Attachment NN

EX 2/3

VERIFICATION SCRIPT

(888) 381-0722

Hi (customer name), thanks for standing by. This is the verification department for ~~Senior Life Support~~ OASIS MONEY GROUP and my name is (your name) and today's date is (month/day/year). This line is being recorded for quality assurance, ok? (need affirmative response).

Now I just need to verify that we have all of your information in our system correctly.

- We have your first name as _____[spell name]____. Correct?
- We have your last name spelled ____[spell name]___. Correct?
- And I have your mailing address as _____. Is that correct?
  Is this the address you would like your package mailed to? (Spell it out to ensure accuracy)
  (PO Box address goes in the notes box; NOT in customer information section)
- Is that the address where the equipment will be installed? (If not): What is that address?
- We have the phone number as? And this is a **regular landline phone line?**
  (NO CELLPHONES AS PRIMARY!!!!!!!!)

Credit Card Payment Authorization

- Do you still have your credit card handy, or do you need me to hold?
- Go ahead and give me the credit card or (you read the # back to them.)
- And the expiration date? And the billing address?

Great! Now (customer name) today's date is (Full Date) Your first month of service will be billed today (or post date) at only $34.95 to the credit card you just provided, ok?
(--Need affirmative respone)

Great, you will receive your entire package in 10-14 business days (--unless Post Dated) which will include the state of the art monitoring system, and Daily wellness check. There will be no contract, and you can cancel at anytime. If you are ever dissatisfied with our service, simply send us back the monitoring equipment and you will never be billed again. After the first month, and for as long as you keep the service, we will simply bill your credit card once a month for only $34.95, ok? ***(--Need affirmative respone)***

CLOSING:
Your equipment will be shipped to you at theaddress you provided and will arrive within the next 10-14 business days (unless post date). Don't forget to activate your system as soon as you receive it by plugging it in and making a test call. That way you are protected as soon as youreceive it rather that it just sitting in a box. Ok?
Ok, I have your customer number. Please write this down. It is (customer ID), did you get that?
Great! The number we contacted you at today is (repeat CUSTOMER phone number) Is this the best contact number for you? (Customer Name) again my name is (your name).
If you have any questions at all please do not hesitate to contact us at (888) 381-0722

We are available Monday through Friday 10am- 6pm Eastern Standard Time. OK
Great, we're all done (MR./MRS. _____), Thanks you for trusting Senior Life Support - Have a wonderful day/evening.

Velez Att. NN

Attachment OO

 Ex 2/3

Check Account Payment Authorization

Merchant:
"(Customer's First and Last Name), by providing your bank account information and verbal authorization today, (Current Date MM/DD/YY), you are authorizing ~~SENIOR LIFE SUPPORT~~ LIFE WATCH, INC. to initiate a **ONE-TIME** ACH debit on (Billing Date MM/DD/YY) for the amount of ($Amount of total first charge) and a recurring ACH debit to your account in the amount of ($Amount) on the (day or date) of every month"

"The first ACH Debit shall be drafted or applied from your account on or after (Date MM/DD/YY) to be followed by successive debits if applicable, as just described."

"Please note that if at any time you wish to revoke this authorization and cancel any scheduled debit to your account, you must notify us at (888) 381-0722 Monday through Friday between the hours of 10am and 6pm, EST at least 3 business days prior to the scheduled debit date."

"In the event that you choose not to return your equipment but to purchase it, you authorize a one time charge of $475"

"Do you authorize Senior Life Support to proceed with these ACH Debits?"

Customer:
"Yes": Merchant proceeds with authorization; ***"No":*** An ACH Debit is not authorized, do not proceed.

Merchant:
"Thank-you. ACH Debits will be drafted from your bank account with the following information: (Bank Routing Number, Account Number, and $ Amount)."

"Should you have any questions regarding your payments, you may reach our office at (888) 381-0722Monday through Friday between the hours of 10am and 6pm, EST .

"Do you have any questions regarding the ACH debit procedure?"

Date customer placed order Next Billing Date

1st-10th of the month	18th of the next month
11th-20th of the month	28th of the next month
21st-31st of the month	8th of the following month

CLOSING:
Your equipment will be shipped to you at theaddress you provided and will arrive within the next 10-14 business days (unless post date). Don't forget to activate your system as soon as you receive it by plugging it in and making a test call. That way you are protected as soon as youreceive it rather that it just sitting in a box. Ok?
Ok, I have your customer number. Please write this down. It is (customer ID), did you get that?
Great! The number we contacted you at today is (repeat CUSTOMER phone number) Is this the best contact number for you? (Customer Name) again my name is (your name).
If you have any questions at all please do not hesitate to contact us at (888) 381-0722 We are available Monday through Friday 10am- 6pm Eastern Standard Time.

OK Great, we're all done (MR./MRS. _____), Thanks you for trusting Senior Life Support- Have a wonderful day/evening.

Attachment PP

Ex 2/3

1Not Interested

What exactly is holding you back? (wait for answer) I understand. Did you know (Customer Name) that doctors refer to the first hour after an accident or a heart attack or a stroke as the Golden Hour? Because if they can get to that patient within that first hour the odds of survival are as high as 80%. As time goes on those odds go down by the minute. Wouldn't you want to give yourself the peace of mind of knowing that if anything at all happens to you that we will be there for you at the push of a button and that help is on its way immediately? Surely that's worth about a dollar a day to you, so let's get you registered.

Where would you like your Medical Alert System shipped to?

2Not Interested/Don't Need

(Customer Name) I sincerely hope that you never need to use our service, but I can promise you this, if you do, we will be there for you at the simple push of a button and help will be on its way. This unit saves lives. You must agree with me that the peace of mind that this brings is most certainly worth about a dollar a day, right? So let's go ahead and get you registered.

Where would you like your Medical alert system shipped to?

3Can't Afford It

I understand completely. Things are tight in these tough economic times. However, Senior Life Alarm is only a dollar a day and that covers you in the event of any emergency where you may not be able to contact a friend or family member. If you have an emergency situation at 3 or 4 in the morning, ***Senior Life Support*** will be there at the push of a button and will initiate emergency help within seconds. You can't afford to be without it, so let's get you registered.

4Can't Afford It

(Customer Name), is your health and safety, or maybe even your life not worth a dollar a day to you or your family? Please remember that we are sending you over $400 dollars worth of equipment absolutely free. I'm sure that once you inform your family that you would like to do this and could use a little help with the $34.95 monthly monitoring costs that they would be happy to help. So let's get you registered.

5Fixed Income/Can't Afford

"Do any other bills matter if you're not safe? This is the most important bill. If you don't survive a medical emergency then you won't be around to pay any of those other bills. So let's get you signed up and start keeping you safe.

Where would you like your medical alert system shipped to?

6Speak with Family /Spouse

I completely understand. However I don't think that any of your family wouldn't understand that you want to protect yourself and ensure your safety in the event of an emergency. You never know when you may need help and are unable to contact someone at that moment. ***Senior Life Support*** is with you 24/7, 365 days a year for as little as a dollar a day. So let's go ahead and get your equipment out to you. Remember, you are receiving the equipment worth over $400 dollars absolutely free. I can't guarantee that savings at any other time, so

Where would you like your medical alert system shipped to?

7Speak with Family/Spouse

I'm fairly confident that they would agree that saving $400 dollars on the equipment cost and protecting your health and safety for about a $1 dollar a day is a smart decision. And I also want you to know that you can actually add your spouse to this program if you would like for only an extra $5 per month. That brings the cost down to about .50 cents per day. Remember, you can cancel at any time with no obligation, so even if you try it for a month or two and you find that it's not for you, simply call us to cancel with no questions asked and you are in the clear. So let's get you registered.

Where would you like your medical alert system shipped to?

8They just won't do it without talking to their (Son/daughter /husband/kids)

I agree with you (Mr./Mrs.), I don't want you to make a decision without your (Son/daughter/husband/kids). I have a great idea, so just hear me out for a second, okay? We'll send you out the system, we'll pay for the shipping, there will be no contract, there will be no cancellation fees, Try it out TOGETHER with your (Son/daughter/husband/kids) and then make a decision TOGETHER on whether or not you want to keep it. But if you and your (Son/daughter/husband/kids) decide you don't want to keep it, then there is no contract, no cancellation fees, and we will pay to ship it back to us. This way you can try it with your (Son/daughter/husband /kids) and then make a decision TOGETHER on whether or not you want to keep the system.

CLOSE… Remember, the only thing you are doing today is agreeing to try the system with your (Son/daughter/husband/kids) so you can make a decision together on whether you think the system is right for you. Now let's go ahead and get you signed up so you can give it a try together with your (Son/daughter/husband/kids)

Where would you like your medical alert system shipped to?

9 My son/daughter wanted me to get a medical alert system but I don't think I need one.

I know you have been independent all your life and are probably struggling with the thought of losing some of that independence due to aging, but the reason you (Son/Daughter) wants you to get a medical alert system is because (he/she) probably know the real statistics about senior citizen medical emergencies. (He/She) may not have wanted to scare you by telling you the facts, but let me tell you some of the things that you (Son/Daughter) probably already know. (Go to #16 How Big is the Problem?"

10Someone makes health care decisions

If you feel that you are unable to decide on this yourself but it's something that you really would be interested in, I would be happy to get that person on the line so I can explain it to them so they fully understand it and you can let them know that this is something that you want to do. Who makes these kinds of decisions for you? Would you like me to call them right now? What's their number?

11Call me back

Let me ask you; is your safety and health worth a dollar a day to you? (Wait for response) Please remember that because of this special promotion that's only available to you today, we are actually sending you all the equipment absolutely free. That's a savings of over $400 dollars if you can accept the offer on this call. I can't guarantee that savings if you pass this up today. So let's go ahead and get you registered.

Where would you like your medical alert system shipped to?

12Call me back

I have a great idea, so just hear me out for a second, okay? We'll send you out the system, we'll pay for the shipping, there will be no contract, there will be no cancellation fees, Try it out and then make a decision on whether or not you want to keep it. But if you decide you don't want to keep it, then there is no contract, no cancellation fees, and we will pay to ship it back to us. This way you can try it out and then make a decision on whether or not you want to keep the system. Now let's go ahead and get you signed up so you can give it a try.

Where would you like your medical alert system shipped to?

13 Reminder of their decision...

Remember, the only thing you are doing today is agreeing to try the system for at least 1 month. (Customer Name), as I have already mentioned, that breaks down to about a dollar a day and for that we guarantee within seconds of you pushing your button at any time, day or night, 365 days a year, we will be there for you. Surely the peace of mind that it provides for you and your family is well worth the low cost of about a $1 a day. So let's go ahead and get you registered.

Where would you like your medical alert system shipped to?

14Won't use Credit Card

I can appreciate your concerns about protecting your account information. Remember, you can cancel at any time with no questions asked if you find that this is not for you. Our main goal is to have you refer our company to other seniors so we may provide the same level of service to them as we will for you. They will thank you for that. This service saves lives. So let's go ahead and get you registered.

Where would you like your medical alert system shipped to?

15 Consumer Credit Protection Act

Mr./Mrs. _____Have you ever heard of the Consumer Credit Protection Act? Well, it's a series of federal laws that were passed in the United States to protect credit card holders. To sum it up, they say that anyone that uses their credit card over the phone or the internet is not liable for any charges unless they receive exactly what was promised to them. So there is absolutely no risk to you whatsoever. I would never ask you to use your credit card over the phone if you were not 100% protected by the federal credit card protection act. It's simple, you either get exactly what you were promised or you don't have to pay. Also, if someone uses your credit card without your authorization, then you are not liable for any of the charges and handle it right there while you are on the phone. So there is absolutely no risk to you whatsoever. A credit or debit card is the safest way to do anything over the phone because of these federal laws. Don't worry, everything is going to be okay, we are in the business of protecting Senior Citizens. Let's get you signed up, let's Keep you safe. We've been protecting Senior Citizens for over 30 years. You will never have to feel alone again in a medical emergency. We're going to take care of you and keep you safe.

So let's go ahead and yet your FREE Medical Alert System sent out to you.

Where would you like your medical alert system shipped to?

For the monthly Emergency Medical monitoring, would you like to use your VISA, Mastercard, Discover or American Express?

16I don't think I need a medical alert system

I know you have been independent all your life and are probably struggling with the thought of losing some of that independence due to aging, and I know you don't think you need a medical alert system but let me tell you some of the scary facts about senior citizen falls in the United States, and these facts don't even include any other medical issues (Go to "How Big is the Problem") Each year, one in every three adults age 65 and older experiences a serious fall. Falls can cause moderate to severe injuries, such as hip fractures and head traumas, and can increase the risk of early death because of not getting help quick enough. Over 13 million adults 65 and older will fall and be injured this year, which means a senior citizen will fall every 2.3 seconds. Even though one out of three adults age 65 and older falls each year, less than half of them get the medical advice they should. Among older adults (those 65 or older), falls are the leading cause of injury death. They are also the most common cause of nonfatal injuries and hospital admissions for trauma.

Each year, there are approximately 20,000 senior citizens that die from unintentional fall injuries. The death rates from falls among senior citizens, has risen significantly over the past decade. Each year, over 2.2 million nonfatal fall injuries among older adults were treated in emergency departments and more than 580,000 of these patients are hospitalized.

17Close the deal!

How about this. We can ship it to you for free today. You can try it for a month and see if you like it, And then you can make the decision on whether or not you want to keep it. Again, you're not locked into anything because there's absolutely no contract. Remember, you're just giving it a TRY. So if you decide that you don't want to keep it, you're under no obligation. You can cancel at any time with no questions asked. Today you're just agreeing to try the system for a month to see if it's right for you. It's only about a $1 dollar a day, and this protects you in the case of ANY emergency situation, day or night. This way you won't ever have to feel worried or by yourself in the case of an emergency. Alright? So, let's get you signed up so you can give it a try.

Where would you like your medical alert system shipped to?

Twenty to thirty percent of people who fall suffer moderate to severe injuries such as lacerations, hip fractures, or head traumas.

These injuries can make it hard to get around or live independently, and increase the risk of early death.

Falls are the most common cause of traumatic brain injuries, traumatic brain injuries account for approximately 46% of fatal falls among older adults.

Most fractures among older adults are caused by falls. In 2008, 82% of fall deaths were among people 65 and older.

Ex 2/3

I have never heard of your company:

(Customer Name) If we were not who we say we are there's no way we would have lasted for over 30 years. We have maintained our relationships with all the banking and regulatory institutes since we came into existence and that would not happen if we did not deliver 100% customer satisfaction. We simply want to impress you and hope in return you will refer us to your friends and family. So let's go ahead and get you registered.

Where would you like your medical alert system shipped to?

How long have you been in business?

Senior Life Support has been in business since 1977. We have provided life safety services and peace of mind to tens of thousands of people for over 30 years and are among the leaders in our field.

Where are you located? Do you operate your own monitoring center?

Senior Life Support owns its own UL listed monitoring center, staffed with highly trained care specialists at our secure facility in New York. From there we monitor customers from all over the United States.

Are your operators fully trained and qualified?

All of our people complete 180 hours of classroom training before they ever take a phone call. All ***Senior Life Support*** care specialists CSAA (Central Station Alarm Association) certified. Our specialists exceed the highest standard for monitoring center personnel, plus supervisors are always present to ensure that calls are handled properly.

HOW DOES IT WORK?

What do I get or how does it work?

We send you our ***Senior Life Support*** Speaker Unit which connects into your home phone. You also get a help button that communicates with the ***Senior Life Support*** unit using a built in microphone. Also, included is a bracelet, necklace and belt clip, that you can attach the help button too. If you ever need help, you simply press the button weather it's on your wrist, around your neck or clipped onto your belt and you will immediately provide the help that you need.

What happens when I press the button?

When the help button is pressed, the call for help is sent to our monitoring center, the care specialist will speak with you through the ***Senior Life Support*** console, which is a very sensitive speakerphone. We will follow your instructions and call whomever you told us ahead of time to call. If you can't speak or we can't hear you, we will follow the instructions you gave us.

Tell me about your product or how does it work?

You simply press a help button that you wear and you are instantly connected to one of our Emergency Medical Technicians through the ***Senior Life Support*** console. We will assist you in getting the help you need. We will contact family, friends, neighbors, an ambulance, or whoever you have instructed us to call when you activated your system. Our system provides excellent assistance and peace of mind in any emergency situation.

How do I know that this is for real?

Senior Life Support has been in business for over 30 years and has thousands and thousands of satisfied customers. Please understand that our goal is to continue keeping seniors safe and healthy in their own home and delivering a quality service to every new customer as though you had been with us for years. We would not have earned our excellent reputation if we did not deliver and fulfill our services exactly as I have explained them to you. We are so confident with our services that we don't ask you to sign any long term contracts. That allows you to cancel at any time with no penalty, so that forces us to be better than you expect. Let's go ahead and get you registered.

Where would you like your medical alert system shipped to?

FREQUENTLY ASKED QUESTIONS #1

Are you open 24 hours a day?

Yes. Care specialists and customer service associates are available to you 24 hours a day, 7 days a week to handle your emergencies or just answer your questions. Remember, we are always just one push of a button away.

If I call for emergency help, where does my call get answered,locally or out of State?

All calls go to the ***Senior Life Support*** monitoring center to ensure the greatest level of service. We store all your local authority phone numbers in your record. In the event that you require assistance, we will notify parties responsible to go to your home. This information is verified by our data entry group before the system is sent to you. We pride ourselves at being the best in the business.

Can I change who is contacted on the weekends?

Again, the choices are all yours. We will do whatever instructions you provide. It's no problem at all.

How much or what information goes into your computer?

It's entirely up to you. We will input whatever information you wish to provide in terms of medical records, who to contact when and in what particular order. This is very important, because by having all your medical conditions and medical records on file, it will allow the emergency responders to know the best way to treat you if they need to go to your home. Knowing someone's medical conditions before you treat them can be the difference of life or death in a medical emergency.

Do I have to program it when it arrives?

No, we take care of all that. You simply plug it into the phone jack the same way you would an answering machine and push the button to test it. It's that simple.

Does this work with Voice over IP phones?

Yes, absolutely, it works with any type of home telephone.

Do I talk to you through the necklace, bracelet, or belt clip button?

The button that you wear on the necklace, bracelet or belt clip activates our hands free voice console which is what we speak to you though.

FREQUENTLY ASKED QUESTIONS #2

Once the button is pressed, does the call go directly to 911? That's a great question. We can contact 911 immediately if that's what you want. You may also choose a different set of instructions but it's totally up to you. When you receive the system, you will set up instructions for us to follow and that's what we will do if you press the button. The choices are all yours. So, if you want a son, daughter, neighbor, or anyone else called first, we will follow whatever instructions you gave us at the time you activated your system.

<u>What if I'm in a different room from the system?</u>

The speaker extremely loud and the microphone is very sensitive. When you first receive the system we will test it with you so you will know exactly where it works best. The system receives the signal from the help button from up to 1,500 feet away. That's more than the length of 4 football fields. It is nearly a half a mile!

<u>What happens if I can't speak or can't be heard?</u>

If we can't hear you, we will follow the instructions you gave us ahead of time when you activated your system. We will call friends, family, loved ones, or 911 in whatever order you instructed us to call them at the time activated your system. You will tell us who to contact first in the event that you are unable to speak or we can't hear you. Again, the choices are all yours.

Is the system automatically tested or do I have to test it?

Yes to both questions. The console test's itself every week by sending us a signal. Additionally we recommend that you push your help button at least once a month and talk to us for further reassurance.

Can I call because maybe I'm feeling faint but don't want 911 called:

I just want someone called from my contact list instead?

Of course! That's why we're here. We will contact whomever you wish and in whatever order you desire.

FREQUENTLY ASKED QUESTIONS #3

How and why is this promotion possible?

We can offer you this promotion at such a low cost because Senior Life Alarm believes in customer loyalty. Instead of spending millions of dollars on advertisements such as TV, billboards, and radio, we have chosen to take those marketing dollars and invest them in you. We are hoping that by giving you all the equipment for free and asking for you to simply pay the monthly monitoring fee only, that you will tell friends and family all about us hopefully refer some other people to us which in turn generate word of mouth advertising for us. That's the best form of advertising we can get and it makes for happier customers which is our number one goal. That makes sense to you, right? Well, let's go ahead and get you registered.

Where would you like your medical alert system shipped to?

Can you just send me a bill every month?

(Customer Name), unfortunately no! We would need to have a billing method on file for the monthly cost of only $34.95 in order to send you the actual monitoring equipment which is valued at over $400 dollars. Please remember we are giving that to you absolutely free, without even a charge for shipping it to you. We simply ask you to cover the monthly monitoring fees. Let's go ahead and get you registered.

Where would you like your medical alert system shipped to?

I'll just send you a check. (Customer Name), by doing an automated draft, it allows this process to be seamless. Besides, this is how banks do business.

They don't write checks to each other, they use electronic wire services and that's why there's no extra charge to you. Not to mention, by mailing a check you would still be providing us with this information anyway, right? By enrolling with a credit card, debit card or your checking account on this call, we can send you over $400 dollars worth of equipment absolutely free. I can't guarantee that any other way. Let's go ahead and get you registered.

Where would you like your medical alert system shipped to?

If they are afraid to give out their information, Don't worry, everything is going to be okay, we are in the business of protecting Senior Citizens. Let's get you signed up, let's Keep you safe.

We've been protecting Senior Citizens for over 30 years. You will never have to feel alone again in a medical emergency. We're going to take care of you and keep you safe.

Attachment QQ

ADAM H. PUTNAM

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

COMMERCIAL TELEPHONE SELLER
BUSINESS LICENSE APPLICATION

Chapter 501.608, Florida Statutes

Mailing Address:
Attn: Commercial Telephone Salesperson
Florida Department of Agriculture and Consumer Services
2005 Apalachee Parkway
Tallahassee, FL 32399-6700
www.800helpfla.com
1-800-HELP-FLA (435-7352) FL Only
850-488-2221 Calling Outside Florida
Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

APPLICATION INFORMATION

License No# **TC3336**
Document Tracking No# **2419330** Application Date **12/21/2012 04:28:42 PM**

BUSINESS INFORMATION s.501.605(2)(a), F.S.

Business Name**

PERSONAL SECURITY SHOPPER INC

Fictitious Names**

ID SENTINEL ALERT
ID WATCH GUARD
MD24/7.COM
Auto Discount Services
Good Deals 247
Life Watch

**All fictitious names must be registered with the Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations. You must list all names under which you intend to do business.

Street Address

12505 STARKEY RD STE E
LARGO, Florida 33773-2617 USA

Mailing Address

12505 STARKEY RD STE E
LARGO, Florida 33773-2617 USA

Telephone Number

727[redacted]

Fax Number

727-[redacted]

Email Address

[redacted]@tinyfix.com

Website Address

www.idwatchguard.com

Federal Employer ID Number (FEIN): s.119.092, F.S.

[redacted]

Form of Organization.

Corporation

8/25/2008 Florida

Registered Agent

THOMAS P MEEHAN
[redacted]
CLEARWATER BEACH, Florida [redacted] USA
480[redacted] [redacted]@tinyfix.com

Business Details

Brief description of product(s) sold and/or service(s) provided:

Marketing Identity Theft and Prepaid Legal Services

Title 18, Part I, Chapter 61, Sec. 1301, United States Code prohibits procuring for a person in 1 State a ticket, chance, share, or interest in a lottery conducted by another state. Do you now or do you intend to solicit the sale of memberships in a lottery club across state lines? **No**

Criminal And Litigation History

1. Has the applicant previously been arrested for, convicted of, or is under indictment or information for, a felony? Conviction includes a finding of guilt where adjudication has been withheld. **No**

2. Has the applicant previously been convicted of, or under indictment or information for, racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? Conviction includes a finding of guilt where adjudication has been withheld. **No**

3. Has the applicant ever been convicted of acting as a salesperson without a license, either judicial or administrative, or whether such a license has previously been refused, revoked, or suspended in any jurisdiction? **No**

4. Has the applicant worked for, or been affiliated with, a company that has had entered against it an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? **No**

5. Has the applicant had entered against him or her an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? Is any litigation pending against the applicant? **No**

Occupation History

1. Occupation: emp Period: 08/01/2008 - 12/19/2012
Employer: Emp
Address: 12505 Starkey Rd Ste F Largo,FL 33773

Previous Experience

52 Months experience

Parents And Affiliates

Does not apply was selected for parent and affiliates.

Officers

Officer 1.

Name: THOMAS P MEEHAN
Title: President

Information

Date of Birth: [redacted]
ID Type: Driver's License Number
ID Number: [redacted]
ID State:

Home Address

[redacted]
CLEARWATER BEACH, Florida [redacted] USA

Criminal And Litigation History

1. Have you been convicted of, or under indictment or information for, racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? Conviction includes a finding of guilt where adjudication has been withheld. **No**

2. Are you involved in pending litigation or have you had entered against you an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? **No**

3. Have you ever been, subject to any litigation, injunction, temporary restraining order, or final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document or any restrictive court order relating to a business activity as the result of any action brought by a governmental agency, including any action affecting any license to do business or practice an occupation or trade? **No**

4. Have you at any time during the previous 7 years filed for bankruptcy, been adjudged bankrupt, or been reorganized because of insolvency or been a principal, director, officer, or trustee of, or a general or limited partner in, or had responsibilities as a manager in, any corporation, partnership, joint venture, or other entity that filed for bankruptcy, was adjudged bankrupt, or was reorganized because of insolvency within 1 year after the person held that position? **No**

Salespersons

SP List attached.

Locations

Location

Business Name: Personal Security Shopper

12505 Starkey Rd Ste F
Largo , Florida 33773 USA

This is a Physical address.

Manager Name:Jay Byington

Questions

Question 11

a.Attached are copies of all sales scripts given to those soliciting for us. [501.605(2)(l)3, F.S.] [**X**]

b.We do not use sales scripts. [ ]

Question 12

a. Attached are copies of all sales information or literature we provide our salespeople or of which we inform our salespeople (including, but not limited to, scripts, outlines, instructions and information regarding how to conduct telephonic sales, sample introductions, sample closings, product information and contest or premium award information.) [501.605(2)(l)3, F.S.] [**X**]

b. We do not provide our salespersons with or inform our salespersons of any sales information or literature described in 12(a). [ ]

Question 13

a. Attached are copies of all written material we send any prospective or actual purchaser. [501.605(2)(l)3, F.S.] [**X**]

b.We do not send any written material to any prospective or actual purchaser. [ ]

Question 14

a. Does not apply. [ ]

b. We offer to prospective or actual purchasers that the purchaser will receive certain items which may be referred to as gifts, premiums, bonuses, prizes or otherwise, and EACH of the following apply: [501.614, F.S.]

- The item(s) is/are offered unconditionally [**X**]
- The buyer has seven (7) days to return the goods or cancel services
- The buyer will receive a full refund in thirty (30) days
- The buyer has the right to keep the gift, premium, bonus or prize without cost

c. If you or your salespeople represent or imply to prospective or actual purchasers that the purchaser will receive certain specific items or one or more items from among designated items, or a certificate of any type which the purchaser must redeem to obtain the item described in the certificate, whether the items are referred to as gifts, premiums, bonuses, prizes or otherwise, list the following: [ ]

Question 15

a.A purchaser receives all of the items described by our salespeople. [501.614(5), F.S. [**X**]

b. Complete the following in the event a purchaser does not actually receive all of the items described by the seller or salesperson: [ ]

Entered Information

- We decide which item or items a particular prospective purchaser is to receive in the following manner:
  -
- The odds a single prospective purchaser has of receiving each item described is:
  -

c. We do not represent or imply prospective or actual purchasers will receive certain specific items, one or more items among designated items or a certificate of any type which the purchaser must redeem to obtain the item described in the certificate. [ ]

Financial Institutions

Institution

Institution Name: Suntrust
Contact Name: Frida (727)447-0058
Contact Number:

Address

423 Mandalay Avenue
Clearwater , Florida 33767 USA

Accounts

[redacted]

Security Information

Security Type: Surety Bond
Security Amount: $50,000
Security ID Number: [redacted]
Security Begin Date : 12/28/2009
Security End Date: 12/28/2012

Security Institution Name: Sun Trust

Security Institution Address

423 Mandalay Ave
Clearwater , Florida 33767 USA

Security Institution Phone: 727-447-0058

Uploaded Documents

All Uploaded Documents

Name	Description	Type
Bond.pdf		BOND
#5974 AAD Generic Auto Discount Brochure.pdf		TC13A

#5974 AAD Generic Auto Discount Brochure.pdf	TC12A
lifewatch welcome.pdf	TC13A
Good Deals Letter Front.pdf	TC13A
Welcome Letter Inside Sales.pdf	TC13A
IDWatchGauard-True Trifold.pdf	TC13A
IDWatchGauard-True Trifold.pdf	TC12A
Welcome Letter Inside Sales.pdf	TC12A
#5974 AAD Generic Auto Discount Brochure.pdf	TC12A
PSSI - IDEN THEFT SCRIPT tje edit-1.docx	TC12A
MD capper script NEW revised 8.24.docx	TC12A
MD cold fronter script revised[1] 8.24.docx	TC12A
Welcome Letter Inside Sales.pdf	SCRIPTS
Good Deals Letter Front.pdf	SCRIPTS
Good Deals Letter Front.pdf	TC12A
Good Deals Legal.docx	TC12A
lifewatch welcome.pdf	TC12A
ADS LEGAL.docx	TC12A
lifewatch welcome.pdf	SCRIPTS
ADS LEGAL.docx	SCRIPTS
Good Deals Legal.docx	SCRIPTS
#5974 AAD Generic Auto Discount Brochure.pdf	SCRIPTS
MD capper script NEW revised 8.24.docx	SCRIPTS
MD cold fronter script revised[1] 8.24.docx	SCRIPTS
IDWatchGauard-True Trifold.pdf	SCRIPTS
PSSI - IDEN THEFT SCRIPT tje edit-1.docx	SCRIPTS
Licenses.xlsx	TCTPLIST

Verification Information

Verification Questions

I understand that the Florida Department of Agriculture and Consumer Services will conduct a background investigation of the individuals listed in the application.
Accepted: [**X**]

I hereby give my permission and waive any provisions of law that forbid any court, police agency, employer, firm or person from disclosing any knowledge or information they have concerning me which is requested by the Florida Department of Agriculture and Consumer Services. I further consent and request that the Director of the Division of Consumer Services, or his representative, be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation.
Accepted: [**X**]

Any commercial telephone seller or salesperson who falsifies information on an application commits a felony of the third degree, punishable as provided in F.S. 775.082, F.S. 775.083, or F.S. 775.084.
Accepted: [**X**]

Preparer Information

Preparer Name: Thomas Meehan
Preparer Phone: 480-[redacted]

Signature Information

Signature Name: Thomas Meehan
Signature Date: 12/21/2012

Attachment RR



CALL CENTER WELCOME PACKAGE

THE PRODUCT

The LIFEWatch Medical Alert system has been featured in numerous well known periodicals such as NewsDay, The Washington Post, US News, and more. The commercials have aired nationally with Dick Van Patten as the official spokesperson. It has been recommended by the American Diabetes Association, and the National Institute of Aging along with many hospitals and healthcare organizations. It is the only EMT-Certified Medical Monitoring in the U.S. It is the most affordable service available and requires no contract.

The way it works is simple. Simply press the LIFEWatch button on either the necklace or wristband and you can speak “hands-free” with the LIFEWatch Care Center from anywhere in your home. A LIFEWatch certified EMT will notify emergency services, family and friends.

The next few years are going to see a huge growth in the 65 and older population. 4 out of 10 seniors will experience a fall that requires assistance. The average time they will spend waiting for assistance without a medical alert device is 15 hours. By becoming a marketing partner with LIFEWatch you are partnering with a company that has years of experience in elderly care products that fulfill a genuine need that saves lives.



ANYWHERE ALERT

Anywhere Alert 911 for $9.99 a month.



Up-sell Script:

As a special offer for signing up today we are able to offer you a free Anywhere alert pendant. This pendant can be worn anywhere in the United States and with just a push of a button you get the help you need immediately. Normally the service for this pendant is $34.95 a month, however, for our existing Medical Alert customers the service for the Anywhere Alert 911 pendant is just $9.99 a month (or $29.97 every three months), ok? (if yes, repeat the Billing Confirmation adding the $9.99 monthly charge (or $29.97 quarterly charge)

(Continue to submission process)

ADDITIONAL PRODUCTS

$10-$40: MediLok key Lockbox-Prevents broken doors and windows ($40 VALUE)

FREE: Voice Remote- This revolutionary device allows a telephone conversation by simply pressing the pendant during incoming phone calls. No need to get out of your chair or off the couch. No more missed calls! ($60/yr value)

FREE: VERY IMPORTANT -Daily wellness check. Everyday the Medical Alert company will check up on you and make sure your ok. ($60/yr value)

OPTIONAL QUALIFIER SCRIPT

Hi, This is (your name) with (your company name).

How are you today?

I'm calling because you pre-qualify for a Free Medical Alert System.

Mr./Mrs,_____. Whether you are having a medical emergency, fire, burglary, or just need the comfort of knowing someone is there for you, simply press your waterproof pendant or wristband and speak hands free directly to an Exclusive EMT Certified Monitoring center 24/7. This system will give you the security of knowing that with the touch of a button, you can get immediate assistance should an accident, fall, or any other type of medical emergency greet you unexpectedly. Even if you hear a burglar in your home the system will alert the proper authorities so that you will have the protection you need and hopefully the sound of the 911 operator will scare off a burglar.

Our equipment is free for you today all you pay is for the monthly service which can be cancelled at anytime.

Please allow me to transfer you over to our "Emergency Alert Specialist" so they explain how this offer works and get your system mailed out ASAP, ok? (need affirmative response). Great, Please hold (transfer call)

SALES SCRIPT

(INTRO):
HI, *(customer name)*? Hi *(customer name)* this is *(your name)* calling from *(your company)* You have been selected to receive a free Medical Alert System for either you or a family member. This call may be recorded for quality control.

(SCRIPT):
This is the same system as seen on TV with Dick Van Patten and recommended by "Good Housekeeping." Medical Alert Devices have also been recommended by the American Diabetes Association and featured in Newsweek Magazine. The equipment is valued at over $350. Medical alert systems have become essential in helping to keep you or your loved ones safe and secure in the event of a medical emergency. Are you familiar with the Medical Alert System?

(Customer Name) the way it works is simple. If you or a family member has a medical emergency, fire, or burglary, even something so simple as a fall that you have difficulty getting up from, simply push the button on a lightweight waterproof necklace or bracelet and speak hands free from anywhere in the home to a live operator, who is a fully trained Emergency Medical Technician, who has all your personal contacts on file. They will attempt communication with you, evaluate your situation and immediately get help for you, notify family or 911, and comfort you until help arrives. However, whether we communicate with you or not, help is always on the way, from anywhere inside your home as well as your property outside. This medical alert unit has the farthest range of any – up to 1500ft. The entire unit is absolutely free for as long as you are a customer, you are only billed for the service. Our service is one of the most affordable on the market. You pay only $34.95 plus shipping and handling for your first month of service, and it can be cancelled at any time, there is never a contract. In addition, we are also offering, free today, a daily wellness check that can be set up so that everyday at a pre-determined time of your choosing the medical alert company will contact you through your medical alert device to make sure everything is ok. You truly will never be more than 24 hours without someone checking up on you.

Your total package includes:
The Medical Alert Base station with speaker and 1500 ft.range and Voice Remote, so you can even answer your phone without getting up!, wrist and necklace adaptor and one button, and the daily wellness check. This package has a value at over $350. You pay nothing except the monthly service fee of $34.95 plus shipping and handling.

(Customer Name) we would like to ship your equipment out to you today, so it will arrive within the next 10-14 business days. Your service starts as soon as you receive it and activate the unit and remember there is no contract.
Now I just need to verify that we have all of your information in our system correctly. Please hold ok? (Make sure they stay on the line with an affirmative response.)

VERIFICATION SCRIPT

Hi (customer name), thanks for standing by. This is the verification department for (your company name) and my name is (your name) and todays date is (month/day/year). This line is being recorded for quality control, ok? (need affirmative response).

Can you please state you first and last name?

Great, now (customer name),Your total package includes The Medical Alert Base station with speaker and 1500 ft.range and Voice Remote, so you can even answer your phone without getting up!, wrist and necklace adaptor and one emergency button, and the daily wellness check.

Now I just need to verify that we have all of your information in our system correctly.

- We have your first name as _____. Correct?
- We have your last name spelled _____. Correct
- And is this unit for you or someone else? And what is their name?
- And I have your mailing address as _____. Is that correct? Is this the address you would like your package mailed to? (Spell it out to ensure accuracy)
- Is that the address where the equipment will be installed? (If not): What is that address?
- What's the phone number there? And this is a (cellular, voip, regular) phone line?
- And your email address? (not required)
- In case of an emergency it is very important that we have an emergency contact for you. Who would you like us to contact? (This is Emergency Contact Info)
- And what is their telephone number?
- To better assist paramedics, what is the primary medical concern?
- Do you still have your credit card (or checkbook) handy, or do you need me to hold?
- Go ahead and give me the credit card number (or numbers at the bottom of the check, first nine are the routing numbers, the rest are the account numbers)
- And the expiration date?
- And the billing address?

Great! Now we have made things real simple with two of our best payment options. Rather than pay monthly, you can pay quarterly which covers you for three months, or annually which covers you for a full year. With either the quarterly or annual plans we will include free shipping. The quarterly plan is only $99.99 billed once every three months and the annual plan is only $384.45 for a full year, which includes a free month of service. Would you prefer the annual plan or the quarterly? (Wait for response.)

(BILLING CONFIRMATION QUARTERLY):
Great! Now (customer name) today's date is (Full Date) Your first 3 months month of service will be billed today (or post date) at only $99.99 to the credit card (checking account) you just provided and shipping will be free, ok? (Need affirmative response) You will receive your entire package in 10-14 business days (unless Post Dated) which will include the state of the art monitoring system and Daily wellness check, All together valued at over $350 . There will be no contract, and you can cancel at anytime. If you are ever dissatisfied with our service, simply

send us back the monitoring equipment and you will never be billed again. After the first 3 months, and for as long as you keep the service, we will simply bill your credit card (checking account) once every three months for only $99.99, ok? (need affirmative response here.)

(UPSELL ANYWHERE ALERT QUARTERLY)
As a special offer for signing up today we are able to offer you a free Anywhere alert pendant. This pendant can be worn anywhere in the United States and with just a push of a button you get the help you need immediately. The service for the Anywhere Alert 911 pendant is just $29.97 for three months of service and can be billed to the credit card (checking account) you provided. Would you like to have this additional service and have it billed to your credit card (checking account)? at the rate of only $29.97 once every three months? (need affirmative response here).

(BILLING CONFIRMATION ANNUAL)
Great! Now (customer name) today's date is (Full Date) Your first year of service will be billed today (or post date) at only $384.45 to the credit card (checking account) you just provided and shipping will be free, ok? (Need affirmative response). You will receive your entire package in 10-14 business days (unless Post Dated) which will include the state of the art monitoring system and Daily wellness check, All together valued at over $350. There will be no contract, and you can cancel at anytime. If you are ever dissatisfied with our service, simply send us back the monitoring equipment and you will never be billed again. After the first year and for as long as you keep the service, we will simply bill your credit card (checking account) once a year for only $384.45, ok? (need affirmative response here.)

(UPSELL ANYWHERE ALERT ANNUAL)
As a special offer for signing up today we are able to offer you a free Anywhere alert pendant. This pendant can be worn anywhere in the United States and with just a push of a button you get the help you need immediately. The service for the Anywhere Alert 911 pendant is just $119.88 for one year of service and can be billed to the credit card (checking account) you provided. Would you like to have this additional service and have it billed to your credit card (checking account)? at the rate of only $119.88 once a year? (need affirmative response here).

(BILLING CONFIRMATION MONTHLY):
Great! Now (customer name) today's date is (Full Date) Your first month of service will be billed today (or post date) at only $34.95 plus a one time shipping fee of $9.95 to the credit card (checking account) you just provided, ok? (Need affirmative response) You will receive your entire package in 10-14 business days (unless Post Dated) which will include the state of the art monitoring system, and Daily wellness check. There will be no contract, and you can cancel at anytime. If you are ever dissatisfied with our service, simply send us back the monitoring equipment and you will never be billed again. After the first month, and for as long as you keep the service, we will simply bill your credit card (checking account) once a month for only $34.95, ok? (need affirmative response here.)

(UPSELL ANYWHERE ALERT MONTHLY)
As a special offer for signing up today we are able to offer you a free Anywhere alert pendant. This pendant can be worn anywhere in the United States and with just a push of a button you get the help you need immediately. The service for the Anywhere Alert 911 pendant is just $9.99 a month and can be billed to the credit card (checking account) you provided. Would you

like to have this additional service and have it billed to your credit card (checking account)? at the rate of only $9.99 per month? (need affirmative response here).

