# DISTRICT COURT, LOGAN COUNTY, STATE OF COLORADO

CASE NO.: 09 DR 136

COPY

SUBPOENA (Personal)

SUBPOENA TO PRODUCE (Subpoena duces tecum)

# THE PEOPLE OF THE STATE OF COLORADO:

TO: Jason Hovee

LPL Financial Corp.

7600 East Arapahoe Road STE 107

Centennial, CO 80112

You are ordered to attend and give testimony in the Logan County District Court, located at 112 N. Riverview Road, Sterling, Colorado, on March 14 and 15, 2011 at 9:00 o'clock a.m., as a witness in an action between Linda Sue Whitney, Petitioner, and David Alan Whitney, Jr., Respondent.

You are to produce at this time and place the following:

See attached Exhibit "A"

PABST & MILANO

Dated:  $\frac{3}{1}$ 

FOR Some reason

Jason was completely

theaked out about

this / But got out g

it somehow.

- Notice "Hovee"

ROBÉRT A. MÍLAÑO, #14224 Attorneys for Respondent

Post Office Box 607

203 Clayton Street

Brush, Colorado 80723 Telephone: (970) 842-2805

Fax #: (970) 842-3471

# **EXHIBIT "A"**

- 1. Any and all documents showing current values of pension plans, profit sharing plans, and or retirement plans in which Linda Sue Whitney, Social Security No. 522-72-2773, has an interest either individually or jointly with any other person or entity.
- 2. Any and all documents showing number of shares and current values of all stock owned by Linda Sue Whitney individually or jointly with any other person or entity.
- 3. Any and all documents showing current values of all savings plans and stock option plans owned by Linda Sue Whitney individually or jointly with any other person or entity.
- 4. Any and all documents showing withdrawals from any and all accounts and liquidation of any and all stocks and other assets of Linda Sue Whitney from April 2009 to the present date.

# Pabst & Milano

Attorneys at Law
P.O. Box 607 • 203 Clayton Street
BRUSH, COLORADO 80723
Office:(970) 842-2805 • (970) 842-5097
FAX: (970) 842-3471

March 1, 2011

Jason Hovee LPL Financial Corp. 7600 East Arapahoe Road STE 107 Centennial, CO 80112

Re:

Marriage of Whitney

Logan County District Court; Case No. 09 DR 136

Dear Mr. Hovee:

Please be advised that the case for which you have been subpoenaed, has been set for a hearing in the Logan County District Court at 110 N. Riverview Road, Sterling, Colorado on March 14 and 15, 2011 at 9:00 a.m.

Upon receipt of the subpoena, please contact the undersigned at (970) 842-2805 to discuss your testimony. Additionally, I would appreciate receiving all of the documents subpoenaed as soon as possible.

Sincerely

Robert A. Milano

RAM/jlp

cc: Mr. Dave Whitney

王-Filed

\$125.00 **\$ 25.00**  Colorado Secretary of State

Date and Time: 09/10/2007 05:44 PM

Id Number: 20061447509

Document number: 20071415612

Paper documents must be typewritten or machine printed.

ABOVE SPACE FOR OFFICE USE ONLY

# **Articles of Amendment**

filed pursuant to §7-90-301, et seq. and §7-80-209 of the Colorado Revised Statutes (C.R.S.)

ID number:	20061447509
1. Entity name:	Hovde Financial Group, LLC  (If changing the name of the limited liability company, indicate name BEFORE the name change)
2. New Entity name: (if applicable)	Hovde Wealth Management Group, LLC
3. Use of Restricted Words (if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):	"bank" or "trust" or any derivative thereof "credit union" "savings and loan" "insurance", "casualty", "mutual", or "surety"
4. Other amendments, if any, are attached.	
5. If the limited liability company's period of duration as amended is less than perpetual, state the date on which the period of duration expires:	(mm/dd/yyyy)
OR	
If the limited liability company's period	of duration as amended is perpetual, mark this box:
6. (Optional) Delayed effective date:	(mm/dd/yyyy)

Notice:

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and select Business Center.

