

Applicant Name Wendy Neary, MD

NAIC No. _____
FEIN: _____

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). Highline Medical Services Organization

19600 International Blvd. Suite 201

SeaTac, WA 98188

(206) 878-1985

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. a. Affiant's Full Name (Initials Not Acceptable). Wendy Ingham Neary, MD
b. Maiden Name (if applicable). _____
2. a. Have you ever had your name changed? NO If yes, give the reason for the change and provide the full name(s).

b. Other names used at any time (including aliases).

3. a. Are you a citizen of the United States? Yes
b. Are you a citizen of any other country, if so, what country?
4. Affiant's Occupation or Profession. Family Practice
5. Affiant's business address. Seahurst Family Medicine, 16110 8th Ave. S.W., #A-1, Burien, WA 98166
Business telephone. (206) 246-1012

Applicant Name Wendy Neary, MD

NAIC No. _____
FEIN: _____

6. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
<u>University of Wisconsin</u>	<u>Madison, WI</u>	<u>Graduation Date: 05/1990</u>	<u>BS</u>

Graduate Studies:	College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
	<u>University of Wisconsin</u>	<u>Madison, WI</u>	<u>Graduation Date: 05/1994</u>	<u>MD</u>

Other Training: Name	City/ State	Dates Attended (MM/YY)	Degree/Certification Obtained
<u>Valley Family Care</u>	<u>Renton, WA</u>	<u>07/1994 - 06/1997</u>	<u>Internship & Residencies</u>

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

7. List of memberships in professional societies and associations.

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
<u>American Academy of Family Practice</u>			

8. Present or proposed position with the applicant entity. board member

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending Dates (MM/YY) 11/2002 - Present Employers' Name Highline Medical Group

Address 15811 Ambaum Blvd. S.W., Suite A City Burien State/Province WA

Country USA Postal Code 98166 Phone 206-439-2988 Offices/Positions Held Primary Care Physician

Supervisor / Contact Ron Singler

Beginning/Ending Dates (MM/YY) 08/1997 - 10/2002 Employers' Name Valley Medical Center - Kent Primary Care

Address 24920 104th Avenue SE City Kent State/Province WA

Country USA Postal Code 98031 Phone (253) 395-1953 Offices/Positions Held Primary Care Physician

Supervisor / Contact Steven Arendt, MD

Applicant Name Wendy Neary, MD NAIC No. _____

FEIN: _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employers' Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employers' Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

10. a. Have you ever been in a position which required a fidelity bond? NO If any claims were made on the bond, give details. _____
- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. NO

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. Attach additional pages if the space provided is insufficient.

medical license + DEA

Organization/Issuer of License Washington State Address _____

City _____ State/Province WA Country _____ Postal Code _____

License Type physician License # [REDACTED] Date Issued (MM/YY) 8/29/96

Date Expired (MM/YY) 01/24/2011 Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License US Dept of Justice Address _____

City B State/Province _____ Country USA Postal Code _____

License Type DEA License # [REDACTED] Date Issued (MM/YY) 10/30/2008

Date Expired (MM/YY) 10/31/2011 Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? NO

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? NO

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? NO

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? NO

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? NO

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? NO

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? NO

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? NO

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? NO

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? NO

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

If any of the stock is pledged or hypothecated in any way, give details. _____

- 14. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

I don't know about my dad, I have no spouse or children.

If any of the shares of stock are pledged or hypothecated in any way, give details. _____

- 15. Have you ever been adjudged a bankrupt? NO If yes, provide details _____

- 16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? NO
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? NO
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? NO

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 24th day of June 2009 at Burien I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

6/24/09.
Date

State of WA County of King

The foregoing instrument was acknowledged before me this 24th day of June 2009 By

Wendy Neary, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Helen M. Brown
Notary Public
Helen M. Brown
Printed Notary Name
4/28/2011
My Commission Expires

Applicant Name Wendy Neary, MD

NAIC No. _____
FEIN: _____

BIOGRAPHICAL AFFIDAVIT
Supplemental Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Highline Medical Services Organization

19600 International Blvd, Suite 201

SeaTac, WA 98188

(206) 878-1985

1. a. Affiant's Full Name (Initials Not Acceptable). Wendy Ingham Neary, M.D.
- b. Maiden Name (if applicable) _____
2. Affiant's Social Security Number
3. Government Identification Number if not a U.S. Citizen _____
4. Foreign Student ID# (if applicable) _____
5. Date of Birth: (MM/DD/YY) Place of Birth: City Alexandria
State/Province VA Country U.S.A
6. Name of Affiant's Spouse (if applicable) _____
7. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending</u> Dates (MM/YY)	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>

Applicant Name Wendy Neary, MD

NAIC No. _____

FEDN: _____

Dated and signed this 24th day of June, 2009 at Burien I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

