, Entertainment, & Recreation (71)
- ☐ Accommodation & Food Services (72)
- ☒ Other Services (81)
- ☐ Public Administration (91-92)

9. LOCATION OF RECORDS (NO P.O. BOX)
130 DUTCH FORK ROAD

8. MAIN BUSINESS (I.E., RETAIL FURNITURE SALES)
HOME IMPROVEMENT

8a. CHECK IF YOU SELL THESE PRODUCTS (FOR SOLID WASTE PURPOSES)
☐ MOTOR OIL ☐ LEAD ACID BATTERIES ☐ TIRES ☐ LARGE APPLIANCES

8b. DO YOU SELL AVIATION GASOLINE? ☐ YES ☒ NO

8c. DO YOU PROVIDE SERVICE TO CELLULAR AND PERSONAL COMMUNICATIONS USERS? ☐ YES ☒ NO

10. TYPE OF OWNERSHIP
- ☐ Sole Proprietor (one owner)
- ☐ Partnership (two or more owners)
- ☒ LLC/LLP
- ☐ SC Corporation Date Inc. _____
- ☐ Foreign Corporation (attach copy of articles of certificate of authority)
- ☐ Unincorporated Association, Enter Legal Name _____
- ☐ Other (explain) _____

11. NAME(S) OF BUSINESS OWNER, GENERAL PARTNERS, OR OFFICERS:

SOCIAL SECURITY NUMBER	FULL NAME OF EACH PARTNER	TITLE	HOME PHONE NUMBER
	JAMES T. WALLESHAUSER	OWNER	
	Walleshauser		

ARE YOU A SC RESIDENT? (Y/N) _____ HOW LONG HAVE YOU LIVED IN SC? 15 YEARS (YEARS, MONTHS)

12. HAVE YOU:
- A Acquired Another Business? ☐ Yes ☒ No
  Merged With Another Business? ☐ Yes ☒ No
  Formed A Corporation Or Partnership? ☐ Yes ☒ No
  Made Any Other Change In The Ownership Of Your Business? ☐ Yes ☒ No
- B Did You Acquire ☐ All Of The South Carolina Operations? ☐ Part Of The South Carolina Operations?
  Percentage Acquired _____
- C Date Acquired Or Changed _____
  Was The Business Operating At The Time Of Acquisition Or Change? ☐ Yes ☐ No
  Date Closed _____
  Does The Former Owner Or Legal Entity Continue To Have Employees? ☐ Yes ☐ No
- D Former Owner's S.C.E.S.C. Account Number: N/A
  Former Owner's S.C. Tax Account Number N/A
- E Name Of Business Acquired N/A
  Address Of Former Owner N/A

13. FIRST DATE OF EMPLOYMENT IN S.C. 12/1/04

14. ANTICIPATED DATE OF FIRST S.C. PAYROLL 12/31/04

15. ESTIMATE NUMBER OF EMPLOYEES IN S.C. 1

16. IS BUSINESS WITHIN SC MUNICIPAL LIMITS? ☐ Yes ☒ No WHICH CITY? _____

17. IS YOUR BUSINESS SEASONAL? ☐ Yes ☒ No IF YES, LIST MONTHS ACTIVE _____

◄ COMPLETE REVERSE SIDE OF THIS FORM ►

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

James Walleshauser — SIGNATURE OF OWNER, ALL PARTNERS, OR CORPORATE OFFICER
OWNER — TITLE
2/19/05 — DATE

RECEIVED MAR 09 2005

18. ENTER TOTAL WAGES PAID BY YOU TO S.C. WORKERS BY CALENDAR QUARTER BEGINNING WITH DATE IN ITEM 13

YEAR	JANUARY 1 THRU MARCH 31	APRIL 1 THRU JUNE 30	JULY 1 THRU SEPTEMBER 30	OCTOBER 1 THRU DECEMBER 31
2004				$11,388.00
YEAR 20	JANUARY 1 THRU MARCH 31	APRIL 1 THRU JUNE 30	JULY 1 THRU SEPTEMBER 30	OCTOBER 1 THRU DECEMBER 31

19. INDICATE NUMBER OF EMPLOYEES WITHIN EACH CALENDAR WEEK (PART-TIME COMMISSION SALESMAN, OFFICERS, ETC.)

CALENDAR YEAR	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
20 04	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER

CALENDAR YEAR	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
20 05	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER

20. DID YOU FILE A FUTA FORM 940 WITH THE IRS FOR THE LAST COMPLETED CALENDAR YEAR? ☑ YES ☐ NO

21. IS YOUR ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501-C-3 OF THE IRS CODE FOR RELIGIOUS, EDUCATIONAL OR CHARITABLE PURPOSES? ☐ YES ☑ NO IF YES, ATTACH A COPY OF THE EXEMPTION LETTER

22. DOES YOUR BUSINESS CONSIST SOLELY OF AGRICULTURAL EMPLOYMENT? ☐ YES ☑ NO

23. DOES YOUR EMPLOYMENT CONSIST SOLELY OF DOMESTIC (HOUSEHOLD) WORKERS? ☐ YES ☑ NO

24. IS THE UNIT REPORTED ABOVE MADE UP OF MORE THAN ONE ESTABLISHMENT IN THE STATE? ☐ YES ☑ NO IF YES, HOW MANY ESTABLISHMENTS _____ PLEASE ENTER IN THE SECTION BELOW THE EXACT LOCATION AND THE EMPLOYMENT COUNT OF EACH ESTABLISHMENT COVERED BY THIS REPORT. USE A SEPARATE SHEET OF PAPER IF ADDITIONAL SPACE IS NEEDED. (IF ACTIVITIES VARY FOR THE SEPARATE ESTABLISHMENT, PLEASE PROVIDE PRODUCT OF ACTIVITY INFORMATION FOR THESE UNITS ON A SEPARATE SHEET OF PAPER.)

STREET	CITY	COUNTY	ZIP CODE	AVERAGE EMPLOYMENT

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

FEBRUARY 19 , 20 05 — A HOME IMPROVEMENT COMPANY
DATE SIGNED AND SUBMITTED — NAME OF EMPLOYING UNIT

RECEIVED EMPLOYER STATUS

BY

OWNER
OFFICIAL POSITION

UPON COMPLETION OF THIS FORM SIGN, DATE AND MAIL TO:

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
EMPLOYER STATUS UNIT
POST OFFICE BOX 995
COLUMBIA, SOUTH CAROLINA 29202

UCB-181 (REV 10/01) • Catalog# • 09235

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

PO Box 995
Columbia, South Carolina 29202
Telephone (803) 737-3075
Fax (803) 737-2547

L-5

Employer Status Report To Determine Liability Under The South Carolina Employment Security Law

All Information Provided Will Be Kept Strictly Confidential
PLEASE TYPE OR PRINT. RETURN WITHIN 10 DAYS

DO NOT WRITE IN THIS SPACE

Account Number			
1207	308	02	1207
LB	LE	CH	LA
400	3.34		
Area	Rate	Ind	Owner
CB	3-18-08		
By	Date	Parent Number	

Complete Both Sides Of This Application — **Please Print Or Type All Information**

1 Owner, Partnership, or Corporate Charter Name
EBAY CONSIGNMENT COMPANY INC

2 Trade Name (Doing Business As)

3 Physical Location of Business Required (No PO Box)
124 LONGWOOD PASS (Street) 9130
IRMO (City) RICHLAND (County (Required)) SC (State) 29063 (Zip)

4 Business Phone Number (803) 781-5683 — Day Time Phone Number

5 Federal Identification Number

6 Mailing Address (For All Correspondence)
SAME ↑
In Care Of
Street
City — County (Required) — State — Zip

7 Type of Business
- ☐ Agriculture Forestry Fishing & Hunting (11)
- ☐ Mining (21)
- ☐ Utilities (22)
- ☐ Construction (23)
- ☐ Manufacturing (31-33)
- ☐ Wholesale Trade (41-43)
- ☐ Retail Trade (44-46)
- ☐ Transportation & Warehousing (48-49)
- ☐ Information (51)
- ☐ Finance & Insurance (52)
- ☐ Real Estate Rental & Leasing (53)
- ☐ Professional, Scientific & Technical Services (54)
- ☐ Management of Companies & Enterprises (55)
- ☐ Administrative and Support Waste Management & Remediation Services (56)
- ☐ Education Services (61)
- ☐ Health Care and Social Assistance (62)
- ☐ Arts Entertainment & Recreation (71)
- ☐ Accommodation & Food Services (72)
- ☑ Other Services (81)
- ☐ Public Administration (91-92)

8 Main Business (I.E., Retail Furniture Sales)
CONSIGNMENT SALES

9 Location of Records (No PO Box)
SAME ↑

10 Type of Ownership
- ☐ Sole Proprietor (one owner)
- ☐ Partnership (two or more owners)
- ☐ LLC/LLP
- ☑ SC Corporation Date Inc 9/30/04
- ☐ Foreign Corporation (attach copy of articles of certificate of authority)
- ☐ Unincorporated Association, Enter Legal Name
- ☐ Other (explain)

8a. Check If You Sell These Products (For Solid Waste Purposes)
☐ Motor Oil ☐ Lead Acid Batteries ☐ Tires ☐ Large Appliances

8b Do You Sell Aviation Gasoline? ☐ Yes ☑ No

8c. Do You Provide Service To Cellular and Personal Communications Users? ☐ Yes ☑ No

11 Name(s) of Business Owner, General Partners, or Officers

Social Security Number	Name/Title/General Partners	Home Address	% Partnership
	JAMES WALLESHAUSER (PRESIDENT)	124 LONGWOOD PASS IRMO, SC 29063	

Are You A SC Resident? (Y)(N) — How Long Have You Lived In SC? 16 YRS 1 MO (Years, Months)

12 Have You

A	Acquired Another Business?	☐ Yes	☑ No
	Merged With Another Business?	☐ Yes	☑ No
	Formed A Corporation Or Partnership?	☑ Yes	☐ No
	Made Any Other Change In The Ownership Of Your Business?	☐ Yes	☑ No

B Did You Acquire ☐ All Of The South Carolina Operations? ☐ Part Of The South Carolina Operations? Percentage Acquired

C Date Acquired Or Changed
Was The Business Operating At The Time Of Acquisition Or Change? ☐ Yes ☐ No
Date Closed
Do's The Former Owner Or Legal Entity Continue To Have Employees? ☐ Yes ☐ No

D Former Owner's S C E S C Account Number
Former Owner's S C Tax Account Number

E Name Of Business Acquired
(If an organization name including trade name)
Address Of Former Owner

13 First Date Of Employment In S C.	14 Anticipated Date Of First S C Payroll	15 Estimate Number Of Employees In S C
mo/day/yr 12/29/07	mo/day/yr	1

16 Is Business Within SC Municipal Limits? ☐ Yes ☑ No Which City?

17 Is Your Business Seasonal? ☐ Yes ☑ No If Yes List Months Active

< Complete Reverse Side Of This Form >

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

PRESIDENT 11/25/08

291

18 ENTER TOTAL WAGES PAID BY YOU TO S C WORKERS BY CALENDAR QUARTER BEGINNING WITH DATE IN ITEM 13

YEAR	JANUARY 1 THRU MARCH 31	APRIL 1 THRU JUNE 30	JULY 1 THRU SEPTEMBER 30	OCTOBER 1 THRU DECEMBER 31
2007				$12,714.00
YEAR 20	JANUARY 1 THRU MARCH 31	APRIL 1 THRU JUNE 30	JULY 1 THRU SEPTEMBER 30	OCTOBER 1 THRU DECEMBER 31

19 INDICATE NUMBER OF EMPLOYEES WITHIN EACH CALENDAR WEEK (PART-TIME COMMISSION SALESMAN OFFICERS, ETC)

CALENDAR YEAR	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
20 07	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER

CALENDAR YEAR	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
20	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER

20. DID YOU FILE A FUTA FORM 940 WITH THE IRS FOR THE LAST COMPLETED CALENDAR YEAR? ☑ YES ☐ NO

21 IS YOUR ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501-C-3 OF THE IRS CODE FOR RELIGIOUS, EDUCATIONAL OR CHARITABLE PURPOSES? ☐ YES ☑ NO IF YES, ATTACH A COPY OF THE EXEMPTION LETTER

22. DOES YOUR BUSINESS CONSIST SOLELY OF AGRICULTURAL EMPLOYMENT? ☐ YES ☑ NO

23 DOES YOUR EMPLOYMENT CONSIST SOLELY OF DOMESTIC (HOUSEHOLD) WORKERS? ☐ YES ☑ NO

24 IS THE UNIT REPORTED ABOVE MADE UP OF MORE THAN ONE ESTABLISHMENT IN THE STATE? ☐ YES ☑ NO IF YES, HOW MANY ESTABLISHMENTS _____ PLEASE ENTER IN THE SECTION BELOW THE EXACT LOCATION AND THE EMPLOYMENT COUNT OF EACH ESTABLISHMENT COVERED BY THIS REPORT USE A SEPARATE SHEET OF PAPER IF ADDITIONAL SPACE IS NEEDED (IF ACTIVITIES VARY FOR THE SEPARATE ESTABLISHMENT, PLEASE PROVIDE PRODUCT OF ACTIVITY INFORMATION FOR THESE UNITS ON A SEPARATE SHEET OF PAPER)

STREET	CITY	COUNTY	ZIP CODE	AVERAGE EMPLOYMENT

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

FEBRUARY 25 20 08
DATE SIGNED AND SUBMITTED

EBAY CONSIGNMENT CO INC
NAME OF EMPLOYING UNIT

BY

PRESIDENT
OFFICIAL POSITION

UPON COMPLETION OF THIS FORM SIGN, DATE AND MAIL TO SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
EMPLOYER STATUS UNIT
POST OFFICE BOX 995

A. Exhibit 4 (p. 1 of 2)

UCE 151

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P O BOX 995
COLUMBIA SOUTH CAROLINA 29202
TELEPHONE (803) 737 3075
FAX (803) 737 2547

EMPLOYER STATUS REPORT TO DETERMINE LIABILITY UNDER THE SOUTH CAROLINA EMPLOYMENT SECURITY LAW

ALL INFORMATION PROVIDED WILL BE KEPT STRICTLY CONFIDENTIAL

DO NOT WRITE IN THIS SPACE

ACCOUNT NUMBER			
1011	312	08	1211
LB	LE	CR	LA
400	204		
AREA	RATE	IND	OWNER
DT	3/27/12		
BY	DATE	PARENT NUMBER	

PLEASE TYPE OR PRINT RETURN WITHIN 10 DAYS

#547173

*COMPLETE BOTH SIDES OF THIS APPLICATION *PLEASE PRINT OR TYPE ALL INFORMATION

1 OWNER, PARTNERSHIP, OR CORPORATE CHARTER NAME
LAKEWOOD SERVICE COMPANY

2 TRADE NAME(DOING BUSINESS AS)

3 PHYSICAL LOCATION OF BUSINESS REQUIRED (NO P O BOX)

4 BUSINESS PHONE NUMBER

DAYTIME PHONE NUMBER

STREET

5 FEDERAL IDENTIFICATION NUMBER

CITY COUNTY(REQUIRED) STATE ZIP

6 MAILING ADDRESS (FOR ALL CORRESPONDECE)

IN CARE OF

PO BOX 333

STREET

WHITE ROCK SC 29177

CITY COUNTY(REQUIRED) STATE ZIP

9 LOCATION OF RECORDS (NO P O BOX)

7 TYPE OF BUSINESS

- ☐ AGRICULTURE FORESTRY FISHING & HUNTING (11)
- ☐ MINING (21)
- ☐ UTILITIES (22)
- ☐ CONSTUCTION (23)
- ☐ MANUFACTURING (31 33)
- ☐ WHOLESALE TRADE (41 43)
- ☐ RETAIL TRADE (44 46)
- ☐ TRANSPORTATION & WAREHOUSING (48-49)
- ☐ INFORMATION (51)
- ☐ FINANCE & INSURANCE (52)
- ☐ REAL ESTATE RENTAL & LEASING (53)
- ☐ PROFESSIONAL SCIENTIFIC & TECHNICAL SERVICES (54)
- ☐ MANAGEMENT OF COMPANIES & ENTERPRISES (55)
- ☐ ADMINISTRATIVE & SUPPORT WASTE MANAGEMENT & REMEDIATION SERVICES (56)
- ☐ EDUCATION SERVICES (61)
- ☐ HEALTH CARE & SOCIAL ASSISTANCE (62)
- ☐ ARTS ENTERTAINMENT & RECREATION (71)
- ☐ ACCOMMODATIONS & FOOD SERVICE (72)
- ☒ OTHER SERVICES (81)
- ☐ PUBLIC ADMINISTRATION

10 TYPE OF OWNERSHIP

- ☐ SOLE PROPRIETOR (ONE OWNER)
- ☐ PARTNERSHIP (TWO OR MORE OWNERS)
- ☐ L.L.C/L.L.P
- ☒ SC CORPORATION DATE INC ____
- ☐ FOREIGN CORPORATION (ATTACH COPY OF ARTICLES OF CERTIFICATE OF AUTHORITY)
- ☐ UNINCORPORATED ASSOCIATION ENTER LEGAL NAME ____
- ☐ OTHER (EXPLAIN)

8 MAIN BUSINESS(I E RETAIL FURNITURE SALES)

8A CHECK IF YOU SELL THESE PRODUCTS(FOR SOLID WASTE PURPOSE)
☐ MOTOR OIL ☐ LEAD ACID BATTERIES ☐ TIRES ☐ LARGE APPLIANCES

8B DO YOU SELL AVAIATION GASOLINE? ☐ YES ☐ NO

8C DO YOU PROVIDE SERVICE TO CELLULLAR AND PERSONAL COMMUNICATIONS USERS? ☐ YES ☐ NO

11 NAME(S) OF BUSINESS OWNER , PARTNERS, OR OFFICERS

SOCIAL SECURITY NUMBER	NAME/TITLE/GENERAL PARTNERS	HOME ADDRESS	IF PARTNER % OWNED
	KIMBERLY SZABO (PRES)		

ARE YOU A SC RESIDENT YES ☐ NO ☐ HOW LONG HAVE YOU LIVED IN SC? (YEARS/MONTHS)

12 HAVE YOU

A ACQUIRED ANOTHER BUSINESS? ☐ YES ☐ NO
MERGED WITH ANOTHER BUSINESS ☐ YES ☐ NO
FORMED A CORPORATION OR PARTNERSHIP? ☐ YES ☐ NO
MADE ANY OTHER CHANGE IN OWNERSHIP OF YOUR BUSINESS? ☐ YES ☐ NO

B DID YOU ACQUIRE ☐ ALL OF THE SOUTH CAROLINA OPERATIONS?
☐ PART OF THE SOUTH CAROLINA OPERATIONS?
PERCENT ACQUIRED ____

C DATE ACQUIRED OR CHANGED ____
WAS THE BUSINESS OPERATING AT THE TIME OF ACQUISITION OR CHANGE? ☐ YES ☐ NO
DATE CLOSED ____
DOES THE FORMER OWNER OR LEGAL ENITY CONTINUE TO HAVE EMPLOYEES? ☐ YES ☐ NO

D FORMER OWNER S S C E S C ACCOUNT NUMBER ____

FORMER OWNER S S C TAX ACCOUNT NUMBER ____

E NAME OF BUSINESS ACQUIRED ____
(Full organization name including trade name)

ADDRESS OF FORMER OWNER ____

13 FIRST DATE OF EMPLOYMENT IN S C	14 ANTICIPATED DATE OF FIRST SC PAYROLL	15 ESTIMATED NUMBER OF EMPLOYEES IN SC
MO/DAY/YEAR 10/1/11	MO/DAY/YEAR 10/1/11	1

16 IS BUSINESS WITHIN SC MUNICIPAL LIMITS?
☐ YES ☐ NO WHICH CITY? ____

17 IS YOUR BUSINESS SEASONAL?
☐ YES ☐ NO IF YES LIST MONTHS ACTIVE ____

COMPLETE REVERSE SIDE OF THIS FORM

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

SIGNATURE OF OWNER ALL PARTNERS OR CORPORATE OFFICER ____ TITLE ____ DATE ____

293

AP174

UCE 151

18 ENTER TOTAL WAGES PAID BY YOU TO SC WORKERS BY CALENDAR QUARTERS BEGINNING WITH DATE IN ITEM 13

YEAR	JANUARY 1 THRU MARCH 31	APRIL 1 THRU JUNE 30	JULY 1 THRU SEPTEMBER 30	OCTOBER 1 THRU DECEMBER 31
11				$12714 00 C&W
YEAR	JANUARY 1 THRU MARCH 31	APRIL 1 THRU JUNE 30	JULY 1 THRU SEPTEMBER 30	OCTOBER 1 THRU DECEMBER 31

19 INDICATE NUMBER OF EMPLOYEES WITHIN EACH CALENDAR WEEK (PART-TIME COMMISSION SALES OFFICERS ETC)

CALENDAR YEAR [ ]

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
JULY	**AUGUST**	**SEPTEMBER**	**OCTOBER**	**NOVEMBER**	**DECEMBER**

CALENDAR YEAR [ ]

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
JULY	**AUGUST**	**SEPTEMBER**	**OCTOBER**	**NOVEMBER**	**DECEMBER**

20 DID YOU FILE A FUTA FORM 940 WITH THE IRS FOR THE LAST COMPLETED CALENDAR YEAR? ☐ YES ☐ NO

21 IS YOUR ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501 C 3 OF THE IRS CODE FOR RELIGIOUS EDUCATIONAL OR CHARTIABLE PURPOSES? ☐ YES ☐ NO IF YES ATTACH A COPY OF EXEMPTION LETTER

22 DOES YOUR BUSINESS CONSIST SOLELY OF AGRICULTURAL EMPLOYMENT ☐ YES ☐ NO

23 DOES YOUR EMPLOYMENT CONSIST SOLELY OF DOMESTIC (HOUSEHOLD) WORKERS? ☐ YES ☐ NO

24 IS THE UNIT REPORTED ABOVE MADE UP OF MORE THAN ONE ESTABLISHMENT IN THE STATE? ☐ YES ☐ NO
IF YES HOW MANY ESTABLISHMENTS _____ PLEASE ENTER IN THE SECTION BELOW THE EXACT LOCATION AND THE EMPLOYMENT COUNT OF EACH ESTABLISHMENT COVERED BY THIS REPORT USE A SEPARATE SHEET OF PAPER IF ADDITIONAL SPACE IS NEEDED (IF ACTIVITIES VARY FOR THE SEPARATE ESTABLISHMENT PLEASE PROVIDE PRODUCTS OF ACTIVITY INFORMATION FOR THESE UNITS ON A SEPARATE SHEET OF PAPER)

STREET	CITY	COUNTY	ZIP CODE	AVERAGE EMPLOYMENT

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

3/27/12
DATE SIGNED AND SUBMITTED

LAKEWOOD SERVICE COMPANY
NAME OF EMPLOYING UNIT

INFORMATION PER 12/31/11 C&W REPT & DOR
FILES

PAM TAYLOR
BY

CLAIMS ANALYST
OFFICAL POSITION

UPON COMPLETION OF THIS FORM SIGN, DATE AND MAIL TO

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT & WORKFORCE
EMPLOYER STATUS UNIT
P O BOX 995, COLUMBIA, SC 29202

UCE 151

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P O BOX 995
COLUMBIA SOUTH CAROLINA 29202
TELEPHONE (803) 737 3075
FAX (803) 737 2547

EMPLOYER STATUS REPORT TO DETERMINE LIABILITY UNDER THE SOUTH CAROLINA EMPLOYMENT SECURITY LAW

ALL INFORMATION PROVIDED WILL BE KEPT STRICTLY CONFIDENTIAL

5

DO NOT WRITE IN THIS SPACE

ACCOUNT NUMBER			
1011	312	02	1211
LB	LE	CH	LA
400	204		
AREA	RATE	IND	OWNER
DT	3/27/12		
BY	DATE	PARENT NUMBER	

PLEASE TYPE OR PRINT RETURN WITHIN 10 DAYS #

COMPLETE BOTH SIDES OF THIS APPLICATION — **PLEASE PRINT OR TYPE ALL INFORMATION**

1 OWNER PARTNERSHIP OR CORPORATE CHARTER NAME
CEDAR COVE SERVICE COMPANY

2 TRADE NAME(DOING BUSINESS AS)

3 PHYSICAL LOCATION OF BUSINESS REQUIRED (NO P O BOX)

STREET

CITY COUNTY(REQUIRED) STATE ZIP

4 BUSINESS PHONE NUMBER | DAYTIME PHONE NUMBER

5 FEDERAL IDENTIFICATION NUMBER

6 MAILING ADDRESS (FOR ALL CORRESPONDECE)

IN CARE OF

PO BOX 333

STREET

WHITE ROCK SC 29177

CITY COUNTY(REQUIRED) STATE ZIP

9 LOCATION OF RECORDS (NO P O BOX)

7 TYPE OF BUSINESS

- ☐ AGRICULTURE FORESTRY FISHING & HUNTING (11)
- ☐ MINING (21)
- ☐ UTILITIES (22)
- ☐ CONSTUCTION (23)
- ☐ MANUFACTURING (31 33)
- ☐ WHOLESALE TRADE (41-43)
- ☐ RETAIL TRADE (44-46)
- ☐ TRANSPORTATION & WAREHOUSING (48 49)
- ☐ INFORMATION (51)
- ☐ FINANCE & INSURANCE (52)
- ☐ REAL ESTATE RENTAL & LEASING (53)
- ☐ PROFESSIONAL SCIENTIFIC & TECHNICAL SERVICES (54)
- ☐ MANAGEMENT OF COMPANIES & ENTERPRISES (55)
- ☐ ADMINISTRATIVE & SUPPORT & WASTE MANAGEMENT & REMEDIATION SERVICES (56)
- ☐ EDUCATION SERVICES (61)
- ☐ HEALTH CARE & SOCIAL ASSISTANCE (62)
- ☐ ARTS ENTERTAINMENT & RECREATION (71)
- ☐ ACCOMMODATIONS & FOOD SERVICE (72)
- ☒ OTHER SERVICES (81)
- ☐ PUBLIC ADMINISTRATION

10 TYPE OF OWNERSHIP

- ☐ SOLE PROPRIETOR (ONE OWNER)
- ☐ PARTNERSHIP (TWO OR MORE OWNERS)
- ☐ LLC/LLP
- ☒ SC CORPORATION DATE INC ____
- ☐ FOREIGN CORPORATION (ATTACH COPY OF ARTICLES OF CERTIFICATE OF AUTHORITY)
- ☐ UNINCORPORATED ASSOCIATION ENTER LEGAL NAME ____
- ☐ OTHER (EXPLAIN)

8 MAIN BUSINESS(I E RETAIL FURNITURE SALES)

8A CHECK IF YOU SELL THESE PRODUCTS(FOR SOLID WASTE PURPOSE)
☐ MOTOR OIL ☐ LEAD ACID BATTERIES ☐ TIRES ☐ LARGE APPLIANCES

8B DO YOU SELL AVAIATION GASOLINE? ☐ YES ☐ NO

8C DO YOU PROVIDE SERVICE TO CELLULLAR AND PERSONAL COMMUNICATIONS USERS? ☐ YES ☐ NO

11 NAME(S) OF BUSINESS OWNER , PARTNERS, OR OFFICERS

SOCIAL SECURITY NUMBER	NAME/TITLE/GENERAL PARTNERS	HOME ADDRESS	IF PARTNER % OWNED
	DIANA JORDAN		

ARE YOU A SC RESIDENT YES ☐ NO ☐ HOW LONG HAVE YOU LIVED IN SC? (YEARS/MONTHS)

12 HAVE YOU

A ACQUIRED ANOTHER BUSINESS? ☐ YES ☐ NO
MERGED WITH ANOTHER BUSINESS ☐ YES ☐ NO
FORMED A CORPORATION OR PARTNERSHIP? ☐ YES ☐ NO
MADE ANY OTHER CHANGE IN OWNERSHIP OF YOUR BUSINESS? ☐ YES ☐ NO

B DID YOU ACQUIRE ☐ ALL OF THE SOUTH CAROLINA OPERATIONS?
☐ PART OF THE SOUTH CAROLINA OPERATIONS?
PERCENT ACQUIRED ____

C DATE ACQUIRED OR CHANGED ____
WAS THE BUSINESS OPERATING AT THE TIME OF ACQUISITION OR CHANGE? ☐ YES ☐ NO
DATE CLOSED ____
DOES THE FORMER OWNER OR LEGAL ENITY CONTINUE TO HAVE EMPLOYEES? ☐ YES ☐ NO

D FORMER OWNER S S C E S C ACCOUNT NUMBER

FORMER OWNER S S C TAX ACCOUNT NUMBER

E NAME OF BUSINESS ACQUIRED

(Full organization name including trade name)

ADDRESS OF FORMER OWNER

13 FIRST DATE OF EMPLOYMENT IN S C
MO/DAY/YEAR 10/1/11

14 ANTICIPATED DATE OF FIRST SC PAYROLL
MO/DAY/YEAR 10/1/11

15 ESTIMATED NUMBER OF EMPLOYEES IN SC
1

16 IS BUSINESS WITHIN SC MUNICIPAL LIMITS?
☐ YES ☐ NO WHICH CITY? ____

17 IS YOUR BUSINESS SEASONAL?
☐ YES ☐ NO IF YES LIST MONTHS ACTIVE ____

COMPLETE REVERSE SIDE OF THIS FORM

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

SIGNATURE OF OWNER ALL PARTNERS OR CORPORATE OFFICER | TITLE | DATE

295

AP176

UCE 151

18 ENTER TOTAL WAGES PAID BY YOU TO SC WORKERS BY CALENDAR QUARTERS BEGINNING WITH DATE IN ITEM 13

YEAR 11	JANUARY 1 THRU MARCH 31	APRIL 1 THRU JUNE 30	JULY 1 THRU SEPTEMBER 30	OCTOBER 1 THRU DECEMBER 31
				$12714 00 C&W
YEAR	JANUARY 1 THRU MARCH 31	APRIL 1 THRU JUNE 30	JULY 1 THRU SEPTEMBER 30	OCTOBER 1 THRU DECEMBER 31

19 INDICATE NUMBER OF EMPLOYEES WITHIN EACH CALENDAR WEEK (PART-TIME, COMMISSION SALES OFFICERS ETC)

CALENDAR YEAR ☐

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
JULY	**AUGUST**	**SEPTEMBER**	**OCTOBER**	**NOVEMBER**	**DECEMBER**

CALENDAR YEAR ☐

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
JULY	**AUGUST**	**SEPTEMBER**	**OCTOBER**	**NOVEMBER**	**DECEMBER**

20 DID YOU FILE A FUTA FORM 940 WITH THE IRS FOR THE LAST COMPLETED CALENDAR YEAR? ☐ YES ☐ NO

21 IS YOUR ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501-C-3 OF THE IRS CODE FOR RELIGIOUS EDUCATIONAL OR CHARTIABLE PURPOSES? ☐ YES ☐ NO IF YES ATTACH A COPY OF EXEMPTION LETTER

22 DOES YOUR BUSINESS CONSIST SOLELY OF AGRICULTURAL EMPLOYMENT ☐ YES ☐ NO

23 DOES YOUR EMPLOYMENT CONSIST SOLELY OF DOMESTIC (HOUSEHOLD) WORKERS? ☐ YES ☐ NO

24 IS THE UNIT REPORTED ABOVE MADE UP OF MORE THAN ONE ESTABLISHMENT IN THE STATE? ☐ YES ☐ NO
IF YES HOW MANY ESTABLISHMENTS _____ PLEASE ENTER IN THE SECTION BELOW THE EXACT LOCATION AND THE EMPLOYMENT COUNT OF EACH ESTABLISHMENT COVERED BY THIS REPORT USE A SEPARATE SHEET OF PAPER IF ADDITIONAL SPACE IS NEEDED (IF ACTIVITIES VARY FOR THE SEPARATE ESTABLISHMENT PLEASE PROVIDE PRODUCTS OF ACTIVITY INFORMATION FOR THESE UNITS ON A SEPARATE SHEET OF PAPER)

STREET	CITY	COUNTY	ZIP CODE	AVERAGE EMPLOYMENT

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

3/27/12
DATE SIGNED AND SUBMITTED

CEDAR COVE SERVICE CO
NAME OF EMPLOYING UNIT

INFORMATION PER 12/31/11 C&W REPT & DOR FILES

PAM TAYLOR
BY

CLAIMS ANALYST
OFFICAL POSITION

UPON COMPLETION OF THIS FORM SIGN, DATE AND MAIL TO

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT & WORKFORCE
EMPLOYER STATUS UNIT
P O BOX 995, COLUMBIA, SC 29202

SUBPOENA ATTACHMENT
July 14, 2014

Employer Name	DEW Account #	Federal ID#	Address
Office Assignment a/k/a Office Assistant, Inc.			124 Longwood Pass Irmo, SC 29063
Ballentine Service Corporation.			P.O. Box 451 Ballentine, SC 29002
A Home Improvement Company			P.O. Box 451 Ballentine, SC 29002
eBay Consignment Company			124 Longwood Pass Irmo, SC 29063
Cedar Cove Service Company			P.O. Box 333 White Rock, SC 29177
Lakewood Service Company			P.O. Box 333 White Rock, SC 29177

The State of South Carolina

Office of Secretary of State Mark Hammond

Certificate of No Record

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

At this time, this office can find no record of a corporation using the name:
Office Assignment

EXHIBIT 18
A# 5
FILE NO: 14/0101

Given under my Hand and the Great Seal of the State of South Carolina this 17th day of July, 2014.

Mark Hammond

Mark Hammond, Secretary of State

See page 315 (2002 SC 1130)

The State of South Carolina

Office of Secretary of State Mark Hammond

Certificate of No Record

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

At this time, this office can find no record of a corporation using the name:
Office Assistant, Inc.

Given under my Hand and the Great Seal of the State of South Carolina this 17th day of July, 2014.

Mark Hammond

Mark Hammond, Secretary of State

The State of South Carolina

Office of Secretary of State Mark Hammond

Certificate of No Record

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

At this time, this office can find no record of a corporation using the name:
Ballentine Service Corporation

Given under my Hand and the Great
Seal of the State of South Carolina this
17th day of July, 2014.

Mark Hammond

Mark Hammond, Secretary of State

AS
377

300

The State of South Carolina

Office of Secretary of State Mark Hammond

Certificate of No Record

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

At this time, this office can find no record of a corporation using the name:
Home Improvement Company, A

Given under my Hand and the Great Seal of the State of South Carolina this 17th day of July, 2014.