If document is filed electronically

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Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

Hovde	Jason	G.	
(Last)	(First)	(Middle) (Su	ıffix,
5358 Hospitality Pla	ace		
(Street name ar	nd number or Post Offi	ice Box information)	
Parker	СО	80134	
(City)	United S	(Postal/Zip Code)	
(Province – if applicable)	(Country – ij	f not US)	

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box and include an attachment stating the name and address of such individuals.)

#### Disclaimer:



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**Business Search** 

FAQs

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# **Record Confirmation**

Please review this information and confirm that you are authorized to affect this record. If the information on this page is not accurate, please file the appropriate document to update the record. For example, change the registered agent information when filing an annual report. You may wish to print this page for reference.

ID Number:

20061447509

Name:

Hovde Financial Group, LLC

Registered Agent:

Jason Guy Hovde

Registered Agent Street Address:

5358 Hospitality Place, Parker, CO 80134, United States

Registered Agent Mailing Address:

Principal Office Street Address:

5358 Hospitality Place, Parker, CO 80134, United States

Principal Office Mailing Address:

Status:

Good Standing

Form:

Limited Liability Company

Jurisdiction:

Colorado

Formation Date:

11/01/2006

Annual Report Month:

November

· Review additional information on file

Confirm

Previous Page

Business Center: 303 894 2200 • Fax: 303 869 4864 • e-mail: sos.business@sos.state.co.us

A Bobby

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7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

ed for filing:	Hovde	Jason	G.	
	(Last)	(First)	(Middle)	(Suffix)
	5358 Hospitality Pla	ace		
	(Street name an	nd number or Post Offi	ce Box information)	
	Parker	CO	80134	
	(City)	United S	(Postal/Zip C	Code)
	(Province – if applicable)	(Country – ij	not US)	
t need not state the true name a	nd address of more than one individ	lual. However, if you v	vish to state the name o	and address

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box and include an attachment stating the name and address of such individuals.)

#### Disclaimer:



\$125.00 **\$ 25.00** 

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are subject to change.

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Paper documents must be typewritten or machine printed.

Colorado Secretary of State

Date and Time: 09/10/2007 05:44 PM

Id Number: 20061447509

Document number: 20071415612

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#### **Articles of Amendment**

filed pursuant to §7-90-301, et seq. and §7-80-209 of the Colorado Revised Statutes (C.R.S.)

ID number:	20061447509				
1. Entity name:	Hovde Financial Group, LLC				
	(If changing the name of the limited liability company, indicate name BEFORE the name change)				
2. New Entity name: (if applicable)	Hovde Wealth Management Group, LLC				
3. Use of Restricted Words (if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):	""" "bank" or "trust" or any derivative thereof """ "credit union" "savings and loan" """ "insurance", "casualty", "mutual", or "surety"				
4. Other amendments, if any, are attached.					
5. If the limited liability company's period of duration as amended is less than perpetual, state the date on which the period of duration expires:					
едрисы.	(mm/dd/yyyy)				
OR					
If the limited liability company's period	of duration as amended is perpetual, mark this box:				
6. (Optional) Delayed effective date:	(mm/dd/yyyy)				
Notice:					

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

Mark the box if information requested OR complete Questions 2 through 7.	d below is current in the re	ecords of the Secr	retary of State			
2. Principal office street address:	6000 Greenwood Pl	laza Blvd.				
2. I imelpai office street address.	Suite 100 (Stre	eet name and number)				
	Greenwood Village	CO	80111			
	(City)	United Sta	(Postal/Zip Code)			
	(Province – if applicable)	(Country – if no	t US)			
3. Principal office mailing address: (if different from above)	(Street name and n	umber or Post Office B	ox information)			
		3				
	(City)	(State)	(Postal/Zip Code)			
	(Province – if applicable)	(Country – if no	t US)			
4. Registered agent name: (if an individual)	Hovde	Jason	Guy			
	(Last)	(First)	(Middle) (Suffix,			
<b>OR</b> (if a business organization)						
5. The person identified above as registere	d agent has consented to b	peing so appointed	d.			
6. Registered agent street address:	5358 Hospitality Pla	ace				
	(Street name and number)					
	Parker	CO	80134			
	(City)	(State)	(Postal/Zip Code)			
7. Registered agent mailing address: (if different from above)	(Street name and n	umber or Post Office B	ox information)			
	(City)	(State)	(Postal/Zip Code)			
	(Province – if applicable)	(Country – if no	t US)			

