

IN THE CIRCUIT COURT OF THE 11TH
JUDICIAL CIRCUIT IN AND FOR
MIAMI-DADE COUNTY, FLORIDA

In re:

COMPLEX BUSINESS LITIGATION
DIVISION

CRYSTAL CRUISES LLC, a California
limited liability company,

Case No. 2022-002742-CA-01
Lead Case

CRYSTAL HOLDINGS U.S., LLC, a
Delaware limited liability company,

Case No. 2022-002757-CA-01

CRYSTAL AIRCRUISES, LLC, a Florida
limited liability company, and

Case No. 2022-002758-CA-01

Assignors,
To:

(Jointly Administered Cases)

MARK C. HEALY,

Assignee.
_____ /

ASSIGNEE'S OBJECTION TO CLAIM OF AIRLINES REPORTING CORP

NOTICE OF OPPORTUNITY TO OBJECT AND REQUEST FOR HEARING

PLEASE TAKE NOTICE that, Pursuant to section 727.111(4), Florida Statutes, the assignee may disallow improper claims of creditors, and the Court may consider these actions without further notice or hearing unless a party in interest files an objection within 21 days from the date this paper is served. If you object to the relief requested in this paper, you must file your objection with the Clerk of the Court of Miami-Dade County at 73 W. Flagler Street, Room 133, Miami, FL 33130, and serve a copy on the assignee's attorney, Paul N. Mascia, Esq., Nardella & Nardella, PLLC, 135 W. Central Blvd., Ste. 300, Orlando, FL 32801, and any other appropriate person.

If you file and serve an objection within the time permitted, the Court shall schedule a hearing and notify you of the scheduled hearing.

If you do not file an objection within the time permitted, the assignee and the Court will presume that you do not oppose the granting of the relief requested in the paper.

COMES NOW Mark C. Healy, Assignee in the above-captioned Assignment proceeding (the “Assignee”), pursuant to Section 727.113 and 727.109(4), files this Objection to Claim of Airlines Reporting Corp. (“ARC” or “Claimant”), and asserts as follows:

BACKGROUND

1. On February 10, 2022, the Crystal Cruises, LLC (the “Assignor”) executed and delivered, and the Assignee accepted, an irrevocable Assignment for the benefit of creditors to the Assignee (the “Assignment”). On February 11, 2022, a *Petition Commencing Assignment for the Benefit of Creditors* was filed by the Assignee for the Assignor, thereby commencing the following assignment for the benefit of creditors case pursuant to Chapter 727 of the Florida Statutes, in this Court: *In re Crystal Cruises LLC*, Case No. 2022-002742-CA-01 (the “Assignment Case”).

2. Prior to the Assignment, Assignor engaged in the business of travel and entertainment business, including operating ocean, river, and expedition cruises and conducting related activities around the world (the “Business”).

3. The Assignee's address and telephone number are c/o Paul N. Mascia, Esq., Nardella & Nardella, PLLC, 135 W. Central Boulevard, Orlando, Florida 32801 and (407) 966-2680.

4. Pursuant to § 727.112, *Florida Statutes*, all proofs of claims shall be filed by delivering the claims to the Assignee within 120 days from the filing of the Assignment.

5. In this case, all claims were due by June 11, 2022 (the “Bar Date”).

6. ARC delivered its claim of \$337,672.91 to the assignee on April 21, 2022, via email (the “Claim”), a true and correct copy of which Claim is attached hereto as **Exhibit “A”**.

7. The Assignee has reviewed the Claim and has determined that ARC has failed to attach to its proof of claim, any actual evidence of the Assignor’s alleged debt to ARC. ARC has

attached to its proof of claim what appears to be a contract between ARC and Assignor but again, no documentation supporting the Assignor's alleged debt to ARC.

8. On May 15, 2023, and then again on June 5, 2023, Assignee contacted ARC and requested documentation evidencing the claimed debt be proffered to Assignee, but to date, no additional documentation has been proffered.

9. At any time before the entry of an order approving the Assignee's final report, the Assignee may file its objection to the Claim. *See* § 727.113(1), *Florida Statutes*. The Assignee's final report has not yet been filed in this case and his objection to the Claim is therefore timely made.

10. This Honorable Court has the power to allow or disallow claims against the estate and determine their priority. *See* § 727.109(4), *Florida Statutes*.

11. As ARC has failed to provide any documentation evidencing the debt alleged by ARC, Assignee requests that this Court deny the Claim.

WHEREFORE, the Assignee respectfully requests the Court enter an order sustaining his Objection to ARC's Claim and enter an order DENYING ARC's Claim and for any and all other relief this court deems just and proper.

DATED this 8th day of December 2023.

NARDELLA & NARDELLA, PLLC
Co-General Counsel for Assignee
135 W. Central Blvd., Ste. 300
Orlando, FL 32801
(407) 966-2680

By: /s/ Paul N. Mascia

Michael A. Nardella, Esq.

Florida Bar No. 051265

Paul N. Mascia, Esq.

Florida Bar No. 0489670

mnardella@nardellalaw.com

pmascia@nardellalaw.com
kcooper@nardellalaw.com

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing was served via the Florida Court's e-Filing Portal on December 8th, 2023, which will serve upon all parties and interested persons of record in this action; on claimant Airlines Reporting Corporation, via email at skaria@arccorp.com, c/o Sohum Karia, Senior Counsel & Assistant Secretary; 3000 Wilson Blvd., Suite 300, Arlington, VA 2220; and via email to cbl44@jud11.flcourts.org pursuant to CBL Rule 2.2.

By: */s/ Paul N. Mascia* _____
Paul N. Mascia

EXHIBIT “A”

IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT,
IN AND FOR MIAMI-DADE COUNTY, FLORIDA

In Re:

CRYSTAL CRUISES, LLC
a California Limited Liability company.

2740

Assignor,

Case No.: 2022-002742 CA 01

To:

MARK C. HEALY,

Assignee,

PROOF OF CLAIM

TO RECEIVE ANY DIVIDEND IN THIS PROCEEDING, YOU MUST COMPLETE THIS PROOF OF CLAIM AND DELIVER IT TO THE ASSIGNEE NO LATER THAN:

JUNE 11, 2022

THE ASSIGNEE'S NAME AND ADDRESS ARE AS FOLLOWS:

Mark C. Healy, Assignee
MICHAEL MOECKER & ASSOCIATES, INC.
1885 Marina Mile Blvd., Suite 106
Fort Lauderdale, FL 33315
(954) 252-1560 · (954) 252-2791 Fax No.
Info@Moecker.com

1. CREDITOR NAME (Your name):
ADDRESS:

Airlines Reporting Corporation
3000 Wilson Blvd., Suite 300
Arlington, VA 22201

TELEPHONE NUMBER:
E-MAIL ADDRESS:

(703) 816-5145
skaria@arccorp.com

Please be sure to notify us if you have a change of address.

2. BASIS FOR CLAIM:

Goods Sold

Wages, Salaries and Compensations

Secured Creditor

Services Performed

Taxes

Money Loaned

Shareholder Other: _____

3. DATE DEBT WAS INCURRED:

2/6/22; 2/13/22

4. AMOUNT OF CLAIM:

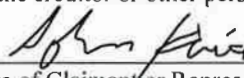
\$337,672.91

5. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase order, invoices, itemized statement of running accounts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

6. SIGNATURE: Sign and print name and title, if any, of the creditor or other person authorized to file this claim:

DATED: April 21, 2022

BY:



Signature of Claimant or Representative

Sohum Karia, Senior Counsel & Assistant Corp. Secretary

Print Name and Title Here



A-R-C



**Memorandum of Agreement to the
Airlines Reporting Corporation Agent Reporting Agreement**
(The text of this memorandum appears on the reverse of this form.)

CRYSTAL CRUISES INC
ACN: 0563825 3

SUITE 1400
2049 CENTURY PARK EAST
LOS ANGELES CA 90067

RETURN TO ARC
(SIGN ON REVERSE)

ARC Form 051010-01

The parties to this "Memorandum of Agreement to the Airlines Reporting Corporation Agent Reporting Agreement" are the Agent identified on the obverse of this form, Airlines Reporting Corporation (ARC), and each carrier which is or may become a party to ARC's "Carrier Services Agreement" and has appointed said Agent as its agent for the issuance of ARC traffic documents in connection with sales of air transportation and/or ancillary services. (In signing this memorandum, ARC acts on its own behalf and on behalf of each such carrier.) Each of the parties hereby agrees to be bound by the terms of ARC's "Agent Reporting Agreement" (ARC Form 051010-02 and all like-numbered attachments and supplements) and, where applicable, all supplementary agreements thereto, which are incorporated herein by reference as though fully set forth in this memorandum. Subsequent to the execution of this memorandum of agreement, the Agent may elect to transact business with ARC, including, without limitation, to confirm continued concurrence with the terms and conditions of the Agent Reporting Agreement and future amendments thereto, purchase products and services, or remit payments, through the use of electronic means with a Security Device such as an electronic signature, password, access code, or personal identification number (PIN). Agent acknowledges and agrees that its use of any electronic means to transact business with ARC shall have the same force and effect as a handwritten signature, shall bind the Agent for all purposes, and shall be deemed admissible as between the parties to the same extent and under the same conditions as other business records originated and maintained in documentary form. Agent agrees not to contest the validity or enforceability of such electronic transactions, under the provisions of any applicable law, confirmed with the Agent's Security Device. This Memorandum of Agreement is effective as of October 10, 2005.

FOR COMPLETION BY AGENT IDENTIFIED ON OBVERSE OF THIS FORM

By:  8/16/05
(Signature of owner or officer) (Date)

DALE T. GORDON SR. VP. FINANCE
(Print or type name and title)

AIRLINES REPORTING CORPORATION

By: 

Its: Vice President and General Counsel



November 24, 2015

Edie Rodriguez
Crystal Cruises LLC
Suite 900
11755 Wilshire Blvd
Los Angeles, CA 90025
ARC Number: **05 63825-3**

RE: Type 2 – Change of Ownership/Stock Transfer of New Owners

Dear Edie Rodriguez,

I am pleased to inform you that ARC has approved your transfer of ownership application. The effective date of this ownership change will be **Monday, November 30, 2015**. The ARC number originally assigned to the former entity remains unchanged. ARC has notified the participating carriers of this agency ownership change. Please see below for additional details related to this change.

Agent Personnel

Below is the owner, officer and personnel information you provided for our records. If there are any discrepancies in the following listings, please notify ARC in writing.