Mark Hammond

Mark Hammond, Secretary of State

AP5
497

301

See page 339 (2007 SC 1120) Also page 335 (2008 #2823)
341
SC 1805

The State of South Carolina

Office of Secretary of State Mark Hammond

Certificate of No Record

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

At this time, this office can find no record of a corporation using the name:
eBay Consignment Company

Given under my Hand and the Great Seal of the State of South Carolina this 17th day of July, 2014.

Mark Hammond

Mark Hammond, Secretary of State

The State of South Carolina

Office of Secretary of State Mark Hammond

Certificate of No Record

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

At this time, this office can find no record of a corporation using the name:
Cedar Cove Service Company

Given under my Hand and the Great Seal of the State of South Carolina this 17th day of July, 2014.

Mark Hammond

Mark Hammond, Secretary of State

See page 3101 (2012 3C-1120) Also page 3105 (2011 3C-1120)

The State of South Carolina

Office of Secretary of State Mark Hammond

Certificate of No Record

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

At this time, this office can find no record of a corporation using the name:
Lakewood Service Company

Given under my Hand and the Great Seal of the State of South Carolina this 17th day of July, 2014.

Mark Hammond

Mark Hammond, Secretary of State

1350

SOUTH CAROLINA DEPARTMENT OF REVENUE
TAX REGISTRATION APPLICATION

INTERNET REGISTRATION: SCBOS.SC.GOV

Mail TO: SC DEPARTMENT OF REVENUE
REGISTRATION UNIT
COLUMBIA, SC 29214-0140

Please Print
Use Blue or
Black Ink

FOR OFFICE USE ONLY

SID# _____
W/H _____
SALES _____
USE _____
PARTNERSHIP _____
LICENSE TAX _____

SCDOR-111
(Rev. 8/15/12)
8048

Section A: Taxes to be Registered for This Business Location - Make Checks Payable to SCDOR

☐ Retail Sales/Accommodations License **(Section B - $50 license tax is required)** ☐ Use Tax **(Section B - No fee required)**
☐ Artist & Craftsman's License **(Section B - $20 license tax is required)** ☐ Withholding Tax **(Section C)**
☐ Nonresident Withholding Exemption **(Section D)**

1. Owner, Partnership, or Corporate Charter Name

2. FEIN _____
SSN _____

3. Mailing Address (for all correspondence)

In Care Of

Street

City State ZIP

4. Type of Ownership
☐ Sole Proprietor (one owner)
☐ Partnership (two or more owners, other than LLP)
☐ LLC/LLP filing as:
☐ Corporation ☐ Partnership ☐ Single Member
☐ South Carolina Corporation
Date Incorporated _____
☐ Foreign Corporation
State and Date Incorporated _____
☐ Other (explain) _____

5. Business Phone Number

6. Daytime Phone Number

7. Email Address

8. Fax Number

9. Physical Location of Business (No P.O. Box) Required For All Tax Types

Street

City County (Required) State ZIP

10. Is Physical Location within S.C. City Limits?
☐ Yes ☐ No Which city? _____

Are you an S.C. Resident? ☐ Yes ☐ No

How long have you lived in S.C? ____ YR ____ MO

SAMPLE

Section B: Retail Sales/Accommodations/Artist & Craftsman License/Use Tax
In and out-of-state sellers. A retail license will not be issued to a person with any outstanding state tax liability.

11. Purchaser's Certificate of Registration for Use Tax: Effective Date of Registration _____ **mm/dd/yy**

12. Is Your Business Seasonal? ☐ Yes ☐ No If yes, list months active: _____
You must file a zero return for active periods with no sales.

13. How Many Retail Sales Locations Do You Operate in S.C. under Your Ownership? _____

14. Trade Name (Doing Business As)

15. Location of Records (No P.O. Box)

16. Main Business (i.e., Retail Sales, Manufacturing, Service, etc.)

17. Anticipated Date of First Retail Sales mm/dd/yy

18. Type of Business

☐ Agriculture, Forestry, Fishing, & Hunting (11)
☐ Mining (21)
☐ Utilities (22)
☐ Construction (23)
☐ Manufacturing (31-33)
☐ Wholesale Trade (42)
☐ Durable Medical Equipment (44)
☐ Max Tax (Vehicles) (44)
☐ Retail Trade (44-45)
☐ Artists & Craftsman (45)
☐ Transportation & Warehouse (48-49)
☐ Information (51)
☐ Finance & Insurance (52)
☐ Real Estate, Rental & Leasing (53)
☐ Professional, Scientific, & Technical Services (54)
☐ Management of Companies & Enterprises(55)
☐ Administrative & Support, Waste Management & Remediation Services (56)
☐ Education Services (61)
☐ Health Care & Social Assistance (62)
☐ Arts, Entertainment, & Recreation (71)
☐ Accommodation & Food Services (72)
☐ Other Services (81)
☐ Public Administration (92)

19. Check If You Sell These Products

☐ Motor Oil ☐ Tires ☐ Lead Acid Batteries ☐ Large Appliances ☐ Aviation Gasoline/Jet Fuel
☐ Prepaid Wireless Cards ☐ Service to Cellular and Personal Communications Users

Complete Page 2 of This Form to Apply for Withholding Tax

80481013

EXHIBIT 4/16
A# 6
FILE NO: 1410101

AP186

305

Section C: Withholding Tax

Every employer having employees earning wages in SC must register for withholding. Other types of payments also require state tax withholding. See instructions for more information.

20. Check the box that applies to your business:

- ☐ 02 **Resident business:** Principal place of business is inside South Carolina.
- ☐ 05 **Nonresident Business:** Principal place of business is outside of South Carolina.

21. Filing Frequency:

- ☐ **Quarterly:** Returns must be filed every quarter.
- ☐ 01 **Annual:** All employees are household employees, farmers, fishermen or ministers. Returns are filed at the end of each calendar year.

22. Anticipated Date of First Payroll (mm/dd/yyyy): _____

This date will be used as the open date of your withholding account, and returns must be filed beginning with this date regardless of activity.

Section D: Nonresident Withholding Exemption

Check the appropriate block to administratively register with the Department and claim exemption from nonresident withholding required by SC Code Sections 12-8-540 (rents and royalties), 12-8-550 (temporarily doing business or performing services in SC), or 12-8-570 (trust or estate beneficiaries). The exempt person agrees to be subject to the jurisdiction of the Department and the S.C. courts to determine S.C. tax liability, including withholding, estimated taxes, and interest and penalties, if any. Registering is not an admission of tax liability, and, does not, by itself, require the filing of a tax return.

See instructions for further information. Main Business: _____

☐ I agree to file SC tax return ☐ I am not subject to SC Tax Jurisdiction (no NEXUS)

SAMPLE

Section E: Name(s) of Business Owner, General Partners, Officers, or Members

Social Security Number	Name/Title/General Partners	Home Address	% Ownership

Social Security Privacy Act

It is mandatory that you provide your social security number on this tax form. 42 U.S.C 405(c)(2)(C)(i) permits a state to use an individual's social security number as means of identification in administration of any tax. SC Regulation 117-1 mandates that any person required to make a return to the SC Department of Revenue shall provide identifying numbers, as prescribed, for securing proper identification. Your social security number is used for identification purposes.

Upon completion of **both pages, sign and date the application below.**

I certify that all information on this application, including any attachments, is true and correct to the best of my knowledge.

SIGNATURE OF OWNER, ALL PARTNERS, OR CORPORATE OFFICER _____ TITLE _____ DATE _____

MAIL TO: SC DEPARTMENT OF REVENUE
REGISTRATION UNIT
COLUMBIA, SOUTH CAROLINA 29214-0140

If you have questions about this form, please call (803) 896-1350.

80482011

1350

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
SC WITHHOLDING QUARTERLY TAX RETURN

WH-1605
(Rev. 7/7/10)
3129

BUSINESS NAME AND ADDRESS

SC WITHHOLDING NO.

FEIN

DO NOT USE FOR 4TH QUARTER

QUARTER
- 1st Quarter Jan, Feb, Mar
- 2nd Quarter Apr, May, Jun
- 3rd Quarter Jul, Aug, Sep

YEAR ____

FOR OFFICE USE ONLY

Use BLACK INK ONLY.

- Darken circle completely if this is an **AMENDED** return.
  Reason: _____
- Darken circle completely if change of address.
- Darken circle completely if no longer required to withhold and account should be closed. Close date: ____/____/____
  Reason: _____

NOTE: A return MUST BE filed even if no SC state income tax has been withheld during the quarter to prevent a delinquent notice. Do not enter negative numbers. All cent fields must be completed using numbers (.00 - .99).

CLIP CHECK HERE

QUARTERLY SC STATE INCOME TAX INFORMATION:

1. Quarterly **SC state income tax withheld** (all sources) . . . . . 1. .
2. SC state income tax deposits or payments . . . . . 2. .
   SC payments must be made at the same time as federal payments.
3. SC **REFUND** (If line 2 is greater than line 1, enter difference.) . . . 3. .
   DO NOT PAY THIS AMOUNT
4. SC **TAX DUE** (If line 2 is less than line 1, enter difference.) . . . . . 4. .
5. Penalty $_____ and interest $_____ due . . . . . 5. .
6. Net SC state income tax, penalty, and interest due (line 4 plus line 5) . . . . . **BALANCE DUE** 6. .

SAMPLE

14-0809

Mail to: SC Department of Revenue
Withholding
Columbia SC 29214-0004

Clip payment for the full amount payable to SC Department of Revenue and write the withholding number and quarter on the payment.

For Field Use Only

I authorize the Director of the Department of Revenue or delegate to discuss **this return**, attachments and related tax matters with the preparer. ☐ Yes ☐ No

_____
Preparer's name and phone number

When signing this form, it is important that the information contained in your report be correct and complete. To wilfully furnish a false or fraudulent statement to the Department is a crime. Complete all information below.

Sign Here Signature _____ Name _____ Date ____/____/____

Telephone (____) ____-_____ Email _____ Title _____

31291040

AP188

1350

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

SC WITHHOLDING FOURTH QUARTER/ANNUAL RECONCILIATION

WH-1606
(Rev. 7/1/10)
3131

NOTE: A return **MUST BE** filed even if no SC state income tax has been withheld during the quarter to prevent a delinquent notice.

SC WITHHOLDING NO.

QUARTER: Oct, Nov, Dec

YEAR _____

FEIN

Due on or Before Last Day of February

FOR OFFICE USE ONLY

Use BLACK INK ONLY.

○ Darken circle completely if this is an **AMENDED** return.
Reason: _____

○ Darken circle completely if change of address.

○ Darken circle completely if no longer required to withhold and account should be closed. Close date: ___/___/___
Reason: _____

Mail to: SC Department of Revenue
Withholding
Columbia SC 29214-0004

CLIP CHECK HERE

4TH QUARTER SC STATE INCOME TAX INFORMATION ONLY:
Do not enter negative numbers. All cent fields must be completed using numbers (.00 - .99).

1. **4th Quarter** SC state income tax withheld (all sources) . . . . . 1. .
2. SC state income tax deposits or payments . . . . . 2. .
   SC payments must be made at the same time as federal payments.
3. SC **REFUND** (If line 2 is greater than line 1, enter difference.) . . . . . 3. .
   DO NOT PAY THIS AMOUNT
4. SC **TAX DUE** (If line 2 is less than line 1, enter difference.) . . . . . 4. .
5. Penalty $_____ and interest $_____ due . . . . . 5. .
6. Net SC state income tax, penalty, and interest due (line 4 plus line 5). . . . . **BALANCE DUE** 6. .

SAMPLE

14-0809

ANNUAL SC STATE RECONCILIATION INFORMATION

7. Recap of South Carolina tax withheld by quarter.
   JAN - MAR _____ JUL - SEP _____
   APR - JUN _____ OCT - DEC _____
8. Total SC state income tax **WITHHELD** from all quarters reported from W2s $_____ and 1099s $_____ **(should equal the total of line 7)** . . . 8. .
9. Total **SC WAGES** from W2s and 1099 income. . . . . 9. .
10. Number of W2s and 1099s submitted with WH-1612. . . . . 10.
    See WH-1612 for instructions.

I authorize the Director of the Department of Revenue or delegate to discuss **this return**, attachments and related tax matters with the preparer. ☐ Yes ☐ No

For Field Use Only

Preparer's name and phone number _____

When signing this form, it is important that the information contained in your report be correct and complete. To wilfully furnish a false or fraudulent statement to the Department is a crime. Complete all information below.

Sign Here Signature _____ Name _____ Date ___/___/___

Telephone (___) ___-_____ Email _____ Title _____

31311046

AP189

STATE & FEDERAL TAX RECORDS

tax Records EXHIBIT
A# 7
FILE NO: 14/0101

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.	1 Rents	OMB No. 1545-0115	Miscellaneous Income
BALLENTINE SERVICE CORP. P.O. Box 451 Ballentine, SC 29002	$	2002	
	2 Royalties $	Form 1099-MISC	
	3 Other income $	4 Federal income tax withheld $	Copy B For Recipient
PAYER'S Federal identification number / RECIPIENT'S identification number	5 Fishing boat proceeds $	6 Medical and health care payments $	
RECIPIENT'S name OFFICE ASSISTANT INC	7 Nonemployee compensation $ 34,840.00	8 Substitute payments in lieu of dividends or interest $	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.) 124 Longwood Pass	9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▷ ☐	10 Crop insurance proceeds $	
City, state, and ZIP code Irmo, SC 29063	11	12	
Account number (optional)	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	
15	16 State tax withheld $ $	17 State/Payer's state no.	18 State income $ $

Form 1099-MISC (keep for your records) Department of the Treasury - Internal Revenue Service

☑ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no	1 Rents	OMB No. 1545-0115	Miscellaneou Inco
BALLENTINE SERVICE CORP. P.O. Box 451 Ballentine, SC 29002	$	2002	
	2 Royalties $	Form 1099-MISC	
	3 Other income $	4 Federal income tax withheld $	Co For Recip
PAYER'S Federal identification number / RECIPIENT'S identification number	5 Fishing boat proceeds $	6 Medical and health care payments $	
RECIPIENT'S name OFFICE ASSISTANT INC	7 Nonemployee compensation $ 34,840.00	8 Substitute payments in lieu of dividends or interest $	This is important t information a being furnish the Internal Rev Service. If you required to file return, a negli penalty or other sanction ma imposed on you this income taxable and the IRS determines t has not repo
Street address (including apt. no.) 124 Longwood Pass	9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐	10 Crop insurance proceeds $	
City, state, and ZIP code Irmo, SC 29063	11	12	
Account number (optional)	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	
16	16 State tax withheld $ $	17 State/Payer's state no.	18 State income $ $

Form 1099-MISC (keep for your records) Department of the Treasury - Internal Revenue Servi

POOR QUALITY

S C Employment Security Comm
DEC 0 9 2003
BENEFIT DIVISION

Form **1120-A**
Department of the Treasury
Internal Revenue Service

U.S. Corporation Short-Form Income Tax Return

For calendar year 2002 or tax year beginning ..... , 2002, ending .... , 20.....
See separate instructions to make sure the corporation qualifies to file Form 1120-A.

OMB No. 1545-0890

2002

A Check this box if the corp. is a personal service corp. (as defined in Regulations section 1.441-3(c)—see instructions) ☐

Use IRS label. Otherwise, print or type.

Name: OFFICE ASSISTANT INC.

Number, street, and room or suite no. (If a P.O. box, see page 7 of instructions.): 124 LONGWOOD PASS

City or town, state, and ZIP code: IRMO, SC 29065

B Employer identification number:

C Date incorporated: 5/1/00

D Total assets (see page 8 of instructions): $ 0

E Check applicable boxes: (1) ☐ Initial return (2) ☐ Name change (3) ☐ Address change

F Check method of accounting: (1) ☑ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

Income	1a	Gross receipts or sales: $34,840 00	b Less returns and allowances: 0	c Balance ▶	1c: $ 34840 00
	2	Cost of goods sold (see page 14 of instructions)			2: 0
	3	Gross profit. Subtract line 2 from line 1c			3: 34840 00
	4	Domestic corporation dividends subject to the 70% deduction			4: 0
	5	Interest			5: 259 25
	6	Gross rents			6: 0
	7	Gross royalties			7: 0
	8	Capital gain net income (attach Schedule D (Form 1120))			8: 0
	9	Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797)			9: 0
	10	Other income (see page 9 of instructions)			10: 0
	11	**Total income.** Add lines 3 through 10		▶	11: 35099 25
Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (see page 10 of instructions)			12: 0
	13	Salaries and wages (less employment credits)			13: 10842 00
	14	Repairs and maintenance			14: 0
	15	Bad debts			15: 0
	16	Rents			16: 0
	17	Taxes and licenses			17: 1099 42
	18	Interest			18: 0
	19	Charitable contributions (see page 11 of instructions for 10% limitation)			19: 0
	20	Depreciation (attach Form 4562)	20		
	21	Less depreciation claimed elsewhere on return	21a		21b: 0
	22	Other deductions (attach schedule)			22: 25157 83
	23	**Total deductions.** Add lines 12 through 22		▶	23: 35099 25
	24	Taxable income before net operating loss deduction and special deductions. Subtract line 23 from line 11			24: 0
	25	**Less:** a Net operating loss deduction (see page 13 of instructions)	25a		
		b Special deductions (see page 13 of instructions)	25b		25c: N/A
Tax and Payments	26	**Taxable income.** Subtract line 25c from line 24			26: 0
	27	**Total tax** (from page 2, Part I, line 6)			27: 0
	28	**Payments:**			
		a 2001 overpayment credited to 2002	28a		
		b 2002 estimated tax payments	28b		
		c Less 2002 refund applied for on Form 4466	28c ( )	Bal ▶ 28d	
		e Tax deposited with Form 7004		28e	
		f Credit for tax paid on undistributed capital gains (attach Form 2439)		28f	
		g Credit for Federal tax on fuels (attach Form 4136). See instructions		28g	
		h **Total payments.** Add lines 28d through 28g			28h: N/A
	29	Estimated tax penalty (see page 14 of instructions). Check if Form 2220 is attached		▶ ☐	29: N/A
	30	**Tax due.** If line 28h is smaller than the total of lines 27 and 29, enter amount owed			30: N/A
	31	**Overpayment.** If line 28h is larger than the total of lines 27 and 29, enter amount overpaid			31: N/A
	32	Enter amount of line 31 you want: **Credited to 2003 estimated tax** ▶		**Refunded** ▶	32: N/A

Sign Here

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

Signature of officer ____ Date ____ **PRESIDENT** Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No

Paid Preparer's Use Only

Preparer's signature ____ Date ____ Check if self-employed ☐ Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code ____ EIN ____ Phone no. ( )

For Paperwork Reduction Act Notice, see page 20 of the instructions. Cat. No. 11456E Form **1120-A** (2002)

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Part I Tax Computation (see page 17 of instructions)

1	Income tax. If the corporation is a qualified personal service corporation (see page 17), check here ▶ ☐	1	
2a	General business credit. Check box(es) and indicate which forms are attached. ☐ Form 3800 ☐ Form(s) (specify) ▶	2a	
b	Credit for prior year minimum tax (attach Form 8827)	2b	
3	Total credits. Add lines 2a and 2b	3	
4	Subtract line 3 from line 1	4	
5	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)	5	
6	Total tax. Add lines 4 and 5. Enter here and on line 27, page 1	6	

Part II Other Information (see page 19 of instructions)

1 See page 21 and enter the:
- a Business activity code no. ▶
- b Business activity ▶
- c Product or service ▶

2 At the end of the tax year, did any individual, partnership, estate, or trust own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see section 267(c).) ☐ Yes ☐ No
If "Yes," attach a schedule showing name and identifying number.

3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $

4 Enter total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ▶ $

5a If an amount is entered on line 2, page 1, enter from worksheet on page 14 instr.:
- (1) Purchases
- (2) Additional 263A costs (attach schedule)
- (3) Other costs (attach schedule)

b If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? ☐ Yes ☐ No

6 At any time during the 2002 calendar year, did the corporation have an interest in or a signature or other authority over a financial account (such as a bank account, securities account, or other financial account) in a foreign country? ☐ Yes ☐ No
If "Yes," the corporation may have to file Form TD F 90-22.1.
If "Yes," enter the name of the foreign country ▶

7 Are the corporation's total receipts (line 1a plus lines 4 through 10 on page 1) for the tax year and its total assets at the end of the tax year less than $250,000? ☐ Yes ☐ No
If "Yes," the corporation is not required to complete Parts III and IV below.

Part III Balance Sheets per Books

		(a) Beginning of tax year	(b) End of tax year
Assets	1 Cash		
	2a Trade notes and accounts receivable		
	b Less allowance for bad debts	( )	( )
	3 Inventories		
	4 U.S. government obligations		
	5 Tax-exempt securities (see instructions)		
	6 Other current assets (attach schedule)		
	7 Loans to shareholders		
	8 Mortgage and real estate loans		
	9a Depreciable, depletable, and intangible assets		
	b Less accumulated depreciation, depletion, and amortization	( )	( )
	10 Land (net of any amortization)		
	11 Other assets (attach schedule)		
	12 Total assets		
Liabilities and Shareholders' Equity	13 Accounts payable		
	14 Other current liabilities (attach schedule)		
	15 Loans from shareholders		
	16 Mortgages, notes, bonds payable		
	17 Other liabilities (attach schedule)		
	18 Capital stock (preferred and common stock)		
	19 Additional paid-in capital		
	20 Retained earnings		
	21 Adjustments to shareholders' equity (attach schedule)		
	22 Less cost of treasury stock	( )	( )
	23 Total liabilities and shareholders' equity		

Part IV Reconciliation of Income (Loss) per Books With Income per Return

1	Net income (loss) per books	6	Income recorded on books this year not included on this return (itemize)
2	Federal income tax per books	7	Deductions on this return not charged against book income this year (itemize)
3	Excess of capital losses over capital gains		
4	Income subject to tax not recorded on books this year (itemize)	8	Income (line 24, page 1). Enter the sum of lines 1 through 5 less the sum of lines 6 and 7
5	Expenses recorded on books this year not deducted on this return (itemize)		

NEVER PROVIDED

Form **1120-A**
Department of the Treasury
Internal Revenue Service

U.S. Corporation Short-Form Income Tax Return

For calendar year 2002 or tax year beginning , 2002, ending , 20
See separate instructions to make sure the corporation qualifies to file Form 1120-A.

OMB No 1545 0891

2002

A Check this box if the corp is a personal service corp (as defined in Regulations section 1 441-3(c)—see instructions)

Use IRS label. Other-wise, print or type

Name: OFFICE ASSISTANT INC

Number street and room or suite no (If a P O box see page 7 of instructions): 124 LONGWOOD DRIVE

City or town state and ZIP code: [illegible]

B Employer identification number

C Date incorporated: 5/1/00

D Total assets (see page 8 of instructions) $

E Check applicable boxes (1) ☐ Initial return (2) ☐ Name change (3) ☐ Address change

F Check method of accounting (1) ☑ Cash (2) ☐ Accrual (3) ☐ Other (specify)

Income	1a	Gross receipts or sales 34,840 00 b Less returns and allowances c Balance	1c	34,840 00
	2	Cost of goods sold (see page 14 of instructions)	2	
	3	Gross profit Subtract line 2 from line 1c	3	34,840 00
	4	Domestic corporation dividends subject to the 70% deduction	4	
	5	Interest	5	259 25
	6	Gross rents	6	
	7	Gross royalties	7	
	8	Capital gain net income (attach Schedule D (Form 1120))	8	
	9	Net gain or (loss) from Form 4797, Part II line 18 (attach Form 4797)	9	
	10	Other income (see page 9 of instructions)	10	
	11	Total income Add lines 3 through 10	11	35,099 25
Deductions (See instructions for limitations on deductions)	12	Compensation of officers (see page 10 of instructions)	12	
	13	Salaries and wages (less employment credits)	13	10,342 00
	14	Repairs and maintenance	14	
	15	Bad debts	15	
	16	Rents	16	
	17	Taxes and licenses	17	1,099 46
	18	Interest	18	
	19	Charitable contributions (see page 11 of instructions for 10% limitation)	19	
	20	Depreciation (attach Form 4562) 20		
	21	Less depreciation claimed elsewhere on return 21a	21b	
	22	Other deductions (attach schedule)	22	85,157 82
	23	Total deductions Add lines 12 through 22	23	95,099 28
	24	Taxable income before net operating loss deduction and special deductions Subtract line 23 from line 11	24	
	25	a Net operating loss deduction (see page 13 of instructions) 25a b Special deductions (see page 13 of instructions) 25b	25c	NIL
Tax and Payments	26	Taxable income Subtract line 25c from line 24	26	
	27	Total tax (from page 2 Part I line 6)	27	
	28	Payments:		
		a 2001 overpayment credited to 2002 28a		
		b 2002 estimated tax payments 28b		
		c Less 2002 refund applied for on Form 4466 28c ( ) Bal 28d		
		e Tax deposited with Form 7004 28e		
		f Credit for tax paid on undistributed capital gains (attach Form 2439) 28f		
		g Credit for Federal tax on fuels (attach Form 4136) See instructions 28g		
		h Total payments Add lines 28d through 28g	28h	
	29	Estimated tax penalty (see page 14 of instructions) Check if Form 2220 is attached ☐	29	NIL
	30	Tax due If line 28h is smaller than the total of lines 27 and 29, enter amount owed	30	
	31	Overpayment If line 28h is larger than the total of lines 27 and 29 enter amount overpaid	31	NIL
	32	Enter amount of line 31 you want Credited to 2003 estimated tax ▶ Refunded ▶	32	NIL

Sign Here

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

Diana B. Gordon — Signature of officer — Date 3/13/03 — PRESIDENT — Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No

Paid Preparer's Use Only

Preparer's signature — Date — Check if self-employed ☐ — Preparer's SSN or PTIN

Firm's name (or yours if self-employed) address, and ZIP code — EIN — Phone no ( )

For Paperwork Reduction Act Notice, see page 20 of the instructions. Cat No 11456E Form 1120-A (2002)

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AP195

STATE OF SOUTH CAROLINA
'C' CORPORATION
INCOME TAX RETURN

SC 1120
(Rev. 8/29/02)
3091

Return is due on or before the 15th day of the 3rd month following the close of the taxable year.

S.C. FILE # 20246032-8 - ____

INCOME TAX PERIOD ENDING DEC 2002
LICENSE FEE PERIOD ENDING DEC 2003

FED E.I.# _____
NAME OFFICE ASSISTANT INC.
MAILING ADDRESS 124 LONGWOOD PASS

CITY IRMO STATE SC ZIP CODE 29063

Change of ☐ Address ☐ Accounting Period

Check if ☐ Consolidated Return

Mail this return to: SCDOR, Corporation Return, Columbia, SC 29214-0100

Total Gross Receipts.	Total cost of depreciable personal property in SC
▶ $34,840.00	▶ 0

If Final Return, Indicate Whether:
▶ ☐ Merged ☐ Reorganized ☐ Dissolved ☐ Withdrawn

PART I COMPUTATION OF INCOME TAX LIABILITY

1.	Federal Taxable Income per Federal Form 1120 or 1120A	1.	0
2.	Net Adjustment from line 12, Schedule A and B	2.	N/A
3.	Total Net Income as Reconciled (line 1 plus or minus line 2)	3.	0
4.	If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3.	4.	N/A
5.	LESS: South Carolina net operating loss carryover, if applicable	5.	N/A
6.	South Carolina Net Income subject to tax (line 4 less line 5)	6.	0
7.	TAX: Multiply amount on line 6 by .05 (5.0%)	7.	0
8.	Less tax deferred on income from foreign trade receipts (see instructions)	8.	N/A
9.	Balance (line 7 less line 8)	9.	0
10.	Credit Carryover (line 7, Schedule C) ▶ _____ Non-refundable credits (line 5, Schedule C)	10.	< N/A
11.	Balance of tax (line 9 less line 10). Enter the difference but not less than zero	11.	0
12.	Interest on DISC-deferred tax liability _____; or Foreign Trade Deferred Tax Liability _____	12.	N/A
13.	Total tax and/or interest (add lines 11 and 12)	13.	0
14.	Payments: (a) Tax Withheld (see instructions) ▶ N/A (b) Paid by Declaration ▶ N/A (c) Paid with Tentative Return ▶ N/A (d) Credit from Line 29b ▶ N/A		
15.	Total Payments (add lines 14a through 14d)	15.	0
16.	Balance of Tax and/or Interest Due (line 13 less line 15)	16.	0
17.	Interest Due ▶ _____ Penalty Due ▶ _____ (See penalty and interest instructions.) Enter Total	17.	N/A
18.	**TOTAL INCOME TAX**, Interest and Penalty Due (add lines 16 and 17) **BALANCE DUE**	18.	0
19.	**OVERPAYMENT** (line 15 less line 13) _____ To be applied as follows: (a) Estimated Tax ▶ _____ (b) License Fee ▶ _____ (c) Refunded ▶ N/A		

PART II COMPUTATION OF LICENSE FEE

20.	Total Capital And Paid in Surplus (Multi-State Corporations See Schedule E)	20.	$100.00
21.	FEE DUE - Line 20 x .001, plus $15.00 **(Fee cannot be less than $25.00 per taxpayer)**	21.	$25.00
22.	LESS: Applicable Credits against License Fee (attach SC1120-TC)	22.	N/A
23.	Balance (line 21 less line 22)	23.	$25.00
24.	Payments:(a) Paid with Tentative Return ▶ _____ (b) Credit from line 19b ▶ _____		
25.	Total Payments (add line 24(a) and (b))	25.	0
26.	Balance of Fee Due (line 23 less line 25)	26.	$25.00
27.	Interest Due ▶ _____ Penalty Due ▶ _____ (See penalty and interest instructions.) Enter Total	27.	N/A
28.	TOTAL LICENSE FEE, Interest and Penalty Due (add lines 26 and 27) **BALANCE DUE**	28.	$25.00
29.	**OVERPAYMENT** (line 25 less line 23) N/A To be applied as follows: (a) Estimated Tax ▶ _____ (b) Income Tax ▶ _____ (c) Refunded ▶ _____		
30.	GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add lines 18 and 28) EFT ☐	30.	$25.00

I, the undersigned, a principal officer of the corporation for which this return is made declare that this return, including accompanying Annual Report, statements and schedules, has been examined by me and is to the best of my knowledge and belief, a true and complete return.

Please Sign Here

▶ Diana B. Jordan — Signature of officer | 3/13/03 — Date | ▶ PRESIDENT — Title

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes ☐ No ☐

Preparer's Printed Name

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ▶ ☐ | Preparer's telephone number

Firm's name (or yours if self-employed) and address ▶ | E.I. No. ▶ | ZIP Code ▶

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AP196

SCHEDULE A AND B — ADDITIONS TO FEDERAL NET INCOME

1. Taxes on or Measured By Income ..... 1. _____
2. Federal Net Operating Loss ..... 2. _____
3. _____ 3. _____
4. _____ 4. _____
5. Other Additions (attach schedule) ..... 5. _____
6. Total Additions (add lines 1 through 5) ..... 6. _____

DEDUCTIONS FROM FEDERAL NET INCOME

7. Interest On Obligations Of The U.S. ..... 7. _____
8. _____ 8. _____
9. _____ 9. _____
10. Other Deductions (attach schedule) ..... 10. _____
11. Total Deductions (add lines 7 through 10) ..... 11. _____
12. Net Adjustment (line 6 less line 11) Also enter on line 2, Part 1, SC1120 ..... 12. _____

SCHEDULE C — SUMMARY OF CREDITS (FROM SC1120-TC)

1. Credit Carryover From Previous Year's SC1120, Schedule C (NOTE: Should agree to SC1120-TC Column A, line 22)... 1. _____
2. Enter Total Credits from SC1120-TC, Column B, line 22. **SC1120-TC must be attached to return.**..... 2. _____
3. Total Credits (add lines 1 and 2)..... 3. _____
4. Tax (line 9, Part 1, SC1120)..... 4. _____
5. Lesser of line 3 or 4 (enter on line 10, Part 1, SC1120) (NOTE: Should agree to SC1120-TC, Column C, line 22.) . 5. _____
6. Enter Credits Lost Due to Statute (NOTE: Should agree to SC1120-TC, Column D, line 22.) ..... 6. _____
7. Credit Carryover (line 3 less line 5 and 6) (NOTE: Should agree to SC1120-TC, Column E, line 22.) ..... 7. _____

SCHEDULE D — ANNUAL REPORT TO BE COMPLETED BY ALL CORPORATIONS

1. Name _____
2. Incorporated under the laws of the State of _____
3. Location of the Registered Office of the Corporation in the State of South Carolina is _____
   In the City of _____ Registered Agent at such address is _____
4. Location of principal office (street address) _____
   Nature of principal business in S.C. _____
5. The total number of **authorized** shares of capital stock, itemized by class and series, if any, within each class is as follows:

NUMBER OF SHARES	CLASS	SERIES

6. The total number of **issued** and **outstanding** shares of capital stock itemized by class and series, if any, within each class is as follows:

NUMBER OF SHARES	CLASS	SERIES

7. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the Corporation are: (If additional space is necessary, attach separate schedule).

NAME	BUSINESS ADDRESS AND OFFICE

8. Date of this report _____ Fed. E.I. No. _____
9. If Foreign Corporation, the date qualified to do business in the State of South Carolina is _____
10. Was the name of the Corporation changed during the year? _____ Give old name _____
11. Date Incorporated _____ Date commenced business in the State of South Carolina was _____
12. The Corporation's books are in the care of _____
    Located at (street address) _____
13. If filing consolidated, complete and attach Schedule J for each Corporation included in the consolidation.
14. The total amount of stated capital per balance sheet is:
    A. Total paid in Capital Stock (cannot be a negative amount) ..... $_____
    B. Total paid in Capital Surplus (cannot be a negative amount) ..... $_____
    C. Total amount of stated Capital (cannot be a negative amount)..... $_____

SCHEDULES E, F, G, AND H ARE TO BE COMPLETED BY MULTI-STATE CORPORATIONS

SCHEDULE E COMPUTATION FOR LICENSE FEE - MULTI-STATE CORPORATIONS

1. Total Capital and Paid-in-Surplus at end of Year $ _____
2. S.C. PROPORTION: (line 1 X ratio from Schedule H-1, H-2 or H-3, as appropriate) Also enter on line 20, Part II $ _____

SCHEDULE F INCOME SUBJECT TO DIRECT ALLOCATION

	Gross Amounts 1	Less: Related Expenses 2	Net Amounts Allocated Direct. to SC and Other States 3	Net Amounts Allocated Directly to SC 4	Payrolls to be Excluded from Payroll Factor 5	Property to be Excluded from Property Factor 6
1. Interest not connected with business						
2. Dividends received						
3. Rents						
4. Gains/losses on real property						
5. Gains/losses on intangible pers. prop.						
6. Investment income directly allocated						
7. TOTAL INCOME DIRECTLY ALLOCATED						
8. INCOME DIRECTLY ALLOCATED TO S.C.						
9. TOTALS TO APPORTIONMENT FACTORS						

SCHEDULE G COMPUTATION OF TAXABLE INCOME FOR CORPORATIONS CLAIMING MULTI-STATE OPERATIONS

1. Total net income as reconciled. Enter amount from line 3, Page 1	1.
2. Less: Income subject to direct allocation to S.C. and other states from Schedule F, line 7	2.
3. Total net income subject to apportionment (line 1 less line 2)	3.
4. Multiply amount on line 3 by appropriate ratio from Schedule H-1, 2, or 3 and enter result here	4.
5. Add: Income subject to direct allocation to S.C. from Schedule F, line 8	5.
6. Total S.C. Net Income (sum of lines 4 and 5 above) also enter on line 4, Part 1 of Page 1	6.