#### Disclaimer:

Document processing fee \$100.00 If document is filed on paper \$ 10.00 If document is filed electronically Late fee if entity is in noncompliant status \$ 50.00 If document is filed on paper \$ 20.00 If document is filed electronically Fees & forms/cover sheets are subject to change. To file electronically, access instructions for this form/cover sheet and other information or print copies of filed documents, visit www.sos.state.co.us and select Business Center. Paper documents must be typewritten or machine printed. ABOVE SPACE FOR OFFICE USE ONLY **Annual Report** filed pursuant to §7-90-301, et seq. and §7-90-501 of the Colorado Revised Statutes (C.R.S) 20061447509 ID number: Entity name: Hovde Wealth Management Group, LLC Jurisdiction under the law of which the Colorado entity was formed or registered: You must complete line 1. Notice: Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes. This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered. 1. Name(s) and address(es) of the individual(s) causing the document Hovde Jason G. to be delivered for filing: (Last) (First) (Middle) (Suffix) 5358 Hospitality Pl. (Street name and number or Post Office Box information) Parker CO 80134 (City) (State) (Postal/Zip Code) (Province - if applicable) (Country - if not US)

name and address of such individuals.)

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box and include an attachment stating the

Mark the box if information requested OR complete Questions 2 through 7.	d below is current in the re	ecords of the Secreta	ary of State		
2. Principal office street address:	6000 Greenwood Pl	laza Blvd.			
2. 1 mo.pu. 02.000 00.000 uuu2000.	Suite 100 (Stre	eet name and number)			
	Greenwood Village	CO {	30111		
	(City)	United State	(Postal/Zip Code)		
	(Province – if applicable)	(Country – if not U.	S)		
3. Principal office mailing address: (if different from above)	(Street name and m	umber or Post Office Box i	information)		
	(City)	(State)	(Postal/Zip Code)		
	(Province – if applicable)	(Country – if not US	5)		
4. Registered agent name: (if an individual)	Hovde	Jason C	∃uy		
	(Last)	(First)	(Middle) (Suffix,		
<b>OR</b> (if a business organization)					
5. The person identified above as registere	d agent has consented to b	peing so appointed.			
6. Registered agent street address:	5358 Hospitality Pla	ice			
	(Street name and number)				
	Parker	CO 80	0134		
	(City)	(State)	(Postal/Zip Code)		
7. Registered agent mailing address: (if different from above)	(Street name and m	umber or Post Office Box i	information)		
	(City)	(State)	(Postal/Zip Code)		
		a - 1			
	(Province – if applicable)	(Country – if not US	5)		

# Disclaimer:

王-Filed

\$100.00

\$ 10.00

\$ 50.00

\$ 20.00

Document processing fee
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Late fee if entity is in noncompliant status
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and select Business Center.

Colorado Secretary of State

Date and Time: 09/10/2007 06:22 PM

Id Number: 20061447509

Document number: 20071415640

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#### **Annual Report**

filed pursuant to §7-90-301, et seq. and §7-90-501 of the Colorado Revised Statutes (C.R.S)

ID number:	20061447509		
Entity name:	Hovde Wealth Management Group, LLC		
Jurisdiction under the law of which the entity was formed or registered:	Colorado		

#### You must complete line 1.

Notice:

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Hovde	Jason	G.	
(Last)	(First)	(Middle)	(Suffix)
5358 Hospitality Pl.	d number or Post Offi	ice Box information)	
Parker	CO	80134	
(City)	(State)	(Postal/Zip Code,	)
(Province – if applicable)	(Country – if n		

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box and include an attachment stating the name and address of such individuals.)