6/24/09
Date

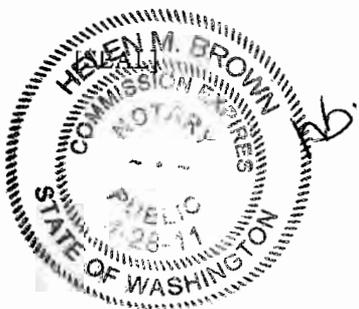
State of WA County of King

The foregoing instrument was acknowledged before me this 24th day of June, 2009 By

Wendy Neary, and:

who is personally known to me, or

who produced the following identification: _____



Helen M. Brown
Notary Public
Helen M. Brown
Printed Notary Name
4/28/2011
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____ [insert company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact _____ [insert company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

(Printed Full Name and Residence Address)

W Neary MD
(Signature)

4/29/09
(Date)

State of WA County of King

The foregoing instrument was acknowledged before me this 24th day of June 2009 By Wendy Neary, and

who is personally known to me, or

who produced the following identification: _____



Helen M. Brown
Notary Public
Helen M. Brown
Printed Notary Name
4/29/2011
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____ [insert company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to _____ [insert company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

(Print Full Name and Residence Address)

(Signature)

6/24/09
(Date)

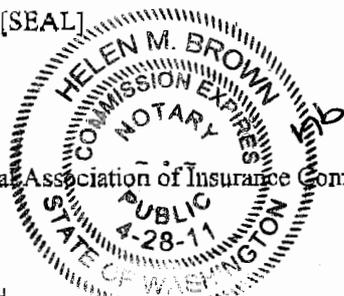
State of WA County of King

The foregoing instrument was acknowledged before me this 24th day of June 20 09 By Wendy Neary, and

who is personally known to me, or

who produced the following identification: _____

Helen M. Brown
Notary Public
Helen M. Brown
Printed Notary Name
4/28/2011
My Commission Expires



DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (California)

This Disclosure and Authorization is provided to you in connection with a pending application of _____ [insert company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through _____ [insert name of CRA, address] ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to _____ [insert company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

(Printed Full Name and Residence Address)

(Signature)

6/24/09
(Date)

State of Wa County of King

The foregoing instrument was acknowledged before me this 24th day of June 2009 By Wendy Neary and

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Helen M. Brown
Notary Public
Helen M. Brown
Printed Notary Name
4/29/2011
My Commission Expires

Applicant Name

JOHN G. CARROUGHER

NAIC No. _____

FEIN: _____

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

JOHN G. CARROUGHER
(Gregory)



In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

- 1. a. Affiant's Full Name (Initials Not Acceptable). JOHN GREGORY CARROUGHER
- b. Maiden Name (if applicable). _____
- 2. a. Have you ever had your name changed? NO If yes, give the reason for the change and provide the full name(s).

- b. Other names used at any time (including aliases).

- 3. a. Are you a citizen of the United States? YES
- b. Are you a citizen of any other country, if so, what country?
- 4. Affiant's Occupation or Profession. PHYSICIAN
- 5. Affiant's business address. 4700 Pt FOSDICK Surt 308 Big Harbor Wg 08335
Business telephone. 253 858 5433

Applicant Name

JOHN CARZROUGH

NAIC No.

FEIN:

6. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
University of Wa	Seattle wa	1979 - 06/1981	BA

Graduate Studies:	College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
Uniform Services	UNIVERSITY OF HEALTH SCIENCES	BETHESDA MD	June/81 - May 85	MD

Other Training: Name	City/ State	Dates Attended (MM/YY)	Degree/Certification Obtained
----------------------	-------------	------------------------	-------------------------------

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

7. List of memberships in professional societies and associations.

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
American Gastroenterologic Society		4930 Del Ray Ave Bethesda, MD 20814	(301) 654-2055
American Society of Gastrointestinal Endoscopy		1520 Kensington Rd. Oak Brook, IL 60523	(630) 573-0600
American College of Gastroenterology		P.O. Box 342260 Bethesda, MD 20827	(301) 263-9000

8. Present or proposed position with the applicant entity. MEDICAL Director, CEO TALOMA Digestive Disease, TALOMA Endoscopy Center, HARBOR Endoscopy Center

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending Dates (MM/YY) 06/81 - 06/97 Employers' Name U.S. ARMY
 Address 1500 Army Pentagon City WASHINGTON DC State/Province _____
 Country USA Postal Code 20316 Phone _____ Offices/Positions Held MEDICAL Doctor
 Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) 07/97 - present Employers' Name TALOMA Digestive Disease Center
 Address 1112 Ceth AVE #200 City TALOMA State/Province Wa
 Country Pierce Postal Code 98405 Phone 2532728664 Offices/Positions Held Physician / CEO
 Supervisor / Contact CARYN Lettman

Applicant Name

JOHN CARROUGHEV

NAIC No. _____

FEIN: _____

Beginning/Ending

Dates (MM/YY) _____ - _____

Employers' Name _____

Address _____

City _____

State/Province _____

Country _____

Postal Code _____

Phone _____

Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) _____ - _____

Employers' Name _____

Address _____

City _____

State/Province _____

Country _____

Postal Code _____

Phone _____

Offices/Positions Held _____

Supervisor / Contact _____

10. a. Have you ever been in a position which required a fidelity bond? No If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. _____

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. Attach additional pages if the space provided is insufficient.