SCHEDULE H-1 COMPUTATION OF FOUR FACTOR APPORTIONMENT RATIO

	1. Property Within South Carolina		2. Total Property Everywhere	
	(a) Beginning Period	(b) Ending Period	(a) Beginning Period	(b) Ending Period
1. Land				
2. Buildings				
3. Machinery and Equipment				
4. Inventories				
5. Other Property				
6. Exclusions	< >	< >	< >	< >
7. TOTAL (add lines 1 - 5; subtract line 6)				
		1. Within S.C.	2. Total Everywhere	3. Ratio
8. Avg. of Beginning and Ending Periods (add line 7a and b and divide by 2)				
9. Rental or Lease Value				
10. TOTAL Property Add lines 8 and 9. (Col. 1 ÷ Col. 2 and enter ratio in Col. 3)				%
11. GROSS Payroll				
12. Less: Officers Compensation and Exclusions		< >	< >	
13. TOTAL Payroll (Col. 1 ÷ Col. 2 and enter ratio in Col. 3)				%
14. TOTAL Sales (Col. 1 ÷ Col. 2 and enter ratio in Col. 3)				%
15. TOTAL Sales (same as line 14)				%
16. TOTAL of Ratios (add Column 3 - lines 10,13, 14 and 15)				%
17. Arithmetical Average of Ratios				%

SCHEDULE H - 2 COMPUTATION OF GROSS RECEIPTS RATIO

	1. In S.C.	2. Total Everywhere	3. Ratio
1. Total Gross Receipts			
2. Less: Exclusion (see instructions)	< >	< >	
3. Gross Receipts (for ratio)			
4. Ratio of Gross Receipts (line 3, Col. 1 ÷ line 3, Col. 2)			%

SCHEDULE H - 3 COMPUTATION OF RATIO FOR PUBLIC SERVICE CORPORATIONS

	Amount	Ratio
1. Total Within South Carolina		
2. Total for System		
3. Ratio (South Carolina ÷ Total System)		%

NEVER PROVIDED

SCHEDULE I RESERVED

SCHEDULE J CORPORATIONS INCLUDED IN CONSOLIDATED RETURN

AFFILIATED CORPORATION NO. 1

1. Name _____
2. Incorporated under the laws of the State of _____
3. Location of the Registered Office of the Corporation in the State of South Carolina is _____
   In the City of _____ Registered Agent at such address is _____
4. Location of principal office (street address) _____
   Nature of principal business in S.C. _____
5. The total number of **authorized** shares of capital stock, itemized by class and series, if any, within each class is as follows:

NUMBER OF SHARES	CLASS	SERIES

6. The total number of **issued** and **outstanding** shares of capital stock itemized by class and series, if any, within each class is as follows:

NUMBER OF SHARES	CLASS	SERIES

7. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the Corporation are: (If additional space is necessary, attach separate schedule).

NAME	BUSINESS ADDRESS AND OFFICE

NEVER PROVIDED

8. Date of this report _____ Fed. E.I. No. _____ S.C.I.D. No. _____
9. If Foreign Corporation, the date qualified to do business in the State of South Carolina is _____
10. Corporate Mailing Address _____
11. Was the name of the Corporation changed during the year? _____ Give old name _____
12. Date Incorporated _____ Date commenced business in the State of South Carolina was _____
13. The Corporation's books are in the care of _____
    Located at (street address) _____
14. The total amount of stated capital per balance sheet is:
    A. Total paid in Capital Stock (cannot be a negative amount) . . . . . $_____
    B. Total paid in Capital Surplus (cannot be a negative amount) . . . . . $_____
    C. Total amount of stated Capital (cannot be a negative amount). . . . . $_____

For additional affiliated corporations duplicate Schedule J as needed.

A COMPLETE COPY OF FEDERAL RETURN MUST BE ATTACHED TO THIS RETURN.

County or Counties in SC Where Property is Located: _____

City _____ **Audit Location** _____ State _____

Telephone Number: _____

DEC-08-2003 01:45 PM [illegible]

STATE OF SOUTH CAROLINA
'C' CORPORATION
INCOME TAX RETURN

SC 1120
(Rev 8/29/02)
sp01

Return is due on or before the 15th day of the 3rd month following the close of the taxable year

POOR QUALITY

S.C FILE # 2024116952-8

INCOME TAX PERIOD ENDING DEC 2002
LICENSE FEE PERIOD ENDING DEC 2003

FED E.I # [redacted]
NAME OFFICE ASSISTANT INC.
MAILING ADDRESS 1811 LONGWOOD PASS

CITY ERMO STATE SC ZIP CODE 29063

Change of ☐ Address ☐ Accounting Period

Check if ☐ Consolidated Return

Mail this return to: SCDOR, Corporation Return, Columbia, SC 2921-

Total Gross Receipts	Total cost of depreciable personal property
$24,840.00	$

If Final Return, Indicate Whether ☐ Merged ☐ Reorganized ☐ Dissolved ☐ Withdrawn

PART I COMPUTATION OF INCOME TAX LIABILITY

1	Federal Taxable Income per Federal Form 1120 or 1120A	1	$
2	Net Adjustment from line 12, Schedule A and B	2	N/A
3	Total Net Income as Reconciled (line 1 plus or minus line 2)	3	$
4	If Multi-state Corporation, enter amount from line 6, Schedule G, otherwise enter amount from line 3	4	N/A
5	LESS South Carolina net operating loss carryover, if applicable	5	N/A
6	South Carolina Net Income subject to tax (line 4 less line 5)	6	$
7	TAX. Multiply amount on line 6 by .05 (5.0%)	7	$
8	Less tax deferred on income from foreign trade receipts (see instructions)	8	N/A
9	Balance (line 7 less line 8)	9	$
10	Credit Carryover (line 7, Schedule C) _____ Non-refundable credits (line 6 Schedule C)	10	≤ N/A
11	Balance of tax (line 9 less line 10) Enter the difference but not less than zero	11	$
12	Interest on DISC-deferred tax liability _____ or Foreign Trade Deferred Tax Liability _____	12	N/A
13	Total tax and/or Interest (add lines 11 and 12)	13	$
14	Payments (a) Tax Withheld (see instructions) N/A (b) Paid by Declaration N/A (c) Paid with Tentative Return N/A (d) Credit from Line 29b N/A		
15	Total Payments (add lines 14a through 14d)	15	$
16	Balance of Tax and/or Interest Due (line 13 less line 15)	16	$
17	Interest Due _____ Penalty Due _____ (See penalty and interest instructions.) Enter Total	17	N/A
18	TOTAL INCOME TAX, Interest and Penalty Due (add lines 16 and 17) BALANCE DUE	18	$
19	OVERPAYMENT (line 15 less line 18) _____ To be applied as follows: (a) Estimated Tax _____ (b) License Fee _____ (c) Refunded		N/A

PART II COMPUTATION OF LICENSE FEE

20	Total Capital And Paid In Surplus (Multi-State Corporations See Schedule E)	20	$ 100.00
21	FEE DUE - Line 20 x .001, plus $15.00 (Fee cannot be less than $25.00 per taxpayer)	21	25.00
22	LESS: Applicable Credits against License Fee (attach SC1120-TC)	22	N/A
23	Balance (line 21 less line 22)	23	25.00
24	Payments (a) Paid with Tentative Return N/A (b) Credit from line 19b N/A		
25	Total Payments (add line 24(a) and (b))	25	$
26	Balance of Fee Due (line 23 less line 25)	26	$ 25.00
27	Interest Due _____ Penalty Due _____ (See penalty and interest instructions.) Enter Total	27	$
28	TOTAL LICENSE FEE, Interest and Penalty Due (add lines 26 and 27) BALANCE DUE	28	$ 25.00
29	OVERPAYMENT (line 25 less line 23) N/A To be applied as follows: (a) Estimated Tax _____ (b) Income Tax _____ (c) Refunded		
30	GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add lines 18 and 28) EFT ☐	30	$

DEC 9 2003
BENEFIT DIVISION

I, the undersigned, a principal officer of the corporation for which this return is made declare that this return, including accompanying Report, statements and schedules, has been examined by me and is to the best of my knowledge and belief, a true and complete return.

Please Sign Here ▶ Diana B Gordon (Signature of officer) 12/15/03 (Date) ▶ PRESIDENT (Title)

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes ☐ No ☐

Preparer's Printed Name

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ▶ ☐ | Preparer's telephone number

Firm's name (or yours if self-employed) and address ▶ | E.I. No. ▶ | ZIP Code ▶

AP

319

STATE & FEDERAL TAX RECORDS

State of South Carolina
Department of Revenue
301 Gervais Street, P.O. Box 125, Columbia, South Carolina 29214

July 2, 2013

E B "Trey" McLeod III, Special Assistant Attorney General
SC Office of the Attorney General
P O Box 8597
Columbia SC 29202

REFERENCE: Records Request

Dear Mr. McLeod:

This letter certifies that a search has been made of the South Carolina Department of Revenue tax records for the referenced taxpayers in your letter of June 20, 2012. Please find enclosed the following:

Kimberly Szabo – 2008, 2009, 2010, 2012
Diana R Jordan – 2010, 2011, 2012
Lakewood Services Company – 2012
Ebay Consignment Co – 2007, 2008, 2009
Cedar Cove Service Co – 2009, 2011, 2012

We were unable to locate any returns on James Walleshauser or A Home Improvement Company.

If you need any further assistance, please direct your inquiries to our Disclosure Officer, Betty Jenkins at (803) 898-5751.

Sincerely,

SOUTH CAROLINA DEPARTMENT OF REVENUE

Sheryl S. Wicker

Sheryl S. Wicker
Administrative Coordinator
OGCTRS
(803) 898-5626
wickers@sctax.org

ssw

Enclosure

RECEIVED
JUL – 3 2013

STATE & FEDERAL TAX RECORDS

645256-666

Form 1120S — U.S. Income Tax Return for an S Corporation

OMB No. 1545-0130

2007

Department of the Treasury Internal Revenue Service (77)

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
▶ See separate instructions.

For calendar year 2007 or tax year beginning , 2007, ending , 20

A S election effective date 9/30/06

B Business activity code number (see instructions) 541910

C Check if Sch. M-3 attached ☐

Use IRS label. Otherwise, print or type.

Name: EBAN CONSIGNMENT CO. INC.

Number, street, and room or suite no. If a P.O. box, see instructions: 124 LONGWOOD PASS

City or town, state, and ZIP code: ARMO, SC 29063

D Employer identification number

E Date incorporated 9/30/06

F Total assets (see instructions) $ 0

G Is the corporation electing to be an S corporation beginning with this tax year? ☑ Yes ☐ No If "Yes," attach Form 2553 if not already filed

H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination or revocation

I Enter the number of shareholders in the corporation at the end of the tax year ▶ 1

Caution. Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a Gross receipts or sales 0	b Less returns and allowances 0	c Bal ▶ 1c	0
	2 Cost of goods sold (Schedule A, line 8)		2	N/A
	3 Gross profit. Subtract line 2 from line 1c		3	0
	4 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		4	N/A
	5 Other income (loss) (see instructions—attach statement)		5	0
	6 Total income (loss). Add lines 3 through 5	▶	6	0
Deductions (see instructions for limitations)	7 Compensation of officers		7	0
	8 Salaries and wages (less employment credits)		8	$12,714 00
	9 Repairs and maintenance		9	N/A
	10 Bad debts		10	N/A
	11 Rents		11	N/A
	12 Taxes and licenses		12	1,311 63
	13 Interest		13	0
	14 Depreciation not claimed on Schedule A or elsewhere on return (attach Form 4562)		14	N/A
	15 Depletion (Do not deduct oil and gas depletion.)		15	N/A
	16 Advertising		16	0
	17 Pension, profit-sharing, etc. plans		17	0
	18 Employee benefit programs		18	0
	19 Other deductions (attach statement) PROFESSIONAL SERVICES		19	39,919 37
	20 Total deductions. Add lines 7 through 19	▶	20	54,000 00
	21 Ordinary business income (loss). Subtract line 20 from line 6		21	$(54,000 00)
Tax and Payments	22a Excess net passive income or LIFO recapture tax (see instructions) 22a			
	b Tax from Schedule D (Form 1120S) 22b			
	c Add lines 22a and 22b (see instructions for additional taxes)		22c	0
	23a 2007 estimated tax payments and 2006 overpayment credited to 2007 23a			
	b Tax deposited with Form 7004 23b			
	c Credit for federal tax paid on fuels (attach Form 4136) 23c			
	d Add lines 23a through 23c		23d	0
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐		24	N/A
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed		25	0
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid		26	N/A
	27 Enter amount from line 26 Credited to 2008 estimated tax ▶ Refunded ▶		27	0

Sign Here

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

Signature of officer — Date 5/1/08 — Title PRESIDENT

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No

Paid Preparer's Use Only

Preparer's signature — Date — Check if self-employed ☐ — Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11520S Form 1120S (2007)

"CERTIFIED COPY"
Subpoena/Disclosure Request

I certify this document is a true copy of a document, or microfilm of a document on file in the offices of the South Carolina Department of Revenue, Columbia, South Carolina.

7-2-13 S. Wicker
(Date) (Employee Sign)

AP204

23

645256-666

Form 1120S (2007) Page 2

Schedule A Cost of Goods Sold (see instructions)

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	

9a Check all methods used for valuing closing inventory: (i) ☑ Cost as described in Regulations section 1.471-3
(ii) ☐ Lower of cost or market as described in Regulations section 1.471-4
(iii) ☐ Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods as described in Regulations section 1.471-2(c) ▶ ☐

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

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO 9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? ☐ Yes ☑ No

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

Schedule B Other Information (see instructions)

		Yes	No
1	Check accounting method: a ☑ Cash b ☐ Accrual c ☐ Other (specify) ▶		
2	See the instructions and enter the: a Business activity ▶ EBAY SALES b Product or service ▶ CONSIGNMENT		
3	At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If "Yes," attach a statement showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) if 100% owned, was a QSub election made?		✓
4	Has this corporation filed, or is it required to file, a return under section 6111 to provide information on any reportable transaction?		✓
5	Check this box if the corporation issued publicly offered debt instruments with original issue discount ▶ ☐ If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.		
6	If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to its basis (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain (defined in section 1374(d)(1)) in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years ▶ $ N/A		
7	Enter the accumulated earnings and profits of the corporation at the end of the tax year. $ -0-		
8	Are the corporation's total receipts (see instructions) for the tax year and its total assets at the end of the tax year less than $250,000? If "Yes," the corporation is not required to complete Schedules L and M-1.		✓

Schedule K Shareholders' Pro Rata Share Items

			Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	$ 54,000.00
	2 Net rental real estate income (loss) (attach Form 8825)	2	N/A
	3a Other gross rental income (loss) 3a		
	b Expenses from other rental activities (attach statement) 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	-0-
	4 Interest income	4	-0-
	5 Dividends: a Ordinary dividends	5a	-0-
	b Qualified dividends 5b		
	6 Royalties	6	-0-
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	-0-
	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	-0-
	b Collectibles (28%) gain (loss) 8b		
	c Unrecaptured section 1250 gain (attach statement) 8c		
	9 Net section 1231 gain (loss) (attach Form 4797)	9	-0-
	10 Other income (loss) (see instructions) Type ▶	10	-0-

Form 1120S (2007)

	Shareholders' Pro Rata Share Items (continued)		Total amount
Deductions	11	Section 179 deduction (attach Form 4562)	11
	12a	Contributions	12a
	b	Investment interest expense	12b
	c	Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)
	d	Other deductions (see instructions) Type ▶	12d
Credits	13a	Low-income housing credit (section 42(j)(5))	13a
	b	Low-income housing credit (other)	13b
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	13c
	d	Other rental real estate credits (see instructions) Type ▶	13d
	e	Other rental credits (see instructions) Type ▶	13e
	f	Credit for alcohol used as fuel (attach Form 6478)	13f
	g	Other credits (see instructions) Type ▶	13g
Foreign Transactions	14a	Name of country or U.S. possession ▶ N/A	
	b	Gross income from all sources	14b
	c	Gross income sourced at shareholder level	14c
		Foreign gross income sourced at corporate level	
	d	Passive category	14d
	e	General category	14e
	f	Other (attach statement)	14f
		Deductions allocated and apportioned at shareholder level	
	g	Interest expense	14g
	h	Other	14h
		Deductions allocated and apportioned at corporate level to foreign source income	
	i	Passive category	14i
	j	General category	14j
	k	Other (attach statement)	14k
		Other Information	
	l	Total foreign taxes (check one): ▶ ☐ Paid ☐ Accrued	14l
	m	Reduction in taxes available for credit (attach statement)	14m
	n	Other foreign tax information (attach statement)	
Alternative Minimum Tax (AMT) Items	15a	Post-1986 depreciation adjustment	15a
	b	Adjusted gain or loss	15b
	c	Depletion (other than oil and gas)	15c
	d	Oil, gas, and geothermal properties—gross income	15d
	e	Oil, gas, and geothermal properties—deductions	15e
	f	Other AMT items (attach statement)	15f
Items Affecting Shareholder Basis	16a	Tax-exempt interest income	16a
	b	Other tax-exempt income	16b
	c	Nondeductible expenses	16c
	d	Property distributions	16d
	e	Repayment of loans from shareholders	16e
Other Information	17a	Investment income	17a
	b	Investment expenses	17b
	c	Dividend distributions paid from accumulated earnings and profits	17c
	d	Other items and amounts (attach statement)	
Reconciliation	18	Income/loss (reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l	18

846256-667

Form 1120S (2007) Page 4

Schedule L Balance Sheets per Books	Beginning of tax year (a)	Beginning of tax year (b)	End of tax year (c)	End of tax year (d)
Assets				
1 Cash		$ 54,000.00		
2a Trade notes and accounts receivable				
b Less allowance for bad debts	( )	( )	( )	
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach statement)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach statement)				
10a Buildings and other depreciable assets				
b Less accumulated depreciation	( )	( )	( )	
11a Depletable assets				
b Less accumulated depletion	( )	( )	( )	
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization	( )	( )	( )	
14 Other assets (attach statement)				
15 Total assets		$ 54,000.00		$ 54,000.00
Liabilities and Shareholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach statement)				
19 Loans from shareholders		$ 54,000.00		$ 54,000.00
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (attach statement)				
22 Capital stock		100.00		100.00
23 Additional paid-in capital				
24 Retained earnings				
25 Adjustments to shareholders' equity (attach statement)				
26 Less cost of treasury stock		( )		( )
27 Total liabilities and shareholders' equity		$ 54,100.00		$ 54,100.00

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return
Note: Schedule M-3 required instead of Schedule M-1 if total assets are $10 million or more—see instructions

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

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

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year			
2 Ordinary income from page 1, line 21			
3 Other additions			
4 Loss from page 1, line 21	( )		
5 Other reductions	( )	( )	
6 Combine lines 1 through 5			
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6			

Form 1120S (2007)

AP207

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Schedule K-1 (Form 1120S) 2007

Department of the Treasury Internal Revenue Service

For calendar year 2007, or tax year beginning _____ 2007 ending _____ 20__

Shareholder's Share of Income, Deductions, Credits, etc. ▶ See back of form and separate instructions.

☐ Final K-1 ☑ Amended K-1 OMB No. 1545-0130

Part II

A Corporation's employer identification number

B Corporation's name, address, city, state, and ZIP code

EBAY CONSIGNMENT CO, INC.
184 LONGWOOD PASS
IRMO, SC 29063

C IRS Center where corporation filed return

CINCINNATI, OH 45999-0013

Part III

D Shareholder's identifying number

E Shareholder's name, address, city, state, and ZIP code

JAMES J WALLENHAUSER
124 LONGWOOD PASS
IRMO, SC [illegible] 29063

F Shareholder's percentage of stock ownership for tax year 100

1	Ordinary business income (loss)	13	Credits
	354,000.00		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
12	Other deductions		
		17	Other information

* See attached statement for additional information.

For IRS Use Only

For Paperwork Reduction Act Notice, see Instructions for Form 1120S. Cat. No. 11520D Schedule K-1 (Form 1120S) 2007

AP20R

645256-663

SC1120S

30851016

(3369)

STATE OF SOUTH CAROLINA

RPORATION INCOME TAX RETURN

re the 15th day of the 3rd month following the close of the taxable year.

SC 1120

(Rev. 10/10/07)

3095

Mail this return to: SC DEPARTMENT OF REVENUE, Corporation Return, Columbia, SC 29214-0100

SC FILE #

INCOME TAX PERIOD ENDING DEC 2007

LICENSE FEE PERIOD ENDING DEC 2008

FED EI #

NAME EBBY CONSIGNMENT CO. INC

MAILING ADDRESS 141 LONGWOOD PASS

CITY ERMO STATE SC ZIP CODE 29063

Change of ☐ Address ☒ Accounting Period

A COMPLETE COPY OF FEDERAL RETURN MUST BE ATTACHED TO THIS RETURN.

County or Counties in SC Where Property is Located: N/A

City Audit Location State

Audit Contact Telephone Number

Check if: ☐ Amended Return ☐ QSSS

Total Gross Receipts: 0

Total cost of depreciable personal property: N/A

If Filing a Final Return, See Instructions for Further Information.

☐ Merged ☐ Reorganized ☐ Dissolved ☐ Withdrawn

Does the Corporation have any Shareholders who are nonresidents of South Carolina? ☐ Yes ☑ No

PART I COMPUTATION OF INCOME TAX LIABILITY

1. Total of line 1 through 10, Schedule K of Federal Form 1120S — 1. #254,000
2. Net Adjustment from line 16, Schedule A and B — 2.
3. Total Net Income as Reconciled (add line 1 plus or minus line 2) — 3. #254,000
4. If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3. — 4. N
5. LESS: Income on line 4 taxed to shareholders of S Corporation — 5.
6. South Carolina Net Income subject to tax (line 4 less line 5) — 6.
7. TAX: Multiply amount on line 6 by .05 (5.0%) — 7.
8. Payments: (a) Tax Withheld (see instructions) (b) Paid by Declaration 84163121
   (c) Paid with Tentative Return (d) Credit from line 23b 84163122
   Refundable Credits: (e) Ammonia Additive (f) Milk Credit
9. Total Payments and Refundable Credits (add lines 8a through 8f) — 9.
10. Balance of Tax Due (line 7 less line 9) — 10.
11. Interest Due Penalty Due (See penalty and interest instructions.) Enter Total — 11. N/A
12. TOTAL INCOME TAX, Interest and Penalty Due (add lines 10 and 11) BALANCE DUE — 12.
13. OVERPAYMENT (line 9 less line 7) To be applied as follows:
    (a) Estimated Tax (b) License Fee (c) REFUNDED N/A

PART II COMPUTATION OF LICENSE FEE

14. Total Capital And Paid In Surplus (Multi-State Corporations See Schedule E) — 14. # 100
15. FEE DUE - Line 14 x .001, plus $15.00 (Fee cannot be less than $25.00 per taxpayer) — 15. # 25
16. LESS: Credits taken this year against license fee from SC1120TC, Part II, Column C (attach SC1120-TC) — 16.
17. Balance (line 15 less line 16) — 17. # 25
18. Payments: (a) Paid with Tentative Return (b) Credit from line
19. Total Payments (add line 18(a) and (b))
20. Balance of Fee Due (line 17 less line 19) Mast code for 2007 - #25.00 for 2008 — 20. # 50
21. Interest Due Penalty Due (See penalty and interest instructions.) Enter Total — 21. N/A
22. TOTAL LICENSE FEE, Interest and Penalty Due (add lines 20 and 21) BALANCE DUE — 22. # 50
23. OVERPAYMENT (line 19 less line 17) To be applied as follows: N/A
    (a) Estimated Tax (b) Income Tax (c) REFUNDED
24. GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add lines 12 and 22) EFT ☐ — 24. # 50

Make check payable to: SC Department of Revenue. Include Business Name, FEI Number and SC File Number.
Go to www.sctax.org and look for the DOR ePay logo for other payment options.

Please Sign Here

I, the undersigned, a principal officer of the corporation for which this return is made declare that this return, including accompanying statements and schedules, has been examined by me and is to the best of my knowledge and belief, a true and complete return.

Signature of officer — Date 3/11/08 — Title PRESIDENT — Telephone Number

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes ☐ No ☐ — Preparer's Printed Name

Paid Preparer's Use Only

Preparer's signature — CERTIFIED COPY — I certify this document is a true copy of a document, or microfilm of said document, on file in the offices of the South Carolina Department of Revenue in Columbia, South Carolina — Preparer's telephone number

Firm's name (or yours if self-employed) and address — Subpoena/Disclosure Request — ZIP Code

7-2-13 S. Wilson 329

(Date) (Employee Signature)

AP210

645256-663 (PAGE)

SC1120S

SCHEDULE A AND B ADDITIONS TO FEDERAL TAXABLE INCOME

1. Taxes on or Measured By Income	1.		
2. Excess net passive income subject to federal tax	2.		
3. Taxable portion of certain built-in gains subject to federal tax	3.		
4.	4.		
5.	5.		
6. Other Additions (attach schedule)	6.		
7. Total Additions (add lines 1 through 6)		7.	0

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

8.	8.		
9.	9.		
10.	10.		
11.	11.		
12.	12.		
13. Other Deductions (attach schedule)	13.		
14. Total Deductions (add lines 8 through 13)		14.	0
15. Net Adjustment (line 7 less line 14) Also enter on line 2, Part 1, SC1120S		15.	0

SCHEDULE C RESERVED

SCHEDULE D ANNUAL REPORT TO BE COMPLETED BY ALL CORPORATIONS

1. Name EBAN CONSIGNMENT CO INC
2. Incorporated under the laws of the State of SOUTH CAROLINA
3. Location of the Registered Office of the Corporation in the State of South Carolina is 134 LONGWOOD PASS In the City of [redacted] Agent at such address is JAMES WALLENHAUER
4. Location of principal office (street address) 134 LONGWOOD PASS TRMO SC 29063
5. Nature of principal business in SC CONSIGNMENT SALES
6. The total number of authorized shares of capital stock itemized by class and series, if any, within each class is as follows: NUMBER OF SHARES: 1,000 CLASS: SERIES:
7. The total number of issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows: NUMBER OF SHARES: 1 ISSUED CLASS: SERIES:
   999 OUTSTANDING
8. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the Corporation are: (If additional space is necessary, attach separate schedule).

NAME	BUSINESS ADDRESS AND OFFICE
JAMES WALLENHAUER	PRESIDENT SECRETARY 134 LONGWOOD PA
[redacted]	TREASURER TRMO, SC 29063

8. Date Incorporated 9/30/01 Date commenced business in the State of South Carolina Was 11/1/07
9. Date of this report 3/16/08 Fed EI # 20-8100101
10. If Foreign Corporation, the date qualified to do business in the State of South Carolina is N/A
11. Was the name of the Corporation changed during the year? NO Give old name
12. The Corporation's books are in the care of JAMES WALLENHAUER
    Located at (street address) 134 LONGWOOD PASS, TRMO. SC. 29063
13. The total amount of stated capital per balance sheet is:
    A. Total paid in Capital Stock (cannot be a negative amount) $ 100.00
    B. Total paid in Capital Surplus (cannot be a negative amount) $ N/A
    C. Total amount of stated Capital (cannot be a negative amount) $ 100.00

645256-664

Form SC1120S

Page 5

SCHEDULE SC-K WORKSHEET

Enter amounts from corresponding lines on your federal Schedule K in Column B.

	(A) Description	(B) Amounts From Federal Schedule K	(C) Plus or Minus South Carolina Adjustments	(D) Federal Schedule K Amounts After SC Adjustments	(E) Col. (D) Amounts Not Apportioned or Allocated to SC	(F) Col. (D) Amounts Apportioned or Allocated to SC
1	Ordinary Business Income (loss)	$(154,000.00)	N/A	$(154,000.00)	N/A	$(154,000.00)
2	Net Real Estate Rents (loss)					
3	Other Net Rents (loss)					
4	Interest Income					
5a	Ordinary dividends					
5b	Qualified dividends					
6	Royalties					
7	Net Short Term Cap. Gain (loss)					
8	Net Long Term Cap. Gain (loss)					
9	Net 8-1231 Gain (loss)					
10	Other Income (loss)					
11	§ 179 Deduction					
12a	Contributions					
12b	Investment Interest Expense					
12c	§59 (e)(2) Expenditures					
12d	Other Deductions					

Non-Refundable Tax Credits: Enter Total Credits from SC1120-TC, line 43: _____

SC1120-TC must be attached to return.

If Qualified Subchapter S Subsidiary Election (QSSS), please list South Carolina subsidiaries only. Attach schedule, if more space is needed.

645256-665

1350

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

SOUTH CAROLINA SHAREHOLDER'S SHARE OF INCOME, CREDITS, DEDUCTIONS, ETC.

SCHEDULE SCK-1
(Rev. 11/1/07)
3402

For calendar year 2007 or tax year beginning _____ and ending _____

Shareholder's identifying number ▶

Shareholder's name, address and Zip code.
JAMES F. WALLENHAUSER
184 LONGWOOD PASS
TRINO, SC 29063

S Corporation's identifying number ▶

S Corporation's name, address and Zip code
EBAY CONSIGNMENT CO INC
184 LONGWOOD PASS
TRINO, SC 29063

Shareholder's percentage of stock ownership for tax year ▶ 100 %

Check if applicable: (1) ☐ Final K-1 (2) ☐ Amended K-1 (3) ☐ Non-Resident

Shareholder's Pro Rata Share of Income, Deductions, Credit, etc.		(A) Plus or Minus SC Adjustments	(B) Amounts Not Apportioned or Allocated to SC	(C) Amount Apportioned or Allocated to SC
Income (Loss)	1 Ordinary business income (loss)	1	1 -0-	1 (154,000.00)
	2 Net rental real estate income (loss)	2	2	2
	3 Other Net rental income (loss)	3	3	3
	4 Interest income	4	4	4
	5 a. Ordinary dividends	5a	5a	5a
	b. Qualified dividends	5b	5b	5b
	6 Royalties	6	6	6
	7 Net short-term capital gain (loss)	7	7	7
	8 Net long-term capital gain (loss)	8	8	8
	9 Net section 1231 gain (loss)	9	9	9
	10 Other income (loss)	10	10	10
Deductions	11 Section 179 deduction	11	11	11
	12 Other Deductions	12	12	12
	13 Withholding tax for nonresident shareholder			13
	List applicable credits. (Attach an additional sheet if needed.)			
Credits	14			14
	15			15
	16			16
	17			17
	18 Total Corporate Income Credits			18

34021022

645256-665

SCHEDULE SCK-1

General purpose the SCK-1 is prepared by the S-Corporation to show each shareholder's pro rata share of the entity's income. Each shareholder's pro rata income is then identified as allocated or apportioned to South Carolina or states other than South Carolina.

INSTRUCTIONS

Column A lines 1 thru 12 - enter the shareholder's pro rata share of plus or minus South Carolina adjustments to federal taxable income (loss) from SC-K Worksheet, column C.

Column B lines 1 thru 12 - enter the shareholder's pro rata share of income (loss) or deductions allocated or apportioned to states other than South Carolina from SC-K Worksheet, column E.

Column C lines 1 thru 12 - enter the shareholder's pro rata share of income (loss) or deductions allocated or apportioned to South Carolina from SC-K Worksheet, column F.

Note: Income not connected with the S-Corporation's business is allocated to the domicile of an individual taxpayer. This can result in the pro rata share of income in column B and no entry in column C. (see example in Corporate Booklet Instructions).

Line 13 S Corporations are required to withhold 5% of the South Carolina taxable income of nonresident shareholders. The S Corporations must provide nonresident shareholders a form 1099 MISC with "South Carolina Only" written at the top showing respective amounts of income and tax withheld. Enter the tax withholding amount on line 13.

Line 14 thru 17 List the shareholder's pro rata share of applicable South Carolina Credits.

Social Security Privacy Act Disclosure
It is mandatory that you provide your social security number on this tax form if you are an individual taking this credit. 42 U.S.C 405(c)(2)(C)(I) permits a state to use an individual's social security number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SC Department of Revenue shall provide identifying numbers, as prescribed, for securing proper identification. Your social security number is used for identification purposes.

The Family Privacy Protection Act
Under the Family Privacy Protection Act, the collection of personal information from citizens by the Department of Revenue is limited to the information necessary for the Department to fulfill its statutory duties. In most instances, once this information is collected by the Department, it is protected by law from public disclosure. In those situations where public disclosure is not prohibited, the Family Privacy Protection Act prevents such information from being used by third parties for commercial solicitation purposes.

34022020

641899-445

Form **1120S** — Department of the Treasury, Internal Revenue Service (77)

U.S. Income Tax Return for an S Corporation

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
▶ See separate instructions.

OMB No. 1545-0130

2008

For calendar year 2008 or tax year beginning , 2008, ending , 20

A S election effective date: 9/30/10

B Business activity code number (see instructions): 541910

C Check if Sch. M-3 attached ☐

Use IRS label. Otherwise, print or type.

Name: EBAN CONSIGNMENT CO.