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Secretary of State Home

**Business Home** 

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**Transaction Confirmation** 

FAQs

Glossary

Credit Card Type:

**MASTERCARD** 

Billing Address:

**Account Number:** 

8096

5358 Hospitality Pl.

Name on credit card: Jason G. Hovde

Parker CO 80134

· File another transaction for this entity

Set Up Email Notification

\$100.00 \$ 10.00

\$ 50.00

\$ 40.00

Colorado Secretary of State Date and Time: 02/05/2009 10:29 AM

ID Number: 20061447509

Document number: 20091078770

Amount Paid: \$50.00

If document is filed on paper If document is filed electronically

If document is filed electronically Late fee if entity is in noncompliant status

If document is filed on paper

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Paper documents must be typewritten or machine printed.

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# **Annual Report**

filed pursuant to §7-90-301, et seq. and §7-90-501 of the Colorado Revised Statutes (C.R.S)

ID number:	20061447509				
Entity name:	Hovde Financial Gro	oup, LLC			
Jurisdiction under the law of which the entity was formed or registered:	Colorado	25.			
	5358 Hospitality Pla	100			
Principal office street address:	5358 Hospitality Place (Street name and number)				
	Parker	СО	80134		
	(City)	(State) United	(Postal/Zip Code) States	)	
	(Province – if applicable)	(Country -	if not US)		
2. Principal office mailing address: (if different from above)	(Street name and m	ımber or Post Offic	e Box information)	*	
	(City)	(State)	(Postal/Zip Code	)	
	(Province – if applicable)	(Country -	- if not US)		
3. Registered agent name: (if an individual)	Hovde (Last)	Jason (First)	Guy (Middle)	(Suffix)	
<b>OR</b> (if a business organization)		(1 1131)	(made)	(54)13)	

4. The person identified above as registered agent has consented to being so appointed.

REPORT

5. Registered agent street address:	lity Place					
5. Registered agent street address.	(Street name and number)					
	Parker	*	CO	801	34	
	(City)	16	(State)	-	(Postal/Zip Co	ode)
6. Registered agent mailing address: (if different from above)	(Street n	ame and number o	or Post Offic	e Box info	rmation)	2
	(7)			•	(D. 1/7) C	
	(City)		(State)		(Postal/Zip Co	ode)
	(Province – if a	pplicable) (	Country – if	not US)		
Notice:						
individual's act and deed, or that the individual is of with the requirements of part 3 of article of statutes, and that the individual in good far document complies with the requirements. This perjury notice applies to each individual is not state, whether or not such individual is not state.	causing the docum 90 of title 7, C.R.S with believes the fa s of that Part, the c dual who causes th	ent to be delivent to be delivent to be delivent to constituent document to delivent document to the delivent d	vered for the ent document documents, and the delivers to be delivers.	filing, tanents, and the control of	ken in confind the organ rue and the organic state the secretar	formity nic utes.
7. Name(s) and address(es) of the individual(s) causing the document	* .			_		
to be delivered for filing:	Hovde	Jas	on	G		
	(Last) 5358 Hospita	lity Place	(First)		(Middle)	(Suffix)
	(Stree	et name and numb	er or Post O	ffice Box i	nformation)	
	Parker		СО	80134		
	(City)	ι	(State) Inited St	tates	(Postal/Zip Co	de)
	(Province – if ap	oplicable) (	Country – if	not US)		
(The document need not state the true name and of any additional individuals causing the docur name and address of such individuals.)						