Organization/Issuer of License STATE of WA

Address Dept. of Health

City Olympia State/Province WA

Country _____ Postal Code _____

License Type MEDICAL License # [REDACTED]

Date Issued (MM/YY) 06/1985

Date Expired (MM/YY) 05/2016 Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____

City _____ State/Province _____

Country _____ Postal Code _____

License Type _____ License # _____

Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

Applicant Name

John C. Arroughen

NAIC No. _____

FEIN: _____

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? No
 - b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? No
 - c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No
 - d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
 - e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No
 - f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
 - g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
 - h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
 - i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
 - j. Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity? No

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

Applicant Name

John Carrougher

NAIC No. _____

FEIN: _____

If any of the stock is pledged or hypothecated in any way, give details. _____

14. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

① TACOMA Digestive Disease Center ② TACOMA Endoscopy Center
③ HARBOR Endoscopy Center

If any of the shares of stock are pledged or hypothecated in any way, give details.

No

15. Have you ever been adjudged a bankrupt? No If yes, provide details _____

16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 1 day of July, 2009 at TACOMA WA I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Redacted Signature]
(Signature of Affiant)

1 July 09
Date

State of WASHINGTON County of Pierce

The foregoing instrument was acknowledged before me this 1st day of July, 2009 By

John G. Carrougher, and:

who is personally known to me, or

who produced the following identification: _____



Caryn M Gettmann
Notary Public
Caryn M Gettmann
Printed Notary Name
Feb 4, 2010
My Commission Expires

Applicant Name John Carroughev

NAIC No. _____
FEIN: _____

BIOGRAPHICAL AFFIDAVIT
Supplemental Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

John G. Carroughev
(Gregory)



1. a. Affiant's Full Name (Initials Not Acceptable). John Gregory Carroughev
- b. Maiden Name (if applicable) _____
2. Affiant's Social Security Number
3. Government Identification Number if not a U.S. Citizen _____
4. Foreign Student ID# (if applicable) _____
5. Date of Birth: (MM/DD/YY) Place of Birth: City Newark
State/Province US Country USA
6. Name of Affiant's Spouse (if applicable)
7. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	Country	Postal Code
<u>09/1994-P</u>					

Applicant Name

John Carrroughan

NAIC No. _____

FEIN: _____

I dated and signed this 1 day of July, 2009 at Tacoma WA I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Redacted Signature]

(Signature of Affiant)

1 July 09

Date

State of Washington County of Pierce

The foregoing instrument was acknowledged before me this 1st day of July, 2009 By

John B. Carrroughan, and:

who is personally known to me, or

who produced the following identification: _____



Caryn M. Gettmann

Notary Public

Caryn M. Gettmann

Printed Notary Name

Feb 4 2010

My Commission Expires

Applicant Name

John Carrougher

NAIC No. _____

FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____ [insert company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact _____ [insert company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

(Printed Full Name and Residence Address)

(Signature)

1 July 09
(Date)

State of Washington County of Pierce

The foregoing instrument was acknowledged before me this 1st day of July 2009 By John G. Carrougher, and

who is personally known to me, or

who produced the following identification: _____



Caryn M. Gettmann
Notary Public
Caryn M. Gettmann
Printed Notary Name
Feb 4, 2010
My Commission Expires

Applicant Name William Frederick Roes

NAIC No. _____
FEIN: _____

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). PERI-SOUND HEALTH SERVICES

708 BROADWAY #400

TACOMA, WA 98402

(253) 775-8830

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. a. Affiant's Full Name (Initials Not Acceptable). William Frederick Roes

b. Maiden Name (if applicable). _____

2. a. Have you ever had your name changed? no If yes, give the reason for the change and provide the full name(s).

b. Other names used at any time (including aliases).