Number, street, and room or suite no. If a P.O. box, see instructions.: 144 LONGWOOD PASS

City or town, state, and ZIP code: FRMO, SC 29013

D Employer identification number:

E Date incorporated: 9/30/10

F Total assets (see instructions): $ -0-

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☑ No. If "Yes," attach Form 2553 if not already filed

H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year ▶ 1

Caution. Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a Gross receipts or sales -0-	b Less returns and allowances -0-	c Bal ▶	1c -0-
	2 Cost of goods sold (Schedule A, line 8)			2 N/A
	3 Gross profit. Subtract line 2 from line 1c			3 -0-
	4 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			4 -0-
	5 Other income (loss) (see instructions—attach statement)			5 -0-
	6 Total income (loss). Add lines 3 through 5 ▶			6 -0-
Deductions (see instructions for limitations)	7 Compensation of officers			7 -0-
	8 Salaries and wages (less employment credits)			8 $ 12,715.38
	9 Repairs and maintenance			9 N/A
	10 Bad debts			10 -0-
	11 Rents			11 -0-
	12 Taxes and licenses			12 $ 1,294.80
	13 Interest			13 -0-
	14 Depreciation not claimed on Schedule A or elsewhere on return (attach Form 4562)			14 -0-
	15 Depletion (Do not deduct oil and gas depletion.)			15 -0-
	16 Advertising			16 -0-
	17 Pension, profit-sharing, etc., plans			17 -0-
	18 Employee benefit programs			18 -0-
	19 Other deductions (attach statement) PROFESSIONAL SERVICES			19 $ 48,500.00
	20 Total deductions. Add lines 7 through 19 ▶			20 $ 62,510.18
	21 Ordinary business income (loss). Subtract line 20 from line 6			21 $ (62,510.18)
Tax and Payments	22a Excess net passive income or LIFO recapture tax (see instructions)	22a		
	b Tax from Schedule D (Form 1120S)	22b		
	c Add lines 22a and 22b (see instructions for additional taxes)			22c -0-
	23a 2008 estimated tax payments and 2007 overpayment credited to 2008	23a		
	b Tax deposited with Form 7004	23b		
	c Credit for federal tax paid on fuels (attach Form 4136)	23c		
	d Add lines 23a through 23c			23d -0-
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			24 N/A
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed			25 -0-
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid			26 N/A
	27 Enter amount from line 26 Credited to 2009 estimated tax ▶	Refunded ▶		27 N/A

Sign Here

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

Signature of officer — Date: 3/11/09 — Title: PRESIDENT

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No

Paid Preparer's Use Only

Preparer's signature — Date — Check if self-employed ☐ — Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code — EIN — Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

"CERTIFIED COPY"
Subpoena/Disclosure Request

I certify this document is a true copy of a document, or microfilm of a document, on file in the records of the South Carolina Department of Revenue in Columbia, South Carolina.

7-2-13 S. Wicker
(Date) (Employee 335)

641899-445

Form 1120S (2008) Page 2

Schedule A Cost of Goods Sold (see instructions)

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	

9a Check all methods used for valuing closing inventory: (i) ☑ Cost as described in Regulations section 1.471-3
(ii) ☐ Lower of cost or market as described in Regulations section 1.471-4
(iii) ☐ Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods as described in Regulations section 1.471-2(c) ▶ ☐

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

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO 9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? ☐ Yes ☑ No

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

Schedule B Other Information (see instructions)

		Yes	No
1	Check accounting method: a ☑ Cash b ☐ Accrual c ☐ Other (specify) ▶		
2	See the instructions and enter the: a Business activity ▶ RETAIL SALES b Product or service ▶ CONSIGNMENT		
3	At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If "Yes," attach a statement showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) if 100% owned, was a QSub election made?		✓
4	Has this corporation filed, or is it required to file, a return under section 6111 to provide information on any reportable transaction?		✓
5	Check this box if the corporation issued publicly offered debt instruments with original issue discount ▶ ☐ If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.		
6	If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to its basis (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain (defined in section 1374(d)(1)) in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years ▶ $ N/A		
7	Enter the accumulated earnings and profits of the corporation at the end of the tax year. $		
8	Are the corporation's total receipts (see instructions) for the tax year and its total assets at the end of the tax year less than $250,000? If "Yes," the corporation is not required to complete Schedules L and M-1		✓

Schedule K Shareholders' Pro Rata Share Items

				Total amount
Income (Loss)	1	Ordinary business income (loss) (page 1, line 21)		1 [illegible]
	2	Net rental real estate income (loss) (attach Form 8825)		2 N/A
	3a	Other gross rental income (loss)	3a	
	b	Expenses from other rental activities (attach statement)	3b	
	c	Other net rental income (loss). Subtract line 3b from line 3a		3c N/A
	4	Interest income		4 0
	5	Dividends: a Ordinary dividends		5a 0
	b	Qualified dividends	5b	
	6	Royalties		6 0
	7	Net short-term capital gain (loss) (attach Schedule D (Form 1120S))		7 0
	8a	Net long-term capital gain (loss) (attach Schedule D (Form 1120S))		8a 0
	b	Collectibles (28%) gain (loss)	8b	
	c	Unrecaptured section 1250 gain (attach statement)	8c	
	9	Net section 1231 gain (loss) (attach Form 4797)		9 0
	10	Other income (loss) (see instructions) Type ▶		10 0

Form 1120S (2008)

641899-446

	Shareholders' Pro Rata Share Items (continued)		Total amount
Deductions	11 Section 179 deduction *(attach Form 4562)*	11	
	12a Contributions	12a	
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)	
	d Other deductions *(see instructions)* Type ▶	12d	
Credits	13a Low-income housing credit (section 42(j)(5))	13a	
	b Low-income housing credit (other)	13b	
	c Qualified rehabilitation expenditures (rental real estate) *(attach Form 3468)*	13c	
	d Other rental real estate credits *(see instructions)* Type ▶	13d	
	e Other rental credits *(see instructions)* Type ▶	13e	
	f Alcohol and cellulosic biofuel fuels credit *(attach Form 6478)*	13f	
	g Other credits *(see instructions)* Type ▶	13g	
Foreign Transactions	14a Name of country or U.S. possession ▶		
	b Gross income from all sources	14b	
	c Gross income sourced at shareholder level	14c	
	Foreign gross income sourced at corporate level		
	d Passive category	14d	
	e General category	14e	
	f Other *(attach statement)*	14f	
	Deductions allocated and apportioned at shareholder level		
	g Interest expense	14g	
	h Other	14h	
	Deductions allocated and apportioned at corporate level to foreign source income		
	i Passive category	14i	
	j General category	14j	
	k Other *(attach statement)*	14k	
	Other information		
	l Total foreign taxes (check one): ▶ ☐ Paid ☐ Accrued	14l	
	m Reduction in taxes available for credit *(attach statement)*	14m	
	n Other foreign tax information *(attach statement)*		
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a	
	b Adjusted gain or loss	15b	
	c Depletion (other than oil and gas)	15c	
	d Oil, gas, and geothermal properties—gross income	15d	
	e Oil, gas, and geothermal properties—deductions	15e	
	f Other AMT items *(attach statement)*	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a	
	b Other tax-exempt income	16b	
	c Nondeductible expenses	16c	
	d Property distributions	16d	
	e Repayment of loans from shareholders	16e	
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts *(attach statement)*		
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10, in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l	18	

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Form 1120S (2008) Page 4

Schedule L Balance Sheets per Books

Assets	Beginning of tax year (a)	Beginning of tax year (b)	End of tax year (c)	End of tax year (d)
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts	( )		( )	
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach statement)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach statement)				
10a Buildings and other depreciable assets				
b Less accumulated depreciation	( )		( )	
11a Depletable assets				
b Less accumulated depletion	( )		( )	
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization	( )		( )	
14 Other assets (attach statement)				
15 Total assets				
Liabilities and Shareholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach statement)				
19 Loans from shareholders		$ 54,000.00		$ 110,551.84
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (attach statement)				
22 Capital stock		$ 100.00		100.00
23 Additional paid-in capital				
24 Retained earnings				
25 Adjustments to shareholders' equity (attach statement)				
26 Less cost of treasury stock		( )		( )
27 Total liabilities and shareholders' equity		$ 54,100.00		$ 110,651.84

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

Note: Schedule M-3 required instead of Schedule M-1 if total assets are $10 million or more—see instructions

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

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

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year			
2 Ordinary income from page 1, line 21			
3 Other additions			
4 Loss from page 1, line 21	( )		
5 Other reductions	( )	( )	
6 Combine lines 1 through 5			
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6			

Form 1120S (2008)

641899-447

671408

Final K-1 ☐ Amended K-1 ☐ OMB No. 1545-0130

Schedule K-1 (Form 1120S) — **2008**

Department of the Treasury Internal Revenue Service — For calendar year 2008, or tax year beginning ____ 2008 ending ____ 20__

Shareholder's Share of Income, Deductions, Credits, etc. ▷ See back of form and separate instructions.

Part I

A Corporation's employer identification number

B Corporation's name, address, city, state, and ZIP code

EBAY CONSIGNMENT CO.
2145 LONGWOOD PKWY
ERMO, SC 29063

C IRS Center where corporation filed return

CINCINNATI, OH 45999-0013

Part II

D Shareholder's identifying number

E Shareholder's name, address, city, state, and ZIP code

JAMES T. WILLESHAUSER
2145 LONGWOOD PKWY
ERMO, SC 29063

F Shareholder's percentage of stock ownership for tax year 100 %

Part III

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

* See attached statement for additional information.

For IRS Use Only

For Paperwork Reduction Act Notice, see Instructions for Form 1120S. Cat. No. 11520D Schedule K-1 (Form 1120S) 2008

641899-442

SC1120S

STATE OF SOUTH CAROLINA

S CORPORATION INCOME TAX RETURN

Due on the 15th day of the 3rd month following the close of the taxable year.

SC DEPARTMENT OF REVENUE, Corporation Return, Columbia, SC 29214-0100

SC 1120S

(Rev. 7/8/08)

3095

SC FILE # [illegible]

INCOME TAX PERIOD ENDING DEC 2008

LICENSE FEE PERIOD ENDING DEC 2009

FED.EI # _____

NAME EBAY CONSIGNMENT CO

MAILING ADDRESS 1ST LONG BEACH BLVD

CITY [illegible] STATE SC ZIP CODE [illegible]

Change of ☐ Address ☐ Accounting Period

Attach complete copy of Federal Return

County or Counties in SC Where Property is Located: N/A

City | Audit Location | State

Audit Contact | Telephone Number

Check if: ☐ Amended Return ▶ ☐ QSSS

Total Gross Receipts ▶ 0 | Total cost of depreciable personal property in SC ▶ N/A

If Filing a Final Return, See Instructions for Further Information.

▶ ☐ Merged ☐ Reorganized ☐ Dissolved ☐ Withdrawn

Does the Corporation have any Shareholders who are nonresidents of South Carolina? ☐ Yes ☑ No

PART I COMPUTATION OF INCOME TAX LIABILITY

1.	Total of line 1 through 10, Schedule K of Federal Form 1120S	1: [illegible]
2.	Net Adjustment from line 15, Schedule A and B	2: 0
3.	Total Net Income as Reconciled (line 1 plus or minus line 2)	3: 0
4.	If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3	4: 0
5.	LESS: Income on line 4 taxed to shareholders of S Corporation	5: < 0 >
6.	South Carolina Net Income subject to Tax (line 4 less line 5)	6: 0
7.	TAX Multiply amount on line 6 by .05 (5.0%)	7: 0
8.	Payments: (a) Tax Withheld (see instructions) ▶ _____ (b) Paid by Declaration ▶ _____ (c) Paid with Tentative Return ▶ _____ (d) Credit from Line 23b ▶ _____ Refundable Credits: (e) Ammonia Additive ▶ _____ (f) Milk Credit ▶ _____	
9.	Total Payments and Refundable Credits (add lines 8a through 8f)	9: 0
10.	Balance of Tax Due (line 7 less line 9)	10: N/A
11.	Interest Due ▶ _____ Penalty Due ▶ _____ (See penalty and interest instructions.) Enter Total	11: N/A
12.	TOTAL INCOME TAX, Interest and Penalty Due (add lines 10 and 11) BALANCE DUE	12: 0
13.	OVERPAYMENT (line 9 less line 7) _____ To be applied as follows: (a) Estimated Tax ▶ _____ (b) License Fee ▶ _____ (c) REFUNDED ▶	N/A

PART II COMPUTATION OF LICENSE FEE

14.	Total Capital And Paid In Surplus (Multi-State Corporations See Schedule E)	14: $ 100,000
15.	FEE DUE - Line 14 x .001, plus $15.00 (Fee cannot be less than $25.00)	15: $ 25.00
16.	LESS: Credits taken this year against license fee from SC1120TC, Part II, Column C (attach SC1120-TC)	16: < 0 >
17.	Balance (line 15 less line 16)	17: $ 25.00
18.	Payments: (18a) Paid with Tentative Return ▶ _____ (18b) Credit from line 23b ▶ _____	
19.	Total Payments (add line 18a and 18b)	19: 0
20.	Balance of Fee Due (line 17 less line 19)	20: $ 25.00
21.	Interest Due ▶ _____ Penalty Due ▶ _____ (See penalty and interest instructions.) Enter Total	21: N/A
22.	TOTAL LICENSE FEE, Interest and Penalty Due (add lines 20 and 21) BALANCE DUE	22: $ 25.00
23.	OVERPAYMENT (line 19 less line 17) _____ To be applied as follows: (a) Estimated Tax ▶ _____ (b) Income Tax ▶ _____ (c) REFUNDED ▶	N/A
24.	GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add lines 12 and 22) EFT ☐	24: $ 25.00

Make check payable to: SC Department of Revenue; Include Business Name, FEI Number and SC File Number.
Go to www.sctax.org and look for the DOR ePay logo for other payment options.

DEPT OF REVENUE
94132486
RECEIVED
MAR 03 2009

For Office Use Only

CERTIFIED COPY
Subpoena/Disclosure Request

I certify this document is a true copy of a document, or microfilm of a document, on file in the offices of the South Carolina Department of Revenue in Columbia, South Carolina.

7-2-13 S. Wicker
(Date) (Employee Signature)

AP222

641899-442

SC1120S

SCHEDULE A AND B — ADDITIONS TO FEDERAL TAXABLE INCOME

1.	Taxes on or Measured By Income	1.	
2.	Excess net passive income subject to federal tax	2.	
3.	Taxable portion of certain built-in gains subject to federal tax	3.	
4.		4.	
5.		5.	
6.	Other Additions (attach schedule)	6.	
7.	Total Additions (add lines 1 through 6)		7.

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

8.		8.	
9.		9.	
10.		10.	
11.		11.	
12.		12.	
13.	Other Deductions (attach schedule)	13.	
14.	Total Deductions (add lines 8 through 13)		14.
15.	Net Adjustment (line 7 less line 14) Also enter on line 2, Part 1, SC1120S		15.

SCHEDULE C — RESERVED

Please Sign Here

I, the undersigned, a principal officer of the corporation for which this return is made declare that this return, including accompanying Ann Report, statements and schedules, has been examined by me and is to the best of my knowledge and belief, a true and complete return.

Signature of officer | Date | Title | Telephone Number

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes ☐ No ☐

Preparer's Printed Name

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ☐ | Preparer's Telephone Number

Firm's name (or yours if self-employed) and address | FEIN # | ZIP Code

641899-443

SC1120S

Page 3

SCHEDULE D ANNUAL REPORT TO BE COMPLETED BY ALL CORPORATIONS:

1. Name EBAY CONSIGNMENT CO.
2. Incorporated under the laws of the State of SOUTH CAROLINA
3. Location of the Registered Office of the Corporation in the State of South Carolina is 124 LONGWOOD PASS
   In the City of TERMO Registered Agent at such address is JAMES WALLENSHAUSER
4. Location of principal office (street address) 124 LONGWOOD PASS TERMO SC 29063
   Nature of principal business in SC CONSIGNMENT SALES
5. The total number of authorized shares of capital stock, itemized by class and series, if any, within each class is as follows:
   NUMBER OF SHARES: 1,000 CLASS: _____ SERIES: _____
6. The total number of issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows:
   NUMBER OF SHARES: 1 ISSUED CLASS: _____ SERIES: _____
   999 OUTSTANDING
7. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the Corporation are: (If additional space is necessary, attach separate schedule).

NAME	TITLE	BUSINESS ADDRESS:
JAMES WALLENSHAUSER	PRESIDENT, SECRETARY & TREASURER	124 LONGWOOD PASS TERMO, SC 29063

8. Date Incorporated 9/30/2010 Date commenced business in the State of South Carolina was 11/07
9. Date of this report 3/11/09 Fed EI # 30-6100101
10. If Foreign Corporation, the date qualified to do business in the State of South Carolina is N/A
11. Was the name of the Corporation changed during the year? NO Give old name _____
12. The Corporation's books are in the care of JAMES WALLENSHAUSER
    Located at (street address) 124 LONGWOOD PASS, TERMO, SC 29063
13. The total amount of stated capital per balance sheet is:
    A. Total paid in Capital Stock (cannot be a negative amount) ..... $ 100.00
    B. Total paid in Capital Surplus (cannot be a negative amount) ..... $ N/A
    C. Total amount of stated Capital (cannot be a negative amount) ..... $ 100.00

641899-443

SC1120S

SCHEDULES E, F, G, AND H ARE TO BE COMPLETED BY MULTI-STATE CORPORATIONS

SCHEDULE E COMPUTATION FOR LICENSE FEE - MULTI-STATE CORPORATIONS

1. Total Capital and Paid-In-Surplus at end of Year ..... $
2. SC PROPORTION: (line 1 X ratio from Schedule H-1, H-2 or H-3, as appropriate) OR enter amount from Schedule H-4, Part II. Also enter on line 14, Part II ..... $

SCHEDULE F INCOME SUBJECT TO DIRECT ALLOCATION

(A) Allocated Income	(B) Gross Amounts	(C) Related Expenses	(D) Net Amounts (Column B minus Column C)	(E) Net Amounts Allocated Directly to SC

1. Total Allocated Income (Enter the total of Column D here)
2. Total Income Allocated to SC (Enter the total of Column E)

Attach an explanation of each type of income listed above that is not allocated to South Carolina.

SCHEDULE G COMPUTATION OF TAXABLE INCOME FOR CORPORATIONS CLAIMING MULTI-STATE OPERATIONS

1. Total net income as reconciled. Enter amount from line 3, Page 1 ..... 1.
2. Less: Income subject to direct allocation to SC and other states from Schedule F, line 1 ..... 2.
3. Total net income subject to apportionment (line 1 less line 2) ..... 3.
4. Multiply amount on line 3 by appropriate ratio from Schedule H-1, H-2, or H-3 and enter result here OR enter amount from Schedule H-4, Part I ..... 4.
5. Add: Income subject to direct allocation to SC from Schedule F, line 2 ..... 5.
6. Total S.C. Net Income (sum of lines 4 and 5 above) also enter on line 4, Part 1 of Page 1 ..... 6.

SCHEDULE H-1 COMPUTATION OF FOUR FACTOR APPORTIONMENT RATIO

	1 Property Within South Carolina		2. Total Property Everywhere	
	(a) Beginning Period	(b) Ending Period	(a) Beginning Period	(b) Ending Period
1. Land				
2. Buildings				
3. Machinery and Equipment				
4. Inventories				
5. Other Property				
6. Exclusions	< >	< >	< >	< >
7. TOTAL (add lines 1 - 5; subtract line 6)				
		1. Within SC	2. Total Everywhere	3. Ratio
8. Avg. of Beginning and Ending Period (add line 7a and b and divide by 2)				
9. Rental or Lease Value				
10. TOTAL Property Add lines 8 and 9 (Col. 1 ÷ Col. 2 and enter ratio in Col. 3)				%
11. GROSS Payroll				
12. Less: Officers Compensation and Exclusions	< >		< >	
13. TOTAL Payroll (Col. 1 ÷ Col. 2 and enter ratio in Col. 3)				%
14. TOTAL Sales (Col. 1 ÷ Col. 2 and enter ratio in Col. 3)				%
15. TOTAL Sales (same as line 14)				%
16. TOTAL of Ratios (add Column 3 - lines 10, 13, 14 and 15)				%
17. Arithmetical Average of Ratios				%

SCHEDULE H - 2 COMPUTATION OF GROSS RECEIPTS RATIO

	1. In SC	2. Total Everywhere	3. Ratio
1. Total Gross Receipts			
2. Less: Exclusion (see instructions)	< >	< >	
3. Gross Receipts (for ratio)			
4. Ratio of Gross Receipts (line 3, Col. 1 ÷ line 3, Col. 2)			%

SCHEDULE H-3 COMPUTATION OF RATIO FOR PUBLIC SERVICE CORPORATIONS

	Amount	Ratio
1. Total Within South Carolina		
2. Total for System		
3. Ratio (South Carolina ÷ Total System)		%

SCHEDULE H-4 COMPUTATION OF SINGLE FACTOR APPORTIONMENT

SINGLE FACTOR APPORTIONMENT RATIO SCHEDULE –

	Amount	Ratio
1. Total Sales Within South Carolina		
2. Total Sales Everywhere		
3. Ratio (South Carolina ÷ Everywhere)		

Note: If there are no sales anywhere, enter 100% on Line 3, if South Carolina is the principal place of business, OR enter 0% on Line 3 if principal place of business is outside SC.

PART I COMPUTATION OF SC NET INCOME SUBJECT TO TAX FOR MULTI-STATE CORPORATION QUALIFYING FOR SINGLE FACTOR APPORTIONMENT

1. Enter amount from Sch C, Line 3 ..... 1.
2. Enter Ratio from Sch H-1, Line 17 ..... 2. %
3. Multiply Line 2 by Line 1 ..... 3.
4. Enter Ratio from Line 3 of single factor apportionment schedule ..... 4. %
5. Multiply Line 1 by Line 4. If Line 3 is less than Line 5, STOP HERE and enter amount from Line 3 – Schedule H-4, Part I on Schedule C, Line 4 ..... 5.
6. Line 3 minus Line 5 ..... 6.
7. For tax year 2008, multiply amount on Line 6 by 40% (.40). This is the amount of reduction in SC taxable income allowed this year ..... 7.
8. Line 3 minus Line 7. Enter this amount on Sch C, Line 4 ..... 8.

PART II COMPUTATION OF LICENSE FEE, MULTI-STATE CORPORATION QUALIFYING FOR SINGLE FACTOR APPORTIONMENT

1. Total Capital and Paid-In-Surplus at the end of the year. If $10,000 or less, STOP HERE and enter on Schedule E, Line 2 ..... 1.
2. Enter the ratio from Sch R-1, Line 17 ..... 2. %
3. Multiply Line 1 by Line 2. If $10,000 or less, STOP HERE and enter on Schedule E, Line 2 ..... 3.
4. Enter the ratio from Line 3 of single factor apportionment schedule ..... 4. %
5. Multiply Line 1 by Line 4. If Line 3 is less than Line 5, STOP HERE and enter amount from Line 3 on Schedule E, Line 2 ..... 5.
6. Line 3 minus Line 5 ..... 6.
7. For tax year 2008, multiply the amount on Line 6 by 40% (.40). This is the amount of reduction of license fee basis allowed this year ..... 7.
8. Line 3 minus Line 7. Enter here and on Schedule E, Line 2 ..... 8.

SCHEDULE SC-K WORKSHEET

* Enter amounts from corresponding lines on your federal Schedule K in Column B.

	(A) Description	(B) * Amounts From Federal Schedule K	(C) Plus or Minus South Carolina Adjustments	(D) Federal Schedule K Amounts After SC Adjustments	(E) Col. (D) Amounts Not Apportioned or Allocated to SC	(F) Col. (D) Amounts Apportioned or Allocated to SC
1	Ordinary Business Income (loss)	#(51,551.24)	N/A	#(51,551.24)	N/A	#(51,551.24)
2	Net Real Estate Rents (loss)					
3	Other Net Rents (loss)					
4	Interest Income					
5a	Ordinary dividends					
5b	Qualified dividends					
6	Royalties					
7	Net Short Term Cap. Gain (loss)					
8	Net Long Term Cap. Gain (loss)					
9	Net § 1231 Gain (loss)					
10	Other Income (loss)					
11	§ 179 Deduction					
12a	Contributions					
12b	Investment Interest Expense					
12c	§ 59 (e)(2) Expenditures					
12d	Other Deductions					

Non-Refundable Tax Credits: Enter Total Credits from SC1120-TC .....

SC1120-TC must be attached to return.

If Qualified Subchapter S Subsidiary Election (QSSS), please list South Carolina subsidiaries only. Attach schedule, if more space is needed.

642158-495

Form 1120 U.S. Corporation Income Tax Return

Department of the Treasury Internal Revenue Service

For calendar year 2009 or tax year beginning _____, 2009, ending _____, 20__

▶ See separate instructions.

OMB No. 1545-0123

2009

A Check if: 1a Consolidated return (attach Form 851) ☐ b Life/nonlife consolidated return ☐ 2 Personal holding co. (attach Sch. PH) ☐ 3 Personal service corp. (see instructions) ☐ 4 Schedule M-3 attached ☐

Use IRS label. Otherwise, print or type.

Name: EBAY CONSIGNMENT CO.

Number, street, and room or suite no. If a P.O. box, see instructions.: 124 LONGWOOD PASS

City or town, state, and ZIP code: TROY, SC 29848

B Employer identification number

C Date incorporated: 9/30/01

D Total assets (see instructions) $ 0

E Check if: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change

Income	1a	Gross receipts or sales: $34,142.00	b Less returns and allowances: 0	c Bal ▶	1c: $34,142.00
	2	Cost of goods sold (Schedule A, line 8)			2: 0
	3	Gross profit. Subtract line 2 from line 1c			3: $34,142.00
	4	Dividends (Schedule C, line 19)			4: 0
	5	Interest			5: 0
	6	Gross rents			6: 0
	7	Gross royalties			7: 0
	8	Capital gain net income (attach Schedule D (Form 1120))			8: 0
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)			9: 0
	10	Other income (see instructions—attach schedule)			10: 0
	11	Total income. Add lines 3 through 10		▶	11: $34,142.00
Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (Schedule E, line 4)		▶	12: 0
	13	Salaries and wages (less employment credits)			13: 0
	14	Repairs and maintenance			14: 0
	15	Bad debts			15: 0
	16	Rents			16: 0
	17	Taxes and licenses			17: $ 25.00
	18	Interest			18: 0
	19	Charitable contributions			19: 0
	20	Depreciation from Form 4562 not claimed on Schedule A or elsewhere on return (attach Form 4562)			20: 0
	21	Depletion			21: 0
	22	Advertising			22: 0
	23	Pension, profit-sharing, etc., plans			23: 0
	24	Employee benefit programs			24: 0
	25	Domestic production activities deduction (attach Form 8903)			25: 0
	26	Other deductions (attach schedule) SHAREHOLDER LOAN REIMBURSEMENT			26: $34,117.00
	27	Total deductions. Add lines 12 through 26			27: $34,142.00
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11			28: 0
	29	Less: a Net operating loss deduction (see instructions) 29a:	b Special deductions (Schedule C, line 20) 29b:		29c: 0
Tax, Refundable Credits, and Payments	30	Taxable income. Subtract line 29c from line 28 (see instructions)			30: 0
	31	Total tax (Schedule J, line 10)			31: 0
	32a	2008 overpayment credited to 2009 32a:			
	b	2009 estimated tax payments 32b:			
	c	2009 refund applied for on Form 4466 32c:		d Bal ▶ 32d:	
	e	Tax deposited with Form 7004		32e:	
	f	Credits: (1) Form 2439 (2) Form 4136		32f:	
	g	Refundable credits from Form 3800, line 19c, and Form 8827, line 8c		32g:	32h: 0
	33	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			33: N/A
	34	Amount owed. If line 32h is smaller than the total of lines 31 and 33, enter amount owed			34: 0
	35	Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid			35: N/A
	36	Enter amount from line 35 you want: Credited to 2010 estimated tax ▶ 0	Refunded ▶		36: N/A

Sign Here

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

Signature of officer: [signature] Date: 3/13/10 Title: PRESIDENT

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No

Paid Preparer's Use Only

Preparer's signature ▶ Date: Check if self-employed ☐ Preparer's SSN or PTIN:

Firm's name (or yours if self-employed), address, and ZIP code ▶ EIN: Phone no.

I certify this document is a true copy of a document, or microfilm document, on file in the offices of the South Carolina Department of Revenue in Columbia, South Carolina.

Certified Copy

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11450D Form 1120 (2009)

Subpoena/Disclosure Request 7-8-13 S. Wicker

(Date) (Employee) 548

Schedule A Cost of Goods Sold (see instructions)

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	

9a Check all methods used for valuing closing inventory:
- (i) ☒ Cost
- (ii) ☐ Lower of cost or market
- (iii) ☐ Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods ▶ ☐

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

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO 9d

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

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

Schedule C Dividends and Special Deductions (see instructions)

		(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
3	Dividends on debt-financed stock of domestic and foreign corporations		See instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
8	Dividends from wholly owned foreign subsidiaries		100	
9	Total. Add lines 1 through 8. See instructions for limitation			
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from affiliated group members		100	
12	Dividends from certain FSCs		100	
13	Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12			
14	Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15	Foreign dividend gross-up			
16	IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
17	Other dividends			
18	Deduction for dividends paid on certain preferred stock of public utilities			
19	Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4 ▶			
20	Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b ▶			

Schedule E Compensation of Officers (see instructions for page 1, line 12)

Note: Complete Schedule E only if total receipts (line 1a plus lines 4 through 10 on page 1) are $500,000 or more.

(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of corporation stock owned (d) Common	(e) Preferred	(f) Amount of compensation
1		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
2 Total compensation of officers					
3 Compensation of officers claimed on Schedule A and elsewhere on return					
4 Subtract line 3 from line 2. Enter the result here and on page 1, line 12					

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Form 1120 (2006) Page 3

Schedule J Tax Computation (see instructions)

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)) ▶ ☐		
2	Income tax. Check if a qualified personal service corporation (see instructions) ▶ ☐	2	
3	Alternative minimum tax (attach Form 4626)	3	
4	Add lines 2 and 3	4	
5a	Foreign tax credit (attach Form 1118)	5a	
b	Credit from Form 8834, line 29	5b	
c	General business credit (attach Form 3800)	5c	
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
6	Total credits. Add lines 5a through 5e	6	
7	Subtract line 6 from line 4	7	
8	Personal holding company tax (attach Schedule PH (Form 1120))	8	
9	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Form 8902 ☐ Other (attach schedule)	9	
10	Total tax. Add lines 7 through 9. Enter here and on page 1, line 31	10	

Schedule K Other Information (see instructions)

		Yes	No
1	Check accounting method: a ☑ Cash b ☐ Accrual c ☐ Other (specify) ▶		
2	See the instructions and enter the:		
a	Business activity code no. ▶ 541910		
b	Business activity ▶ EBAY SALES		
c	Product or service ▶ CONSIGNMENT		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter name and EIN of the parent corporation ▶		✓
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)		✓
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)	✓	
5	At the end of the tax year, did the corporation:	Yes	No
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv).		✓

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

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Form 1120 (2009) Page 4

Schedule K *Continued*

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

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

c During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.) ☑
If "Yes," file Form 5452, Corporate Report of Nondividend Distributions.
If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.

7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of the corporation's stock entitled to vote or (b) the total value of all classes of the corporation's stock? ☑
For rules of attribution, see section 318. If "Yes," enter:
(i) Percentage owned ▶ _____ and (ii) Owner's country ▶ _____
(c) The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ▶ _____

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

9 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $ _____

10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ _____

11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here ▶ ☐
If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.

12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.) ▶ $ _____

13 Are the corporation's total receipts (line 1a plus lines 4 through 10 on page 1) for the tax year and its total assets at the end of the tax year less than $250,000? ☑
If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2 on page 5. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year. ▶ $ _____

☑ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.

CEDAR COVE SERVICE CO
P.O. BOX 888
LITTLE ROCK, SC 29577

1 Rents $

2 Royalties $

OMB No. 1545-0115

2009

Form 1099-MISC

Miscellaneous Income

3 Other income $ 31,112.00

4 Federal income tax withheld $

PAYER'S federal identification number

RECIPIENT'S identification number

5 Fishing boat proceeds $

6 Medical and health care payments $

RECIPIENT'S name

EDNA CONSIGNMENT CO

Street address (including apt. no.)

124 LONGWOOD PASS

City, state, and ZIP code

TRENTON, SC 29813

7 Nonemployee compensation $

8 Substitute payments in lieu of dividends or interest $

9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ☐

10 Crop insurance proceeds $

11

12

Account number (see instructions)

13 Excess golden parachute payments $

14 Gross proceeds paid to an attorney $

15a Section 409A deferrals $

15b Section 409A income $

16 State tax withheld $ $

17 State/Payer's state no.

18 State income $ $

Copy B
To be filed with recipient's state income tax return, when required.

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

6421584352

AP233

642158-497

Schedule L Balance Sheets per Books	Beginning of tax year (a)	(b)	End of tax year (c)	(d)
Assets				
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts	( )		( )	
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach schedule)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach schedule)				
10a Buildings and other depreciable assets				
b Less accumulated depreciation	( )		( )	
11a Depletable assets				
b Less accumulated depletion	( )		( )	
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization	( )		( )	
14 Other assets (attach schedule)				
15 Total assets				
Liabilities and Shareholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach schedule)				
19 Loans from shareholders		110,521.24		71,434.24
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (attach schedule)				
22 Capital stock: a Preferred stock				
b Common stock		100.00		100.00
23 Additional paid-in capital				
24 Retained earnings—Appropriated (attach schedule)				
25 Retained earnings—Unappropriated				
26 Adjustments to shareholders' equity (attach schedule)				
27 Less cost of treasury stock		( )		( )
28 Total liabilities and shareholders' equity		110,521.24		71,534.24

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

Note: Schedule M-3 required instead of Schedule M-1 if total assets are $10 million or more—see instructions

1	Net income (loss) per books	7	Income recorded on books this year not included on this return (itemize): Tax-exempt interest $
2	Federal income tax per books		
3	Excess of capital losses over capital gains		
4	Income subject to tax not recorded on books this year (itemize):	8	Deductions on this return not charged against book income this year (itemize): a Depreciation $ b Charitable contributions $
5	Expenses recorded on books this year not deducted on this return (itemize): a Depreciation $ b Charitable contributions $ c Travel and entertainment $	9	Add lines 7 and 8
6	Add lines 1 through 5	10	Income (page 1, line 28)—line 6 less line 9

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1	Balance at beginning of year	5	Distributions: a Cash b Stock c Property
2	Net income (loss) per books	6	Other decreases (itemize):
3	Other increases (itemize):	7	Add lines 5 and 6
4	Add lines 1, 2, and 3	8	Balance at end of year (line 4 less line 7)

642158-493

SC1120

30911010

State of South Carolina

'C' CORPORATION INCOME TAX RETURN

SC1120

(Rev. 8/28/09)

...e on or before the 15th day of the 3rd month following the close of the taxable year.