Owner Listing:

Crystal Acquisition Company LTD – Owning Entity [100%]

Officer Listing:

Edie Rodriguez (Konigsberg-Bornstein) – CEO/President
Thomas Mazloum – Chief Operating Officer

Personnel Listing:

Judith Cowan – Management Qualifier (MQ)
Mayra Costello – ARC Specialist Qualifier (ASQ)
Debra Aziz – My ARC Primary Admin & DRS Security Manager
Edie Rodriguez – DRS Principal & Access to Bank Account
Thomas Mazloum – Access to Bank Account

Office type classification listing: ELECTRONIC OFFICE

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Key Operational Guidelines

- If your change in ownership includes a new designated My ARC Primary Administrator (PA):
 - An email from ARC will be sent to the individual identified above as your designated My ARC Primary Administrator (PA). The email contains the user ID and a link to My ARC, which will allow your PA to create a password. Your PA will have the ability to establish My ARC user accounts for other individuals as well as create other My ARC administrators.
 - Access to My ARC will enable your agency to access ARC tools, including Interactive Agent Reporting (IAR) and Document Ordering System (DOS).
 - Business transactions conducted in ARC Tools (e.g., the submission of an application, form or request) by My ARC users and administrators will have the same implications as if submitted or signed by an owner or officer of the agency.
- ARC Traffic Documents can be ordered via the online Document Ordering System (DOS), housed in My ARC for paper ticketing capable locations. If your agency is classified as an Electronic Office, please find below a range of control numbers for e-ticketing.
- Your next sales report period begins **Monday, November 30, 2015**, and runs through **Sunday, December 6, 2015**.
- You must authorize that week's sales report to ARC via IAR no later than 11:59 p.m. ET Tuesday (temporary password may be needed to access the system).
- If you have no sales at the time your weekly sales report is due, ARC will submit it on your behalf.
- ARC will draft (or credit) your designated bank account no earlier than **Friday, December 11, 2015**, unless a no sales report has been submitted.
- If your change in ownership includes a new designated DRS Security Manager, a separate secure email will be sent to the DRS Security Manager with instructions on how to access the Document Retrieval Service (DRS). It will include the user ID and a temporary password needed to access the system. Your DRS Security Manager will then be able to establish additional user accounts or additional administrators.
- Your agency remains responsible to ARC and the participating carriers for all Agent Reporting Agreement (ARA) obligations under the former and current ownership.
- Included in this change of ownership are the branch locations listed at the end of this letter. Please review, and notify ARC if there are any adjustments to this list.

Additional Carrier Requirements

The commercial arrangements between the agencies and carriers for the issuance of ARC traffic documents for air transportation have been established by the carrier and agreed upon by the carrier and the agency. Please note that some ARC participating carriers may have additional carrier requirements. Those carriers will contact you directly with their guidelines and procedures.

Lastly, we provide your agency's contact information, including company name, address and ARC number, not only to carrier participants but also to other suppliers and organizations that may use this information for marketing purposes. If you would prefer to not have your company contact information released to other suppliers and organizations for such purposes, please contact ARC at ccchelp@arccorp.com.

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Thank you for participating with ARC. If you need assistance or have any questions, please contact our Customer Care Center at 855-816-8003. We look forward to working with you.

Sincerely,

A handwritten signature in cursive script that reads "M. Domigpe".

Maria Victoria Domigpe
Accreditation Specialist
703.816.8557 (phone & fax)
mdomigpe@arccorp.com

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ACCREDITATION APPLICATION REVIEW CHECKSHEET

Payment Type: Credit Card Check Previous Payment Applied Waived by Mgmt

Amount Required: \$ _____ Amount Paid: \$ 900 Balance/Refund: \$ _____

Electronic Office: YES NO Common Control: YES NO Sharing Premises: YES NO

CON AGENT: YES NO HR Review Rqrd: YES NO Bank Change: YES NO

APPL TYPE: CTD TRA VTC-to-TRA ASBr T2 T3 T4 T5 Legal Name Home Office Redesig

CURRENT INFORMATION (from SRM/SMRTSRCH)

ARC# 05 68825-3

Entity Sole Prop Partner Corp LLC

Office Type Independent Home Branch

Legal Name CRYSTAL CRUISES INC

DBA _____

Address SUITE 900

11755 WILSHIRE BLVD
LOS ANGELES, CA 90025

IRS _____ BANK _____

OWNERS/OFFICERS Title %

NYK - A JAP CORP _____ 100

ENJI HOSHI (OFFIC)

SHINTI IMASAKI (OFFIC)

EDIE RODRIGUEZ (OFFIC)

PROPOSED INFORMATION (FROM APPLICATION)

ARC# _____

Entity Sole Prop Partner Corp LLC

COMMON CONTROL Legal Name & ARC#:

Legal Name CRYSTAL CRUISES LLC

DBA _____

Address _____

IRS _____ BANK _____

OWNERS/OFFICERS Title % P B T M A

CRYSTAL ACQUISITION 100

COMPANY LTD

COO THOMAS MARZOUAN OFFIC

EDIE RODRIGUEZ OFFIC

JUDITH COWAN

MAYRA CASTELLO

P - PHF B - ACCESS TO BANK ACNT T - ACCESS TO TKTS
M - Management Qualifier (MQ) A - ARC Specialist (ASQ)

DATE APPLICATION RECEIVED: 10/19

Current Bond Amt \$ 70K

Current Instrument Type 70K LOC

History/Affiliation of Default/Term: YES NO

WELCOME! E-mail and Call Date: _____

Required Bond Amt \$ 70K

INSP 5 PHFs Required 4

XCELL Bond: Tkt Revoc Deadline _____

Termination Deadline: _____

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REQUIRED DOCUMENTS/INFORMATION: Check off items required, received & accepted

<u>REQUIRED PER APPLICATION</u>	<u>REQUIRED PER APPLICATION</u>	<u>REQUIRED PER SCENARIO</u>
<input checked="" type="checkbox"/> FG INSTR (T2/T3/T5/TRA/HOR/LEGAL)	<input checked="" type="checkbox"/> MyARC/DRS ADMIN (TRA/T2/T5)	<input type="checkbox"/> BANKRUPTCY DISCH DOCS
<input checked="" type="checkbox"/> PHFs (T2/T5/TRA)	<input checked="" type="checkbox"/> IRS EIN DOC/W-9 (TRA/T3/T5/LGL)	<input type="checkbox"/> ESTATE/WILL DOCS
<input checked="" type="checkbox"/> BANK SIG CARD (T2/T5/TRA)	<input type="checkbox"/> MOA (T5/TRA)	<input type="checkbox"/> DEATH/MARRIAGE CERT
<input type="checkbox"/> FICTITIOUS NAME CERT (S/P)	<input type="checkbox"/> AMEND TO MOA (LGL/HOR/T3)	<input type="checkbox"/> CORP MIN/ANNUAL RPT (C/O)
<input type="checkbox"/> PARTNERSHIP AGRMNT (P)	<input checked="" type="checkbox"/> SALE PURCH AGRMNT (T4/T5)	<input type="checkbox"/> VOIDED CHECK/SPECS
<input type="checkbox"/> ARTICLES/CERT OF INC (C)	<input type="checkbox"/> BUSINESS LICENSE (TRA/T2/T5)	<input type="checkbox"/> CONTINUATIONS FORMS
<input checked="" type="checkbox"/> ARTICLES/CERT OF LLC (O)	<input type="checkbox"/> VER OF TRAF DOCS (T2/T4/T5)	<input type="checkbox"/> CERT GOOD STANDING FOR
<input type="checkbox"/> LLC OP AGREEMENT (O)	<input checked="" type="checkbox"/> SELL OF TRAVEL - CA / FL (TRA/T2/T3/T4/T5/LEGAL)	<input checked="" type="checkbox"/> FOREIGN (OutOfState) ENTITY
<input checked="" type="checkbox"/> ARC SPCLST CERT (TRA/T2/T5)		<input checked="" type="checkbox"/> OWN ENTITY LIST OWNS/OFCRS

PREP FOR RECEIPT BULLETIN & INTERVIEW

COMPLETENESS - Application, PHF & Required Documents/Info (with or without FG and/or ASQ)	<input type="checkbox"/>
SRM - Verify/Compare Application w/ Info on File (TABS: AGENCY, ADDRESS, BANK, STAFF, OWNER)	<input type="checkbox"/>
TAMIS - T1 for Status (Active/Dormant/Bond Xcell) D1-D6 for Default/Termination History	<input type="checkbox"/>
AFFILIATIONS w/ other accred owners/entities - TAMIS for Status & Dflt/Term Hist. / CRM to find ARC/Lgl Name	<input type="checkbox"/>
CREDIT HISTORY CHECK - verify applicant's bkrptcy history and Identity (name, residence, employment)	<input type="checkbox"/>
FG INSTRUMENT - Received/Accepted (LOC/ LOC Amendment/ Bond/ Bond Rider/ CD)	<input type="checkbox"/>
ARC SPECIALIST QUALIFIER (ASQ) - Applicant Passed Exam and/or Test Date Noted	<input type="checkbox"/>
ADDED to RECEIPT BULLETIN: BULL NO. <u>6116</u> DATE <u>11/5/15</u> INSP: 1 2 3 4 <u>5</u>	<input checked="" type="checkbox"/>

ASSIGN FOR ON-BOARDING/INTERVIEW PROCESS

INTERVIEW TYPE: <input type="checkbox"/> On-Site <input type="checkbox"/> Skype/Telephone <input type="checkbox"/> Split <input type="checkbox"/> Combo	<input type="checkbox"/>
<input type="checkbox"/> Application Scanned/Secured <input type="checkbox"/> Secured File Folder Created <input type="checkbox"/> Interview Cvr Ltr Completed	<input type="checkbox"/>
<input type="checkbox"/> CRM Case Created <input type="checkbox"/> If HR, assigned to LP before Intrvw <input type="checkbox"/> Pre-Intrvw Notice & Chklist sent	<input type="checkbox"/>
<input type="checkbox"/> Assign to On-Boarding Spclst <input type="checkbox"/> Interview Report Read <input type="checkbox"/> If HR, assigned to LP bef final	<input type="checkbox"/>

INTERVIEW WAIVED - Waiver signed Docs Rcvd (3 Yrs): IRS W-2/RS 1099 Utility Bills Check Stubs

APPROVAL/FINAL STATUS

SRM Updated with New Information (TABS: Agency, Address, Bank Account, Owners, Staff, Compliance, Notes, etc.)	<input checked="" type="checkbox"/>
TAMIS Updated - Screens T1, T5 (common control), T13, T21 (as applicable), T27 (Abs)	<input checked="" type="checkbox"/>
MRDB Status Updated including ACN Pending Number Assigned ACN	<input checked="" type="checkbox"/>
MRDB Post Approval Info Form (OWCH 2/5, TRA, VTC, CTD) updated with MyARC/DRS Admin Info	<input checked="" type="checkbox"/>
FIMS Updated <input type="checkbox"/> Document Accepted <input type="checkbox"/> Old Instrument Unclassified <input type="checkbox"/> New Instrument Primary & Active	<input checked="" type="checkbox"/>
<input type="checkbox"/> CRM Case Resolved <input type="checkbox"/> Secure Folder & Files removed from Secured Drive <input type="checkbox"/> Old Owner Contact Info Sent	<input checked="" type="checkbox"/>
<input type="checkbox"/> APPROVAL/FINAL NOTICE Sent to Agent <input type="checkbox"/> MOA / Amend to MOA stamped with Kathy's signature	<input checked="" type="checkbox"/>
OFFBOARDING: <input type="checkbox"/> CRM Case assigned to Compliance (OWCHs 4 & 5)	<input checked="" type="checkbox"/>