(VERIFICATION CONTINUED)
Great! Your equipment will be shipped to you at (Repeat Shipment Address) and will arrive within the next 10-14 business days (unless post date). Don't forget to activate your system as soon as you receive it by plugging it in and making a test call. That way you are protected as soon as you receive it rather that it just sitting in a box. Ok?

(Submit Order now for approval)

Ok, I have your customer number. Please write this down. It is (customer ID), did you get that? Great! The number we contacted you at today is (repeat phone number) Is this the best contact number for you? (Customer Name) again my name is (your name). If you have any questions at all please do not hesitate to contact us (your company name) at (your company phone number). Also, please write down the number for LifeWatch-USA, the medical alert provider we work with, (1-800-716-1433). They are available Monday through Friday 9am-6pm Eastern Standard Time as well as Saturday 9am-5pm. Have a wonderful day/evening.

REBUTTALS

How do I know that this is for real?

(Customer Name) The medical alert system we offer is through a company that has been in business for over 30 years and have thousands and thousands of satisfied customers. Please understand that our goal is to continue keeping seniors safe and healthy in their own home and delivering a quality service to every new customer as though you had been with us for years. We are so confident with their services that we don't ask you to sign any long term contracts. That allows you to cancel at anytime with no penalty, so that forces us to be better than you expect. ***So let's go ahead and get you registered. Would you rather use your Credit Card, Debit Card, or Checking Account?***

I have never heard of your company.

(Customer Name) Our company is a preferred Medical Alert marketer. The company we sign you up with has maintained relationships with all the banking and regulatory institutes since they came into existence 30 years ago. That would not happen if they did not deliver 100% customer satisfaction. We simply want to impress you and hope you will refer us to you friends and family. ***So let's go ahead and get you registered. Would you rather use your Credit Card, Debit Card, or Checking Account?***

How and why is this promotion possible?

(Customer Name) We can offer you this promotion at such a low cost because **the Medical Alert company we work with** believes in customer loyalty. Instead of spending millions of dollars on advertisements such as TV, billboards, and radio, they have chosen to take those marketing dollars and invest them in you. We are hoping that by giving you all the equipment for free and asking for you to simply pay the monthly monitoring fee only, that you will tell friends and family all about us and hopefully refer some other people to us which in turn generates word of mouth advertising for us. That's the best form of advertising we can get and it makes for happier customers which is our number one goal. That make's sense to you, right? ***Well, let's go ahead and get you registered. Would you rather use your Credit Card, Debit Card, or Checking Account?***

I don't want anything that needs my Credit Card or Checking Account info.

I can appreciate your concerns about protecting your account information. Remember, you can cancel at any time with no questions asked if you find that this is not for you. Our main goal is to have you refer our company to other seniors so we may provide the same level of service to them as we will for you. They will thank you for that. This service saves lives. ***So let's go ahead and get you registered. Would you rather use your Credit Card, Debit Card, or Checking Account?***

I'm not Interested # 1

(Customer Name), what's holding you back? (*Isolate the concern, repeat it back to the customer, and address it with the correlating rebuttal.*)

(Customer Name**)** Doctors refer to the first hour after an accident or a heart attack or a stroke as the golden hour. If they can get to that patient within that first hour the odds of survival are as high as 80%. As time goes on those odds go down by the minute. Wouldn't you want to give yourself the peace of mind of knowing that if anything at all happens to you that we will be there for you at the push of a button and that help is on it's way immediately? Surely that's worth a dollar a day to you, so let's get you registered.

Would you rather use you Visa, Mastercard, American Express, Discover, Debit card or checking account?

(Customer Name) I sincerely hope that you never need to use the medical alert service, but I can promise you this…. If you do, we will be there for you at the simple push of a button and help will be on it's way. This unit saves lives. You must agree with me that the peace of mind that this brings is most certainly worth a dollar a day, right? So let's get you registered.

Would you rather use you Visa, Mastercard, American Express, Discover, Debit card or checking account?

Need to speak with my Spouse/Family.

I completely understand. However I don't think that any of your family would not understand that you want to protect yourself and ensure your safety in the event of an emergency. You never know when you may need help and are unable to contact someone at that moment. **The Medical Alert company** is with you 24/7, 365 days a year for as little as about a dollar a day. So let's go ahead and get your equipment out to you. Remember, you are receiving the equipment worth over $200 absolutely free. I can't guarantee that savings at any other time, ***so let's get you registered. Would you rather use your Credit Card, Debit Card, or Checking Account?***

Can't make a decision without my Spouse or Family.

I'm fairly confident that they would agree that saving $200 on the equipment cost and protecting your health and safety for about a $1 a day is a smart decision. And I also want you to know that you can actually add your spouse to this program if you would like for only an extra $4.99 per month. That brings the cost down to less than 60 cents each per day. Remember, you can cancel at any time with no obligation so even if you try it for a month or two and you find that it's not for you, simply call us to cancel with no questions asked and you are in the clear. ***So let's get you signed up. Would you rather use your Credit Card, Debit Card, or Checking Account?***

Still can't decide.

(Customer Name) I know that you are interested otherwise you would not still be on the line with me, and I understand that you are on the fence about this. Let me ask you, is your safety and health worth about a dollar a day to you? (Wait for the answer) Please remember that because

of this special promotion that's only available to you today, we are actually sending you all the equipment absolutely free. That's a savings of over $200 if you can accept the offer on this call. I can't guarantee that savings if you pass this up today. ***What do we need to do to get you registered today?***

Someone else makes my Healthcare decisions.

If you feel that you are unable to decide on this yourself but it's something that you really would be interested in, I would be happy to get that person on the line so I can explain it to them so they fully understand it and you can let them know that this is something that you want to do. Who makes these kinds of decisions for you? Would you like me to call them right now? What's their number?

I can't afford it.

(Customer Name), I understand completely. In these tough economic times I can appreciate that things are tight. However, this service is only about a dollar a day and that covers you in the event of any emergency where you may not be able to contact a friend or family member. What happens if you have an emergency situation at 3 or 4 in the morning? **The medical alert service** will be there at the push of a button and will initiate emergency help **within seconds.** You can't afford to be without it, ***so let's get you registered. Would you rather use your Credit Card, Debit Card, or Checking Account?***

I am on a fixed Income and can't afford it.

(Customer Name), is your health and safety, or maybe even your life not worth about a dollar a day to you or your family? I'm sure that once you inform your family that you would like to do this and could use a little help with the **$34.95** monthly monitoring costs that they would be happy to help. ***So let's get you registered. Would you rather use your Credit Card, Debit Card, or Checking Account?***

Can you just send me a bill every month?

(Customer Name), unfortunately no! We would need to have a billing method on file for the monthly monitoring cost of only **$34.95** in order to send you the actual monitoring equipment which is valued at **over $350.** We simply ask you to cover the monthly monitoring fees. ***Let's go ahead and get you registered. Would you rather use your Credit Card, Debit Card, or Checking Account?***

I'll just send you a check.

(Customer Name), by doing an automated draft, it allows this process to be seamless. Besides, this is how banks do business. They don't write checks to each other, they use electronic wire services and that's why there's no extra charge to you. Not to mention, by mailing a check you would still be providing us with this information anyway, right? By enrolling with a credit card, debit card or your checking account on this call, we can send you over $350 worth of equipment , all you pay is for the service. I can't guarantee that any other way. ***Let's go ahead and get you registered. Would you rather use your Credit Card, Debit Card, or Checking Account?***

If it's free why do you need my Credit card/Checking Account Information?

In order to ship out your equipment we need to know that you will use it for at least 1 month. Please understand that even though we provide you the equipment for free, which is valued at over $350, all you pay is for the service, we would need to have a billing method on file for the monthly monitoring fee of only **$34.95** per month. ***(Customer Name),*** as I have already mentioned, that breaks down to actually less than $1 per day and for that we guarantee that within seconds of you pushing your button at any time, day or night, 365 a year, we will be there for you. Surely the peace of mind that provides for you and your family is well worth the low cost of about a $1 a day. ***So let's get you registered. Would you rather use your Credit Card, Debit Card, or Checking Account?***

Frequently Asked Questions (FAQ's)

What do I get, how does it work?

We send you our **Medical Alert** Speaker Unit which connects into your home phone. You also get a help button that communicates with the **Medical Alert** unit using a built in microphone. Also included is a bracelet, necklace and belt clip, that you can attach the help button too. If you ever need help, you simply press the button weather its on your wrist, around you neck or clipped onto your belt and you will be instantly connected to one of our care specialist who will immediately provide the help that you need.

Tell me about your product, how does it work?

You simply press a help button at you wear and you are instantly connected to one of our care specialist's through the **Medical Alert** console. We will assist you in getting the help you need. We will contact family, friends, neighbors or an ambulance, whoever you want. Our System provides excellent assistance and peace of mind in an emergency.

What happens when I press the button?

When the help button is pressed, the call for help is sent to our monitoring center, the care specialist will speak with you through the **Medical Alert** console, which is a very sensitive speakerphone. We will follow your instructions and summon whomever you want. If you or they can't speak for any reason we will follow the set of instruction set up by you when you first received the system.

Once the button is pressed, does the call go directly to 911?

That's a great question. We can contact 911 immediately if that's what you want. You may also choose a different set of instructions its up to you. When you receive the system, you will set of

instructions for us to follow and that's what we will do if you do press the button. The choices are all yours.

What if I'm in a different room from the system?

The speaker is extremely loud and the microphone on the button is very sensitive. When you first receive the system we will test it with you so you will know exactly where it works best. The system receives the signal from the help button from up to 1500 feet away. That's more than the length of a football field. Is your house bigger than football field?

What happens if I can't speak or can't be heard?

If we can't hear you, we will follow the instructions you give us when you set up your system. We will call friends, family, loved ones, or 911. You will tell us who to contact first in the event that you are unable to speak or we can't hear you. Again, the choices are yours.

Is the system automatically tested or do I have to test it?

Yes to both questions. The console tests test's itself every week by sending us a signal. Additionally we recommend that you push your help button at least once a month and talk to us a further reassurance.

Can I call because maybe I'm feeling faint but don't want 911 called; I just want someone called from my contact list instead?

Of course! That's why we're here. We will contact whomever you wish and in whatever order you desire.

Do I have to program it when it arrives?

No, we take care of all that. You simply need to plug it in the same way you would an answering machine and push the button to test it. It's that simple.

Does this work with Voice over IP phones?

Yes, absolutely. So long as I make a note of that we can send you a unit that is completely compatible with VOIP phone systems.

Do I talk to you through the necklace, watch bracelet or belt clip?

The button that you wear on the necklace, watch bracelet or belt clip activates our hands free voice console which is what we speak to you through.

Where are you located? Do you operate your own monitoring center?

We are a preferred marketing company for Medical Alert Devices. The company that provides the medical alert service owns its own UL listed monitoring center, staffed with highly trained care specialists at their secure facility in New York. From there they monitor customers from all across the US.

Are you operators fully trained and qualified?

All of the specialists complete 180 hours of classroom training before they ever take a phone call. All **Medical Alert** care specialists are CSAA (Central Station Alarm Association) certified. These specialists exceed the highest standard for monitoring center personnel, plus supervisors are always present to ensure that calls are handled properly.

Is the Medical Alert facility open 24 hours a day?

Yes. Care specialists and customer service associates are available to you 24 hours a day, 7 days a week to handle your emergencies or just answer your questions.

How long have you been in business?

The medical alert company we sign you up with has been in business since 1980. They have provided life safety services and peace of mind to over 500,000 people for over 30 years and are among the leaders in our field.

If I call for emergency help, where is my call get answered, locally or out of State?

All calls go to the monitoring center to ensure the greatest level of service. We store in your record all you local authority phone numbers. In the event that you require assistance, we will notify parties responsible to go to your home. This information is verified by our data entry group before the system is sent to you.

Can I change who is contacted on the weekends?

Again, the choices are all yours. We will do whatever you instructions you provide. It's no problem at all.

How much, or what information goes into your computer?

It's entirely up to you. We will input whatever information you wish to provide in terms of medial records, who to contact, when and in what particular order.

DRAFT 08-27-12

Phone Service Overview

<u>Landline</u> – connected via telephone jack; hard wired or cordless:



Verizon, AT&T, BellSouth

- All units at any price range will work with these types of services

<u>DSL/Broadband/FIOS</u> – Digital telephone lines; usually combined with a computer

Verizon FIOS, BellSouth DSL, AT&T DSL, ISN DSL

- All units will work but need a DSL filter (purchased at RadioShack model #279-101)
- In some cases, phone companies send this filter with their products, please check with the customer.

<u>VOIP</u> – Analog telephone lines that use the computer service to talk and operate

1st level:
Cablevision, Optimum, Comcast, Windstream, Timewarner, Roadrunner, Charter

- Possible that these will work with basic unit (it is important to remember that if the customer has this type of phone service Basic Alarms might not work. We need to offer the service at $29.95 and up in case we need to switch the unit to a VOIP. Please refrain from selling this deal at $24.95.
- Some areas may require a VOIP unit.
- May offer GPS or Cellular in Home for additional fee.

2nd level:
Knology, Vonage, Cox, Bright House Networks, Century Link

- DON'T OFFER BASIC ALARMS, THEY DON'T WORK WITH THESE TYPE OF PHONE SERVICE.
- These services require VOIP unit.
- May offer GPS or Cellular in Home for additional fee.

3rd level:
Magic Jack, AT&T Universe, Ooma

- DON'T OFFER BASIC ALARMS, THEY DON'T WORK WITH THESE TYPE OF PHONE SERVICE
- These services only compatible with VOIP unit

<u>Cellular (no home telephone)</u> – uses cell phone towers

- Offer CL-52, Anywhere Alert 911 or Mobile Help Cellular

Quality Control

LifeWatch prides itself on the superior quality of their customer service. Our clients are always our number one priority. As a marketer you can rest assured that you are marketing a product that is backed by a company with a 30 year track record of integrity and honesty. By following the guidelines outlined here, you will help maintain LifeWatch-USA's reputation as well as maximize your client retention.

Basic Requirements:
1) Caller ID: all outbound calls must display a caller ID that has the name of your company and a number that can be called back to speak to a live operator or be placed on the do not call list.
2) Licensing: All companies must be properly licensed and bonded in the states they operate to and from.
3) FTC compliance: in addition to varying state and local laws, all companies must familiarize themselves and abide by all telemarketing laws (telemarketing sales rules) implemented by the FTC and the FCC. This includes registering, and downloading the National Do Not Call list.

Scripts and Rebuttals:
1) Scripts and Rebuttals must be approved by LifeWatch-USA
2) Scripts and Rebuttals must be dated and archived when revisions are made
3) Procedures need to be in place to ensure no outdated scripts or rebuttals are used

For call centers utilizing advertisements and mailers:
1) All mailers need to be approved
2) All mailers need to be dated as to their creation and mail out times
3) All inbound calls need to be tied to a specific mailer and noted in the CRM

Recordings:
1) All sales must be recorded from beginning to end
2) All clients need to be informed that they are being recorded
3) All recording need to be checked for compliance
4) All recordings need to be available for LIFEWatch-USA Review

Do not call lists:
1) All call centers need to maintain an internal do not call list that is in addition to the national and state do not call lists.
2)All new internal do not call numbers need to be uploaded to LifeWatch weekly.
3) All call centers need to download an updated consolidated list weekly from the same site.
4) We do not allow outbound telemarketing to the following states: Indiana, Kansas, Virginia, Maryland, Washington DC, New York.

Reasons a call will fail quality control:
1)Misleading: misinforming the clients as to the way a product works, or how it is delivered. This can be intentional or unintentional.
2) Misrepresenting: informing a client that you are from LifeWatch-USA or any other organization other than the company you work for.
3) Not getting proper authorization: There must be a recorded clear authorization for the first payment as well as the recurring payments.
4) Rudeness: Talking in a manner or tone that can be interpreted as disrespectful to a client or potential client.

Attachment SS

ADAM H. PUTNAM
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

COMMERCIAL TELEPHONE SELLER BUSINESS LICENSE APPLICATION

Florida Telemarketing Act
Sections 501.601 – 501.626, Florida Statutes
Rule 5J-6.005, Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800 *Calling Outside Florida*
www.800helpfla.com • 850-410-3804 *Fax*

Submit and Pay Online
www.FreshFromFlorida.com
- or -
Check or Money Order payable to FDACS and remit with application to:
FDACS
P.O. Box 6700
Tallahassee, FL 32314-6700

RECEIVED
Finance & Accounting

All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

Please type or print. Additional pages may be attached if additional space is needed. Please ensure that all attachments reflect organization's name or license number and the number of the corresponding question. **All fees are non-refundable.**

[redacted] Business Information

1. Name of Business *(State the legal name of the entity as registered with the Florida Department of State, Division of Corporations)*:
TOTAL SECURITY VISION INC.

Fictitious *(DBA)* **Name:**
TOTAL FINANCIAL MANAGEMENT
All fictitious names must be registered with the Florida Department of State, Division of Corporations.

2. Mailing Address *(if different from Primary Business Physical Street Address)*: **Is this a mail-drop:** ■ Yes ☐ No
10151 UNIVERSITY BLVD #223

City: ORLANDO **State:** FL **Zip Code:** 32817 -

Primary Business Physical Street Address *(include APT or SUITE # in all address lines, mail-drop not allowed)*:
2721 FORSYTH RD #256

City: WINTER PARK **State:** FL **Zip Code:** 32792 -

3. Telephone Number: (407) [redacted] **Fax Number:** (407) [redacted]

Email Address: [redacted]@GMAIL.COM **Website:** TOTALSECURITYVISION.COM
**Future correspondence may be electronic, so please make sure that the provided email is accurate and valid.*

4. Form of organization:
■ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship
☐ Other *(please describe)*:
If the applicant is a corporation, provide a copy of the articles of incorporation and the bylaws. If the applicant is a partnership, provide a copy of any written partnership agreement.

Date incorporated or legally established: 07 / 06 / 2007 (Month / Day / Year) **State:** FLORIDA

5. Federal Employer ID Number *[s. 119.092, F.S.]*: [redacted]

Org Code: 42 10 06 25 000
EO: A2
Object Code: 002050 $1,500.00

DTN/FAID: 2593389
15-03743629-0001
1,500.00 08/04/2014
Dep#991297

6. List all parent or affiliated entities that will engage in a business transaction with the purchaser relating to any sale solicited by the applicant; or accepts responsibility or is otherwise held out by the applicant as being responsible for any statement or act of the applicant relating to the sale solicited by the applicant: *[s. 501.605(2)(i), F.S.]* ☐ **N/A**

Parent ☐ **Affiliate** ☐ **Legal Name:** _____

Fictitious (DBA) Name(s):** _____ **Physical Address:** _____

City: _____ **State:** _____ **Zip Code:** _____ - _____

Telephone Number: (_____) _____ - _____

Form of organization:
☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship ☐ Other *(please describe)*: _____

If parent or affiliate is a corporation, partnership or LLC, provide date incorporated or legally established: _____ / _____ / _____ **State:** _____
Month *Day* *Year*

Parent ☐ **Affiliate** ☐ **Legal Name:** _____

Fictitious (DBA) Name(s):** _____ **Physical Address:** _____

City: _____ **State:** _____ **Zip Code:** _____ - _____

Telephone Number: (_____) _____ - _____

Form of organization:
☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship ☐ Other *(please describe)*: _____

If parent or affiliate is a corporation, partnership or LLC, provide date incorporated or legally established: _____ / _____ / _____ **State:** _____
Month *Day* *Year*

***All fictitious names must be registered with the Florida Department of State, Division of Corporations. If applicant is not an individual then 'Name' is the legal name of the applicant as listed with the Division of Corporations. You must list all names under which you intend to do business.*

CRIMINAL AND LITIGATION HISTORY *[s. 501.605(2)(d-h), F.S.]*

7. Please select either **YES** or **NO** to the questions below for the business entity. If you answered yes to any of the following, please explain your answer below. (attach additional sheets as necessary using the same format)

a. Has the applicant previously been arrested for, convicted of, or is under indictment or information for, a felony? Conviction includes a finding of guilt where adjudication has been withheld. ☐ **Yes** ☒ **No**

b. Has the applicant previously been convicted of, under indictment or information for, racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? Conviction includes a finding of guilt where adjudication has been withheld. ☐ **Yes** ☒ **No**

c. Has the applicant ever been convicted of acting as a salesperson without a license, either judicial or administrative, or whether such a license has previously been refused, revoked, or suspended in any jurisdiction? ☐ **Yes** ☒ **No**

d. Has the applicant worked for, or been affiliated with, a company that has had entered against it an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, and assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? ☐ Yes ☒ No

e. Has the applicant had entered against him or her an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? Is any litigation pending against the applicant? ☐ Yes ☒ No

Legal Name:

Court/administrative agency rendering the conviction, judgment, or order:

Governmental agency which brought the action:

Nature of conviction, judgment, order or action:

Date of Action: ____ / ____ / ____

Docket Number:

Was adjudication withheld? ☐ Yes ☐ No

BUSINESS HISTORY

8. List each business or occupation engaged in by the applicant during the 3 years immediately preceding the date of the application and the location thereof. You **must** account for the **last 3 years** whether employed or unemployed. (attach additional sheets as necessary using the same format) *[s. 501.605(2)(b), F.S.]*

a. From: 01 / 01 / 2011 **To:** Present

Title *(Occupation)*:

b. From: ____ / ____ / ____ **To:** ____ / ____ / ____

Name of Business:
TOTAL SECURITY VISION INC

Physical Street Address *(if applicable please include suite, apartment and/or unit numbers)*:
2721 FORSYTH RD #256

City: WINTER PARK **State:** FL **Zip Code:** 32792 -

Title *(Occupation)*:

Name of Business:

Physical Street Address *(if applicable please include suite, apartment and/or unit numbers)*:

City: **State:** **Zip Code:** -

9. **Does the applicant have previous experience as a commercial telephone seller or salesperson?** *[s.501.605(2)(c), F.S.]*

☐ Yes ☒ No **If yes,** provide previous experience *(in months)* as a commercial telephone seller or salesperson: _____

10. List the following information for each principal officer, director, trustee, shareholder, owner, or partner of the applicant, and of each other person responsible for the management of the business of the applicant; list all affiliates; list each office manager or other person principally responsible for a location from which the applicant will do business. (attach additional sheets as necessary using the same format)

Legal Name: MOHAMMAD ULLAH **Title:** PRESIDENT

Previous or A.K.A. Names:

Date of Birth: [redacted] **Driver's License Number or Government Issued ID:** [redacted] **State of Issue:** FL

Current Physical Home Address *(if applicable please include suite, apartment and/or unit numbers)*: [redacted]

City: ORLANDO **State:** FL **Zip Code:** [redacted]

Telephone Number: (407) [redacted] **Email Address:** [redacted]@GMAIL.COM

Does this person have previous experience as a commercial telephone seller or salesperson *[s. 501.605(2)(c), F.S.]*:
☐ Yes ☒ No

If Yes, Name of Firm:

Physical Street Address *(if applicable please include suite, apartment and/or unit numbers)*:

City: **State:** **Zip Code:**

Please select either **YES** or **NO** to the questions below. **If you answered YES** to any of the following, please explain your answer in the fields below. (attach additional sheets as necessary using the same format) *[ss. 501.605 and 501.606, F.S.]*

a. Has this person ever been convicted of acting as a salesperson without a license, either judicial or administrative, or whether such a license has previously been refused, revoked, or suspended in any jurisdiction? ☐ **Yes** ☒ **No**

b. Has this person been convicted of, or under indictment or information for, racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? Conviction includes a finding of guilt where adjudication has been withheld. ☐ **Yes** ☒ **No**

c. Is this person involved in pending litigation or has an injunction, temporary restraining order, or final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, been ordered against the applicant in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property, or the use of any untrue, deceptive, or misleading representation, or the use of any unfair, unlawful, or deceptive trade practice? ☐ **Yes** ☒ **No**

d. Has this person ever been subject to any litigation, injunction, temporary restraining order, or final judgment or order, including a stipulated judgment, or order, an assurance of voluntary compliance, or any similar document or any restrictive court order relating to a business activity as the result of any action brought by a governmental agency, including any action affecting any license to do business or practice an occupation or trade? ☐ **Yes** ☒ **No**

e. Has this person at any time during the previous 7 years, filed bankruptcy, been adjudicated bankrupt, or ☐ Yes ☐ No been reorganized because of insolvency or been a principal, director, officer, or trustee of, or a general or limited partner in, or had responsibilities as a manager in, any corporation, partnership, joint venture, or other entity that filed for bankruptcy, was adjudged bankrupt, or was reorganized because of insolvency within 1 year after the person held that position?

Legal *(True)* Name:

Court/administrative agency rendering the conviction, judgment, or order:

Governmental agency which brought the action:

Nature of conviction, judgment, order or action:

Date of Action: ____ / ____ / ____

Docket Number:

Was adjudication withheld? ☐ Yes ☐ No

11. List all salespersons or other persons employed by the applicant. All salespersons must be separately licensed (see form FDACS-10005, Commercial Telephone Salesperson Individual License Application Packet). Use a separate sheet for each person. **Provide a statement if you have no salesperson(s) at the current time.**

Please select either **YES** or **NO** to the questions below. **If you answered YES** to any of the following, please explain your answer in the fields below. (attach additional sheets as necessary using the same format) *[s. 501.606, F.S.]*

Legal Name:

Previous or A.K.A. Name(s):

Current Home Address:

City:

State:

Zip Code: ____ - ____

Date of Birth: ____ / ____ / ____

Has this person been convicted of, or under indictment or information for, racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? Conviction includes a finding of guilt where adjudication has been withheld. ☐ Yes ☐ No

Is this person involved in pending litigation or has an injunction, temporary restraining order, or final judgment or order, an assurance of voluntary compliance, or any similar document, been ordered against the applicant in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property, or the use of any untrue, deceptive, or misleading representation, or the use of any unfair, unlawful, or deceptive trade practice? ☐ Yes ☐ No

Has this person ever been subject to any litigation, injunction, temporary restraining order, or final judgment or order, including a stipulated judgment, or order, an assurance of voluntary compliance, or any similar document *or any restrictive court order relating to a business activity as the result of any action brought by a governmental* agency, including any action affecting any license to do business or practice an occupation or trade? ☐ Yes ☐ No

Has this person at any time during the previous 7 years, filed bankruptcy, been adjudicated bankrupt, or been reorganized because of insolvency or been a principal, director, officer, or trustee of, or a general or limited partner in, or has responsibilities as a manager in, any corporation, partnership, joint venture, or other entity that *filed for bankruptcy, was adjudged bankrupt, or was reorganized because of insolvency within 1 year after the* person held that position? ☐ Yes ☐ No

Legal *(True)* Name:

Court/administrative agency rendering the conviction, judgment, or order:

Governmental agency which brought the action:

Nature of conviction, judgment, order or action:

Date of Action: ____ / ____ / ____

Docket Number:

Was adjudication withheld? ☐ Yes ☐ No

12. List all locations from which the applicant will be doing business and include a list of all phone numbers associated with each address. (attach additional sheets as necessary using the same format) *[s. 501.605(2)(j-k), F.S.]*

a. Legal Name of Business:
TOTAL SECURITY VISION INC

Physical Street Address *(if applicable please include suite, apartment and/or unit numbers):*
2721 FORSYTH RD #256

Is this a mail-drop? ☐ Yes ☒ No

City: WINTER PARK **State:** FL **Zip Code:** 32792 -

Main Telephone Number: (877) [redacted]

Name of Location Manager: MOHAMMAD ULLAH

Location Phone Numbers:
877-897-9645

b. Legal Name of Business:

Physical Street Address *(if applicable please include suite, apartment and/or unit numbers):*

Is this a mail-drop? ☐ Yes ☐ No

City: **State:** **Zip Code:** -

Main Telephone Number: ( ) -

Name of Location Manager:

Location Phone Numbers:

c. Legal Name of Business:

Physical Street Address *(if applicable please include suite, apartment and/or unit numbers):*

Is this a mail-drop? ☐ Yes ☐ No

City: **State:** **Zip Code:** -

Main Telephone Number: ( ) -

Name of Location Manager:

Location Phone Numbers:

d. Legal Name of Business:

Physical Street Address *(if applicable please include suite, apartment and/or unit numbers):* **Is this a mail-drop?** ☐ Yes ☐ No

City: **State:** **Zip Code:** -

Main Telephone Number: ( ) - **Name of Location Manager:**

Location Phone Numbers:

e. Legal Name of Business:

Physical Street Address *(if applicable please include suite, apartment and/or unit numbers):* **Is this a mail-drop?** ☐ Yes ☐ No

City: **State:** **Zip Code:** -

Main Telephone Number: ( ) - **Name of Location Manager:**

Location Phone Numbers:

Questions numbered 13 – 17, check only "a," "b," or "c" *(if applicable)* **and complete those selected requirements.**

13. ■ **a.** Attached and marked Exhibit 2 are copies of all sales scripts given to those soliciting for the applicant. *[s. 501.605(2)(l)3. F.S.]*

☐ **b.** The applicant does not use sales scripts.

14. ■ **a.** Attached and marked Exhibit 3 are copies of all sales information or literature the applicant provides to salespeople or of which the applicant informs to applicant's salespeople (including, but not limited to, scripts, outlines, instructions and information regarding how to conduct telephonic sales, sample introductions, sample closings, product information and contest or premium award information.) *[s. 501.605(2)(l)3, F.S.]*

■ **b.** The applicant does not provide salespersons with or inform salespersons of any sales information or literature described in 12(a).

15. ■ **a.** Attached and marked Exhibit 4 are copies of all written material the applicant sends to any prospective or actual purchaser. *[s. 501.605(2)(l)3, F.S.]*

☐ **b.** The applicant does not send any written material to any prospective or actual purchaser.

16. ■ **a.** The applicant informs prospective or actual purchasers that the purchaser is eligible to receive certain items which may be referred to as gifts, premium, bonuses, prizes, or otherwise, and **EACH** of the following apply: [s. 501.614, F.S.]

- The item(s) is/are offered unconditionally;
- The buyer has seven (7) days to return the goods or cancel services;

- The buyer will receive a full refund in thirty (30) days;
- The buyer has the right to keep the gift, premium, bonus or prize without cost.

☐ **b.** If the applicant or applicant's salespeople represent or imply to prospective or actual purchasers that the purchaser will receive certain specific items or one or more items from among designated items, or a certificate of any type which the purchaser must redeem to obtain the item described in the certificate, whether the items are referred to as gifts, premiums, bonuses, prizes, or otherwise, list the following:

Item offered: _____

Price or value of worth: $ _____

Basis for valuation: _____

Price paid by applicant: $ _____

Supplier's Name:

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

☐ **c.** Does not apply.

(Attach additional sheets as necessary using the same format)

17. ☐ **a.** A purchaser receives all of the items described by applicant's salespeople. *[s. 501.614(5), F.S.]*

☐ **b.** Complete the following in the event a purchaser does not actually receive all of the items described by the seller or salesperson:

- Applicant decides which item or items a particular prospective purchaser is to receive in the following manner:

  _____

- The odds a single prospective purchaser has of receiving each item described is:

  _____

- The name and address of each recipient who has during the preceding 12 months (or if applicant has not been in business that long, during the period applicant has been in business) received any gift, premium, bonus prize:

  Name: _____

  Address: _____

  City: _____ State: _____ Zip Code: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

(Attach additional sheets as necessary using the same format)

☐ **c.** Applicant does not represent or imply prospective or actual purchasers will receive certain specific items, one or more items among designated items, or a certificate of any type which the purchaser must redeem to obtain the item described in the certificate.

18. ☐ Attached and marked as Exhibit 5 is a copy of the written statement of terms and conditions provided to the purchaser. *[s. 501.614(3), F.S.]*

19. Provide the following information for EACH institution where banking or similar monetary transactions are done by the applicant: *[s. 501.606(3), F.S.]*

Name of Institution: SUNTRUST BANK
Name of Contact Person: SERGIO WARD
Telephone Number: (407) 671 - 8200
Account Number(s): [redacted]
Physical Street Address *(if applicable please include suite, apartment and/or unit numbers):* 3191 UNIVERSITY BLVD
City: WINTER PARK
State: FL
Zip Code: 32792 -

Name of Institution:
Name of Contact Person:
Telephone Number: ( ) -
Account Number(s):
Physical Street Address *(if applicable please include suite, apartment and/or unit numbers):*
City:
State:
Zip Code: -

20. Name and address of agent in Florida who is authorized to receive service of process:

Legal Name: MOHAMMAD ULLAH
Current Physical Address *(if applicable please include suite, apartment and/or unit numbers):* 2721 FORSYTH RD #256
City: WINTER PARK
State: FL
Zip Code: 32792 -
Telephone Number: (407) [redacted]
Email Address: [redacted]@GMAIL.COM

21. Brief description of product(s) sold and/or service(s) provided:
DEBT MANAGEMENT SOFTWARE AND SUPPORT

22. IN ADDITION TO THE DOCUMENTS REQUIRED ABOVE, PLEASE ATTACH ONE OF THE FOLLOWING FORMS OF SECURITY IN THE MINIMUM AMOUNT OF $50,000.

☒ **Surety Bond** ☐ **Letter of Credit** ☐ **Certificate of Deposit**

The security must be issued by a company authorized to transact business in this state. You must maintain the security as long as the license is in effect.

LICENSING FEE - $1,500, Check or Money order made payable to FDACS.

Verification and Signature

I understand that the Florida Department of Agriculture and Consumer Services will conduct a background investigation of the individuals listed in the application.

I hereby give my permission and waive any provisions of law that forbid any court, police agency, employer, firm, or person, from disclosing any knowledge or information they have concerning me which is requested by the Florida Department of Agriculture and Consumer Services. I further consent and request that the Division Director of the Division of Consumer Services, or the Director's representative, be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation.

Any commercial telephone seller or salesperson who falsifies information on an application commits a felony of the third degree, punishable as provided in s. 775.082, 775.083, or 775.084, F.S.

I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED IN THIS APPLICATION, AND IN ANY EXHIBITS ATTACHED HERETO, IS TRUE AND CORRECT.

M. A. Ullah
Signature

MOHAMMAD ULLAH
Print Name

(407) [redacted]
Telephone Number

JULY 31, 2014
Date

Attachment TT



ADAM H. PUTNAM

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

FLORIDA TELEMARKETING ACT
MATERIAL CHANGE FORM

Chapter 501.608, Florida Statutes

Mailing Address:
Attn: Commercial Telephone Salesperson
Florida Department of Agriculture and Consumer Services
2005 Apalachee Parkway
Tallahassee, FL 32399-6700
www.800helpfla.com
1-800-HELP-FLA (435-7352) FL Only
850-488-2221 Calling Outside Florida
Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

APPLICATION INFORMATION

License No# **TC4767**

Salespersons

SP List attached.

Locations

Location

Business Name: Total Security Vision Inc D/B/A Total Financial Management

541 North Palmetto Avenue Suite 104
Sanford, Florida 32771 USA

This is a Physical address.

Manager Name:Mohammad Ullah

Questions

Question 11

a.Attached are copies of all sales scripts given to those soliciting for us. [501.605(2)(l)3, F.S.] [**X**]

b.We do not use sales scripts. [ ]

Question 12

a. Attached are copies of all sales information or literature we provide our salespeople or of which we inform our salespeople (including, but not limited to, scripts, outlines, instructions and information regarding how to conduct telephonic sales, sample introductions, sample closings, product information and contest or premium award information.) [501.605(2)(l)3, F.S.] [ ]

b. We do not provide our salespersons with or inform our salespersons of any sales information or literature described in 12(a). [X]

Question 13

a. Attached are copies of all written material we send any prospective or actual purchaser. [501.605(2)(l)3, F.S.] [ ]

b.We do not send any written material to any prospective or actual purchaser. [X]

Uploaded Documents

All Uploaded Documents

Name	Description	Type
Med Alert Product Script.pdf		SCRIPTS
RebuttalsMed ALert.pdf		SCRIPTS

Verification Information

Verification Questions

I understand that the Florida Department of Agriculture and Consumer Services will conduct a background investigation of the individuals listed in the application.
Accepted: [X]

I hereby give my permission and waive any provisions of law that forbid any court, police agency, employer, firm or person from disclosing any knowledge or information they have concerning me which is requested by the Florida Department of Agriculture and Consumer Services. I further consent and request that the Director of the Division of Consumer Services, or his representative, be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation.
Accepted: [X]

Any commercial telephone seller or salesperson who falsifies information on an application commits a felony of the third degree, punishable as provided in F.S. 775.082, F.S. 775.083, or F.S. 775.084.
Accepted: [X]

Preparer Information

Preparer Name: Mohammad Ullah
Preparer Phone: 407-[redacted]

Signature Information

Signature Name: Mohammad Ullah
Signature Date: 9/12/2014

Attachment UU

PRODUCT SCRIPT

Hello, this is (Rep Name), My agent number is (Say agent number), may I ask whom I'm speaking with? (Write down their name) And in case we get disconnected is this the best phone number to reach you back on? Okay Great.

For responding today to our _____ Assistance Program, you've been selected to receive a Medical Alert System at NO COST, that has a value of over $400 dollars.

You're probably familiar with the Medical Alert System as seen on the TV commercial. Or maybe you've seen the Medical Alert System in the USA Weekend, US News or Smart Source Magazine.

It's the same system as seen on TV and it works very simple. If you have a medical emergency, a fire, burglary or even something as simple as a fall that you have difficulty getting up from, you simply push the button on the lightweight waterproof necklace or bracelet and speak hands free from anywhere in your home to a live certified Emergency Medical Technician (E.M.T.). They will evaluate your situation, immediately get you the help you need, notify family or 911 and comfort you until help arrives. Your alert button works from anywhere in the home and it even works outside of your home. It has a 1,500 foot range, which is over a quarter of a mile!

This device will give you the peace of mind that you need, allow you to feel safe and make sure that you never feel alone in the case of an emergency. (Mr/Mrs Last Name) It could really help you in a time of need and can even be lifesaving.

Our device is trusted by thousands of hospitals and more than 65,000 healthcare professionals. Our device has been helping save the lives of America's senior citizens for over 35 years.

(Mr/Mrs Last Name) Your FREE medical alert system includes:

- A medical alert base station with a loud speaker and a very sensitive microphone
- A waterproof wrist or necklace button.
- Free shipping and free activation.

- Also included, is an away from home Protection Card that gives emergency personnel 24 hour a day7 day a week access to your important medical information.

- And last but not least, ***You will receive a $50 Gift Card from Restaurant.com that can be used at over 50,000 restaurants nationwide. (Mr/Mrs Last Name) each month you stay our customer you'll receive a new $50 Gift Card in the mail that you can share with friends and family.***

Now (Mr/Mrs Last Name) The system is **AT NO COST** for use of the equipment and the shipping is also FREE. Normally all of this would cost over $400 dollars, but today you pay ABSOLUTELY NOTHING for the use of system. The only thing you would be responsible for is the Emergency Medical monitoring of just $34.95 ***EVERY*** month. ***(Pay TODAY)*** There are absolutely NO contracts. You can cancel at any time with no cancellation fees. And EVERYTHING else is completely, FREE.

Okay (Mr/Mrs Last Name) what address would you like your Emergency Medical Alert system shipped to? (Type their address ***(correctly)*** in the customer information form)

And for the monthly Emergency Medical Monitoring, which card would you like to use? VISA, Mastercard, American Express or Discover? (If they say they do not have a credit card, then say "Okay, do you have a debit card, we can go ahead and get you signed up) (If NO credit card or debit card, then ask for checking or savings acct.) Okay, we can also get you signed up with your checking account instead, so go ahead and grab a check so we can get some information off of it.
(If no checking account, then say "Do you have a savings account?") (If yes, say " Okay, go ahead and grab a bank statement so we can get some information off of it.")

Do you have a spouse or someone else in your home that you would also like to be protected? (If Yes, then go on, If No skip to "Fill out the customer information form" below) Okay we will also send you an additional wrist or necklace button for your spouse, the only thing you will need to pay is an additional $5.00 per month to cover the Medical Technician monitoring. So you and your spouse would be protected for just $39.95 a month and all of the equipment and shipping is still FREE for you to use.

(Fill out ***ALL*** the customer information form on computer ***correctly***) DO NOT USE CAPS LOCK

Last Step—Close Up and have ***TO transfer*** to Verification/Confirmation

Now this is just a reminder the $34.95 will be charged ***TODAY*** and EVERY month after as long as you decide to keep the system but you can cancel at any time with no cancellation fees you just have to send back the equipment and you will never be charged again! (Wait for response from customer)

Great, your equipment will be shipped to you at (Repeat Shipping Address) and will arrive within the next 7 to 10 business days. Don't forget to activate your system as soon as you receive it by plugging it into your phone line jack and pushing the button. This will make a test call to activate your system and immediately start protecting you.