...RTMENT OF REVENUE, Corporation Return, Columbia SC 29214-0100

3091

SC FILE# 2439449 000

INCOME TAX PERIOD ENDING DEC 2009

LICENSE FEE PERIOD ENDING DEC 2010

FEIN

NAME EDEN CONSIGNMENT CO.

MAILING ADDRESS 184 LONGWOOD PASS

CITY TRIMO STATE SC ZIP CODE 29063

Change of ☐ Address ☐ Accounting Period

Attach complete copy of Federal Return

County or Counties in SC Where Property is Located:

N/A

City Audit Location State

Audit Contact Telephone Number

Check if ☐ Amended Return ▶ ☐ Consolidated Return

Total Gross Receipts. ▶ $ 34,144.00

Total cost of depreciable personal property in ... ▶ N/A

If Filing a Final Return, see General Instructions, page 6. You MUST close your account with the SECRETARY OF STATE and complete (-349.

▶ ☐ Merged ☐ Reorganized ☐ Dissolved ☐ Withdrawn

PART I COMPUTATION OF INCOME TAX LIABILITY

1.	Federal Taxable Income per Federal Form 1120 or 1120A	1. 0
2.	Net Adjustment from line 12, Schedule A and B	2. 0
3.	Total Net Income as Recomputed (line 1 plus or minus line 2) ▶	3. 0
4.	If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3. ▶	4. N/A
5.	LESS: South Carolina net operating loss carryover, if applicable	5. N/A
6.	South Carolina Net Income subject to tax (line 4 less line 5) ▶	6. 0
7.	TAX: Multiply amount on line 6 by 5% (.05)	7. 0
8.	Less tax deferred on income from foreign trade receipts (see instructions) ▶	8. N/A
9.	Balance (line 7 less line 8)	9. 0
10.	Credit Carryover (line 7, Schedule C) ▶ _____ Non-refundable credits (line 5, Schedule C) ▶	10. < 0
11.	Balance of tax (line 9 less line 10). Enter the difference but not less than zero	11. 0
12.	Interest on DISC deferred tax liability _____; or Foreign Trade Deferred Tax Liability _____	12. N/A
13.	Total tax and/or interest (add lines 11 and 12)	13. 0
14.	Payments: (a) Tax Withheld (see instructions) ▶ _____ (b) Paid by Declaration ▶ _____	
	(d) Paid with Tentative Return ▶ _____ (d) Credit from Line 29b ▶ _____	04051323
	Refundable Credits: (e) Ammonia Additive ▶ _____ (f) Milk Credit ▶ _____	
15	Total Payments and Refundable Credits (add lines 14a through 14f)	15. 0
16.	Balance of Tax and/or Interest Due (line 13 less line 15) ▶	16. 0
17.	Interest Due ▶ _____ Penalty Due ▶ _____ (See penalty and interest instructions.) Enter Total. ▶	17. N/A
18.	TOTAL INCOME TAX, Interest and Penalty Due (add lines 16 and 17) ..... BALANCE DUE	18. 0
19.	OVERPAYMENT (line 15 less line 13) _____ To be applied as follows:	
	(a) Estimated Tax ▶ _____ (b) License Fee ▶ _____ (c) *REFUNDED ▶	N/A

PART II COMPUTATION OF LICENSE FEE

20.	Total Capital And Paid In Surplus (Multi-State Corporations See Schedule E) ▶	20. $ 100.00
21.	FEE DUE - Line 20 x .001, plus $15.00 (Fee cannot be less than $25.00 per taxpayer)	21. $ 25.00
22.	Credit Carryover ▶ _____ Credit taken this year from SC1120TC, Part II, Column C ▶	22. < 0
23.	Balance (line 21 less line 22)	23. $ 25.00
24.	Payments: (24a) Paid with Tentative Return ▶ _____ (24b) Credit from line 19b ▶ _____	
25.	Total Payments (add line 24a and 24b)	25. 0
26.	Balance of Fee Due (line 23 less line 25) ▶	26. $ 25.00
27.	Interest Due ▶ _____ Penalty Due ▶ _____ (See penalty and interest instructions.) Enter Total. ▶	27. N/A
28.	TOTAL LICENSE FEE, Interest and Penalty Due (add lines 26 and 27) ..... BALANCE DUE	28 $ 25.00
29.	OVERPAYMENT (line 25 less line 23) _____ To be applied as follows:	
	(a) Estimated Tax ▶ _____ (b) Income Tax ▶ _____ (c) *REFUNDED ▶	N/A
30.	GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add lines 18 and 28) ... EFT ☐ ▶	30. $ 25.00

Make check payable to: SC Department of Revenue. Include Business Name, FEIN and SC File Number.

Go to www.sctax.org and look for the DOR ePay logo for other payment options.

DO NOT STAPLE

RECEIVED

JAN 13 2010

"CERTIFIED COPY"

This is a true and correct copy of a document, on file in the offices of the South Carolina Department of Revenue in Columbia, South Carolina.

For Office Use Only

Subpoena/Disclosure Request

7-23-13 S. Wade 356

(Date) (Employee Signature)

AP237

SC1120 642158-493

Page 2

SCHEDULE A AND B ADDITIONS TO FEDERAL TAXABLE INCOME

1.	Taxes on or Measured By Income	1.	
2.	Federal Net Operating Loss	2.	
3.		3.	
4.		4.	
5.	Other Additions (attach schedule)	5.	
6.	Total Additions (add lines 1 through 5)		6. -0-

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

7.	Interest On Obligations Of The U.S.	7.	
8.		8.	
9.		9.	
10.	Other Deductions (attach schedule)	10.	
11.	Total Deductions (add lines 7 through 10)		11. -0-
12.	Net Adjustment (line 6 less line 11) Also enter on line 2, Part 1, SC1120		12. -0-

SCHEDULE C SUMMARY OF INCOME TAX CREDITS (FROM SC1120-TC)

1.	Credit Carryover From Previous Year's SC1120, Schedule C (NOTE: Should agree to SC1120-TC Column A, line 16)	1.	
2.	Enter Total Credits from SC1120-TC, Column B, line 16. SC1120-TC must be attached to return	2.	
3.	Total Credits (add lines 1 and 2)	3.	
4.	Tax (line 9, Part 1, SC1120)	4.	
5.	Lesser of line 3 or 4 (enter on line 10, Part 1, SC1120) (NOTE: Should agree to SC1120-TC, Column C, line 16.)	5.	
6.	Enter Credits Lost Due to Statute (NOTE: Should agree to SC1120-TC, Column D, line 16.)	6.	
7.	Credit Carryover (line 3 less lines 5 and 6) (NOTE: Should agree to SC1120-TC, Column E, line 16.)	7.	

*REFUND NOTE: Income tax refunds of less than $100 and license fee refunds of less than $100 will be applied to the next year's estimated tax unless indicated here: Initial here for refund to be sent. _____

Please Sign Here

I, the undersigned, a principal officer of the corporation for which this return is made declare that this return, including accompanying Annual Report, statements and schedules, has been examined by me and is to the best of my knowledge and belief, a true and complete return.

Signature of officer | Date 4/3/2010 | Title PRESIDENT | Telephone Number

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes ☐ No ☐ | Preparer's Printed Name

Paid Preparer's Use Only

Preparer's signature Amy Wollerberg | Date | Check if self-employed ☐ | Preparer's Telephone Number

Firm's name (or yours if self-employed) and address | FEIN | ZIP Code

SC1120 642158-494

SCHEDULE D ANNUAL REPORT TO BE COMPLETED BY ALL CORPORATIONS

1. Name EBAY CONSIGNMENT CO.
2. Incorporated under the laws of the State of SOUTH CAROLINA
3. Location of the Registered Office of the Corporation in the State of South Carolina is 194 LONGWOOD PASS
   In the City of TRMO Registered Agent at such address is JAMES DALLENHAUSER
4. Location of principal office (street address) 194 LONGWOOD PASS TRMO SC 29063
   Nature of principal business in SC CONSIGNMENT SALES
5. The total number of authorized shares of capital stock, itemized by class and series, if any, within each class is as follows:
   NUMBER OF SHARES: 1,000 CLASS: SERIES:
6. The total number of issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows:
   NUMBER OF SHARES: 1 ISSUED CLASS: SERIES:
   999 OUTSTANDING.
7. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the Corporation are: (If additional space is necessary, attach separate schedule).

NAME	TITLE	BUSINESS ADDRESS
JAMES DALLENHAUSER	PRESIDENT, SECRETARY & TREASURER	194 LONGWOOD PASS TRMO, SC 29063

8. Date Incorporated 9/30/2010 Date commenced business in the State of South Carolina was 11/1/09
9. Date of this report 3/13/10 FEIN
10. If Foreign Corporation, the date qualified to do business in the State of South Carolina is N/A
11. Was the name of the Corporation changed during the year? NO Give old name
12. The Corporation's books are in the care of JAMES DALLENHAUSER
    Located at (street address) 194 LONGWOOD PASS TRMO, SC 29063
13. If filing consolidated, complete and attach Schedule J for each Corporation included in the consolidation.
14. The total amount of stated capital per balance sheet is:
    A. Total paid in Capital Stock (cannot be a negative amount) ..... $ 100.00
    B. Total paid in Capital Surplus (cannot be a negative amount) ..... $ N/A
    C. Total amount of stated Capital (cannot be a negative amount) ..... $ 100.00

SC1120 642158-494

SCHEDULES E, F, G, AND H ARE TO BE COMPLETED BY MULTI-STATE CORPORATIONS

SCHEDULE E COMPUTATION FOR LICENSE FEE - MULTI-STATE CORPORATIONS

1. Total Capital and Paid-In-Surplus at end of Year. $
2. SC PROPORTION (line 1 X ratio from Schedule H-1, H-2 or H-3, as appropriate) OR enter amount from Schedule H-4, Part II. Also enter on line 20, Part II $

SCHEDULE F INCOME SUBJECT TO DIRECT ALLOCATION

	1. Gross Amounts	2. Less: Related Expenses	3. Net Amounts Allocated Direct. to SC and Other States	4. Net Amounts Allocated Directly to SC	5. Payrolls to be Excluded from Payroll Factor	6. Property to be Excluded from Property Factor
1. Interest not connected with business						
2. Dividends received						
3. Rents						
4. Gains/losses on real property						
5. Gains/losses on intangible pers. prop.						
6. Investment income directly allocated						
7. TOTAL INCOME DIRECTLY ALLOCATED						
8. INCOME DIRECTLY ALLOCATED TO SC						
9. TOTALS TO APPORTIONMENT FACTORS						

SCHEDULE G COMPUTATION OF TAXABLE INCOME FOR CORPORATIONS CLAIMING MULTI-STATE OPERATIONS

1. Total net income as reconciled. Enter amount from line 3, Page 1. 1.
2. Less: Income subject to direct allocation to SC and other states from Schedule F, line 7 2.
3. Total net income subject to apportionment (line 1 less line 2) 3.
4. Multiply amount on line 3 by appropriate ratio from Schedule H-1, H-2, or H-3 and enter result here OR enter amount from Schedule H-4, Part I 4.
5. Add: Income subject to direct allocation to SC from Schedule F, line 8 5.
6. Total SC Net Income (sum of lines 4 and 5 above) also enter on line 4, Part 1 of Page 1 6.

SCHEDULE H-1 COMPUTATION OF FOUR FACTOR APPORTIONMENT RATIO

	1. Property Within South Carolina		2. Total Property Everywhere	
	(a) Beginning Period	(b) Ending Period	(a) Beginning Period	(b) Ending Period
1. Land				
2. Buildings				
3. Machinery and Equipment				
4. Inventories				
5. Other Property				
6. Exclusions	< >	< >	< >	< >
7. TOTAL (add lines 1 - 5; subtract line 6)				

	1. Within SC	2. Total Everywhere	3. Ratio
8. Avg. of Beginning and Ending Period (add line 7a and b and divide by 2)			
9. Rental or Lease Value			
10. TOTAL Property Add lines 8 and 9. (Col. 1 ÷ Col. 2 and enter ratio in Col. 3)			%
11. GROSS Payroll			
12. Less: Officers Compensation and Exclusions	< >	< >	
13. TOTAL Payroll (Col. 1 ÷ Col. 2 and enter ratio in Col. 3)			%
14. TOTAL Sales (Col. 1 ÷ Col. 2 and enter ratio in Col. 3)			%
15. TOTAL Sales (same as line 14)			%
16. TOTAL of Ratios (add Column 3 - lines 10, 13, 14 and 15)			%
17. Arithmetical Average of Ratios			%

SCHEDULE H - 2 COMPUTATION OF GROSS RECEIPTS RATIO

	1. In SC	2. Total Everywhere	3. Ratio
1. Total Gross Receipts			
2. Less: Exclusion (see instructions)	< >	< >	
3. Gross Receipts (for ratio)			
4. Ratio of Gross Receipts (line 3, Col. 1 ÷ line 3, Col. 2)			%

STATE & FEDERAL TAX RECORDS

640871-001

1350

STATE OF SOUTH CAROLINA
'C' CORPORATION INCOME TAX RETURN

Return is due on or before the 15th day of the 3rd month following the close of the taxable year.
If a refund or zero return, mail to: SC DOR, Corporate Refund, Columbia SC 29214-0032
If a balance due return, mail to: SC DOR, Corporate Taxable, Columbia SC 29214-0033

SC 1120
(Rev. 8/21/12)
3091

SC FILE # 2511214 - 000

INCOME TAX PERIOD ENDING 12/31/2012
LICENSE FEE PERIOD ENDING 12/31/2013
FEIN [redacted]
NAME LAKEWOOD SERVICE CO.
MAILING ADDRESS P.O. BOX 333
CITY WHITE ROCK STATE SC ZIP CODE 29177

Change of ☐ Address ☐ Accounting Period ☐ Officers

Attach complete copy of Federal Return

County or Counties in SC Where Property is Located: N/A
City Audit Location State
Audit Contact Telephone Number

Check if ☐ Amended Return ▶ ☐ Consolidated Return (Complete Schedule M)
☐ Includes Disregarded LLC(s) (Complete Schedule L)

Total Gross Receipts	Total cost of depreciable personal property in SC.
▶ $33,872.33	▶ -0-

If Filing a Final Return, see General Instructions, page 6.
You MUST close your account with the SECRETARY OF STATE and complete I-349.
▶ ☐ Merged ☐ Reorganized ☐ Dissolved ☐ Withdrawn

PART I COMPUTATION OF INCOME TAX LIABILITY

1. Federal Taxable Income per federal tax return		1. -0-
2. Net Adjustment from line 12, Schedule A and B	34041780	2. -0-
3. Total Net Income as Reconciled (line 1 plus or minus line 2)		3. -0-
4. If Multi-state Corporation, enter amount from line 8, Schedule G; otherwise, enter amount from line 3.		4. -0-
5. LESS: South Carolina net operating loss carryover, if applicable		5. -0-
6. South Carolina Net Income subject to tax (line 4 less line 5)		6. -0-
7. TAX: Multiply amount on line 6 by 5% (.05)		7. -0-
8. Less tax deferred on income from foreign trade receipts (see instructions)		8. -0-
9. Balance (line 7 less line 8)		9. -0-
10. Credit Carryover (line 7, Schedule C) ▶ _____ Non-refundable credits (line 6, Schedule C).		10. < -0- >
11. Balance of tax (line 9 less line 10). Enter the difference but not less than zero.		11. -0-
12. Interest on DISC-deferred tax liability _____; or Foreign Trade Deferred Tax Liability _____		12. -0-
13. Total tax and/or interest (add lines 11 and 12)		13. -0-
14. Payments: (a) Tax Withheld (Attach 1099s, I-290s, and/or W-2s; see instructions) ▶ _____		
(b) Paid by Declaration ▶ _____ (c) Paid with Tentative Return ▶ _____		
(d) Credit from Line 29b ▶ _____		
Refundable Credits: (e) Ammonia Additive ▶ _____ (f) Milk Credit ▶ _____		
15. Total Payments and Refundable Credits (add lines 14a through 14f)		15. -0-
16. Balance of Tax and/or Interest Due (line 13 less line 15)		16. -0-
17. Interest Due ▶ _____ Penalty Due ▶ _____ (See penalty and interest instructions.) Enter Total.		17. N/A
18. TOTAL INCOME TAX, Interest and Penalty Due (add lines 16 and 17) ..... BALANCE DUE		18. -0-
19. OVERPAYMENT (line 15 less line 13) _____ To be applied as follows:		
(a) Estimated Tax ▶ _____ (b) License Fee ▶ _____ (c) REFUNDED ▶		N/A

PART II COMPUTATION OF LICENSE FEE

20. Total Capital And Paid in Surplus (Multi-State Corporations See Schedule E)		20. $ 100.00
21. FEE DUE - Line 20 x .001, plus $16.00 (Fee cannot be less than $25.00 per taxpayer)		21. $ 25.00
22. Credit Carryover ▶ _____ Credit taken this year from SC1120TC, Part II, Column C		22. < -0- >
23. Balance (line 21 less line 22)		23. $ 25.00
24. Payments: (24a) Paid with Tentative Return ▶ _____ (24b) Credit from line 19b ▶ _____		
25. Total Payments (add line 24a and 24b)		25. -0-
26. Balance of Fee Due (line 23 less line 25)		26. $ 25.00
27. Interest Due ▶ _____ Penalty Due ▶ _____ (See penalty and interest instructions.) Enter Total.		27. N/A
28. TOTAL LICENSE FEE, Interest and Penalty Due (add lines 26 and 27) ..... BALANCE DUE		28. $ 25.00
29. OVERPAYMENT (line 26 less line 23) _____ To be applied as follows:		
(a) Estimated Tax ▶ _____ (b) Income Tax ▶ _____ (c) REFUNDED ▶		N/A
30. GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add lines 18 and 28) ... EFT ☐		30. $ 25.00

For Office Use Only

30911028 "CERTIFIED COPY"
Subpoena/Disclosure Request

I certify this document is a true copy of a document, or microfilm of a document, on file in the offices of the South Carolina Department of Revenue in Columbia, South Carolina.

7-2-13 S. Wicker
(Date) (Employee Signature)

BPC-128
REV..2/11

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
DETERMINATION OF OVERPAYMENT

TO: DIANA B JORDAN S.S. NO.: DATE: 03/03/14

OVERPAYMENT TYPE: [X] FRAUD [ ] NONFRAUD

AMOUNT OVERPAID: 7592.00 WEEKS OVERPAID: 07/16/05 TO 01/07/06 BYE: 07/02/06

An overpayment determination has been made on your unemployment insurance claim in accordance with Section 41-41-20 of the South Carolina Code. You have received benefits to which you were NOT entitled. See items checked below.

- [ ] You were paid benefits during a disqualification or a period of ineligibility.
- [ ] A revision in your base period wages resulted in a reduction of your weekly benefit entitlement.
- [ ] Earnings were not deducted. [ ] Pension was not deducted.
- [ ] Your claim was withdrawn.
- [X] You knowingly withheld information to obtain or increase your benefits.
- [ ] Other:

BENEFIT PAYMENT CONTROL

MAILING DATE 03/04/2014

[ ] If this box is checked and the overpayment is non-fraud, you may request a waiver of the overpayment.

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT UNLESS YOU FILE AN APPEAL AND/OR REQUEST FOR WAIVER WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESSDAY. YOUR REQUEST FOR WAIVER MUST BE FILED IN PERSON AT ANY LOCAL WORKFORCE CENTER. IF YOU CANNOT REPORT IN PERSON, PLEASE CONTACT YOUR LOCAL WORKFORCE CENTER FOR ADDITIONAL INFORMATION OR ASSISTANCE AN APPEAL MAY BE FILED IN PERSON OR BY MAIL ADDRESSED TO APPEALS, P.O. BOX. 995, COLUMBIA , SC 29202.

Section 41-41-40 of the South Carolina Code requires that you refund this overpayment regardless of the reason for the overpayment. Please make your personal check, money order, or cashier's check payable to the South Carolina Deparment of Employment and Workforce and MAIL TO:

SC DEPARTMENT OF EMPLOYMENT AND WORKFORCE
ATTN: BPC COLLECTIONS, ROOM 130
P.O. BOX 2644
COLUMBIA, S.C. 29202

DO NOT SEND CASH MONEY THROUGH THE MAIL.

To ensure proper credit to your account, please be sure to write your social security number on your payment. If you are unable to pay the entire amount, you can make arrangements to repay your overpayment in installments. You may use the section below to show how you intend to ropay your overpayment. If assistance is needed in making such arrangement, contact the BPC Collections Unit at (803) 737-2387. You may also contact our field representative through your local unemployment insurance office to arrange an installment pay plan. Failure to repay this overpayment may result in prosecution (if the overpayment is fraud), wage garnishment,and/or your state tax refund being intercepted and applied to your overpayment.

REPAYMENT AGREEMENT

I UNDERSTAND THAT I AM OVERPAID AND MUST REPAY MY OVERPAYMENT. THEREFORE, I AGREE TO REPAY MY OVERPAYMENT IN INSTALLMENTS OF $_____ [ ] WEEKLY [ ] BI-WEEKLY [ ] MONTHLY UNTIL THE BALANCE IS PAID IN FULL.

I UNDERSTAND THAT THIS AGREEMENT HAS TO BE APPROVED BY THE SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE BPC COLLECTIONS UNIT AND IS NOT VALID UNLESS A PAYMENT IS ENCLOSED.

I UNDERSTAND THAT IF I BECOME ELIGIBLE FOR UNEMPLOYMENT INSURANCE BENEFITS, THEY WILL BE APPLIED TO MY OVERPAYMENT AND THIS INSTALLMENT AGREEMENT WILL NOT PREVENT THIS FROM HAPPENING.

SOCIAL SECURITY NUMBER _____ SIGNATURE _____ DATE _____

RETURN THIS PORTION WITH YOUR FIRST PAYMENT

640871-002

SC1120

Page 2

SCHEDULE A AND B ADDITIONS TO FEDERAL TAXABLE INCOME

1.	Taxes on or Measured By Income	1.	
2.	Federal Net Operating Loss	2.	
3.		3.	
4.		4.	
5.	Other Additions (attach schedule)	5.	
6.	Total Additions (add lines 1 through 5)	6.	-0-

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

7.	Interest On Obligations Of The U.S.	7.	
8.		8.	
9.		9.	
10.	Other Deductions (attach schedule)	10.	
11.	Total Deductions (add lines 7 through 10)	11.	-0-
12	Net Adjustment (line 6 less line 11) Also enter on line 2, Part 1, SC1120	12.	-0-

SCHEDULE C SUMMARY OF INCOME TAX CREDITS (FROM SC1120-TC)

1.	Credit Carryover From Previous Year's SC1120, Schedule C (NOTE: Should agree to SC1120-TC Column A, line 16)	1.	
2.	Enter Total Credits from SC1120-TC, Column B, line 16. SC1120-TC must be attached to return.	2	
3.	Total Credits (add lines 1 and 2)	3.	
4.	Tax (line 9, Part 1, SC1120)	4.	
5.	Lesser of line 3 or 4 (enter on line 10, Part 1, SC1120) (NOTE Should agree to SC1120-TC, Column C, line 16.)	5.	
6.	Enter Credits Lost Due to Statute (NOTE: Should agree to SC1120-TC, Column D, line 16.)	6.	
7.	Credit Carryover (line 3 less lines 5 and 6) (NOTE: Should agree to SC1120-TC, Column E, line 16.)	7.	

Please Sign Here

I, the undersigned, a principal officer of the corporation for which this return is made declare that this return, including accompanying Annual Report, statements and schedules, has been examined by me and is to the best of my knowledge and belief, a true and complete return.

Signature of officer: [signature] | Officer's title: PRESIDENT

Officer's printed name: KIM SZABO | Date: 3/10/19 | Telephone Number:

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer | Yes ☐ No ☐ | Preparer's Printed Name

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ☐	Preparer's Telephone Number
Firm's name (or yours if self-employed) and address			PTIN or FEIN
			ZIP Code

If this is a corporation's final return, signing here authorizes the Department of Revenue to disclose that information with the Secretary of State. You must close with the Secretary of State as well as the Department of Revenue and complete I-349.

Taxpayer's Signature | Date

ATTACH COMPLETE COPY OF FEDERAL RETURN

Make check payable to: SC Department of Revenue. Include Business Name, FEIN and SC File Number.
Go to www.sctax.org and look for the DOR ePay logo for other payment options.

30912026

640871-003

SC1120

SCHEDULE D — **ANNUAL REPORT TO BE COMPLETED BY ALL CORPORATIONS** — Page 3

1. Name LAKEWOOD SERVICE COMPANY
2. Incorporated under the laws of the State of SOUTH CAROLINA
3. Location of the Registered Office of the Corporation in the State of South Carolina is 1947 DUTCH FORK RD. in the City of WHITE ROCK Registered Agent at such address is KIM SZABO
4. Location of principal office (street address) 1947 DUTCH FORK ROAD, WHITE ROCK, SC Nature of principal business in SC MARKET RESEARCH
5. The total number of authorized shares of capital stock, itemized by class and series, if any, within each class is as follows: NUMBER OF SHARES: 1,000 CLASS: _____ SERIES: _____
6. The total number of issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows: NUMBER OF SHARES: 1 ISSUED 999 OUTSTANDING CLASS: _____ SERIES: _____
7. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the Corporation are: (If additional space is necessary, attach separate schedule)

NAME	TITLE	BUSINESS ADDRESS
KIMBERLY SZABO	PRESIDENT SECRETARY & TREASURER	207 LEXINGTON LN CHAPIN, SC 29036

8. Date Incorporated 10/27/10 Date commenced business in the State of South Carolina 10/27/10
9. Date of this report 3/15/13 FEIN ____
10. If Foreign Corporation, the date qualified to do business in the State of South Carolina is N/A
11. Was the name of the Corporation changed during the year? NO Give old name _____
12. The Corporation's books are in the care of KIM SZABO Located at (street address) 1947 DUTCH FORK ROAD WHITE ROCK, SC 29177
13. If filing consolidated, complete and attach Schedule J for each Corporation included in the consolidation.
14. The total amount of stated capital per balance sheet is:
    - A. Total paid in Capital Stock (cannot be a negative amount) ..... $ 100.00
    - B. Total paid in Capital Surplus (cannot be a negative amount) ..... $ 0
    - C. Total amount of stated Capital (cannot be a negative amount) ..... $ 100.00

30913024

641551-001

1350

STATE OF SOUTH CAROLINA

'S' CORPORATION INCOME TAX RETURN

Return is due on or before the 15th day of the 3rd month following the close of the taxable year.
If a refund or zero return, mail to: SC DOR, Corporation Return, Columbia SC 29214-0033
If a balance due return, mail to: SC DOR, Corporation Return, Columbia SC 29214-0034

SC 1120 (Rev. 8/31/10) 3095

SC FILE # 2577274 - 000

INCOME TAX PERIOD ENDING DEC 2011
LICENSE FEE PERIOD ENDING DEC 2012

FEIN _

NAME LAKEWOOD SERVICE CO.
MAILING ADDRESS P.O. BOX 333
CITY WHITE ROCK STATE SC ZIP CODE 29177

Change of ☐ Address ☐ Officers ☐ Accounting Period

Attach complete copy of Federal Return

County or Counties in SC Where Property is Located:
N/A
City Audit Location State

Audit Contact Telephone Number

Check if ☐ Amended Return ▶ ☐ Includes QSSS(s)

Total Gross Receipts. ▶ -0-

Total cost of depreciable personal property in SC ▶ N/A

If Filing a Final Return, see General Instructions, page 6. You MUST close your account with the SECRETARY OF STATE and complete I-349.
▶ ☐ Merged ☐ Reorganized ☐ Dissolved ☐ Withdrawn

Does the Corporation have any Shareholders who are nonresidents of South Carolina? ☐ Yes ☑ No

PART I COMPUTATION OF INCOME TAX LIABILITY

1.	Total of line 1 through 10, Schedule K of Federal Form 1120S	1. $7,327,959.
2.	Net Adjustment from line 15, Schedule A and B	2. -0-
3.	Total Net Income as Reconciled (line 1 plus or minus line 2)	3. $7,327,959.
4.	If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3	4. $7,327,959.
5.	LESS: Income on line 4 taxed to shareholders of S Corporation	5. -0-
6.	South Carolina Net Income subject to tax (line 4 less line 5)	6. -0-
7.	TAX: Multiply amount on line 6 by .05 (5.0%)	7. -0-
8.	Payments: (a) Tax Withheld (see instructions) ▶ _____ (b) Paid by Declaration ▶ _____ (c) Paid with Tentative Return ▶ _____ (d) Credit from Line 23 ▶ _____ Refundable Credits: (e) Ammonia Additive ▶ _____ (f) Milk Credit ▶ _____	8. 2403817
9.	Total Payments and Refundable Credits: (add lines 8a through 8f)	9. -0-
10.	Balance of Tax Due (line 7 less line 9)	10. -0-
11.	Interest Due ▶ _____ Penalty Due ▶ _____ (See penalty and interest instructions.) Enter Total	11. -0-
12.	TOTAL INCOME TAX, Interest and Penalty Due (add lines 10 and 11)	BALANCE DUE 12. -0-
13.	OVERPAYMENT (line 9 less line 7) _____ To be applied as follows: (a) Estimated Tax ▶ _____ (b) License Fee ▶ _____ (c) REFUNDED ▶ _____	

PART II COMPUTATION OF LICENSE FEE

14.	Total Capital And Paid In Surplus (Multi-State Corporations See Schedule E)	14. N/A
15.	FEE DUE - Line 14 x .001, plus $15.00 (Fee cannot be less than $25.00)	15. $ 100.00
16.	LESS: Credits taken this year against license fee from SC1120TC, Part II, Column C (attach SC1120-TC)	16. $ 25.00
17.	Balance (line 15 less line 16)	17. $ 25.00
18.	Payments: (18a) Paid with Tentative Return ▶ _____ (18b) Credit from line 13b ▶ _____	18. -0-
19.	Total Payments (add line 18a and 18b)	19. -0-
20.	Balance of Fee Due (line 17 less line 19)	20. $ 25.00
21.	Interest Due ▶ _____ Penalty Due ▶ _____ (See penalty and interest instructions.) Enter Total	21. -0-
22.	TOTAL LICENSE FEE, Interest and Penalty Due (add lines 20 and 21)	BALANCE DUE 22. $ 25.00
23.	OVERPAYMENT (line 19 less line 17) _____ To be applied as follows: (a) Estimated Tax ▶ _____ (b) Income Tax ▶ _____ (c) REFUNDED ▶ _____	
24.	GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add lines 12 and 22) ..... EFT ☐	24. $ 25.00

Make check payable to: SC Department of Revenue. Include Business Name, FEIN and SC File Number.
Go to www.sctax.org and look for the DOR ePay logo for other payment options.

DEPT OF REVENUE
MAR 19
RECEIVED

For Office Use Only

"CERTIFIED COPY"
Subpoena/Disclosure Request.

I certify this document is a true copy of a document, or microfilm of a document, on file in the offices of the South Carolina Department of Revenue in Columbia, South Carolina.

7-2-13 S. Wicker
(Date) (Employee Signature)

365

641551-002

SC1120S

Page 2

SCHEDULE A AND B ADDITIONS TO FEDERAL TAXABLE INCOME

1. Taxes on or Measured By Income	1.	
2. Excess net passive income subject to federal tax	2.	
3. Taxable portion of certain built-in gains subject to federal tax	3.	
4.	4.	
5.	5.	
6. Other Additions (attach schedule)	6.	
7. Total Additions (add lines 1 through 6)		7. -0-

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

8.	8.	
9.	9.	
10.	10.	
11.	11.	
12.	12.	
13. Other Deductions (attach schedule)	13.	
14. Total Deductions (add lines 8 through 13)		14. -0-
15. Net Adjustment (line 7 less line 14) Also enter on line 2, Part I, SC1120S		15. -0-

SCHEDULE C RESERVED

Please Sign Here

I, the undersigned, a principal officer of the corporation for which this return is made declare that this return, including accompanying Annual Report, statements and schedules, has been examined by me and is to the best of my knowledge and belief, a true and complete return.

Signature of officer | Date 3/14/13 | Title PRESIDENT | Telephone Number

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes ☐ No ☐ | Preparer's Printed Name

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ☐ | Preparer's Telephone Number

Firm's name (or yours if self-employed) and address | PTIN or FEIN | ZIP Code

If this is a corporation's final return, signing here authorizes the Department of Revenue to disclose that information with the Secretary of State. You must close with the Secretary of State as well as the Department of Revenue and complete I-349.

Taxpayer's Signature | Date

641551-003

SC1120S

SCHEDULE D — **ANNUAL REPORT TO BE COMPLETED BY ALL CORPORATIONS**

1. Name LAKEWOOD SERVICE COMPANY
2. Incorporated under the laws of the State of SOUTH CAROLINA
3. Location of the Registered Office of the Corporation in the State of South Carolina is 1947 DUTCH FORK ROAD
   In the City of LAKE WATEREE Registered Agent at such address is KIMBERLY SZABO
4. Location of principal office (street address) 1947 DUTCH FORK ROAD
   Nature of principal business in SC MARKET RESEARCH
5. The total number of authorized shares of capital stock, itemized by class and series, if any, within each class is as follows:
   NUMBER OF SHARES: 1,000 CLASS: _____ SERIES: _____
6. The total number of issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows:
   NUMBER OF SHARES: 1 ISSUED CLASS: _____ SERIES: _____
   999 OUTSTANDING
7. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the Corporation are: (If additional space is necessary, attach separate schedule).

NAME	TITLE	BUSINESS ADDRESS
KIMBERLY SZABO	PRESIDENT, SECRETARY & TREASURER	207 LEXINGTON LANE. CHAPIN, SC 29036

8. Date Incorporated 12/27/10 Date commenced business in the State of South Carolina was 12/27/10
9. Date of this report 3/14/12 FEIN ____
10. If Foreign Corporation, the date qualified to do business in the State of South Carolina is N/A
11. Was the name of the Corporation changed during the year? NO Give old name _____
12. The Corporation's books are in the care of KIMBERLY SZABO
    Located at (street address) 207 LEXINGTON LANE, CHAPIN, SC 29036
13. The total amount of stated capital per balance sheet is:
    A. Total paid in Capital Stock (cannot be a negative amount) ..... $ 100.00
    B. Total paid in Capital Surplus (cannot be a negative amount) ..... $ N/A
    C. Total amount of stated Capital (cannot be a negative amount) ..... $ 100.00

SCHEDULE SC-K WORKSHEET

* Enter amounts from corresponding lines on your federal Schedule K in Column B.