INSPECTION WAIVER CRITERIA FORM

APPLICATION TYPE:	TRA	<u>OWCH Type 2</u>	OWCH Type 5
ARC NUMBER:	<u>05638253</u>	LEGAL NAME:	<u>CRYSTAL CROWNED LLC</u>
Accreditation Specialist:	<u>MARVI</u>		

SCENARIOS

- Majority of shares remaining with existing owner (Type II)
- Long term manager staying on to manage agency (Type II/Type V)
- Known entity/owners operating agency under new entity (TRA/Type V)
- Relatives with employment history inheriting the agency (Type II/Type V)
- Relatives inheriting the agency due to death (Type II/Type V)
- Long term employee purchasing the agency under existing entity (Type II)
- Long term employee purchasing the agency under new entity (Type V)
- Other – Explain: ORGANIZATIONAL CHANGE - NEW OWNING ENTITY
MR/ASR NOT CHANGING, ONE OF THE OFFICERS IS STAYING

ARC GOOD STANDING

- Not high-risk
- No Safe Harbor involvement
- No history of Defaults
- No history of returned drafts
- No current bond related issues
 - o If TRA applicants only:
 - o Recognized as an agent or owners in good standing (or recognized by management)
 - o No Recent Section 20 history
 - o No Recent Section 9 history
 - o No history of Alternative Resolution participation

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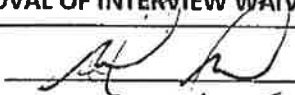
PROPOSED OWNER/OFFICER LISTING & YEARS OF EMPLOYMENT/HISTORY WITH AGENCY

Name	Relation (Employee, Family, etc)	Years
THOMAS NAZVUM		13
EDIE RODRIGUEZ	BANK OFFICER	1
JUDITH COVANN	LONG TERM EMPLOYEE	26

REQUIRED DOCUMENTATION

REQUIRED

- Documentary proof of all prior employment, periods of unemployment, and other work history for **each of the last three (3) years**:
 - o Tax returns 1099's and/or W.2's.
 - o Recent paycheck stubs
 - Letters from former employers are not acceptable as verification of employment.
- Documentary proof of all places where each individual resided for **each of the last three (3) years**:
 - o Lease/mortgage documents
 - o Utility bills, insurance documentation, property tax receipts etc.
- Safe specifications for on-site storage (Not applicable to electronic offices)
- Original of the safe deposit box receipt or contract for off-site storage facility

APPROVAL OF INTERVIEW WAIVER	
Manager's Signature of Approval	
Date of Signature	11/05/15

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FINANCIAL INSTRUMENT REVIEW SHEET

ACCREDITATION DEPT USE ONLY

ACCREDITATION SPECIALIST: MARVI

EXT: 8557

ARC NUMBER: 05638253

TRA

CTD

NEW APPLICATION LEGAL NAME CHANGE OWNERSHIP CHANGE TYPE: 2

PROPOSED LEGAL & DBA NAME: CRYSTAL CRUISES LLC

AGENCY STREET ADDRESS: SUITE 900 - 11755 WILSHIRE BLVD

CITY, STATE & ZIP CODE: LOS ANGELES, CA 90025

EFFECTIVE LIABILITY AMOUNT: \$70,000

DATE GIVEN TO FG: 10/23/15

INSTRUMENT NUMBER: 165 LCS 351264

INSTRUMENT AMOUNT: \$70,000

CLASSIFICATION TYPE: Primary

DATE RECEIVED: 11/19/15

BOND

LOC Amendment

CSD

FIRST REVIEW BY: cep

DATE: 11/19/15

DOCUMENT NUMBER: 22265

ACCEPTED: REJECTED:

CORRECTIONS REQUIRED:

1. note to self: Acceptance required
- 2.
- 3.

SECOND REVIEW BY: _____

DATE: _____

DOCUMENT NUMBER: _____

ACCEPTED: REJECTED:

CORRECTIONS REQUIRED:

- 1.
- 2.

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05 638253



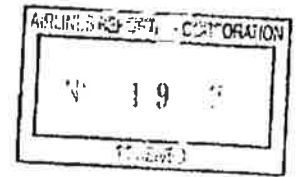
Bank of Tokyo-Mitsubishi UFJ

Los Angeles Branch
445 South Figueroa St, Fl 27
Los Angeles, CA 90071
Tel: 201-413-8635
Fax: 201-521-2312
SWIFT: BOTKUS6LXXX

NOVEMBER 18, 2015

IRREVOCABLE STANDBY LETTER OF CREDIT NO. 165-LCS-351264

AIRLINES REPORTING CORPORATION
4100 NORTH FAIRFAX DRIVE, #600
ARLINGTON, VA 22203



A/C: CRYSTAL CRUISES, INC.

GENTLEMEN:

PLEASE DISREGARD OUR AMENDMENT DATED OCTOBER 29, 2015 AND REPLACE AS FOLLOWS:

THE CAPTIONED LETTER OF CREDIT IS AMENDED AS FOLLOWS:

- 1) THE BENEFICIARY'S ADDRESS HAS BEEN CHANGED AS FOLLOWS:
3000 WILSON BOULEVARD, SUITE 300
ARLINGTON, VA 22201-3862
TEL: 703-816-8000
- 2) THE APPLICANT'S NAME AND ADDRESS HAS BEEN CHANGED AS FOLLOWS:
CRYSTAL CRUISES, LLC
11755 WILSHIRE BLVD., SUITE 900
LOS ANGELES, CA 90025
- 3) THE PLACE FOR PRESENTATION OF ANY DEMANDS FOR PAYMENT, AND ANY CORRESPONDENCE OR INQUIRIES REGARDING THIS LETTER OF CREDIT IS NOW TO READ:

THE BANK OF TOKYO-MITSUBISHI UFJ, LTD.
OPERATIONS DIVISION FOR THE AMERICAS
HARBORSIDE FINANCIAL CENTER, 500 PLAZA III
JERSEY CITY, NJ 07311
ATTN: TRADE SERVICE OPERATIONS/STANDBY L/C SECTION

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.



PLEASE SIGNIFY APPROVAL BY SIGNING AND RETURNING THE ATTACHED COPY TO US TO THE FOLLOWING ADDRESS:

THE BANK OF TOKYO-MITSUBISHI UFJ, LTD.
OPERATIONS DIVISION FOR THE AMERICAS
HARBORSIDE FINANCIAL CENTER, 500 PLAZA III
JERSEY CITY, NJ 07311
ATTN: TRADE SERVICE OPERATIONS/STANDBY L/C SECTION

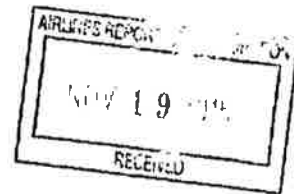
THIS AMENDMENT CONSTITUTES AN INTEGRAL PART OF AND MUST BE ATTACHED TO THE ORIGINAL CREDIT.

PLEASE BE INFORMED THAT THE BANK OF TOKYO-MITSUBISHI UFJ, LTD., LA OFFICE TRADE SERVICE OPERATIONS HAS BEEN CENTRALIZED AT HARBORSIDE FINANCIAL CENTER, 500 PLAZA III, JERSEY CITY, NJ 07311.
VERY TRULY YOURS

THE BANK OF TOKYO-MITSUBISHI UFJ, LTD.
LOS ANGELES BRANCH


AUTHORIZED SIGNATORY

Selena Holder-Pierre
Officer



Confidential and Sensitive



Bank of Tokyo-Mitsubishi UFJ

Los Angeles Branch
445 South Figueroa St, Fl 27
Los Angeles, CA 90071
Tel: 201-413-8635
Fax: 201-521-2312
SWIFT: BOTKUS6LXXX

NOVEMBER 18, 2015

IRREVOCABLE STANDBY LETTER OF CREDIT NO. 165-LCS-351264

AIRLINES REPORTING CORPORATION
4100 NORTH FAIRFAX DRIVE, #600
ARLINGTON, VA 22203

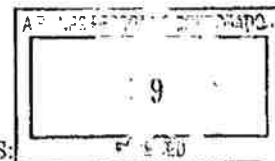
A/C: CRYSTAL CRUISES, INC.

GENTLEMEN:

PLEASE DISREGARD OUR AMENDMENT DATED OCTOBER 29, 2015 AND REPLACE AS FOLLOWS:

THE CAPTIONED LETTER OF CREDIT IS AMENDED AS FOLLOWS:

- 1) THE BENEFICIARY'S ADDRESS HAS BEEN CHANGED AS FOLLOWS:
3000 WILSON BOULEVARD, SUITE 300
ARLINGTON, VA 22201-3862
TEL: 703-816-8000
- 2) THE APPLICANT'S NAME AND ADDRESS HAS BEEN CHANGED AS FOLLOWS:
CRYSTAL CRUISES, LLC
11755 WILSHIRE BLVD., SUITE 900
LOS ANGELES, CA 90025
- 3) THE PLACE FOR PRESENTATION OF ANY DEMANDS FOR PAYMENT, AND ANY CORRESPONDENCE OR INQUIRIES REGARDING THIS LETTER OF CREDIT IS NOW TO READ:



THE BANK OF TOKYO-MITSUBISHI UFJ, LTD.
OPERATIONS DIVISION FOR THE AMERICAS
HARBORSIDE FINANCIAL CENTER, 500 PLAZA III
JERSEY CITY, NJ 07311
ATTN: TRADE SERVICE OPERATIONS/STANDBY L/C SECTION

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

Confidential and Sensitive



Bank of Tokyo-Mitsubishi UFJ


PLEASE SIGNIFY APPROVAL BY SIGNING AND RETURNING THE ATTACHED COPY TO US TO THE FOLLOWING ADDRESS:

THE BANK OF TOKYO-MITSUBISHI UFJ, LTD.
OPERATIONS DIVISION FOR THE AMERICAS
HARBORSIDE FINANCIAL CENTER, 500 PLAZA III
JERSEY CITY, NJ 07311
ATTN: TRADE SERVICE OPERATIONS/STANDBY L/C SECTION

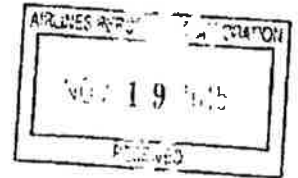
THIS AMENDMENT CONSTITUTES AN INTEGRAL PART OF AND MUST BE ATTACHED TO THE ORIGINAL CREDIT.

