



Multnomah Athletic Club

Membership Application - Spouse Adding to Account

PART I: TO BE COMPLETED BY APPLICANT					
APPLICANT	Thomas	N/A	Sorrentino	MEMBER #	193468
	Title	First	Middle	Last	
CURRENT MEMBER	Audrey	Lee	Miller	MEMBER #	193460
	Title	First	Middle	Last	

HOME ADDRESS	3615 Sw Hamilton Ct. Portland, OR 97221		
HOME PHONE	CELL 619-246-6837		
E-MAIL	ymthomas08@gmail.com		
BIRTHDATE	07-17-1989	GENDER	M

MEMBERSHIP CATEGORY:
Check One: <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Nonresident
Please indicate:
<input checked="" type="checkbox"/> Applicant is at least 30 years old
<input type="checkbox"/> Both applicant and spouse are under 30 years of age

CHILDREN	LIST CHILDREN AGES BIRTH TO 25 YOU WISH TO BE INCLUDED ON YOUR ACCOUNT. <i>Individual and nonresident members who wish to include children older than seven on their accounts must transfer to a family category and are subject to applicable initiation fees and dues.</i>				
	FIRST	MIDDLE	LAST	GENDER	BIRTHDATE
	Jeweliette		Sorrentino	F	05/28/2014
OCCUPATION	Employer Alaska Horizon Airlines		Occupation Ground Service Agent		
	Address		Work Phone		
			E-Mail		
MAILINGS	Mail billing statement to: <input type="checkbox"/> Home <input type="checkbox"/> Business <input checked="" type="checkbox"/> E-Statement Only				
	Mail all other correspondence/publications to: <input checked="" type="checkbox"/> Home <input type="checkbox"/> Business				
	Billing statements sent by mail will cost \$1 per month starting July 1, 2017				
	Please note that you are required to notify Member Services if home or business address changes.				
BACKGROUND INFORMATION	<ul style="list-style-type: none">Has either applicant ever been convicted of a misdemeanor or felony? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NOHas either applicant ever pled guilty / no contest to a misdemeanor or felony? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NOHas either applicant ever been charged with a misdemeanor or felony? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	If you answered YES to any of the above questions, you must provide a letter of explanation.				
	Please provide an explanation of the event, including the date, nature and jurisdiction of any offense, and the judgment.				
	Has either applicant ever been a MAC member? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
	If yes, when? Current - Caregiver Under what name(s)?				

FOR OFFICE USE ONLY

Mailed/PU Date	Received (SP)	Initiation Fee	Posting Date	Background Check	Date to M'ship	Account #	Effective Date

Revised March 2016

PART II: TO BE COMPLETED AND SIGNED BY THE APPLICANT**SECONDER**

PLEASE PRINT LEGIBLY. PLEASE REVIEW GUIDELINES FOR DETAILS ABOUT QUALIFIED SECONDER.
YOUR SECONDER MAY **NOT** BE A FAMILY MEMBER AND **MUST** BE A MAC MEMBER.

SECONDER NAME (NON-FAMILY)
Jennice Winegarden

MEMBER # (REQUIRED)
Professional Reference

E-MAIL ADDRESS

Have you known the seconder for the required minimum of one year? Yes How long? 10+ years

PROOF OF MARRIAGE, CIVIL UNION, OR EQUIVALENT

☒ I have enclosed a copy of our marriage certificate / government documentation in order to qualify for family membership.

BY SIGNING THIS APPLICATION FORM I ACKNOWLEDGE THE FOLLOWING:

- If the Board of Trustees approves this application, I am responsible for any initiation fee that applies in order to accept a membership. The initiation fee that is in effect for the specific membership category on the date the application is received in Member Services.
- I may withdraw this application at any time prior to paying the initiation fee and accepting the membership. Once the membership is accepted and the initiation fee is paid or under a payment plan contract, the fee is nonrefundable.
- I grant Multnomah Athletic Club permission to obtain a personal financial/character/criminal report relative to my application.
- Upon approval of this application by the Board of Trustees, I agree to accept full responsibility for payment of account and compliance with Club Rules.
- The fact that I am applying for individual or family membership does not confer any contractual or additional rights upon this application or obligations to the Membership Committee or Board of Trustees, and that the acceptance or rejection of the application is within the absolute discretion of the Membership Committee and Board of Trustees.
- All membership application materials are confidential and will not be disclosed to parties outside of the evaluation process.
- Any false or misleading information on this application may be cause for denying membership.
- I have read and understand the Guidelines for Completing a MAC Application.