3. a. Are you a citizen of the United States? yes

b. Are you a citizen of any other country, if so, what country? no

4. Affiant's Occupation or Profession. Physician

5. Affiant's business address. 15610 89th St Lockebay WA 98349

Business telephone. 253-884-9221

Applicant Name William Frederick Ross

NAIC No. _____
FEIN: _____

6. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
University of Washington	Seattle WA	9/69 - 6/73	BA Sociology

Graduate Studies:	College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
Medical School	University of Nevada Reno		6/74 - 6/76	
	Washington University School of Medicine	St Louis MO	6/76 - 6-78	MD

Other Training: Name	City/ State	Dates Attended (MM/YY)	Degree/Certification Obtained
Virginia Mason Hospital	Seattle WA	7/78 - 6/79	
TACOMA Family Medicine	TACOMA WA	6/79 - 6/81	Family Practice Residency

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

7. List of memberships in professional societies and associations.

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
Pierce County Medical Society			
American Academy of Family Physicians			
Washington State Medical Association			

8. Present or proposed position with the applicant entity. Member of Board of Directors

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

self employed since 1987

Beginning/Ending Dates (MM/YY) 8/87 - 8/87 Employers' Name Key Peninsula Health Center
 Address 8903 KPHN City Lakebay State/Province WA
 Country USA Postal Code 98349 Phone _____ Offices/Positions Held MD / medical Director
 Supervisor / Contact Self

Beginning/Ending Dates (MM/YY) _____ - _____ Employers' Name _____
 Address _____ City _____ State/Province _____
 Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
 Supervisor / Contact _____

Applicant Name William Frederick Rose NAIC No. _____
FEIN: _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employers' Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employers' Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

10. a. Have you ever been in a position which required a fidelity bond? NO If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. _____

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. Attach additional pages if the space provided is insufficient.

Organization/Issuer of License Washington State Address 101 ISRAEL ROSE

City Olympia State/Province WA Country USA Postal Code 98501

License Type MI License # [REDACTED] Date Issued (MM/YY) 7/1/80

Date Expired (MM/YY) 12/17/08 Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

Applicant Name

William Frederick Roeg

NAIC No. _____

FEIN: _____

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? no
 - b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? no
 - c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? no
 - d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? no
 - e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? no
 - f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? no
 - g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? no
 - h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? no
 - i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? no
 - j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? no

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

Key Medical Center PLLC

15610 89th St KIPV

WA 98349

Applicant Name William Fredrick Roes

NAIC No. _____
FEIN: _____

If any of the stock is pledged or hypothecated in any way, give details. _____

14. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

no

If any of the shares of stock are pledged or hypothecated in any way, give details. _____

15. Have you ever been adjudged a bankrupt? no If yes, provide details _____

16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? no

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? no

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? no

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 10 day of Jan, 2007 at TACOMA I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Redacted Signature]

(Signature of Affiant)

12/1/10/07

Date

State of Washington County of Pierce

The foregoing instrument was acknowledged before me this 10th day of Jan, 2007 By

William F. Roes, and:

who is personally known to me, or

who produced the following identification: _____



Jean M. Gambrielle
Notary Public

JEAN M. GAMBRIELLE
Printed Notary Name

9-29-08
My Commission Expires

Applicant Name William Frederick Boes

NAIC No. _____
FEIN: _____

BIOGRAPHICAL AFFIDAVIT
Supplemental Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

1. a. Affiant's Full Name (Initials Not Acceptable). William Frederick Boes

b. Maiden Name (if applicable) _____

2. Affiant's Social Security Number 

3. Government Identification Number if not a U.S. Citizen _____

4. Foreign Student ID# (if applicable) _____

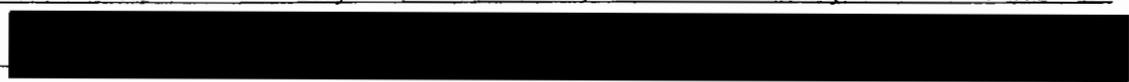
5. Date of Birth: (MM/DD/YY)  Place of Birth: City St Louis
State/Province MO Country USA

6. Name of Affiant's Spouse (if applicable) 

7. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending

<u>Dates</u> <u>(MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/Province</u>	<u>Country</u>	<u>Postal Code</u>
--------------------------------	----------------	-------------	-----------------------	----------------	--------------------

<u>11/25/1987</u>					
-------------------	--	--	--	--	--

Applicant Name William Frederick Roes

NAIC No. _____

FEIN: _____

Dated and signed this 10 day of JAN, 2007 at TACOMA I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

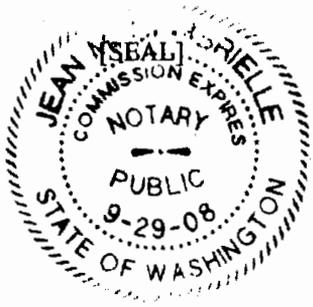
(Signature of Affiant)

1/10/07
Date

State of Washington County of Pierce

The foregoing instrument was acknowledged before me this 10th day of Jan., 2007 By William F. Roes, and:

- who is personally known to me, or
- who produced the following identification: _____



Jean M. Gambrielle
Notary Public
JEAN M. GAMBRIELLE
Printed Notary Name
9-29-08
My Commission Expires

Applicant Name William Frederick Roes

NAIC No. _____
FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____ [insert company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact _____ [insert company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

William Frederick Roes _____
(Printed Full Name and Residence Address)