PLEASE BE INFORMED THAT THE BANK OF TOKYO-MITSUBISHI UFJ, LTD., LA OFFICE TRADE SERVICE OPERATIONS HAS BEEN CENTRALIZED AT HARBORSIDE FINANCIAL CENTER, 500 PLAZA III, JERSEY CITY, NJ 07311.
VERY TRULY YOURS

THE BANK OF TOKYO-MITSUBISHI UFJ, LTD.
LOS ANGELES BRANCH

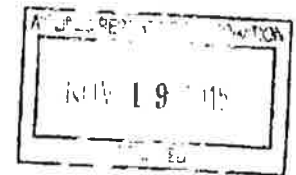

AUTHORIZED SIGNATORY

Selena Holder-Pierre
Officer



BENEFICIARY'S CONSENT

(Authorized Signature)
Company Name: _____
Telephone No.: _____
Date: _____



Confidential and Sensitive



FINAL

10/29/16

Stock Transfer With New Owners
(Ownership Change – Type II)

There is a processing fee of \$900.00 payable by check or credit card. If utilizing credit card, separately submit payment via www.arccorp.com/payment/.

This application is to be used only for a transfer of more than 29% shares AND addition of New Shareholders AND No Change to the entity structure.

Preparer Information

All correspondence regarding this application will be sent to the individual designated below:

- 1. Name of Preparer: First: Judith Middle: Ann Last: Cowan
- 2. Business Name: Crystal Cruises Inc./ Crystal Cruises LLC
- 3. Street Address: 11755 Wilshire Blvd., Suite 900
- 4. City: Los Angeles State: CA Zip: 90025
- 5. E-mail Address: icowan@crystalcruises.com
- 6. Telephone Number: 310 785 9300 Fax Number: 310 785 9201

Part 1 - Current Accredited Location Information

Legal Name and Address

- 1. Agency Code Number (ACN): 05 63825 3
- 2. Legal Name: Crystal Cruises Inc. / CRYSTAL CRUISES LLC
- 3. Doing Business as (dba) Name: N/A
- 4. Suite/Floor/P. O. Box: Suite 900
- 5. Street Address: 11755 Wilshire Blvd.
- 6. City: Los Angeles State: CA Zip: 90025
- 7. E-mail Address: icowan@crystalcruises.com
- 8. Telephone Number: 310 785 9300 Fax Number: 310 785 9201

Part 2 – Ownership Information

IMPORTANT: The total percent of ownership for the applicant travel agency must equal 100% in both current and new "Shares Owned" columns.

In the table below, list all individuals who are owners, officers, directors, partners, shareholders, LLC managers, or members of the applicant travel agency. Please include the name, title, Social Security Number (SSN), for each person listed in the table below. If one or more of the persons listed below is a shareholder of the applicant travel agency, provide the percent of shares owned by each person. For removal of an officer, select the corresponding box in the "Remove" column. Corporations are the only entity required to complete the "Shares Owned" column. Please include a Personal History form for each individual listed in the table below.

First Name, Middle Name, Last Name	Title	Social Security Number	Shares Owned		Remove
			Current %	New %	
Shinji Imasaki	Chairman	589 25 7666	0	0	X
Eiji Hoshi	Executive V.P.	532 23 8283	0	0	X
Eddie Maxine Rodriguez	CEO & President	155 52 5316	0	0	
Thomas Mazloum	COO	680 07 4896	0	0	



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- 2. Business Name: Crystal Cruises LLC
- 3. Street Address: 11755 Wilshire Blvd. , Suite 900
- 4. City: Los Angeles State: CA Zip: 90025
- 5. E-mail Address: jcowan@crystalcruises.com
- 6. Telephone Number: 310 785 9300 Fax Number: 310 785 9201

Part 1 - Current Accredited Location Information

Legal Name and Address

- 1. Agency Code Number (ACN): 05 63825 3
- 2. Legal Name: Crystal Cruises, Inc.
- 3. Doing Business as (dba) Name: N/A
- 4. Suite/Floor/P. O. Box: Suite 900
- 5. Street Address: 11755 Wilshire Blvd.
- 6. City: Los Angeles State: CA Zip: 90025
- 7. E-mail Address: jcowan@crystalcruises.com
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First Name, Middle Name, Last Name	Title	Social Security Number	Shares Owned		Remove
			Current %	New %	
Edie Maxine Rodriguez	CEO & President	155 52 5316	0		
Thomas Mazloun	COO	680 07 4896	0		



FINAL

10/29/16

**Stock Transfer With New Owners
(Ownership Change – Type II)**

In the table below, if any, LIST ONLY ALL BUSINESS ENTITIES which are partners, shareholders, or members of the applicant travel agency (owning entities). Provide the name(s) of that business entity and Federal Taxpayer ID Number for each owning business entity. If one or more of the owning entity(s) listed below is a shareholder of the applicant travel agency; provide the percent of shares of the applicant travel agency owned by each owning entity. Provide a separate list of the owners, LLC managers or members, partners or shareholders and, if applicable, all corporate officers for each owning entity. If one or more of the owning entity(s) is a non-US corporation, please select the applicable response. For removal of an officer, select the corresponding box in the "Remove" column. Corporations are the only entity required to complete the "Shares Owned" column.

Name of Owning Entity	Type of Owning Entity (Corp, LLC, Partnership)	Non-US Corp (Yes or No)	Federal Taxpayer ID Number	Shares Owned		Remove
				Current %	New %	
NYK (A Japanese Corporation)	Corporation	N	N/A			X
Crystal Aquisition Company Limited	Isle of Man Company	N	N/A			

If additional space is needed, complete and insert Ownership Change Continuation form.

Part 3 – Ownership Transfer Date

Date of Transfer: April 23, 2015

Part 4 – Branch(s) and/or STP(s) Information

Are any or all branch and/or STP locations included in the ownership change? Yes No
If "Yes", complete a "Branch/STP Continuation" form found in the Forms Catalog of ARC's website.

Part 5 – Address Change Information

All address information remains the same: Yes No
If "No" please complete the following information:

A. Agency Physical Address

If applicable, provide the new address to which the agency will relocate. If relocating to a different state, the Agency Code Number (ACN) will change.

- a. Suite/Floor/P. O. Box: _____
- b. Street address: _____
- c. City: _____ State: _____ Zip: _____

Check here if the addresses for the Correspondence and Ticket Delivery are the same as the above Physical Address. If the addresses are not the same, please complete the applicable addresses below.

B. Address for Agency Correspondence

If applicable, provide the address to which all mail other than sales summaries should be mailed:

- a. Suite/Floor/P. O. Box: _____
- b. Street address: _____
- c. City: _____ State: _____ Zip: _____



Stock Transfer With New Owners (Ownership Change – Type II)

In the table below, if any, LIST ONLY ALL BUSINESS ENTITIES which are partners, shareholders, or members of the applicant travel agency (owning entities). Provide the name(s) of that business entity and Federal Taxpayer ID Number for each owning business entity. If one or more of the owning entity(s) listed below is a shareholder of the applicant travel agency; provide the percent of shares of the applicant travel agency owned by each owning entity. Provide a separate list of the owners, LLC managers or members, partners or shareholders and, if applicable, all corporate officers for each owning entity. If one or more of the owning entity(s) is a non-US corporation, please select the applicable response. For removal of an officer, select the corresponding box in the "Remove" column. Corporations are the only entity required to complete the "Shares Owned" column.

Name of Owning Entity	Type of Owning Entity (Corp, LLC, Partnership)	Non-US Corp (Yes or No)	Federal Taxpayer ID Number	Shares Owned		Remove
				Current %	New %	
Crystal Aquisition Company Limited	Isle of Man Company	• N/A	N/A	100		

If additional space is needed, complete and insert Ownership Change Continuation form.

Part 3 – Ownership Transfer Date

Date of Transfer: April 23, 2015

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Are any or all branch and/or STP locations included in the ownership change? Yes No
If "Yes", complete a "Branch/STP Continuation" form found in the Forms Catalog of ARC's website.

Part 5 – Address Change Information

All address information remains the same: Yes No
If "No" please complete the following information:

A. Agency Physical Address

If applicable, provide the new address to which the agency will relocate. If relocating to a different state, the Agency Code Number (ACN) will change.

- a. Suite/Floor/P. O. Box: _____
- b. Street address: _____
- c. City: _____ State: _____ Zip: _____

Check here if the addresses for the Correspondence and Ticket Delivery are the same as the above Physical Address. If the addresses are not the same, please complete the applicable addresses below.

B. Address for Agency Correspondence

If applicable, provide the address to which all mail other than sales summaries should be mailed:

- a. Suite/Floor/P. O. Box: _____
- b. Street address: _____
- c. City: _____ State: _____ Zip: _____

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C. Ticket Delivery Address

If ARC traffic documents are required, please provide a physical delivery address.

- a. Suite/Floor: _____
- b. Street address: _____
- c. City: _____ State: _____ Zip: _____
- d. Agency Code Number (ACN), if applicable: _____

Part 6 – Ownership of or Affiliation with another ARC-Accredited Agency

Does any individual currently have ownership or financial interest or affiliation with any other ARC approved entity?

Yes No

If "Yes", for that person or entity provide the following:

- 1. Name: First: _____ Middle: _____ Last: _____
- 2. Social Security Number: _____
- 3. If applicable check the appropriate box to describe individual's or entity's ownership interest with agency:
 Owner Officer Director Partner Member Shareholder, % shares _____ Other
- 4. If "Other" selected in question 3, please describe : _____
- 5. Legal name of other ARC accredited entity: _____
- 6. ACN of other ARC accredited entity: _____
- 7. Dates of affiliation: From: _____ To: _____

If more than one individual or entity is identified, complete and submit an "Affiliation with Another ARC Accredited Agency or CTD" form (Form 673) for each additional person or entity.

Part 7 – Accessing My ARC

Provide information of the My ARC Primary Administrator. This employee will administer your agency's access to ARC tools such as the weekly IAR sales report.

- 1. Name: First: Debra Middle: Yvette Last: Aziz
- 2. E-mail: daziz@crystalcruises.com (must be a unique E-mail address)
- 3. Phone Number: 310 785 9300 Fax: 310 785 9201

Part 8 – Accessing ARC's Document Retrieval Service (DRS)

Provide information of the DRS Principal (Principal must be owner or officer). You will need to provide a security "question and answer" that verifies your identity if you contact ARC with questions about changes to the Security Manager, the Service etc.

- 1. Name: First: Edie Middle: Maxine Last: Rodriguez
- 2. E-mail: erodriguez@crystalcruises.com (must be a unique E-mail address)
- 3. Phone Number: 310 785 9300 Fax: 310 785 9201
- 4. Security Question: Where was Crystal Harmony built?
- 5. Security Answer: Nagasaki, Japan

Will the Principal be serving as the Security Manager? Yes No

If "No" please name the employee designated as the DRS Security Manager. This employee will administer your agency's access to DRS.



**Stock Transfer With New Owners
(Ownership Change – Type II)**

1. Name: First: Debra Middle: Yvette Last: Aziz
2. E-mail: daziz@crystalcruises.com (must be a unique E-mail address)
3. Phone Number: 310 785 9300 Fax: 310 785 9201

Part 9 – Management Qualifier Information

Please provide information for management qualifier. Complete and submit a Personal History form for the management qualifier. This is required personnel.