Signature of Applicant

2/29/24
Date

 2-8-24
Signature of Current Member Date

PART III: TO BE COMPLETED AND SIGNED BY THE PROPOSER**PROPOSER**

PLEASE PRINT LEGIBLY. PLEASE REVIEW GUIDELINES FOR DETAILS ABOUT QUALIFIED PROPOSERS.

THE PROPOSER **MAY** BE A FAMILY MEMBER AND **MUST** BE A MAC MEMBER.

PLEASE NOTE: IF THE PROPOSER IS A FAMILY MEMBER, **NO LETTER OF RECOMMENDATION IS REQUIRED.**

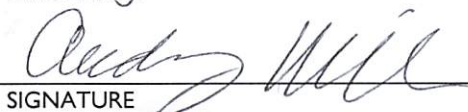
IF YOU ARE REQUIRED TO SUBMIT A LETTER, YOU WILL BE CONTACTED AT A LATER DATE.

Is the applicant a family member? Yes What is your relation to the applicant? Spouse
Have you known the applicant for the required minimum of three years? Yes How long? 3.5 yrs

I accept responsibility for the completeness and accuracy of the information on this form and understand that any misrepresentation may disqualify the applicant(s). I understand that my membership in the Multnomah Athletic Club confers no contractual or additional rights to the applicant(s) or obligations to the Membership Committee or Board of Trustees. I acknowledge that the acceptance or rejection of this application is within the absolute discretion of the Membership Committee and Board of Trustees.

Audrey Miller
PRINT NAME

audreym05@gmail.com
E-MAIL ADDRESS


SIGNATURE

193460
MEMBER#(REQUIRED)

2-8-24
DATE



Multnomah Athletic Club

MAC AGREEMENT RELEASE AND WAIVER OF LIABILITY

1. I understand and acknowledge that club participation may be dangerous and may involve risks which include, but are not limited to, bodily injury, partial or total disability, paralysis and death. I also understand and acknowledge that the social and economic losses or damages which can result from those risks and dangers can be severe and that not all such risks and dangers may be known or reasonably foreseeable at this time. I accept the responsibility for losses or damages resulting from all such risks and dangers involved in club participation.

2. I agree to take appropriate precautions for my own safety and that of others when participating in activities and further agree that, before participating I will inspect the facilities and equipment to be used and will, if I believe anything is unsafe, immediately advise the person in charge of that unsafe condition and will refuse to participate.

3. I hereby release, waive and discharge MAC, its coaches, instructors, officials and volunteers engaged by MAC, in the conduct of club activities, and MAC officers, directors, agents and employees, from all liability to me and to my conservators, guardians or other legal representatives, assigns, heirs and next of kin for any and all claims, demands, losses or damages on account of any injury, death or damage to property, arising out of my participation in club activities, arising from negligence, whether on MAC premises or elsewhere, including transportation of myself and/or my child/ward to and from events and venues.

4. If competing in an offsite event/venue, I assume responsibility for transportation of myself and/or my child(ren)/ward(s) to and from those events and/or venues.

5. I also hereby agree to indemnify and to hold harmless from any claim or demand on account of injury or damage which I may suffer as a result of participation in club activities, MAC and all other persons mentioned in Paragraph 3.

6. I understand that this release, waiver and agreement to indemnify and hold harmless includes, but is not limited to, damages which are caused, or alleged to be caused, in whole or in part by the negligence of MAC and the individuals listed in Paragraph 3.