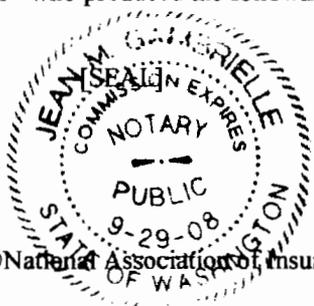
(Signature)

1/10/07
(Date)

State of WA County of Pierce

The foregoing instrument was acknowledged before me this 10th day of Jan. 2007 By William F. Roes, and

- who is personally known to me, or
- who produced the following identification: _____



Jean M. Gambrielle
Notary Public
JEAN M. GAMBRIELLE
Printed Notary Name
9-29-08
My Commission Expires

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Puget Sound Health Partners
7502 Lakewood Drive W, Suite A
Lakewood, WA 98499 253-798830

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. a. Affiant's Full Name (Initials Not Acceptable). Richard Louis Faiola
b. Maiden Name (if applicable). _____

2. a. Have you ever had your name changed? NO If yes, give the reason for the change and provide the full name(s).

b. Other names used at any time (including aliases).

3. a. Are you a citizen of the United States? Yes
b. Are you a citizen of any other country, if so, what country?

4. Affiant's Occupation or Profession. PHYSICIAN

5. Affiant's business address. Heritage Family Medicine 3333 Harrison Avenue
Business telephone. 360 704 2362 OLYMPIA, WA 98502

6. Education and Training:

College/ University City/ State Dates Attended (MM/YY) Degree Obtained

Pacific Union College Anwin CA 1968-06/72 BS

Graduate Studies: College/ University City/ State Dates Attended (MM/YY) Degree Obtained

Loma Linda University Loma Linda CA 1972-03/76 MD

Other Training: Name City/ State Dates Attended (MM/YY) Degree/Certification Obtained

Family Medicine Residency Hinsdale Hosp, IL 1976-1979 "BOARD CERTIFIED" ^{JUNE} Special

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

7. List of memberships in professional societies and associations.

Name of Society/Association Contact Name Address of Society/Association Telephone Number of Society/Association

American Academy of Family Physicians 913 906 6000
POB 11210 Shawnee Mission, KS 66207-1210

8. Present or proposed position with the applicant entity. Board of Directors of Physicians of Southwest WA - itself a 1/3 owner of PSHP

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending Dates (MM/YY) - Employers' Name See Attached

Address City State/Province

Country Postal Code Phone Offices/Positions Held

Supervisor / Contact

Beginning/Ending Dates (MM/YY) - Employers' Name

Address City State/Province

Country Postal Code Phone Offices/Positions Held

Supervisor / Contact

Beginning/Ending Dates (MM/YY) - Employers' Name

Applicant Name Puget Sound Health Partners, Inc NAIC No. FEIN: 42-1720801
Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Supervisor / Contact _____

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____
Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Supervisor / Contact _____

- 10. a. Have you ever been in a position which required a fidelity bond? _____ If any claims were made on the bond, give details. _____
- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. _____

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. Attach additional pages if the space provided is insufficient.

See Attached

Organization/Issuer of License _____ Address _____
City _____ State/Province _____ Country _____ Postal Code _____
License Type _____ License # _____ Date Issued (MM/YY) _____
Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____
Organization /Issuer of License _____ Address _____
City _____ State/Province _____ Country _____ Postal Code _____
License Type _____ License # _____ Date Issued (MM/YY) _____
Date Expired (MM/YY) _____ Reason for Termination _____
Non-insurance Regulatory Phone Number (if known) _____

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? NO

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? NO

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? NO

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? NO

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? NO

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? NO

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? NO

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? NO

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? NO

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? NO

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. NA

If any of the stock is pledged or hypothecated in any way, give details.

14. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

NO

If any of the shares of stock are pledged or hypothecated in any way, give details.

15. Have you ever been adjudged a bankrupt? NO If yes, provide details _____

16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? NO

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? NO

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? NO

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 17 day of June 2009 at 6:00 p.m. I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Redacted Signature]
(Signature of Affiant)

6/17/09
Date

State of Washington County of Thurston

The foregoing instrument was acknowledged before me this 17 day of June, 2009 By Richard Faiola MD, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]



Toni G Logan
Notary Public
Toni G LOGAN
Printed Notary Name
03-07-2012
My Commission Expires

BIOGRAPHICAL AFFIDAVIT
Supplemental Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Puget Sound Health Partners
7502 Lakewood Drive W Suite A
Lakewood, WA 98499 253 779 8830

1. a. Affiant's Full Name (Initials Not Acceptable). Richard Louis Falda

b. Maiden Name (if applicable) -

2. Affiant's Social Security Number 

3. Government Identification Number if not a U.S. Citizen _____

4. Foreign Student ID# (if applicable) _____

5. Date of Birth: (MM/DD/YY)  Place of Birth: City Los Angeles
State/Province CA Country USA

6. Name of Affiant's Spouse (if applicable) 

7. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending</u> Dates (MM/YY)	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>See Attached</u>					

Applicant Name Puget Sound Health Partners, Inc

NAIC No.