1. Name: First: Judith Middle: Ann Last: Cowan
2. E-mail: jcowan@crystalcruises.com Phone Number: 310 785 9300
3. Has the applicant personally verified the management qualifier qualifications and Personal History form?
 Yes No

Part 10 – ARC Specialist Qualifier (ASQ) Information

Please provide information for the ARC Specialist Qualifier (ASQ). Complete and submit a Personal History form for the ASQ. This is required personnel. For registration, testing, training and more information, visit www.arccorptraining.com.

1. Name: First: Mayra Middle: Estrada Last: Costello
2. E-mail: mcostello@crystalcruises.com Phone Number: 310 785 9300
3. Is the Specialist currently certified by ARC: Yes No
4. If "No", provide the scheduled examination date: _____
5. Has the applicant personally verified the ARC Specialist qualifications and Personal History form? Yes No

Part 11 – Designated Manager Employee (DME) Information

Please list the individual who has been designated to make the management decisions for the Home Office and/or Branches. Complete and submit a Personal History form for the Designated Manager Employee.

1. Name: First: Judith Middle: Ann Last: Cowan
2. E-mail: jcowan@crystalcruises.com Phone Number: 310 785 9300

Part 12 – Security for Traffic Documents (pertaining to manually ticketing offices only)

Part 12 pertains to MANUALLY TICKETING OFFICES ONLY. For electronic offices, leave this section blank.

A. Automated Ticket Printer Location

Describe the location of the automated ticket printer:

- The ticket printer will be located in a separate room within the agency location that is accessible only to agency personnel.
- The ticket printer will be located in a separate area within the agency location that is accessible only to agency personnel.
- Other: _____

B. Automated Traffic Documents

Describe the security for the automated traffic documents located in the ticket printer:

- The automated traffic documents will be locked inside the printer.
- The printer and automated traffic documents will be housed in a locked container.
- The printer and traffic documents will be placed in a locked room.

C. Storage Containers for Working Supply of Traffic Documents

Describe the type of container that will be used at the agency location for the storage of the documents.

- Locked metal safe, metal filing cabinet or other metal container, under the exclusive control of the agent with a weight (when empty) of 200 or more pounds and a locking device meeting UL classification 768 (combination/time-locks).
- Locked metal safe, metal filing cabinet or other metal container, under the exclusive control of the agent, which is permanently attached to the floor or wall of the agency location and a locking device meeting the UL classification 768 (combination/time-locks).

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Other: _____

D. Reserve Supply of Traffic Documents Information

1) Describe the storage location for the reserve supply of ARC traffic documents:

- a) On-premises at the agency location
- b) Off-premises in a bank facility (complete section 2 below)
- c) Off-premises in another ARC approved location or storage facility

2) If off-premises in a bank facility complete the following information:

- a) Bank/Facility Name: _____
- b) Street Address: _____
- c) City: _____ State: _____ Zip: _____
- d) Telephone Number: _____
- e) Deposit Box Number: _____

Part 13 – Designated Bank Account

If a bank account change is occurring as a result of this ownership change, please provide the following information:

- 1. Bank/Facility Name: No change, still The Bank of Tokyo Mitsubishi UFJ Ltd. New York Branch
- 2. City: New York State: NY Telephone Number: 212 782 6602
- 3. Transit Routing Number: 026009632
- 4. Account Number: 310060524 UCB Code (if applicable): N/A

Part 14 – Access to Bank Account and Traffic Documents

List all individuals that will have access to ARC traffic documents and/or ARC bank account. Provide a Personal History form for all individuals that will have access to ARC traffic documents and ARC bank accounts.

First Name, Middle Name, Last Name	ARC Traffic Documents (Yes or No)	ARC Bank Account (Yes or No)
Edie Maxine Rodriguez	N/A (e-office)	Yes
Thomas Mazloun	N/A (e-office)	Yes

If additional space is needed, complete and insert "Access to Bank Account and Traffic Documents" Continuation form.

Confidential and Sensitive



FINAL

10/29/16

**Stock Transfer With New Owners
(Ownership Change – Type II)**

Part 15 – Certification of Current Ownership

Do not alter any portion of this application or the attachments after the application has been signed and notarized. Any alteration to the following section will invalidate the entire application and it will be returned to you for resubmission with a new certification and notarization.

I, the undersigned, hereby concur with the change of ownership of the agency location(s) for which this application is intended and; also understand and agree that the current owner of record (i.e., the current ARC-accredited Agent) is the signatory of the Agent Reporting Agreement and remains responsible there under for all operations and activities of the Agent until the Type II change of ownership application is approved by ARC and; understand and agree that upon approval of the Type II change of ownership application, the applicant will thereafter, be the signatory to the Agent Reporting Agreement and will be responsible there under for all operations and activities of the Agent and; acknowledge and understand that in order to withdraw this application, ARC must receive, prior to approval of the application, a written request to withdraw signed by an owner or officer of the applicant. I affirm I have asked any applicable questions of ARC regarding the ownership change requirements associated with the procedures for accessing My ARC and tools accessible via My ARC in connection with this ownership change.

Required Submission of Final IAR Sales Report

Name of the employee designated to submit the final IAR sales report by Tuesday Midnight:

First: Debra Middle: Yvette Last: Aziz

The undersigned also understands and agrees that ARC's approval of the ownership change is subject to a complete and satisfactory accounting and Agent's performance of duties, including the Agent's obligation to account for all sales and transactions issued on ARC traffic documents and to remit payment therefore. The undersigned has delegated as indicated on this form the employee responsible for submitting the final IAR sales report by Tuesday Midnight. If that report is not submitted by Tuesday midnight, the undersigned, hereby authorizes ARC to submit any and all IAR sales reports that have not previously been authorized and/or submitted and draft the Agent's bank account designated for ARC drafts for the amounts owed for such sales reports. The Agent hereby warrants and affirms that all of the information entered by the Agent and its employees in the IAR sales report(s) is accurate and complete. ARC shall not be liable to the Agent or any third party to the extent that it is subsequently determined that any information was inaccurate or incomplete. The Agent agrees to indemnify and hold harmless ARC for any and all claims arising from the submission of the IAR sales reports.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Eddie Rodriguez

Signature of Current Agent's corporate officer if Current agent is a corporation or signature of managing member if the Current Agent is a Limited Liability Company LLC (MAY NOT BE SIGNED BY ANY OTHER PERSON)

Eddie Rodriguez

Type name of above signatory

CEO & President

Type title of above of signatory

County of Los Angeles State of California (FOR NOTARY USE ONLY)

On this 9th day of October, 2015

EDIE RODRIGUEZ

Print NAME of above signatory (NOT THE NOTARY NAME)

appeared before me and, having been duly sworn by me, stated that the contents of the foregoing application are true and complete, and signed the application in my presence

NOTARY SEAL

K. Later
Notary Public Signature

Feb 6, 2016

My commission expires on





Part 15 – Certification of Current Ownership

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MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Eddie Rodriguez

Signature of Current Agent's corporate officer if Current agent is a corporation or signature of managing member if the Current Agent is a Limited Liability Company LLC (MAY NOT BE SIGNED BY ANY OTHER PERSON)

Eddie Rodriguez
Type name of above signatory

CEO & President
Type title of above of signatory

County of <u>Los Angeles</u>	State of <u>CALIFORNIA</u>	(FOR NOTARY USE ONLY)
On this <u>9th</u> day of <u>OCTOBER</u> , 20 <u>15</u>		
<u>EDIE RODRIGUEZ</u>		
Print NAME of above signatory (NOT THE NOTARY NAME)		
appeared before me and, having been duly sworn by me, stated that the contents of the foregoing application are true and complete, and signed the application in my presence.		
NOTARY SEAL	Notary Public Signature	
	My commission expires on	



Part 16 – Current Owner Residential Information

Please provide the residential address and phone number for the current owner (above signatory).

1. Current Owner's Name: First: Edie Middle: Maxine Last: Rodriguez
2. Street Address: 1764 Victoria Pointe Circle Apt/Suite Number: _____
3. City: Weston State: FL Zip: 33327
4. Home Telephone Number: 310 308 0253 Alternate Telephone Number: Office: 310 785 9300

Confidential and Sensitive



Part 17 – Certification of Proposed Ownership

Do not alter any portion of this application or the attachments after the application has been signed and notarized. Any alteration to the following section will invalidate the entire application and it will be returned to you for resubmission with a new certification and notarization

I, the undersigned, hereby certify that the statements made in this application and the attachments thereto are true and correct and that I am authorized by the applicant to file this application; and acknowledge and understand that as part of the evaluation and verification process ARC may need to verify the information contained in this application and I authorize the release to ARC of any documents, such as but not limited to, lease agreements, System Provider (GDS) contracts, credit reports, employment agreements, photographs, fingerprints, and IRS documents, etc., as may be required to evaluate this application. I affirm I have asked any applicable questions of ARC regarding the ownership change requirements associated with the procedures for accessing My ARC and tools accessible via My ARC in connection with this ownership change. I acknowledge and understand that in order to withdraw this application ARC must receive, prior to approval of the application, a written request to withdraw signed by an owner or officer of the applicant.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Edie Rodriguez

Signature of Proposed Agent's corporate officer if Proposed agent is a corporation or signature of managing member if the Proposed Agent is a Limited Liability Company LLC
(MAY NOT BE SIGNED BY ANY OTHER PERSON)

Edie Rodriguez

Type name of above signatory

CEO & President

Type title of above of signatory

County of Los Angeles State of CALIFORNIA (FOR NOTARY USE ONLY)

On this 9th day of OCTOBER, 2015

EDIE RODRIGUEZ


Print NAME of above signatory (NOT THE NOTARY NAME)

appeared before me and, having been duly sworn by me, stated that the contents of the foregoing application are true and complete, and signed the application in my presence.

NOTARY SEAL

K. Later
Notary Public Signature

Feb 6, 2016
My commission expires on



Confidential and Sensitive



VERIFICATION OF TRAFFIC DOCUMENTS FORM

(For use with Change of Ownership applications)

Current Legal Name of Agency: Crystal Cruises, Inc.
Agency Code No.: 05 63825 3
City: Los Angeles State: CA
Telephone No.: 310 785 9300 Date Inventory Taken: N/A

Special Instructions: Only take inventory immediately prior to submitting ownership change application. Enter and complete each type of document separately. The low to high serial numbers must equal the number on hand (e.g. 8038:793:701-8038:794:100 means there should be 400 traffic documents on hand.)

	Form No.	From Serial Number:	To Serial Number:	Total No.
4 Flight Tickets	N/A - electronic office			
MCOs				
PTA's				
ATBs				
Other				

The Date of This Inventory Must Not Be Older Than 21 Days from the Date ARC Receives Your Application.

The ARC-approved agent and the proposed owner hereby state that all unused traffic documents supplied by ARC to the agent, at the location identified above, are listed on this form. The submission of this form to ARC and its inclusion in the record of the application for change of ownership does not constitute an agreement or admission by ARC that the foregoing information is consistent with ARC's records. The ARC-approved agent acknowledges responsibility for all traffic documents assigned to it which are not identified on this form as being transferred to the proposed owner, and are not accounted for to the satisfaction of ARC. The proposed owner acknowledges responsibilities for all traffic documents transferred to it effective upon ARC's approval of the change of ownership application with which this form is submitted.