Okay, (Mr/Mrs Last Name) I am going to transfer you to our verification department so they can give you your order number and verify that I entered all of your information into the system correctly. They will also give you our customer service number in case you have any additional questions. Again, before I transfer you , my name is _____and I'm the sales agent submitting your request, so if you have any other questions for me, don't hesitate to ask, otherwise I'll transfer you now. Thank you for trusting _____ and I hope you enjoy the safe feeling of having a medical alert system.

Please hold while I transfer you to the confirmation department, this may take a few minutes for your call to be ***connected/answered***, please be patient and ***Don't hang up until you talk to the confirmation department. Make sure you keep your credit-card/checkbook handy.***

STAND UP AND CALL OUT “CONFIRMATION!”

Reminders For the Sales Rep.

The TO will transfer the call to Verification/Confirmation ***NOT*** you the representative.

You MUST put EVERYTHING in the notes that you offered FREE to the customer

and if it is a post date!!!! Input ALL information and spell correctly, thank you.

Remember every call is recorded and monitored.

Attachment VV

1Not Interested

What exactly is holding you back? (wait for answer) I understand. Did you know (Customer Name) that doctors refer to the first hour after an accident or a heart attack or a stroke as the Golden Hour? Because if they can get to that patient within that first hour the odds of survival are as high as 80%. As time goes on those odds go down by the minute. Wouldn't you want to give yourself the peace of mind of knowing that if anything at all happens to you that we will be there for you at the push of a button and that help is on its way immediately? Surely that's worth about a dollar a day to you, so let's get you registered.

Where would you like your Medical Alert System shipped to?

2Not Interested/Don't Need

(Customer Name) I sincerely hope that you never need to use our service, but I can promise you this, if you do, we will be there for you at the simple push of a button and help will be on its way. This unit saves lives. You must agree with me that the peace of mind that this brings is

most certainly worth about a dollar a day, right? So let's go ahead and get you registered.

Where would you like your Medical alert system shipped to?

3Can't Afford It

I understand completely. Things are tight in these tough economic times. However, _____ is only a dollar a day and that covers you in the event of any emergency where you may not be able to contact a friend or family member. If you have an emergency situation at 3 or 4 in the morning, _____ will be there at the push of a button and will initiate emergency help within seconds. You can't afford to be without it, so let's get you registered.

4Can't Afford It

(Customer Name), is your health and safety, or maybe even your life not worth a dollar a day to you or your family? Please remember that we are sending you over $400 dollars worth of equipment absolutely free. I'm sure that once you inform your family that you would like to do this and could use a little help with the $34.95 monthly monitoring costs that they would be happy to help. So let's get you registered.

5Fixed Income/Can't Afford

"Do any other bills matter if you're not safe? This is the most important bill. If you don't survive a medical emergency then you won't be around to pay any of those other bills. So let's get you signed up and start keeping you safe.

Where would you like your medical alert system shipped to?

6Speak with Family /Spouse

I completely understand. However I don't think that any of your family wouldn't understand that you want to protect yourself and ensure your safety in the event of an emergency. You never know when you may need help and are unable to contact someone at that moment. _____is with you 24/7, 365 days a year for as little as a dollar a day. So let's go ahead and get your equipment out to you. Remember, you are receiving the equipment worth over $400 dollars absolutely free. I can't guarantee that savings at any other time, so

Where would you like your medical alert system shipped to?

7Speak with Family/Spouse

I'm fairly confident that they would agree that saving $400 dollars on the equipment cost and protecting your health and safety for about a $1 dollar a day is a smart decision. And I also want you to know that you can actually add your spouse to this program if you would like for only an extra $5 per month. That brings the cost down to about .50 cents per day. Remember, you can cancel at any time with no obligation, so even if you try it for a month or two and you find that it's not for you, simply call us to cancel with no questions asked and you are in the clear. So let's get you registered.

Where would you like your medical alert system shipped to?

8They just won't do it without talking to their (Son/daughter /husband/kids)

I agree with you (Mr./Mrs.), I don't want you to make a decision without your (Son/daughter/husband/kids). I have a great idea, so just hear me out for a second, okay? We'll send you out the system, we'll pay for the shipping, there will be no contract, there will be no cancellation fees, Try it

out TOGETHER with your (Son/daughter/husband/kids) and then make a decision TOGETHER on whether or not you want to keep it. But if you and your (Son/daughter/husband/kids) decide you don't want to keep it, then there is no contract, no cancellation fees, and we will pay to ship it back to us. This way you can try it with your (Son/daughter/husband /kids) and then make a decision TOGETHER on whether or not you want to keep the system.

CLOSE… Remember, the only thing you are doing today is agreeing to try the system with your (Son/daughter/husband/kids) so you can make a decision together on whether you think the system is right for you. Now let's go ahead and get you signed up so you can give it a try together with your (Son/daughter/husband/kids)

Where would you like your medical alert system shipped to?

9 My son/daughter wanted me to get a medical alert

system but I don't think I need one.

I know you have been independent all your life and are probably struggling with the thought of losing some of that independence due to aging, but the reason you (Son/Daughter) wants you to get a medical alert system is because (he/she) probably know the real statistics about senior citizen medical emergencies. (He/She) may not have wanted to scare you by telling you the facts, but let me tell you some of the things that you (Son/Daughter) probably already know. (Go to #16 How Big is the Problem?"

10Someone makes health care decisions

If you feel that you are unable to decide on this yourself but it's something that you really would be interested in, I would be happy to get that person on the line so I can explain it to them so they fully understand it and you can let them know that this is something that you want to do. Who makes these kinds of decisions for you? Would you like me to call them right now? What's their number?

11Call me back

Let me ask you; is your safety and health worth a dollar a day to you? (Wait for response) Please remember that because of this special promotion that's only available to you today, we are actually sending you all the equipment absolutely free. That's a savings of over $400 dollars if you can accept the offer on this call. I can't guarantee that savings if you pass this up today. So let's go ahead and get you registered.

Where would you like your medical alert system shipped to?

12Call me back

I have a great idea, so just hear me out for a second, okay? We'll send you out the system, we'll pay for the shipping, there will be no contract, there will be no cancellation fees, Try it out and then make a decision on whether or not you want to keep it. But if you decide you don't want to keep it, then there is no contract, no cancellation fees, and we will pay to ship it back to us. This way you can try it out and then make a decision on whether or not you want to keep the system. Now let's go ahead and get you signed up so you can give it a try.

Where would you like your medical alert system shipped to?

13 Reminder of their decision...

Remember, the only thing you are doing today is agreeing to try the system for at least 1 month. (Customer Name), as I have already mentioned, that breaks down to about a dollar a day and for that we guarantee within seconds of you pushing your button at any time, day or night, 365 days a year, we will be there for you. Surely the peace of mind that it provides for you and your family is well worth the low cost of about a $1 a day. So let’s go ahead and get you registered.

Where would you like your medical alert system shipped to?

14Won't use Credit Card

I can appreciate your concerns about protecting your account information. Remember, you can cancel at any time with no questions asked if you find that this is not for you. Our main goal is to have you refer our company to other seniors so we may provide the same level of service to them as we will for you. They will thank you for that. This service saves lives. So let's go ahead and get you registered.

Where would you like your medical alert system shipped to?

15 Consumer Credit Protection Act

Mr./Mrs. _____Have you ever heard of the Consumer Credit Protection Act? Well, it’s a series of federal laws that were passed in the United States to protect credit card holders. To sum it up, they say that anyone that uses their credit card over the phone or the internet is not liable for any charges unless they receive exactly what was promised to them. So there is absolutely no risk to you whatsoever. I would never ask you to use your credit card over the phone if you were not 100% protected by the federal credit card protection act. It’s simple, you either

get exactly what you were promised or you don't have to pay. Also, if someone uses your credit card without your authorization, then you are not liable for any of the charges and handle it right there while you are on the phone. So there is absolutely no risk to you whatsoever. A credit or debit card is the safest way to do anything over the phone because of these federal laws. Don't worry, everything is going to be okay, we are in the business of protecting Senior Citizens. Let's get you signed up, let's Keep you safe. We've been protecting Senior Citizens for over 30 years. You will never have to feel alone again in a medical emergency. We're going to take care of you and keep you safe.

So let's go ahead and yet your FREE Medical Alert System sent out to you. **Where would you like your medical alert system shipped to?**

For the monthly Emergency Medical monitoring, would you like to use your VISA, Mastercard, Discover or American Express?

16I don’t think I need a medical alert system

I know you have been independent all your life and are probably struggling with the thought of losing some of that independence due to aging, and I know you don’t think you need a medical alert system but let me tell you some of the scary facts about senior citizen falls in the United States, and these facts don’t even include any other medical issues (Go to “How Big is the Problem”) Each year, one in every three adults age 65 and older experiences a serious fall. Falls can cause moderate to severe injuries, such as hip fractures and head traumas, and can increase the risk of early death because of not getting help quick enough. Over 13 million adults 65 and older will fall and be injured this year, which means a senior citizen will fall every 2.3 seconds. Even though one out of three adults age 65 and older falls each year, less than half of them get the medical advice they should. Among older adults (those 65 or older), falls are the leading cause of injury death. They are also the most common cause of nonfatal injuries and hospital admissions for trauma.

Each year, there are approximately 20,000 senior citizens that die from unintentional fall injuries. The death rates from falls among senior citizens, has risen significantly over the past decade. Each year, over 2.2 million nonfatal fall injuries among older adults were treated in emergency departments and more than 580,000 of these patients are hospitalized.

17Close the deal!

How about this. We can ship it to you for free today. You can try it for a month and see if you like it, And then you can make the decision on whether or not you want to keep it. Again, you're not locked into anything because there's absolutely no contract. Remember, you're just giving it a TRY. So if you decide that you don't want to keep it, you're under no obligation. You can cancel at any time with no questions asked. Today you're just agreeing to try the system for a month to see if it's right for you. It's only about a $1 dollar a day, and this protects you in the case of ANY emergency situation, day or night. This way you won't ever have to feel worried or by yourself in the case of an emergency. Alright? So, let's get you signed up so you can give it a try.

Where would you like your medical alert system shipped to?

Twenty to thirty percent of people who fall suffer moderate to severe injuries such as lacerations, hip fractures, or head traumas.

These injuries can make it hard to get around or live independently, and increase the risk of early death.

Falls are the most common cause of traumatic brain injuries, traumatic brain injuries account for approximately 46% of fatal falls among older adults.

Most fractures among older adults are caused by falls. In 2008, 82% of fall deaths were among people 65 and older.

I have never heard of your company:

(Customer Name) If we were not who we say we are there's no way we would have lasted for over 30 years. We have maintained our relationships with all the banking and regulatory institutes since we came into existence and that would not happen if we did not deliver 100% customer satisfaction. We simply want to impress you and hope in return you will refer us to your friends and family. So let's go ahead and get you registered.

Where would you like your medical alert system shipped to?

How long have you been in business?

_____ has been in business since 1977. We have provided life safety services and peace of mind to tens of thousands of people for over 30 years and are among the leaders in our field.

Where are you located? Do you operate your own monitoring center?

_____ owns its own UL listed monitoring center, staffed with highly trained care specialists at our secure facility in New York. From there we monitor customers from all over the United States.

Are your operators fully trained and qualified?

All of our people complete 180 hours of classroom training before they ever take a phone call. All _____ care specialists CSAA (Central Station Alarm Association) certified. Our specialists exceed the highest standard for monitoring center personnel, plus supervisors are always present to ensure that calls are handled properly.

HOW DOES IT WORK?

<u>What do I get or how does it work?</u>

We send you our _____ Speaker Unit which connects into your home phone. You also get a help button that communicates with the _____ unit using a built in microphone. Also, included is a bracelet, necklace and belt clip, that you can attach the help button too. If you ever need help, you simply press the button weather

it's on your wrist, around your neck or clipped onto your belt and you will immediately provide the help that you need.

What happens when I press the button?

When the help button is pressed, the call for help is sent to our monitoring center, the care specialist will speak with you through the _____console, which is a very sensitive speakerphone. We will follow your instructions and call whomever you told us ahead of time to call. If you can't speak or we can't hear you, we will follow the instructions you gave us.

Tell me about your product or how does it work?

You simply press a help button that you wear and you are instantly connected to one of our Emergency Medical Technicians through the _____ console. We will assist you in getting the help you need. We will contact family, friends, neighbors, an ambulance, or whoever you have instructed us to call when you activated your system. Our system provides excellent assistance and peace of mind in any emergency situation.

How do I know that this is for real?

_____ has been in business for over 30 years and has thousands and thousands of satisfied customers. Please understand that our goal is to continue keeping seniors safe and healthy in their own home and delivering a quality service to every new customer as though you had been with us for years. We would not have earned our

excellent reputation if we did not deliver and fulfill our services exactly as I have explained them to you. We are so confident with our services that we don't ask you to sign any long term contracts. That allows you to cancel at any time with no penalty, so that forces us to be better than you expect. Let's go ahead and get you registered.

Where would you like your medical alert system shipped to?

FREQUENTLY ASKED QUESTIONS #1

Are you open 24 hours a day?

Yes. Care specialists and customer service associates are available to you 24 hours a day, 7 days a week to handle your emergencies or just answer your questions. Remember, we are always just one push of a button away.

If I call for emergency help, where does my call get answered,locally or out of State?

All calls go to the _____ monitoring center to ensure the greatest level of service. We store all your local authority phone numbers in your record. In the event that you require assistance, we will notify parties responsible to go to your home. This information is verified by our data entry group before the system is sent to you. We pride ourselves at being the best in the business.

Can I change who is contacted on the weekends?

Again, the choices are all yours. We will do whatever instructions you provide. It’s no problem at all.

How much or what information goes into your computer?

It's entirely up to you. We will input whatever information you wish to provide in terms of medical records, who to contact when and in what particular order. This is very important, because by having all your medical conditions and medical records on file, it will allow the emergency responders to know the best way to treat you if they need to go to your home. Knowing someone's medical conditions before you treat them can be the difference of life or death in a medical emergency.

Do I have to program it when it arrives?

No, we take care of all that. You simply plug it into the phone jack the same way you would an answering machine and push the button to test it. It's that simple.

Does this work with Voice over IP phones?

Yes, absolutely, it works with any type of home telephone.

Do I talk to you through the necklace, bracelet, or belt clip button?

The button that you wear on the necklace, bracelet or belt clip activates our hands free voice console which is what we speak to you though.

FREQUENTLY ASKED QUESTIONS #2

Once the button is pressed, does the call go directly to 911? That's a great question. We can contact 911 immediately if that's what you want. You may also choose a different set of instructions but it's totally up to you. When you receive the system, you will set up instructions for us to follow and that's what we will do if you press the button. The choices are all yours. So, if you want a son, daughter, neighbor, or anyone else called first, we will follow whatever instructions you gave us at the time you activated your system.

What if I'm in a different room from the system?

The speaker extremely loud and the microphone is very sensitive. When you first receive the system we will test it with you so you will know exactly where it works best. The system receives the signal from the help button from up to 1,500 feet away. That's more than the length of 4 football fields. It is nearly a half a mile!

What happens if I can't speak or can't be heard?

If we can't hear you, we will follow the instructions you gave us ahead of time when you activated your system. We will call friends, family, loved ones, or 911 in whatever order you instructed us to call them at the time activated your system. You will tell us who to contact first in the

event that you are unable to speak or we can't hear you. Again, the choices are all yours.

Is the system automatically tested or do I have to test it?

Yes to both questions. The console test's itself every week by sending us a signal. Additionally we recommend that you push your help button at least once a month and talk to us for further reassurance.

Can I call because maybe I'm feeling faint but don't want 911 called:

I just want someone called from my contact list instead?

Of course! That's why we're here. We will contact whomever you wish and in whatever order you desire.

FREQUENTLY ASKED QUESTIONS #3

How and why is this promotion possible?

We can offer you this promotion at such a low cost because Senior Life Alarm believes in customer loyalty. Instead of spending millions of dollars on advertisements such as TV, billboards, and radio, we have chosen to take those marketing dollars and invest them in you. We are hoping that by giving you all the equipment for free and asking for you to simply pay the monthly monitoring fee only, that you will tell friends and family all about us hopefully refer

some other people to us which in turn generate word of mouth advertising for us. That's the best form of advertising we can get and it makes for happier customers which is our number one goal. That makes sense to you, right? Well, let's go ahead and get you registered.

Where would you like your medical alert system shipped to?

Can you just send me a bill every month?

(Customer Name), unfortunately no! We would need to have a billing method on file for the monthly cost of only $34.95 in order to send you the actual monitoring equipment which is valued at over $400 dollars. Please remember we are giving that to you absolutely free, without even a charge for shipping it to you. We simply ask you to cover the monthly monitoring fees. Let's go ahead and get you registered.

Where would you like your medical alert system shipped to?

I'll just send you a check. (Customer Name), by doing an automated draft, it allows this process to be seamless. Besides, this is how banks do business.

They don't write checks to each other, they use electronic wire services and that's why there's no extra charge to you. Not to mention, by mailing a check you would still be providing us with this information anyway, right? By

enrolling with a credit card, debit card or your checking account on this call, we can send you over $400 dollars worth of equipment absolutely free. I can't guarantee that any other way. Let's go ahead and get you registered.

Where would you like your medical alert system shipped to?

If they are afraid to give out their information, Don’t worry, everything is going to be okay, we are in the business of protecting Senior Citizens. Let’s get you signed up, let’s Keep you safe.

We’ve been protecting Senior Citizens for over 30 years. You will never have to feel alone again in a medical emergency. We’re going to take care of you and keep you safe.

Attachment WW

ADAM H. PUTNAM

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

COMMERCIAL TELEPHONE SELLER
BUSINESS LICENSE APPLICATION

Chapter 501.608, Florida Statutes

Mailing Address:
Attn: Commercial Telephone Salesperson
Florida Department of Agriculture and Consumer Services
2005 Apalachee Parkway
Tallahassee, FL 32399-6700
www.800helpfla.com
1-800-HELP-FLA (435-7352) FL Only
850-488-2221 Calling Outside Florida
Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

APPLICATION INFORMATION

Document Tracking No# **2502018** Application Date **09/11/2013 11:05:27 AM**

BUSINESS INFORMATION s.501.605(2)(a), F.S.

Business Name**

Alertlink

Fictitious Names**

Does not apply was selected for Ficticious Names

**All fictitious names must be registered with the Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations. You must list all names under which you intend to do business.

Street Address

5233 Coconut Creek Parkway
Margate, Florida 33063 USA

Mailing Address

5233 Coconut Creek Parkway
Margate, Florida 33063 USA

Telephone Number **Fax Number**

954-[redacted]

Email Address

[redacted]@comcast.net

Website Address

Federal Employer ID Number (FEIN): s.119.092, F.S.

[redacted]

Form of Organization.

Partnership
8/1/2013 Florida

Registered Agent

Frances L Fiman Pickens
7027 W Broward Blvd Ste 394
Plantation, Florida 33317 USA
954-[redacted] pickenjn@comcast.net

Velez Att. WW

Business Details

Brief description of product(s) sold and/or service(s) provided:

Telephone sales

Title 18, Part I, Chapter 61, Sec. 1301, United States Code prohibits procuring for a person in 1 State a ticket, chance, share, or interest in a lottery conducted by another state. Do you now or do you intend to solicit the sale of memberships in a lottery club across state lines? **No**

Criminal And Litigation History

1. Has the applicant previously been arrested for, convicted of, or is under indictment or information for, a felony? Conviction includes a finding of guilt where adjudication has been withheld. **No**

2. Has the applicant previously been convicted of, or under indictment or information for, racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? Conviction includes a finding of guilt where adjudication has been withheld. **No**

3. Has the applicant ever been convicted of acting as a salesperson without a license, either judicial or administrative, or whether such a license has previously been refused, revoked, or suspended in any jurisdiction? **No**

4. Has the applicant worked for, or been affiliated with, a company that has had entered against it an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? **No**

5. Has the applicant had entered against him or her an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? Is any litigation pending against the applicant? **No**

Occupation History

1. Occupation: emp Period: 06/01/2013 - 07/31/2013
Employer: non-existent
Address: none none,FL 33063

Previous Experience

0 Months experience

Parents And Affiliates

Parent or Affiliate

I Slingshot Inc
Parent

Fictitious Names

Street Address

7027 W Broward Blvd Ste 394
Plantation, Florida 33317 USA

Telephone Number

954-559-6539

Form of Organization.

CORP
10/30/2012 Florida

Parent or Affiliate

Peacewatch Enterprises Inc
Parent

Fictitious Names

Street Address

37 W. 47th Street Ste 201
New York, New York 10036 USA

Telephone Number

800-716-1433

Form of Organization.

CORP
5/10/2013 New York

Officers

Officer 1.

Name: Cary Gottlieb
Title: Director

Information

Date of Birth: [redacted]
ID Type: Driver's License Number
ID Number: [redacted]
ID State: DMV

Home Address

[redacted]
Boca Raton, Florida [redacted] USA

Criminal And Litigation History

1. Have you been convicted of, or under indictment or information for, racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? Conviction includes a finding of guilt where adjudication has been withheld. **No**

2. Are you involved in pending litigation or have you had entered against you an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any **No**

untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice?

3. Have you ever been, subject to any litigation, injunction, temporary restraining order, or final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document or any restrictive court order relating to a business activity as the result of any action brought by a governmental agency, including any action affecting any license to do business or practice an occupation or trade? **No**

4. Have you at any time during the previous 7 years filed for bankruptcy, been adjudged bankrupt, or been reorganized because of insolvency or been a principal, director, officer, or trustee of, or a general or limited partner in, or had responsibilities as a manager in, any corporation, partnership, joint venture, or other entity that filed for bankruptcy, was adjudged bankrupt, or was reorganized because of insolvency within 1 year after the person held that position? **No**

Officer 2.

Name:	Hing-Tack Chen
Title:	Director

Information

Date of Birth:	[redacted]
ID Type:	Driver's License Number
ID Number:	[redacted]
ID State:	DMV

Home Address

[redacted]
Fresh Meadows, New York [redacted] USA

Criminal And Litigation History

1. Have you been convicted of, or under indictment or information for, racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? Conviction includes a finding of guilt where adjudication has been withheld. **No**

2. Are you involved in pending litigation or have you had entered against you an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? **No**

3. Have you ever been, subject to any litigation, injunction, temporary restraining order, or final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document or any restrictive court order relating to a business activity as the result of any action brought by a governmental agency, including any action affecting any license to do business or practice an occupation or trade? **No**

4. Have you at any time during the previous 7 years filed for bankruptcy, been adjudged bankrupt, or been reorganized because of insolvency or been a principal, director, officer, or trustee of, or a general or limited partner in, or had responsibilities as a manager in, any corporation, partnership, joint venture, or **No**

other entity that filed for bankruptcy, was adjudged bankrupt, or was reorganized because of insolvency within 1 year after the person held that position?

Salespersons

No Salespersons listed.

Locations

Location

Business Name: Alertlink

5233 Coconut Creek Parkway
Margate, Florida 33063 USA

This is a Physical address.

Manager Name:Cary Gottlieb

Questions

Question 11

a.Attached are copies of all sales scripts given to those soliciting for us. [501.605(2)(l)3, F.S.] [**X**]

b.We do not use sales scripts. [ ]

Question 12

a. Attached are copies of all sales information or literature we provide our salespeople or of which we inform our salespeople (including, but not limited to, scripts, outlines, instructions and information regarding how to conduct telephonic sales, sample introductions, sample closings, product information and contest or premium award information.) [501.605(2)(l)3, F.S.] [**X**]

b. We do not provide our salespersons with or inform our salespersons of any sales information or literature described in 12(a). [ ]

Question 13

a. Attached are copies of all written material we send any prospective or actual purchaser. [501.605(2)(l)3, F.S.] [ ]

b.We do not send any written material to any prospective or actual purchaser. [**X**]

Question 14

a. Does not apply. [**X**]

b. We offer to prospective or actual purchasers that the purchaser will receive certain items which may be referred to as gifts, premiums, bonuses, prizes or otherwise, and EACH of the following apply: [501.614, F.S.] [ ]

- The item(s) is/are offered unconditionally
- The buyer has seven (7) days to return the goods or cancel services

- The buyer will receive a full refund in thirty (30) days
- The buyer has the right to keep the gift, premium, bonus or prize without cost

c. If you or your salespeople represent or imply to prospective or actual purchasers that the purchaser will receive certain specific items or one or more items from among designated items, or a certificate of any type which the purchaser must redeem to obtain the item described in the certificate, whether the items are referred to as gifts, premiums, bonuses, prizes or otherwise, list the following: [ ]

Question 15

a.A purchaser receives all of the items described by our salespeople. [501.614(5), F.S. [**X**]

b. Complete the following in the event a purchaser does not actually receive all of the items described by the seller or salesperson: [ ]

Entered Information

- We decide which item or items a particular prospective purchaser is to receive in the following manner:
  -
- The odds a single prospective purchaser has of receiving each item described is:
  -

c. We do not represent or imply prospective or actual purchasers will receive certain specific items, one or more items among designated items or a certificate of any type which the purchaser must redeem to obtain the item described in the certificate. [ ]

Financial Institutions

Institution

Institution Name: JP Morgan Chase
Contact Name: Lisa Miller
Contact Number:

Address

3021 N Federal Hway
Fort Lauderdale, Florida 33308 USA

Accounts

[redacted]

Security Information

Security Type: Surety Bond
Security Amount: $50,000
Security ID Number: [redacted]
Security Begin Date : 08/07/2013
Security End Date: 08/06/2014

Security Institution Name: Hartford Fire Insurance Company

Security Institution Address

One Hartford Place

Hartford, Connecticut 06155 USA

Security Institution Phone: 866-467-8730

Uploaded Documents

All Uploaded Documents

Name	Description	Type
Alertlink Verification.doc		TC12A
Alertlink Phone Service Units.doc		TC12A
Alertlink Products Description.doc		TC12A
Alertlink Sales Script.doc		SCRIPTS

Verification Information

Verification Questions

I understand that the Florida Department of Agriculture and Consumer Services will conduct a background investigation of the individuals listed in the application.
Accepted: [**X**]

I hereby give my permission and waive any provisions of law that forbid any court, police agency, employer, firm or person from disclosing any knowledge or information they have concerning me which is requested by the Florida Department of Agriculture and Consumer Services. I further consent and request that the Director of the Division of Consumer Services, or his representative, be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation.
Accepted: [**X**]

Any commercial telephone seller or salesperson who falsifies information on an application commits a felony of the third degree, punishable as provided in F.S. 775.082, F.S. 775.083, or F.S. 775.084.
Accepted: [**X**]

Preparer Information

Preparer Name: Frances Fiman Pickens
Preparer Phone: 954-[redacted]

Signature Information

Signature Name: Frances Fiman Pickens
Signature Date: 9/11/2013

Attachment XX

ALERTLINK SALES SCRIPT EXHIBIT 2

(INTRO):

Hi my name is _____ with Alert Link. May I ask with whom I am speaking?

Hi Mr/Mrs_____ as you saw in our advertisement, you have been selected to receive a complete senior Medical Alert System for either you or a family member. This medical alert is available for a low monthly fee of $34.95 per month with no contract or activation fee.

(SCRIPT):

This is the same system that is has been featured on TV, the Internet and lots of magazine ads. Our medical alert systems are recommended by over 65,000 healthcare professionals.

Medical alert systems are essential in helping to keep you or your loved ones safe and secure in the event of a medical emergency. Are you familiar with the Medical Alert System?

(Customer Name) the way it works is simple. If you or a family member has a medical emergency, fire, or burglary, even something so simple as a fall that you have difficulty getting up from, simply push the button on a lightweight waterproof necklace or bracelet and speak hands free from anywhere in the home to a live operator, who is a fully trained Emergency Medical Technician, who has all your personal contacts on file. They will attempt communication with you, evaluate your situation and immediately get help for you, notify family or 911, and comfort you until help arrives. However, whether we communicate with you or not, help is always on the way, from anywhere inside your home as well as your property outside. This medical alert unit has an approximate range of 800 ft, depending your home's configuration. There is no charge for the equipment you are only billed for the monthly monitoring service. Our service is one of the most affordable on the market. You pay only $34.95 for your first month of risk free service, shipping and handling is $ 9.95, and it can be cancelled at any time, there is never a long term contract.

You total package includes:

The Medical Alert Base station with speaker and 800 ft. range, so if you are in the same room as your base station you can even answer your phone without getting up. You have a choice of communicator button – either a necklace style (with breakaway lanyard) or wrist and for all of this you pay nothing except the Emergency Medical Technician monthly monitoring fee of $34.95 each month .

(BILLING INFORMATION)

(Customer Name) we would like to ship your equipment out to you ASAP, so it will arrive within

the next 7-10 business days. Your service starts as soon as you receive and connect it.

And remember there is no contract and no activation fee.

Now I just need to verify that we have all of your information in our system correctly.

• We have your first name as _____. Correct?

• We have your last name spelled _____. Correct?

• And is this unit for you or someone else? And what is their name?

• And I have your mailing address as _____. Is that correct? Is this the address you would like your package mailed to? (Spell it out to ensure accuracy)

• Is that the address where the equipment will be installed? (If not): What is that address?

• What's the phone number there? And this is a VOIP or regular landline?

• And the billing address?

• And your email address?

And for the monthly Emergency Medical monitoring, which card would you like to use? VISA, Mastercard, Discover, or American Express? (*If they say they do not have a credit card, then say* "Okay, do you have a debit card, we can go ahead and get you signed up with that instead?") Okay, now please keep the card handy, you will need to read card number again to our secure processing and shipping department. For your safety, only our secure processing department is authorized to charge the credit card in our system.

(BILLING CONFIRMATION):

Great! Now (customer name) today's date is (Full Date) Your first month of service will be billed

today at only $34.95 to the credit card (checking account) you are providing to our secure processing department today, ok? (Need affirmative response) You will receive your entire package in about 7-10 business days (unless Post Dated) which will include the state of the art monitoring system, pendant/necklace . There will be no contract, and you can cancel at anytime. After the first month, we will simply bill your credit card (checking account) once a month for only the $34.95 service fee for as long as you keep the service. Ok? (need affirmative response here)

Mr/Mrs _____ don't forget to activate your system as soon as you receive it by plugging it in and making a test call. That way you are protected as soon as you receive it rather that it just sitting in a box. If you have any questions please call Alert Link at 800-939-1672.

(Call for a floor manager to confirm the order.)

(Submit Order now)

Mr/Mrs _____ I'm now going to transfer you to the order confirmation and verification department and they will go over the last few details with you, I enjoyed speaking with you and have a great day.

Attachment YY

Verification Script

ALERT LINK

Thank you, Mr.Mrs. _____. My name is _____ in the order confirmation and fulfillment center here at ALERT LINK. We are so very glad that you have chosen to order the ALERT LINK system. I just need to confirm your information so that we can process your order and ship it right out to you.

So let's get started, ok?
You are (first/last name), and the billing address for your credit card is (billing address). The shipping address is (either state the billing address or say 'the same'). May I have a daytime phone number for delivery purposes?

I understand you are using you (state credit card type ending in XXXX) Would you verify that credit card number for me once again? May I have the expiration date please?

(Agent should repeat all information)

I also need to verify who will be using the ALERT LINK. Is it you or a loved one? I need some additional information for the person who will be relying on the Lifeline, so I have to verify a bit more information.

(Ask the following questions)
1. Is the end user a male or female?
2. first name (if different from billing/shipping)
3. Middle initial
4. Last Name
5. Is there an email address? (collect it)
6. Home phone number for end user
7. Subscriber address
8. Does the subscriber want a wrist strap or a neck pendant (choose only one)
9. If the buyer is not the subscriber, collect the relationship of the buyer to the subscriber.
10. Ensure that the subscriber has a regular land line as their phone.

Super! I just need to go over a few more bits of information with you and we'll be all set.

ORDER RECAP

It is required that you read this script, (filling in the blanks) for ALL orders placed.

Mr. / Ms. _____ Let me remind you that you are receiving Free Activation. Once you activate the service, your credit card will be charged only $_____ a month plus

applicable state taxes. _____ will submit your information to our monitoring service provider, ALERT LINK, for future billing. Then, you will be continue to be billed on a monthly basis. You may cancel your service at any time. Once you receive your service, you can call --------- if you have any questions or need to make changes to your account. Do I have your permission to place your order?

Great! When ALERT LINK calls you to confirm delivery we will ask for additional information to ensure your Lifeline profile is set up as you want it. Please grab a pen and paper and I'll prepare you for the information to provide when they call.

1ST We will ask for RESPONDERS
Responders are the first people the Response Center will call to come to your aid, unless the need for emergency service personnel such as police, fire or ambulance is indicated. Responders are usually relatives, friends, or neighbors who are within 15 minutes and have access to a key.

2ND We will ask for NOTIFIERS
Notifiers are individuals that the Response Center will call after an incident is resolved. These are usually family members or healthcare providers who want to be informed of your well being.

3rd We will ask about any Medical Conditions
In the event local emergency providers are summoned, we will advise them of any medical and physical conditions.

Finally, They Will Ask You For Any… Any allergies, any special directions to your home, and the location to your hidden home key in the event the local emergency services are summoned to the home.

CLOSING:
"We are all set. Should you have any questions please give the ALERT LINK Customer Service Center a call at 800-939-1672 Thank you for your order and have a great day!

Attachment ZZ

Alertlink Phone Service Overview

PHONE SERVICE	***UNIT***
AT&T	***Basic***
BellSouth	
Verizon	
Verizon FIOS	

PHONE SERVICE	***UNIT***
BellSouth DSL	***Basic w/filter***
AT&T DSL	Unit Needs a DSL Filter, they can buy it in Radio Shack
ISN DSL	
Frontier	



PHONE SERVICE	***UNIT***
Optimum	***VOIP***
Comcast	
Charter	
Timewarner	
Windstream	
Knology	
COX	
Vonage	
Bright House	
Century Link	
Frontier	
Quest	

PHONE SERVICE	***UNIT***
Magic Jack	***VOIP***
AT&T Uverse	
Oama	

PHONE SERVICE	***UNIT***
No Phone service or Cell phone	***Cellular In-Home***

ALERTLINK EXHIBIT 14A



Basic Medical Alarm **Our Basic Unit, Only works with Landline,** **NOT DIGITAL PHONES - Waterproof button** **Nuestra unidad basica, solo trabaja con linea telefonica normal,** **NO TRABAJA CON LINEAS DIGITALES - Boton Resistente al agua**	**Product** **$34.95** per Month **$99.99** every 3 Months **$384.45** per Year



Medilok Lockbox **Lock to be installed in the front door knob,** **with a compartment that holds up to 4 keys,** **Avoid broken doors.** **Candado de seguridad que se coloca en la perilla de la puerta,** **con compartimento para guardar hast 4 llaves,** **Evite puertas rotas**	**Product** **$40.00** One-time Fee for Purchase **$30.00** One-time Fee for Purchase **$20.00** One-time Fee for Purchase



VoIP Unit **Our Magic Unit, works with either Landline or digital phones. Waterproof button** **Nuestra mejor unidad, trabaja con lineas telefonicas normal y digital. Boton resistente al agua**	**Product** **$34.95** per Month **$99.99** every 3 Months

ALERTLINK EXHIBIT 14A

	$384.45 per Year



**** In order screen – Sell as Mobile GPS unit. Add in Notes: 'Purchasing Cellular In-Home unit'**

Cellular In-Home Unit **Cellular Unit, no need of a phone in the house, works with cellphone towers around.** **Waterproof button** **Unidad Celular, no necesita linea telefonica, trabaja con las torres celulares alrededor.** **Boton resistente al agua**	**Product** **$44.95** per Month **$134.85** every 3 Months **$539.40** per Year



Mobile Help Cellular **GPS Unit, wireless unit with a 24 hour battery, comes with an extra battery.** **Have a GPS Locator that allow EMT to find the senior anywhere. NOT WATERPROOF** **UnidadGPS, unidad inalambrica con bateria de 24 horas de carga, trae una bateria extra.** **Tiene localizador GPS que permite a la ambulancia encontrar al cliente en cualquier parte.** **NO ES RESISTENTE AL AGUA**	**Product** **$44.95** per Month **$134.85** every 3 Months **$539.40** per Year



Extra Buttons - Wrist **Extra Wrist button, in case the customer would like to add the spouse to the service.** **Can only be offer with the Basic, VOIP, Cellular and Fall Detector units** **Boton adicional para la muñeca, cuando el cliente quiere añadir al esposo a la cuenta.** **Solo se puede ofrecer con la unidad Basica, VOIP, Celular y Fall detector.**	**Product** **$5.00** per Month for Rental **$15.00** every 3 Months for Rental **$60.00** per Year for Rental

ALERTLINK EXHIBIT 14A



Extra Buttons - Neck **Extra pendant button, in case the customer would like to add the spouse to the service.** **Can only be offer with the Basic, VOIP, Cellular and Fall Detector units** **Boton adicional para el cuello, cuando el cliente quiere añadir al esposo a la cuenta.** **Solo se puede ofrecer con la unidad Basica, VOIP, Celular y Fall detector.**  	**Product** **$5.00** per Month **$15.00** every 3 Months **$60.00** per Year
Fall Detector **Fall detector, button have a sensor that detects when the customer is falling or is laying down** **Only works with Landline, NOT DIGITAL PHONES. NOT WATERPROOF** **Nuestra unidad basica, solo trabaja con linea telefonica normal,** **NO TRABAJA CON LINEAS DIGITALES. NO ES RESISTENTE AL AGUA**	**Product** **$40.00** per Month **$120.00** every 3 Months **$480.00** per Year

Translation Option **Our monitoring centers have over 200 different languages** **Nuestros centros de monitoreo tienen mas de 200 diferentes idiomas disponibles**	**Product** **$5.00** per Month **$15.00** every 3 Months **$60.00** per Year

ALERTLINK EXHIBIT 14A

Deposit Fee – ONLY FOR CANADIAL ORDERS -

For the Basic, VOIP and Cellular In-Home we need to add this prices:

Monthly:
- 39.95 with a $100 deposit fee charge
- 49.95 with a $50 deposit fee charge

Quarterly:
- 119.85 with a $100 deposit fee charge
- 149.85 with a $50 deposit fee charge

Annual:
- 479.40 with a $100 deposit fee charge
- 599 with a $50 deposit fee charge

For the Fall Detector:
- 50 Monthly with a $100 deposit fee charge
- 150 Quarterly with a $100 deposit fee charge
- 600 Year with a $100 deposit fee charge

Attachment AAA

ALERTLINK PARTNERSHIP AGREEMENT

I Slingshot Inc, of 7027 W. Broward Blvd Ste 394, Plantation, FL 33317, and Peacewatch Enterprises Inc, of 226 Merrick Road, Ste. 104, Lynbrook, NY 11563, have agreed to form a partnership named Alertlink. The principal place of business for this partnership shall be 7027 W. Broward Blvd. Ste 394, Plantation, FL 33317, in the State of Florida, County of Broward. The partnership will commence on August 01, 2013 and will operate until: a) both partners decide to end the partnership or b) death or disability of both partners. The purpose of the partnership is to conduct the lawful business of providing telephone call services to the public.

There is no monetary contribution provided to begin this partnership, other than such monies required for licenses, registration, office supplies and such other monies as required to establish the partnership services. Each partner will contribute their individual talents and abilities to achieve survival and success of the partnership entity.

Compensation to Partners shall consist of an agreed upon salary and/or distributions, which each partner receiving equal compensation, or 50% (fifty percent) of net profits or loss. The responsibilities of each partner will be determined during the course of operating the business. Job descriptions and performance of each partner according to these job descriptions will be determined at a future date.

The fiscal year of the Partnership shall be the calendar year ending December 31.

The partnership will operate on a Cash accounting method.

Disputes will be handled by mediation by a mutually acceptable party.

The parties shall form a General Partnership. The name of the partnership shall be as listed in Section One, and will hereafter be referred to as "the Partnership".

The Partners shall execute and file in the proper offices certificates as may be required by the Fictitious Name Act or Assumed Name Act or similar law in effect in the counties and other governmental jurisdictions in which the Partnership may elect to conduct business.

The names of the General Partners are listed as above, and shall be referred to as "Partner(s)" hereafter.

Any successors elected to take the place of a Partner listed above shall be selected by all of the other Partners unanimously, and may also be required to buy in to

the partnership by unanimous vote of the other partners, under the buy out provisions of this Agreement.

The initial office of Partnership shall be as heretofore listed, or such substituted or additional places of business as may be designated by the Partners from time to time.

Upon the request of the Partners the parties hereto shall immediately execute all such certificates and other documents recording, publishing and other acts appropriate to comply all requirements of the formation and the operation of the Partnership under the laws of this State, and all other jurisdictions where the Partnership proposes to conduct business.

As a result of each Partner's initial capital contribution to the Partnership, each Partner shall own the Capital Percentage set forth above.

The Partnership intends to admit as Partners, in the discretion of the General Partners, those persons who can make a significant contribution to the function of the business provided. The Partners shall assign their interest in the Partnership Property and shall receive an ownership interest determined by the General Partners in the Net Profits, Net Losses, credits, deductions and Cash Distributions to which are the Partners are collectively entitled.