FEIN: 42-1720801

Dated and signed this 17 day of June, 2009 at 6:00 p.m. I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Redacted Signature]

(Signature of Affiant)

17 June 09

Date

State of Washington County of Thurston

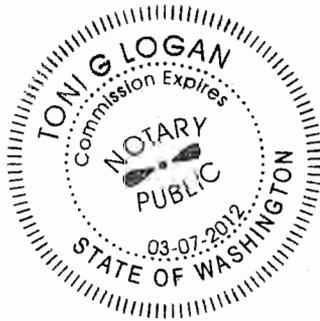
The foregoing instrument was acknowledged before me this 17 day of June, 2009 By

Richard Faiola MD, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Toni G Logan

Notary Public

Toni GLOGAN

Printed Notary Name

03-07-2012

My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS*(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____ **[insert company name]** ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact _____ **[insert company's designated person, position, or department, address and phone]**.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Richard Louis Faiola

(Printed Full Name and Residence Address)

[Redacted Signature]

(Signature)

6/17/09
(Date)

State of WA County of Thurston

The foregoing instrument was acknowledged before me this 17 day of June 20 09 By Richard Faiola MD, and

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Toni G Logan

Notary Public

Toni G LOGAN

Printed Notary Name

03-07-2012

My Commission Expires

Applicant Name Puget Sound Health Partners, Inc

NAIC No.
FEIN: 42-1720801

Expires

Applicant Name _____

NAIC No. _____
FEIN: _____

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). ~~James A. Wilson~~

Northwest physicians
708 Broadway Suite 400
Tacoma, WA 98402

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

- 1. a. Affiant's Full Name (Initials Not Acceptable). James ^{Allan} A. Wilson
- b. Maiden Name (if applicable). NA

- 2. a. Have you ever had your name changed? NO If yes, give the reason for the change and provide the full name(s).

- b. Other names used at any time (including aliases).
NONE

- 3. a. Are you a citizen of the United States? Yes
- b. Are you a citizen of any other country, if so, what country?

4. Affiant's Occupation or Profession. M.D.

5. Affiant's business address. 5920 100th ST SW # 26A Lakewood WA 98498
Business telephone. 253-588-0752

Applicant Name James Allan Wilson

NAIC No. _____
FEIN: _____

6. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
<u>USAFA</u>	<u>Colo. Spgs Colo</u>	<u>1973-1977</u>	<u>BS</u>

Graduate Studies:	College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
<u>Tulane Medical School</u>	<u>New Orleans LA</u>	<u>1977-1981</u>	<u>MD</u>	

Other Training: Name	City/ State	Dates Attended (MM/YY)	Degree/Certification Obtained
<u>Tulane medical school of Public Health New Orleans, LA</u>	<u>LA</u>	<u>1980-81</u>	<u>MPH TM</u>

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

7. List of memberships in professional societies and associations.

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
<u>AMA</u>			
<u>WSMA</u>			
<u>PCMS</u>			
<u>Christian Medical Society</u>			

8. Present or proposed position with the applicant entity.

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending Dates (MM/YY) July 1989 - 1990 Employers' Name Matthew White MD
 Address 5920 100th stsw #3 City Lakewood WA State/Province WA
 Country USA Postal Code 98499 Phone _____ Offices/Positions Held MD
 Supervisor / Contact Matthew White

Beginning/Ending Dates (MM/YY) 1990 - present Employers' Name Cornerstone Family Physicians
 Address 5920 100th stsw #26A City Lakewood State/Province WA
 Country USA Postal Code 98499 Phone 253-588-0756 Offices/Positions Held MD
 Supervisor / Contact self

Applicant Name

James Allan Wilson

NAIC No. _____

FEIN: _____

Beginning/Ending

Dates (MM/YY) _____ - _____

Employers' Name _____

Address _____

City _____

State/Province _____

Country _____

Postal Code _____

Phone _____

Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) _____ - _____

Employers' Name _____

Address _____

City _____

State/Province _____

Country _____

Postal Code _____

Phone _____

Offices/Positions Held _____

Supervisor / Contact _____

10. a. Have you ever been in a position which required a fidelity bond? no If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. NO

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. Attach additional pages if the space provided is insufficient.