Edie Rodriguez
Signature of current owner or officer
Name: Edie Rodriguez
Printed Name of above signatory
Title: President & COO Date: 10.5.2015
Title of above signatory

Edie Rodriguez
Signature of proposed owner or officer
Name: Edie Rodriguez
Printed Name of above signatory
Title: CEO & President Date: 10.5.2015
Title of above signatory

Confidential and Sensitive



Personal History Form Reference Information

- 1. This PHF is in connection with one of the following ARC applications:
[] New Accredited Agency Application
[] New Branch Location Forms
[X] Ownership Change Forms
[] Database Integrity Change Form
[] Change of Location
[] Other:
2. Agency Code Number (ACN)/Pending Number to which this PHF is connected (if applicable): 05638253
3. Legal name of Agency/Applicant: Crystal Cruises LLC
4. City: Los Angeles State: CA Zip Code: 90025

Part 1 - Basic Information

- 1. Full legal name: First: Edie Middle: Maxine Last: Rodriguez
2. Full Maiden name or Full Birth Name: First: Edie Middle: Maxine Last: Konigsberg
3. All other names used: First: Edie Middle: Maxine Last: Konigsberg-Bornstein
4. Social Security Number: 155-52-5316
5. Driver's License/State Identification Number: K521-213-61-809-0 State: Florida
6. Email Address: erodriguez@crystalcruises.com
7. Date of birth: 08.29.1961
8. Place of birth: City: Jersey City State: New Jersey Country: USA
9. Are you a citizen or national of the U.S. or Resident Alien authorized to live and work in the U.S.? [X] Yes [] No
If Resident Alien status applies, provide the following:
a. What is your Registered Alien number?
b. Enter the expiration date of the Alien Registration:
c. Of what Country are you a citizen of:

Part 2 - Qualifier Roles

A. Management Qualifier

- 1. Are you the designated management qualifier for the Agency/Applicant? [] Yes [X] No

B. ARC Specialist Qualifier (ASQ)

- 1. Are you the designated ARC Specialist Qualifier (ASQ) for the Agency/Applicant? [] Yes [X] No
a. Within the past four years, have you successfully completed ARC Specialist Examination? [] Yes [X] No
i. If 'Yes' indicate the Certificate Number and Expiration Date.
Certificate Number Expiration Date
ii. If 'No', indicate the date when you plan to take the ARC Certified Specialist Examination.
Date:

C. Designated Manager

Are you the designated manager for the HOL and/or Branch? [] Yes [X] No
Please list the ACN's below for which you will be the Designated Manager. If there are more than 25 locations, please list them on a separate sheet with the same heading.

Table with 5 columns and 9 rows for listing Agency Code Numbers (ACN's) from 1 to 25.



D. Ticketing Qualifier

- 1. Are you the designated ticketing qualifier for the Agency/Applicant? Yes No
 - a. Within the past three years, have you had at least one-year's full-time experience in airline ticketing?
 - Yes No

Part 3 - Roles and Responsibilities

A. I currently have or upon approval of the application will have access to the following:

- ARC traffic documents
- Monies or credit card documents collected for the agency
- ARC traffic documents located in the agency's off-premises storage facility
- The agency location when closed, locked or unattended by agency personnel

B. I currently have or will have authority for the following

- To make deposits into the ARC-designated bank account
- To make withdrawals from the ARC-designated bank account
- To prepare and submit ARC sales reports

C. Is the Agency/Applicant a corporation or a limited liability company? Yes No

1. As the Applicant, state all positions that you hold in the company:

- a) Title 1: CEO & President
- b) Title 2: _____
- c) Title 3: _____

2. If the Agency/Applicant is a LLC, are you the managing member? Yes No

3. If the Agency/Applicant is a partnership, are you the managing partner? Yes No

4. If the Agency/Applicant is a corporation, please state the percentage of shares that you own: _____%

Part 4 - Residence History

Provide at least the last three years of all places you have resided beginning with your current address. ARC may require you to provide residence history for a period exceeding three years. If you need to provide additional residence history information, complete the Residence History Continuation Page.

A. Current address: From (MM/YY): 04/15 To: Present

- 1. Street address: 1764 Victoria Pointe Circle Apartment number: _____
- 2. City: Weston State: FL Zip Code: 33327
- 3. Country: USA 4. Telephone Number: 310-308-0253

B. Former residence: From (MM/YY): 11/13 To (MM/YY): 4/15

- 1. Street address: 10599 Wilshire Blvd. Apartment number: 612
- 2. City: Los Angeles State: CA Zip Code: 90024
- 3. Country: USA 4. Telephone Number: _____

C. Former residence: From (MM/YY): 11/04 To (MM/YY): 11/13

- 1. Street address: 1764 Victoria Pointe Circle Apartment number: _____
- 2. City: Weston State: FL Zip Code: 33327
- 3. Country: USA 4. Telephone Number: _____

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Part 5 - Employment History

Provide at least three years of your occupations, employment, and work activities, as well as period of unemployment, self-employment, school enrollment, etc., beginning with your current employer, occupation or activity (including your employment by or affiliation with the Agent or applicant, if applicable). If you need additional space to account for your full three year employment history, complete and submit the Employment History Continuation Page, ARC may require you to provide employment history for a period exceeding three years.

A. Current Employment

Date of business/activity: From (MM/YY): 10/15 10/16/2013 To: Present
Name of Business/Activity: Crystal Cruises Inc/LLC
Suite/Floor/P.O. box: Ste. 900
Street address: 11755 Wilshire Blvd.
City: Los Angeles State: CA Country: USA Zip Code: 90025
Telephone number: 310-785-9300
Agency Code Number (if applicable): _____ Title or position: CEO & President
Manager: First: _____ Last: _____

B. Former Employment

Date of business/activity: From (MM/YY): 09/09 To (MM/YY): 09/13
Name of Business/Activity: Azamara Club Cruises
Suite/Floor/P.O. box: _____
Street address: 1050 Caribbean Way
City: Miami State: FL Country: USA Zip Code: 33132
Telephone number: _____
Agency code number (ACN) (if applicable): _____ Title or position: SVP Marketing & Sales
Manager: First: _____ Last: _____

C. Former Employment

Date of Business/Activity: From (MM/YY): _____ To (MM/YY): _____
Name of Business/Activity: _____
Suite/Floor/P.O. box: _____
Street address: _____
City: _____ State: _____ Country: _____ Zip Code: _____
Telephone number: _____
Agency code number (ACN) (if applicable): _____ Title or position: _____
Manager: First: _____ Last: _____

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Part 6 - Background of Agency/Applicant Personnel

If you answer "Yes" to any question in Part 6 A-H, complete the Personal History Form Continuation Page.

A. Prior Affiliation with any Accredited Agency or Entity

1. Have you ever had a financial interest in, or a connection or affiliation with, or been employed by, any agent/entity accredited by ARC, ARP, ATC, IATA, or IATAN (other than the agencies/entities which you have already identified in other parts of this Personal History Form)? Yes No

B. Prior Affiliation with a Non-Accredited Agency or Travel Company

1. Have you ever had a financial interest in, or a connection or affiliation with, or been employed by any non-accredited travel agency or a business offering general travel services (other than the agencies or businesses which you have already identified in other parts of this Personal History Form)? Yes No

C. Prior Affiliation by a Family Member

1. Does any member of your family currently have, or has any member of your family ever had, a financial interest in, an affiliation or connection with, or been employed by an agent accredited by ARC, ATC, ARP, IATA OR IATAN? Yes No
Note: Family members include but are not limited to, your spouse, siblings, children, parents, and in-laws.

D. Affiliation with a Cancelled Agent

1. Have you ever had a financial interest in, or a connection or affiliation with, or been employed by any agent canceled by ARC, ARP, ATC, IATA, or IATAN Agency List? Yes No

E. Affiliation with Agent Presently in Default

1. Have you ever had, or do you currently have, a financial interest in, or a connection or affiliation with, or are/were you employed by, an agent/entity presently in default under the provisions of the ARC Agent Reporting Agreement or any other ARC Reporting Agreement or the Travel Agent Service Fee Program Agreement (TASFPA)? Yes No

F. Felonies or Misdemeanors

- 1. Have you ever been convicted of a felony or pled guilty or nolo contendere (no contest) to a felony? Yes No
2. Have you ever been convicted of a misdemeanor related to financial activity or pled guilty or nolo contendere (no contest) to a misdemeanor related to financial activities? Yes No
3. Have you ever been found by a court to have committed a breach of fiduciary duty involving the use of funds of others? Yes No
4. Have you ever been arrested, or currently under investigation by federal, state, or local law enforcement authorities (e.g., police, attorney general's office, consumer protection agencies, etc.) for any offense or crime, or any alleged offense or crime in any way related to employment or affiliation with a travel agency or travel related company? Yes No

G. Involvement with Stolen, Missing or Counterfeit Traffic Documents

1. Have you ever been involved in the distribution, sale or issuance of BSP, ATC, IATA, ARP or ARC traffic documents which you knew, or reasonably should have known, were stolen, counterfeited or reported as missing from an agent? Yes No

H. Bankruptcy

- 1. Are you presently, or have you ever been, an owner, officer, director, or management employee of any business that has ever filed or been the subject of, a petition in bankruptcy? Yes No
2. Have you ever filed, or been the subject of, a petition in bankruptcy? Yes No
3. Have you ever been the subject of an adversary proceeding in any bankruptcy case? Yes No

Personal History Form Checklist - Required

- [X] A copy of your valid driver's license/state identification card (front and back).
[X] Copies of all documents that prove your U.S. citizenship (U.S. Passport, birth certificate or Naturalization Certificate for U.S. citizens), or for non-U.S. citizens your authorization to work and reside in the U.S., including your Alien Registration Card ("Green Card") and all other documents and visas issued to you by the U.S. Immigration and Naturalization Service.
[] Personal History Form Continuation Page (if applicable)



Personal History Form

- Residence History Continuation Page (if applicable)
- Employment History Continuation Page (if applicable)

Part 7 - Certification

I hereby certify that the statements made in this application and the attachments thereto are true and correct. I have read the instructions for completing this Personal History Form (PHF), and certify that the information in the PHF was completed by me, or under my direction; and, that prior to signing the PHF, I have reviewed each question and answer, and, if submitted electronically, the electronic and the original PHF contain identical information. I acknowledge and understand that, as part of the evaluation and verification process, ARC may need to verify the information contained in the PHF. I authorize ARC to conduct such investigation as it deems appropriate to verify the accuracy of the information in this PHF, and I authorize release to ARC of any documents, such as but not limited to, personal identification documents, lease agreements, credit reports, employment agreements, photographs, fingerprints, and IRS documents, as may be required.

I hereby waive all rights based on libel, slander, or defamation of character by reason of ARC's publication, of any reason for disapproval of this application, including information contained in this PHF, provided that such reason is reasonably related to the discharge of ARC's obligations, the exercise of its rights, or the performance of its officers, directors, and/or employees in evaluating and approving or disapproving this application.