I am the parent or legal guardian of those participant(s) who are associated with my membership account/application, who is under the age of 18 years, and who wishes to participate in the Multnomah Athletic Club's activities. In consideration of the Multnomah Athletic Club's allowing my child(ren) or ward(s) to participate in club activities, I hereby agree to indemnify the Multnomah Athletic Club and all other persons described in Paragraph 3 above, and to hold each and all of them harmless from any claim or demand on account of injury to or damage suffered by my child(ren) or ward(s) as a result of participation in club activities, whether on Multnomah Athletic Club premises or elsewhere.

I acknowledge it is my responsibility to deliver my child(ren) to any activities and to pick up my child(ren) promptly upon the scheduled conclusion of such activities. If competing in an offsite event/venue, I assume responsibility for transportation of myself and/or my child(ren)/ward(s) to and from those events and/or venues.

This agreement includes, but is not limited to, claims or demands on account of injury or damage caused or allegedly caused by the negligence of MAC or any of the individuals listed in Paragraph 3.

I have read the above agreement of release and waiver of liability and understand that agreeing to this waiver I have given up substantial rights. I agree to this agreement voluntarily.

Signature of applicant/member 1: Thomas Sorrentino Print Name: Thomas Sorrentino Date: 2/28/24

Signature of applicant/member 2: _____ Print Name: _____ Date: _____

☐ **Parental Consent to Treat:** I wish to provide consent and have completed the form below:

I am the natural parent and/or guardian of registered children who are associated with my account, do hereby fully authorize Multnomah Athletic Club coaching staff or designated chaperones to act on my behalf in the event my child(ren) is the victim of an accident, injury or illness that requires immediate medical or surgical care. Actions on behalf of my child(ren) shall include but not be limited to authorization for Multnomah Athletic Club coaching staff or other chaperones to arrange for such medical care as they deem appropriate, substantiated by local medical advice, and to give any required consent for such medical care.