#### Disclaimer:

	EFOB	ОЈНС	
FINRA	\$ 135.94	\$ 194.88	\$ 330.82
SIPC	\$ 110.80	\$ 158.87	\$ 269.67
FedEx	\$ 229.84	\$ 15.00	\$ 244.84
Misc Debit	\$ 160.00	\$ 31.42	\$ 191.42
Contract Fee	\$ 1,500.00	\$ -	
Advisor Website	\$ 520.00	\$ -	
Branchnet	\$ 900.00	\$ -	
Portfolio Manager	\$ 900.00	\$ -	
Portfolio RebalanceNow	\$ 200.00	\$ -	
Portfolio Review Tool	\$ 280.00	\$ -	
Annual Compliance Fee	\$ 400.00	\$	
Monthly Bonding	\$ 190.00	\$ 100	
WealthVision	\$ 3,600.00	\$ -	
Marketing on Demand	\$ 383.98	\$ 	
Newsletter on Demand	\$ 60.00	\$ -	
Registration/Renewals	\$ 1,496.00	\$ -	
Ticket Charges	\$ 828.53	\$ 2,736.50	\$ 3,565.03
Small Account Fee	\$	\$ 70.00	
Floor Brokerage Charges	\$ -	\$ 3.00	
	\$ 11,895.09	\$ 3,209.67	
Total Combined	\$ 15,104.76		
E&O Insurance	\$ 2,275.00	\$	

I, <u>Jason G. Hovde</u> "Doing Business As" names (I	attest the followin	g is a complete list of my
Hovde Wealth Managemen     .     .     .     .     .     .     .		
listed above:		d in conjunction with the DBA's
1. Nove - ters	Account Number	Only (Notunder DBA) Purpose of Account
	Account Number	rurpose of Account
2. Account Name	Account Number	Purpose of Account
3. Account Name	Account Number	Purpose of Account
Sincerely, Signature	le 4-25-20	1(
12501 G. Hovde Print Name		
EFØB: ØJHC Rep ID		

Accounts	Transfers & Payments	Brokerage Account Services	Messages & Alerts	Onlin	e Solutions	
		Open an Account	· · · · · · · · · · · · · · · · · · ·		***************************************	
Overview	Bill Pay Transfers Ta	ax Payments			***************************************	
Bill Pay O	verview   Payments   Pay	yees   eBills   Reports   Notices   U	Iser Profile			
		TO SECURE SECURE SECURE	4.54	Help	Unviewed Notices Unpaid eBills	(1) (0) (3)
Da	of Confirmation		4030	N da	Pending Payments	(3)

# **Payment Confirmation**

You have successfully made the following payment(s). You can edit or cancel pending payments, but not processed payments.

# XXXXXX4257 COMPLETE ADVANTAGE(RM

#### PENDING PAYMENTS

Payee	Reference #	Send On	Deliver By	Amount
AMERICAN HONDA F	PBEB2LES	01/25/2011	01/27/2011	\$484.62
IREA Hospitality	1B4B2LES	01/25/2011	01/28/2011	\$76.42
Security Svc FCU	6B4B2LES	01/25/2011	01/27/2011	\$572.18

Total (3): \$1,133.22

Note: Payments can be scheduled for Monday-Friday, excluding holidays. To make or change payments scheduled for today, you must submit your request before 7:00 p.m. Pacific Time.

#### To Overview

#### Payment Account(s)

# **Checking Accounts**

#### COMPLETE ADVANTAGE (RM XXXXXX4257

Avail. Balance: \$5,649.35 Sched. Payments: -\$1,133.22 Projected\* (02/01): \$4,516.13

#### **Credit Accounts**

#### Credit Card Apply Now

# Personal Line of Credit

Apply Now

Home Equity Line Apply Now

\* Estimate based on your current available balance or credit less any scheduled Bill Pay payments through 02/01/2011.

#### Other Services

Overdraft Protection

#### Payments Help

Learn more about: Payment Account(s) Section

Bill Pay Overview | Payments | Payees | eBills | Reports | Notices | User Profile
Overview | Bill Pay | Transfers | Tax Payments
Accounts | Transfers & Payments | Brokerage | Account Services | Messages & Alerts | Online Solutions | Open an Account

General Information

Aliases

Property

Debts

Dependents

Income

Expenses

Previous Income

Annual Income

Other Income

Financial Affairs Creditor Payments

Insider Payments Law Suits Seizures Repossessions

Assignments Receiverships

**Gifts** Losses

Debt Counseling Change of Ownership

Trust Funds Closed Accounts Safe Deposit Boxes

Setoffs Property Held Prior Addresses Spouses

Environmental Sites **Environmental Notices Environmental Orders** Businesses Real Estate Businesses

Prior Bankruptcies

Related Bankruptcies

**Confirm Completion** 

Here's a summary of all the information you've entered. If you've filled out everything completely and accurately, submit your case to the attorney.