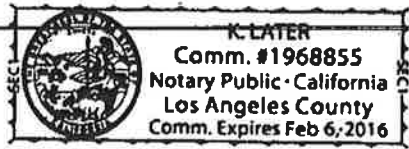
If there are any changes to any of the answers or information provided in this Personal History Form, I will notify ARC, in writing, immediately.

Eddie Rodriguez
Signature

Date: 6/12/15

Name: Eddie Rodriguez
Printed Name of above signatory

Title: CEO + President
Title of above signatory

(FOR NOTARY USE ONLY)		
County of: <u>Los Angeles</u>		
State of: <u>California</u>		
On this <u>12th</u> day of <u>June</u> , 20 <u>15</u> .	<u>EDIE RODRIGUEZ</u> (Print Name of above signatory)	
Appeared before me and, having been duly sworn by me, stated that the contents of the foregoing application are true and complete, and signed the application in my presence.		
NOTARY SEAL	<u>K. Later</u> (Notary Public Signature)	
		My commission expires on <u>Feb 6, 2016</u>

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ACCOUNT NUMBER 080 714 5423 8

DATE DUE AMOUNT DUE

Oct 28, 2015 \$17.45

DATE MAILED Oct 8, 2015

Page 2 of 2

1-800-427-2200 English

1-800-342-4545 Español

1-800-252-0259 TTY

www.socalgas.com

The Gas Company Policies and Notices

Electronic Check Processing - When you pay your bill by check, you authorize us to electronically process your payment...

Closing your Gas Service - We require two (2) working days and access to the meter to close your gas service.

Information about Deposits

Amount of Deposit - The amount of deposit required to establish or re-establish service credit is twice the estimated average periodic bill.

Return of Deposit/Interest on Deposit - This deposit, together with any interest due, less the amount of any unpaid bills, will normally be returned either on discontinuance of service or after the deposit has been held for twelve (12) consecutive months...

Public Utilities Commission Notice - Should you question the amount of this bill, please request an explanation by calling the telephone number at the top of your bill...

appears that the dispute is over matters such as quality of service, level of rates, pending applications for rate increase, etc., which do not relate directly to the question of the accuracy of the bill.

If you do not make such a deposit with the commission within 15 days after The Gas Company notifies you of your right to do so, The Gas Company may discontinue your service for non-payment.

Billing Term Definitions

Baseline - Amount of gas billed at the lowest residential rate.

Billing Factor - Adjusts for differences in elevation, delivery pressure and the heating content of gas.

Climate Zone - Weather zone in which a customer lives. Colder zones receive more baseline allowance.

Customer Charge - Charge to recover costs of gas delivery including reading meters, preparing bills, and processing payments.

Gas Commodity Charge - Cost of gas purchased by The Gas Company on behalf of its customers.

Payment Due Date - Payment due date shown on the front bottom portion of the bill is for current charges only; it does not stop collection activity on an unpaid previous balance.

Public Purpose Surcharge - Charge to fund Public Purpose Programs such as California Alternate Rates for Energy (CARE), Energy Savings Assistance Program (ESAP), energy efficiency and research and development. CARE customers pay a reduced surcharge which excludes CARE program costs.

Rate - Identifies the rate schedule used to calculate your bill. You may review these rate schedules at a local office of The Gas Company or at www.socalgas.com

State Regulatory Fee - A fee used to fund the California Public Utilities Commission. Each customer's fee is determined by the number of therms used.

Therms - Standard unit of measuring heat energy.

Utility Users' Tax - Tax charged by some cities and counties based on the amount of the current monthly gas bill. These cities and counties require The Gas Company to collect this Utilities Users' Tax for them.

Other Important Phone Numbers

For the following, call Monday - Friday, 8am-5pm:

粵語 電話 Cantonese 1-800-427-1420

한국어 전화 Korean 1-800-427-0471

國語 電話 Mandarin 1-800-427-1429

NÓI TIẾNG VIỆT Vietnamese 1-800-427-0478

Self Service Options available 24

hours a day, 7 days a week 1-800-772-5050 For information regarding payment arrangements, office locations, account balance, billing recap, duplicate bill and CARE applications for income qualified customers.

To locate underground cables & gas pipes, please call DigAlert, Monday-Friday, 6am-7pm 8-1-1

Payment Options \$

Online: It's fast, easy and free. Just register or sign into My Account at https://myaccount.socalgas.com

Home banking: If you pay bills online through your bank, check with them, to see if you can receive your bill online.

Direct Debit: Have your payment automatically deducted from your account. For more information, call 1-800-427-2200 or visit www.socalgas.com

Pay by Phone: Call 1-800-427-2700 to enroll or, if already enrolled, call to authorize a payment from your checking account.

By Mail: Mail your check or money order, along with the payment stub at the bottom of your bill, in the enclosed envelope to The Gas Company, PO Box C, Monterey Park, CA 91756

ATM/Debit/Credit Card or Electronic Check: You can use most major ATM/debit cards, VISA and MasterCard credit cards, or the Electronic Check thru BillMatrix. A convenience fee is charged. Contact BillMatrix at 1-800-232-6629 or visit www.socalgas.com.

In Person: Pay in person at one of our conveniently located payment locations. To find the nearest location and hours of operation, call 1-800-427-2200 or visit www.socalgas.com.

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The Gas Company Payment Locations

Authorize Payment Agencies - Call the Self Service Options number 1-800-772-5050 for the addresses of payment agencies in your area.

Company Offices

Alhambra, 333 E. Main St. Suite J Anaheim, 131 W. Center St. Promenade Banning, 60 E. Ramsey St. #A Bellflower, 16901 S. Bellflower Blvd. Commerce, 5708 E. Whittier Blvd. Compton, 700 N. Long Beach Blvd. Corona, 341 S. Lincoln Ave. #A Covina, 932 N. Citrus Ave. Delano, 1227 Jefferson St. Dinuba, 239 E. Tulare St. El Centro, 1111 W. Main St. El Monte, 11912 Valley Blvd., Suite B Fontana, 9781 Sierra Ave. #C Glendale, 919 S. Central Ave. #B Hanford, 321 N. Dooly St., Suite B Hemet, 527 N. San Jacinto St.

Hollywood, 1811 N. Hillhurst St. Huntington Park, 5916 Pacific Blvd. Indio, 45123 Towne Ave. Inglewood, 3530 W. Century Blvd. Ste. 102 Lancaster, 2085 W. Avenue K Lompoc, 128 S. "H" St. Los Angeles, 3739 Crenshaw Blvd. #C Los Angeles, 4619 S. Central Ave. Los Angeles, 2522 N. Dely St. Monrovia, 141 S. Myrtle Ave. Ontario, 962 N. Mountain Ave. Oxnard, 1640 E. Gonzales Rd. Palm Springs, 211 N. Sunrise Way Pasadena, 1214 E. Green St. #102 Pomona, 196 E. 3rd St. Porterville, 59 W. Thurman Ave.


Riverside, 7000 Indiana Ave. #105 San Bernardino, 1136 N. Mount Vernon Ave. #305 San Fernando, 444 S. Brand Blvd. Ste.101 San Luis Obispo, 1314 Broad St. San Pedro, 605 S. Pacific Ave. #101 Santa Ana, 738 S. Harbor Blvd. Santa Barbara, 134 E. Victoria St. Santa Fe Spring, 11516 Telegraph Rd. Santa Maria, 1954 S. Broadway, Suite J Santa Monica, 1300 6th St. South Gate, 3530 Tweedy Blvd. Van Nuys, 6550 Van Nuys Blvd. Visalia, 1305 E. Noble Ave. Watts, 1665 E. 103rd St. Wilmington, 929 N. Avalon Blvd.

Drop Box Location

Burbank, Public Service Department, 164 W. Magnolia

Providing safe and reliable energy to our customers for more than 140 years.

Florida *the sunshine state*
DRIVER LICENSE CLASS E
K621-213-61-809-0



EDIE M
KONIGSSBERG
1764 VICTORIA PONTE CIRCLE
WESTON, FL 33327-1508
DOB 08-29-1961 SEX: F
ISSUED 07-06-2010 HGT: 5-08
EXPIRES 08-28-2018
REBT:
FNDOP: 82

Edie M. Konigssberg

Operation of a motor vehicle subsequent to any sobriety test required by law.

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**STATE OF FLORIDA
MARRIAGE RECORD**

TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

Official Record

Date: FEB 20 2014

Rec#: 189349

(STATE FILE NUMBER)



STATE OF FLORIDA, COUNTY OF DADE

I HEREBY CERTIFY that the information on this record is a true and correct copy of the

Original on file in the office of
HARVEY RIVLIN, Clerk of the Circuit Court, Dade County, Florida

Deputy Clerk:

FEB 20 2014 AD 23
Sandra Lee



2014-000455

APPLICATION NUMBER

APPLICATION TO MARRY

1. GROOMS NAME (First, Middle, Last) TOMAS ESTEBAN RODRIGUEZ			2. DATE OF BIRTH (Month, Day, Year) JUN-26-1953		
3a. RESIDENCE - CITY, TOWN, OR LOCATION WESTON		3b. COUNTY BROWARD	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) NEW YORK	
5a. BRIDE'S NAME (First, Middle, Last) EDIE M KONIGSBERG			5b. MAIDEN SURNAME (if different)		6. DATE OF BIRTH (Month, Day, Year) AUG-29-1961
7a. RESIDENCE - CITY, TOWN, OR LOCATION WESTON		7b. COUNTY BROWARD	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) NEW JERSEY	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE FOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.