CAPITAL CONTRIBUTIONS

Any capital contributions shall be expended by the Partners in furtherance of the business of the Partnership. Although the Partners may make Distributions with respect to the Capital Percentages and percentage ownership interests during the term of the Partnership in return for the capital contributions during the Partnership, pending the use of contributions during the term of the Partnership. Pending the use of contributions in Partnership operations, such contributions shall not be co-mingled with the funds of any other person or entity, except that the funds may be deposited in an account in the name of the Partnership in any bank or financial institution that Partners deem appropriate.

If the Partners, at any time or from time to time, determine that the business of the Partnership requires capital for any reason in addition to that contributed by the Partners, that amount shall be a loan payable by the Partnership to the Partner at an interest rate of 2% (two percent) over the United States Government prime rate of interest. In no event shall such loans made pursuant to this paragraph be converted to capital contributions.

PROFITS, LOSSES, AND CASH DISTRIBUTIONS

All "Net Profits" and "Net Losses" shall be those determined by generally accepted accounting principles for Federal Income Tax purposes. Net Profits or Losses

shall be determined at the close of business of each year in accordance with the generally accepted accounting principles.

An individual capital account and individual income account shall be maintained for each Partner. All cash distributions shall be made among the Partners in accordance with their respective Capital Percentages on the date of such cash distributions and to the Partners in accordance with their respective shares of the Partners' interest in the Partnership except where such unequal distribution is mutually agreed upon by the Partners.

Items of Net Profit and Net Loss shall be equally allocated among the Partners. Cash Distributions shall be allocated among the Partners as mutually agreed upon by the Partners. The Partners in their discretion shall determine the amount of cash required to be retained by the partnership for its operation.

Net Profits and Net Losses of the Partnership with respect to each fiscal year distribution shall be allocated to each Partner among the Partners in proportion to the ratio of the cash distribution allocated to each Partner; with respect to that fiscal year to the cash distributions allocated to all Partners; with respect to that fiscal year and by assuming that any undistributed cash available for distribution in that fiscal year had been distributed in that fiscal year. If there are no cash distributions in any fiscal year, Net Profits and Net Losses shall be allocated among the Partners in accordance with their respective Capital Percentages and in accordance with their respective shares of the Partners' interest in the Net Profits, Net Losses, Cash Distributions, credits and deductions of the Partnership. If any Partner is not a Partner for an entire fiscal year, or if the Capital Percentage of a Limited Partner has changed during such year, the share of Net Profits and Net Losses allocable to such Partner shall be determined consistent with the portion of the year during which he or she was a Partner and by taking into account his or her varying Capital Percentages during the year.

MANAGEMENT

The Partners shall be solely responsible for the management of the business, with all powers necessary, advisable or consistent to that end. Notwithstanding any provision of this Agreement or law to the contrary, all powers, rights, duties and obligations of the Partners under this Agreement or under law shall and must be exercised with the agreement of all the Partners, and all decisions and actions on behalf of the Partnership, in order to have any legal validity or effect, shall be pursuant to that vote. That vote may be taken at a meeting or otherwise, and all Partners shall have at least five days' written notice of such meeting or vote or waive such notice of the meeting or vote. Any decision or action in the absence of a unanimous vote of all Partners authorizing the decision or action shall be null and void, and of no legal force or effect. Notwithstanding anything in the Agreement to the contrary, the Partners shall have the legal and proper powers necessary for the operation of the business.

The Partners may designate at any time in a Notarized Partnership Certificate and Notice of Right to do Business under an Alternative Name recorded or filed with the proper governmental authority the named persons who have the authority for the partnership to sign legal documents and bank checks and other disbursements for the Partnership.

The Partners shall devote as much of their time to the business of the Partnership as they, in their exclusive discretion, shall determine to be necessary to carry on and conduct the same in a prudent manner. They may engage in other activities, and as general Partners of organizations such as the Partnership. If the other organizations compete or tend to compete with this Partnership, the partner who wishes to engage in the potential competing business must have written consent of all Partners in the Partnership.

The Partners shall keep books of account of the Partnership adequate for its purposes. The books of account shall be maintained at the principal place of business of the Partnership and shall be open at all reasonable times to inspection and copying by any Partner. The books of account may, at the sole discretion of the Partners, be audited at end of each accounting year by a Certified Public Accountant selected by the Partners.

The Federal Income Tax Returns for the Partnership shall be prepared at the direction of the Partners. A copy of the Schedules K-1, Partner's Share of Income, Credits, Deductions, etc., shall be completed in form which is satisfactory and final to the Partners and shall be sent to all of the partners not more than thirty days after completion.

All Partnership funds shall be deposited as the Partners deem fit and necessary. The Partners may, in their sole discretion, invest any Partnership funds not then required for operation of the Partnership's business in securities which, in the judgment of the Partners, offer appropriate safety of principal, liquidity, and yield.

Meetings of the Partners may be called at any time upon reasonable notice in writing, unless waived during such meeting. Written minutes of the business transacted at Partnership meetings shall be made and retained at the Partnership office only if requested by any Partner. Generally, minutes will not be made unless so requested.

DISSOLUTION OF THE PARTNERSHIP

The Partners shall dissolve when:

a) The Partnership disposes of its entire interest in all of its Partnership Property and any mortgage, deed of trust, agreement of sale or similar interest which the Partnership may acquire in exchange for such Property; or

b) Any of the Partners are adjudged bankrupt, make an assignment for the benefit of creditors, commit an act of insolvency, or are adjudged insane or incompetent.

c) If the partners should come to want a quick exit from the partnership agreement, they may make a written offer including the exact dollar amount and terms for which he/she will sell their interest to the other partner(s), terms of payment, and time schedule. Partners may only sell to other partners. Any disagreement as to the value of the partnership will be decided by mediation. The other partners shall agree to the purchase or sale in written form.

In the event of the dissolution of the Partnership the Partnership, unless re-established as provided, shall be liquidated and the proceeds of such liquidation shall be applied and distributed in the following order of priority;

a) to the payment of the lawful debts and liabilities of the Partnership (other than loans or advances that may have been made by the Partners to the Partnership) and the expenses of liquidation;

b) to establishing any reserves which the Partners may deem reasonably necessary for any contingent or unforeseen liabilities or obligations of the Partnership or the Partners arising out of or in connection with the Partnership. The Partners will then distribute the balance thereafter remaining in the manner hereinafter provided;

c) to the repayment of any loans or advances that may have been made by any of the Partners to the Partnership, but if amount available for such repayment shall be insufficient, then pro rated on account thereof; any balance remaining shall be distributed to each Partner in the Partnership according with his or her respective Capital Percentage and to each of the General Partners in accordance with his or her interest in the Partnership, all as set forth herein.

Upon the retirement, resignation, adjudication of bankruptcy or insolvency, or an assignment for the benefit of creditors the successor Partners shall purchase the Partnership Interest of the Partner in question for a purchase price determined by the agreement of the successor Partners.

Upon the insanity, death or disability of any of the Partners, the successor Partners shall receive the interest of the Partner in question. The value of the Partner in question's share shall be determined by the successor Partners and paid to the Partner in question or their heirs or assigns as quickly as possible after receipt of funds necessary to recompense the partner in question or its heirs of assigns. The successor Partners shall notify the partner in question or their heirs or assigns of the valuation and date of payment within 30 (thirty) days of receipt of the partner in question's shares.

The period of payout shall be as quickly as possible while permitting the continued successful operation of the Partnership. Disputes as to what is reasonable

may be resolved by mediation. Life insurance or Disability Insurance may be used to facilitate the payments.

The Partners shall forfeit their interest in the Partnership in the event they sell, assign, transfer or pledge as collateral for a loan or as security for the performance of an obligation other than in connection with the business of the Partnership. This restriction shall be automatically removed if and when the Partnership's interest in all or substantially all of its assets terminates or upon dissolution of the Partnership.

In the event of a dispute between the Partners, the disgruntled Partners may 1) resort to mediation to resolve the dispute; or 2) buy-out the shares of the Partners in question or 3) dissolve the Partnership. The value of the shares is determined by the Partners as referred to herein.

The Partners are authorized to make ministerial changes in the Agreement to satisfy requirements contained in any opinion, directive, order, ruling or regulation of any federal or state agency or in any federal or state statutes, compliance with which, upon the advice of Partnership counsel, is deemed to be in the best interest of the Partnership, or to make other ministerial amendments to this amendment which, in the opinion of Partnership counsel, do not have a material adverse effect upon the rights or interest of the other Partners. The Partners shall give written notice to all Partners promptly after any such amendment has become effective.

The Partnership shall insure itself and the Partners against damage to property, injuries and death to persons by public liability insurance and by any other type of insurance the Partners deem advisable for the Partnership, all in such amount as the Partners deem necessary.

The Partners hereby waive any right of partition as to the Partnership property and waive any action which might be available to them with respect to such Property for the purpose of severing their relationship with the Partnership.

Whenever any notice is required or permitted to be given under any provision of this Agreement, such notice shall be in writing, signed by or on behalf of the person giving the notice, and shall be deemed to have been given when mailed by prepaid registered or certified mail, with or without request for return receipt, to the person or persons to whom such notice is to be given, addressed, in the case of the Partnership or the Partners, to the Principal place of business of the Partnership.

Such pronouns as "he or she", "him or her", etc. with "Partner" as the antecedent shall be deemed to refer also to a Partner who is a partnership, a joint venture, an association, a corporation, or a trust.

Each Partner shall promptly execute all agreements, certificates, tax statements, tax returns and other documents deemed necessary and appropriate by the Partners to

effectuate the agreements contained herein. Each Partner, by his or her execution of the Agreement, irrevocably ratifies this agreement.

All legal, recording and related expense in connection with the formation and qualification of the Partnership shall be considered and treated as Partnership Expenses.

This agreement shall be binding upon the parties hereto and their respective heirs, executors, administrators, representatives, successors and permitted assigns.

This Agreement and all amendments hereof shall be governed by the laws of the state in which this Partnership is formed, as heretofore listed.

This Agreement may be signed in any number of counterparts, each of which shall be an original, but all of which, taken together, shall constitute one agreement. It shall not be required that any single counterpart hereof be signed by all of the Partners, so long as each Partner signs any counterpart hereof.

This constitutes the sum total understanding of the agreement between the Partners.

IN WITNESS WHEREOF, the undersigned have executed this agreement effective on this date.

I SLINGSHOT INC, Cary Gottlieb, President

PEACEWATCH ENTERPRISES INC, Hing Tack Chen

THIS IS TO CERTIFY THAT I SLINGSHOT INC AND PEACEWATCH ENTERPRISES INC personally known to me or identified by their drivers licenses appeared before me, the undersigned, a notary public in and for the State of Florida, County of Broward on this 4th day of September, in the year 2013 and executed this Partnership Agreement. Witness my hand and Official Seal.

NOTARY PUBLIC

My Commission expires: 1/3/16

JOHN M. TEJADA
Notary Public - State of Florida
My Comm. Expires Jan 3, 2016
Commission # EE 157018

Attachment BBB

PeaceWatch Enterprises Inc.

平安守護企業有限公司

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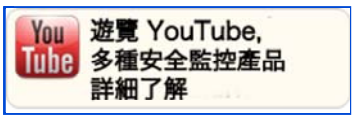
請務必填寫 *

First Name 名字*
Last Name 姓氏*
Address 地址
City 城市
State 州
Zip 區號
Phone 電話# *
Email 電郵
我們可以提供何種幫助? ?
你如何知道我們的?
選擇
送出





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迷你報警器
觸動求救按鈕,
接到911提供雙向通話.



了解更多



"我感到平安及放心…
媽媽可以獨立了"

在危險未發生前
請即申請
立即申請

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Attachment CCC

INBOUND SCRIPT

Senior Care Line, This is (rep Name) agent number (say agent number), may I ask whom I am speaking with? (Enter their name in web form) And in case we get disconnected, is this the best phone number to reach you back on?

Okay, Great for responding today to our Senior Care Line, you've been selected to receive a FREE medical alert system package that has a value of over $400 dollars and you will also receive $3000 dollars in grocery discount coupons.

I'm sure you are familiar with the medical alert system and how it works. If you have a medical emergency, fire, burglary, or even something as simple as a fall that you have difficulty getting up from, you simply push the button on the lightweight waterproof necklace or bracelet and speak hands free from anywhere in your home to a live certified Emergency Medical Technician (An E.M.T.). They will evaluate your situation, immediately get the help you need, notify family or 911 and comfort you until help arrives. Your alert button works anywhere in the house and it even works outside on your property. It has an 800 foot range. That's over one eight of a mile.

This device could really help you in time of need and could even be lifesaving. This device will give you the peace of mind that you need, allow you to feel safe and make sure you never feel alone in case of an emergency. Mr./ Mrs. (Their last name), You will never have to feel helpless, worried or by yourself in an emergency situation.

Our device has been recommended by thousands of hospitals and more than 65,000 healthcare professionals. Our device has been helping save the lives of America's senior citizens for over 30 years.

Your Medical Alert System package includes:

- A Medical Alert Base Station with a loud speaker and a very sensitive microphone
- A waterproof Wrist or Necklace button
- Free shipping and Free activation
- A Voice Remote, which is an easy to use device that allows you to answer and talk on the phone by simply pressing your necklace button. So no more getting up to answer the phone and no more missed calls.
- An away from home "Protection Card" that gives emergency personnel 24 hour a day/7 day a week access to your important medical information.
- And last but not least, you will receive $3000 dollars in grocery discount coupons. These grocery coupons can be used at the same grocery stores that you shop at now to buy the exact same products that you purchase every week. You can use the grocery coupons to save money each week on your grocery bill until you've spent the entire $3000 dollars. You simply select the coupons that you want for the products that you buy every week and that savings goes right into your pocket.

The equipment is COMPLETELY FREE and the shipping is also FREE. The emergency medical alert system package alone would normally cost over $400 dollars, but today you pay ABSOLUTELY NOTHING for the equipment and for the $3000 dollars in grocery discount coupons. The only thing you would be responsible for TODAY is the Emergency Medical Technician monthly monitoring fee of just $34.95. Everything else is FREE. Also, there is no contract whatsoever and you can cancel at any time with no cancellation fees.

Now remember, the $3000 dollars in grocery savings can actually save you more money than your first 3 years of fees for the monitoring of your emergency medical alert system. This is our way of helping make our system more affordable to seniors without affecting your budget or changing your lifestyle. If you ever decide to cancel your medical monitoring service, you can keep the $3000 in grocery savings as our gift to you. Okay, Mr./Mrs. (Their last name) so what address would you like your Emergency Medical Alert System shipped to? (Type their address in the customer information form)

And for the monthly Emergency Medical monitoring, which card would you like to use? **VISA, MasterCard, Discover, or American Express**? (If they say they do not have a credit card, then say "Okay, do you have a **debit card**, we can go ahead and get you signed up with that instead?") (If NO credit card or debit card, then read rebuttal #8-#33)(after you exhaust rebuttals for card) we can get you signed up with your checking account instead, so go ahead and grab a check so we can get some information off of it. (If no checking account, then say "Do you have a savings account?") (If yes, say "Okay, go ahead and grab a bank statement so we can get some information off of it.")

Do you have a spouse or someone else in your home that you would also like to be protected? (If Yes, then go on, IF No skip to "slide 6") Okay we will also send you, for FREE, and additional wrist or necklace button for your spouse, the only thing you will need to pay is an additional $5.00 per month to cover the Emergency Medical Technician monitoring. So you and your spouse would be protected for just $39.95 per month and all of the equipment and shipping is still FREE.

LAST STEP- Close Up and Transfer to Confirmation

Great, your equipment will be shipped to you at (Repeat Shipping Address) and will arrive within the next 7 to 10 business days. The billing cycle doesn't start until you active your system, as soon as you receive it, by plugging it into your phone line jack and pushing the button. This will make a test call and activate your system and immediately start protecting you. Okay, I am going to transfer you to our confirmation department so they can give you your order number and verify that I entered all of your information into the system correctly. They will also give you our customer service number in case you have any additional questions. Thank you very much and I hope you enjoy the safe feeling of having a medical alert system.

Please hold while I transfer you to the confirmation department. Don't hang up until you talk to the confirmation department, okay? (Wait for them to say okay)

Transfer call to Confirmation

How to Flip A Check Guide

MR/ MRS _____ I see the system says that at BANK NAME____ you actually received a little plastic card known as a debit or check card with your account and by using this card we can actually get you processed today and get you your system much faster versus a check which will take anywhere from 7 to 10 business days. And we want
to get you protected faster So go ahead and grab that card so we can get you processed today and get you your system out much faster I will be right here when you get back

***If they do anything but go get that card, say "Mr/mrs just ahead and grab your wallet and just read me the cards you have because sometimes you might overlook it and not even know that you have one, so go ahead and grab your wallet I will be right here when you get back……

Attachment DDD

2 I need to speak with my Spouse/ Family.

I completely understand. However I don't think that any of your family would not understand that you want to protect yourself and ensure your safety in the event of an emergency. You never know when you may need help and are unable to contact someone at the moment. Senior Care Line is with you 24/7, 365 days a year for as little as about a dollar a day. So let's go ahead and get your equipment out to you. Remember, you are receiving the equipment worth over $400 dollars absolutely free. I can't guarantee that savings at any other time, so let's go ahead and get you registered.

3 I can't make a decision without my Spouse or Family

I'm fairly confident that they would agree that saving $400 dollars on the equipment cost and protect yourself just over a $1 a day is a smart decision And I also want you to know that you can actually add your spouse to this program if you would like for only and extra $5 per month. That brings down the cost to less than 67 cents per day. Remember, you can cancel at any time with no obligation so even if you try it for a month or two and you find it's not for you, simply call us to cancel with no questions asked and you are in the clear. So let's get you registered.

13 I have never heard of your company

(Customer Name) If we were not who we say we are there's no way we would have lasted for over 30 years. We have maintained our relationships with all the banking and regulatory institutes since we came into existence and that would not happen if we did not deliver 100% customer satisfaction. We simply want to impress you and hope in return you will refer us to your friends and family. So let's get you registered.

14 What are the outcomes of senior citizen falls?

Twenty to thirty percent of people who fall suffer moderate to severe injuries such as lacerations, hip fractures, or head traumas. These injuries can make it hard to get around or live independently, and increase the risk of early death.

Falls are the most common cause of traumatic brain injuries, traumatic brain injuries account for approximately 46% of fatal falls among other adults.

Most fractures among other adults are caused by falls.

In 2008, 82% of fall deaths were among people 65 and older. So let's get you registered.

16 Are you open 24 hours a day?

Yes. Care specialists and customer service associates are available to you 24 hours a day, 7 days a week to handle your emergencies or just answer your questions. Remember, we are always just one push of a button away. So let's get you registered.

17 How long have you been in business?

Senior Care Line has been in business since 1977. We have provided life safety services and peace of mind to tens of thousands of people for over 30 years and are among the leaders in our field. So let's get you registered.

18 If I call for emergency help, where does my call get answered, locally or out of state?

All calls go to Senior Care Line monitoring center to ensure the greatest level of service. We store all your local authority phone numbers in your record. In the event that you require assistance, we will notify parties responsible to go to your home. This information is verified by our data entry group before the system is sent to you. We pride ourselves at being the best in the business. So let's get you registered.

19 Can I change who is contacted on the weekends?

Again, the choices are all yours. We will do whatever instructions you provide. It's no problem at all. So let's get you registered.

20 How much or what information goes into your computer?

It's entirely up to you. We will input whatever information you wish to provide in terms of medical records, who to contact when and in what particular order. This is very important, because by having all your medical conditions and medical records on file, it will allow the emergency responders to know the best way to treat you if they need to go to your home. Knowing someone's medical conditions before you treat them can be the difference of life or death in a medical emergency. So let's get you registered.

21 If it's free why do you need my credit card/checking account information?

In order to ship out your equipment we need to know that you will use it for at least 1 month. Please understand that even though we provide you the equipment for free, which is valued at over $400 dollars, we would need to have a billing method on file for the monthly monitoring fee of only $34.95 per month. (customer name), as I have already mentioned, that breaks down to actually just over a $1 per day and for that we guarantee that within seconds of you pushing your button at any time, day or night, 365 days a year, we will be there for you. Surely the peace of mind that it provides for you and your family is well worth the low cost of just over a $1 a day. So let's go ahead and get you registered.

23 Do I have to program it when it arrives?

No, we take care of all that. You simply plug it into the phone jack the same way you would an answering machine and push the button to test it. It's that simple. So let's get you registered.

24 Does this work with Voice over IP phones?

Yes, absolutely, it works with any type of home telephone. So let's get you registered.

25 Do I talk to you through the necklace, bracelet, or belt clip button?

The button that you wear on the necklace, bracelet or belt clip activates our hands free voice console which is what we speak to you through. So let's get you registered.

26 Where are you located? Do you operate your own monitoring center?

Senior Care Line owns its own UL listed monitoring center, staffed with highly trained care specialists at our secure facility in New York. From there we monitor customers from all over the United States. So let's get you registered.

27 Are your operators fully trained and qualified?

All of our people complete 180 hours of classroom training before they ever take a phone call. All Senior Care Line specialists are CSAA (Central Station Alarm Association) certified. Our specialists exceed the highest standard for monitoring center personnel, plus supervisors are always present to ensure that calls are handled properly. So let's get you registered.

28 Once the button is pressed, does the call go directly to 911?

That's a great question. We can contact 911 immediately if that's what you want. You may also chose a different set of instructions but it's totally up to you. When you receive the system, you will set up instructions for us to follow and that's what we will do if you press the button. The choices are all yours. So, if you want a son, daughter, or anyone else called first, we will follow whatever instructions you gave us at the time you activated your system. **So let's get you registered.**

29 What if I'm in a different room from the system?

The speaker is extremely loud and the microphone is very sensitive. When you first receive the system we will test it with you so you will know exactly where it works best. The system receives the signal from the help button from up to 800 feet away. That's more than the length of 2 football fields. It is over an eighth of a mile! **So let's get you registered.**

30 What happens if I can't speak or can't be heard?

If we can't hear you, we will follow the instructions you gave us ahead of time when you activated you system. We will call friends, family, loved ones, 911 in whatever order you instructed us to call them at the time you activated your system. You will tell us who to contact first in the event that you are unable to speak or we can't hear you. Again, the choices are all yours. **So let's get you registered.**

31 Is the system automatically tested or do I have to test it?

Yes to both questions. The console test's itself every week by sending us a signal. Additionally we recommend that you push your help button at least once a month and talk to us for further reassurance. **So let's get you registered.**

32 Can I call because maybe I'm feeling faint but won't want 911 called: I just want someone called from my contact list instead?

Of course! That's why we're here. We will contact whomever you wish and whatever order you desire. **So let's get you registered.**

33 I Don't give out my credit card over the phone. How do I know that this is not a scam? What if I don't receive what you said I am going to receive?

Mr./Mrs._____ Have you ever heard of the Consumer Credit Protection Act? _____ Well, it's a series of federal laws that were passed in the United States to protect credit card holders. To sum it up, they say that anyone that uses their credit card over the phone or the internet is not liable for any charges unless they receive exactly what was promised to them. So there is absolutely no risk whatsoever. Over 70% of all Americans use their credit cards over the phone or internet. Phone and internet transactions would have never grown to a massive multi-billion dollar industry without the federal law protecting the credit card holders. So you have nothing to worry about. I would never ask you to use your credit card over the phone if you were not 100% protected by the federal credit card protection act. It's simple, you either get exactly what you were promised or you don't have to pay. Also, if someone uses your credit card without your authorization then you are not liable for any charges whatsoever. All it takes is one call to the bank and the law says they must reverse the charges and handle it right there while you are on the phone. So there is absolutely no risk to you whatsoever. A credit or debit card is the safest way to do anything over the phone because of these federal laws. Don't worry, everything is going to be okay, we are in the business of protecting Senior Citizens. Let's get you signed up, let's keep you safe. We've been protecting Senior Citizens for over 30 years. You will never have to feel alone again in a medical emergency. We're going to take care of you; we are going to keep you safe. So let's go ahead and get your FREE Medical Alert System sent out to you!!!!

34 My son/ Daughter wanted me to get a medical alert system but I don't think I need one.

I know you have been independent all your life and are probably struggling with the thought of losing some of that independence due to aging, but the reason your (son/daughter) wants you to get a medical alert system is because (he/she) probably knows the real statistics about senior citizen medical emergencies. (He/She) may not have wanted to scare you by telling you the facts, but let me tell you some of the things that your (son/daughter) probably knows. (Go to "How Big is the Problem Rebuttal 40")

35 I don't think I need a medical alert system

I know you have been independent all your life and are probably struggling with the thought of losing some of that independence due to aging, and I know you don't think you need a medical alert system but let me tell you some of the scary facts about senior citizen falls in the United States, and these facts don't even include any other medical issues (Go to "How Big is the Problem Rebuttal 40")

36 If they say they can't afford it.

"Do any other bills matter if you are not safe? This is the most important bill. If you don't survive a medical emergency then you won't be around to pay any of those other bills. So let's get you signed up and start keeping you safe" **so let's get you registered.**

38 They just won't do it without talking to their (son/daughter/husband/kids)

Mr. /Mrs. (_____). I agree with you, I don't want you to make a decision without your (son/daughter/husband/kids). I have a great idea, so just hear me out for a second, okay? We'll send you out the system, we will pay for the shipping, there will be no contract, there will be no cancelation fees, try it out TOGETHER with your (son/daughter/husband/kids) and then make a decision TOGETHER on whether or not you want to keep it. But if you and your (son/daughter/husband/ kids) decide you don't want to keep it, then there is no contract, cancellation fees, and we will pay to ship it back to us. This way you can try it with your (son/daughter/husband/ kids) and then make a decision TOGETHER on whether or not you want to keep the system.
Now, let's go ahead and get you signed up do you can give it a try together with your (son/daughter/husband/kids).

A REMINDER OF WHAT DECISION THEY ARE MAKING.....
Remember, the only thing you are doing today is agreeing to try the system with your (son/daughter/husband/kids) so you can make a decision together on whether you think the system is right for you.

39 FREQUENTLY ASKED QUESTIONS (FAQ's)

What do I get or how does it work?

We send you our Senior Care Line Speaker Unit which connects into your home phone. You also get a help button that communicates with the Senior Care Line unit using a built in microphone. Also included is a bracelet, necklace and belt clip, that you can attach the help button too. If you ever need help, you simply press the button weather it'[s on your wrist, around your neck or clipped onto your belt and you will be instantly connected to one of our care specialists who will immediately provide the help that you need.

Tell me about your product or how does it work?

You simply press a help button that you wear and you are instantly connected to one of our Emergency Medical Technicians through the Senior Care Line console. We will assist you in getting the help you need. We will contact family, friends, neighbors, an ambulance, or whoever you have instructed us to call when you activated your system. OUR System provides excellent assistance and peace of mind in any emergency situation.

What happens when I press the button?

When the help button is pressed, the call for help is sent to our monitoring center, the care specialist will speak with you through the Senior Care Line console, which is a very sensitive speakerphone. We will follow your instructions and call whomever you told us ahead of time to call. If you can't speak or we can't hear you, we will follow the instructions you gave us.

40 How big is the problem?

Each year, one in every three adults age 65 and older experiences a serious fall. Falls can cause moderate to severe injuries, such as hip fractures and head traumas, and can increase the risk of early death because of not getting help quick enough. Over 13 million adults 65 and older will fall and be injured this year, which means a senior citizen will fall every 2.3 seconds. Even though one out of three adults age 65 and older falls each year, less than half of them get the medical advice they should. Among other adults (those 65 or older), falls are the leading cause of injury death. They are also the most common cause of nonfatal injuries and hospital admissions for trauma. Each year, there are approximately 20,000 senior citizens that die from unintentional fall injuries. The death rates from falls among senior citizens, has risen significantly over the past decade. Each year, over 2.2 million nonfatal fall injuries among older adults were treated in emergency departments and more than 580,000 of the patients are hospitalized.

1 I'm not Interested #1

(Customer Name) Doctors refer to the first hour after an accident or a heart attack or a stroke as the golden hour. If they can get to the patient within that first hour the odds of survival are as high as 80%. As the time goes on those odds go down by the minute. Wouldn't you want to give yourself the peace of mind of knowing that if anything at all happens to you that we will be there for you at the push of a button and that help is on its way immediately? Surely that's worth about a dollar a day to you, so let's get you registered.

4 I still can't decide

(Customer Name) I know that you are interested otherwise you would not still be on the line with me, and I understand that you are on the fence about this. Let me ask you; is you safety and health worth about a dollar a day to you? (Wait for the answer) Please remember that because of this special promotion that's only available to you today, we are actually sending you all the equipment, absolutely free. That's a savings of over $400 dollars if you can accept the offer on this call. I can't guarantee that savings if you pass this up today. So let's go ahead and get you registered.

7 How and why is this promotion possible?

(Customer name) We can offer you this promotion at such a low cost because
Senior Care Line believes in customer loyalty. Instead of spending millions of dollars on advertisements such as TV, billboards, and radio, we have chosen to take those marketing dollars and invest them in you. We are hoping that by giving you all the equipment for free and asking for you to simply pay the monthly monitoring fee only, that you will tell friends and family all about us and hopefully you will refer some other people to us which in turn generates word of mouth advertising for us. That's the best form of advertising we can get and it makes for happier customers which is our number one goal. That makes sense to you, right? So let's get you registered.

6 I can't afford it.

(Customer name), I understand completely. In these tough economic times I can appreciate that things are tight. However, Senior Care Line is only about a dollar a day and that covers you in the event of an emergency where you may not be able to contact a friend or family member. What happens if you have an emergency situation at 3 or 4 in the morning? Senior Care Line will be there for you at the push of a button and will initiate help within seconds. You can't afford to be without it, so let's get you registered.

15 Discount Coupon Description/ Rebuttal

The discount coupons you are receiving are designed to help offset the price of your monthly monitoring, save you money and can be used for all kinds of things that you do and buy every week. These coupons include grocery coupons that can be used at the same grocery stores that you shop at now to buy the same products you buy every week and also include dining and other item coupons. You can use the $3000 dollars' worth of coupons to save money each week until you have spent the entire $3000 dollars. You simply select the coupons you want for the things you buy every week and the savings goes directly in your pocket. By using just $15 dollars in coupons per week you can pay for your monthly monitoring and put an extra $25 dollars back in your pocket each month. Our goal is to provide you with a way to keep yourself safe and protected and save you money by discounting the groceries and items you buy every week. So let's go ahead and get you signed up today so you can start feeling safe and protected as well as put some money back in your pocket each month. So let's get you registered.

5 Someone else makes my healthcare decisions

If you feel that you are unable to decide on this for yourself but it's something that you really would be interested in, I would be happy to get that person on the line so I could explain it to them so they fully understand it and you can let them know that this is something you want to do. Who makes these kinds of decisions for you? Would you like me to call them right now? What's their number?

9 I am on a fixed Income and can't afford it.

(Customer Name), is your health and safety, or maybe even your life not worth about a dollar a day to you or your family? Please remember that we are sending you over $400 dollars' worth of equipment absolutely free. I'm sure that once you inform your family that you would like to do this and could use a little help with the $34.95 monthly monitoring cost; that they would be happy to help. So let's get you registered.

10 Can you just send me a bill every month?

(Customer Name), unfortunately no! We would need to have a billing method on file for the monthly monitoring cost of only $34.95 in order to send you the actual monitoring equipment which is valued at over $400 dollars. Please remember we are giving that to you absolutely free, without even a charge for shipping to you. We simply ask you to cover the monthly monitoring fees. Let's go ahead and get you registered.

22 I'm not interested #2

(Customer name) I sincerely hope that you never need to use our service, but I can promise you this, if you do, we will be there for you at the simple push of a button and help will be on its way. This unit saves lives. You must agree with me that the peace of mind that this brings is most certainly worth a dollar a day, right? So let's get you registered.

37 If they are afraid to give out their information

Don't worry, everything is going to be okay, we are in the business of protecting Senior Citizens. Let's get you signed up, let's keep you safe. We've been protecting Senior Citizens for over 30 years.
You will never have to feel alone again in a medical emergency.
We are going to take care of you; we're going to keep you safe. So let's get you registered.

8 I don't want anything that needs my credit card or Checking Account info.

I can appreciate your concerns about protecting your account information. Remember, you can cancel at any time with no questions asked if you find that this is not for you. Our main goal is to have you refer our company to other seniors so we may provide the same level of service to them as will for you. They will thank you for that. This service saves lives. So let's go ahead and get you registered.

Attachment EEE

Florida Department of Agriculture and Consumer Services
Office of Agricultural Law Enforcement

ADAM H. PUTNAM
COMMISSIONER

REGULATORY INVESTIGATIVE STATEMENT

Date of Statement:	Month: FEB 02	Day: 03	Year: 2014	Time Started: 2:08 PM	DOCS Case # : 1312-58424
Complaint/Incident:					
Date of Offense:	Month: 02	Day: 03	Year: 2014	Time: 11:15	Subject /Business: ALERTLINK

Location of Offense: Address, City, County, State
5233 COCONUT CREEK PKWAY, MARGATE, BROWARD, FL 33063

Person Code*	Name (last, first, middle):	Age:	DOB:	Race:	Sex:
	ALLOGGIAMENTO, PAUL NMN	[redacted]	/ /	[redacted]	
	Address Res.: [redacted], POMPANO BEACH FL		Zip: [redacted]	Phone: 954-[redacted]	
	Address Bus.:		Zip:	Phone:	

Occupation: TELEMARKETER
Company: ALERT LINK

Place of Birth: [redacted]

Type of ID shown: FL DL
ID# and State if applicable: [redacted]

I, PAUL ALLOGGIAMENTO, do hereby voluntarily make the following statement to: CRAIG MOON, who has identified themselves as a Regulatory Investigator with the Florida Department of Agriculture and Consumer Services, Office of Agricultural Law Enforcement. I understand that the investigator is empowered to place persons under oath for the taking of sworn statements. I fully understand that any statements made by me while under oath which are not true constitute a crime of Perjury, punishable by imprisonment in a State Institution. This statement is made freely and voluntarily and I have not been threatened, coerced, or induced to make this statement.

Time Statement Ended: 2:20 PM
Statement Taped: ☐ Yes ☒ No

*** Suspect=S, Victim=V; Witness=W; Juvenile=J; Law Enforcement Personnel=LE; Other=O**

Sworn to and subscribed before me, this 3rd day of February 2014

Signature: [signature]

☒ Notary Public ☐ Law Enforcement Officer

☐ This Affiant is Personally Known To Me
☒ Produced Identification: ID Type Florida Driver's License State Florida

ID# A425 680 50 147-0

I swear/affirm the above and/or attached statements are correct and true to the best of my knowledge and belief and I do hereby acknowledge that this written/taped statement is a truthful and accurate statement.

Signature: [signature]

My signature below means that I refuse to prosecute the person(s) named above for the alleged crime(s) that occurred to me or to the property under my control.

Signature: _____

Date: _____

Notary Stamp:

GARRETT C. MOON
Commission # FF 008845
Expires April 16, 2017
Bonded Thru Troy Fain Insurance 800-385-7019

REGULATORY INVESTIGATIVE STATEMENT, Continued

DOCS Case #: 1312-58424 Page 2 of 2

1. WHAT IS THE NAME OF THE BUSINESS FOR WHICH YOU ARE WORKING?
ALERT LINK
2. HOW DID YOU FIND OUT ABOUT THIS JOB/POSITION REFERRAL
(I.E. NEWSPAPER, CRAIGSLSIST AD, WORD OF MOUTH, ETC...)
3. WHO HIRED YOU AS AN EMPLOYEE (NAME & TITLE)? UNKNOWN
4. WHAT IS YOUR SUPERVISOR'S NAME? HARRY
5. WHAT IS YOUR JOB TITLE WITH THIS BUSINESS? TELEMARKETER
6. DESCRIBE YOUR FUNCTION AS AN EMPLOYEE WITH THIS BUSINESS.
GET SUBSCRIPTIONS FOR MEDICAL ALERT SYSTEM DEVICES
7. HOW LONG HAVE YOU BEEN EMPLOYED IN YOUR CURRENT BUS. POSITION?
AROX. 1 MONTH
8. HOW LONG HAS THIS BUSINESS BEEN IN OPERATION?
AROX 1 YR.
9. WHAT ARE THE HOURS OF OPERATION AND HOW MANY SHIFTS OPERATE?
MON-FRI - 10AM TO 11 PM SAT. 9:30AM TO 6 PM
10. IF YOU KNOW WHO THE OWNER OF THE BUSINESS IS, WHAT IS THEIR NAME?
NO
11. WHO PAYS THE EMPLOYEES AND HOW ARE THEY PAID? HARRY
(I.E. CHECK, CASH, EFT, OTHER MEANS_____) CHECK
12. HOW ARE LEADS GENERATED IN ORDER TO MAKE SALES CALLS?
HERE INCOMING CALLS
13. DO YOU USE A SCRIPT DURING SALES CALLS? IF SO HOW MANY? IF NOT, WHAT HAVE YOU BEEN TOLD TO TELL CUSTOMERS DURING SALE CALLS?
YES 1 SCRIPT
12. HAVE YOU BEEN TOLD TO USE A CERTAIN SCRIPT BUT TO HIDE THAT SCRIPT DURING STATE INSPECTIONS? HAVE YOU BEEN TOLD NOT TO USE A SCRIPT? NO NO.

Investigator's Initials: Person Making Statement's Initials: DOCS Statement continued: ☐ Yes ☒ No

Florida Department of Agriculture and Consumer Services
Office of Agricultural Law Enforcement

ADAM H. PUTNAM
COMMISSIONER

REGULATORY INVESTIGATIVE STATEMENT

Date of Statement:	Month: 02	Day: 03	Year: 2014	Time Started: 2:30	DOCS Case # : 1312-58424
Complaint/Incident:					
Date of Offense:	Month: 02	Day: 03	Year: 2014	Time: 11:15	Subject /Business: ALERTLINK

Location of Offense: Address, City, County, State: 5233 COCONUT CREEK PKWY, MARGATE, BROWARD, FL 33063

Person Code*	Name (last, first, middle):	Age:	DOB:	Race:	Sex:
W	BRADLEY, KELLY ANN	[redacted]			
	Address Res.: [redacted]		Zip: [redacted]	Phone: 954 [redacted]	
	Address Bus.: LAUDERHILL FL [redacted]		Zip:	Phone:	

Occupation: TELEMARKETER	Company: ALERTLINK
*Social Security Number: [redacted]	Place of Birth: [redacted]
Type of ID shown: VA DL	ID# and State if applicable: [redacted]

I, KELLY ANN BRADLEY, do hereby voluntarily make the following statement to:

CRAIG MOON, who has identified themselves as a Regulatory Investigator with the Florida Department of Agriculture and Consumer Services, Office of Agricultural Law Enforcement. I understand that the investigator is empowered to place persons under oath for the taking of sworn statements. I fully understand that any statements made by me while under oath which are not true constitute a crime of Perjury, punishable by imprisonment in a State Institution. This statement is made freely and voluntarily and I have not been threatened, coerced, or induced to make this statement.

Time Statement Ended:	Statement Taped: ☐ Yes ☒ No

*** Suspect=S, Victim=V; Witness=W; Juvenile=J; Law Enforcement Personnel=LE; Other=O**

Sworn to and subscribed before me, this _____ day of _____, _____

☐ Investigator ☐ Notary Public ☐ Personally Known

☐ Produced Identification Type _____ ID# _____

Signature: _____

☐ State Law Enforcement Officer, Department of Agriculture and Consumer Services Office of Agricultural Law Enforcement

I swear/affirm the above and/or attached statements are correct and true to the best of my knowledge and belief and I do hereby acknowledge that this written/taped statement is a truthful and accurate statement.

Signature: _____

My signature below means that I refuse to prosecute the person(s) named above for the alleged crime(s) that occurred to me or to the property under my control.

