

Form D - Franchise Seller Disclosure Form

RECEIVED

FRANCHISE SELLER DISCLOSURE FORM 2014 JUL 21 PM 12 38

| 1 | List who will solicit, offer or sell franchises for the Franchisor in this states MERT UI BUSINESS OVERSIGHT | | |
|---|--|--|--|
| | A | Name Tom DuFore SAN FRANCISCO | |
| | В | Business address and telephone number 3479 Mantime Glen Gainesville GA 30506 800-6 | |
| | C | Present employer Franchise Marketing Systems, LLC | |
| | D | Present title COO | |
| | E | Employment during the past five years For each employment, state the name of the employer, position held, and beginning and ending dates. | |
| | | Conner & Associates, dba Franchise Marketing Systems - June 2012 - Present, COO GAR Construction - April 2010-November 2012, Vice President | |
| | | Francorp - December 2003 - February 2010, Executive Vice President | |
| 2 | State | e whether the person identified in 1 above | |
| | A | Has an administrative, criminal or material civil action pending against that person alleging a violation of franchise, antitrust or securities law, or alleging fraud, unfair or deceptive practices, or any comparable allegations? | |
| | | YESNO | |
| | | If you answered "yes", please provide. | |
| | | 1 Names of the parties | |
| | | Forum, nature and current status of the pending action | |
| | | 3 Case or proceeding identification number | |
| | В | Had during the 10-year period immediately before the disclosure document's issuance date been convicted of or pleaded nolo contendere to a felony charge, or been held liable in a civil action involving an alleged violation of a franchise, antitrust or securities law, or allegations of fraud, unfair or deceptive practices, or comparable allegations? | |
| | | YES NO | |
| | | If you answered "yes", please provide | |
| | | 1 Names of the parties | |
| | | 2. The forum. | |



3 Case or proceeding identification number

| Is subject to a currently effective injunction or restrictive order or decreased resulting from a pending or concluded action brought by a public agency and relating to the franchise, or to a Federal, State or Canadian franchis securities, antitrust, trade regulation or trade practice law | | | | | | |
|---|--|--|--|--|--|--|
| Y | YES NO | | | | | |
| If | If you answered "yes", please provide | | | | | |
| 1 | Name of the person | | | | | |
| 2 | Public agency or court: | | | | | |
| 3 | Case or proceeding identification number | | | | | |



Form C - Certification

STATE OF

COUNTY OF

I certify under penalty of law that I have read and know the contents of this application and the

| above-named | and |
|--|--|
| to me known to be the | person(s) who executed the foregoing application (as |
| and | respectively, of the above-named applicant) and (each), being first duly |
| sworn, stated upon oa | h that said application, and all exhibits submitted herewith, are true and correct |
| | |
| The second secon | |

(Notary)

Personally appeared before me this day of

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