Signature of applicant/member 1: _____ Date: _____

Signature of applicant/member 2: [Signature] Date: 3-28-24

Emergency Phone: _____ Alternate Phone: _____ Account #: _____



2023-1619

Oregon
Health

136-

Local file number

APPLICATION, LICENSE, AND RECORD OF MARRIAGE

State file number

LOCAL OFFICIAL	County: Washington	License effective on or after: JULY 27, 2023	License expires (month, day, year): SEPTEMBER 24, 2023
PARTY A: Groom, Bride or Spouse	PARTY A is (check one): <input type="checkbox"/> Groom <input type="checkbox"/> Bride <input type="checkbox"/> Spouse 1a. Current legal name (first, middle, last): AUDREY LEE MILLER 1b. Legal name at birth (if different): 1c. Previous name (if different): 2. Birthplace (state or foreign country): OREGON 3. Date of birth (month, day, year): MARCH 08, 1987 4. Age: 36 5. Sex: FEMALE 6. Occupation: MEDICAL ASSISTANT 7. Previous marital status (single, widowed, divorced): DIVORCED 8a. Current address: Street and number City or town State/country ZIP 3615 SW HAMILTON CT PORTLAND OR 97221 8b. COUNTY of residence: MULTNOMAH 9. Legal name taken after this marriage (first, middle, last): AUDREY LEE MILLER-SORRENTINO 10a. Father's / Parent's name (first, middle, last name at parent's birth): THEODORE MARTIN MILLER 10b. Birthplace (state or foreign country): OREGON 11a. Mother's / Parent's name (first, middle, last name at parent's birth): LUAN "DAISY" JEAN HOUSEL 11b. Birthplace (state or foreign country): WASHINGTON		
CONSENT FORM <input type="checkbox"/> WAIVER			
PARTY B: Groom, Bride or Spouse	PARTY B is (check one): <input type="checkbox"/> Groom <input type="checkbox"/> Bride <input type="checkbox"/> Spouse 12a. Current legal name (first, middle, last): THOMAS SORRENTINO 12b. Legal name at birth (if different): 12c. Previous name (if different): 13. Birthplace (state or foreign country): CALIFORNIA 14. Date of birth (month, day, year): JULY 17, 1989 15. Age: 34 16. Sex: MALE 17. Occupation: AIRLINE RAMP AGENT 18. Previous marital status (single, widowed, divorced): DIVORCED 19a. Current address: Street and number City or town State/country ZIP 3615 SW HAMILTON CT PORTLAND OR 97221 19b. COUNTY of residence: MULTNOMAH 20. Legal name taken after this marriage (first, middle, last): THOMAS SORRENTINO 21a. Father's / Parent's name (first, middle, last name at parent's birth): JOHN JOSEPH SORRENTINO 21b. Birthplace (state or foreign country): NEW YORK 22a. Mother's / Parent's name (first, middle, last name at parent's birth): DEBORAH SUE CONNORS 22b. Birthplace (state or foreign country): NEW YORK		
CONSENT FORM <input type="checkbox"/> WAIVER			
AFFIDAVIT OF AGE (required if 17)	23. <input type="checkbox"/> Party A - name and address of affiant: 24. <input type="checkbox"/> Party B - name and address of affiant:		
SIGNATURES	We certify that the information is correct and complete to the best of our knowledge and we are free to marry under Oregon law. 25. Party A's legal signature: Date: 7-24-23 26. Party B's legal signature: Date: 7/24/23 Neither you nor your spouse is the property of the other. The laws of the State of Oregon affirm your right to enter into marriage and at the same time to live within the marriage free from violence and abuse.		
LICENSE TO MARRY	This license authorizes the marriage in this state of the parties named above by any person duly authorized to perform a marriage ceremony under the laws of the State of Oregon.		
CEREMONY	27. Date license issued: JULY 24, 2023 28. Signature of issuing official: [Signature] 29. Title of issuing official: DEPUTY 30a. Date of marriage: JULY 28, 2023 30b. Where married (city, town or location): PORTLAND 30c. County: MULTNOMAH OREGON 31a. I certify that the above named persons were married on the date listed above (30a). Signature of person performing ceremony (officiant): Deborah Sue Connors 31b. Title: MINISTER 31c. Officiant (person performing ceremony): Name: DEBORAH SUE CONNORS Address: 5760 SHADY ACRES LANE City, State, ZIP: JULIAN, CA 92036 Phone: 619-948-8193 31d. Name of authorizing religious or secular congregation/organization of officiant: Universal Life Church 32. Witness name (print): Terri Marie Black 33. Witness name (print): Donald Joseph Riebel		
LOCAL OFFICIAL	34. Signature of county official: Joe Nelson, Director Assessment & Taxation, Ex-Officio County Clerk 35. Date filed by county official (month, day, year): REEL 195 PAGE 1 AUG 02 2023		

APPLICANT - DO NOT WRITE BETWEEN THESE LINES
OFFICIAL USE ONLY

I, Joe Nelson, Director of Assessment and Taxation
and Ex-Officio County Clerk for Washington
County, Oregon, do hereby certify this to be a true
and correct copy of the original.

Witness my hand this 2nd of August, 2023

By:

N Mejia - Deputy



Post Office Box 5920, Scottsdale, AZ 85261
1-877-263-8033 | www.universalbackground.com

Report Requested By:
MULTNOMAH ATHLETIC CLUB

Consumer Report - Order # 36199406

Name:

Thomas NONE Sorrentino

Address:

3615 SW Hamilton Ct
Portland, OR 97221

SSN:

***-**-4303

DOB:

07/17/****

Phone:

(619)246-6837

Email:

ymthomas08@gmail.com

Summary for Thomas NONE Sorrentino		
Search Type	Details	Status
Social Security Address/Alias Trace		See Details
USA CriminalSearch Plus		No Record
Federal District Criminal Search	FEDERAL District, OR	No Record
Federal District Criminal Search	SOUTHERN District, CA	No Record
County Criminal Court Search	SAN DIEGO, CA	No Record
Statewide Criminal Court Search	OR	No Record

Report Detail for Thomas NONE Sorrentino

Social Security Address/Alias Trace

#107285485

Date Ordered

04/02/2024

Date Completed

04/02/2024

Validation

This is a Valid Social Security Number. (This is a Valid Social Security Number. Issued in California between 1989 and 1990.)