	(A) Description	(B) * Amounts From Federal Schedule K	(C) Plus or Minus South Carolina Adjustments	(D) Federal Schedule K Amounts After SC Adjustments	(E) Col. (D) Amounts Not Apportioned or Allocated to SC	(F) Col. (D) Amounts Apportioned or Allocated to SC
1	Ordinary business income (loss)	$ <37,959.00>	N/A	$ <37,959.00>	N/A	$ <37,959.00>
2	Net rental real estate income (loss)					
3	Other net rental income (loss)					
4	Interest income					
5	Dividends					
6	Royalties					
7	Net short-term capital gain (loss)					
8	Net long-term capital gain (loss)					
9	Net section 1231 gain (loss)					
10	Other income (loss)					
11	Section 179 deduction					
12a	Contributions					
12b	Investment interest expense					
12c	Section 59(e)(2) expenditures					
12d	Other deductions					

Non-Refundable Tax Credits: Enter Total Credits from SC1120-TC ..... _____
SC1120-TC must be attached to return.

If one or more Qualified Subchapter S Subsidiaries (QSSSs) are included, list South Carolina subsidiaries only. Attach schedule, if more space is needed.

STATE & FEDERAL TAX RECORDS

(A1)

642199-119

Form 1120S — U.S. Income Tax Return for an S Corporation

Department of the Treasury Internal Revenue Service (77)

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
▶ See separate instructions.

OMB No. 1545-0130

2009

For calendar year 2009 or tax year beginning , 2009, ending , 20

A S election effective date: 10/1/09

B Business activity code number (see instructions): 541910

C Check if Sch. M-3 attached ☐

Use IRS label. Otherwise, print or type.

Name: CEDAR COVE SERVICE CO

Number, street, and room or suite no. If a P.O. box, see instructions: P.O. BOX 333

City or town, state, and ZIP code: WHITE ROCK, SC 29177

D Employer identification number

E Date incorporated: 10/1/09

F Total assets (see instructions): $ 0

G Is the corporation electing to be an S corporation beginning with this tax year? ☑ Yes ☐ No If "Yes," attach Form 2553 if not already filed

H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☑ S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year ▶ 1

Caution. Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a	Gross receipts or sales: $ 0	b Less returns and allowances: $ 0	c Bal ▶ 1c	$ 0
	2	Cost of goods sold (Schedule A, line 8)		2	0
	3	Gross profit. Subtract line 2 from line 1c		3	0
	4	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		4	0
	5	Other income (loss) (see instructions—attach statement)		5	0
	6	Total income (loss). Add lines 3 through 5	▶	6	0
Deductions (see instructions for limitations)	7	Compensation of officers		7	0
	8	Salaries and wages (less employment credits)		8	0
	9	Repairs and maintenance		9	0
	10	Bad debts		10	0
	11	Rents		11	0
	12	Taxes and licenses		12	$ 550 00
	13	Interest		13	0
	14	Depreciation not claimed on Schedule A or elsewhere on return (attach Form 4562)		14	0
	15	Depletion (Do not deduct oil and gas depletion.)		15	0
	16	Advertising		16	0
	17	Pension, profit-sharing, etc., plans		17	0
	18	Employee benefit programs		18	0
	19	Other deductions (attach statement) PROFESSIONAL SERVICES		19	$ 34,142 00
	20	Total deductions. Add lines 7 through 19	▶	20	$ 34,192 00
	21	Ordinary business income (loss). Subtract line 20 from line 6		21	$ (34,192 00)
Tax and Payments	22a	Excess net passive income or LIFO recapture tax (see instructions)	22a		
	b	Tax from Schedule D (Form 1120S)	22b		
	c	Add lines 22a and 22b (see instructions for additional taxes)		22c	0
	23a	2009 estimated tax payments and 2008 overpayment credited to 2009	23a		
	b	Tax deposited with Form 7004	23b		
	c	Credit for federal tax paid on fuels (attach Form 4136)	23c		
	d	Add lines 23a through 23c		23d	0
	24	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐		24	N/A
	25	Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed		25	0
	26	Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid		26	N/A
	27	Enter amount from line 26 Credited to 2010 estimated tax ▶	Refunded ▶	27	N/A

Sign Here

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

▶ Diana B. Jordan 3/11/10 ▶ PRESIDENT
Signature of officer — Date — Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No

Paid Preparer's Use Only

Preparer's signature ▶ — Date — Check if self-employed ☐ — Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code ▶ — EIN

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

CERTIFIED COPY
Subpoena/Disclosure Request

I certify this document is a true copy of a document or microfilm of said document, on file in the Offices of the South Carolina Department of Revenue in Columbia, South Carolina.

7-2-13 S. Wicker
(Date) (Employee Sig)

370

AP250

642199-119

Form 1120S (2009) Page 2

Schedule A Cost of Goods Sold (see instructions)

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	

9a Check all methods used for valuing closing inventory: (i) ☑ Cost as described in Regulations section 1.471-3
(ii) ☐ Lower of cost or market as described in Regulations section 1.471-4
(iii) ☐ Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods as described in Regulations section 1.471-2(c) ▶ ☐

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

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO 9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? ☐ Yes ☑ No

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

Schedule B Other Information (see instructions)

		Yes	No
1	Check accounting method: a ☑ Cash b ☐ Accrual c ☐ Other (specify) ▶		
2	See the instructions and enter the: a Business activity ▶ MARKET RESEARCH b Product or service ▶ REPORTS		
3	At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If "Yes," attach a statement showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) if 100% owned, was a QSub election made?		✓
4	Has this corporation filed, or is it required to file, a return under section 6111 to provide information on any reportable transaction?		✓
5	Check this box if the corporation issued publicly-offered debt instruments with original issue discount ▶ ☐		
	If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.		
6	If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to its basis (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain (defined in section 1374(d)(1)) in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years ▶ $ N/A		
7	Enter the accumulated earnings and profits of the corporation at the end of the tax year. $		
8	Are the corporation's total receipts (see instructions) for the tax year and its total assets at the end of the tax year less than $250,000? If "Yes," the corporation is not required to complete Schedules L and M-1		✓

Schedule K Shareholders' Pro Rata Share Items

			Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	4,419.00
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss) 3a		
	b Expenses from other rental activities (attach statement) 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Interest income	4	
	5 Dividends: a Ordinary dividends	5a	
	b Qualified dividends 5b		
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	
	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	
	b Collectibles (28%) gain (loss) 8b		
	c Unrecaptured section 1250 gain (attach statement) 8c		
	9 Net section 1231 gain (loss) (attach Form 4797)	9	
	10 Other income (loss) (see instructions) Type ▶	10	

Form 1120S (2009)

642199-120

	Shareholders' Pro Rata Share Items (continued)		Total amount
Deductions	11 Section 179 deduction (attach Form 4562)	11	
	12a Contributions	12a	
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)	
	d Other deductions (see instructions) Type ▶	12d	
Credits	13a Low-income housing credit (section 42(j)(5))	13a	
	b Low-income housing credit (other)	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	13c	
	d Other rental real estate credits (see instructions) Type ▶	13d	
	e Other rental credits (see instructions) Type ▶	13e	
	f Alcohol and cellulosic biofuel fuels credit (attach Form 6478)	13f	
	g Other credits (see instructions) Type ▶	13g	
Foreign Transactions	14a Name of country or U.S. possession ▶		
	b Gross income from all sources	14b	
	c Gross income sourced at shareholder level	14c	
	Foreign gross income sourced at corporate level		
	d Passive category	14d	
	e General category	14e	
	f Other (attach statement)	14f	
	Deductions allocated and apportioned at shareholder level		
	g Interest expense	14g	
	h Other	14h	
	Deductions allocated and apportioned at corporate level to foreign source income		
	i Passive category	14i	
	j General category	14j	
	k Other (attach statement)	14k	
	Other information		
	l Total foreign taxes (check one): ▶ ☐ Paid ☐ Accrued	14l	
	m Reduction in taxes available for credit (attach statement)	14m	
	n Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a	
	b Adjusted gain or loss	15b	
	c Depletion (other than oil and gas)	15c	
	d Oil, gas, and geothermal properties—gross income	15d	
	e Oil, gas, and geothermal properties—deductions	15e	
	f Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a	
	b Other tax-exempt income	16b	
	c Nondeductible expenses	16c	
	d Property distributions	16d	
	e Repayment of loans from shareholders	16e	
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement)		
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l	18	

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Form 1120S (2009) Page 4

Schedule L Balance Sheets per Books

Assets	Beginning of tax year (a)	Beginning of tax year (b)	End of tax year (c)	End of tax year (d)
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach statement)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach statement)				
10a Buildings and other depreciable assets				
b Less accumulated depreciation				
11a Depletable assets				
b Less accumulated depletion				
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization				
14 Other assets (attach statement)				
15 Total assets				
Liabilities and Shareholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach statement)				
19 Loans from shareholders		$ 34,193.00		$ 34,193.00
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (attach statement)				
22 Capital stock		$ 100.00		$ 100.00
23 Additional paid-in capital				
24 Retained earnings				
25 Adjustments to shareholders' equity (attach statement)				
26 Less cost of treasury stock				
27 Total liabilities and shareholders' equity		$ 34,293.00		$ 34,293.00

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

Note: Schedule M-3 required instead of Schedule M-1 if total assets are $10 million or more—see instructions

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

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

		(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1	Balance at beginning of tax year			
2	Ordinary income from page 1, line 21			
3	Other additions			
4	Loss from page 1, line 21			
5	Other reductions			
6	Combine lines 1 through 5			
7	Distributions other than dividend distributions			
8	Balance at end of tax year. Subtract line 7 from line 6			

Form 1120S (2009)

642199-121

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Schedule K-1 (Form 1120S) 2009

Department of the Treasury Internal Revenue Service

For calendar year 2009, or tax year beginning ____ 2009 ending ____ 20__

Final K-1 ☐ Amended K-1 ☐ OMB No 1545-0130

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

▶ See back of form and separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number

B Corporation's name, address, city, state, and ZIP code

CEDAR COVE SERVICE CO
PO BOX 333
WHITE ROCK, SC 29177

C IRS Center where corporation filed return

ATHENS, GA 39901-0013

Part II Information About the Shareholder

D Shareholder's identifying number

005-40-3359

E Shareholder's name, address, city, state, and ZIP code

DIPNA B. JORDAN
6104 WOODGLEN LANE
CHAPIN, SC 29036

F Shareholder's percentage of stock ownership for tax year

100

1	Ordinary business income (loss)	13	Credits
	4,584,194.00		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
12	Other deductions		
		17	Other information

For IRS Use Only

* See attached statement for additional information.

642199-116

SC11208

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STATE OF SOUTH CAROLINA

ORATION INCOME TAX RETURN

the 15th day of the 3rd month following the close of the taxable year.

Mail return to: ...ENT OF REVENUE, Corporation Return, Columbia, SC 29214-0100

SC 1120S

(Rev. 7/24/09)

3098

SC FILE # UNKNOWN 204306508

INCOME TAX PERIOD ENDING DEC 2009

LICENSE FEE PERIOD ENDING DEC 2010

FEIN

NAME CEDAR COVE SERVICE CO

MAILING ADDRESS P.O. BOX 333

CITY LITTLE ROCK STATE SC ZIP CODE 29577

Change of: ☐ Address ☑ Accounting Period

Attach complete copy of Federal Return

County or Counties in SC Where Property is Located: N/A

City | Audit Location | State

Audit Contact | Telephone Number

Check if ☐ Amended Return ▶ ☐ QSSS

Total Gross Receipts. ▶ 0

Total cost of depreciable personal property in SC ▶ N/A

If Filing a Final Return, see General Instructions, page 6.
You MUST close your account with the SECRETARY OF STATE and complete 1-348.

▶ ☐ Merged ☐ Reorganized ☐ Dissolved ☐ Withdrawn

Does the Corporation have any Shareholders who are nonresidents of South Carolina? ..... SC ☐ Yes ☑ No

PART I COMPUTATION OF INCOME TAX LIABILITY

1. Total of line 1 through 10, Schedule K of Federal Form 1120S ..... 1. $ 234,192.00
2. Net Adjustment from line 15, Schedule A and B 2. 0
3. Total Net Income as Reconciled (line 1 plus or minus line 2) ..... 3. $ 234,192.00
4. If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3. ..... 4. $ 234,192.00
5. LESS: Income on line 4 taxed to shareholders of S Corporation 5. 0
6. South Carolina Net Income subject to tax (line 4 less line 5) 6. 0
7. TAX: Multiply amount on line 6 by .05 (5.0%) 7. 0
8. Payments: (a) Tax Withheld (see instructions) ▶ _____ (b) Paid by Declaration ▶ _____
   (c) Paid with Tentative Return ▶ _____ (d) Credit from Line 23b ▶ _____
   Refundable Credits: (e) Ammonia Additive ▶ _____ (f) Milk Credit ▶ _____
9. Total Payments and Refundable Credits: (add lines 8a through 8f) 9. 0
10. Balance of Tax Due (line 7 less line 9) ..... ▶ 10. 0
11. Interest Due ▶ _____ Penalty Due ▶ _____ (See penalty and interest instructions.) Enter Total. ..... ▶ 11. N/A
12. TOTAL INCOME TAX, Interest and Penalty Due (add lines 10 and 11) ..... BALANCE DUE 12. 0
13. OVERPAYMENT (line 9 less line 7) _____ To be applied as follows:
    (a) Estimated Tax ▶ _____ (b) License Fee ▶ _____ (c) REFUNDED ▶ N/A

PART II COMPUTATION OF LICENSE FEE

14. Total Capital And Paid-In Surplus (Multi-State Corporations See Schedule E) ..... ▶ 14. $ 100,000
15. FEE DUE - Line 14 x .001, plus $15.00 (Fee cannot be less than $25.00) ..... 15. $ 25.00
16. LESS: Credits taken this year against license fee from SC1120TC, Part II, Column C (attach SC1120-TC) ▶ 16. < 0 >
17. Balance (line 15 less line 16) ..... 17. $ 25.00
18. Payments: (18a) Paid with Tentative Return ▶ _____ (18b) Credit from line 13b ▶ _____
19. Total Payments (add line 18a and 18b) 19. 0
20. Balance of Fee Due (line 17 less line 19) ..... ▶ 20. $ 25.00
21. Interest Due ▶ _____ Penalty Due ▶ _____ (See penalty and interest instructions.) Enter Total. ▶ 21. N/A
22. TOTAL LICENSE FEE, Interest and Penalty Due (add lines 20 and 21) ..... BALANCE DUE 22. $ 25.00
23. OVERPAYMENT (line 19 less line 17) _____ To be applied as follows:
    (a) Estimated Tax ▶ _____ (b) Income Tax ▶ _____ (c) REFUNDED ▶ N/A
24. GRAND TOTAL INCOME TAX and LICENSE FEE DUE (add lines 12 and 22) ..... EFT ☐ ▶ 24. $ 25.00

Make check payable to: SC Department of Revenue. Include Business Name, FEIN and SC File Number.
Go to www.sctax.org and look for the DOR ePay logo for other payment options.

DEPT. OF REVENUE
04059421
MAR 16 2010
#21
RECEIVED

For Office Use Only

"CERTIFIED COPY"
Subpoena/Disclosure Request

I certify this document is a true copy of a document, or microfilm of a document, on file in the offices of the South Carolina Department of Revenue in Columbia, South Carolina.

7-2-13 S. Wicker
(Date) (Employee Signature)

376

AP256

642199-116

SC1120S Page 2

SCHEDULE A AND B ADDITIONS TO FEDERAL TAXABLE INCOME

1.	Taxes on or Measured By Income	1.	
2.	Excess net passive income subject to federal tax	2.	
3.	Taxable portion of certain built-in gains subject to federal tax	3.	
4.		4.	
5.		5.	
6.	Other Additions (attach schedule)	6.	
7.	Total Additions (add lines 1 through 6)	7.	

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

8.		8.	
9.		9.	
10.		10.	
11.		11.	
12.		12.	
13.	Other Deductions (attach schedule)	13.	
14.	Total Deductions (add lines 8 through 13)	14.	
15.	Net Adjustment (line 7 less line 14) Also enter on line 2, Part 1, SC1120S	15.	

SCHEDULE C RESERVED

RECEIVED
DEPT OF REVENUE

Please Sign Here — I, the undersigned, a principal officer of the corporation for which this return is made declare that this return, including accompanying Anr Report, statements and schedules, has been examined by me and is to the best of my knowledge and belief, a true and complete return.

Diana B. Jordan — 3/10/10 — PRESIDENT

Signature of officer — Date — Title — Telephone Number

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes ☐ No ☐ — Preparer's Printed Name

Paid Preparer's Use Only

Preparer's signature — Date — Check if self-employed ☐ — Preparer's Telephone Number

Firm's name (or yours if self-employed) and address — FEIN — ZIP Code

642199-117

SC11209 Page 3

SCHEDULE D ANNUAL REPORT TO BE COMPLETED BY ALL CORPORATIONS

1. Name CEDAR COVE SERVICE CO
2. Incorporated under the laws of the State of SOUTH CAROLINA
3. Location of the Registered Office of the Corporation in the State of South Carolina is 1947 DUTCH FORK ROAD in the City of WHITE ROCK. Registered Agent at such address is DIANA JORDAN
4. Location of principal office (street address) 1947 DUTCH FORK ROAD
   Nature of principal business in SC MARKET RESEARCH SERVICE
5. The total number of authorized shares of capital stock, itemized by class and series, if any, within each class is as follows:
   NUMBER OF SHARES: 1000 CLASS: SERIES:
   ~~[illegible]~~ SC
   DEPT OF REVENUE
6. The total number of issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows:
   NUMBER OF SHARES: 1 ISSUED CLASS: MAR 16 2010 SERIES:
   999 OUTSTANDING
7. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the Corporation are: (If additional space is necessary, attach separate schedule).
   RECEIVED

NAME	TITLE	BUSINESS ADDRESS
DIANA B. JORDAN	PRESIDENT, SECRETARY & TREASURER	104 WOODGLEN LANE CHAPIN, SC 29036

8. Date incorporated 10/8/09 Date commenced business in the State of South Carolina was 10/8/09
9. Date of this report 3/10/10 FEIN
10. If Foreign Corporation, the date qualified to do business in the State of South Carolina is N/A
11. Was the name of the Corporation changed during the year? NO Give old name
12. The Corporation's books are in the care of DIANA JORDAN
    Located at (street address) 104 WOODGLEN LANE, CHAPIN, SC 29036
13. The total amount of stated capital per balance sheet is:
    A. Total paid in Capital Stock (cannot be a negative amount) ..... $ 100.00
    B. Total paid in Capital Surplus (cannot be a negative amount) ..... $ N/A
    C. Total amount of stated Capital (cannot be a negative amount) ..... $ 100.00

642199-117

SC1120S

SCHEDULES E, F, G, AND H ARE TO BE COMPLETED BY MULTI-STATE CORPORATIONS

SCHEDULE E COMPUTATION FOR LICENSE FEE - MULTI-STATE CORPORATIONS

1. Total Capital and Paid-In Surplus at end of Year ..... $
2. SC PROPORTION: (line 1 X ratio from Schedule H-1, H-2 or H-3, as appropriate) OR enter amount from Schedule H-4, Part II. Also enter on line 14, Part II ..... $

SCHEDULE F INCOME SUBJECT TO DIRECT ALLOCATION

(A) Allocated Income	(B) Gross Amounts	(C) Related Expenses	(D) Net Amounts (Column B minus Column C)	(E) Net Amounts Allocated Directly to SC
1. Total Allocated Income (Enter the total of Column D here)				
2. Total Income Allocated to SC (Enter the total of Column E)				

Attach an explanation of each type of income listed above that is not allocated to South Carolina.

SCHEDULE G COMPUTATION OF TAXABLE INCOME FOR CORPORATIONS CLAIMING MULTI-STATE OPERATIONS

1. Total net income as reconciled: Enter amount from line 3, Page 1 ..... 1.
2. Less: Income subject to direct allocation to SC and other states from Schedule F, line 1 ..... 2.
3. Total net income subject to apportionment (line 1 less line 2) ..... 3.
4. Multiply amount on line 3 by appropriate ratio from Schedule H-1, H-2, or H-3 and enter result here OR enter amount from Schedule H-4, Part I ..... 4.
5. Add: Income subject to direct allocation to SC from Schedule F, line 2 ..... 5.
6. Total SC Net Income (sum of lines 4 and 5 above) also enter on line 4, Part 1 of Page 1 ..... 6.

SCHEDULE H-1 COMPUTATION OF FOUR FACTOR APPORTIONMENT RATIO

	1. Property Within South Carolina		2. Total Property Everywhere	
	(a) Beginning Period	(b) Ending Period	(a) Beginning Period	(b) Ending Period
1. Land				
2. Buildings				
3. Machinery and Equipment				
4. Inventories				
5. Other Property				
6. Exclusions	< >	< >	< >	< >
7. TOTAL (add lines 1 - 5; subtract line 6)				

	1. Within SC	2. Total Everywhere	3. Ratio
8. Avg. of Beginning and Ending Period (add line 7a and b and divide by 2)			
9. Rental or Lease Value			
10. TOTAL Property Add lines 8 and 9. (Col. 1 ÷ Col. 2 and enter ratio in Col. 3)			%
11. GROSS Payroll			
12. Less: Officers Compensation and Exclusions	< >	< >	
13. TOTAL Payroll (Col. 1 ÷ Col. 2 and enter ratio in Col. 3)			%
14. TOTAL Sales (Col. 1 ÷ Col. 2 and enter ratio in Col. 3)			%
15. TOTAL Sales (same as line 14)			%
16. TOTAL of Ratios (add Column 3 - lines 10,13, 14 and 15)			%
17. Arithmetical Average of Ratios			%

SCHEDULE H-2 COMPUTATION OF GROSS RECEIPTS RATIO

	1. In SC	2. Total Everywhere	3. Ratio
1. Total Gross Receipts			
2. Less: Exclusion (see Instructions)	< >	< >	
3. Gross Receipts (for ratio)			
4. Ratio of Gross Receipts (line 3, Col. 1 ÷ line 3, Col. 2)			%

SCHEDULE H-3 COMPUTATION OF RATIO FOR PUBLIC SERVICE CORPORATIONS

	Amount	Ratio
1. Total Within South Carolina		
2. Total for System		
3. Ratio (South Carolina ÷ Total System)		%

SCHEDULE H-4 COMPUTATION OF SINGLE FACTOR APPORTIONMENT

SINGLE FACTOR APPORTIONMENT RATIO SCHEDULE

	Amount	Ratio
1. Total Sales Within South Carolina		
2. Total Sales Everywhere		
3. Ratio (South Carolina ÷ Everywhere)		

Note: If there are no sales anywhere, enter 100% on Line 3, if South Carolina is the principal place of business OR enter 0% on Line 3 if principal place of business is outside SC.

PART I COMPUTATION OF SC NET INCOME SUBJECT TO TAX FOR MULTI-STATE CORPORATION QUALIFYING FOR SINGLE FACTOR APPORTIONMENT

1. Enter amount from Sch C, Line 3 ..... 1.
2. Enter Ratio from Sch H-1, Line 17 ..... 2. %
3. Multiply Line 2 by Line 1 ..... 3.
4. Enter Ratio from Line 3 of single factor apportionment schedule ..... 4. %
5. Multiply Line 1 by Line 4. If Line 3 is less than Line 5, STOP HERE and enter amount from Line 3, Schedule H-4, Part I on Schedule C, Line 4 ..... 5.
6. Line 3 minus Line 5 ..... 6.
7. For tax year 2009, multiply amount on Line 6 by 60% (.60). This is the amount of reduction in SC taxable income allowed this year ..... 7.
8. Line 3 minus Line 7. Enter this amount on Sch C, Line 4 ..... 8.

PART II COMPUTATION OF LICENSE FEE - MULTI-STATE CORPORATION QUALIFYING FOR SINGLE FACTOR APPORTIONMENT

1. Total Capital and Paid-In-Surplus at the end of the year. If $10,000 or less, STOP HERE and enter on Schedule E, Line 2 ..... 1.
2. Enter the ratio from Sch H-1, Line 17 ..... 2. %
3. Multiply Line 1 by Line 2. If $10,000 or less, STOP HERE and enter on Schedule E, Line 2 ..... 3.
4. Enter the ratio from Line 3 of single factor apportionment schedule ..... 4. %
5. Multiply Line 1 by Line 4. If Line 3 is less than Line 5, STOP HERE and enter amount from Line 3 on Schedule E, Line 2 ..... 5.
6. Line 3 minus Line 5 ..... 6.
7. For tax year 2009, multiply the amount on Line 6 by 60% (.60). This is the amount of reduction of license fee basis allowed this year ..... 7.
8. Line 3 minus Line 7. Enter here and on Schedule E, Line 2 ..... 8.

SC1120S 642199-118

SCHEDULE SC-K WORKSHEET

*** Enter amounts from corresponding lines on your federal Schedule K in Column B.**

	(A) Description	(B) Amounts From Federal Schedule K	(C) Plus or Minus South Carolina Adjustments	(D) Federal Schedule K Amounts After SC Adjustments	(E) Col. (D) Amounts Not Apportioned or Allocated to SC	(F) Col. (D) Amounts Apportioned or Allocated to SC
1	Ordinary Business Income (loss)					
2	Net Real Estate Rents (loss)					
3	Other Net Rents (loss)					
4	Interest Income					
5a	Ordinary dividends					
5b	Qualified dividends					
6	Royalties					
7	Net Short Term Cap. Gain (loss)					
8	Net Long Term Cap. Gain (loss)					
9	Net § 1231 Gain (loss)					
10	Other Income (loss)					
11	§ 179 Deduction					
12a	Contributions					
12b	Investment Interest Expense					
12c	§ 59 (e)(2) Expenditures					
12d	Other Deductions					

Non-Refundable Tax Credits: Enter Total Credits from SC1120-TC .....

SC1120-TC must be attached to return.

If Qualified Subchapter S Subsidiary Election (QSSS), please list South Carolina subsidiaries only. Attach schedule, if more space is needed.

641548-276

1350

State of South Carolina

'C' CORPORATION INCOME TAX RETURN

Return is due on or before the 15th day of the 3rd month following the close of the taxable year.

SC1120 (Rev. 8/31/10)

3091

If a refund or zero return, mail to: SC DOR, Corporation Return, Columbia SC 29214-0033
If a balance due return, mail to: SC DOR, Corporation Return, Columbia SC 29214-0034

SC FILE # AK30KCO - 000

INCOME TAX PERIOD ENDING DEC. 2011
LICENSE FEE PERIOD ENDING DEC. 2012

FEIN

NAME CEDAR COVE SERVICE CO.
MAILING ADDRESS P.O. BOX 335
CITY WHITE ROCK STATE SC ZIP CODE 29177

Change of ☐ Address ☐ Accounting Period ☐ Officials

Attach complete copy of Federal Return

County or Counties in SC Where Property is Located: N/A

City Audit Location State

Audit Contact Telephone Number

Check if ☐ Amended Return ☐ Consolidated Return

Total Gross Receipts. $ 14,741.97

Total cost of depreciable personal property in SC. N/A

If Filing a Final Return, see General Instructions, page 6. You MUST close your account with the SECRETARY OF STATE and complete I-349.

☐ Merged ☐ Reorganized ☐ Dissolved ☐ Withdrawn

PART I COMPUTATION OF INCOME TAX LIABILITY

1.	Federal Taxable Income per federal tax return	1.	0
2.	Net Adjustment from line 12, Schedule A and B	2.	0
3.	Total Net Income as Reconciled (line 1 plus or minus line 2)	3.	0
4.	If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3.	4.	0
5.	LESS: South Carolina net operating loss carryover, if applicable	5.	0
6.	South Carolina Net Income subject to tax (line 4 less line 5)	6.	0
7.	TAX: Multiply amount on line 6 by 5% (.05)	7.	0
8.	Less tax deferred on income from foreign trade receipts (see instructions)	8.	0
9.	Balance (line 7 less line 8)	9.	0
10.	Credit Carryover (line 7, Schedule C) ____ Non-refundable credits (line 8, Schedule C)	10.	< 0 >
11.	Balance of tax (line 9 less line 10). Enter the difference but not less than zero	11.	0
12.	Interest on DISC-deferred tax liability ____; or Foreign Trade Deferred Tax Liability ____	12.	0
13.	Total tax and/or interest (add lines 11 and 12)	13.	240316
14.	Payments: (a) Tax Withheld (see instructions) ____ (b) Paid by Declaration ____ (c) Paid with Tentative Return ____ (d) Credit from Line 29b ____ Refundable Credits: (e) Ammonia Additive ____ (f) Milk Credit ____		
15.	Total Payments and Refundable Credits (add lines 14a through 14f)	15.	0
16.	Balance of Tax and/or Interest Due (line 13 less line 15)	16.	0
17.	Interest Due ____ Penalty Due ____ (See penalty and interest instructions.) Enter Total.	17.	0
18.	TOTAL INCOME TAX, Interest and Penalty Due (add lines 16 and 17) BALANCE DUE	18.	0
19.	OVERPAYMENT (line 15 less line 13) ____ To be applied as follows: (a) Estimated Tax ____ (b) License Fee ____ (c) *REFUNDED		0

PART II COMPUTATION OF LICENSE FEE

20.	Total Capital And Paid-In-Surplus (Multi-State Corporations See Schedule E)	20.	$100,000
21.	FEE DUE - Line 20 x .001, plus $15.00 (Fee cannot be less than $25.00 per taxpayer)	21.	$ 25.00
22.	Credit Carryover ____ Credit taken this year from SC1120TC, Part II, Column C	22.	< 0 >
23.	Balance (line 21 less line 22)	23.	$ 25.00
24.	Payments: (24a) Paid with Tentative Return ____ (24b) Credit from line 19b ____		
25.	Total Payments (add line 24a and 24b)	25.	0
26.	Balance of Fee Due (line 23 less line 25)	26.	$ 25.00
27.	Interest Due ____ Penalty Due ____ (See penalty and interest instructions.) Enter Total.	27.	0
28.	TOTAL LICENSE FEE, Interest and Penalty Due (add lines 26 and 27) BALANCE DUE	28.	$ 25.00
29.	OVERPAYMENT (line 25 less line 23) ____ To be applied as follows: (a) Estimated Tax ____ (b) Income Tax ____ (c) *REFUNDED		N/A
30.	GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add line 18 and 28) ... EFT ☐	30.	$ 25.00

Make check payable to: SC Department of Revenue. Include Business Name, FEIN and SC File Number.
Go to www.sctax.org and look for the DOR ePay logo for other payment options.

RECEIVED MAR 19 S.C. DEPT. OF REVENUE

For Office Use Only

I certify this document is a true copy of a document, or microfilm of a document, on file in the offices of the South Carolina Department of Revenue in Columbia, South Carolina.

"CERTIFIED COPY"
Subpoena/Disclosure Request

1-2-13 S. Wicker
(Date) (Employee Signature)

583

AP263

641548-277

SC1120 Page 2

SCHEDULE A AND B ADDITIONS TO FEDERAL TAXABLE INCOME

1. Taxes on or Measured By Income ..... 1. _____
2. Federal Net Operating Loss ..... 2. _____
3. _____ 3. _____
4. _____ 4. _____
5. Other Additions (attach schedule) ..... 5. _____
6. Total Additions (add lines 1 through 5) ..... 6. -0-

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

7. Interest On Obligations Of The U.S. ..... 7. _____
8. _____ 8. _____
9. _____ 9. _____
10. Other Deductions (attach schedule) ..... 10. _____
11. Total Deductions (add lines 7 through 10) ..... 11. -0-
12. Net Adjustment (line 6 less line 11) Also enter on line 2, Part 1, SC1120 ..... 12. -0-

SCHEDULE C SUMMARY OF INCOME TAX CREDITS (FROM SC1120-TC)

1. Credit Carryover From Previous Year's SC1120, Schedule C (NOTE: Should agree to SC1120-TC Column A, line 16) ... 1. _____
2. Enter Total Credits from SC1120-TC, Column B, line 16. SC1120-TC must be attached to return. ..... 2. _____
3. Total Credits (add lines 1 and 2) ..... 3. _____
4. Tax (line 9, Part 1, SC1120) ..... 4. _____
5. Lesser of line 3 or 4 (enter on line 10, Part 1, SC1120) (NOTE: Should agree to SC1120-TC, Column C, line 16.) .. 5. _____
6. Enter Credits Lost Due to Statute (NOTE: Should agree to SC1120-TC, Column D, line 16.) ..... 6. _____
7. Credit Carryover (line 3 less lines 5 and 6) (NOTE: Should agree to SC1120-TC, Column E, line 16.) ..... 7. _____

*REFUND NOTE: Income tax refunds of less than $100 and license fee refunds of less than $100 will be applied to the next year's estimated tax unless indicated here: Initial here for refund to be sent. _____

Please Sign Here

I, the undersigned, a principal officer of the corporation for which this return is made, declare that this return, including accompanying Annual Report, statements and schedules, has been examined by me and is to the best of my knowledge and belief, a true and complete return.

Diana B Jordan | 1/31/2014 | PRESIDENT

Signature of officer | Date | Title | Telephone Number

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes ☐ No ☐ | Preparer's Printed Name

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ☐ | Preparer's Telephone Number

Firm's name (or yours if self-employed) and address | PTIN or FEIN | ZIP Code

If this is a corporation's final return, signing here authorizes the Department of Revenue to disclose that information with the Secretary of State. You must close with the Secretary of State as well as the Department of Revenue and complete I-349.

Taxpayer's Signature | Date

641548-278

SC1120 Page 3

SCHEDULE D ANNUAL REPORT TO BE COMPLETED BY ALL CORPORATIONS

1. Name CEDAR COVE SERVICE CO
2. Incorporated under the laws of the State of SOUTH CAROLINA
3. Location of the Registered Office of the Corporation in the State of South Carolina is 1947 DUTCH FORK ROAD In the City of IRMO ROCK Registered Agent at such address is DIANA JORDAN
4. Location of principal office (street address) 1947 DUTCH FORK ROAD
   Nature of principal business in SC MARKET RESEARCH
5. The total number of authorized shares of capital stock, itemized by class and series, if any, within each class is as follows:
   NUMBER OF SHARES: 1,000 CLASS: _____ SERIES: _____
6. The total number of issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows:
   NUMBER OF SHARES: 1 ISSUED CLASS: _____ SERIES: _____
   999 OUTSTANDING
7. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the Corporation are: (If additional space is necessary, attach separate schedule).

