

APR 26 2013

Assisted Transition, LLC**FRANCHISOR'S COSTS AND SOURCE OF FUNDS**

1 Disclose franchisor's total costs for performing its pre-opening obligations to provide goods or services in connection with establishing each franchise, including real estate, improvements, equipment, inventory, training and other items stated in the offering

Category	Costs
Real Estate	\$500
Improvements	N/A
Equipment	N/A
Inventory	N/A
Training	\$3,000
Ops Manual/Collaterals	\$1,500
Totals	\$5,000

2 State separately the sources of all required funds **Working Capital**

FRANCHISE SELLER DISCLOSURE FORM

1. List who will solicit, offer or sell franchises for the Franchisor in this state:
- A. Name:
Steve Delcarson
- B. Business Address and Telephone Number.
**320 Pine Avenue, Suite 1010
Long Beach, CA 90802
(888) 631-7181**
- C. Present employer:
Assisted Transition, LLC
- D. Present Title:
President
- E. Employment during the past five years. For each employment, state the name of the employer, position held, and beginning and ending dates.

Assisted Transition, LLC **08/2012 – Present**
President

TechSkills, LLC **2009 – 07/2012**
President and Chief Executive Officer

Innovative Card Technologies **2007 - 2008**
President and Chief Executive Officer

FRANCHISE SELLER DISCLOSURE FORM

1. List who will solicit, offer or sell franchises for the Franchisor in this state:
- A. Name: **Jason Wiedder**
 - B. Business address and telephone number:
**320 Pine Avenue, Suite 1010
Long Beach, CA 90802
(888) 631-7181**
 - C. Present Employer: **Assisted Transition, LLC**
 - D. Present Title: **Franchise Development Manager**
 - E. Employment during the past five years. For each employment, state the name of the employer, position held, and beginning and ending dates.

Assisted Transition, LLC **05/2012 – Present**
Franchise Development Manager

SH Franchising, LLC **10/2005 – 05/2012**
Director of Franchise Development

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