Jason Guy Hovde

2869 S. Espana Court Address:

City: Aurora

CO State: Zip: 80013

Phone: 303-808-0982

Marital Status: Married

Spouse Name: Michelle Dawn Hovde

2869 S. Espana Court Address:

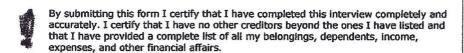
City: Aurora State: CO

80013 Zip:

Total Assets

Total Creditors: 21 (\$413816.52)

Income: \$13500.00 per pay period Expenses: \$14213.00 per month







# **Corporations Division - Registration Data Search**

# ERIC HANSEN HOMES LLC

# Purchase Documents for this Corporation »

UBI Number	602393077			
Category	LLC			
Active/Inactive	Active			
State Of Incorporation	WA			
WA Filing Date	05/11/2004			
Expiration Date	05/31/2014			
Inactive Date				
Duration	Perpetual			
Registered Agent Information				
Agent Name	ERIC HANSEN			
Address	703 WOODARD AVE NE			
City	CASTLE ROCK			
State	WA			
ZIP	98611			
Special Address Information				
Address				
City				
State				
Zip				

# **Governing Persons**

Title	Name	Address
M ember	HANSEN, ERIC	CASTLE ROCK , WA

Purchase Documents for this Corporation »

	<b>₽rint</b>				
State	Colorado ▼ * Required				
Entity Type	Agency  individual Company * Required				
License Number					
Last Name	HOVDE				
First Name					
City					
Address Type	Business				
	electing either License Type or Qualification Type.				
License Type					
	OR				
Qualification Type (Authorized Line of Insurance)					
Submit Cancel					
Records Per Page: 10 🔻					

Displaying 1 - 7 (of 7 matching records)

Page 1 of 1

Diopidying (or	matering records,				. age . c		
Name	⊟ License Number	Status Na	tional Producer mber	City	State		
HOVDE, DENNIS E	337449	Active 258	205	LINCOLNSHIF	REIL		
Hovde, Don Guy	32019	Active 663	8556	CASTLE ROC	K CO		
HOVDE, JASON GUY	28555	Inactive 663	5954	CASTLE ROC	K CO		
HOVDE, MARK	392649	Inactive 137	08538	HOUSTON	TX		
RICHARD							
HOVDE, MARSHA	83171	Active 677	0225	CASTLE ROC	K CO		
GAIL							
HOVDE, NICOLE C	79096	Active 676	7685	CASTLE ROC	K CO		
Hovden, David D	140703	Active 319	3341	North Platte	NE		

Displaying 1 - 7 (of 7 matching records)

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# WELCOME TO A BETTER BANKING EXPERIENCE

#### **ACCOUNT SUMMARY FOR MICHELLE HOVDE**

#### WHAT WE DID TODAY

Chase Plus Savings<sup>SM</sup> (account ending in ...4528)

• Avoid a monthly service fee:

- - Maintain a minimum daily balance of \$15,000 in this account,
    - Link to a qualifying checking account
- Earn higher interest rates when linked to a qualifying checking

Premier Debit Card (account ending in ...0671) (account ending in ...4528)

- Watch for card in a plain white envelope in 7-10 days
- Activate right away by following instructions on the card
- Fast and convenient alternative to paying with cash or checks
- Easy way to track your spending



Important: The Deposit Account Agreement and other disclosures provided at account opening or included with your debit/credit card govern your agreement with the bank, and outline the terms & conditions associated with the products/services listed.

Seven Hills Tower

**Customer Initials** 

Personal

MARSHALL E WELTON

Date: 01/28/2011

Banker:

(303) 766-0265

Deposit products provided by JPMorgan Chase Bank, N.A. Member FDIC