Signature: _____

Date: _____

Notary Stamp:

*** The submission of your Social Security Number is voluntary and is requested pursuant to Section 119.71(5)(a)2, Florida Statutes, for identification purposes only. Your Social Security Number may also be shared with other government agencies as authorized by law.**

REGULATORY INVESTIGATIVE STATEMENT, Continued

DOCS Case #: 1312-58424 Page 2 of 2

1. WHAT IS THE NAME OF THE BUSINESS FOR WHICH YOU ARE WORKING?
Alert Link
2. HOW DID YOU FIND OUT ABOUT THIS JOB/POSITION Craiglist.com
(I.E. NEWSPAPER, CRAIGSLSIST AD, WORD OF MOUTH, ETC...)
3. WHO HIRED YOU AS AN EMPLOYEE (NAME & TITLE)? Paul - hiring Manager
4. WHAT IS YOUR SUPERVISOR'S NAME? Cary - Kerry
5. WHAT IS YOUR JOB TITLE WITH THIS BUSINESS? Telemarketer.
6. DESCRIBE YOUR FUNCTION AS AN EMPLOYEE WITH THIS BUSINESS.
Signing up Senior Citizens for monitoring medical Alerts device
7. HOW LONG HAVE YOU BEEN EMPLOYED IN YOUR CURRENT BUS. POSITION?
4 months
8. HOW LONG HAS THIS BUSINESS BEEN IN OPERATION?
UnKnown
9. WHAT ARE THE HOURS OF OPERATION AND HOW MANY SHIFTS OPERATE?
Mon - Fri 10am - 11pm / Sat - 10am 6pm
10. IF YOU KNOW WHO THE OWNER OF THE BUSINESS IS, WHAT IS THEIR NAME?
Kerry
11. WHO PAYS THE EMPLOYEES AND HOW ARE THEY PAID? Rachael
(I.E. CHECK, CASH, EFT, OTHER MEANS_____) Check
12. HOW ARE LEADS GENERATED IN ORDER TO MAKE SALES CALLS?
Auto System Calls out and trans into to me.
13. DO YOU USE A SCRIPT DURING SALES CALLS? IF SO HOW MANY? IF NOT, WHAT HAVE YOU BEEN TOLD TO TELL CUSTOMERS DURING SALE CALLS?
Yes - 1 primary, 40 Rebuttals, nothing
12. HAVE YOU BEEN TOLD TO USE A CERTAIN SCRIPT BUT TO HIDE THAT SCRIPT DURING STATE INSPECTIONS? HAVE YOU BEEN TOLD NOT TO USE A SCRIPT? NO, NO

Investigator's Initials: ____	Person Making Statement's Initials: ____	DOCS Statement continued: ☐ Yes ☐ No

Attachment FFF

logo

ADAM H. PUTNAM

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

COMMERCIAL TELEPHONE SELLER
BUSINESS LICENSE APPLICATION

Chapter 501.608, Florida Statutes

Mailing Address:
Attn: Commercial Telephone Salesperson
Florida Department of Agriculture and Consumer Services
2005 Apalachee Parkway
Tallahassee, FL 32399-6700
http://www.800helpfla.com/
1-800-HELP-FLA (435-7352) FL Only
850-488-2221 Calling Outside Florida
Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

APPLICATION INFORMATION

Document Tracking No# **2480332** Application Date **06/14/2013 02:21:07 PM**

BUSINESS INFORMATION s.501.605(2)(a), F.S.

Business Name**
Live Response Agent inc
Fictitious Names**
Does not apply was selected for Ficticious Names

**All fictitious names must be registered with the Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations. You must list all names under which you intend to do business.

Street Address

3457 Parkway center ct
orlando, Florida 32808 USA

Mailing Address

[redacted]
Tampa, Florida [redacted] USA

Telephone Number

813-[redacted]

Fax Number

Email Address

liveresponseagent@yahoo.com

Website Address

Federal Employer ID Number (FEIN): s.119.092, F.S.

[redacted]

Form of Organization.

Corporation
6/3/2013

Florida

Registered Agent

Spiegal & Utrera, P.A.
1840 SW 22nd st 4th floor
Miami, Florida 33145 USA
888-991-9700

Business Details

Brief description of product(s) sold and/or service(s) provided:

Medical Alert systems

Title 18, Part I, Chapter 61, Sec. 1301, United States Code prohibits procuring for a person in 1 State a ticket, chance, share, or interest in a lottery conducted by another state. Do you now or do you intend to solicit the sale of memberships in a lottery club across state lines? **No**

Criminal And Litigation History

1. Has the applicant previously been arrested for, convicted of, or is under indictment or information for, a felony? Conviction includes a finding of guilt where adjudication has been withheld. **No**

2. Has the applicant previously been convicted of, or under indictment or information for, racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? Conviction includes a finding of guilt where adjudication has been withheld. **No**

3. Has the applicant ever been convicted of acting as a salesperson without a license, either judicial or administrative, or whether such a license has previously been refused, revoked, or suspended in any jurisdiction? **No**

4. Has the applicant worked for, or been affiliated with, a company that has had entered against it an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? **No**

5. Has the applicant had entered against him or her an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? Is any litigation pending against the applicant? **No**

Occupation History

Previous Experience

0 Months experience

Parents And Affiliates

Parent or Affiliate

Life Watch USA
Parent
Fictitious Names

Street Address

266 merrick rd
lynbrook, New York 11563 USA

Telephone Number

800-716-1433

Form of Organization.

CORP
1/1/1980 New York

Officers

Officer 1.

Name: Paige e Arnold

Title:	President

Information

Date of Birth:	[redacted]
ID Type:	Driver's License Number
ID Number:	[redacted]
ID State:	florida

Home Address

[redacted]
tampa, Florida [redacted] USA

Criminal And Litigation History

1. Have you been convicted of, or under indictment or information for, racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? Conviction includes a finding of guilt where adjudication has been withheld. **No**

2. Are you involved in pending litigation or have you had entered against you an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? **No**

3. Have you ever been, subject to any litigation, injunction, temporary restraining order, or final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document or any restrictive court order relating to a business activity as the result of any action brought by a governmental agency, including any action affecting any license to do business or practice an occupation or trade? **No**

4. Have you at any time during the previous 7 years filed for bankruptcy, been adjudged bankrupt, or been reorganized because of insolvency or been a principal, director, officer, or trustee of, or a general or limited partner in, or had responsibilities as a manager in, any corporation, partnership, joint venture, or other entity that filed for bankruptcy, was adjudged bankrupt, or was reorganized because of insolvency within 1 year after the person held that position? **No**

Salespersons

No Salespersons listed.

Locations

Location

Business Name: Live Response Agent inc

3457 Parkway center ct
orlando, Florida 32808 USA

This is a Physical address.

Manager Name:Paige Arnold

Questions

Question 11

a.Attached are copies of all sales scripts given to those soliciting for us. [501.605(2)(l)3, F.S.] [ ]

b.We do not use sales scripts. [X]

Question 12

a. Attached are copies of all sales information or literature we provide our salespeople or of which we inform our salespeople (including, but not limited to, scripts, outlines, instructions and information regarding how to conduct telephonic sales, sample introductions, sample closings, product information and contest or premium award information.) [501.605(2)(l)3, F.S.] [ ]

b. We do not provide our salespersons with or inform our salespersons of any sales information or literature described in 12(a). [X]

Question 13

a. Attached are copies of all written material we send any prospective or actual purchaser. [501.605(2)(l)3, F.S.] [ ]

b.We do not send any written material to any prospective or actual purchaser. [X]

Question 14

a. Does not apply. [X]

b. We offer to prospective or actual purchasers that the purchaser will receive certain items which may be referred to as gifts, premiums, bonuses, prizes or otherwise, and EACH of the following apply: [501.614, F.S.]

- The item(s) is/are offered unconditionally
- The buyer has seven (7) days to return the goods or cancel services
- The buyer will receive a full refund in thirty (30) days
- The buyer has the right to keep the gift, premium, bonus or prize without cost

[ ]

c. If you or your salespeople represent or imply to prospective or actual purchasers that the purchaser will receive certain specific items or one or more items from among designated items, or a certificate of any type which the purchaser must redeem to obtain the item described in the certificate, whether the items are referred to as gifts, premiums, bonuses, prizes or otherwise, list the following: [ ]

Question 15

a.A purchaser receives all of the items described by our salespeople. [501.614(5), F.S. [X]

b. Complete the following in the event a purchaser does not actually receive all of the items described by the seller or salesperson: [ ]

Entered Information

- We decide which item or items a particular prospective purchaser is to receive in the following manner:
  -
- The odds a single prospective purchaser has of receiving each item described is:
  -

c. We do not represent or imply prospective or actual purchasers will receive certain specific items, one or more items among designated items or a certificate of any type which the purchaser must redeem to obtain the item described in the certificate. [ ]

Financial Institutions

Institution
Institution Name: Regions
Contact Name: Kay Johnson
Contact Number:
Address
111 n orange ave
orlando, Florida 32801 USA
Accounts
[redacted]

Security Information

Security Type: Surety Bond
Security Amount: $50,000
Security ID Number: [redacted]
Security Begin Date : 06/13/2013
Security End Date: 06/13/14

Security Institution Name: Platt River insurance company

Security Institution Address
2121 california blvd
walnut creek, California 94946 USA

Security Institution Phone: 800-462-8135

Verification Information

Verification Questions

I understand that the Florida Department of Agriculture and Consumer Services will conduct a background investigation of the individuals listed in the application.
Accepted: [**X**]

I hereby give my permission and waive any provisions of law that forbid any court, police agency, employer, firm or person from disclosing any knowledge or information they have concerning me which is requested by the Florida Department of Agriculture and Consumer Services. I further consent and request that the Director of the Division of Consumer Services, or his representative, be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation.
Accepted: [**X**]

Any commercial telephone seller or salesperson who falsifies information on an application commits a felony of the third degree, punishable as provided in F.S. 775.082, F.S. 775.083, or F.S. 775.084.
Accepted: [**X**]

Preparer Information

Preparer Name: Paige Arnold
Preparer Phone: 813-[redacted]

Signature Information

Signature Name: Paige Arnold
Signature Date: 6/14/2013

Attachment GGG

SALES SCRIPT

(INTRO):
HI, *(customer name)*? Hi *(customer name)* this is *(your name)* calling from *(your company)* You have been selected to receive a Medical Alert System for either you or a family member. This call may be recorded for quality control.

(SCRIPT):
This is the same system as seen on TV with Dick Van Patten and recommended by "Good Housekeeping." Medical Alert Devices have also been recommended by the American Diabetes Association and featured in Newsweek Magazine. The equipment is valued at over $350. Medical alert systems have become essential in helping to keep you or your loved ones safe and secure in the event of a medical emergency. Are you familiar with the Medical Alert System?

(Customer Name) the way it works is simple. If you or a family member has a medical emergency, fire, or burglary, even something so simple as a fall that you have difficulty getting up from, simply push the button on a lightweight waterproof necklace or bracelet and speak hands free from anywhere in the home to a live operator, who is a fully trained Emergency Medical Technician, who has all your personal contacts on file. They will attempt communication with you, evaluate your situation and immediately get help for you, notify family or 911, and comfort you until help arrives. However, whether we communicate with you or not, help is always on the way, from anywhere inside your home as well as your property outside. This medical alert unit has the farthest range of any – up to 1500ft. The unit is free for as long as you are a customer, you are only billed for the service. Our service is one of the most affordable on the market. You pay only $34.95 plus shipping and handling for your first month of service, and it can be cancelled at any time, there is never a contract. In addition, we are also offering, free today, a daily wellness check that can be set up so that everyday at a pre-determined time of your choosing the medical alert company will contact you through your medical alert device to make sure everything is ok. You truly will never be more than 24 hours without someone checking up on you.

Your total package includes:
The Medical Alert Base station with speaker and 1500 ft.range and Voice Remote, so you can even answer your phone without getting up!, wrist and necklace adaptor and one button, and the daily wellness check. This package has a value at over $350. You pay nothing except the monthly service fee of $34.95 plus shipping and handling.

(Customer Name) we would like to ship your equipment out to you today, so it will arrive within the next 10-14 business days. Your service starts as soon as you receive it and activate the unit and remember there is no contract.
Now I just need to verify that we have all of your information in our system correctly. Please hold ok? (Make sure they stay on the line with an affirmative response.)

Attachment HHH

INBOUND SCRIPT

Hello, this is (Rep Name**), My Live Response Agent number is (**Say agent number**), may I ask whom I'm speaking with? (**Write down their name**) And in case we get disconnected is this the best phone number to reach you back on? Okay Great.**

For responding today to our senior life alarm assistance program, you've been selected to receive a Medical Alert System at NO COST, that has a value of over $400 dollars.

You're probably familiar with the Medical Alert System as seen on the TV commercial. Or maybe you've seen the Medical Alert System in NewsDay or US News.

It's the same system as seen on TV and it works very simple. If you have a medical emergency, a fire, burglary or even something as simple as a fall that you have difficulty getting up from, you simply push the button on the light-weight waterproof necklace or bracelet and speak hands free from anywhere in your home to a live certified Emergency Medical Technician (E.M.T.**). They will evaluate your situation, immediately get you the help you need, notify family or 911 and comfort you until help arrives. Your alert button works from anywhere in the home and it even works outside of your home. It has a 1,500 foot range. Which is over a quarter a mile!**

This device will give you the peace of mind that you need, allow you to feel safe and make sure that you never feel alone in the case of an emergency. You'll never have to feel helpless, worried, or by yourself in an emergency situation. It could really help you in a time of need and can even be life-saving.

Our device has been recommended by the American Heart Association, the American Diabetes Association, the National Institute of Aging and is trusted by thousands of hospitals and more than 65,000 healthcare professionals. Our device has been helping save the lives of America's senior citizens for over 30 years.

Your FREE medical alert system includes:

- **A medical alert base station with a loud speaker and a very sensitive microphone.**
- **A waterproof wrist or necklace button.**
- **There's free shipping and free activation.**
- **There's a Voice Remote, which is an easy to use device that allows you to answer and talk on the telephone by simply pressing your necklace button. So no more getting up to answer the phone and no more missed calls.**
- **Also included, is an away from home Protection Card that gives emergency personnel 24 hour a day-7 day a week access to your important medical information.**
- **And last but not least, You get Unlimited contact with our Emergency Medical Technicians, which means you can push the button as many times as you want at NO CHARGE! If you like, you can push the button and talk to us every day just to give yourself the piece of mind that we are always there by your side and ready to help.**

Now Mr./Mrs. (their last name**) The system is COMPLETELY FREE and the shipping is also FREE. Normally all of this would cost over $400 dollars, but today you pay ABSOLUTELY NOTHING for the system. The only thing you would be responsible for is the Emergency Medical monitoring of just $34.95 a month. There are absolutely NO contracts. You can cancel at any time with no cancellation fees. The billing cycle doesn't start until you receive the system and activate it. And <u>EVERYTHING</u> else is completely free!**

Okay Mr. /Mrs. (Their last name**) what address would you like your Emergency Medical Alert system shipped to?** (Type their address in the customer information form)

And for the monthly Emergency Medical Monitoring, which card would you like to use? VISA, Mastercard, American Express or Discover? (If they say they do not have a credit card, then say **"Okay, do you have a debit card, we can go ahead and get you signed up with that instead?"**)

(If NO credit card or debit card, then ask for checking or savings acct.) **Okay, we can also get you signed up with your checking account instead, so go ahead and grab a check so we can get some information off of it.** (If no checking account, then say **"Do you have a**

savings account?") (If yes, say " **Okay, go ahead and grab a bank statement so we can get some information off of it.**")

Do you have a spouse or someone else in your home that you would also like to be protected? (If Yes, then go on, If No skip to "Fill out the customer information form" below) **Okay we will also send you, for FREE, an additional wrist or necklace button for your spouse, the only thing you will need to pay is an additional $5.00 per month to cover the Medical Technician monitoring. So you and your spouse would be protected for just $39.95 a month and all of the equipment and shipping is still FREE.**

(Fill out the customer information form on computer)

<u>Last Step—Close Up and Transfer to Confirmation</u>

Great, your equipment will be shipped to you at (Repeat Shipping Address) **and will arrive within the next 7 to 10 business days. Don't forget to activate your system as soon as you receive it by plugging it into your phone line jack and pushing the button. This will make a test call to activate your system and immediately start protecting you.**

Okay, I am going to transfer you to our confirmation department so they can give you your order number and verify that I entered all of your information into the system correctly. They will also give you our customer service number in case you have any additional questions. Thank you very much and I hope you enjoy the safe feeling of having a medical alert system.

Please hold while I transfer you to the confirmation department. Don't hang up until you talk to the confirmation department, okay? (Wait for them to say okay)

<u>Transfer Call to Confirmation</u>

Attachment III

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

ADAM H. PUTNAM
COMMISSIONER

COMMERCIAL TELEPHONE SELLER BUSINESS LICENSE APPLICATION PACKET

Florida Telemarketing Act
ss. 501.601 – 501.626, Florida Statutes
5J-6.005

1-800-HELP-FLA (435-7352) • 850-410-3800 *Calling Outside Florida*
www.800helpfla.com • 850-410-3804 *Fax*

Make check or money order payable and remit with application to:

FDACS
P.O. Box 6700
Tallahassee, FL 32314-6700

All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

Please type or print. Additional pages may be attached if additional space is needed. Please ensure that all attachments reflect the organization's name or license number and the number of the corresponding question. **All fees are non-refundable.**

Business Information

1. Name of Business *(If applicant is not an individual, state the legal name of the entity as registered with the Florida Division of Corporations)*:
Javonni Inc

Fictitious *(DBA)* **Name:**

All fictitious names must be registered with the Division of Corporations. If business is an individual then 'Name' is the legal name of the business as listed with the Division of Corporations.

2. Business Physical Street Address *(include APT or SUITE # in all address lines)*: **Is this a mail-drop:** ☐ Yes ☐ No
11524 East US Hwy 92 Ste 300

City: Seffner **State:** FL **Zip Code:** 33584 -

Mailing Address *(if different from above)*:

City: **State:** **Zip Code:**

3. Telephone Number: (813) [redacted] **Fax Number:** ( ) -

Email Address: jrsardina@gmail.com **Website:** www.javonniinc.com

Future correspondence may be electronic, so please make sure that the provided email is accurate and valid.

RECEIVED
Finance & Accounting
2013 MAY -7 AM 7:44
Dept. of Agriculture & Consumer Services

4. Form of organization:
☒ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship
☐ Other *(please describe)*:

If the applicant is a corporation, provide a copy of the articles of incorporation and the bylaws. If the applicant is a partnership, provide a copy of any written partnership agreement.

Date incorporated or legally established: 04 / 25 / 2013
Month / Day / Year

State: Fl

Org Code: 42 10 06 25 000
EO: A2
Object Code: 002050 $1,500.00

DTN/FAID: 2470541
13-03499403-0001
1,500.00 05/07/2013
Dept#991647

5. Federal Employer ID Number *(119.092, F.S.)*: [redacted]

APPLICANT WORK HISTORY

6. List each business or occupation engaged in by the applicant **(if applicant is an entity other than a natural person, then 'applicant' is the entity; if sole proprietor, then 'applicant' is the natural person)** during the **3 years immediately preceding** the date of the application and the location thereof. You **must** account for the **last 3 years** whether employed or unemployed. Attach a separate sheet if necessary. *[501.605(2)(b), F.S.]*

a. **From:** 03 / 06 / 2013 **To:** **Present**

Title *(Occupation)*: Partner/Owner

Name of Business: Javonni Inc

Physical Street Address *(if applicable please include suite, apartment and/or unit numbers)*: 11524 East US Hwy 92 Ste 300

City: Seffner **State:** FL **Zip Code:** 33584 -

b. **From:** 02 / 16 / 2009 **To:** 02/ / 21 / 2013

Title *(Occupation)*: President

Name of Business: Priority Funding Group LLC

Physical Street Address *(if applicable please include suite, apartment and/or unit numbers)*: 15902 Farringham Dr

City: Tampa **State:** Fl **Zip Code:** 33647 -

7. **Does the applicant have previous experience as a commercial telephone seller or salesperson?** *[501.605(2)(c), F.S.]*

☐ **Yes** ☒ **No** **If yes,** provide previous experience *(in months)* as a commercial telephone seller or salesperson: _____

8. List all parent or affiliated entities that will engage in a business transaction with the purchaser relating to any sale solicited by the applicant; or accepts responsibility or is otherwise held out by the applicant as being responsible for any statement or act of the applicant relating to the sale solicited by the applicant: *[501.605(2)(i), F.S.]* ☒ **N/A**

Parent ☐ **Affiliate** ☐ **Legal Name:** _____

Fictitious (DBA) Name(s):** _____ **Physical Address:** _____

City: _____ **State:** _____ **Zip Code:** _____ -

Telephone Number: ( ) -

Form of organization:
☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship ☐ Other *(please describe)*: _____

If parent or affiliate is a corporation, partnership or LLC, provide date incorporated or legally established: / / *Month / Day / Year* **State:** _____

Parent ☐ **Affiliate** ☐ **Legal Name:**

Fictitious (DBA) Name(s):** **Physical Address:**

City: **State:** **Zip Code:**

Telephone Number:
( ) -

Form of organization:
☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship ☐ Other *(please describe)*:

If parent or affiliate is a corporation, partnership or LLC, provide date incorporated or legally established: **State:**
Month / Day / Year

***All fictitious names must be registered with the Division of Corporations. If applicant is not an individual then 'Name' is the legal name of the applicant as listed with the Division of Corporations. You must list all names under which you intend to do business.*

CRIMINAL AND LITIGATION HISTORY *[s.501.605(2)(d-h), F.S.]*

9. Please select either **YES** or **NO** to the questions below for the applicant. If applicant is an entity other than a natural person, then "applicant" refers to the entity. If sole proprietor, then "applicant" is the natural person. If you answered yes to any of the following, please explain your answer below (make additional copies as needed).

a. Has the applicant previously been arrested for, convicted of, or is under indictment or information for, a felony? Conviction includes a finding of guilt where adjudication has been withheld. ■ Yes ☐ No

b. Has the applicant previously been convicted of, under indictment or information for, racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? Conviction includes a finding of guilt where adjudication has been withheld. ■ Yes ☐ No

c. Has the applicant ever been convicted of acting as a salesperson without a license, either judicial or administrative? ☐ Yes ■ No

d. Has a judicial or administrative finding been entered finding you were previously convicted of acting as a salesperson without a license? ☐ Yes ■ No

e. Has the applicant ever applied for a salesperson license that has been refused, or had a salesperson licensed revoked or suspended in any jurisdiction? ☐ Yes ■ No

f. Has the applicant worked for, or been affiliated with, a company that has had entered against it an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, and assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? ☐ Yes ■ No

g. Has any one or more of the following been entered against the applicant: an injunction, a temporary restraining order, or a final judgment or order, an assurance of voluntary compliance, or any similar document in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? Is any litigation pending against the applicant? ☐ Yes ■ No

Legal Name: William S Stevens

Court/administrative agency rendering the decision, judgment, or order: Hillsborough County Court

Governmental agency which brought the action: Florida State Attorney's Office

Nature of conviction, judgment, order or action: Theft, Foggery, Fraud

Date of Action: 11 / 20 / 1997

Docket Number: 94-CF-008573

Was adjudication withheld? ■ Yes ☐ No

10. List the following information for each officer, director, trustee, shareholder, owner, or partner of the applicant, and of each person responsible for the management of the business of the applicant; list all affiliates; list each office manager other person principally responsible for a location where the applicant intends to do business. **Make additional copies as necessary.**

Legal Name: Jesus R Sardina

Title: Owner

Previous or A.K.A. Names: Rudy Sardina

Date of Birth: [redacted]

Driver's License Number: [redacted]

State of Issue: Florida

Current Physical Home Address *(if applicable please include suite, apartment and/or unit numbers)*: [redacted]

City: Tampa

State: FL

Zip Code: [redacted]

Does this person have previous experience as a commercial telephone seller or salesperson: ☐ Yes ■ No

If Yes, Name of Firm:

Physical Street Address *(if applicable please include suite, apartment and/or unit numbers)*:

City:

State:

Zip Code:

Please select either **YES** or **NO** to the questions below. **If you answered YES** to any of the following, please explain your answer in the fields below. Make additional copies as necessary *[s. 501.606, F.S.]*

a. Has this person been convicted of, or under indictment or information for, racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? Conviction includes a finding of guilt where adjudication has been withheld. ☐ **Yes** ■ **No**

b. Is this person involved in pending litigation or has an injunction, temporary restraining order, or final judgment or order, an assurance of voluntary compliance, or any similar document, been ordered against the applicant in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property, or the use of any untrue, deceptive, or misleading representation, or the use of any unfair, unlawful, or deceptive trade practice? ☐ **Yes** ■ **No**

c. Has this person ever been subject to any litigation, injunction, temporary restraining order, or final judgment or order, including a stipulated judgment, or order, an assurance of voluntary compliance, or any similar document or any restrictive court order relating to a business activity as the result of any action brought by a governmental agency, including any action affecting any license to do business or practice an occupation or trade? ☐ **Yes** ■ **No**

d. Has this person at any time during the previous 7 years, filed bankruptcy, been adjudicated bankrupt, or been reorganized because of insolvency or been a principal, director, officer, or trustee of, or a general or limited partner in, or has responsibilities as a manager in, any corporation, partnership, joint venture, or other entity that filed for bankruptcy, was adjudged bankrupt, or was reorganized because of insolvency within 1 year after the person held that position? ■ **Yes** ☐ **No**

Legal *(True)* Name:

Court/administrative agency rendering the decision, judgment, or order:

Governmental agency which brought the action:

Nature of conviction, judgment, order or action:

Date of Action: ____ / ____ / ____

Docket Number:

Was adjudication withheld? ☐ **Yes** ☐ **No**

10. List the following information for each officer, director, trustee, shareholder, owner, or partner of the applicant, and of each person responsible for the management of the business of the applicant; list all affiliates; list each office manager other person principally responsible for a location where the applicant intends to do business. **Make additional copies as necessary.**

Legal Name: William S Stevens

Title: Owner

Previous or A.K.A. Names: Bill Stevens

Date of Birth: [redacted]

Driver's License Number: [redacted]

State of Issue: Florida

Current Physical Home Address *(If applicable please include suite, apartment and/or unit numbers)*: [redacted]

City: Valrico

State: FL

Zip Code: [redacted]

Does this person have previous experience as a commercial telephone seller or salesperson: ☐ Yes ☒ No

If Yes, Name of Firm:

Physical Street Address *(If applicable please include suite, apartment and/or unit numbers)*:

City:

State:

Zip Code:

Please select either **YES** or **NO** to the questions below. **If you answered YES** to any of the following, please explain your answer in the fields below. Make additional copies as necessary *[s. 501.606, F.S.]*

a. Has this person been convicted of, or under indictment or information for, racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? Conviction includes a finding of guilt where adjudication has been withheld. ☒ **Yes** ☐ **No**

b. Is this person involved in pending litigation or has an injunction, temporary restraining order, or final judgment or order, an assurance of voluntary compliance, or any similar document, been ordered against the applicant in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property, or the use of any untrue, deceptive, or misleading representation, or the use of any unfair, unlawful, or deceptive trade practice? ☒ **Yes** ☐ **No**

c. Has this person ever been subject to any litigation, injunction, temporary restraining order, or final judgment or order, including a stipulated judgment, or order, an assurance of voluntary compliance, or any similar document or any restrictive court order relating to a business activity as the result of any action brought by a governmental agency, including any action affecting any license to do business or practice an occupation or trade? ☒ **Yes** ☐ **No**

d. Has this person at any time during the previous 7 years, filed bankruptcy, been adjudicated bankrupt, or been reorganized because of insolvency or been a principal, director, officer, or trustee of, or a general or limited partner in, or has responsibilities as a manager in, any corporation, partnership, joint venture, or other entity that filed for bankruptcy, was adjudged bankrupt, or was reorganized because of insolvency within 1 year after the person held that position? ☒ **Yes** ☐ **No**

Legal *(True)* Name: William S Stevens

Court/administrative agency rendering the decision, judgment, or order: Hillsborough County Court

Governmental agency which brought the action: Florida State Attorney's Office

Nature of conviction, judgment, order or action: Theft, Forgery, Fraud

Date of Action: 11 / 20 / 1997

Docket Number: 94-CF-008573

Was adjudication withheld? ☐ **Yes** ☐ **No**

11. List all salespersons or other persons employed by the applicant. All salespersons must be separately licensed (see form DACS-10005, Commercial Telephone Salesperson – Individual License Application Packet). Use a separate sheet for each person. Provide a statement if you have no salesperson(s) at the current time.

Please select either **YES** or **NO** to the questions below. **If you answered YES** to any of the following, please explain your answer in the fields below. **Make additional copies as necessary.** *[s. 501.606, F.S.]*

Legal Name: _____ **Previous or A.K.A. Name(s):** _____

Current Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____ - _____ **Date of Birth:** ____ / ____ / ____

Has this person been convicted of, or under indictment or information for, racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? Conviction includes a finding of guilt where adjudication has been withheld. ☒ Yes ☐ No

Is this person involved in pending litigation or has an injunction, temporary restraining order, or final judgment or order, an assurance of voluntary compliance, or any similar document, been ordered against the applicant in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property, or the use of any untrue, deceptive, or misleading representation, or the use of any unfair, unlawful, or deceptive trade practice? ☒ Yes ☐ No

Has this person ever been subject to any litigation, injunction, temporary restraining order, or final judgment or order, including a stipulated judgment, or order, an assurance of voluntary compliance, or any similar document or any restrictive court order relating to a business activity as the result of any action brought by a governmental agency, including any action affecting any license to do business or practice an occupation or trade? ☒ Yes ☐ No

Has this person at any time during the previous 7 years, filed bankruptcy, been adjudicated bankrupt, or been reorganized because of insolvency or been a principal, director, officer, or trustee of, or a general or limited partner in, or has responsibilities as a manager in, any corporation, partnership, joint venture, or other entity that filed for bankruptcy, was adjudged bankrupt, or was reorganized because of insolvency within 1 year after the person held that position? ☒ Yes ☐ No

Legal *(True)* Name: _____ **Court/administrative agency rendering the decision, judgment, or order:** _____

Governmental agency which brought the action: _____ **Nature of conviction, judgment, order or action:** _____

Date of Action: ____ / ____ / ____ **Docket Number:** _____ **Was adjudication withheld?** ☒ Yes ☐ No

12. List all locations from which the applicant will be doing business and include a list of all phone numbers associated with each address. **(Attach a separate sheet if necessary)** *[501.605(2)(j-k), F.S.]*

Legal Name of Business:
Javonni Inc

Physical Street Address *(if applicable please include suite, apartment and/or unit numbers):*
11524 East US Hwy 92 Ste 300

Is this a mail-drop? ☒ Yes ☐ No

City: Seffner **State:** FL **Zip Code:** 33584 -

Telephone Number: (813) [redacted] **Name of Location Manager:** Jesus Sardina

Legal Name of Business:

Physical Street Address *(if applicable please include suite, apartment and/or unit numbers):*

Is this a mail-drop? ☐ Yes ☐ No

City: **State:** **Zip Code:** -

Telephone Number: ( ) - **Name of Location Manager:**

Legal Name of Business:

Physical Street Address *(if applicable please include suite, apartment and/or unit numbers):*

Is this a mail-drop? ☐ Yes ☐ No

City: **State:** **Zip Code:** -

Telephone Number: ( ) - **Name of Location Manager:**

Legal Name of Business:

Physical Street Address *(if applicable please include suite, apartment and/or unit numbers):*

Is this a mail-drop? ☐ Yes ☐ No

City: **State:** **Zip Code:** -

Telephone Number: ( ) - **Name of Location Manager:**

Legal Name of Business:

Physical Street Address *(if applicable please include suite, apartment and/or unit numbers):*

Is this a mail-drop? ☐ Yes ☐ No

City: **State:** **Zip Code:** -

Telephone Number: ( ) - **Name of Location Manager:**

Questions numbered 13 – 17, check only "a," "b," or "c" *(if applicable)* **and complete those selected requirements.**

13. ☒ a. Attached and marked Exhibit 2 are copies of all sales scripts given to those soliciting for the applicant. *[501.605(2)(l)3, F.S.]*

☐ b. The applicant does not use sales scripts.

14. ☒ a. Attached and marked Exhibit 3 are copies of all sales information or literature the applicant provides to salespeople or
of which the applicant informs to applicant's salespeople (including, but not limited to, scripts, outlines, instructions and information regarding how to conduct telephonic sales, sample introductions, sample closings, product information and contest or premium award information.) *[501.605(2)(l)3. F.S.]*

☐ b. The applicant does not provide salespersons with or inform salespersons of any sales information or literature described in 12(a).

15. ☐ a. Attached and marked Exhibit 4 are copies of all written material the applicant sends to any prospective or actual purchaser. *[501.605(2)(l)3, F.S.]*

☒ b. The applicant does not send any written material to any prospective or actual purchaser.

16. ☐ a. The applicant informs prospective or actual purchasers that the purchaser is eligible to receive certain items which may be referred
to as gifts, premiums, bonuses, prizes, or otherwise, and **EACH** of the following apply: *[501.614, F.S.]*

- *The item(s) is/are offered unconditionally;*
- The buyer has seven (7) days to return the goods or cancel services;
- The buyer will receive a full refund in thirty (30) days;
- The buyer has the right to keep the gift, premium, bonus or prize without cost.

☐ b. If the applicant or applicant's salespeople represent or imply to prospective or actual purchasers that the purchaser will receive
certain specific items or one or more items from among designated items, or a certificate of any type which the purchaser must redeem to obtain the item described in the certificate, whether the items are referred to as gifts, premiums, bonuses, prizes, or otherwise, list the following:

Item offered: _____

Price or value of worth: $ _____

Basis for valuation: _____

Price paid by applicant: $ _____

Supplier's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

☒ c. Does not apply.

(Attach additional pages as necessary using same format)

17. ☐ a. A purchaser receives all of the items described by applicant's salespeople. *[501.614(5), F.S.]*

☐ b. Complete the following in the event a purchaser does not actually receive all of the items described by the seller or salesperson:

- Applicant decides which item or items a particular prospective purchaser is to receive in the following manner:

_____

- The odds a single prospective purchaser has of receiving each item described is: _____

- The name and address of each recipient who has during the preceding 12 months (or if applicant has not been in business that long, during the period applicant has been in business) received any gift, premium, bonus prize:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

(Attach additional pages as necessary using same format)

☐ c. Applicant does not represent or imply prospective or actual purchasers will receive certain specific items, one or more items among designated items, or a certificate of any type which the purchaser must redeem to obtain the item described in the certificate.

18. ☐ Attached and marked as Exhibit 5 is a copy of the written statement of terms and conditions provided to the purchaser. *[501.614(3), F.S.]*

19. Provide the following information for EACH institution where banking or similar monetary transactions are done by the applicant: *[501.606(3), F.S.]*

Name of Institution: Bank of America

Name of Contact Person: Alejandra Davila

Telephone Number: (813) 315 - 1928

Account Number(s): [redacted]

Physical Street Address *(if applicable please include suite, apartment and/or unit numbers):* 816 W Dr MArtin Luther King Blvd

City: Seffner

State: FL

Zip Code: 33584 -

Name of Institution:

Name of Contact Person:

Telephone Number: ( ) -

Account Number(s):

Physical Street Address *(if applicable please include suite, apartment and/or unit numbers):*

City:

State:

Zip Code: -

20. Name and address of agent in Florida who is authorized to receive service of process:

Legal Name:
Jesus R Sardina

Current Physical Address *(if applicable please include suite, apartment and/or unit numbers):*
11524 Easy US Hwy 92 Ste 300

City: Seffner **State:** FL **Zip Code:** 33584 -

Telephone Number:
(813) [redacted]

21. Brief description of product(s) sold and/or service(s) provided:
Energy Sales

22. Title 18, Part I, Chapter 61, Sec. 1301, United States Code prohibits procuring for a person in 1 State a ticket, chance, share, or interest in a lottery conducted by another state. Do you now or do you intend to solicit the sale of memberships in a lottery club across state lines? ☐ **Yes** ■ **No**

IN ADDITION TO THE DOCUMENTS REQUIRED ABOVE, PLEASE ATTACH ONE OF THE FOLLOWING FORMS OF SECURITY IN THE MINIMUM AMOUNT OF $50,000.

■ **Surety Bond** ☐ **Letter of Credit** ☐ **Certificate of Deposit**

The security must be issued by a company authorized to transact business in this state. You must maintain the security as long as the license is in effect.

■ **LICENSING FEE - $1,500,** Check or Money order made payable to FDACS. Additionally, provide $50 per salesperson. All salespersons must be separately licensed (use Department Form DACS–10005, Commercial Telephone Salesperson – Individual License Application Packet), these licenses are non-transferable.

I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED IN ANSWER TO QUESTIONS 1-22, AND IN THE EXHIBITS ATTACHED HERETO, IS TRUE AND CORRECT. I understand that the Department of Agriculture and Consumer Services will conduct an investigation of my background. In that regard, I hereby waive any right of confidentiality as it reasonably relates to this inquiry.

I hereby give my permission and waive any provisions of law that forbid any court, police agency, employer, firm, or person, from disclosing any knowledge or information they have concerning me which is requested by the Florida Department of Agriculture and Consumer Services. I further consent and request that the Division Director of the Division of Consumer Services, or the Director's representative, be provided with a certified copy of any such record concerning me which is deemed necessary in the performance of their investigation. ALL PERSONS LISTED IN NUMBER 10 (EXCEPT SALESPERSONS specified in Number 11) MUST SIGN AND DATE THIS VERIFICATION.

Signature	Name please type or print	Title please type or print
	William S Stevens	Owner
	Jesus R Sardina	Owner

Attachment JJJ

Hello My name is ____ with Javonni Inc. How are you? Fantastic! The reason for my call today is because we are in the area running a very special promotion. We are looking for a few more advertising homes in (AREA CODE/CITY). You know those blue security signs some homeowners have in their yard? They deter burglars of course but they also create visibility for our company. We want to put our sign in your yard and for allowing us to place our small security sign in your yard we will compensate you with a free 3 in 1 GE life safety security system. You will be getting a brand new, state of the art, wireless security system that covers you for burglary, fire and medical protection similar to life alert!! The equipment and the installation is absolutely free!! To qualify for the promotion you must be the homeowner? Am I speaking with the homeowner? Great!! Now who do I have the pleasure of speaking with? Let me get you over to a specialist to get you more info on that promotion.

REBUTLES

Q: I'm not interested. A: you sure you're not interested in protecting your family with this free no money up front opportunity.

Q: Well how much is it? A: Well there are different packages for everyone. Let me get you over to a specialist to help you.

Q: How long is the contract? A: Well I'm kind of new here let me get you over to a specialist to answer that for you.

Q: Is this a legit company? A: Yes we are license and bonded by the state and have an A+ rating with the Better Business Bureau.

Q: I already have a system. A: We are upgrading people with existing systems and sometimes even lowering their monthly monitoring. Now how long have you had your system? (If over 2 years xfer over if not ask if there still under contract)

Attachment KKK

Hello this is _____, with the Javonni Inc. How are you? ...Good, good, good!!! Now before we begin who do I have the pleasure of speaking with? Now do you rent the home, own it, or is it a lease purchase?_____ Good!!!

>>>>>>So first of all, little bit about us, we're actually nationwide company.... and we have our new system, I don't know if you're familiar with ON-Star for the vehicles... Well this is like ON-Star but for the house, you get 2-way voice communication with a live person through the speaker who can verify the emergency within seconds!!! And dispatch the proper authorities immediately. Now this wireless equipment is actually made by GE(General Electric), and you get 3 different systems in 1... You get the security, the fire protection, and even your medical, which is a lot like Life Alert.

So starting off with the security, how many doors do you have that lead outside the home? 2? ...Okay I'd go ahead and put a contact up on each one of those doors in case anybody tried to pry the door open or kick it in, that would get em, and then for the inside we do the infrared motion detection which will sweep the inside of the home, and that's just in case they were to come in one of the windows, that would get them.

****NOT IN TEXAS****

>>>>>Now I'll also get you the fire alarm which is tied into the system which means we'll send the fire department whether you are home or not!!! ...Now I'll go ahead and include the fire alarm at no charge as well....

>>>>>>Quick question... is anyone in the home over the age of 55??_____ We are including a free medical pendant for all seniors just like life alert so if you fall or have any medical issues you can hit that button and we would send someone out to help you.

Now I'll take care of everything... equipment, installation, everything.... nothing up front to start and the only thing we ask you to keep up with is your monthly service which is that police, fire and medical monitoring. Now do you have a home phone or just a cell phone?(If cell explain GSM) So after all the fees & everything your final, final bill ends up being a total after everything... $39.99/$49.99 per month & that's it. That price is guaranteed for 36 months and will not go up on you at all. Now there might be a $99 activation charge but with the promotion it's being waived in most areas.

So let me ask you a question, how long have you owned the home???_____ Great you do also get a certificate of protection to send off to your homeowners insurance that will save you up to 20 percent per month!!! ...Now what I do to get you qualified, it's real simple, they do what's called a utility check to make sure you own the home... Are the utilities in the home all under your name???_____ ...Great is it OK for us to check that???_____ ...they just need to make sure everything's current ...Now for verification purposes what is your date of birth??_____ _>>>

>>>>VERIFY ALL NAME, ADDRESS, PHONE NUMBERS, ETC<<<<

****ADDITIONAL ATTEMPT'S TO CLOSE DEAL SAY THIS****

So if you have any further questions go ahead and lets discuss those now if not I'll go ahead and send my technician out. Does today or tomorrow look better for you…

Just remember I am taking care of all the upfront costs for you. So of course that $39.99/$49.99 is guaranteed for the 36 months and will never go up on you and you can set it up automatically through either your checking or savings

…Just a heads up for scheduling department will be calling from our corporate office which will be a (704) or a Toll free so look out for that call within the next 30minutes.