Status

No Discrepancy Detected

The SSN is associated with the name provided.

The information contained in the Social Security Number Address/Alias Trace is a research tool and is not considered a consumer report or investigative consumer report. While the trace is useful to establish an association between the name and SSN provided, it does not provide a definitive match or verification. It should not be used as a factor for taking any adverse action against this individual.

USA CriminalSearch Plus

#107285487

Date Ordered	04/02/2024	Date Completed	04/02/2024
Status	No Record Found		
<div>> USA CriminalSearch</div>			
* Criminal records researched include delayed and historical archive databases which can affect availability in some jurisdictions.			
<div>> USA SecuritySearch</div>			
<div>> USA OffenderSearch</div>			
* Criminal records researched include delayed and historical archive databases which can affect availability in some jurisdictions.			
Federal District Criminal Search			#107285499
Date Ordered	04/02/2024	Date Completed	04/02/2024
Status	No Record Found		
Jurisdiction/Location	FEDERAL District, OR		
Scope of Search	Records were searched for a minimum of 7 years		
Federal District Criminal Search			#107285500
Date Ordered	04/02/2024	Date Completed	04/02/2024
Status	No Record Found		
Jurisdiction/Location	SOUTHERN District, CA		
Scope of Search	Records were searched for a minimum of 7 years		
County Criminal Court Search			#107285505
Date Ordered	04/02/2024	Date Completed	04/02/2024
Status	No Record Found		
Jurisdiction/Location	SAN DIEGO, CA		
Scope of Search	Records were searched for a minimum of 7 years		
Statewide Criminal Court Search			#107285506
Date Ordered	04/02/2024	Date Completed	04/02/2024
Status	No Record Found		
Jurisdiction/Location	OR		
Scope of Search	Records were searched for a minimum of 7 years		

This information is a consumer report or investigative consumer report as defined by the federal Fair Credit Reporting Act (FCRA)and applicable state laws. This report does not guarantee the accuracy or truthfulness of the information, but only that it is accurately copied from public records. The end user of this report agrees to comply with the Fair Credit Reporting Act (FCRA), and all other federal, state and local laws governing the confidentiality and dissemination of this information. If any adverse action may be taken based in whole or in part on this consumer report, the end-user is obligated to follow the adverse action procedures as outlined in the FCRA and applicable state and local laws. AZ DPS License #1001268

Para informacion en espanol, visite www.consumerfinance.gov/learnmore (http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore (<http://www.consumerfinance.gov/learnmore>) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore (<http://www.consumerfinance.gov/learnmore>) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore (<http://www.consumerfinance.gov/learnmore>) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore (<http://www.consumerfinance.gov/learnmore>).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-567-8688.
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7

years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore (<http://www.consumerfinance.gov/learnmore>).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Assistant General Counsel for Office of Aviation Consumer Protection Department of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Division Regional Office
6. Small Business Investment Companies	Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street SW, Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Institutions that are members of the Farm Credit System	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357

To Whom it May Concern,

My name is Jennice Winegarden, I am a Paramedic/Firefighter in Southern Oregon. I write this letter on the behalf of Thomas Sorrentino. I first came to know Thomas in 2014, at this time he was an Officer at the Harbor Fire Department. Thomas strived to create an environment where people from all walks of life, ethnicities, and orientations were not only excepted but had the opportunity to thrive in the environment created under his command. Thomas has always conducted himself with the upmost integrity and has always been a pillar in my life and the lives of many others. Thomas worked his way up through the ranks at Harbor Fire to Assistant Chief, holding this position can only be done through hard work and dedication. These are two attributes that Thomas is known for. It is hard to find people that are genuinely caring and want the best for people and this is never something I questioned with Thomas. Outside of a professional setting Thomas is very fun loving, has a zest of adventure and exciting activities, and loves checking things off his bucket list.

I am privileged to have Thomas Sorrentino in my life.

Sincerely,

Jennice Winegarden