NAME	TITLE	BUSINESS ADDRESS
DIANA B. JORDAN	PRESIDENT, SECRETARY & TREASURER	104 WOODGLEN LANE CHAPIN, SC 29036

8. Date Incorporated 10/21/09 Date commenced business in the State of South Carolina was 10/21/09
9. Date of this report 3/13/11 FEIN _____
10. If Foreign Corporation, the date qualified to do business in the State of South Carolina is N/A
11. Was the name of the Corporation changed during the year? NO Give old name _____
12. The Corporation's books are in the care of DIANA JORDAN
    Located at (street address) 104 WOODGLEN LANE, CHAPIN, SC 29036
13. If filing consolidated, complete and attach Schedule J for each Corporation included in the consolidation.
14. The total amount of stated capital per balance sheet is:
    A. Total paid in Capital Stock (cannot be a negative amount) ..... $ 100.00
    B. Total paid in Capital Surplus (cannot be a negative amount) ..... $ N/A
    C. Total amount of stated Capital (cannot be a negative amount) ..... $ 100.00

640799-001

231436

1350

STATE OF SOUTH CAROLINA

'C' CORPORATION INCOME TAX RETURN

Return is due on or before the 15th day of the 3rd month following the close of the taxable year.
If a refund or zero return, mail to: SC DOR, Corporate Refund, Columbia SC 29214-0032
If a balance due return, mail to: SC DOR, Corporate Taxable, Columbia SC 29214-0033

SC 1120
(Rev. 8/21/12)
3091

SC FILE # 3530500 - 000

INCOME TAX PERIOD ENDING 12/31/2012
LICENSE FEE PERIOD ENDING 12/31/2013
FEIN
NAME CEDAR COVE SERVICE CO.
MAILING ADDRESS P.O. BOX 333
CITY WHITE ROCK STATE SC ZIP CODE 29177

Change of ☐ Address ☐ Accounting Period ☐ Officers

Attach complete copy of Federal Return

County or Counties in SC Where Property Is Located: N/A

City | Audit Location | State

Audit Contact | Telephone Number

Check if ☐ Amended Return ▶ ☐ Consolidated Return (Complete Schedule M)
☐ Includes Disregarded LLC(s) (Complete Schedule L)

Total Gross Receipts. ▶ $43,103.44

Total cost of depreciable personal property in SC. ▶ -0-

If Filing a Final Return, see General Instructions, page 6.
You MUST close your account with the SECRETARY OF STATE and complete I-349.
▶ ☐ Merged ☐ Reorganized ☐ Dissolved ☐ Withdrawn

PART I COMPUTATION OF INCOME TAX LIABILITY

1.	Federal Taxable Income per federal tax return		1. -0-
2.	Net Adjustment from line 12, Schedule A and B	34041415	2. -0-
3.	Total Net Income as Reconciled (line 1 plus or minus line 2)		3. -0-
4.	If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3.		4. -0-
5.	LESS: South Carolina net operating loss carryover, if applicable		5. -0-
6.	South Carolina Net Income subject to tax (line 4 less line 5)		6. -0-
7.	TAX- Multiply amount on line 6 by 5% (.05)		7. -0-
8.	Less tax deferred on income from foreign trade receipts (see instructions)		8. -0-
9.	Balance (line 7 less line 8)		9. -0-
10.	Credit Carryover (line 7, Schedule C) ▶ _____ Non-refundable credits (line 6, Schedule C).		10. < -0- >
11.	Balance of tax (line 9 less line 10). Enter the difference but not less than zero.		11. -0-
12.	Interest on DISC-deferred tax liability _____; or Foreign Trade Deferred Tax Liability _____		12. -0-
13.	Total tax and/or interest (add lines 11 and 12)		13. -0-
14.	Payments: (a) Tax Withheld (Attach 1099s, I-290s, and/or W-2s; see instructions) ▶ _____		
	(b) Paid by Declaration ▶ _____ (c) Paid with Tentative Return ▶ _____		
	(d) Credit from Line 29b ▶ _____		
	Refundable Credits: (e) Ammonia Additive ▶ _____ (f) Milk Credit ▶ _____		
15.	Total Payments and Refundable Credits (add lines 14a through 14f)		15. -0-
16.	Balance of Tax and/or Interest Due (line 13 less line 15)		16. -0-
17.	Interest Due ▶ _____ Penalty Due ▶ _____ (See penalty and interest instructions.) Enter Total.		17. N/A
18.	TOTAL INCOME TAX, Interest and Penalty Due (add lines 16 and 17) ..... BALANCE DUE		18. -0-
19.	OVERPAYMENT (line 15 less line 13) _____ To be applied as follows:		
	(a) Estimated Tax ▶ _____ (b) License Fee ▶ _____ (c) REFUNDED ▶		N/A

PART II COMPUTATION OF LICENSE FEE

20.	Total Capital And Paid In Surplus (Multi-State Corporations See Schedule E)		20. $ 100.00
21.	FEE DUE - Line 20 x .001, plus $15.00 (Fee cannot be less than $25.00 per taxpayer)		21. $ 25.00
22.	Credit Carryover ▶ _____ Credit taken this year from SC1120TC, Part II, Column C		22. < -0- >
23.	Balance (line 21 less line 22)		23. $ 25.00
24.	Payments: (24a) Paid with Tentative Return ▶ _____ (24b) Credit from line 19b ▶ _____		
25.	Total Payments (add line 24a and 24b)		25. -0-
26.	Balance of Fee Due (line 23 less line 25)		26. $ 25.00
27.	Interest Due ▶ _____ Penalty Due ▶ _____ (See penalty and interest instructions.) Enter Total.		27. N/A
28.	TOTAL LICENSE FEE, Interest and Penalty Due (add lines 26 and 27) ..... BALANCE DUE		28. $ 25.00
29.	OVERPAYMENT (line 25 less line 23) _____ To be applied as follows:		
	(a) Estimated Tax ▶ _____ (b) Income Tax ▶ _____ (c) REFUNDED ▶		N/A
30.	GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add lines 18 and 28) ... EFT ☐		30. $ 25.00

For Office Use Only

30911028

"CERTIFIED COPY"
Subpoena/Disclosure Request

I certify this document is a true copy of a document, or microfilm of a document, on file in the offices of the South Carolina Department of Revenue in Columbia, South Carolina.

7-2-13 S. Wicker
(Date) (Employee Signature)

640799-002

SC1120 Page 2

SCHEDULE A AND B ADDITIONS TO FEDERAL TAXABLE INCOME

1.	Taxes on or Measured By Income	1.	
2.	Federal Net Operating Loss	2.	
3.		3.	
4.		4.	
5.	Other Additions (attach schedule)	5.	
6.	Total Additions (add lines 1 through 5)	6.	-0-

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

7.	Interest On Obligations Of The U.S.	7.	
8.		8.	
9.		9.	
10.	Other Deductions (attach schedule)	10.	
11.	Total Deductions (add lines 7 through 10)	11.	-0-
12.	Net Adjustment (line 6 less line 11) Also enter on line 2, Part 1, SC1120	12.	-0-

SCHEDULE C SUMMARY OF INCOME TAX CREDITS (FROM SC1120-TC)

1.	Credit Carryover From Previous Year's SC1120, Schedule C (NOTE: Should agree to SC1120-TC Column A, line 16)	1.	
2.	Enter Total Credits from SC1120-TC, Column B, line 16. SC1120-TC must be attached to return.	2.	
3.	Total Credits (add lines 1 and 2)	3.	
4.	Tax (line 9, Part 1, SC1120)	4.	
5.	Lesser of line 3 or 4 (enter on line 10, Part 1, SC1120) (NOTE: Should agree to SC1120-TC, Column C, line 16.)	5.	
6.	Enter Credits Lost Due to Statute (NOTE: Should agree to SC1120-TC, Column D, line 16.)	6.	
7.	Credit Carryover (line 3 less lines 5 and 6) (NOTE: Should agree to SC1120-TC, Column E, line 16.)	7.	

Please Sign Here — I, the undersigned, a principal officer of the corporation for which this return is made declare that this return, including accompanying Annual Report, statements and schedules, has been examined by me and is to the best of my knowledge and belief, a true and complete return.

Diana B. Jordan — Signature of officer

PRESIDENT — Officer's title

DIANA B. JORDAN — Officer's printed name

3/14/13 — Date

Telephone Number

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes ☐ No ☐

Preparer's Printed Name

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ☐ | Preparer's Telephone Number

Firm's name (or yours if self-employed) and address

PTIN or FEIN

ZIP Code

If this is a corporation's final return, signing here authorizes the Department of Revenue to disclose that information with the Secretary of State. You must close with the Secretary of State as well as the Department of Revenue and complete I-349.

Taxpayer's Signature — Date

ATTACH COMPLETE COPY OF FEDERAL RETURN

Make check payable to: SC Department of Revenue. Include Business Name, FEIN and SC File Number.
Go to www.sctax.org and look for the DOR ePay logo for other payment options.

30912026

640790-003

1350

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
BUSINESS Batch Cover Sheet

C-311
(Rev. 08/12/08)
6283

KEYENTRY	REMIT	NORMAL	03/20/2013
Batch Source	Batch Type	Priority	Recd Date

25 20
DLN Count

34041415
Beginning DLN

34041439
Ending DLN

231436	03/21/2013	NO
Batch #	Batch Date	Secondary Document?

Trans Code:	P1	Form ID:	3091	SC1120
Reason Code:	11	Program Code:		Form Name
Timely Indicator:	C	Checks S/M:	S	V.T.
Field Code:		Attachments:	NO	
Tax Year:		SPECIAL CODE		

Income Form Type	Income Audit Type	Property Trans Code	Property Reason Code

Batch Comments:

Batch Routing:

Attention:

Missing DLN's: 1417, 1423, 1434, 1431, 1438

Created By:	Date/Time:	Entered By:	Verified By:
MARY BROADNAX	03/20/2013 2:30PM		

62631015

640799-004

SC1120 Page 3

SCHEDULE D ANNUAL REPORT TO BE COMPLETED BY ALL CORPORATIONS

1. Name CEDAR COVE SERVICE COMPANY
2. Incorporated under the laws of the State of SOUTH CAROLINA
3. Location of the Registered Office of the Corporation in the State of South Carolina is 1947 DUTCH FORK RD. In the City of WHITE ROCK Registered Agent at such address is DIANA JORDAN
4. Location of principal office (street address) 1947 DUTCH FORK ROAD, WHITE ROCK, SC. Nature of principal business in SC MARKET RESEARCH
5. The total number of authorized shares of capital stock, itemized by class and series, if any, within each class is as follows: NUMBER OF SHARES: 1,000 CLASS: _____ SERIES: _____
6. The total number of issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows: NUMBER OF SHARES: 1 ISSUED 999 OUTSTANDING CLASS: _____ SERIES: _____
7. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the Corporation are: (If additional space is necessary, attach separate schedule).

NAME	TITLE	BUSINESS ADDRESS
DIANA B. JORDAN	PRESIDENT, SECRETARY & TREASURER.	104 WOODGLEN LANE CHAPIN, SC. 29036

8. Date Incorporated 10/8/09 Date commenced business in the State of South Carolina was 10/8/09
9. Date of this report 3/14/13 FEIN _____
10. If Foreign Corporation, the date qualified to do business in the State of South Carolina is N/A
11. Was the name of the Corporation changed during the year? NO Give old name _____
12. The Corporation's books are in the care of DIANA JORDAN Located at (street address) 1947 DUTCH FORK ROAD, WHITE ROCK, SC 29177
13. If filing consolidated, complete and attach Schedule J for each Corporation included in the consolidation.
14. The total amount of stated capital per balance sheet is:
    - A Total paid in Capital Stock (cannot be a negative amount) ..... $ 100.00
    - B. Total paid in Capital Surplus (cannot be a negative amount). ..... $ N/A
    - C. Total amount of stated Capital (cannot be a negative amount) ..... $ 100.00

30913024

PRINTED WITH A BLUE BACKGROUND ON WHITE PAPER - SECURITY FEATURES LISTED ON BACK

First Citizens
Member FDIC

118 THE02
BRANCH NO.

4836046 67-148/532

** Lakewood Service Co. **
REMITTER

March 30, 2012
DATE

PAY **Two Hundred Ninety Dollars and 00/100**

$ $290.00

TO THE ORDER OF ** Diana Jordan **

CASHIER CHECK
FIRST CITIZENS BANK AND TRUST COMPANY, INC.
CUSTOMER COPY
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

CSC 6001 (R 8/11)

EXHIBIT 8H
C#: 1
FILE NO: 14 10101

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First Citizens
Member FDIC

4811175 67-148/532

118 AXR07
BRANCH NO.

LAKEWOOD SERVICE CO
REMITTER

March 23, 2012
DATE

PAY **Five Hundred Eighty Dollars and 00/100** $ $580.00

TO THE ORDER OF **DIANA JORDAN**

CASHIER CHECK
FIRST CITIZENS BANK AND TRUST COMPANY, INC.
CUSTOMER COPY
NON-NEGOTIABLE
AUTHORIZED SIGNATURE

DSC 6001 (R 8/11)

61
24

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First Citizens
Member FDIC

4811163 67-148/532

118 AXR07
BRANCH NO.

LAKEWOOD SERVICE CO
REMITTER

March 09, 2012
DATE

PAY **Five Hundred Eighty Dollars and 00/100**

$ $580.00

TO THE ORDER OF **DIANA JORDAN**

CASHIER CHECK
FIRST CITIZENS BANK AND TRUST COMPANY, INC.
CUSTOMER COPY
NON-NEGOTIABLE
AUTHORIZED SIGNATURE

DSC 6001 (R 8/11)

C1
394

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First Citizens
Member FDIC

4811151 67-148/532

118 AXR07
BRANCH NO.

LAKEWOOD SERVICE CO
REMITTER

February 24, 2012
DATE

PAY **Five Hundred Eighty Dollars and 00/100** $ $580.00

TO THE ORDER OF **DIANA JORDAN **

CASHIER CHECK
FIRST CITIZENS BANK AND TRUST COMPANY, INC.
CUSTOMER COPY
NON-NEGOTIABLE
AUTHORIZED SIGNATURE

CSC 6001 (R 8/11)

CI
418

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First Citizens
Member FDIC

4811095 67-148/532

118 ALL05
BRANCH NO.

*** LAKEWOOD SERVICE COMPANY ***
REMITTER

February 10, 2012
DATE

PAY **Five Hundred Eighty Dollars and 00/100** $ $580.00

TO THE ORDER OF *** DIANA JORDAN ***

CASHIER CHECK
FIRST CITIZENS BANK AND TRUST COMPANY, INC.
CUSTOMER COPY
NON-NEGOTIABLE
AUTHORIZED SIGNATURE

CSC 6001 (R 8/11)

01
59

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First Citizens
Member FDIC

4811046 67-148/532

118 AXR07
BRANCH NO.

LAKEWOOD SERVICE CO
REMITTER

January 27, 2012
DATE

PAY **Five Hundred Eighty Dollars and 00/100** $ $580.00

TO THE ORDER OF **DIANA JORDAN**

CASHIER CHECK
FIRST CITIZENS BANK AND TRUST COMPANY, INC.
CUSTOMER COPY
NON-NEGOTIABLE
AUTHORIZED SIGNATURE

CSC 6001 (R 8/11)

CI
678

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First Citizens
Member FDIC

4810986 67-148/532

118 AXR07
BRANCH NO.

** LAKEWOOD SERVICE CO**
REMITTER

January 13, 2012
DATE

PAY **Nine Thousand Five Hundred Twenty Four Dollars and 00/100** $ $9,524.00

TO THE ORDER OF **DIANA JORDON**

CASHIER CHECK
FIRST CITIZENS BANK AND TRUST COMPANY, INC.
CUSTOMER COPY
NON-NEGOTIABLE
AUTHORIZED SIGNATURE

CSC 6001 (R 8/11)

C1
7,98

PRINTED WITH A BLUE BACKGROUND ON WHITE PAPER • THE CHECK HAS A TRUE WATERMARK: HOLD TO LIGHT TO SEE CHAIN LINKS IN PAPER.

First Citizens
Member FDIC

4766500 67-148/532

118 THE02
BRANCH NO.

** Lakewood Service Company **
REMITTER

December 30, 2011
DATE

PAY **Twelve Thousand Seven Hundred Fourteen Dollars and 00/100** $ $12,714.00

TO THE ORDER OF ** Diana Jordan **

CASHIER CHECK
FIRST CITIZENS BANK AND TRUST COMPANY, INC.
CUSTOMER COPY
NON-NEGOTIABLE
AUTHORIZED SIGNATURE

C1
818

Sent TB 3/11

SC Dept. of Employment & Workforce
MAR 11 2014
Received Benefits Div.

SCDEW
cc
MAR 07 2014
Lower Authority Appeals

March 7, 2014

Re: Diana Jordan SSN APPEAL REQUEST

Dear Madam or Sir,

I received a disqualification letter suggesting that my former employers were fictitious. My former employers filed federal tax returns with the IRS, withheld both Social Security and Medicare taxes, filed tax returns with AND were licensed by the State of South Carolina. They were legitimate businesses.

Secondly, I received a notice that says I knowingly withheld information to obtain or increase benefits. Whenever I was scheduled for an appointment with unemployment I went to the meeting and had my paper work filled out. In December 2013 I met with investigators, answered their questions and sent copies of the pay checks they requested. I did not withhold information, I provided it.

For the past year I have been calling in my unemployment claim and conducting job searches on unemployment's web site as instructed but have not received benefit payments. Please release the payments.

Sincerely, Diana B. Jordan

EXHIBIT 178
C#: 2

SC Dept. of Employment & Workforce
MAR 12 2014
Received Benefits Div.

SCDEW
MAR [illegible]
Lower Authority Appeals

March 7, 2014

Re: Diana Jordan SSN APPEAL REQUEST

Dear Madam or Sir,

I received a disqualification letter suggesting that my former employers were fictitious. My former employers filed federal tax returns with the IRS, withheld both Social Security and Medicare taxes, filed tax returns with AND were licensed by the State of South Carolina. They were legitimate businesses.

Secondly, I received a notice that says I knowingly withheld information to obtain or increase benefits. Whenever I was scheduled for an appointment with unemployment I went to the meeting and had my paper work filled out. In December 2013 I met with investigators, answered their questions and sent copies of the pay checks they requested. I did not withhold information, I provided it.

For the past year I have been calling in my unemployment claim and conducting job searches on unemployment's web site as instructed but have not received benefit payments. Please release the payments.

Sincerely, Diana B. Jordan

Internal Revenue Service

This Product Contains Sensitive Taxpayer Data

Wage and Income Transcript

Request Date: 08-24-2012
Response Date: 08-24-2012
Tracking Number: 100142498046

SSN Provided:
Tax Period Requested: December, 2011

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):
LAKEWOOD SERVICE CO

Employee:

Employee's Social Security Number:
D B JORDAN

	Original document
Submission Type:	
Wages, Tips and Other Compensation:	$12,714.00
Federal Income Tax Withheld:	$0.00
Social Security Wages:	$12,714.00
Social Security Tax Withheld:	$661.00
Medicare Wages and Tips:	$12,714.00
Medicare Tax Withheld:	$184.00
Social Security Tips:	$0.00
Allocated Tips:	$0.00
Dependent Care Benefits:	$0.00
Deferred Compensation:	$0.00
Code "Q" Nontaxable Combat Pay:	$0.00
Code "W" Employer Contributions to a Health Savings Account:	$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:	$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:	$0.00
Code "R" Employer's Contribution to MSA:	$0.00
Code "S" Employer's Contribution to Simple Account:	$0.00
Code "T" Expenses Incurred for Qualified Adoptions:	$0.00
Code "V" Income from exercise of non-statutory stock options:	$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:	$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:	$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:	$0.00
Code "EE" Designated ROTH Contributions Under a Governmental Section	$0.00

C2
39

Rev. 1-13

Appeal No: 1410101

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P.O Box 995, Columbia, SC 29202

NOTICE OF APPEAL HEARING BY TELEPHONE

CLAIMANT'S NAME: DIANA JORDAN **SOCIAL SECURITY NO:** (
ADDRESS: **PHONE: (803) 732-1762**

EMPLOYER'S NAME: NO LIABLE EMPLOYER
ADDRESS: **PHONE:** ( ) -

SCDEW
JUN 19 2014
Lower Authority Appeals

HEARING DATE: 7/1/14 **AT** 2:15 PM **EST BEFORE: Daniel C. Beach,** Administrative Hearing Officer, for the South Carolina Department of Employment and Workforce will conduct this hearing by means of a **Telephone Conference.** The parties will be called by the Administrative hearing officer at the telephone numbers shown on this form. **IF NO TELEPHONE NUMBER IS SHOWN OR THE NUMBER IS INCORRECT, YOU MUST CALL THIS TOLL FREE NUMBER (866) 269-5680 IMMEDIATELY TO INFORM US OF YOUR NUMBER SO THAT WE MAY INCLUDE YOU IN THE HEARING.**

If you have not been called within 10 minutes after the scheduled time of the hearing, you must call (803) 737-2515. Either another hearing is still in progress, or we are unable to contact you. Failure to call or participate in the hearing may result in your interests being considered abandoned.

THE HEARING WILL NOT BE POSTPONED EXCEPT FOR AN EMERGENCY. Contact a representative of the Agency at (803) 737-2520, AT ONCE, if you cannot be present at the time scheduled and wish to request a postponement of the hearing. Also, if you require any special needs, such as an interpreter, please contact us prior to the hearing.

ISSUES

___	Voluntary Quit (for good cause)	___	Voluntary Retirement	___	Timeliness of Appeal
___	Discharge (for disqualifying cause)	___	Absence from Hearing	X	Fraud & Overpayment
___	Availability	___	Overpayment	___	Job Offer & Referral
___	Eligibility	___	Other		

EVIDENCE: This hearing is your only chance to testify and present evidence. Sworn testimony is required from witnesses with first-hand knowledge. Any documents that you want to be considered in this hearing must be mailed forwarded immediately to **Appeals Tribunal** at the address shown on the top of this notice or faxed to our number (803) 737-0287. Only documents, such as business records (for example: timesheets, employer's policies or handbook, warnings) can be considered. In addition to the copy sent to the Appeals Tribunal, **you must mail or fax copies to the opposing party.** No testimony or evidence will be considered from witnesses who are not present. Documents sent to another address or fax number may not be considered.

SUBPOENAS: If a witness is reluctant to appear, you may apply for a subpoena through the Agency's local office or the Appeal Tribunal at (803) 737-2520.

LEGAL REPRESENTATION: An attorney licensed to practice in South Carolina may represent you. It is your responsibility to obtain representation prior to the hearing. Fees charged to represent claimants are limited by the Agency.

BENEFITS: A CLAIMANT SHOULD CONTINUE TO FILE FOR BENEFITS DURING THE APPEAL PROCESS. Weeks not claimed cannot be paid, even if the claimant is held eligible.

THIS NOTICE SUPERSEDES ANY PREVIOUS HEARING NOTICE YOU MAY HAVE RECEIVED. IF THE DATE ON THIS NOTICE IS LATER THAN THE DATE ON ANY OTHER NOTICE, YOU SHOULD ASSUME THAT THE PREVIOUS HEARING HAS BEEN POSTPONED AND FOLLOW THE INSTRUCTIONS ON THIS NOTICE.

MAILING DATE: 06/17/14

GENERAL INFORMATION ON THE SOUTH CAROLINA CODE IS ATTACHED TO THIS NOTICE

Cc: X-Claimant _-Sep Emp X File _-Liable Emp X-Local Office _-Claimant's Atty _-Emp's Atty _-UI Tech X- Imaging

CL
491

April 24, 2014

Re: Employer Account # 547173

Dear Madam or Sir,

I received a statement of employer benefit charges for the first quarter 2014. The statement showed a credit of $16,520.00 for claimant Diana Jordan. I need to register a charge protest. Ms Jordan lost her job through no fault of her own and was eligible for unemployment benefits.

Sincerely,

[signature]

President

Lakewood Service Co.

P.O. Box 333

White Rock, SC 29177

NET-101
Rev. 8/05

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
REQUEST FOR INFORMATION
UNEMPLOYMENT INSURANCE BENEFITS

CLAIMANT'S NAME: DIANA B JORDAN SS#:

NAME WORKED UNDER: DATE MAILED: 2008-07-09

EMPLOYER'S ACCOUNT #:

EMPLOYER'S NAME & ADDRESS: EBAY CONSIGNMENT COMPANY INC
124 LONGWOOD PASS
IRMO, SC 29063-9130

RETURN WITHIN 7 DAYS OF THE ABOVE DATE TO: SCESC
700 Taylor Street
P. O. DRAWER 1448
COLUMBIA, SC 29202

FAX NUMBER: 803-737-2750

This person has filed a claim for Unemployment Insurance Benefits and named you as a previous employer. Please explain the reason this person no longer works for you so that a determination can be made on eligibility for benefits. If you reply by letter, fax, or email, you must include all information requested, as well as the claimant's name and social security number. For instructions about responding by email, please go to to our agency website at www.sces.org. YOU WILL RECEIVE A DETERMINATION ON THIS CLAIM ONLY IF IT IS FOUND THAT YOU ARE THE BONA FIDE AND/OR LIABLE EMPLOYER.

[X] CLAIMANT'S Reason for Separation: LACK OF WORK

LACK OF WORK. BUSINESS CLOSED.

[X] Contact the local Employment Security Office shown above by 07/18/2008 if you wish to appear or b represented at an interview regarding the reason for separation.

SEPARATION INFORMATION

[✓] LACK OF WORK (No additional written explanation is necessary.)

[ ] DISCHARGED: (Give specific reason.)

State company policy that claimant violated, if applicable, and describe the final incident leading to the separation:

List any warnings, note if verbal or written and give dates:

If discharged for absenteeism, list dates of absences:

[ ] VOLUNTARILY QUIT (Give specific reason.):

[ ] OTHER (Explain in detail.):

4th Qtr 2007 #12,714.00
1st Qtr 2008 #12,714.00
NOT RECORDED
SEE ATTACHED

Dates of Employment: FROM: 12/28/07 TO: 5/2/08
During all terms of employment, have you paid this claimant as much as: $ 2808.00 [✓] YES [ ] NO

If NO, how much have you paid this claimant in all terms of employment? $

Are you paying, or WILL YOU PAY, this claimant a pension or retirement pay? [ ] YES [✓] NO

If YES, what amount? $ PER

Did claimant contribute to pension plan? [ ] YES [✓] NO If YES, what percent? 0 %

EMPLOYER NAME: EBay Consignment Com ACCOUNT NUMBER:

EMPLOYER SIGNATURE:** TITLE: OWNER

TELEPHONE NUMBER: (803) 781-5183 DATE: 7/11/08

**FORM MUST BE SIGNED IN ORDER FOR INFORMATION TO BE CONSIDERED

NET-101
Rev. 5/04

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
REQUEST FOR INFORMATION
UNEMPLOYMENT INSURANCE BENEFITS

CLAIMANT'S NAME: DIANA D JORDAN SS #:

NAME WORKED UNDER: DATE MAILED: 07/05/2005

EMPLOYER'S ACCOUNT #:

EMPLOYER'S NAME & ADDRESS: A HOME IMPROVEMENT COMPANY
1720 DUTCH FORK RD
PO BOX 451
BALLENTINE, SC 29002

RETURN WITHIN 7 DAYS OF THE ABOVE DATE TO: SCESC
700 Taylor Street
P. O. DRAWER 1448
COLUMBIA, SC 29202

FAX NUMBER: 803-737-2758

This person has filed a claim for Unemployment Insurance Benefits and named you as a previous employer. Please explain the reason this person no longer works for you so that a determination can be made on eligibility for benefits. If you reply by letter, fax, or email, you must include all information requested, as well as the claimant's name and social security number. For instructions about responding by email, please go to to our agency website at www.sces.org. Contact the local Employment Security office shown above within the 7-day time limit if you wish to appear or be represented at an interview. YOU WILL RECEIVE A DETERMINATION ON THIS CLAIM ONLY IF IT IS FOUND THAT YOU ARE THE BONA FIDE AND/OR LIABLE EMPLOYER.

[X] CLAIMANT'S Reason for Separation: DISCHARGED/FIRED/TERMINATED
BUSINESS CLOSED.

[ ] An interview has already been scheduled and will be held at the Employment Security office indicated ON: _____ AT: _____

SEPARATION INFORMATION

[✓] LACK OF WORK (No additional written explanation is necessary.)

[ ] DISCHARGED: (Give specific reason.)

State company policy that claimant violated, if applicable, and describe the final incident leading to the separation:

List any warnings, note if verbal or written and give dates:

If discharged for absenteeism, list dates of absences:

[ ] VOLUNTARILY QUIT (Give specific reason.):

[ ] OTHER (Explain in detail.):

Dates of Employment: FROM: 10/27/04 TO: 4/4/05
During all terms of employment, have you paid this claimant as much as: $ 2424.00 [✓] YES [ ] NO

If NO, how much have you paid this claimant in all terms of employment? $ _____

Are you paying, or WILL YOU PAY, this claimant a pension or retirement pay? [ ] YES [✓] NO

If YES, what amount? $ _____ PER _____

Did claimant contribute to pension plan? [ ] YES [✓] NO If YES, what percent? _____ %

EMPLOYER NAME: A HOME IMPROVEMENT CO ACCOUNT NUMBER: _ ___

EMPLOYER SIGNATURE: ** [signature] TITLE: PRESIDENT

TELEPHONE NUMBER: CLOSED DATE: 7/1/05

**FORM MUST BE SIGNED IN ORDER FOR INFORMATION TO BE CONSIDERED

SCDEW
JUL 15 2014
7/15 ES
Lower Authority Appeals

APP-105
Rev. 9/12

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P.O. Box 995, Columbia, South Carolina 29202

NOTICE OF HEARING BEFORE APPEAL TRIBUNAL

Claimant's Name: DIANA JORDAN Social Security Number: _____

Address: _____

Employer's Name: NLE

Appeal Number: 1410101 Hearing Date: 07/17/14 (Month/Day/Year) Hearing Time: 2:00 PM (Hour/Minute)

Hearing Location: SC DEPARTMENT OF EMPLOYMENT & WORKFORCE
631 HAMPTON STREET COLUMBIA SC 29201

Before: DANIEL C. BEACH

NOTE: Contact (803) 737-2620 Option 2, immediately if you or any witness are unable to attend the hearing in person. In certain circumstances, you or your witness can participate by telephone instead of appearing in person. To ensure fairness to all parties, documentation of a conflict or issue preventing in-person participation may be required. Participation by telephone requires that you MUST provide copies of any documents you wish to enter into evidence to BOTH the Administrative Hearing Officer AND the opposing party prior to the hearing by mail or other delivery method. Copies must be submitted to the Administrative Hearing Officer listed above, by fax at (803) 737-0287; by mail to Appeal Tribunal, P.O. Box 995, Columbia, SC 29202; or by delivery to your local SC Works Center. You MUST include the appeal number on any documentation submitted for consideration prior to the hearing.

ISSUES

___ Voluntary Quit	___ Voluntary Retirement	___ Timeliness of Appeal
___ Discharge	___ Absence from Hearing	X Fraud & Overpayment
___ Availability	___ Overpayment	___ Job Offer & Referral
___ Eligibility	___ Other _____	

IMPORTANT: Failure to participate may result in your interest being abandoned. If you have appealed and fail to appear within ten (10) minutes after the scheduled time for the hearing to begin, your appeal may be dismissed.

EVIDENCE: This hearing is your only chance to testify and present evidence. Sworn testimony is required from witnesses with first-hand knowledge of the issues marked on this notice. You must bring the original and two copies of any documents you wish considered at the hearing. The original will be returned. No testimony or evidence can be considered from witnesses who are not present.

SUBPOENAS: If a witness is reluctant to appear or you need a document, you may apply for a subpoena through your local SC Works Center or the Appeal Tribunal at (803) 737-2520 and fax (803) 737-0287. At a minimum, you must provide specific information including: name, address, telephone number, and what the witness or document will offer in support of your case.

LEGAL REPRESENTATION: An attorney licensed to practice in South Carolina may represent you. It is your responsibility to obtain representation prior to the hearing. Fees charged to represent claimants are limited to the greater of $200.00 or the claimant's weekly benefit amount per appearance.

BENEFITS: A CLAIMANT SHOULD CONTINUE TO FILE FOR BENEFITS DURING THE APPEAL PROCESS. Weeks not claimed cannot be paid, even if the claimant is held eligible.

THIS NOTICE SUPERSEDES ANY PREVIOUS NOTICE YOU MAY HAVE RECEIVED. IF THE DATE ON THIS NOTICE IS LATER THAN THE DATE ON ANY OTHER NOTICE, YOU SHOULD FOLLOW THE INSTRUCTIONS ON THIS NOTICE.

MAILING DATE: 07/01/2014

SMALL CHILDREN, PETS, AND ELECTRONIC DEVICES ARE NOT ALLOWED IN HEARINGS

GENERAL INFORMATION ON THE SOUTH CAROLINA CODE IS ON THE BACK OF THIS NOTICE.

406

* Faxed to #(803)737-3756 at 1:48 pm.

SCDEW
JUL 15 2014
Lower Authority Appeals

July 15, 2014

Re: Employers Account #547173

Dear Madam or Sir,

Yesterday I received an envelope in the mail from the South Carolina Department of Employment and Workforce. The attached form dated July 2012 was in the packet. I am the claimant Diana Jordan and filled out the form which needed to be SIGNED by Kim Szabo. I realized I had accidentally written Kim Szaba myself and that it was past 7/7/12 which was the date to respond by, so I thought I had thrown the form away. Apparently I mailed it to you in error. I am sorry I didn't notify you sooner but I just became aware of the problem yesterday.

I have attached a statement dated April 2014 verifying my eligibility for benefits which was signed by Kim Szabo. Additionally, she met with investigators and confirmed my eligibility

Sincerely,

Diana B. Jordan
104 Woodglen Lane
Chapin, SC 29036

Rev 3/11

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
REQUEST FOR INFORMATION
UNEMPLOYMENT INSURANCE BENEFITS

CLAIMANT'S NAME Diana Jordan SS#

NAME WORKED UNDER DATE MAILED 2012-08-27

EMPLOYER'S ACCOUNT #

EMPLOYER'S NAME & ADDRESS: LAKEWOOD SERVICE COMPANY, PO BOX 333, WHITE ROCK SC 29177

RETURN WITHIN 10 DAYS OF THE ABOVE DATE TO: SCDEW, 700 TAYLOR STREET, PO DRAWER 1469, COLUMBIA SC 29202

FAX NUMBER 803-737-2758

This person has filed a claim for Unemployment Insurance Benefits and named you as a previous employer Please explain the reason this person no longer works for you so that a determination can be made on eligibility for benefits If you reply by letter fax or email you must include all information requested as well as the claimant s name and social security number For instructions about responding by email please go to to our agency website at www dew sc gov YOU WILL RECEIVE A DETERMINATION ON THIS CLAIM ONLY IF IT IS FOUND THAT YOU ARE THE BONA FIDE AND/OR LIABLE EMPLOYER

[X] CLAIMANT'S Reason for Separation LACK OF WORK
Business closed

[X] Contact the local Dept of Employment & Workforce shown above by 07/07/2012 if you wish to app or be represented at an interview regarding the reason for separation

SC Dept. of Employment & Workforce
JUL 24 2012
Received Benefits Div.