Thanks again (sweetheart/sir) and have a wonderful, wonderful, day & blessed rest of the week/weekend… Bu-bye!!!

Attachment LLL

ATTN: Sherri / Email tracking #

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

2217627/SN

CHARLES H. BRONSON
COMMISSIONER

COMMERCIAL TELEPHONE SELLER AFFIDAVIT OF EXEMPTION

Florida Telemarketing Act
s. 501.601 – 501.626, Florida Statutes
5J-6.013

Make send completed application to:

FDACS
Terry Lee Rhodes Buildling
2005 Apalacchee Parkway
Tallahassee, FL 32399

1-800-HELP-FLA (435-7352) • 850-488-2221 *Calling Outside Florida*
www.800helpfla.com • 850-410-3804 *Fax*

All documents and attachments submitted with this affidavit are subject to public review pursuant to Chapter 119, F.S.

PLEASE TYPE OR PRINT. Additional pages may be attached if additional space is needed. Please ensure that all attachments reflect the organization's name and the number of the corresponding question.

Business Information

1. **Legal Name of Business** *(If applicant is not an individual, legal name as registered with the Florida Department of State)*:
Elite Information Solutions, INC.

Fictitious *(DBA)* **Name:**

All fictitious names must be registered with the Division of Corporations. If business is not an individual then 'Name' is the legal name of the business as listed with the Division of Corporations.

2. **Principal Street Address** *(include APT or SUITE # in all address lines)*: **Is this a mail-drop:** ☐ Yes ☑ No
495 E. Semoran Blvd.

City: Casselberry **State:** FL **Zip Code:** 32707 -

Mailing Address *(if different from above)*:
509 S. Chickasaw TR. #393

City: Orlando **State:** FL **Zip Code:** 32825 - 7852

3. **Telephone Number:** ([redacted]) [redacted] - [redacted] **Fax Number:** ( ) -

Email Address: eliteinfo2000@gmail.com **Website:**

Future correspondence may be electronic, so please make sure that the provided email is accurate and valid.

11 MAR -9 PM 2:23

4. **Federal Employer ID Number (FEIN):** [redacted]

5. List all locations from which you will be doing business, that are intended to be covered under this affidavit.
(Attach a separate sheet if necessary)

Legal Name of Business:
Elite Information Solutions, Inc.

Physical Street Address *(if applicable please include suite, apartment and/or unit numbers)*:
495 E. Semoran Blvd.

City: Casselberry **State:** FL **Zip Code:** 32707 -

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Legal Name of Business:

Physical Street Address *(if applicable please include suite, apartment and/or unit numbers):*

City: **State:** **Zip Code:**

Legal Name of Business:

Physical Street Address *(if applicable please include suite, apartment and/or unit numbers):*

City: **State:** **Zip Code:**

Check here if no additional locations are to be covered under this affidavit. ☑ **N/A**

Basis for Exemption

STATE OF: FL

COUNTY OF: Seminole

Personally appeared before me, the undersigned authority Michael Hilgar,
Name of Person Making Statement

whose title is President of Elite Information Solutions Inc.
Title of Person Making Statement *Name of Business*

located in Casselberry, FL 32707 located at 495. E. Semoran Blvd.
City, State and Zip Code *Street Address*

who, having first made due oath or affirmation, says:

This business is exempt from the licensing requirements of the Florida Telemarketing Act, Chapter 501, Part IV, Florida Statutes, because it meets the requirements of the following exemption(s): CHECK ALL THAT APPLY

☐ *§501.604(2), F.S., exempts a person soliciting for religious, charitable, political, or educational purposes. A person soliciting for noncommercial purposes is exempt only if that person is soliciting for a nonprofit corporation and if that corporation is properly registered as such with the Secretary of State and is included within the exemption of s.501(c)(3) or s.501(c)(6) of the Internal Revenue Code.*

☑ *§501.604(3), F.S., exempts a person who does not make the major sales presentation during the telephone solicitation and who does not intend to, and does not actually, complete or obtain provisional acceptance of a sale during the telephone solicitation, but who makes the major sales presentation and completes the sale at a later face-to-face meeting between the seller and the prospective purchaser in accordance with the home solicitation provisions in this chapter. However, if a seller, directly following a telephone solicitation, causes an individual whose primary purpose it is to go to the prospective purchaser to collect the payment or deliver any item purchased, this exemption does not apply.*

☐ *§501.604(5), F.S., exempts a person primarily soliciting the sale of a newspaper of general circulation.*

☐ *§501.604(6), F.S., exempts a book, video, or record club or contractual plan or arrangement: (a) Under which the seller provides the consumer with a form which the consumer may use to instruct the seller not to ship the offered merchandise. (b) Which is regulated by the Federal Trade Commission trade regulation concerning "use of negative option plans by sellers in commerce." (c) Which provides for the sale of books, records, or videos which are not covered under paragraphs (a) or (b), including continuity plans, subscription arrangements, standing order arrangements, supplements, and series arrangements under which the seller periodically ships merchandise to a consumer who has consented in advance to receive such merchandise on a periodic basis.*

☐ *§501.604(9), F.S., exempts a person soliciting the sale of services provided by a cable television system operating under authority of a franchise or permit.*

- ☐ *§501.604(10), F.S., exempts a business-to-business sale where: (a) The commercial telephone seller has been operating continuously for at least 3 years under the same business name and has at least 50 percent of its dollar volume consisting of repeat sales to existing businesses. (b) The purchaser business intends to resell or offer for the purposes of advertisement or as a promotional item the property or goods purchased; or (c) The purchaser business intends to use the property or goods purchased in a recycling, reuse, remanufacturing, or manufacturing process.*
- ☐ *§501.604(11), F.S., exempts person who solicits sales by periodically publishing and delivering a catalog of the seller's merchandise to prospective purchasers, if the catalog: (a) Contains a written description or illustration of each item offered for sale. (b) Includes the business address or home office address of the seller. (c) Includes at least 20 pages of written material and illustrations and is distributed in more than one state. (d) Has an annual circulation by mailing of not less than 150,000.*
- ☐ *§501.604(12), F.S. exempts a person who solicits contracts for the maintenance or repair of goods previously purchased from the person making the solicitation or on whose behalf the solicitation is made.*
- ☐ *§501.604(17), F.S., exempts a business soliciting exclusively the sale of telephone answering services provided that the telephone answering services will be supplied by the solicitor.*
- ☐ *§501.604(21), F.S., exempts a person soliciting business from prospective consumers who have an existing business relationship with or who have previously purchased from the business enterprise for which the solicitor is calling, if the solicitor is operating under the same exact business name.*
- ☐ *§501.604(22), F.S., exempts a person who has been operating, for at least 1 year, a retail business establishment under the same name as that used in connection with telemarketing, and both of the following occur on a continuing basis: (a) Either products are displayed and offered for sale or services are offered for sale and provided at the business establishment. (b) A majority of the seller's business involves the buyer obtaining such products or services at the seller's location. If applying for this exemption, please provide all documentation required in Florida Administrative Code Rule 5J-6.013(2).*
- ☐ *§501.604(24), F.S., exempts any person which has been providing telemarketing sales services continuously for at least 5 years under the same ownership and control and which derives 75 percent of its gross telemarketing sales revenues from contracts with persons exempted in this section.*
- ☐ *§501.604(26), F.S., exempts a publisher, or an agent of a publisher by written agreement, who solicits the sale of the publisher's periodical or magazine of general, paid circulation. The term "paid circulation" shall not include magazines that are only circulated as part of a membership package or that are given as a free gift or prize from the publisher or agent of the publisher by written agreement.*

This affidavit is made to claim an exemption from the licensing requirements of the Florida Telemarketing Act in order that the affiant's business may obtain an occupational license. I understand that §501.616(4), F.S., provides it is unlawful for any commercial telephone seller or salesperson to engage in non-exempt commercial telephone solicitation activities without a license and provides for civil penalties of up to $10,000 per violation in §501.619, F.S. In addition, §501.623(3), F.S., provides that any commercial telephone seller or salesperson who engages in non-exempt telemarketing activities without a license commits a felony of the third degree. Should the nature of these business activities change, the Department shall be notified immediately of the change so that a new determination of the applicability of the Act can be made at that time.

m Hilg — *Affiant's Signature*

2-18-11 — *Date*

Sworn to (or affirmed) and signed before me, this 18 day of FEBRUARY, 20 11, by Michael R. Hilgar, who is personally known to me or who has produced as identification

MY COMMISSION EXPIRES:

SEAL/STAMP

YULUISA NIEVES
MY COMMISSION # EE 065219
EXPIRES: February 16, 2015
Bonded Thru Notary Public Underwriters

(Notary Public Signature)

Yuluisa Nieves

(Notary Public Name, Please Print)

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Attachment MMM

FTV-2402008

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

ADAM H. PUTNAM
COMMISSIONER

COMMERCIAL TELEPHONE SELLER AFFIDAVIT OF EXEMPTION

Florida Telemarketing Act
ss. 501.601 – 501.626, Florida Statutes
5J-6.013

Send completed application to:

FDACS
Terry Lee Rhodes Building
2005 Apalachee Parkway
Tallahassee, FL 32314-6500

1-800-HELP-FLA (435-7352) • 850-410-3800 *Calling Outside Florida*
www.800helpfla.com • 850-410-3804 *Fax*

All documents and attachments submitted with this affidavit are subject to public review pursuant to Chapter 119, F.S.

PLEASE TYPE OR PRINT. Additional pages may be attached if additional space is needed. Please ensure that all attachments reflect the organization's name and the number of the corresponding question.

Business Information

1. Legal Name of Business *(If applicant is not an individual, legal name as registered with the Florida Department of State):*
Absolute Solutions Group, Inc.

Fictitious *(DBA)* **Name:**

All fictitious names must be registered with the Division of Corporations. If business is not an individual then 'Name' is the legal name of the business as listed with the Division of Corporations.

2. Principal Street Address *(include APT or SUITE # in all address lines):* **Is this a mail-drop:** ☐ Yes ☑ No
435 Douglas Ave. Suite 2205

City: Altamonte Springs, **State:** FL **Zip Code:** 32714

Mailing Address *(if different from above):*
5703 Redbug Lake Rd

City: Winter Springs **State:** FL **Zip Code:** 32708

2012 JUL 30 PM 12:48 DIVISION OF CONSUMER SERVICES

3. Telephone Number: ([redacted]) [redacted] - [redacted] **Fax Number:** ( ) - -

Email Address: absolutesolutionsnow@gmail.com **Website:**

Future correspondence may be electronic, so please make sure that the provided email is accurate and valid.

4. Federal Employer ID Number (FEIN): [redacted] - [redacted]

5. List all locations from which you will be doing business, that are intended to be covered under this affidavit.
(Attach a separate sheet if necessary)

Legal Name of Business: Absolute Solutions Group, Inc

Physical Street Address *(if applicable please include suite, apartment and/or unit numbers):*

City: Altamonte Springs **State:** FL **Zip Code:** 32714

Velez Att. MMM
Page 1 of 3

Legal Name of Business:

Physical Street Address *(if applicable please include suite, apartment and/or unit numbers):*

City: **State:** **Zip Code:**

Legal Name of Business:

Physical Street Address *(if applicable please include suite, apartment and/or unit numbers):*

City: **State:** **Zip Code:**

Check here if no additional locations are to be covered under this affidavit. ☑ **N/A**

Basis for Exemption

STATE OF: FL

COUNTY OF: Seminole

Personally appeared before me, the undersigned authority Michael Hilgar,
Name of Person Making Statement

whose title is President of Absolute Solutions Group Inc.
Title of Person Making Statement *Name of Business*

located in Altamonte Springs, FL located at _____
City, State and Zip Code *Street Address*

who, having first made due oath or affirmation, says:

This business is exempt from the licensing requirements of the Florida Telemarketing Act, Chapter 501, Part IV, Florida Statutes, because it meets the requirements of the following exemption(s): CHECK ALL THAT APPLY

☐ *§501.604(2), F.S., exempts a person soliciting for religious, charitable, political, or educational purposes. A person soliciting for noncommercial purposes is exempt only if that person is soliciting for a nonprofit corporation and if that corporation is properly registered as such with the Secretary of State and is included within the exemption of s.501(c)(3) or s.501(c)(6) of the Internal Revenue Code.*

☑ *§501.604(3), F.S., exempts a person who does not make the major sales presentation during the telephone solicitation and who does not intend to, and does not actually, complete or obtain provisional acceptance of a sale during the telephone solicitation, but who makes the major sales presentation and completes the sale at a later face-to-face meeting between the seller and the prospective purchaser in accordance with the home solicitation provisions in this chapter. However, if a seller, directly following a telephone solicitation, causes an individual whose primary purpose it is to go to the prospective purchaser to collect the payment or deliver any item purchased, this exemption does not apply.*

☐ *§501.604(5), F.S., exempts a person primarily soliciting the sale of a newspaper of general circulation.*

☐ *§501.604(6), F.S., exempts a book, video, or record club or contractual plan or arrangement: (a) Under which the seller provides the consumer with a form which the consumer may use to instruct the seller not to ship the offered merchandise. (b) Which is regulated by the Federal Trade Commission trade regulation concerning "use of negative option plans by sellers in commerce." (c) Which provides for the sale of books, records, or videos which are not covered under paragraphs (a) or (b), including continuity plans, subscription arrangements, standing order arrangements, supplements, and series arrangements under which the seller periodically ships merchandise to a consumer who has consented in advance to receive such merchandise on a periodic basis.*

☐ *§501.604(9), F.S., exempts a person soliciting the sale of services provided by a cable television system operating under authority of a franchise or permit.*

- ☐ *§501.604(10), F.S., exempts a business-to-business sale where: (a) The commercial telephone seller has been operating continuously for at least 3 years under the same business name and has at least 50 percent of its dollar volume consisting of repeat sales to existing businesses. (b) The purchaser business intends to resell or offer for the purposes of advertisement or as a promotional item the property or goods purchased; or (c) The purchaser business intends to use the property or goods purchased in a recycling, reuse, remanufacturing, or manufacturing process.*
- ☐ *§501.604(11), F.S., exempts person who solicits sales by periodically publishing and delivering a catalog of the seller's merchandise to prospective purchasers, if the catalog: (a) Contains a written description or illustration of each item offered for sale. (b) Includes the business address or home office address of the seller. (c) Includes at least 20 pages of written material and illustrations and is distributed in more than one state. (d) Has an annual circulation by mailing of not less than 150,000.*
- ☐ *§501.604(12), F.S. exempts a person who solicits contracts for the maintenance or repair of goods previously purchased from the person making the solicitation or on whose behalf the solicitation is made.*
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[signature] 7-25-11

Affiant's Signature *Date*

Sworn to (or affirmed) and signed before me, this 25th day of July, 20 12, by Michael Hilgar, who is personally known to me or who has produced as identification.

MY COMMISSION EXPIRES:

SEAL/STAMP

YULUISA NIEVES
MY COMMISSION # EE 065219
EXPIRES: February 18, 2015
Bonded Thru Notary Public Underwriters

[signature]

(Notary Public Signature)

Yuluisa Nieves

(Notary Public Name, Please Print)

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Attachment NNN

INBOUND SCRIPT 06-12-12 ($34.95)

Senior Medical Benefits, *(Rep Name) speaking,* may I ask whom I am speaking with? *(Write down their name)* And in case we get disconnected, is this the best phone number to reach you back on?

Okay, Great, for responding today to our Senior Medical Benefits program, you've been selected to receive a FREE medical alert system package that has a value of over $400 dollars.

You are probably familiar with the medical alert system and how it works, you know the TV commercial "I'VE FALLEN AND I CAN'T GET UP!"? or maybe you've seen our medical alert system in NewsDay, The Washington Post or US News.

It's the same system as seen on TV and the way it works is simple. If you have a medical emergency , fire, burglary, or even something as simple as a fall that you have difficulty getting up from, you simply push the button on the lightweight waterproof necklace or bracelet and speak hands free from anywhere in your home to a live certified Emergency Medical Technician (*An E.M.T.*). They will evaluate your situation, immediately get the help you need, notify family or 911 and comfort you until help arrives. Your alert button works anywhere in the house and it even works outside on your property. It has a 1500 foot range. That's over a quarter of a mile.

This device could really help you in a time of need and could even be life saving. This device will give you the peace of mind that you need, allow you to feel safe and make sure you never feel alone in the case of an emergency. Mr. / Ms. *(Their Last Name),* You will never have to feel helpless, worried or by yourself in an emergency situation.

Our device has been recommended by the American Heart Association, the American Diabetes Association, and the National Institute of Aging and has been helping save the lives of America's senior citizens for over 30 years.

Your FREE Medical Alert System package includes:

- A Medical Alert Base Station with a speaker
- A Waterproof Wrist / necklace button
- A Medilock key lock box which prevents broken doors and windows
- Voice Remote, which is an easy to use device that allows you to answer and talk on the telephone by simply pressing your necklace button. So no more getting up to answer the phone and no more missed calls.
- An away from home "Protection Card" that gives emergency personnel 24 hour a day / 7 day a week access to your important medical information
- And last but not least, a VERY IMPORTANT part of this service, is a daily wellness check. Every day SafeLine will check with you to make sure that you are safe and everything is okay.

The system is COMPLETELY FREE and the shipping is also FREE. Normally all this would cost over $400 dollars, but today you pay ABSOLUTELY NOTHING for the system. The only thing you would be responsible for is the Emergency Medical Technician monthly monitoring fee of just *$34.95* per month and the billing cycle doesn't start until you receive the system and activate it. Everything else is FREE. Also, there is no contract whatsoever and you can cancel at any time with no cancellation fees.

Okay, Mr./Ms. *(Their last name)* so what address would you like your Emergency Medical Alert System shipped to? *(Type their address in the customer information form)*

And for the monthly Emergency Medical monitoring, which card would you like to use? VISA, Mastercard, Discover, or American Express? (*If they say they do not have a credit card, then say* "Okay, do you have a debit card, we can go ahead and get you signed up with that instead?")

(If NO credit card or debit card, then ask for checking or savings acct.)
Okay, we can get you signed up with your checking account instead, so go ahead and grab a check so we can get some information off of it. *(If no checking account, then say* "Do you have a savings account? ") *(If yes, say* "Okay, go ahead and grab a bank statement so we can get some information off of it.")

Do you have a spouse or someone else in your home that you would also like to be protected? *(If Yes, then go on, IF No skip to "Fill out the customer information form",*

below) Okay we will also send you, for FREE, and additional wrist and necklace button for your spouse, the only thing you will need to pay is an additional $5.00 per month to cover the Emergency Medical Technician monitoring. So you and your spouse would be protected for just $39.95 per month and all of the equipment and shipping is still FREE.

(Fill out the customer information form on computer and then PITCH UPSELL)

UPSELL

Anywhere Alert 911 Pendant ($9.99 per month)

By the way, as a special offer for signing up today, we are able to offer you a free Anywhere Alert 911 Pendant. The pendant normally costs $125, but today it is free. This pendant can be worn anywhere in the United States and with just a push of a button you can get the help you need, immediately. The monitoring service for the Nationwide Anywhere Alert 911 Pendant is just an extra $9.99 per month. Would you be interested in adding this to your system today?

Last Step – Close Up and Transfer to Confirmation

Great, your equipment will be shipped to you at *(Repeat Shipping Address)* and will arrive within the next 7 to 10 business days. Don't forget to activate your system, as soon as you receive it, by plugging it into your phone line jack and pushing the button. This will make a test call and activate your system and immediately start protecting you.

Okay, I am going to transfer you to our confirmation department so they can give you your confirmation number and verify that I entered all of your information into the system correctly. They will also give you our customer service number in case you have any additional questions. Thank you very much and I hope you enjoy the safe feeling of having a medical alert system.

Please hold while I transfer you to the confirmation department. *(Wait for them to say okay to holding)*

Transfer Call to Confirmation

1 **(Customer Name)** I sincerely hope that you never need to use our service, but I can promise you this, if you do, we will be there for you at the simple push of a button and help will be on its way. This unit saves lives. You must agree with me that the peace of mind that this brings is most certainly worth a dollar a day, right? So let's get you registered. Would you rather use you Visa, MasterCard, American Express, Discover, Debit card or checking account?

2 ***I need to speak with my Spouse/Family.***

I completely understand. However I don't think that any of your family would not understand that you want to protect yourself and ensure your safety in the event of an emergency. You never know when you may need help and are unable to contact someone at that moment. **SAFELINE** is with you *24/7,365* days a year for as little as about a dollar a day. So let's go ahead and get your equipment out to you. Remember, you are receiving the equipment worth over $400 dollars absolutely free. I can't guarantee that savings at any other time, **so *let's get you registered. Would you rather use your Credit Card, Debit Card, or Checking Account?***

3 ***I can't make a decision without my Spouse or Family.***

I'm fairly confident that they would agree that saving $400 dollars on the equipment cost and protecting your health and safety for only $1 a day is a smart decision. And I also want you to know that you can actually add your spouse to this program if you would like for only an extra $4.99 per month. That brings the cost down to less than 60 cents each per day. Remember, you can cancel at any time with no obligation so even if you try it for a month or two and you find that it's not for you, simply call us to cancel with no questions asked and you are in the clear. So *let's get you signed up. Would you rather use your Credit Card, Debit Card, or Checking Account?*

4 ***I still can't decide.***

(Customer Name) I know that you are interested otherwise you would not still be on the line with me, and I understand that you are on the fence about this. Let me ask you; is your safety and health worth about a dollar a day to you? (Wait for the answer) Please remember that because of this special promotion that's only available to you today, we are actually sending you all the equipment absolutely free. That's a savings of over $400 dollars if you can accept the offer on this call. I can't guarantee that savings if you pass this up today. *What do we need to do to get you registered today?*

5 ***Someone else makes my Healthcare decisions.***

If you feel that you are unable to decide on this yourself but it's something that you really would be interested in, I would be happy to get that person on the line so I can explain it to them so they fully understand it and you can let them know that this is something that you want to do. Who makes these kinds of decisions for you? Would you like me to call them right now? What's their number?

6 ***I can't afford it.***

(Customer Name), I understand completely. In these tough economic times I can appreciate that things are tight. However, **SAFELINE** is only about a dollar a day and that covers you in the event of any emergency where you may not be able to contact a friend or family member. What happens if you have an emergency situation at 3 or 4 in the morning? **SAFELINE** will be there at the push of a button and will initiate emergency help within seconds. You can't afford to be without it, so *let's get you registered. Would you rather use your Credit Card, Debit Card, or Checking Account?*

7 ***How and why is this promotion possible?***

(Customer Name) We can offer you this promotion at such a low cost because **SAFELINE** believes in customer loyalty. Instead of spending millions of dollars on advertisements such as TV, billboards, and radio, we have chosen to take those marketing dollars and invest them in you. We are hoping that by giving you all the equipment for free and asking for you to simply pay the monthly monitoring fee only, that you will tell friends and family all about us and hopefully refer some other people to us which in turn generates word of mouth advertising for us. That's the best form of advertising we can get and it makes for happier customers which is our number one goal. That makes sense to you, right? ***Well, let's go ahead and get you registered. Would you rather use your Credit Card, Debit Card, or Checking Account?***

8 ***I don't want anything that needs my Credit Card or Checking Account info.***

I can appreciate your concerns about protecting your account information. Remember, you can cancel at any time with no questions asked if you find that this is not for you. Our main goal is to have you refer our company to other seniors so we may provide the same level of service to them as we will for you. They will thank you for that. This service saves lives. ***So let's go ahead and get you registered. Would you rather use your Credit Card, Debit Card, or Checking Account?***

9 ***I am on a fixed Income and can't afford it.***

(Customer Name), is your health and safety, or maybe even your life not worth about a dollar a day to you or your family? Please remember that we are sending you over $400 dollars worth of equipment absolutely free. I'm sure that once you inform your family that you would like to do this and could use a little help with the ($29.95 or $34.95) monthly monitoring costs that they would be happy to help. So *let's get you registered. Would you rather use your Credit Card, Debit Card, or Checking Account?*

10 ***Can you just send me a bill every month?***

(Customer Name), unfortunately no! We would need to have a billing method on file for the monthly monitoring cost of only ($29.95 or $34.95) in order to send you the actual monitoring equipment which is valued at over $400 dollars. Please remember we are giving that to you absolutely free, without even a charge for shipping it to you. We simply ask you to cover the monthly monitoring fees. *Let's go ahead and get you registered. Would you rather use your Credit Card, Debit Card, or Checking Account?*

11 ***I'll just send you a check.***

(Customer Name), by doing an automated draft, it allows this process to be seamless. Besides, this is how banks do business. They don't write checks to each other, they use electronic wire services and that's why there's no extra charge to you. Not to mention, by mailing a check you would still be providing us with this information anyway, right? By enrolling with a credit card, debit card or your checking account on this call, we can send you over $400 dollars worth of equipment absolutely free. I can't guarantee that any other way. *Let's go ahead and get you registered. Would you rather use your Credit Card, Debit Card, or Checking Account?*

REBUTTALS

12 ***How do I know that this is for real?***

(Customer Name) **SAFELINE** has been in business for over 30 years and has thousands and thousands of satisfied customers. You can check us out online at **www.safelinealert.com** to learn more about our company and the services we provide. Please understand that our goal is to continue keeping seniors safe and healthy in their own home and delivering a quality service to every new customer as though you had been with us for years. We would not have earned our excellent reputation if we did not deliver and fulfill our services exactly as I have explained them to you. We are so confident with our services that we don't ask you to sign any long term contracts. That allows you to cancel at anytime with no penalty, so that forces us to be better than you expect. **So *let's go ahead and get you registered. Would you rather use your Credit Card, Debit Card, or Checking Account?***

13 ***I have never heard of your company.***

(Customer Name) If we were not who we say we are there's no way we would have lasted for over 30 years. We have maintained our relationships with all the banking and regulatory institutes since we came into existence and that would not happen if we did not deliver 100% customer satisfaction. We simply want to impress you and hope in return you will refer us to your friends and family. You or they can check us out anytime on the internet at **www.safelinealert.com** **So *let's go ahead and get you registered. Would you rather use your Credit Card, Debit Card, or Checking Account?***

14 What outcomes of senior citizen falls?

Twenty to thirty percent of people who fall suffer moderate to severe injuries such as lacerations, hip fractures, or head traumas. These injuries can make it hard to get around or live independently, and increase the risk of early death.

Falls are the most common cause of traumatic brain injuries, traumatic brain injuries account for approximately 46% of fatal falls among older adults.

Most fractures among older adults are caused by falls.

In 2008, 82% of fall deaths were among people 65 and older.

15 Pet Rebuttal

(Mr. / Ms.) do you have any pets? *(If yes go on, if No then go to different rebuttal)*

Do you have a dog or a cat? *(Wait for answer)* Well keep in mind, this emergency medical alert system not only protects you, but it also protects your (dog(s) / cat(s)). Remember with the daily wellness check, you will get a call every day to make sure everything is okay. If SafeLine cannot reach you, they will call whoever you instructed them to call when you activated your system. They will tell them that they need to go to your home to make sure everything is okay. If you didn't give SafeLine a specific person to call, then they would send emergency personnel to your home. So, if something does happen to you, then your pet would have someone to take care of them. So this system may save both you and your (dog(s) / cat(s)) life some day. So let's go ahead and get you signed up so we can keep both you and your (dog(s) / cat(s)) safe.

16 ***Are you open 24 hours a day?***

Yes. Care specialists and customer service associates are available to you 24 hours a day, 7 days a week to handle your emergencies or just answer your questions.

17 ***How long have you been in business?***

SAFELINE has been in business since 1977. We have provided life safety services and peace of mind to tens of thousands of people for over 30 years and are among the leaders in our field.

18 ***If I call for emergency help, where does my call get answered, locally or out of State?***

All calls go to the **SAFELINE** monitoring center to ensure the greatest level of service. We store all your local authority phone numbers in your record. In the event that you require assistance, we will notify parties responsible to go to your home. This information is verified by our data entry group before the system is sent to you.

19 ***Can I change who is contacted on the weekends?***

Again, the choices are all yours. We will do whatever you instructions you provide. It's no problem at all.

20 ***How much or what information goes into your computer?***

It's entirely up to you. We will input whatever information you wish to provide in terms of medical records, who to contact, when and in what particular order.

21 ***If it's free why do you need my Credit card/Checking Account Information?***

In order to ship out your equipment we need to know that you will use it for at least 1 month. Please understand that even though we provide you the equipment for free, which is valued at over $400 dollars, we would need to have a billing method on file for the monthly monitoring fee of only ($29.95 or $34.95)per month. *(Customer Name),* as I have already mentioned, that breaks down to actually less than $1 per day and for that we guarantee that within seconds of you pushing your button at any time, day or night, 365 days a year, we will be there for you. Surely the peace of mind that provides for you and your family is well worth the low cost of less than $1 a day. So *let's get you registered. Would you rather use your Credit Card, Debit Card, or Checking Account?*

22 ***I'm not Interested # 1***

(Customer Name), what's holding you back? *(Isolate the concern, repeat it back to the customer, and address it with the correlating rebuttal.)* (Customer Name) Doctors refer to the first hour after an accident or a heart attack or a stroke as the golden hour. If they can get to that patient within that first hour the odds of survival are as high as 80%. As time goes on those odds go down by the minute. Wouldn't you want to give yourself the peace of mind of knowing that if anything at all happens to you that we will be there for you at the push of a button and that help is on its way immediately? Surely that's worth a dollar a day to you, so let's get you registered. Would you rather use you Visa, MasterCard, American Express, Discover, Debit card or checking account?

23 ***Do I have to program it when it arrives?***

No, we take care of all that. You simply need to plug it in the same way you would an answering machine and push the button to test it. It's that simple.

24 ***Does this work with Voice over IP phones?***

Yes, absolutely. So long as I make a note of that we can send you a unit that is completely compatible with VOIP phone systems.

25 **Do I talk to you through the necklace, watch bracelet or belt clip?**

The button that you wear on the necklace, watch bracelet or belt clip activates our hands free voice console which is what we speak to you through.

26 ***Where are you located? Do you operate your own monitoring center?***

SAFELINE owns its own UL listed monitoring center, staffed with highly trained care specialists at our secure facility in New York. From there we monitor customers from all across the US.

27 **Are your operators fully trained and qualified?**

All of our people complete 180 hours of classroom training before they ever take a phone call. All **SAFELINE** care specialists CSAA (Central Station Alarm Association) certified. Our specialists exceed the highest standard for monitoring center personnel, plus supervisors are always present to ensure that calls are handled properly.

28 **Once the button is pressed, does the call go directly to 911?**

That's a great question. We can contact 911 immediately if that's what you want. You may also choose a different set of instructions it's up to you. When you receive the system, you will set up instructions for us to follow and that's what we will do if you do press the button. The choices are all yours.

29 **What if I'm in a different room from the system?**

The speaker is extremely loud and the microphone on the button is very sensitive. When you first receive the system we will test it with you so you will know exactly where it works best. The system receives the signal from the help button from up to 1500 feet away. That's more than the length of 4 football fields. It is over a quarter of a mile!

30 **What happens if I can't speak or can't be heard?**

If we can't hear you, we will follow the instructions you give us when you set up your system. We will call friends, family, loved ones, or 911. You will tell us who to contact first in the event that you are unable to speak or we can't hear you. Again, the choices are yours.

31 ***Is the system automatically tested or do I have to test it?***

Yes to both questions. The console test's itself every week by sending us a signal. Additionally we recommend that you push your help button at least once a month and talk to us a further reassurance.

32 ***Can I call because maybe I'm feeling faint but don't want 911 called: I just want someone called from my contact list instead?***

Of course! That's why we're here. We will contact whomever you wish and in whatever order you desire.

33

Customer Objection:

I don't give out my credit card over the phone.

How do I know that this is not a scam?

What if I don't receive what you said I am going to receive?

Rebuttal (Answer):

Mr./ Mrs. _____Have you ever heard of the federal credit card protection act? _____Well, it is a federal law that was passed in the United States to protect credit card holders. It says that anyone that uses their credit card over the phone or the internet is not liable for any charges unless they receive exactly what was promised to them. So there is absolutely no risk to whatsoever. Over 70% of all Americans use their credit cards over the phone or the internet. Phone and internet transactions would have never grown to a massive multi-billion dollar industry without the federal law protecting the credit card holders. So you have nothing to worry about. I would never ask you to use your credit card over the phone if you were not 100% protected by the federal credit card protection act. It's simple, you either get exactly what you were promised or you don't have to pay. Also, if someone uses your credit card without your authorization, then you are not liable for any of the charges whatsoever. All it takes is one call to the bank and the law says they must reverse the charges and handle it right there while you are on the phone. So there is absolutely no risk to you whatsoever. A credit or debit card is the safest way to do anything over the phone because of this federal law.

So let's go ahead and get your FREE Medical Alert System sent out to you, would you like to use your VISA, Mastercard, Discover or American Express for the monthly Emergency Medical monitoring?

34 My son / daughter wanted me to get a medical alert system but I don't think I need one.

I know you have been independent all your life and are probably struggling with the thought of losing some of that independence due to aging, but the reason your (son / daughter) wants you to get a medical alert system is because (he / she) probably knows the real statistics about senior citizen medical emergencies. (He / She) may not have wanted to scare you by telling you the facts, but let me tell you some of the things that your (son / daughter) probably already knows. *(Go to "How Big is the Problem")*

35 I don't think I need a medical alert system

I know you have been independent all your life and are probably struggling with the thought of losing some of that independence due to aging, and I know you don't think you need a medical alert system but let me tell you some of the scary facts about senior citizen falls, and these facts don't even include any other medical issues *(Go to "How Big is the Problem")*

Miscellaneous Rebuttals

Let's get you signed up, Let's Keep you safe.

36 ***If they say they can't afford it,***

"Do any other bills matter if you're not safe?, This is the most important bill. If you don't survive a medical emergency then you won't be around to pay any of those other bills. So let's get you signed up and start keeping you safe"

37 ***If they are afraid to give out their information,***

Don't worry, everything is going to be okay, we are in the business of protecting Senior Citizens. Let's get you signed up, Let's Keep you safe.

We've been protecting Senior Citizens for over 30 years.

You will never have to feel alone again in a medical emergency.

We're going to take care of you, we're going to keep you safe.

38

How Big is the Problem?

Each year, one in every three adults age 65 and older experiences a serious fall. Falls can cause moderate to severe injuries, such as hip fractures and head traumas, and can increase the risk of early death.

Even though one out of three adults age 65 and older falls each year, less than half of them get the medical advice they should.

Among older adults (those 65 or older), falls are the leading cause of injury death. They are also the most common cause of nonfatal injuries and hospital admissions for trauma

Each year, there are approximately 20,000 senior citizens that die from unintentional fall injuries

The death rates from falls, among senior citizens, have risen significantly over the past decade.

Each year, over 2.2 million nonfatal fall injuries among older adults were treated in emergency departments and more than 580,000 of these patients are hospitalized.

They just won't do it without talking to their (Son/daughter/husband/kids)

Mr. / Mrs. (_____), I agree with you, I don't want you to make a decision without your (Son/daughter/husband/kids). I have a great idea, so just hear me out for a second, okay? We'll send you out the system, we'll pay for the shipping, there will be no contract, there will be no cancellations fees, Try It out TOGETHER with your (Son/daughter/husband/kids) and then make a decision TOGETHER on whether or not you want to keep it. But if you and your (Son/daughter/husband/kids) decide you don't want to keep it, then there is no contract, no cancellation fees, and we will pay to ship it back to us.

This way you can try it with your (Son/daughter/husband/kids) and then make a decision TOGETHER on whether or not you want to keep the system.

Now, let's go ahead and get you signed up so you can give it a try together with your (Son/daughter/husband/kids).

A reminder of what decision they are making...

Remember, the only thing you are doing today is agreeing to try the system with your (Son/daughter/husband/kids) so you can make a decision together on whether you think the system is right for you.

Where did you get my number?

or

They are complaining about getting a call.

(Mam / Sir), you are receiving this call because you opted-in somewhere to receive special offers. You would have opted-in either by having a check box checked while purchasing something on the internet or it may have been through a sweepstake or an order you did by mail or catalog. If you would like to be taken off of our opt-in special offers list, I will be more than happy to remove you right now and I apologize for any inconvenience.

Attachment OOO

INBOUND SCRIPT 09-06-12 ($34.95)

Senior Emergency Care, *(Rep Name)* ***speaking,*** may I ask whom I am speaking with? *(Write down their name)* And in case we get disconnected, is this the best phone number to reach you back on?

Okay, Great, for responding today to our Senior Emergency Care program, you've been selected to receive a FREE medical alert system package that has a value of over $400 dollars.

You are probably familiar with the medical alert system and how it works, you know the TV commercial "I'VE FALLEN AND I CAN'T GET UP!"? or maybe you've seen our medical alert system in NewsDay, The Washington Post or US News.

It's the same system as seen on TV and the way it works is simple. If you have a medical emergency , fire, burglary, or even something as simple as a fall that you have difficulty getting up from, you simply push the button on the lightweight waterproof necklace or bracelet and speak hands free from anywhere in your home to a live certified Emergency Medical Technician (*An E.M.T.)*. They will evaluate your situation, immediately get the help you need, notify family or 911 and comfort you until help arrives. Your alert button works anywhere in the house and it even works outside on your property. It has a 1500 foot range. That's over a quarter of a mile.

This device could really help you in a time of need and could even be life saving. This device will give you the peace of mind that you need, allow you to feel safe and make sure you never feel alone in the case of an emergency. Mr. / Ms. *(Their Last Name),* You will never have to feel helpless, worried or by yourself in an emergency situation.

Our device has been recommended by the American Heart Association, the American Diabetes Association, the National Institute of Aging and is trusted by thousands of hospitals and more than 65,000 healthcare professionals. Our device has been helping save the lives of America's senior citizens for over 30 years.

Your FREE Medical Alert System package includes:

- **A Medical Alert Base Station with a loud speaker and very sensitive microphone**
- **A Waterproof Wrist / necklace button**
- **Free Shipping and Free Activation**
- **Voice Remote, which is an easy to use device that allows you to answer and talk on the telephone by simply pressing your necklace button. So no more getting up to answer the phone and no more missed calls.**
- **An away from home "Protection Card" that gives emergency personnel 24 hour a day / 7 day a week access to your important medical information**
- **And last but not least, a VERY IMPORTANT part of this service, is a daily wellness check. Every day Senior SafeAlert will check with you to make sure that you are safe and everything is okay.**

The system is COMPLETELY FREE and the shipping is also FREE. Normally all this would cost over $400 dollars, but today you pay ABSOLUTELY NOTHING for the system. The only thing you would be responsible for TODAY is the Emergency Medical Technician monthly monitoring fee of just *$34.95* per month and the billing cycle doesn't start until you receive the system and activate it. Everything else is FREE. Also, there is no long term contract whatsoever and you can cancel at any time with no cancellation fees.

Okay, Mr./Ms. *(Their last name)* **so what address would you like your Emergency Medical Alert System shipped to?** *(Type their address in the customer information form)*

And for the monthly Emergency Medical monitoring, which card would you like to use? VISA, Mastercard, Discover, or American Express? (*If they say they do not have a credit card, then say* **"Okay, do you have a debit card, we can go ahead and get you signed up with that instead?"**)

(If NO credit card or debit card, then ask for checking or savings acct.)
Okay, we can get you signed up with your checking account instead, so go ahead and grab a check so we can get some information off of it. *(If no checking account, then say* **"Do you have a savings account? "**) *(If yes, say* **"Okay, go ahead and grab a bank statement so we can get some information off of it."**)

Do you have a spouse or someone else in your home that you would also like to be protected? *(If Yes, then go on, IF No skip to "Fill out the customer information form", below)* Okay we will also send you, for FREE, and additional wrist and necklace button for your spouse, the only thing you will need to pay is an additional $5.00 per month to cover the Emergency Medical Technician monitoring. So you and your spouse would be protected for just $39.95 per month and all of the equipment and shipping is still FREE.

(Fill out the customer information form on computer and then PITCH UPSELL)

UPSELL

Anywhere Alert 911 Pendant ($9.99 per month)

By the way, as a special offer for signing up today, we are able to offer you a free Anywhere Alert 911 Pendant. The pendant normally costs $125, but today it is free. This pendant can be worn anywhere in the United States and with just a push of a button you can get the help you need, immediately. The monitoring service for the Nationwide Anywhere Alert 911 Pendant is just an extra $9.99 per month. Would you be interested in adding this to your system today?

Last Step – Close Up and Transfer to Confirmation

Great, your equipment will be shipped to you at *(Repeat Shipping Address)* and will arrive within the next 7 to 10 business days. Don't forget to activate your system, as soon as you receive it, by plugging it into your phone line jack and pushing the button. This will make a test call and activate your system and immediately start protecting you.

Okay, I am going to transfer you to our confirmation department so they can give you your confirmation number and verify that I entered all of your information into the system correctly. They will also give you our customer service number in case you have any additional questions. Thank you very much and I hope you enjoy the safe feeling of having a medical alert system.