Organization/Issuer of License Washington State Dept of Health Address _____

City _____ State/Province WA Country _____ Postal Code _____

License Type Physician & Surgeon License # [redacted] Date Issued (MM/YY) 7/26/1989

Date Expired (MM/YY) 11/26/2011 Reason for Termination active

Non-insurance Regulatory Phone Number (if known) Not Known

Organization /Issuer of License US Dept of Justice Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # [redacted] Date Issued (MM/YY) _____

Date Expired (MM/YY) 5/31/2010 Reason for Termination active

Non-insurance Regulatory Phone Number (if known) Not known

Applicant Name JAMES ALAN WILSON

NAIC No. _____
FEIN: _____

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? NO
- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? NO
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? NO
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? NO
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? NO
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? NO
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? NO
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? NO
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? NO
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? NO

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

NONE

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

NA

Applicant Name James Allan Wilson

NAIC No. _____
FEIN: _____

If any of the stock is pledged or hypothecated in any way, give details. _____

14. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

NO

If any of the shares of stock are pledged or hypothecated in any way, give details. _____

NO

15. Have you ever been adjudged a bankrupt? NO If yes, provide details _____

16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? NO

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? NO

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? NO

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 22nd day of June 2009 at Lakeview, wa 12:40pm I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

6/22/09
Date

State of WA County of Pierce

The foregoing instrument was acknowledged before me this 22nd day of June, 2009 By James A. Wilson, and:

who is personally known to me, or

who produced the following identification: _____



Jean M. Gambrielle
Notary Public
JEAN M GAMBRIELLE
Printed Notary Name
9-29-12
My Commission Expires

Applicant Name James Allan Wilson

NAIC No. _____
FEIN: _____

BIOGRAPHICAL AFFIDAVIT
Supplemental Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

1. a. Affiant's Full Name (Initials Not Acceptable). JAMES ALLAN WILSON

b. Maiden Name (if applicable) NONE

2. Affiant's Social Security Number 

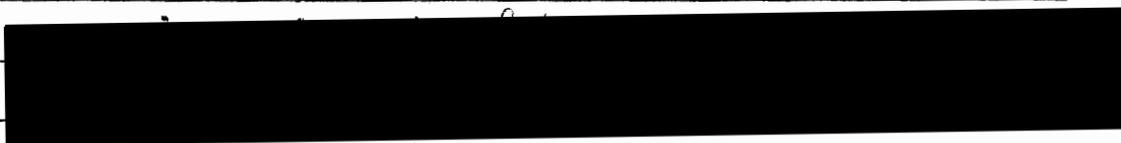
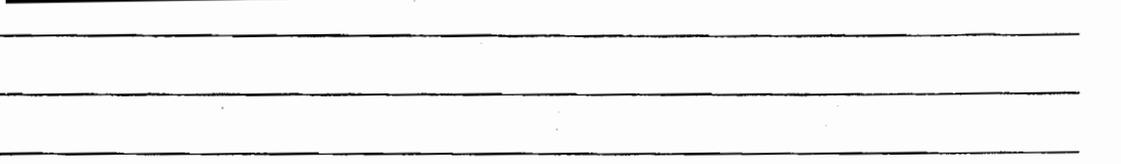
3. Government Identification Number if not a U.S. Citizen _____

4. Foreign Student ID# (if applicable) _____

5. Date of Birth: (MM/DD/YY)  Place of Birth: City Cedar Rapids
State/Province IOWA Country USA

6. Name of Affiant's Spouse (if applicable) 

7. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending</u> Dates (MM/YY)	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
<u>03/2008</u>					
<u>07-1989</u>					

Applicant Name James Auletton

NAIC No. _____
FEIN: _____

Dated and signed this 22 day of June, 2009 at LAKENWOOD, WA I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Redacted Signature]

(Signature of Affiant)

6/22/09
Date

State of Washington County of Pierce

The foregoing instrument was acknowledged before me this 22nd day of June, 2009 By James A. Wilson, and:

- who is personally known to me, or
- who produced the following identification: _____



Jean M. Gambrielle
Notary Public
JEAN M GAMBRIELLE
Printed Notary Name
9-29-12
My Commission Expires

Applicant Name James Allan Wilson

NAIC No. _____
FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____ [insert company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing your Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact _____ [insert company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original
JAMES ALLAN WILSON _____
(Printed Full Name and Residence Address)

(Signature) 6/22/09
(Date)

State of WA County of Tuac

The foregoing instrument was acknowledged before me this 22nd day of June 2009 By James A. Wilson, and

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]



Jean M. Gambrielle
Notary Public
JEAN M GAMBRIELLE
Printed Notary Name
9-29-12
My Commission Expires

Applicant Name

John H. Samms

NAIC No. _____

FEIN: _____

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full Name, Address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). PUGET SOUND HEALTH PARTNERS

708 BROADWAY #400

TACOMA, WA 98402

(253) 775-8830

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. a. Affiant's Full Name (Initials Not Acceptable). John Marshall Samms

b. Maiden Name (if applicable). _____

2. a. Have you ever had your name changed? No If yes, give the reason for the change and provide the full name(s).

b. Other names used at any time (including aliases).