SEPARATION INFORMATION

[✓] LACK OF WORK (No additional written explanation is necessary)

[ ] DISCHARGED (Give specific reason)

State company policy that claimant violated, if applicable, and describe the final incident leading to the separation

List any warnings, note if verbal or written and give dates

If discharged for absenteeism, list dates of absences B7 T 20 Stay

[ ] VOLUNTARILY QUIT (Give specific reason)

[ ] OTHER (Explain in detail)

Dates of Employment FROM 12/2011 TO 3/30/12
During all terms of employment have you paid this claimant as much as $ 2808.00 [✓] YES [ ] NO

If NO how much have you paid this claimant in all terms of employment? $

Are you paying or WILL YOU PAY this claimant a pension or retirement pay? [ ] YES [✓] NO

If YES what amount? $ PER

Did claimant contribute to pension plan? [ ] YES [✓] NO If YES what percent? %

EMPLOYER NAME LAKEWOOD SERVICE CO ACCOUNT NUMBER

EMPLOYER SIGNATURE ** Kim Yale TITLE PRESIDENT

TELEPHONE NUMBER NONE DATE 7/18/12 408

AP288

April 24, 2014

Re: Employer Account # 547173

Dear Madam or Sir,

I received a statement of employer benefit charges for the first quarter 2014. The statement showed a credit of $14,520.00 for claimant Diana Jordan. I need to register a charge protest. Ms Jordan lost her job through no fault of her own and was eligible for unemployment benefits.

Sincerely,

Lynn Yates

President

Lakewood Service Co.

P.O. Box 333

White Rock, SC 29177

Beach
7/17/2014
2:00pm

SCDEW
JUL 16 2014
7/16 65
Lower Authority Appeals

July 16, 2014

Re: Appeal #1410101

Dear Madam or Sir,

Thank you for sending a subpoena to a representative of the South Carolina Department of Revenue. Please ask them to bring copies of the business tax filing for Lakewood Service Company, SC File # 2577274, FEIN 27-4702096 for income tax period ending Dec. 2011, license fee period ending Dec 2012 dated 3/14/13, signed by Kim Szabo and paid by her check #098 for #25. The business tax filing for EBay Consignment Company, SC File # 2439649, FEIN for income tax period ending Dec 2007, license fee period ending Dec 2008 dated 3/6/08, signed by James Walleshauser and paid by his check # 2059 for #50. The business tax filing for A Home Improvement Company, SC File # 2297636, FEIN , for income tax period ending Dec 2004, license fee period ending Dec 2005, dated 3/1/05, signed by James Walleshauser and paid by his check #1847 for #50.

SCDEW

JUL 16 2014

Lower Authority Appeals

The tax returns are all in my handwriting, were filed with the South Carolina Department of Revenue and the license fees were paid by each business owner.

Kim Scaho received a subpoena to attend the hearing. I have not been able to talk with Jim Walleshauser to make sure he will be in attendence, therefore, I would like to submit a copy of a letter verifying my employment. The letter is dated 10/17/05 and was notarized at the Wachovia Bank on Harbison Boulevard on 10/21/05 by Margaret Harvey

Sincerely,

Rissa B. Jordan

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Attachments: Notarized Letter

Order Releasing Tax Information

SCDEW
JUL 16 2014
Lower Authority Appeals

October 17, 2005

Re: Diana Jordan
SS#

Ms. Heaney,

Ms. Jordan was employed by my business A Home Improvement Company on a full-time basis from 12/27/04 through 04/04/05. Her responsibilities included, but were not limited to, market research, statistical analysis and quarterly tax filings.

My current day time address and phone number are my employer's, therefore, I cannot discuss this matter.

Your continued requests for documentation of the same information I previously verified is bordering on harassment.

James Walleshauser
A Home Improvement Company
1720 Dutch Fork Road
P. O. Box 451
Ballentine, SC 29002

State of SC
County of Lexington

Sworn to
August 10, 2005

My Commission Expires August 10, 2011

3289
MARGARET HARVEY
HARBISON, COLUMBIA

C2
1491

THE SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

631 Hampton Street
P.O. Box 995
Columbia, SC 29202

SCDEW
JUL 16 2014
Lower Authority Appeals

DIANA JORDAN) Appeal No. 1410101
)
)
)
)
) **ORDER RELEASING TAX INFORMATION**
)
)

HEARING BEFORE THE APPEAL TRIBUNAL:

NOTICE IS HEREBY GIVEN, pursuant to S.C. Reg. 47-51.C.1, the Appeal Tribunal ("Tribunal") of the South Carolina Department of Employment and Workforce ("Department") intends "to take such additional evidence at the hearing as it deems necessary." Id. Specifically, the Tribunal intends to direct the taking of evidence as described below. This Order is based on the following:

1. With regard to Diana Jordan ("Claimant"), as stated in the Claims Adjudicator's Determination(s) mailed March 4, 2014, the Department "has determined that [Claimant's] claim for unemployment benefits was established through...use of a fictitious employer account for the purposed of establishing...rights to benefits." Id. Therefore, Claimant has been found to have violated S.C. Code Ann. § 41-41-20.

2. Pursuant to S.C. Code Ann. § 12-54-240(B)(11), the Department is permitted to receive and inspect relevant tax information from SCDOR upon request.

3. As a part of the Department, this Tribunal may also request and be provided tax information, to include, but not limited to, documents, records and testimony from SCDOR employees pertaining to tax matters under § 12-54-240(B)(11). Accordingly, SCDOR employees are permitted to testify before the Tribunal in the present matter.

4. Such tax information retains its confidential nature under § 12-54-240 once produced to the Department, in part because the tax information contains sensitive information such as social security numbers and tax identification numbers.

5. Upon issuance of a proper judicial order, § 12-54-240 permits the Department to disclose necessary confidential tax information to a third party (i.e. Claimant).

6. As this tax information and SCDOR employee testimony are a crucial and non-severable part of the Department's case against Claimant, the Tribunal finds that it is necessary and proper for the Claimant to have the right to inspect such tax documents and hear/receive such testimony.

THEREFORE, IT IS HEREBY ORDERED that the Department must redact all social security and tax identification information contained on the requested tax documents.

IT IS FURTHER ORDERED that the Department should allow Claimant to inspect these redacted documents prior to the hearing, ***however, Claimant may not make any disclosure of confidential tax information without proper authorization.***

IT IS FURTHER ORDERED that designated employees with SCDOR shall be requested, via subpoena pursuant to § 12-54-240(B)(11), to provide testimony and/or written affidavits regarding the tax information found relevant to the above captioned matter.

IT IS SO ORDERED.

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Ronal Y. Robinson
Chief Administrative Hearing Officer

July 11, 2014
Columbia, South Carolina

CERTIFICATE OF SERVICE

I Michaela Thomas, hereby certify that I have this date served this Order upon all parties to this cause by depositing a copy hereof, in the United States mail, postage paid, to the address provided by the party(ies) and/or their attorney(s).

Michaela Thomas
Program Coordinator I

July 11, 2014
Columbia, South Carolina

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SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE

DECISION OF APPEAL TRIBUNAL

Hearing Date: July 17, 2014

DIANA JORDAN	)	
	)	**CLAIMANT**
	)	
	)	
NO LIABLE EMPLOYER	)	**EMPLOYER**
	)	

APPELLANT: Claimant SS NO:

APPEARANCES

FOR THE CLAIMANT: Present

FOR THE AGENCY: Five Witnesses (Three Subpoenaed)

FINDINGS OF FACT

The issues in this case are fraud and overpayment.

The claimant appealed the determinations mailed to the claimant on March 4, 2014. One determination held the claimant ineligible effective July 3, 2005, through January 7, 2006, overpaid $7,592.00 and assessed an administrative penalty of fifty two (52) weeks, effective March 2, 2014, through February 28, 2015. A second determination held the claimant ineligible from receiving benefits effective July 6, 2008, through June 19, 2010, overpaid $32,274.00 and assessed an administrative penalty of fifty two (52) weeks, effective March 2, 2014, through February 28, 2015. A third determination held the claimant ineligible effective July 15, 2012, through March 2, 2013, overpaid $8,150.00 and assessed an administrative penalty of fifty two (52) weeks, extending from March 2, 2014, through February 28, 2015.

The claimant submitted to the Agency an employer status report to determine liability for a business named Office Assistant, Incorporated on February 17, 2003. She listed herself as president of the corporation and indicated that the business was filed with the South Carolina Secretary of State on May 1, 2000. The claimant then reported quarterly wages for herself in the amount of $10,842.00 for the fourth quarter of 2002 and $10,842.00 for the first quarter of 2003. On July 7, 2003, she filed a claim for unemployment insurance benefits citing that she worked from December 30, 2002, through March 31, 2003, and was separated due to a lack of work. She also completed an employer's reply citing that

the claimant was separated due to a lack of work. As a result, the claimant was deemed eligible to receive benefits, drew benefits and exhausted her claim. The claimant also submitted an employer's report of change citing that the business closed on March 31, 2003.

The claimant completed and submitted to the Agency an employer status report to determine liability for a business named A Home Improvement Company on March 19, 2005. Her boyfriend at the time signed the document as the owner of the business. The business reported quarterly wages for the claimant in the amount of $11,388.00 for the fourth quarter of 2004 and $11,388.00 for the first quarter of 2005. On July 5, 2005, she filed a claim for unemployment insurance benefits citing that she worked from December 27, 2004, through April 4, 2005 and was separated due to a lack of work. She also completed an employer's reply, having her boyfriend sign it citing the claimant was separated due to a lack of work. As a result, the claimant was deemed eligible to receive benefits, drew benefits and exhausted her claim. The claimant also submitted an employer's report of change citing that the business closed on April 4, 2005.

The claimant completed and submitted to the Agency an employer status report to determine liability for a business named Ebay Consignment Company on March 25, 2008. Her boyfriend at the time signed the document as the president of the business and that paperwork had been filed with the South Carolina Secretary of State on September 30, 2006. The business reported quarterly wages for the claimant in the amount of $12,714.00 for the fourth quarter of 2007 and $12,714.00 for the first quarter of 2008. On July 8, 2008, she filed a claim for unemployment insurance benefits citing that she worked from December 27, 2007, through May 2, 2008 and was separated due to a lack of work. She completed an employer's reply, having her boyfriend sign it citing the claimant was separated due to a lack of work. The claimant also submitted an employer's report of change citing that the business closed on May 2, 2008. As a result, the claimant was deemed eligible to receive benefits, drew benefits and exhausted her claim. The claimant also filed and received benefits from the Extended Benefit (EB) program and Emergency Unemployment Compensation, (EUC) program, Tier I, II, III and IV which paid her additional benefits through June 19, 2010.

The claimant completed and submitted to the Agency an employer status report to determine liability for a business named Lakewood Service Company in March 2012. Her friend was identified as the president of the business. The business reported quarterly wages for the claimant in the amount of $12,714.00 for the fourth quarter of 2011 and $12,714.00 for the first quarter of 2012. On July 20, 2012, she filed a claim for unemployment insurance benefits citing that she worked from December 30, 2011, through March 30, 2012, and was separated due to a lack of work. She completed an employer's reply, having her friend sign it citing the claimant was separated due to a lack of work. As a result, the claimant was deemed eligible to receive benefits, drew benefits and exhausted her claim. The claimant also submitted an employer's report of change, citing that the business closed on March 31, 2012.

The claimant completed and submitted to the Agency an employer status report to determine liability for a business named Cedar Cove Service Company in March 2012. She indicated that she was the owner of the business and employed her friend. The claimant reported quarterly wages for her friend in the amount of $12,714.00 for the fourth quarter of 2011 and $12,714.00 for the first quarter of 2012. On July 19, 2012, her friend filed a claim for unemployment insurance benefits citing that she worked from December 30, 2011, through March 30, 2012, and was separated due to a lack of work. As a result, this friend was deemed eligible to receive benefits, drew benefits and exhausted her claim. The claimant submitted an employer's report of change, citing that the business closed on March 31, 2012.

The claimant could provide no explanation on the specifics of the work she performed for Office Assistant, Incorporated; A Home Improvement Company; or Ebay Consignment Company, Incorporated, other than the businesses were set up for her to pursue other business opportunities. It is her testimony that she inquired with other entities to determine if she or her former boyfriend wanted to begin other businesses. The claimant maintains that she received wages from her business and her former boyfriend's business although there were neither clients nor income as a result of the operation of the business. She received cash advances from her credit cards and processed that money as if it were wages. Regarding her former boyfriend's businesses, it is the claimant's testimony that he paid her in cash from his savings account for the work she performed although he was unable to provide any testimony on what she specifically did for his two businesses. Furthermore, the wages reported for four of the businesses to the Agency indicated that she was paid in excess of $10,000.00 on four different occasions for only a few days' work. The claimant completed all paperwork related to the opening, filing paperwork and closing of the businesses.

Lakewood Service Company and Cedar Cove Service Company were businesses set up by the claimant for her friend and herself. Each of the business employed the other as an employee. They formed these two businesses so that they could inquire about developing other businesses. One such business that was discussed was an animal sitting business. For the work that the claimant and her friend did in discussing the proposed business opportunities, the claimant would receive cash advances from her credit cards and then use that money to pay her friend as if she was an employee of the business. The claimant could not demonstrate that there were any clients or customers nor did they have any income associated with the businesses. The claimant maintains that since she filed tax returns for the businesses, they were legitimate businesses and she did nothing wrong. No tax returns were filed for A Home Improvement Company.

When this matter came to the attention of the Agency, the Department of Labor was requested to conduct an investigation. An investigation was conducted and the parties were interviewed regarding the businesses. The claimant's former boyfriend provided to an investigator that the businesses were set up to merely allow the claimant to draw unemployment insurance benefits and that she did not receive any wages for the alleged work she performed. The claimant's friend relayed to the investigator that she received no wages from the claimant. Furthermore, none of the businesses in question registered or filed paperwork with the South Carolina Secretary of State and the claimant failed to file the proper paper work with the South Carolina Department of Labor to indicate employees of the business.

It is the Agency's argument that the claimant did not receive any of the wages reported and that she simply set up these businesses, reported fraudulent wages to the Agency in order to collect unemployment insurance benefits.

REASONS

S.C. Code Ann. § 41-41-20 (A) and (B) provides that should a claimant found by the Agency knowingly to have made a false statement or who knowingly failed to disclose a material fact to obtain or increase benefits shall be ineligible for the weeks claimed and disqualified not less than ten (10) nor more than fifty-two (52) weeks commencing with the date of the determination. In addition, the Agency may deduct from benefits to which the claimant might become entitled during this present benefit year or the next subsequent benefit year, or both an amount not less than two (2) times his weekly benefit

amount and not more than his maximum benefit amount payable in a benefit year. This deduction takes effect on the date of the determination.

S.C. Code Ann. § 41-41-40 provides that any person who has received benefits while disqualified from receiving benefits or while ineligible to receive benefits shall be liable to repay the Agency a sum equal to the full amount so received.

The testimony from the parties involved in these businesses was less than credible to prove the existence of legitimate businesses or that any work was performed. The argument that the businesses were set up to develop other businesses and that the claimant was an employee performing this task is without merit. The parties could not provide any specifics regarding the alleged work that was performed for each business. The claimant with assistance from her former boyfriend and friend, registered businesses with the Agency and reported wages paid, when in fact there were none. Subsequently, the businesses were closed and it was relayed to the Agency that the claimant was laid off due to a lack of work so that she would be eligible to receive unemployment insurance benefits. It is clear from the testimony and evidence that the claimant was involved in fraudulent activity when she set up, closed and drew unemployment insurance benefits and did so for several businesses. The Tribunal finds that the claimant was overpaid due to her fraudulent actions and the determinations are proper as issued.

DECISION

The Tribunal hereby holds the claimant ineligible effective July 3, 2005, through January 7, 2006, overpaid $7,592.00 and assessed an administrative penalty of fifty two (52) weeks, effective March 2, 2014, through February 28, 2015; ineligible from receiving benefits effective July 6, 2008, through June 19, 2010, overpaid $32,274.00 and assessed an administrative penalty of fifty two (52) weeks, effective March 2, 2014, through February 28, 2015; and ineligible July 15, 2012, through March 2, 2013, overpaid $8,150.00 and assessed an administrative penalty of fifty two (52) weeks, extending from March 2, 2014, through February 28, 2015. This decision affirms the determinations mailed March 4, 2014.

This will be the final decision of the Agency, unless you file an appeal to the Appellate Panel setting forth in detail the grounds for appeal within ten (10) calendar days, including weekends and holidays, from the mailing date of this decision. If the tenth day falls on a Saturday, Sunday or holiday, the appeal period is extended to the next business day. Your appeal may be filed by mail addressed to **"Appellate Panel, Post Office Box 1752, Columbia, South Carolina, 29202"**, or by fax at **803.737.3166**. For additional information on filing an appeal, visit our web site at www.dew.sc.gov/appeals.asp .

Daniel C. Beach
Administrative Hearing Officer

DCB:tdd
Decision Mailed: 07/30/14
Mailed on the above Date By: TP

August 4, 2014

Re: Claimant Diana Jordan

SS NO

Appeal # 1410101

Decision # 2014-A-10335

Dear Madam or Sir,

I wish to file an appeal to the Appellate Panel. The issues in my case are overpayment because of fraud. I have not been charged with nor have I been convicted of fraud. In the absence of fraud there are no grounds for overpayment.

Sincerely,

Diana B. Jordan

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
Post Office Box 1752
Columbia, South Carolina 29202

NOTICE OF HEARING BEFORE THE APPELLATE PANEL

DATE: February 11, 2015

CLAIMANT: DIANA JORDAN
SSN:
APPEAL NO: 141315

LIABLE EMPLOYER: No Liable Employer

SEPARATING EMPLOYER:

A hearing has been scheduled in this matter for 9:30 a.m. Wednesday, February 25, 2015. **All hearings are held in Columbia, South Carolina at this location:**

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
C. LEM HARPER, CENTRAL OFFICE ANNEX BUILDING
631 HAMPTON STREET, ROOM 350, COLUMBIA, SC
(The three story reflective green building on the corner of Wayne and Hampton Streets. The entrance is on Wayne Street)

NO CELL PHONES OR SMALL CHILDREN ARE PERMITTED IN THE HEARING ROOM

The Appellate Panel is a Board of Review, and hearings are limited to the record developed by the Administrative Hearing Officer. As such, **no new evidence is admissible.** Parties may appear in person or be represented by counsel. Parties may also submit written arguments. Fees charged by claimants' attorneys are statutorily limited to the greater of $200.00 or the claimant's weekly benefit amount per appearance.

SPECIAL NOTE: The Appellate Panel can make its own factual findings and may reverse, affirm or modify the decision on appeal. **Be advised that this may result in an increase or a decrease of the disqualification.**

THE HEARING WILL NOT BE POSTPONED EXCEPT FOR AN EMERGENCY. Contact a representative of the Department at 803-737-0239 **AT ONCE** if you cannot be present at the time scheduled and wish to request a postponement of the hearing.

Higher Authority Appeals
(803) 737-0239
(803) 737-3166 FAX

CC: Claimant
Claimant Attorney:
Liable Employer
Separating Employer
Employer Attorney:
Imaging
File

Revised 4/30/13

Decision No: 2015-P-228
Appeal No: 10101-141315

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE
Columbia, South Carolina

IN THE MATTER OF THE CLAIM OF:

Diana Jordan)
)
) **APPELLATE PANEL**
Claimant SSN:) **DECISION**
)

Appellant: Claimant

The claimant appealed Appeal Tribunal Decision 2014-A-10335 to the Appellate Panel. The Tribunal held the claimant ineligible for benefits and overpaid. The Tribunal also held the claimant ineligible for benefits for an additional fifty-two (52) weeks, upon a finding of fraud. This decision affirmed the claims adjudicator's determinations and the determinations of overpayment mailed on March 4, 2014, holding the claimant ineligible for benefits and overpaid, upon finding her claims for unemployment benefits were established through her use of fictitious employer accounts for the purposes of establishing her right to benefits.

The Appellate Panel notified the parties of its hearing to consider the appeal.

DECISION

Appeal Tribunal Decision 2014-A-10335 is affirmed. The claimant is ineligible for benefits and overpaid $7,592.00 for the claim weeks ending July 9, 2005, through January 7, 2006. She is ineligible for benefits and overpaid $32,274.00 for the claim weeks ending July 12, 2008, through June 19, 2010. The claimant is ineligible for benefits and overpaid $8,150.00 for the claim weeks ending July 21, 2012, through March 2, 2013. Additionally, she is ineligible for benefits for fifty two (52) weeks, from March 2, 2014, through February 28, 2015, upon a finding of fraud.

On February 19, 2005, the claimant completed and submitted to the Department an employer status report to determine liability for a business named A Home Improvement Company. Her boyfriend signed the report as owner of the business. The claimant completed and submitted to the Department employer quarterly contribution and wage reports for the business for the fourth quarter of 2004, and the first quarter of 2005. Her boyfriend signed the reports. The claimant indicated on the reports that she received wages from the business in the amount of $11,388.00 for the fourth quarter of

2004, and in the amount of $11,388.00 for the first quarter of 2005. She filed a claim for unemployment insurance benefits on July 5, 2005, effective July 3, 2005. The claimant indicated she worked for A Home Improvement Company from December 27, 2004, through April 4, 2005, and she was separated due to a lack of work. She completed and submitted to the Department an employer request for separation information form indicating she was separated from the business due to a lack of work. The claimant's boyfriend signed the form. She was held eligible for benefits effective July 3, 2005, upon finding she was separated due to a lack of work. The claimant filed for benefits for the claim weeks ending July 9, 2005, through January 7, 2006, and she received benefits in the amount of $7,592.00. She completed and submitted to the Department an employer's report of change in April 2005, indicating the business closed on April 4, 2005. The claimant's boyfriend signed the report.

On February 25, 2008, the claimant completed and submitted to the Department an employer status report to determine liability for a business named eBay Consignment Company, Inc. She indicated on the report that the business was incorporated in South Carolina on September 30, 2006. The claimant's boyfriend signed the report as president of the business. Department records show the claimant completed and submitted to the Department employer quarterly contribution and wage reports for the business for the fourth quarter of 2007, and the first quarter of 2008. The claimant's boyfriend signed the reports. She indicated on the reports that she received wages from the business in the amount of $12,714.00 for the fourth quarter of 2007, and in the amount of $12,714.00 for the first quarter of 2008. The claimant filed a claim for unemployment insurance benefits on July 8, 2008, effective July 6, 2008. She indicated she worked for eBay Consignment Company, Inc. from December 28, 2007, through May 2, 2008, and she was separated due to a lack of work. The claimant completed and submitted to the Department an employer request for separation information form indicating she was separated from the business due to a lack of work. Her boyfriend signed the form. The claimant was held eligible for benefits effective July 6, 2008, upon finding she was separated due to a lack of work. She filed for benefits for the claim weeks ending July 12, 2008, through June 19, 2010, and she received benefits in the amount of $32,274.00. The claimant completed and submitted to the Department an employer's report of change on July 28, 2008, indicating the business closed on May 2, 2008. Her boyfriend signed the report.

Department records show an employer status report to determine liability for a business named Lakewood Service Company was completed on March 27, 2012. The claimant's girlfriend was listed on the report as president of the business. The claimant completed and submitted to the Department employer quarterly contribution and wage reports for the business for the fourth quarter of 2011, and the first quarter of 2012. Her girlfriend

signed the reports. The claimant indicated on the reports that she received wages from the business in the amount of $12,714.00 for the fourth quarter of 2011, and in the amount of $12,714.00 for the first quarter of 2012. She filed a claim for unemployment insurance benefits on July 20, 2012, effective July 15, 2012. The claimant indicated she worked for Lakewood Service Company from December 30, 2011, through March 30, 2012, and she was separated due to a lack of work. She completed and submitted to the Department an employer request for separation information form indicating she was separated from the business due to a lack of work. The claimant's girlfriend signed the form. She was held eligible for benefits effective July 15, 2012, upon finding she was separated due to a lack of work. The claimant filed for benefits for the claim weeks ending July 21, 2012, through March 2, 2013, and she received benefits in the amount of $8,150.00. Department records show an employer's report of change was completed on October 15, 2012, indicating the business closed on March 31, 2012. This information was provided by the claimant's girlfriend.

Department records show an employer status report to determine liability for a business named Cedar Cove Service Company was completed on March 27, 2012. The claimant was listed on the report as owner of the business. The claimant completed and submitted to the Department employer quarterly contribution and wage reports for the business for the fourth quarter of 2011, and the first quarter of 2012. She indicated on the reports that she paid her girlfriend wages from the business in the amount of $12,714.00 for the fourth quarter of 2011, and in the amount of $12,714.00 for the first quarter of 2012. The claimant's girlfriend filed a claim for unemployment insurance benefits on July 17, 2012, effective July 15, 2012. Her girlfriend indicated she worked for Cedar Cove Service Company from December 30, 2011, through March 30, 2012, and she was separated due to a lack of work. The claimant's girlfriend was held eligible for benefits effective July 15, 2012, upon finding she was separated due to a lack of work. Her girlfriend filed for benefits, and she received benefits. Department records show an employer's report of change was completed on October 15, 2012, indicating the business closed on March 31, 2012. This information was provided by the claimant. Department records also show the claimant indicated her girlfriend was separated from the business due to a lack of work in a letter she wrote to the Department on April 23, 2014, regarding benefit charges.

When this information was discovered by the Department, the Department referred the case to the United States Department of Labor. An investigator for the United States Department of Labor, Office of Inspector General, conducted an investigation. The investigator interviewed the claimant, the claimant's boyfriend, and the claimant's girlfriend. The claimant's boyfriend told the investigator the businesses were a ruse and the claimant may not have actually worked for the businesses. When the investigator

asked him if the claimant was actually laid off from the businesses or if she terminated the businesses to collect unemployment insurance benefits, the claimant's boyfriend told the investigator the claimant probably terminated the businesses to collect unemployment insurance benefits. The claimant's girlfriend told the investigator no money had exchanged hands between her and the claimant. Based upon his investigation, the investigator determined the businesses were fictitious. The Department also contacted the South Carolina Secretary of State. The Director of Business Filings with the office of the South Carolina Secretary of State stated none of the businesses had filed the necessary paperwork to become incorporated in South Carolina. The Director of Business Filings provided documentation to substantiate her statement. The Department also contacted the South Carolina Department of Revenue. The Supervisor of Field Audit with the South Carolina Department of Revenue stated none of the businesses had filed the necessary paperwork with the South Carolina Department of Revenue for withholding taxes. The Department also noted the claimant received wages from the businesses in excess of $11,000.00 for only a few days of work, based upon her dates of employment. Based upon the totality of the evidence, the Department determined the claimant's claims for unemployment benefits were established through her use of fictitious employer accounts for the purposes of establishing her right to unemployment benefits.

The claimant asserted her boyfriend was the owner of A Home Improvement Company and eBay Consignment Company, Inc., and she was an employee of the businesses. She could provide no specific information on the type of work she performed for the businesses other than she researched potential business opportunities for her boyfriend. The claimant contended she worked for A Home Improvement Company from December 27, 2004, through April 4, 2005, and for eBay Consignment Company, Inc., from December 28, 2007, through May 2, 2008. She maintained she was separated from the businesses due to a lack of work. The claimant stated she received wages from A Home Improvement Company in the amount of $11,388.00 for work performed from December 27, 2004, through December 31, 2004, and in the amount of $11,388.00 for work performed from January 1, 2005, through April 4, 2005. She also stated she received wages from eBay Consignment Company, Inc., in the amount of $12,714.00 for work performed from December 28, 2007, through December 31, 2007, and in the amount of $12,714.00 for work performed from January 1, 2008, through May 2, 2008.

The claimant's boyfriend asserted he was the owner of A Home Improvement Company and eBay Consignment Company, Inc., and the claimant was an employee of the businesses. He could provide no specific information on the type of work the claimant performed for the businesses other than she researched potential business opportunities for him, and she ran the businesses for him. The claimant's boyfriend contended the

claimant worked for A Home Improvement Company from December 27, 2004, through April 4, 2005, and for eBay Consignment Company, Inc. from December 28, 2007, through May 2, 2008. He maintained the claimant was separated from the businesses due to a lack of work. The claimant's boyfriend stated the businesses earned no income. He asserted he paid the claimant cash from his personal savings account. The claimant's boyfriend contended the claimant received wages from A Home Improvement Company in the amount of $11,388.00 for work performed from December 27, 2004, through December 31, 2004, and in the amount of $11,388.00 for work performed from January 1, 2005, through April 4, 2005. He also contended the claimant received wages from eBay Consignment Company, Inc., in the amount of $12,714.00 for work performed from December 28, 2007, through December 31, 2007, and in the amount of $12,714.00 for work performed from January 1, 2008, through May 2, 2008. The claimant's boyfriend denied making the statements to the investigator about claimant's terminating the businesses to collect unemployment insurance benefits.

The claimant asserted Cedar Cove Service Company and Lakewood Service Company were businesses she established for herself and her girlfriend. She contended she was the owner of Cedar Cove Service Company and her girlfriend was an employee of the business. The claimant maintained her girlfriend was the owner of Lakewood Service Company and the claimant was an employee of the business. She stated she researched potential business opportunities for her girlfriend at Lakewood Service Company, and her girlfriend researched potential business opportunities for her at Cedar Cove Service Company. The claimant asserted Cedar Cove Service Company and Lakewood Service Company earned no income. She contended she paid her girlfriend's wages from money she obtained from cash advances on her credit card. The claimant maintained she gave her girlfriend money she obtained from cash advances on her credit card and her girlfriend used the money to pay the claimant's wages. She stated she worked for Lakewood Service Company from December 30, 2011, through March 30, 2012, and she was separated due to a lack of work. The claimant asserted she received wages from Lakewood Service Company in the amount of $12,714.00 for work performed from December 30, 2011, through December 31, 2011, and in the amount of $12,714.00 for work performed from January 1, 2012, through March 30, 2012.

The claimant's girlfriend was subpoenaed by the Department to testify at the Appeal Tribunal hearing. Her girlfriend appeared for the Appeal Tribunal hearing, and she was sequestered in a room with the other witnesses. However, when the hearing officer called the claimant's girlfriend to testify, she had vacated the premises.

The claimant asserted her claims for unemployment benefits were not established through her use of fictitious employer accounts for the purposes of establishing her right

to benefits. She contended the businesses were legitimate, and she filed the appropriate paperwork for the businesses to include State and Federal tax returns. Although there are no tax returns from A Home Improvement Company, the returns for eBay Consignment Company, Lakewood Service Company, and Cedar Cove Service Company show the claimant reported in such a manner that none of the companies owed state or federal taxes. The claimant presented a series of counter checks made out to her from Lakewood Service Company, which she contends were wages. She also submitted a wage and income transcript showing withholdings for Medicare and social security from wages paid to her by Lakewood Service Company. She did not withhold federal taxes in this Lakewood Service Company tax statement, and Department records show she did not withhold taxes from her unemployment benefit payments. The claimant submitted no other documentary evidence to verify she received wages from the various companies. She acknowledged she completed all of the paperwork for the businesses.

S.C. Code Ann. § 41-41-20(A) mandates that a claimant found by the Department to have knowingly made a false statement or knowingly failed to disclose a material fact when filing a compensable claim to establish the right to or increase the amount of benefits is ineligible to receive benefits for any week for which the claim was filed, and is ineligible to receive further benefits for not less than ten and not more than fifty-two consecutive weeks as determined by the Department according to the circumstances of the case, these weeks to commence with the date of the determination.

Under Public Law 110-252, Emergency Unemployment Compensation is payable to an individual who has exhausted benefit rights for regular compensation with respect to a benefit year that ended on or after May 1, 2007. The individual must have received all regular compensation payable or had his/her rights to regular compensation terminated by reason of expiration of the applicable benefit year. EUC08 is administered through voluntary agreements between states and the U.S. Department of Labor. Continuing eligibility is determined under the requirements of the state law.

S.C. Code Ann. § 41-35-410 requires claims for extended benefits to be subject to the statutory provisions which apply to claims for, or the payment of, regular benefits.

The evidence in this case is in direct dispute. However, we find the greater weight of the credible evidence establishes the claimant's claims for unemployment benefits, including emergency unemployment compensation and extended benefits, were established through her use of fictitious employer accounts for the purposes of establishing her right to unemployment benefits. She created the employer accounts, and created and submitted, or caused to be submitted, paperwork on behalf of the various businesses to

the Department, knowing that the entity was not an actual business, that she was not actually working, and that she was not actually being paid wages. We find she knowingly made false statements and knowingly failed to disclose material facts in order to obtain unemployment benefits to which she was not entitled. Therefore, we find sufficient evidence to warrant a finding of fraud, and the claimant is ineligible for benefits and overpaid during the weeks in question. The claimant is also ineligible for benefits for an additional fifty (52) weeks as an administrative penalty.

S.C. Code Ann. § 41-41-40 provides that any person who has received benefits during a period of disqualification or ineligibility must repay to the Department a sum equal to the amount received.

The evidence establishes the claimant received benefits during a period of ineligibility. Therefore, she must repay the benefits in question.

The Appeal Tribunal decision is affirmed.

Mr. Kelly on review.

SOUTH CAROLINA DEPARTMENT OF
EMPLOYMENT AND WORKFORCE

E. B. Ayers

Tim Dangerfield

Tim Dangerfield

Stephen S. Kelly, Jr.

Hearing Date: 02/25/15
Date Mailed: 02/27/15
Mailed By: AG

CERTIFICATE OF SERVICE

This is to certify that the undersigned has this date served this Record on Appeal in the above entitled action upon all parties to this cause by depositing a copy hereof, in the United States mail, postage paid, or in the interagency Mail Service address to the party(ies) or their attorney(s).

This 5th day of June, 2015

By: Kristi Chesley

Title: **Administrative Legal Assistant, Legal Department**

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