Please hold while I transfer you to the confirmation department. Don't hang up until you talk to the confirmation department, okay? *(Wait for them to say okay)*

Transfer Call to Confirmation

Attachment PPP

SAFELINE CONFIRMATION SCRIPT 8/2/12

Hi, this is _____ in the confirmation department. I just want to take a quick minute to confirm that all of your information has been entered into our computer correctly. *(Confirm name, address, and phone number)*

I also see here that you have *(click "script button" on VICI screen to see)* **for your telephone company.**

Okay, I see here we have you set up with the medical alert system which is $_____ per month. You will also receive the wrist and necklace emergency button and voice remote, the Medilock key lock box, an away from home Protection Card and the daily wellness check. All of this is included today at no charge!

I see here that we will be charging your _____ today that ends in *(read last 4 digits)* **for the 1st month of the $_____ monthly monitoring fees. Can you please read me the numbers on the front of the card just to make sure we have them all correct?**

(If Credit Card) **Okay, Great, Your system will be shipped via UPS or Fed Ex and will arrive at your home within in the next 7 to 10 business days.**

(If it is an ACH) **Okay, Great, Your system will be shipped via UPS or Fed Ex and will arrive at your home within in the next 10 to 14 business days.**

Now, don't forget to activate your system as soon as you receive it. It's very easy, it works just like a telephone, so just plug the Medical Alert System into your telephone jack and then plug your telephone into our system. Then simply push the Red button on the top of the main unit. That will automatically call us and you will hear a live Lifewatch Connect America representative answer through the speaker and they will talk you through the rest of the set up. It's very easy and this will activate your system and immediately start protecting you.

Now Mr. / Ms. _____ for your medilock key lock box, we are going to set the code to be the same as the last four digits of your phone number, which is _____. This will make it easy for you to remember the code, okay?

If you can grab a pen and a paper, I'll give you your customer ID confirmation number and our customer service telephone number.

Okay, your customer ID confirmation number is _____ *(wait for them to write it)* **and our customer service phone number is _____.** *(wait for them to write it)*

Well, you're all set, and we just want to thank you for joining The SafeLine BY Lifewatch Connect America family and I hope you have a wonderful day!

CONFIRMATION SCRIPT 8/13/12

Hi, this is _____ in the confirmation department. I just want to take a quick minute to confirm that all of your information has been entered into our computer correctly. *(Confirm name, address, and phone number)*

I also see here that you have *(click "script button" on VICI screen to see)* **for your telephone company.**

Okay, I see here we have you set up with the medical alert system which is $_____ per month. You will also receive the wrist and necklace emergency button and voice remote, an away from home Protection Card and the daily wellness check. All of this is included today at no charge!

I see here that we will be charging your _____ TODAY that ends in *(read last 4 digits)* **for the 1st month of the $_____ monthly monitoring fees. Can you please read me the numbers on the front of the card just to make sure we have them all correct?**

(If Credit Card) **Okay, Great, Your system will be shipped via UPS or Fed Ex and will arrive at your home within in the next 7 to 10 business days.**

(If it is an ACH) **Okay, Great, Your system will be shipped via UPS or Fed Ex and will arrive at your home within in the next 10 to 14 business days.**

Now, don't forget to activate your system as soon as you receive it. It's very easy, it works just like a telephone, so just plug the Medical Alert System into your telephone jack and then plug your telephone into our system. Then simply push the Red button on the top of the main unit. That will automatically call us and you will hear a live Lifewatch Connect America representative answer through the speaker and they will talk you through the rest of the set up. It's very easy and this will activate your system and immediately start protecting you.

If you can grab a pen and a paper, I'll give you your customer ID confirmation number and our customer service telephone number.

Okay, your customer ID confirmation number is _____ *(wait for them to write it)* **and our customer service phone number is _____.** *(wait for them to write it)*

Well, you're all set, and we just want to thank you for joining The Lifewatch Connect America family and I hope you have a wonderful day!

Confirmation Rebuttals 7/20/12

Q: Why can't I use my Post Office Box as my shipping address?
A: We currently use only UPS and FedEx to ship our equipment. UPS & FedEx bring the system directly to your front door. This way we know for sure that you will receive your system. FedEx and UPS cannot deliver to a mailbox or post office box.

Q: What is the name of your company?
A: The name of our company is LifeWatch USA

Q: If you guys are LifeWatch what exactly is the name "Safeline" I was told earlier?
A: Safeline is simply the name of this program. This is the Safeline program by LifeWatch USA. The important name to remember is our corporate name, LifeWatch USA.

Q: Where are you located?
A: Our headquarters is located in Lynbrook, New York, but we are a nationwide company and I am located in the Orlando Area.

Q: How long has your company been in business?
A: Our company has been in business since 1980, we are the oldest and largest residential emergency medical alert company in the nation. This is just one of the reasons why we still hold today an A+ rating with the better business bureau.

Q: I thought the system was free???
A: The equipment is absolutely free. There are no activation fees and no contract; The only thing YOU ARE responsible for is the Emergency Medical Technician (E.M.T.) MONTHLY monitoring fee which is $34.95. If you decide not to keep your emergency medical alert system, you can cancel your service at any time and there are no cancellation fees. All we ask is that you give it a try. I'm sure you will love our Emergency Medical Alert System, it saves lives!

The "You're not charging my card today!" **rebuttal:**
"Sir/Maam" this is how it works... We charge your *"card or bank account"* TODAY for your first month's emergency medical monitoring fee, but your billing cycle does not start until you receive the system and activate it, which means you don't start using the money until you actually activate the system. Now keep in mind, your next monthly monitoring payment will not be processed for 30 days from the date you activate your system. So you don't actually pay for monitoring until your system is activated and you are protected. DON'T wait for customer to respond*, continue with the confirmation.**

If customer is using credit card or debit card:

Now go ahead and read me the numbers off the front of your card to confirm that I have them all correct?

If customer is using checking account:

Now go ahead and read me the numbers on the bottom of your check starting with the first group of numbers in the bottom left corner of your check, but only read the me the first group of numbers. *After you get first group of numbers, say "OK now go ahead and read me the second group of numbers". If there is a third group of numbers this should match the check number.*

If customer responds "I don't have any money in my account today":
'Okay do you have another form of payment you would rather use today, maybe a differant credit/debit card or different bank account that has the funds available now?

If customer responds "No" **to all questions ask:**
"Okay, no problem, we can do what is called a post date, just tell me what day you will have the first month's monitor fee of $34.95 available in your account and we will not process the $34.95 payment until that day. So, what day should we go ahead and process this?

Pricing You Can offer to Save a deal

VoIP unit: Lowest price you can go is 29.95

Basic: Lowest you can go is 24.95 but you first you should consider trying for the 29.95.

Cellular in unit is 34.95 and the lowest you can go is 29.95

If the customer has a extra button "match the price"

Quarterly Saves: First trying lowering the payment to $89.95, if that doesn't work, put customer on hold and pretend like you got permission from Supervisor to up Grocery Coupon to $3000 ($1500 dining & 1500 Grocery Coupon

Post Date Saves, where we caused over draft: If Quarterly, please try to offer them to up their grocery coupon first to $3000 (1500 dine, 1500 coupon) you may also offer them a $35 cashiers check and/or free month, if they are still pissed on rare occasions we will reimburse the $99 in the form of a cashiers check, that needs to be approved by a manager.

Always mention to customers that we are only able to lower the price because the supervisor said it would be okay and we are just trying to keep our customers so we can keep them safe since we are in the business of saving senior citizens lives.

To try and save a monthly, you may try and offer the $1000 grocery coupon, lower the price, or give free month. We can e-mail it to them within 72 hours or we can mail them a form to fill out on what and where they like to shop. This process generally takes about 2-3 weeks.

Cancels

When a customer calls to cancel, you must always first try to find out the reason behind why they want to cancel. Listen to their concerns and be understanding with them. Try to determine what would be the best way to save them. No matter what their reasons is they're always rebuttal's. There is a rebuttal to every situation; try more than one. If you can not resell the product after trying this, only then should you try to lower their monthly payment, give them grocery coupon, or offer them a free month. You can offer lower the payment and give a free month unless it is approved.

For same day cancel (cc) they can be reversed immediately from 10a to 6p. These e-mails must go out right away to G and simply state "Cancel and Reverse". If it is a post date, then you obviously would not have to do this immediately. Just put it on their side notes and e-mail them to G and Katie at the end of your shift. An ACH can not be reversed that same day unless it is like 10 minutes from when they ordered.

When sending out ANY e-mails always add the customer ID and their name in the subject line.

Please only add the customer name, ID and change needed, no reason provided when e mailing

When cusomters are inquiring about their refunds, let them know to call billing (800)716-1433 and that they will send them a refund form. They will then have to sign it and send it back. About two weeks from then, they will have it credited back into their accounts via their method of payment.

If in their accounts it states that their payment was supposed to be post dated but the payment was ran anyway and they mention they had an overdraft fee and are very upset; you can either offer them a free

month and/ or a cashiers check for the amount of 35.00

To fill out cashiers checks: rip off top part and put customer name and ID number. At the bottom: put customers name, address and our return address of: 266 Merric Rd.Suite 104 Lynbrook NY 11563

Shipping

A credit card (cc) which is processed the day the order should be delivered within 14 days of payment being taken. It is considered a long shipping if it past the two week period of payment being taken.

Checks (ACH) take a few days to settle. Once the check settles it should also be 14 days from when the payment settles. Past that two week period is considered a long ship

Always remind the customers that it will take about 7-10 business days, excluding Saturday and Sunday and any holidays.

If it is past the two week period and the customer is upset try to explain that we have been having long shipments due to the fact of the high demands of our products due to our promotion. If they insist on canceling because of this, only then try to offer them a free month. Do not just give every long shipping a free month to count as a save. All recordings will be listened to and determined if that free month was necessary.

If at the top it says CA that means it is coming from Broomal PA via FedEx. If it states No Flag it is coming from Lynbrook NY via UPS. For ANY long shipping's always request a tracking number and do not promise the customer you will be calling them back that day because that is not always the case and can be very misleading. Immediately e-mail Lauren and always CC Katie.

Technical Support

Anything dealing with issues they are having with the system, give them technical supports number (800)716-1433.
Immediately e-mail customerservice@lifewatch-usa.com with the customers ID and name in subject line and a short description of what issue they are having. Give them about a two hour window time for someone to call them back. Please CC: G and Katie

If they are having issues to set it up, explain that it was made so seniors could easily set it up and have technical support call them regardless. We can also google their local fire department and ask them to help. Most of the time they will help the seniors set it up.

Common Customer complaints

"Rep told me no money would be taken until activation"

1 We have to run the card before we could send out the equipment because we are sending you over 400 dollar's worth of equipment completely free so we want to know that it is a valid account and that way once you get your system you can immediately activate it and start being protected. Remember, your billing cycle (30 days) does not begin until you receive the system. Most of our customers activate the system as soon as they receive it.

"Im too active"

-Mention we have a Anywhere alert for 911 for an additional 9.99.

Another option is the Mobile Help Cellular. Make sure to tell them that it has a GPS in it and works anywhere in the United States or Canada. You may offer it to them for the original 34.95 they are paying for the at home unit. Remember, with GPS unit, you only get a pendant, you do not get an additional button.

"I just don't want it"

-Make sure they know that they already paid for their first 30 days (if they are not post poned) and that it is being shipped and on its way and tell them they need to try it for at least 30 days. If they say they want a local company, mention we are the best company. We have in business for over 30 years and maintain a "A" rating with the BBB. Also, mention we are one of the few companies that do not tie seniors down a contract because we care about our customers and feel that is wrong to do to them.

General criteria

Lauren@lifewatch-usa.com is whom you request all tracking information to.

G, Gets everything else as well as CC Katie in all e-mails.

When you get a call from a banker, these are all recorded so you must be very careful what you say. You also have to speak to the customer not just the banker.

If the customer asks for the company name immediately: "we have several companies we use depending on your area, do you have a confirmation number so I can look you up" Do not just give out our information without knowing if they are our customer.

At the end of the day

When you are sending your Cancels/Saves don't give any reasons on why they are canceling or relay complaints. When e-mailing about saves simply put any changed that had to be made to account such as lowering the price, swapping out a unit, or a free month. This must be done EVERY night before you go.

Enter all your saves into the timesheet and there is where you give details on how you saved that deal.

Return all calls with tracking numbers.

Tally daily log sheet and put on Katie's folder on her desk.

GROCERY COUPONS – MONTHLY – Must put e mail address in notes of CRM

Name:_____ Customer ID_____

E-Mail_____ Mail_____

Phone Number_____ Customer Service Rep_____

Name:_____ Customer ID_____

E-Mail_____ Mail_____

Phone Number_____ Customer Service Rep_____

Name:_____ Customer ID_____

E-Mail_____ Mail_____

Phone Number_____ Customer Service Rep_____

Name:_____ Customer ID_____

E-Mail_____ Mail_____

Phone Number_____ Customer Service Rep_____

DAILY LOG

DATE_____

Name: Jessica Time IN:_____ Lunch_____ Time Out:_____

S Customer ID 656709572 Name Judith Mills

CC✓ ACH___ SD___ D___ PD___ Save_____

Reason: Judith Mills. getting upset it took so long for tracking #.

S Customer ID 656721278 Name Carmela Giangozzi

CC✓ ACH___ SD___ D___ PD___ Save_____

Reason: Adt say it cost 1/2 price. "resold vouchers"

Customer ID 656705166 Name Dorothy Carden

CC✓ ACH___ SD___ D___ PD___ Save_____

C Reason: Sent equip back

Customer ID 656754444 Name Arliss Bloch.

CC___ ACH___ SD___ D___ PD___ Save_____

S Reason: 24.95 plus $10 credit.

DAILY LOG DATE 9/24/12

Name: Jessica Time IN: 10:00 Lunch Time Out:

C

Customer ID 0560747479 Name Mary Elam

CC ACH / SD D PD Save

Reason: Says her grandson is getting her a new system.

Customer ID 0567544453 Name Annie Boyd

C

CC ACH / SD D PD Save

Reason: Stop payment.

Customer ID 0567296 96 Name Willie Ranson

S

CC / ACH SD D PD Save

Reason: Oct 5 post date 99.99

+process today if possible

Customer ID 0567444117 Name Wayne Blackburn

C

CC ACH SD D PD Save

Reason: Assisted Living - Moved.

LIFEWatchUSA
PERSONAL CARING SERVICE SINCE 1980

gerardo@lifewatch-usa.com <gerardo@lifewatch-usa.com> Tue, Sep 4, 2012 at 3:14 PM
To: Katie C <katiewwinfo@gmail.com>, Misty Newton <mistywwinfo@gmail.com>

Name: Margaret Carter
Address: [redacted]
oklahoma city, OK [redacted]
Customer Id: 656708803

Medilok Lockbox
$0.00 - Purchase - One Time - Product

VoIP Unit
$99.99 - 3 Months - Product

Agent: WWIS Agent 003
Payment Method: Credit Card - xxxxxxxx[redacted]

Gerardo "G" Duran
Account Manager
(516) 599-3620 Ext. 121

LIFEWatchUSA
PERSONAL CARING SERVICE SINCE 1980

gerardo@lifewatch-usa.com <gerardo@lifewatch-usa.com> Tue, Sep 4, 2012 at 3:15 PM
To: Katie C <katiewwinfo@gmail.com>, Misty Newton <mistywwinfo@gmail.com>

Name: Larry Fransen 1056708788
Address: [redacted]

VoIP Unit
$34.95 - 1 Month - Product

Agent: WWIS Agent 033
Payment Method: Credit Card - xxxxxxxx[redacted]

Gerardo "G" Duran
Account Manager
(516) 599-3620 Ext. 121



gerardo@lifewatch-usa.com <gerardo@lifewatch-usa.com> Tue, Sep 4, 2012 at 3:08 PM
To: Katie C <katiewwinfo@gmail.com>, Misty Newton <mistywwinfo@gmail.com>

Name: Ruth Rodriguez
Address: [redacted]
San Antonio, TX [redacted]
Customer Id: 656717254

Basic Medical Alarm
$99.99 - 3 Months - Product

Agent: US Affiliates 0014-Confirmer
Payment Method: ACH/Bank Draft - xxxx[redacted]

Reason:
C DECLINE

Attachment QQQ

ADAM H. PUTNAM

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

COMMERCIAL TELEPHONE SELLER
BUSINESS LICENSE APPLICATION

Chapter 501.608, Florida Statutes

Mailing Address:
Attn: Commercial Telephone Salesperson
Florida Department of Agriculture and Consumer Services
2005 Apalachee Parkway
Tallahassee, FL 32399-6700
http://www.800helpfla.com/
1-800-HELP-FLA (435-7352) FL Only
850-488-2221 Calling Outside Florida
Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

APPLICATION INFORMATION

License No# **TC2980**
Document Tracking No# **2320788** Application Date **01/20/2012 11:03:59 AM**

BUSINESS INFORMATION s.501.605(2)(a), F.S.

Business Name**
CREDIT VOICE, INC., THE

Fictitious Names**
the consumers voice

**All fictitious names must be registered with the Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations. You must list all names under which you intend to do business.

Street Address
18830 US HIGHWAY 19 N STE 330
CLEARWATER, Florida 33764-3117 USA

Mailing Address
PO BOX 5208
CLEARWATER, Florida 33758-5208 USA

Telephone Number
727-[redacted]

Fax Number
727-[redacted]

Email Address
bmontague@thecreditvoice.com

Website Address
thecreditvoice.com

Federal Employer ID Number (FEIN): s.119.092, F.S.
[redacted]

Form of Organization.
Sole Proprietorship
6/10/2004 Florida

Registered Agent

J MARSHALL FRY
905 E MARTIN LUTHER KING JR DR STE 228
TARPON SPRINGS, Florida 34689-4801 USA

727-[redacted]

Business Details

Brief description of product(s) sold and/or service(s) provided:

Marketing for Lifewatch medical products. We are not marketing debt at this time

Title 18, Part I, Chapter 61, Sec. 1301, United States Code prohibits procuring for a person in 1 State a ticket, chance, share, or interest in a lottery conducted by another state. Do you now or do you intend to solicit the sale of memberships in a lottery club across state lines? **No**

Criminal And Litigation History

1. Has the applicant previously been arrested for, convicted of, or is under indictment or information for, a felony? Conviction includes a finding of guilt where adjudication has been withheld. **No**

2. Has the applicant previously been convicted of, or under indictment or information for, racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? Conviction includes a finding of guilt where adjudication has been withheld. **No**

3. Has the applicant ever been convicted of acting as a salesperson without a license, either judicial or administrative, or whether such a license has previously been refused, revoked, or suspended in any jurisdiction? **No**

4. Has the applicant worked for, or been affiliated with, a company that has had entered against it an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? **No**

5. Has the applicant had entered against him or her an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? Is any litigation pending against the applicant? **No**

Occupation History

1. Occupation: emp Period: 03/01/2007 - 01/04/2012
Employer: The Credit Voice
Address: 18830 US HWY 19 North suite 330 Clearwater,FL 33764

Previous Experience

60 Months experience

Parents And Affiliates

Does not apply was selected for parent and affiliates.

Officers

Officer 1.

Name: BARTT MONTAGUE
Title: Chief Executive Officer

Information

Date of Birth: [redacted]
ID Type: Driver's License Number
ID Number: [redacted]
ID State: Florida

Home Address

[redacted]
CLEARWATER, Florida [redacted] USA

Criminal And Litigation History

1. Have you been convicted of, or under indictment or information for, racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? Conviction includes a finding of guilt where adjudication has been withheld. **No**

2. Are you involved in pending litigation or have you had entered against you an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? **No**

3. Have you ever been, subject to any litigation, injunction, temporary restraining order, or final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document or any restrictive court order relating to a business activity as the result of any action brought by a governmental agency, including any action affecting any license to do business or practice an occupation or trade? **No**

4. Have you at any time during the previous 7 years filed for bankruptcy, been adjudged bankrupt, or been reorganized because of insolvency or been a principal, director, officer, or trustee of, or a general or limited partner in, or had responsibilities as a manager in, any corporation, partnership, joint venture, or other entity that filed for bankruptcy, was adjudged bankrupt, or was reorganized because of insolvency within 1 year after the person held that position? **No**

Officer 2.

Name: BARTT MONTAGUE
Title: Director

Information

Date of Birth: [redacted]
ID Type: Driver's License Number
ID Number: [redacted]
ID State: Florida

Home Address

[redacted]
CLEARWATER, Florida [redacted] USA

Criminal And Litigation History

1. Have you been convicted of, or under indictment or information for, racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? Conviction includes a finding of guilt where adjudication has been withheld.	**No**
2. Are you involved in pending litigation or have you had entered against you an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice?	**No**
3. Have you ever been, subject to any litigation, injunction, temporary restraining order, or final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document or any restrictive court order relating to a business activity as the result of any action brought by a governmental agency, including any action affecting any license to do business or practice an occupation or trade?	**No**
4. Have you at any time during the previous 7 years filed for bankruptcy, been adjudged bankrupt, or been reorganized because of insolvency or been a principal, director, officer, or trustee of, or a general or limited partner in, or had responsibilities as a manager in, any corporation, partnership, joint venture, or other entity that filed for bankruptcy, was adjudged bankrupt, or was reorganized because of insolvency within 1 year after the person held that position?	**No**

Salespersons

SP List attached.

Locations

Location

Business Name: The Credit Voice

18830 US HWY 19 North Suite 330
Clearwater, Florida 33764 USA

This is a Physical address.

Manager Name:Donna Heritage

Questions

Question 11

a.Attached are copies of all sales scripts given to those soliciting for us. [501.605(2)(l)3, F.S.]	[**X**]
b.We do not use sales scripts.	[ ]

Question 12

a. Attached are copies of all sales information or literature we provide our salespeople or of which we inform our salespeople (including, but not limited to, scripts, outlines, instructions and information regarding how to conduct telephonic sales, sample introductions, sample closings, product information and contest or premium award information.) [501.605(2)(l)3, F.S.]	[**X**]

b. We do not provide our salespersons with or inform our salespersons of any sales information or literature described in 12(a). [ ]

Question 13

a. Attached are copies of all written material we send any prospective or actual purchaser. [501.605(2)(l)3, F.S.] [ ]

b.We do not send any written material to any prospective or actual purchaser. [**X**]

Question 14

a. Does not apply. [**X**]

b. We offer to prospective or actual purchasers that the purchaser will receive certain items which may be referred to as gifts, premiums, bonuses, prizes or otherwise, and EACH of the following apply: [501.614, F.S.] [ ]

- The item(s) is/are offered unconditionally
- The buyer has seven (7) days to return the goods or cancel services
- The buyer will receive a full refund in thirty (30) days
- The buyer has the right to keep the gift, premium, bonus or prize without cost

c. If you or your salespeople represent or imply to prospective or actual purchasers that the purchaser will receive certain specific items or one or more items from among designated items, or a certificate of any type which the purchaser must redeem to obtain the item described in the certificate, whether the items are referred to as gifts, premiums, bonuses, prizes or otherwise, list the following: [ ]

Question 15

a.A purchaser receives all of the items described by our salespeople. [501.614(5), F.S. [**X**]

b. Complete the following in the event a purchaser does not actually receive all of the items described by the seller or salesperson: [ ]

Entered Information

- We decide which item or items a particular prospective purchaser is to receive in the following manner:
  -
- The odds a single prospective purchaser has of receiving each item described is:
  -

c. We do not represent or imply prospective or actual purchasers will receive certain specific items, one or more items among designated items or a certificate of any type which the purchaser must redeem to obtain the item described in the certificate. [ ]

Financial Institutions

Institution

Institution Name: synovus bank
Conatact Name: zita
Contact Number:

Address

p o box 30707

Accounts

[redacted]

Security Information

Security Type: Surety Bond
Security Amount: $50,000
Security ID Number: [redacted]
Security Begin Date : 04/23/2011
Security End Date: 04/23/2012

Security Institution Name: Zurich American

Security Institution Address

920 Cassatt Road Suite 103
Berwyn, Pennsylvania 19312 USA

Security Institution Phone: 610-640-9400

Uploaded Documents

All Uploaded Documents

Name	Description	Type
TCV Fic Name Registration (2).pdf		MISC
003 (2).jpg		CONTRACT
Sales Script.docx		SCRIPTS
Rebuttals.docx		TC12A
TELEMARKETING% 20LICENSE(1).xls		TCTPLIST

Verification Information

Verification Questions

I understand that the Florida Department of Agriculture and Consumer Services will conduct a background investigation of the individuals listed in the application.
Accepted: [**X**]

I hereby give my permission and waive any provisions of law that forbid any court, police agency, employer, firm or person from disclosing any knowledge or information they have concerning me which is requested by the Florida Department of Agriculture and Consumer Services. I further consent and request that the Director of the Division of Consumer Services, or his representative, be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation.
Accepted: [**X**]

Any commercial telephone seller or salesperson who falsifies information on an application commits a felony of the third degree, punishable as provided in F.S. 775.082, F.S. 775.083, or F.S. 775.084.
Accepted: [**X**]

Preparer Information

Preparer Name: Bartt Montague
Preparer Phone: 727 [redacted]

Signature Information

Signature Name: Bartt Montague
Signature Date: 1/11/2012

Attachment RRR

SALES SCRIPT

Hi, (customer name)? This is (rep name and License number) calling from The Credit Voice on behalf of Lifewatch USA. You've been selected to receive a Lifewatch Medical Alert System for either you or a loved one.

Are you familiar with our medical alert system and how it works? (If YES, skip next paragraph)

It's the same system as seen on T.V. with Dick Van Patten and recommended by the American Heart Association and the American Diabetics Association. And way it works is simple. If you have a medical emergency , fire, burglary, or even something as simple as a fall that you have difficulty getting up from, you simply push the button on the lightweight necklace or bracelet and speak hands free from anywhere in your home to a live certified E.M.T.(Emergency Medical Technician) monitoring specialist. They would evaluate your situation and get the help you need immediately. So you have the comfort of knowing help is always on the way.

And I'm sure that you can see how this device could be life saving and give you peace of mind knowing that you are never alone in case of an emergency, Right?

Your total package includes:

- Medical Alert Base Station with speaker with a range of 1500 ft.
- Wrist and necklace button
- Medilock key lock box which prevents broken doors and windows
- Voice remote phone answering from pendant
- 5 day battery backup

The system is valued at over $150 and you pay nothing except the monthly monitoring fee of just $29.95 per month and would you like you equipment sent to……(read off address to be mailed to)

So to start your risk free trial which payment method would you prefer? We accept credit card or debit card. (If NO credit or debit, then ask for checking or savings acct.)

(If YES, fill out the customer information form then PITCH UPSELL)

(If NO, find out objection or concern and go to rebuttals)

(Spouse pitch if needed)

Add your spouse for only $5.00 per month. You and your spouse will be protected for just $34.95 per month.

UPSELL

Anywhere Alert 911 Pendant ($9.99 per month)

By the way, as a special offer for signing up today, we are able to offer you a free Anywhere Alert Pendant. This pendant can be worn anywhere in the United States and with just a push of a button you get the help you need immediately. The service for the Anywhere Alert 911 Pendant is just $9.99 a month, Ok?

SUBMIT ORDER FOR APPROVAL!!!

Great! Your equipment will be shipped to you and arrive within the next few days. Don't forget to activate your system as soon as you receive it by plugging it in and making a test call. That way you are protected as soon as you receive it rather than it just sitting in the box. OK?

While we are waiting for your order to process I would like you to right down my name and number. Do you have a pen and paper handy? I can hold while you get that. My name is (Rep name) and my number is 1-888-371-1645. Do you know any friends or family members who could take advantage of this system like you have today?

(IF YES) Would you like me to give that person a call? (Write down name and number) (IF NO) No problem, if you know anyone in the future who can take advantage of this please give them my name and number and we will give them the same offer that you have received today.

While your order is being confirmed please write down my name, license number and company information.

Give Rep Name and License number

The Credit Voice

License number TC2980

18830 US Hwy 19 North suite 330

Clearwater Fl 33764

1-888-371-1645

Attachment SSS

REBUTTALS

Not Interested Rebuttals

1. **What is your concern?(Find out objection and go to that specific rebuttal)**

2. **Do you know any friends, family members or loved ones who could take advantage of this? (If yes, Ask permission to call them or leave your name and our corporate number.)**

"I don't need that" OR "I'm not ready for that" Rebuttal

1. **It's not a matter of life or death but a matter of quality of life. (Use personal stories) I know a man in his 50's who had a stroke at home alone and no help arrived for almost six hours. Now he is still alive but is unable to speak. The doctor said that if help would have arrived in the first hour chances of a full recovery would have been greatly increased. So as you can see his quality of life has been decreased.(Back to Script)**

Affordability Rebuttals (after fee is pitched)

1. **For less than a dollar a day you can have peace of mind knowing you are never alone, and I'm sure your worth a lot more than a dollar a day, right?(Back to Script)**
2. **Don't look at it as getting another monthly bill. Look at it as an investment in yourself and your peace of mind.(Back to Script)**
3. **If it's a matter of cost think how much an ambulance bills costs. With this system the EMT may contact a friend, or family member on your contact list to assist you in a non-life threatening emergency, that in itself pays for the monthly monitoring fee. (Back to Script)**
4. **Do you have any family members or loved ones who can help you with the monthly monitoring fee?(Back to Script)**

Credibility Rebuttals

1. **Lifewatch USA has been in business for over 30 years and we have thousands of satisfied customers that in itself should speak volumes. And I am sure you have seen us on T.V., right? (Back to Script)**

"How did you get my number?" Rebuttal

1. **We receive lists of people that have purchased related products in the past. (Back to Script)**

"I don't give my account numbers over the phone?" Rebuttal

1. **You wouldn't be the first or last person that has said that to me (customer name). I can assure you we are not going to jeopardize a company that has been in business for over 30 years for only $29.95. We are here to help you! So which payment method would you prefer to use?**

2. **There are a lot of laws that protect you as a consumer. If anyone was to use your account information without your authorization your bank or lender would replace those funds within 48 – 72 hours. Not only that but it would put our company's reputation at risk. So you have nothing to lose. Which payment method would you prefer to use?**

Attachment TTT

DTN-2420436

ME

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

ADAM H. PUTNAM
COMMISSIONER

FLORIDA TELEMARKETING ACT MATERIAL CHANGE FORM

s.501.609(2),(3), Florida Statutes
5J-6.005

1-800-HELP-FLA (435-7352) • 850-410-3800 *Calling Outside Florida*
www.800helpfla.com • 850-410-3804 *Fax*

Make check or money order payable and remit with application to:

FDACS
P.O. Box 6700
Tallahassee, FL 32314-6700

Section 501.609(2),(3),(4), F.S. require all licensed commercial telephone salespersons and licensed commercial telephone sellers to notify the Florida Department of Agriculture and Consumer Services within 10 days of any changes in information which was submitted as a condition for license.

Attach additional pages to this form as necessary. Please utilize the same format as below. You must enclose a $10.00 check or money order made payable to Florida Department of Agriculture and Consumer Services. All fees are non-refundable. If salesperson, complete the Statement of Verification (on the following page) as required by Rule 5J-6005(4), (5), F.A.C.

Commercial Telephone Salesperson / Seller Name *as listed with the Department:* The Consumers Voice

License Number *Issued by the Department:* TC 2980

Prior Information: (A) 5/23/12

DIVISION OF CONSUMER SERVICES
2012 OCT 16 P 2:14

Revised Information: (B) 9/6/12

Org Code: 42 10 06 25 000
EO: A2
Object Code: 001104 $10.00

Lindell Mechuster

DACS-10006 Rev. 07/11
Page 1 of 2

A

SALES SCRIPT *(Updated 5/23/2012)*

Thank you for responding to The Consumer's Voice, my name is (Rep Name) and may I ask whom I am speaking with? And in case we get disconnected what is your phone number?

And this call may be recorded for quality control purposes.

For responding today you've been selected to receive a medical alert system.

***Are you familiar with medical alert systems and how they work?* (If YES, skip next paragraph)**

It's the same system as seen on TV and the way it works is simple. If you have a medical emergency , fire, burglary, or even something as simple as a fall that you have difficulty getting up from, you simply push the button on the lightweight necklace or bracelet and speak hands free from anywhere in your home to a live certified E.M.T.(Emergency Medical Technician) monitoring specialist. They would evaluate your situation and get the help you need immediately.

And I'm sure that you can see how this device could be life saving and give you peace of mind knowing that you are never alone in case of an emergency, Right?

Your total package includes:

- **Medical Alert Base Station with speaker with a range of 1500 ft.**
- **A button with a wrist and necklace attachment**
- **Medilock key lock box which prevents broken doors and windows *($40 Value)***
- **5 day battery backup**
- **Away from home "Protection" Card – 24/7 access to medical information *($60/yr. value)***

- **Daily wellness check. Everyday we will check up on you and make sure your ok. *($60/yr. value)***

Voice remote answering from pendant *($60/yr. value)* system and services are valued at $370 and you pay nothing for that. And we even cover the shipping and handling fees. The only thing you're responsible for is the monthly monitoring fee of just $34.95, OK? (Customer Name), where would you like you equipment sent to? *(Write down info on deal sheet).*

And which payment method would you prefer? We accept credit card or debit card. *(If NO credit or debit, then ask for checking or savings acct.)*

(If YES, complete the customer information form and pitch upsell)

Upsell

As a special offer for signing up today we are able to offer you a free Anywhere Alert pendant. This pendant can be worn anywhere in the United States and with just a push of a button you get the help you need immediately. Normally the service for this pendant is $34.95 a month, however, for our existing Medical Alert customers the service for the Anywhere Alert 911 pendant is just $9.99 a month, ok?

Get or assign Medilock combo # and emergency contact

info!!!!!

By the way your medilock key box has a four digit combination. Would you like to pick the four number combination or would you like me to assign you one? Ok, great. And in case of an emergency who would you like us to contact? And what is their telephone number?

SUBMIT ORDER FOR APPROVAL!!!

Please hold I am going to transfer you to someone from our verification department

Thank you very much and have a great day.

INBOUND SCRIPT 09-06-12 ($34.95)

_____, *(Rep Name) speaking,* may I ask whom I am speaking with? *(Write down their name)* And in case we get disconnected, is this the best phone number to reach you back on?

Okay, Great, for responding today to our _____ , you've been selected to receive a FREE medical alert system package that has a value of over $400 dollars.

You are probably familiar with the medical alert system and how it works, you know the TV commercial "I'VE FALLEN AND I CAN'T GET UP!"? or maybe you've seen our medical alert system in NewsDay, The Washington Post or US News.

It's the same system as seen on TV and the way it works is simple. If you have a medical emergency , fire, burglary, or even something as simple as a fall that you have difficulty getting up from, you simply push the button on the lightweight waterproof necklace or bracelet and speak hands free from anywhere in your home to a live certified Emergency Medical Technician (*An E.M.T.).* They will evaluate your situation, immediately get the help you need, notify family or 911 and comfort you until help arrives. Your alert button works anywhere in the house and it even works outside on your property. It has a 1500 foot range. That's over a quarter of a mile.

This device could really help you in a time of need and could even be life saving. This device will give you the peace of mind that you need, allow you to feel safe and make sure you never feel alone in the case of an emergency. Mr. / Ms. *(Their Last Name),* You will never have to feel helpless, worried or by yourself in an emergency situation.

Our device has been recommended by the American Heart Association, the American Diabetes Association, the National Institute of Aging and is trusted by thousands of hospitals and more than 65,000 healthcare professionals. Our device has been helping save the lives of America's senior citizens for over 30 years.

Your FREE Medical Alert System package includes:

- **A Medical Alert Base Station with a loud speaker and very sensitive microphone**
- **A Waterproof Wrist / necklace button**
- **Free Shipping and Free Activation**
- **Voice Remote, which is an easy to use device that allows you to answer and talk on the telephone by simply pressing your necklace button. So no more getting up to answer the phone and no more missed calls.**
- **An away from home "Protection Card" that gives emergency personnel 24 hour a day / 7 day a week access to your important medical information**
- **And last but not least, a VERY IMPORTANT part of this service, is a daily wellness check. Every day _____ will check with you to make sure that you are safe and everything is okay.**

The system is COMPLETELY FREE and the shipping is also FREE. Normally all this would cost over $400 dollars, but today you pay ABSOLUTELY NOTHING for the system. The only thing you would be responsible for TODAY is the Emergency Medical Technician monthly monitoring fee of just $*34.95* per month and the billing cycle doesn't start until you receive the system and activate it. Everything else is FREE. Also, there is no long term contract whatsoever and you can cancel at any time with no cancellation fees.

Okay, Mr./Ms. ***(Their last name)*** **so what address would you like your Emergency Medical Alert System shipped to?** ***(Type their address in the customer information form)***

And for the monthly Emergency Medical monitoring, which card would you like to use? VISA, Mastercard, Discover, or American Express? (*If they say they do not have a credit card, then say* **"Okay, do you have a debit card, we can go ahead and get you signed up with that instead?")** PREFACING C CARD

(If NO credit card or debit card, then ask for checking or savings acct.)
Okay, we can get you signed up with your checking account instead, so go ahead and grab a check so we can get some information off of it. *(If no checking account, then say* **"Do you have a savings account? ")** *(If yes, say* **"Okay, go ahead and grab a bank statement so we can get some information off of it."***)*

Do you have a spouse or someone else in your home that you would also like to be protected? *(If Yes, then go on, IF No skip to "Fill out the customer information form", below)* Okay we will also send you, for FREE, and additional wrist and necklace button for your spouse, the only thing you will need to pay is an additional $5.00 per month to cover the Emergency Medical Technician monitoring. So you and your spouse would be protected for just $39.95 per month and all of the equipment and shipping is still FREE.

(Fill out the customer information form on computer and then PITCH UPSELL)

UPSELL

Anywhere Alert 911 Pendant ($9.99 per month)

By the way, as a special offer for signing up today, we are able to offer you a free Anywhere Alert 911 Pendant. The pendant normally costs $125, but today it is free. This pendant can be worn anywhere in the United States and with just a push of a button you can get the help you need, immediately. The monitoring service for the Nationwide Anywhere Alert 911 Pendant is just an extra $9.99 per month. Would you be interested in adding this to your system today?

Last Step – Close Up and Transfer to Confirmation

Great, your equipment will be shipped to you at *(Repeat Shipping Address)* and will arrive within the next 7 to 10 business days. Don't forget to activate your system, as soon as you receive it, by plugging it into your phone line jack and pushing the button. This will make a test call and activate your system and immediately start protecting you.

Okay, I am going to transfer you to our confirmation department so they can give you your confirmation number and verify that I entered all of your information into the system correctly. They will also give you our customer service number in case you have any additional questions. Thank you very much and I hope you enjoy the safe feeling of having a medical alert system.

Please hold while I transfer you to the confirmation department. Don't hang up until you talk to the confirmation department, okay? *(Wait for them to say okay)*

Transfer Call to Confirmation

Attachment UUU

ADAM H. PUTNAM

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

FLORIDA TELEMARKETING ACT
MATERIAL CHANGE FORM

Chapter 501.608, Florida Statutes

Mailing Address:
Attn: Commercial Telephone Salesperson
Florida Department of Agriculture and Consumer Services
2005 Apalachee Parkway
Tallahassee, FL 32399-6700
http://www.800helpfla.com/
1-800-HELP-FLA (435-7352) FL Only
850-488-2221 Calling Outside Florida
Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

APPLICATION INFORMATION

License No# **TC2980**
Document Tracking No# **2425861** Application Date **11/28/2012 03:56:39 PM**

BUSINESS INFORMATION s.501.605(2)(a), F.S.

Business Name**
CREDIT VOICE, INC., THE

Fictitious Names**
TCV

**All fictitious names must be registered with the Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations. You must list all names under which you intend to do business.

Street Address
18830 US HIGHWAY 19 N STE 330
CLEARWATER, Florida 33764-3117 USA

Mailing Address
PO BOX 5208
CLEARWATER, Florida 33758-5208 USA

Telephone Number
727-[redacted]

Fax Number
727-[redacted]

Email Address
bmontague@thecreditvoice.com

Website Address
thecreditvoice.com

Federal Employer ID Number (FEIN): s.119.092, F.S.
[redacted]

Form of Organization.
Corporation
6/10/2004 Florida

Salespersons

SP List attached.

Locations

Location

Business Name: THE CREDIT VOICE, INC.

435 Douglas Ave Suite 2205
Altamonte Springs, Florida 32714 USA

This is a Physical address.

Manager Name:Cece

Location

Business Name: THE CREDIT VOICE, INC.

474 NORTHLAKE BLVD STE 1024
ALTAMONTE SPRINGS, Florida 32701-5245 USA

This is a Physical address.