3. a. Are you a citizen of the United States? Yes

b. Are you a citizen of any other country, if so, what country?

4. Affiant's Occupation or Profession. MO

5. Affiant's business address. _____

Business telephone. 253-851-5121

Applicant Name John M. Simms

NAIC No. _____
FEIN: _____

6. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
<u>Oregon State Univ.</u>	<u>Corvallis/OR</u>	<u>09/69 - 06/73</u>	<u>B.S.</u>

Graduate Studies:	College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
	<u>Thomas Jefferson University</u>	<u>Philadelphia/PA</u>	<u>9/73 - 6/77</u>	<u>M.O.</u>

Other Training: Name	City/ State	Dates Attended (MM/YY)	Degree/Certification Obtained

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

7. List of memberships in professional societies and associations.

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
<u>Washington State Med. Ass.</u>			
<u>Pierce Co. Medical Society</u>			

8. Present or proposed position with the applicant entity. _____

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending Dates (MM/YY)	<u>09/80 - present</u>	Employers' Name	<u>Peninsula Family Medical Center</u>		
Address	<u>4700 Point Fordwick Bldg</u>		City	<u>Gig Harbor</u>	State/Province <u>WA</u>
Country	<u>USA</u>	Postal Code	<u>98325</u>	Phone	<u>253-8575141</u>
Offices/Positions Held	<u>Partner</u>				
Supervisor / Contact	<u>Gloria Byron</u>				

Beginning/Ending Dates (MM/YY)		Employers' Name			
Address		City		State/Province	
Country		Postal Code		Phone	
Offices/Positions Held					
Supervisor / Contact					

Applicant Name John M. Samms NAIC No. _____
FEIN: _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employers' Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employers' Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

10. a. Have you ever been in a position which required a fidelity bond? No If any claims were made on the bond, give details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. N/A

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. Attach additional pages if the space provided is insufficient.

Organization/Issuer of License Washington State Address Department of New Ill

City Olympia State/Province WA Country USA Postal Code 98504

License Type _____ License # [REDACTED] Date Issued (MM/YY) 1978

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

Applicant Name

John M. Simms

NAIC No. _____

FEIN: _____

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? No

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. N/A

Applicant Name John M. Samms

NAIC No. _____
FEIN: _____

If any of the stock is pledged or hypothecated in any way, give details. _____

14. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

No

If any of the shares of stock are pledged or hypothecated in any way, give details. _____

N/A

15. Have you ever been adjudged a bankrupt? No If yes, provide details _____

16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 15th day of January 2007 at _____ I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Redacted Signature]

15 January 2007
Date

(Signature of Affiant)

State of Washington County of Pierce

The foregoing instrument was acknowledged before me this 15th day of Jan, 2007 By

John H. Samms, and:

who is personally known to me, or

who produced the following identification: _____

Jean H. Gambrielle
Notary Public

JEAN H. GAMBRIELLE
Printed Notary Name

9-29-08
My Commission Expires



Applicant Name

John M. Samms

NAIC No. _____

FEIN: _____

BIOGRAPHICAL AFFIDAVIT
Supplemental Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

1. a. Affiant's Full Name (Initials Not Acceptable). John Marshall Samms

b. Maiden Name (if applicable) _____

2. Affiant's Social Security Number 

3. Government Identification Number if not a U.S. Citizen _____

4. Foreign Student ID# (if applicable) _____

5. Date of Birth: (MM/DD/YY)  Place of Birth: City Eugene
State/Province OR Country USA

6. Name of Affiant's Spouse (if applicable) 

7. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending</u> Dates (MM/YY)	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
---	----------------	-------------	----------------------------	----------------	--------------------

<u>03/87 - Present</u>					
------------------------	--	--	--	--	--

Applicant Name John M. Samms

NAIC No. _____
FEIN: _____

Dated and signed this 15th day of January, 2007 at _____ I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Redacted Signature]

15 - January - 2007
Date

(Signature of Affiant)

State of Washington County of Pierce

The foregoing instrument was acknowledged before me this 15th day of Jan., 2007 By John M. Samms, and:

- who is personally known to me, or
- who produced the following identification: _____



Jean M. Gambrielle
Notary Public
JEAN M. GAMBRIELLE
Printed Notary Name
9-29-08
My Commission Expires

Applicant Name John M. Samms

NAIC No. _____
FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____ [insert company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact _____ [insert company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

John Marshall Samms _____
(Full Name and Residence Address)

(Signature)

15 January 2007
(Date)

State of WA County of Pierce

The foregoing instrument was acknowledged before me this 15th day of Jan 2007 By John M. Samms, and

- who is personally known to me, or
- who produced the following identification: _____

Jean M. Gambrielle
Notary Public

JEAN M. GAMBRIELLE
Printed Notary Name
9-29-08
My Commission Expires

