

SUPPLEMENTAL INFORMATION

1	D	Pisclose
	4	The states in which this proposed registration application is effective. None
]	В	The states in which this proposed registration application is or will be shortly on file
		California, Illinois Michigan, and New York
(C	The states that have refused to register this franchise offering None
]	D	The states that have revoked or suspended the right to offer franchises None
	—- Е	The states in which this proposed registration of these franchises has been withdrawn within the last five years, and the reasons for revocation or suspension None

2 Source of funds

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. State separately the sources of all required funds

Franchisor's Pre-Opening Obligations for Unit Franchises

Nature of Obligation	Franchisor's Costs	Source of Franchisor's Funds
Real Estate (site approval)	\$ 0	General fund ¹
Training (initial training for regional developer franchisees)		
Prepare training materials	\$ 25	General fund ¹
Instructor's salary and other costs	\$ 1000	General fund ¹
Other Regional Developer Manual	\$ 25	General fund ¹
Other disclosure materials review and approval/disapproval	\$ 250	General fund ¹
Other advertising review and approval/disapproval	\$ 50	General fund ¹
TOTAL COSTS	\$ 1350	

Notes

- 1 Franchisor's General Fund holds most funds received by Franchisor, including the franchisee's initial franchise fees, and royalties and other fees
- 2 Franchisor has already prepared and paid for the Operation Manual



FRANCHISE SELLER DISCLOSURE FORM

RECEIVED

1	List w	ho will:	solicit, of	ffer or se	ell franc	chises for the F	ranchisor in this state	RECEIVED		
	Α	Name	;				John Leonesio	2014 APR 14 AM 10 51		
	В	Busin	Business Address and Telephone Number				16427 N Scottsda Scottsdale, Arizo 855-696-7335	DEPARTMENT OF 16427 N Scottsdale Rd gSingle 195 OVERSIGHT Scottsdale, Arizona 85254 SAN FRANCISCO 855-696-7335		
	C	Preser	nt employ	yer			RedLine Athletic	s Franchising, LLC		
	D	Present title					Chief Executive (Chief Executive Officer		
	E	Employment during the past five years For each employment, state the name of the employer, position held, and beginning and ending dates								
		<u>Dates</u>				Employer		Position		
		Marc Nov 2	2014 – p th 2010 - 2008-pre 1999-pre 2008	present esent	t	RedLine Ath The Joint Co Firestorm 2 United Club Massage En	4/7 Services	Chief Executive Officer		
2	State	whether	the pers	on ident	ified in	1 above				
	Α	violat	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?							
		YES	()	NO	(X)					
		If you answered "yes", please provide								
		1	1 Names of the parties							
		2	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	(X)					
		If you answered "yes", please provide								
		1 2	Names The fo	of the prum	parties					

Case or proceeding identification number

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С	Is subject to a currently effective injunction or restrictive order or decree resulting from a concluded action brought by a public agency and relating to the franchise, or to a Federal, Canadian franchise, securities, antitrust, trade regulation or trade practice law								
		() NO (X)							
	If you	If you answered "yes", please provide							
	1	Name of the person							
	2	Public agency or court							

Case or proceeding identification number

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