Manager Name:

Verification Information

Verification Questions

I understand that the Florida Department of Agriculture and Consumer Services will conduct a background investigation of the individuals listed in the application.
Accepted: [**X**]

I hereby give my permission and waive any provisions of law that forbid any court, police agency, employer, firm or person from disclosing any knowledge or information they have concerning me which is requested by the Florida Department of Agriculture and Consumer Services. I further consent and request that the Director of the Division of Consumer Services, or his representative, be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation.
Accepted: [**X**]

Any commercial telephone seller or salesperson who falsifies information on an application commits a felony of the third degree, punishable as provided in F.S. 775.082, F.S. 775.083, or F.S. 775.084.
Accepted: [**X**]

Preparer Information

Preparer Name: CeCe Cummings
Preparer Phone: 727-[redacted]

Signature Information

Signature Name: Cece Cummings
Signature Date: 11/28/2012

Attachment VVV

ADAM H. PUTNAM

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

COMMERCIAL TELEPHONE SELLER
BUSINESS LICENSE APPLICATION

Chapter 501.608, Florida Statutes

Mailing Address:
Attn: Commercial Telephone Salesperson
Florida Department of Agriculture and Consumer Services
2005 Apalachee Parkway
Tallahassee, FL 32399-6700
http://www.800helpfla.com/
1-800-HELP-FLA (435-7352) FL Only
850-488-2221 Calling Outside Florida
Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

APPLICATION INFORMATION

Document Tracking No# **2422656** Application Date **11/12/2012 10:41:11 AM**

BUSINESS INFORMATION s.501.605(2)(a), F.S.

Business Name**

LIVE AGENT RESPONSE 1 LLC

Fictitious Names**

LAR

**All fictitious names must be registered with the Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations. You must list all names under which you intend to do business.

Street Address

1104 & 1106 SOUTH POWERLINE ROAD
POMPANO BEACH, Florida 33069 USA

Mailing Address

2864 NE 24TH PL
FT LAUDERDALE, Florida 33305 USA

Telephone Number **Fax Number**

317-[redacted]

Email Address

gsmall@trilogyinvest.net

Website Address

Federal Employer ID Number (FEIN): s.119.092, F.S.

[redacted]

Form of Organization.

LLC
11/2/2012 Florida

Registered Agent

TRILOGY INVESTMENT LLC
2864 NE 24TH PL
FT LAUDERDALE, Florida 33305 USA
317[redacted] GSMALL@TRILOGYINVEST.NET

[redacted]

Business Details

Brief description of product(s) sold and/or service(s) provided:

SENIOR EMERGENCY SYSTEM PRODUCTS AND SERVICES

Title 18, Part I, Chapter 61, Sec. 1301, United States Code prohibits procuring for a person in 1 State a ticket, chance, share, or interest in a lottery conducted by another state. Do you now or do you intend to solicit the sale of memberships in a lottery club across state lines? **No**

Criminal And Litigation History

1. Has the applicant previously been arrested for, convicted of, or is under indictment or information for, a felony? Conviction includes a finding of guilt where adjudication has been withheld. **No**

2. Has the applicant previously been convicted of, or under indictment or information for, racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? Conviction includes a finding of guilt where adjudication has been withheld. **No**

3. Has the applicant ever been convicted of acting as a salesperson without a license, either judicial or administrative, or whether such a license has previously been refused, revoked, or suspended in any jurisdiction? **No**

4. Has the applicant worked for, or been affiliated with, a company that has had entered against it an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? **No**

5. Has the applicant had entered against him or her an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? Is any litigation pending against the applicant? **No**

Occupation History

1.
Occupation: emp
Period: 11/02/2012 - 11/11/2012
Employer: TELEMARKETING FOR SENIOR EMERGENCY CARE PRODUCTS AND SERVICES
Address: 1104 & 1106 SOUTH POWERLINE ROAD POMPANO BEACH,FL 33069

Previous Experience

0 Months experience

Parents And Affiliates

Does not apply was selected for parent and affiliates.

Officers

Officer 1.

Name: GREGORY M SMALL
Title: Owner

Fictitious Names

GREG SMALL

Information

Date of Birth: [redacted]
ID Type: Driver's License Number
ID Number: [redacted]
ID State: FL DMV

Home Address

[redacted]
FT LAUDERDALE, Florida [redacted] USA

Criminal And Litigation History

1. Have you been convicted of, or under indictment or information for, racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? Conviction includes a finding of guilt where adjudication has been withheld. **No**

2. Are you involved in pending litigation or have you had entered against you an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? **No**

3. Have you ever been, subject to any litigation, injunction, temporary restraining order, or final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document or any restrictive court order relating to a business activity as the result of any action brought by a governmental agency, including any action affecting any license to do business or practice an occupation or trade? **No**

4. Have you at any time during the previous 7 years filed for bankruptcy, been adjudged bankrupt, or been reorganized because of insolvency or been a principal, director, officer, or trustee of, or a general or limited partner in, or had responsibilities as a manager in, any corporation, partnership, joint venture, or other entity that filed for bankruptcy, was adjudged bankrupt, or was reorganized because of insolvency within 1 year after the person held that position? **No**

Officer 2.

Name: RICHARD S ACKERMAN
Title: Owner

Fictitious Names

RICHARD SHANE ACKERMAN

Information

Date of Birth: [redacted]
ID Type: Driver's License Number
ID Number: [redacted]
ID State: FL DMV

Home Address

[redacted]
LAKE MARY, Florida [redacted] USA

Criminal And Litigation History

1. Have you been convicted of, or under indictment or information for, racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? Conviction includes a finding of guilt where adjudication has been withheld. **No**

2. Are you involved in pending litigation or have you had entered against you an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? **No**

3. Have you ever been, subject to any litigation, injunction, temporary restraining order, or final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document or any restrictive court order relating to a business activity as the result of any action brought by a governmental agency, including any action affecting any license to do business or practice an occupation or trade? **No**

4. Have you at any time during the previous 7 years filed for bankruptcy, been adjudged bankrupt, or been reorganized because of insolvency or been a principal, director, officer, or trustee of, or a general or limited partner in, or had responsibilities as a manager in, any corporation, partnership, joint venture, or other entity that filed for bankruptcy, was adjudged bankrupt, or was reorganized because of insolvency within 1 year after the person held that position? **No**

Officer 3.

Name:	MAURICIO E TOLEDO
Title:	Owner

Fictitious Names

MAURICIO ENRIQUE TOLEDO

Information

Date of Birth:	[redacted]
ID Type:	Driver's License Number
ID Number:	[redacted]
ID State:	FL DMV

Home Address

[redacted]
PLANTATION, Florida [redacted] USA

Criminal And Litigation History

1. Have you been convicted of, or under indictment or information for, racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? Conviction includes a finding of guilt where adjudication has been withheld. **No**

[redacted]

2. Are you involved in pending litigation or have you had entered against you an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? **No**

3. Have you ever been, subject to any litigation, injunction, temporary restraining order, or final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document or any restrictive court order relating to a business activity as the result of any action brought by a governmental agency, including any action affecting any license to do business or practice an occupation or trade? **No**

4. Have you at any time during the previous 7 years filed for bankruptcy, been adjudged bankrupt, or been reorganized because of insolvency or been a principal, director, officer, or trustee of, or a general or limited partner in, or had responsibilities as a manager in, any corporation, partnership, joint venture, or other entity that filed for bankruptcy, was adjudged bankrupt, or was reorganized because of insolvency within 1 year after the person held that position? **No**

Officer 4.

Name: CLIFFORD J PIERRE
Title: Owner

Fictitious Names

CLIFFORD JOSHUA PIERRE

Information

Date of Birth: [redacted]
ID Type: Driver's License Number
ID Number: [redacted]
ID State: FL DMV

Home Address

[redacted]
FT LAUDERDALE, Florida [redacted] USA

Criminal And Litigation History

1. Have you been convicted of, or under indictment or information for, racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? Conviction includes a finding of guilt where adjudication has been withheld. **No**

2. Are you involved in pending litigation or have you had entered against you an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? **No**

3. Have you ever been, subject to any litigation, injunction, temporary restraining order, or final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document or any restrictive court order relating to a business activity as the result of any action brought by a governmental agency, including any action affecting any license to do business or practice an **No**

occupation or trade?

4. Have you at any time during the previous 7 years filed for bankruptcy, been adjudged bankrupt, or been reorganized because of insolvency or been a principal, director, officer, or trustee of, or a general or limited partner in, or had responsibilities as a manager in, any corporation, partnership, joint venture, or other entity that filed for bankruptcy, was adjudged bankrupt, or was reorganized because of insolvency within 1 year after the person held that position? **No**

Salespersons

No Salespersons listed.

Locations

Location

Business Name: LIVE AGENT RESPONSE 1 LLC

1104 & 1106 SOUTH POWERLINE ROAD
POMPANO BEACH, Florida 33069 USA

This is a Physical address.

Manager Name:MAURICIO TOLEDO

Questions

Question 11

a.Attached are copies of all sales scripts given to those soliciting for us. [501.605(2)(l)3, F.S.] [**X**]

b.We do not use sales scripts. [ ]

Question 12

a. Attached are copies of all sales information or literature we provide our salespeople or of which we inform our salespeople (including, but not limited to, scripts, outlines, instructions and information regarding how to conduct telephonic sales, sample introductions, sample closings, product information and contest or premium award information.) [501.605(2)(l)3, F.S.] [**X**]

b. We do not provide our salespersons with or inform our salespersons of any sales information or literature described in 12(a). [ ]

Question 13

a. Attached are copies of all written material we send any prospective or actual purchaser. [501.605(2)(l)3, F.S.] [ ]

b.We do not send any written material to any prospective or actual purchaser. [**X**]

Question 14

a. Does not apply. [**X**]

b. We offer to prospective or actual purchasers that the purchaser will receive certain items which may be

referred to as gifts, premiums, bonuses, prizes or otherwise, and EACH of the following apply: [501.614, F.S.]

- The item(s) is/are offered unconditionally
- The buyer has seven (7) days to return the goods or cancel services
- The buyer will receive a full refund in thirty (30) days
- The buyer has the right to keep the gift, premium, bonus or prize without cost

[ ]

c. If you or your salespeople represent or imply to prospective or actual purchasers that the purchaser will receive certain specific items or one or more items from among designated items, or a certificate of any type which the purchaser must redeem to obtain the item described in the certificate, whether the items are referred to as gifts, premiums, bonuses, prizes or otherwise, list the following: [ ]

Question 15

a.A purchaser receives all of the items described by our salespeople. [501.614(5), F.S. [ ]

b. Complete the following in the event a purchaser does not actually receive all of the items described by the seller or salesperson: [ ]

Entered Information

- We decide which item or items a particular prospective purchaser is to receive in the following manner:
  -
- The odds a single prospective purchaser has of receiving each item described is:
  -

c. We do not represent or imply prospective or actual purchasers will receive certain specific items, one or more items among designated items or a certificate of any type which the purchaser must redeem to obtain the item described in the certificate. [**X**]

Financial Institutions

Institution

Institution Name: PNC BANK
Conatact Name: Angelica Goins
Contact Number:

Address

21 NORTH RANGELINE RD
CARMEL, Indiana 46032 USA

Accounts

[redacted]

Security Information

Security Type: Certificate of Deposit
Security Amount: $50,000
Security ID Number: [redacted]
Security Begin Date : 11/09/2012
Security End Date: 11/09/2013

Security Institution Name: CHASE BANK

Security Institution Address

[redacted]

200 E CARMEL DR
CARMEL, Florida 46032 USA

Security Institution Phone: 317-321-3201

Uploaded Documents

All Uploaded Documents

Name	Description	Type
LAR.revised2notrial 11-9-12FL statute edit.pdf		TC12A
LAR.revised2notrial 11-9-12FL statute edit.pdf		SCRIPTS

Verification Information

Verification Questions

I understand that the Florida Department of Agriculture and Consumer Services will conduct a background investigation of the individuals listed in the application.
Accepted: [**X**]

I hereby give my permission and waive any provisions of law that forbid any court, police agency, employer, firm or person from disclosing any knowledge or information they have concerning me which is requested by the Florida Department of Agriculture and Consumer Services. I further consent and request that the Director of the Division of Consumer Services, or his representative, be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation.
Accepted: [**X**]

Any commercial telephone seller or salesperson who falsifies information on an application commits a felony of the third degree, punishable as provided in F.S. 775.082, F.S. 775.083, or F.S. 775.084.
Accepted: [**X**]

Preparer Information

Preparer Name: Tiffany Eaton
Preparer Phone: 954[redacted]

Signature Information

Signature Name: GREG SMALL
Signature Date: 11/11/2012

Attachment WWW

INBOUND SCRIPT 10-11-12 ($34.95)

Hello I am a Live Agent Response Agent, my name is: *(Rep True Name,)*, may I ask whom I am speaking with? *(Write down their* name)And in case we get disconnected, is this the best phone number to reach you back on? *(Read their phone number) I am calling on behalf of LifewatchUSA.*

Okay, Great, for responding today to our Senior Emergency Care program, you've been selected to receive a FREE medical alert system package that has a value of over $400 dollars.

You are probably familiar with the medical alert system and how it works, you know the TV commercial "I'VE FALLEN AND I CAN'T GET UP!"? or maybe you've seen our medical alert system in NewsDay, The Washington Post or US News.

It's the same system as seen on TV and the way it works is simple. If you have a medical emergency , fire, burglary, or even something as simple as a fall that you have difficulty getting up from, you simply push the button on the lightweight waterproof necklace or bracelet and speak hands free from anywhere in your home to a live certified Emergency Medical Technician (*An E.M.T.)***. They will evaluate your situation, immediately get the help you need, notify family or 911 and comfort you until help arrives. Your alert button works anywhere in the house and it even works outside on your property. It has a 1500 foot range. That's over a quarter of a mile.**

This device could really help you in a time of need and could even be life saving. This device will give you the peace of mind that you need, allow you to feel safe and make sure you never feel alone in the case of an emergency. Mr. / Ms. *(Their Last Name),* **You will never have to feel helpless, worried or by yourself in an emergency situation.**

Our device has been recommended by the American Heart Association, the American Diabetes Association, the National Institute of Aging and is trusted by thousands of hospitals and more than 65,000 healthcare professionals. Our device has been helping save the lives of America's senior citizens for over 30 years.

Your FREE Medical Alert System package includes:

- **A Medical Alert Base Station with a loud speaker and very sensitive microphone**
- **A Waterproof Wrist / necklace button**
- **Free Shipping and Free Activation**
- **Voice Remote, which is an easy to use device that allows you to answer and talk on the telephone by simply pressing your necklace button. So no more getting up to answer the phone and no more missed calls.**
- **An away from home "Protection Card" that gives emergency personnel 24 hour a day / 7 day a week access to your important medical information**
- **And last but not least, a VERY IMPORTANT part of this service, is a daily wellness check. Every day Lifewatch will check with you to make sure that you are safe and everything is okay.**

The system is COMPLETELY FREE and the shipping is also FREE. Normally all this would cost over $400 dollars, but today you pay ABSOLUTELY NOTHING for the system. The only thing you would be responsible for TODAY is the Emergency Medical Technician monthly monitoring fee of just $*34.95* per month and the billing cycle doesn't start until you receive the system and activate it. Everything else is FREE. Also, there is no long term contract whatsoever and you can cancel at any time with no cancellation fees.

Okay, Mr./Ms. *(Their last name)* **so what address would you like your Emergency Medical Alert System shipped to?** *(Type their address in the customer information form)*

And for the monthly Emergency Medical monitoring, which payment method would you like to use? VISA, Mastercard, Discover, or American Express? (*If they say they do not have a credit card, then say* **"Okay, do you have a debit card, we can go ahead and get you signed up with that instead?"**)

(If NO credit card or debit card, then ask for checking or savings acct.)
Okay, we can get you signed up with your checking account instead, so go ahead and grab a check so we can get some information off of it. *(If no checking account, then say* **"Do you have a savings account? "**) *(If yes, say* "**Okay, go ahead and grab a bank statement so we can get some information off of it.**"*)*

Do you have a spouse or someone else in your home that you would also like to be protected? *(If Yes, then go on, IF No skip to "Fill out the customer information form", below)* **Okay we will also send you, for FREE, and additional wrist and necklace button**

for your spouse, the only thing you will need to pay is an additional $5.00 per month to cover the Emergency Medical Technician monitoring. So you and your spouse would be protected for just $39.95 per month and all of the equipment and shipping is still FREE.

(Fill out the customer information form on computer and then <u>PITCH UPSELL</u>)

<u>UPSELL</u>

<u>Anywhere Alert 911 Pendant ($9.99 per month)</u>

By the way, as a special offer for signing up today, we are able to offer you a free Anywhere Alert 911 Pendant. The pendant normally costs $125, but today it is free. This pendant can be worn anywhere in the United States and with just a push of a button you can get the help you need, immediately. The monitoring service for the Nationwide Anywhere Alert 911 Pendant is just an extra $9.99 per month. Would you be interested in adding this to your system today?

<u>Last Step – Close Up and Transfer to Confirmation</u>

Great, your equipment will be shipped to you at *(Repeat Shipping Address)* **and will arrive within the next 7 to 10 business days. Don't forget to activate your system, as soon as you receive it, by plugging it into your phone line jack and pushing the button. This will make a test call and activate your system and immediately start protecting you.**

You may cancel this Agreement for a full refund within 30 days if you cancel within 7 days after receipt of your Alert Alarm system. Should you need to cancel, you may do so by calling, 800-716-1433, or by writing to Lifewatch Inc., 266 Merrick Rd, Suite 104, Lynbrook, NY 11563. Our license number is TC_____, and again my license number is TP_____.

Okay, I am going to transfer you to our confirmation department so they can give you your confirmation number and verify that I entered all of your information into the system correctly. They will also give you our customer service number in case you have any additional questions. Thank you very much and I hope you enjoy the safe feeling of having a medical alert system.

Please hold while I transfer you to the confirmation department. Don't hang up until you talk to the confirmation department, okay? *(Wait for them to say okay)*

<u>Transfer Call to Confirmation</u>

Attachment XXX

[redacted]

From: tiffanyjeaton@gmail.com
Sent: Wednesday, December 05, 2012 12:38 PM
To: Dietrich, Don
Cc: Tiffany J. Eaton
Subject: DTN 2422656
Attachments: ATT189836.dat; ATT189837.htm

Dear Don:

In response to your deficiency letter, please be advised of the following:

1. There are no salespersons at this time, however all will be licensed prior to making any sales on behalf of LAR.

2. I should have the original CD Assignment Fedexed to you by Monday.

3. The script has been revised and is attached hereto.

4. There is no confirmation script. If one is created it will be submitted for approval via a material change form.

5. LAR will be selling products provided by Lifewatch, however they are no affiliated in any other way. Lifewatch is also in the process of obtaining its own FL TM license. (Currently being process by Marcus and also submitted through this office.

Please advise if there is anything else you need other than the original bond continuation form.

Best Regards,

Tiffany J. Eaton, Esq.
Cove & Associates
225 South 21st Avenue
Hollywood, FL 33020
Tel: 954-921-1121
Fax: 954-921-1621
tje@covelaw.com

Attachment YYY

ADAM H. PUTNAM

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

COMMERCIAL TELEPHONE SELLER
BUSINESS LICENSE APPLICATION

Chapter 501.608, Florida Statutes

Mailing Address:
Attn: Commercial Telephone Salesperson
Florida Department of Agriculture and Consumer Services
2005 Apalachee Parkway
Tallahassee, FL 32399-6700
www.800helpfla.com
1-800-HELP-FLA (435-7352) FL Only
850-488-2221 Calling Outside Florida
Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

APPLICATION INFORMATION

Document Tracking No# **2462105** Application Date **04/01/2013 10:41:34 AM**

BUSINESS INFORMATION s.501.605(2)(a), F.S.

Business Name**

ARCAGEN INC

Fictitious Names**

A.R.I.

**All fictitious names must be registered with the Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations. You must list all names under which you intend to do business.

Street Address

474 S. NORTHLAKE BLVD. Suite 1024
ALTAMONTE SPRINGS, Florida 32701 USA

Mailing Address

474 S. NORTHLAKE BLVD. Suite 1024
ALTAMONTE SPRINGS, Florida 32701 USA

Telephone Number

407-[redacted]

Fax Number

407[redacted]

Email Address

MICHAELMEDALERT@GMAIL.COM

Website Address

Federal Employer ID Number (FEIN): s.119.092, F.S.

[redacted]

Form of Organization.

Corporation
12/17/2010 Florida

Registered Agent

GARY M MARTIN
474 S. NORTHLAKE BLVD. Suite 1024
ALTAMONTE SPRINGS, Florida 32701 USA
407[redacted] MICHAELMEDALERT@GMAIL.COM

Business Details

Brief description of product(s) sold and/or service(s) provided:

MEDICAL ALARM PRODUCTS AND SERVICES

Title 18, Part I, Chapter 61, Sec. 1301, United States Code prohibits procuring for a person in 1 State a ticket, chance, share, or interest in a lottery conducted by another state. Do you now or do you intend to solicit the sale of memberships in a lottery club across state lines? **No**

Criminal And Litigation History

1. Has the applicant previously been arrested for, convicted of, or is under indictment or information for, a felony? Conviction includes a finding of guilt where adjudication has been withheld. **No**

2. Has the applicant previously been convicted of, or under indictment or information for, racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? Conviction includes a finding of guilt where adjudication has been withheld. **No**

3. Has the applicant ever been convicted of acting as a salesperson without a license, either judicial or administrative, or whether such a license has previously been refused, revoked, or suspended in any jurisdiction? **No**

4. Has the applicant worked for, or been affiliated with, a company that has had entered against it an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? **No**

5. Has the applicant had entered against him or her an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? Is any litigation pending against the applicant? **No**

Occupation History

1.
Occupation: emp
Period: 12/17/2010 - 04/01/2013
Employer: MEDICAL ALARM PRODUCT AND SERVICES
Address: 474 S. NORTHLAKE BLVD. Suite 1024 ALTAMONTE SPRINGS,FL 32701

Previous Experience

0 Months experience

Parents And Affiliates

Does not apply was selected for parent and affiliates.

Officers

Officer 1.

Name:	GARY M MARTIN
Title:	President

Fictitious Names

GARY MICHAEL MARTIN

Information

Date of Birth:	[redacted]
ID Type:	Driver's License Number
ID Number:	[redacted]
ID State:	FL DMV

Home Address

[redacted]
SANFORD, Florida [redacted] USA

Criminal And Litigation History

1. Have you been convicted of, or under indictment or information for, racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? Conviction includes a finding of guilt where adjudication has been withheld. **No**

2. Are you involved in pending litigation or have you had entered against you an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? **No**

3. Have you ever been, subject to any litigation, injunction, temporary restraining order, or final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document or any restrictive court order relating to a business activity as the result of any action brought by a governmental agency, including any action affecting any license to do business or practice an occupation or trade? **No**

4. Have you at any time during the previous 7 years filed for bankruptcy, been adjudged bankrupt, or been reorganized because of insolvency or been a principal, director, officer, or trustee of, or a general or limited partner in, or had responsibilities as a manager in, any corporation, partnership, joint venture, or other entity that filed for bankruptcy, was adjudged bankrupt, or was reorganized because of insolvency within 1 year after the person held that position? **No**

Salespersons

No Salespersons listed.

Locations

Location

Business Name: ARCAGEN INC

474 S. NORTHLAKE BLVD Suite 1024
ALTAMONTE SPRINGS, Florida 32701 USA

This is a Physical address.

Manager Name:GARY MICHAEL MARTIN

Questions

Question 11

a.Attached are copies of all sales scripts given to those soliciting for us. [501.605(2)(l)3, F.S.] [**X**]

b.We do not use sales scripts. [ ]

Question 12

a. Attached are copies of all sales information or literature we provide our salespeople or of which we inform our salespeople (including, but not limited to, scripts, outlines, instructions and information regarding how to conduct telephonic sales, sample introductions, sample closings, product information and contest or premium award information.) [501.605(2)(l)3, F.S.] [**X**]

b. We do not provide our salespersons with or inform our salespersons of any sales information or literature described in 12(a). [ ]

Question 13

a. Attached are copies of all written material we send any prospective or actual purchaser. [501.605(2)(l)3, F.S.] [ ]

b.We do not send any written material to any prospective or actual purchaser. [**X**]

Question 14

a. Does not apply. [**X**]

b. We offer to prospective or actual purchasers that the purchaser will receive certain items which may be referred to as gifts, premiums, bonuses, prizes or otherwise, and EACH of the following apply: [501.614, F.S.] [ ]

- The item(s) is/are offered unconditionally
- The buyer has seven (7) days to return the goods or cancel services
- The buyer will receive a full refund in thirty (30) days
- The buyer has the right to keep the gift, premium, bonus or prize without cost

c. If you or your salespeople represent or imply to prospective or actual purchasers that the purchaser will receive certain specific items or one or more items from among designated items, or a certificate of any type which the purchaser must redeem to obtain the item described in the certificate, whether the items are referred to as gifts, premiums, bonuses, prizes or otherwise, list the following: [ ]

Question 15

a.A purchaser receives all of the items described by our salespeople. [501.614(5), F.S. [ ]

b. Complete the following in the event a purchaser does not actually receive all of the items described by the seller or salesperson: [ ]

Entered Information

- We decide which item or items a particular prospective purchaser is to receive in the following manner:
  -

- The odds a single prospective purchaser has of receiving each item described is:
  -

c. We do not represent or imply prospective or actual purchasers will receive certain specific items, one or more items among designated items or a certificate of any type which the purchaser must redeem to obtain the item described in the certificate. [**X**]

Financial Institutions

Institution

Institution Name: BANK OF AMERICA
Conatact Name: RAKSHA JADEJA
Contact Number:

Address

1145 WEST STATE ROAD 434
LONGWOOD, Florida 32750 USA

Accounts

[redacted]

Security Information

Security Type: Surety Bond
Security Amount: $50,000
Security ID Number: [redacted]
Security Begin Date : 03/18/2013
Security End Date: 03/17/2014

Security Institution Name: LEXON INSURANCE COMPANY

Security Institution Address

12890 LEBANON ROAD
MOUNT JULIET, Tennessee 37122 USA

Security Institution Phone: 630-495-9380

Uploaded Documents

All Uploaded Documents

Name	Description	Type
Arcagen Inc - COPY Addy Rider - 3 27 13.pdf		BONDRIDE
Arcagen Inc - COPY Telemarketing Bond - 03 21 13.PDF		BOND
Script 03 26 13 (2).pdf		TC12A
Script 03 26 13 (2).pdf		SCRIPTS

Verification Information

Verification Questions

I understand that the Florida Department of Agriculture and Consumer Services will conduct a background

investigation of the individuals listed in the application.
Accepted: [**X**]

I hereby give my permission and waive any provisions of law that forbid any court, police agency, employer, firm or person from disclosing any knowledge or information they have concerning me which is requested by the Florida Department of Agriculture and Consumer Services. I further consent and request that the Director of the Division of Consumer Services, or his representative, be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation.
Accepted: [**X**]

Any commercial telephone seller or salesperson who falsifies information on an application commits a felony of the third degree, punishable as provided in F.S. 775.082, F.S. 775.083, or F.S. 775.084.
Accepted: [**X**]

Preparer Information

Preparer Name: Tiffany Eaton
Preparer Phone: 954[redacted]

Signature Information

Signature Name: GARY MARTIN
Signature Date: 3/22/2013

Attachment ZZZ

INBOUND SCRIPT ($34.95)

Hello I am a Senior Medical Alert Agent, my name is: *(Rep True Name,)*, may I ask whom I am speaking with? *(Write down their* name) And in case we get disconnected, is this the best phone number to reach you back on? *(Read their phone number) I am calling on behalf of LifewatchUSA.*

Okay, Great, for responding today to our Senior Help program, you've been selected to receive a FREE medical alert system package that has a value of over $400 dollars.

You are probably familiar with the medical alert system and how it works, you know the TV commercial "I'VE FALLEN AND I CAN'T GET UP!"? or maybe you've seen our medical alert system in NewsDay, The Washington Post or US News.

It's the same system as seen on TV and the way it works is simple. If you have a medical emergency , fire, burglary, or even something as simple as a fall that you have difficulty getting up from, you simply push the button on the lightweight waterproof necklace or bracelet and speak hands free from anywhere in your home to a live certified Emergency Medical Technician (*An E.M.T.)***. They will evaluate your situation, immediately get the help you need, notify family or 911 and comfort you until help arrives. Your alert button works anywhere in the house and it even works outside on your property. It has an 800 foot range. That's over an eighth of a mile.**

This device could really help you in a time of need and could even be life saving. This device will give you the peace of mind that you need, allow you to feel safe and make sure you never feel alone in the case of an emergency. Mr. / Ms. *(Their Last Name),* **You will never have to feel helpless, worried or by yourself in an emergency situation.**

Our device has been recommended by the American Heart Association, the American Diabetes Association, the National Institute of Aging and is trusted by thousands of hospitals and more than 65,000 healthcare professionals. Our device has been helping save the lives of America's senior citizens for over 30 years.

Your FREE Medical Alert System package includes:

- **A Medical Alert Base Station with a loud speaker and very sensitive microphone**
- **A Waterproof Wrist / necklace button**
- **Free Shipping and Free Activation**
- **Voice Remote, which is an easy to use device that allows you to answer and talk on the telephone by simply pressing your necklace button. So no more getting up to answer the phone and no more missed calls.**
- **An away from home "Protection Card" that gives emergency personnel 24 hour a day / 7 day a week access to your important medical information**
- **And last but not least, a VERY IMPORTANT part of this service, is a daily wellness check. Every day Lifewatch will check with you to make sure that you are safe and everything is okay.**

The system is COMPLETELY FREE and the shipping is also FREE. Normally all this would cost over $400 dollars, but today you pay ABSOLUTELY NOTHING for the system. The only thing you would be responsible for TODAY is the Emergency Medical Technician monthly monitoring fee of just *$34.95* per month and the billing cycle doesn't start until you receive the system and activate it. Everything else is FREE. Also, there is no long term contract whatsoever and you can cancel at any time with no cancellation fees.

Okay, Mr./Ms. *(Their last name)* **so what address would you like your Emergency Medical Alert System shipped to?** *(Type their address in the customer information form)*

And for the monthly Emergency Medical monitoring, which payment method would you like to use? (*If they say they do not have a credit card, then say* **"Okay, do you have a debit card, we can go ahead and get you signed up with that instead?"**)

(If NO credit card or debit card, then ask for checking or savings acct.) **Okay, we can get you signed up with your checking account instead, so go ahead and grab a check so we can get some information off of it.** *(If no checking account, then say* **"Do you have a savings account? "**) *(If yes, say* "**Okay, go ahead and grab a bank statement so we can get some information off of it.**"*)*

Do you have a spouse or someone else in your home that you would also like to be protected? *(If Yes, then go on, IF No skip to "Fill out the customer information form", below)* **Okay we will also send you, for FREE, and additional wrist and necklace button for your spouse, the only thing you will need to pay is an additional $5.00 per month to**

cover the Emergency Medical Technician monitoring. So you and your spouse would be protected for just $39.95 per month and all of the equipment and shipping is still FREE.

(Fill out the customer information form on computer)

Last Step – Close Up and Transfer to Confirmation

Great, your equipment will be shipped to you at *(Repeat Shipping Address)* **and will arrive within the next 7 to 10 business days. Don't forget to activate your system, as soon as you receive it, by plugging it into your phone line jack and pushing the button. This will make a test call and activate your system and immediately start protecting you.**

You may cancel this Agreement for a full refund if you do so within 7 days after receipt of your Alert Alarm system. Should you need to cancel, you may do so by calling, 800-716-1433, or by writing to us at Lifewatch Inc., 266 Merrick Rd, Suite 104, Lynbrook, NY 11563. Our license number is TC , and again my license number is TP .

Okay, I am going to transfer you to our confirmation department so they can give you your confirmation number and verify that I entered all of your information into the system correctly. They will also give you our customer service number in case you have any additional questions. Thank you very much and I hope you enjoy the safe feeling of having a medical alert system.

Please hold while I transfer you to the confirmation department. Don't hang up until you talk to the confirmation department, okay? *(Wait for them to say okay)*

Transfer Call to Confirmation

Attachment AAAA

ADAM H. PUTNAM

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

COMMERCIAL TELEPHONE SELLER
BUSINESS LICENSE APPLICATION

Chapter 501.608, Florida Statutes

Mailing Address:
Attn: Commercial Telephone Salesperson
Florida Department of Agriculture and Consumer Services
2005 Apalachee Parkway
Tallahassee, FL 32399-6700
www.800helpfla.com
1-800-HELP-FLA (435-7352) FL Only
850-488-2221 Calling Outside Florida
Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

BUSINESS INFORMATION s.501.605(2)(a), F.S.

Business Name**

AMERICAN INNOVATIVE CONCEPTS, INC.

Fictitious Names**

Does not apply was selected for Ficticious Names

**All fictitious names must be registered with the Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations. You must list all names under which you intend to do business.

Street Address

474 S. Northlake Blvd., Suite 1024
Altamonte Springs, Florida 32701 USA

Mailing Address

474 S. Northlake Blvd., Suite 1024
Altamonte Springs, Florida 32701 USA

Telephone Number	**Fax Number**
407-[redacted]	

Email Address

americaninnovativeconcepts@gmail.com

Website Address

Federal Employer ID Number (FEIN): s.119.092, F.S.

[redacted]

Form of Organization.

Corporation
6/14/2013 Florida

Registered Agent

Yuluisa Nieves
127 W. Fairbanks Ave
Winter Park, Florida 32789 USA
407[redacted] americaninnovativeconcepts@gmail.com

Business Details

Velez Att. AAAA

Brief description of products sold and/or services provided:
call center

Title 18, Part I, Chapter 61, Sec. 1301, United States Code prohibits procuring for a person in 1 State a ticket, chance, share, or interest in a lottery conducted by another state. Do you now or do you intend to solicit the sale of memberships in a lottery club across state lines? **No**

Criminal And Litigation History

1. Has the applicant previously been arrested for, convicted of, or is under indictment or information for, a felony? Conviction includes a finding of guilt where adjudication has been withheld. **No**

2. Has the applicant previously been convicted of, or under indictment or information for, racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? Conviction includes a finding of guilt where adjudication has been withheld. **No**

3. Has the applicant ever been convicted of acting as a salesperson without a license, either judicial or administrative, or whether such a license has previously been refused, revoked, or suspended in any jurisdiction? **No**

4. Has the applicant worked for, or been affiliated with, a company that has had entered against it an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? **No**

5. Has the applicant had entered against him or her an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? Is any litigation pending against the applicant? **No**

Occupation History

1. Occupation: emp Period: 06/14/2013 - 09/19/2013
Employer: not open for business during this time but will be a call center
Address: 474 S. Northlake Blvd., Suite 1024 Altamonte Springs,FL 32701

Previous Experience

0 Months experience

Parents And Affiliates

Does not apply was selected for parent and affiliates.

Officers

Officer 1.

Name: Yuluisa Nieves
Title: President

Date of Birth: [redacted]
ID Type: Driver's License Number
ID Number: [redacted]
ID State: FL DMV

Home Address

[redacted]
Orlando, Florida [redacted] USA

Criminal And Litigation History

1. Have you been convicted of, or under indictment or information for, racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property? Conviction includes a finding of guilt where adjudication has been withheld. **No**

2. Are you involved in pending litigation or have you had entered against you an injunction, a temporary restraining order, or a final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document, in any civil or administrative action involving racketeering, fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property or the use of any untrue, deceptive, or misleading representation or the use of any unfair, unlawful, or deceptive trade practice? **No**

3. Have you ever been, subject to any litigation, injunction, temporary restraining order, or final judgment or order, including a stipulated judgment or order, an assurance of voluntary compliance, or any similar document or any restrictive court order relating to a business activity as the result of any action brought by a governmental agency, including any action affecting any license to do business or practice an occupation or trade? **No**

4. Have you at any time during the previous 7 years filed for bankruptcy, been adjudged bankrupt, or been reorganized because of insolvency or been a principal, director, officer, or trustee of, or a general or limited partner in, or had responsibilities as a manager in, any corporation, partnership, joint venture, or other entity that filed for bankruptcy, was adjudged bankrupt, or was reorganized because of insolvency within 1 year after the person held that position? **No**

Salespersons

No Salespersons listed.

Locations

Location

Business Name: American Innovative Concepts, Inc.

474 S. Northlake Blvd Suite 1024
Altamonte Springs, Florida 32701 USA

This is a Physical address.

Manager Name:Yuluisa Nieves

Questions

Question 11

a.Attached are copies of all sales scripts given to those soliciting for us. [501.605(2)(l)3, F.S.] [X]

b.We do not use sales scripts. [ ]

Question 12

a. Attached are copies of all sales information or literature we provide our salespeople or of which we inform our salespeople (including, but not limited to, scripts, outlines, instructions and information regarding how to conduct telephonic sales, sample introductions, sample closings, product information and contest or premium award information.) [501.605(2)(l)3, F.S.] [X]

b. We do not provide our salespersons with or inform our salespersons of any sales information or literature described in 12(a). [ ]

Question 13

a. Attached are copies of all written material we send any prospective or actual purchaser. [501.605(2)(l)3, F.S.] [ ]

b.We do not send any written material to any prospective or actual purchaser. [X]

Question 14

a. Does not apply. [X]

b. We offer to prospective or actual purchasers that the purchaser will receive certain items which may be referred to as gifts, premiums, bonuses, prizes or otherwise, and EACH of the following apply: [501.614, F.S.]

- The item(s) is/are offered unconditionally
- The buyer has seven (7) days to return the goods or cancel services
- The buyer will receive a full refund in thirty (30) days
- The buyer has the right to keep the gift, premium, bonus or prize without cost

[ ]

c. If you or your salespeople represent or imply to prospective or actual purchasers that the purchaser will receive certain specific items or one or more items from among designated items, or a certificate of any type which the purchaser must redeem to obtain the item described in the certificate, whether the items are referred to as gifts, premiums, bonuses, prizes or otherwise, list the following: [ ]

Question 15

a.A purchaser receives all of the items described by our salespeople. [501.614(5), F.S. [ ]

b. Complete the following in the event a purchaser does not actually receive all of the items described by the seller or salesperson: [ ]

Entered Information

- We decide which item or items a particular prospective purchaser is to receive in the following manner:
  -
- The odds a single prospective purchaser has of receiving each item described is:
  -

c. We do not represent or imply prospective or actual purchasers will receive certain specific items, one or more items among designated items or a certificate of any type which the purchaser must redeem to obtain the item [X]

Financial Institutions

Institution

Institution Name: Suntrust
Contact Name: Any Representative
Contact Number:

Address

498 Palm Springs Dr
Altamonte Springs, Florida 32701 USA

Accounts

[redacted]

Security Information

Security Type: Surety Bond
Security Amount: $50,000
Security ID Number: [redacted]
Security Begin Date : 08/13/2013
Security End Date: 08/13/2014

Security Institution Name: Great American Insurance Company

Security Institution Address

301 W 4th Street
Cincinnati, Ohio 32701 USA

Security Institution Phone: 513-369-5000

Uploaded Documents

All Uploaded Documents

Name	Description	Type
Script 03 26 13 (2).pdf		TC12A
Script 03 26 13 (2).pdf		SCRIPTS
Bond.PDF		BOND

Verification Information

Verification Questions

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Accepted: [**X**]

Preparer Information

Preparer Name: Tiffany Eaton
Preparer Phone: 954[redacted]

Signature Information

Signature Name: Yuluisa Nieves
Signature Date: 9/17/2013

Attachment BBBB

INBOUND SCRIPT ($34.95)

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And for the monthly Emergency Medical monitoring, which payment method would you like to use? (*If they say they do not have a credit card, then say* **"Okay, do you have a debit card, we can go ahead and get you signed up with that instead?"**)

(If NO credit card or debit card, then ask for checking or savings acct.) **Okay, we can get you signed up with your checking account instead, so go ahead and grab a check so we can get some information off of it.** *(If no checking account, then say* **"Do you have a savings account? "**) *(If yes, say* "**Okay, go ahead and grab a bank statement so we can get some information off of it.**"*)*

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cover the Emergency Medical Technician monitoring. So you and your spouse would be protected for just $39.95 per month and all of the equipment and shipping is still FREE.

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Great, your equipment will be shipped to you at *(Repeat Shipping Address)* **and will arrive within the next 7 to 10 business days. Don't forget to activate your system, as soon as you receive it, by plugging it into your phone line jack and pushing the button. This will make a test call and activate your system and immediately start protecting you.**

You may cancel this Agreement for a full refund if you do so within 7 days after receipt of your Alert Alarm system. Should you need to cancel, you may do so by calling, 800-716-1433, or by writing to us at Lifewatch Inc., 266 Merrick Rd, Suite 104, Lynbrook, NY 11563. Our license number is TC , and again my license number is TP .

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Please hold while I transfer you to the confirmation department. Don't hang up until you talk to the confirmation department, okay? *(Wait for them to say okay)*

Transfer Call to Confirmation