9. SIGNATURE OF GROOM (Sign full name using black ink)

Tomas Rodriguez

10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)

JAN-13-2014

11. TITLE OF OFFICIAL

DEPUTY CLERK

12. SIGNATURE OF OFFICIAL (Use black ink)

Manuela Haggard

13. SIGNATURE OF BRIDE (Sign full name using black ink)

Edie Konigsberg

14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)

JAN-13-2014

15. TITLE OF OFFICIAL

DEPUTY CLERK

16. SIGNATURE OF OFFICIAL (Use black ink)

Manuela Haggard

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE MIAMI-DADE	18a. DATE LICENSE ISSUED JAN-13-2014	18b. DATE LICENSE EFFECTIVE JAN-16-2014	19. EXPIRATION DATE MAR-13-2014
20. SIGNATURE OF COURT CLERK OR JUDGE <i>Harvey Rivlin</i>		20b. TITLE CLERK	20c. BY D, C <i>HR</i>

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21. DATE OF MARRIAGE (Month, Day, Year) February 15, 2014	22. CITY, TOWN, OR LOCATION OF MARRIAGE Palm Beach, Florida		
23a. SIGNATURE OF PERSON PERFORMING THE CEREMONY (Use black ink) <i>R. Barry Swer</i>	23c. ADDRESS (of person performing ceremony) 18624 Cape Sable Dr. Boca Raton, FL		
23b. NAME AND TITLE OF PERSON PERFORMING THE CEREMONY (Or notary stamp) RABBI BARRY SWER	24. SIGNATURE OF WITNESS TO CEREMONY <i>[Signature]</i>		
	25. SIGNATURE OF WITNESS TO CEREMONY <i>[Signature]</i>		

SEAL

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

G R O O M	26. SOCIAL SECURITY NUMBER	27. RACE WHITE	28. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, 29c	
				29a. NO. OF THIS MARRIAGE 4	29b. LAST MARRIAGE ENDED BY (Death, Divorce, or Annulment) DIVORCE
B R I D E	30. SOCIAL SECURITY NUMBER	31. RACE WHITE	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, 29c	
				33a. NO. OF THIS MARRIAGE 2	33b. LAST MARRIAGE ENDED BY (Death, Divorce, or Annulment) DIVORCE
					29c. DATE LAST MARRIAGE ENDED AUG-05-1999
					33c. DATE LAST MARRIAGE ENDED JUN-17-1997

2014 W-2 and EARNINGS SUMMARY

Employee Reference Copy W-2 Wage and Tax Statement 2014

Control number: 002785 LOSA/QWS
 Dept: 140
 Corp: A
 Employer use only: 136

Employer's name, address, and ZIP code:
CRYSTAL CRUISES INC
 11755 WILSHIRE BOULEVARD
 LOS ANGELES CA 90025

Batch #01425

Employee's name, address, and ZIP code:
EDIE M. KONIGSBERG-BORNSTEIN
 10599 WILSHIRE BLVD
 # 612
 LOS ANGELES, CA 90024

Employee's FED ID number 95-4156825	Employee's SSA number -5316
Wages, tips, other comp.	2 Federal income tax withheld
Social security wages	4 Social security tax withheld 7254.00
Medicare wages and tips	6 Medicare tax withheld
Social security tips	8 Allocated tips
10 Dependent care benefits	
1 Nonqualified plans	12a See instructions for box 12
4 Other	12b 12c 12d
101636 SUI 1000000 AUTO2	13 Str. emp. Ret. plan Ind. sick pay
5 State CA Employer's state ID no. 352-5220-4	15 State wages, tips, etc.
7 State income tax	18 Local wages, tips, etc.
9 Local income tax	20 Locality name

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2014 pay stub plus any adjustments submitted by your employer.

Gross Pay	Social Security Tax Withheld Box 4 of W-2	CA State Income Tax Box 17 of W-2 SUI/SPI
Fed. Income Tax Withheld Box 2 of W-2	Medicare Tax Withheld Box 6 of W-2 Includes Add'l Med	Box 14 of W-2

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Gross Pay	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CA State Wages, Tips, Etc. Box 16 of W-2
Less Dependent FSA/DCB				
Less Other Cafe 125				
Wages Over Limit				
Reported W-2 Wages				

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

EDIE M. KONIGSBERG-BORNSTEIN
 10599 WILSHIRE BLVD
 # 612
 LOS ANGELES, CA 90024

Social Security Number: -5316
 Taxable Marital Status: SINGLE
 Exemptions/Allowances:
 FEDERAL: 0
 STATE: 0

W-2 2014 ADP JG

Wages, tips, other comp.	2 Federal income tax withheld
Social security wages	4 Social security tax withheld
Medicare wages and tips	6 Medicare tax withheld
Control number: 002785 LOSA/QWS	Dept: 140
Corp: A	Employer use only: 136

Employer's name, address, and ZIP code:
CRYSTAL CRUISES INC
 11755 WILSHIRE BOULEVARD
 LOS ANGELES CA 90025

Employee's FED ID number 95-4156825	Employee's SSA number -5316
Social security tips	8 Allocated tips
10 Dependent care benefits	
1 Nonqualified plans	12a See instructions for box 12
4 Other	12b 12c 12d
101636 SUI 1000000 AUTO2	13 Str. emp. Ret. plan Ind. sick pay

Employee's name, address, and ZIP code:
EDIE M. KONIGSBERG-BORNSTEIN
 10599 WILSHIRE BLVD
 # 612
 LOS ANGELES, CA 90024

5 State CA Employer's state ID no. 352-5220-4	15 State wages, tips, etc.
7 State income tax	18 Local wages, tips, etc.
9 Local income tax	20 Locality name

Federal Filing Copy
W-2 Wage and Tax Statement 2014

1 Wages, tips, other comp.	2 Federal income tax withheld
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
d Control number: 002785 LOSA/QWS	Dept: 140
Corp: A	Employer use only: 136

e Employee's name, address, and ZIP code:
CRYSTAL CRUISES INC
 11755 WILSHIRE BOULEVARD
 LOS ANGELES CA 90025

e Employee's FED ID number 95-4156825	e Employee's SSA number -5316
7 Social security tips	8 Allocated tips
9 Nonqualified plans	12a
14 Other	12b 12c 12d
101636 SUI 1000000 AUTO2	13 Str. emp. Ret. plan Ind. sick pay

ef Employee's name, address, and ZIP code:
EDIE M. KONIGSBERG-BORNSTEIN
 10599 WILSHIRE BLVD
 # 612
 LOS ANGELES, CA 90024

15 State CA Employer's state ID no. 352-5220-4	15 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

CA State Reference Copy
W-2 Wage and Tax Statement 2014

1 Wages, tips, other comp.	2 Federal income tax withheld
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
d Control number: 002785 LOSA/QWS	Dept: 140
Corp: A	Employer use only: 136

c Employee's name, address, and ZIP code:
CRYSTAL CRUISES INC
 11755 WILSHIRE BOULEVARD
 LOS ANGELES CA 90025

b Employee's FED ID number 95-4156825	a Employee's SSA number -5316
7 Social security tips	8 Allocated tips
9 Nonqualified plans	12a
14 Other	12b 12c 12d
101636 CA SUI 1000000 AUTO2	13 Str. emp. Ret. plan Ind. sick pay

cf Employee's name, address, and ZIP code:
EDIE M. KONIGSBERG-BORNSTEIN
 10599 WILSHIRE BLVD
 # 612
 LOS ANGELES, CA 90024

16 State CA Employer's state ID no. 352-5220-4	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

CA State Filing Copy
W-2 Wage and Tax Statement 2014

Employee Reference Copy
W-2 Wage and Tax Statement 2013
 OMB No. 1545-0048

Control number: 002785 LOSA/QKS
 Dept: 140
 Corp: A
 Employer use only: 135

Employer's name, address, and ZIP code
CRYSTAL CRUISES INC
11755 WILSHIRE BOULEARD
LOS ANGELES CA 90025

Batch #01495

Employee's name, address, and ZIP code
EDIE M. KONIGSBERG-BORNSTEIN
10599 WILSHIRE BLVD
612
LOS ANGELES,CA 90024

1 Nonqualified plans	12a See instructions for box 12
4 Other	12b
	12c
	12d
	13 Ret. emp. Ret. plan Ind party sick pay
6 State	16 State wages, tips, etc.
CA 352-5220-4	
7 State income tax	18 Local wages, tips, etc.
9 Local income tax	20 Locality name

1 Wages, tips, other comp.	2 Federal income tax withheld		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
Control number	Dept	Corp	Employer use only
002785 LOSA/QKS	140	A	135
Employer's name, address, and ZIP code CRYSTAL CRUISES INC 11755 WILSHIRE BOULEARD LOS ANGELES CA 90025			
Employee's FED ID number	Employee's SSA number		
95-4156825	5316		
7 Social security tips	8 Allocated tips		
10 Dependent care benefits			
11 Nonqualified plans			
12a See instructions for box 12			
4 Other			
12b			
12c			
12d			
13 Ret. emp. Ret. plan Ind party sick pay			
Employee's name, address and ZIP code EDIE M. KONIGSBERG-BORNSTEIN 10599 WILSHIRE BLVD # 612 LOS ANGELES,CA 90024			
6 State	16 State wages, tips, etc.		
CA 352-5220-4			
7 State income tax	18 Local wages, tips, etc.		
9 Local income tax	20 Locality name		

2013 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2013 pay stub plus any adjustments submitted by your employer.

Gross Pay	Social Security Tax Withheld Box 4 of W-2	CA, State Income Tax Box 17 of W-2 SUI/901 Box 14 of W-2
Fed. Income Tax Withheld Box 2 of W-2	Medicare Tax Withheld Box 5 of W-2	

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CA, State Wages, Tips, Etc. Box 18 of W-2
Gross Pay	[Redacted]		
Wages Over Limit	[Redacted]		
Reported W-2 Wages	[Redacted]		

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll dept.

EDIE M. KONIGSBERG-BORNSTEIN
10599 WILSHIRE BLVD
612
LOS ANGELES,CA 90024

Social Security Number: 5316
 Taxable Marital Status: SINGLE
 Exemptions/allowances:
 FEDERAL: 0
 STATE: 0

Confidential and Sensitive

W-2 2013 01/11/14

1 Wages, tips, other comp.	2 Federal income tax withheld		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
d Control number	Dept	Corp	Employer use only
002785 LOSA/QKS	140	A	135
c Employee's name, address, and ZIP code CRYSTAL CRUISES INC 11755 WILSHIRE BOULEARD LOS ANGELES CA 90025			
b Employee's FED ID number	a Employee's SSA number		
95-4156825	5316		
7 Social security tips	8 Allocated tips		
10 Dependent care benefits			
11 Nonqualified plans			
12a			
14 Other			
12b			
12c			
12d			
13 Ret. emp. Ret. plan Ind party sick pay			
ef Employee's name, address and ZIP code EDIE M. KONIGSBERG-BORNSTEIN 10599 WILSHIRE BLVD # 612 LOS ANGELES,CA 90024			
16 State	16 State wages, tips, etc.		
CA 352-5220-4			
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

1 Wages, tips, other comp.	2 Federal income tax withheld		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
d Control number	Dept	Corp	Employer use only
002785 LOSA/QKS	140	A	135
c Employee's name, address, and ZIP code CRYSTAL CRUISES INC 11755 WILSHIRE BOULEARD LOS ANGELES CA 90025			
b Employee's FED ID number	a Employee's SSA number		
95-4156825	5316		
7 Social security tips	8 Allocated tips		
10 Dependent care benefits			
11 Nonqualified plans			
12a			
14 Other			
12b			
12c			
12d			
13 Ret. emp. Ret. plan Ind party sick pay			
of Employee's name, address and ZIP code EDIE M. KONIGSBERG-BORNSTEIN 10599 WILSHIRE BLVD # 612 LOS ANGELES,CA 90024			
16 State	16 State wages, tips, etc.		
CA 352-5220-4			
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

Earnings Statement

Co. File # Clock Number
 QWS 002828 COO 00440003

Worked In Dept:
 Home Dept: 140

Period Beginning Date: 10/16/2015
 Period End: 10/31/2015
 Pay Date: 10/30/2015
 WGPS Advance Pay Date:

Crystal Cruises
 11755 Wilshire Blvd. Suite 900
 Los Angeles, CA 90025

Edie M. Konigsberg-Bornstein
 1764 Victoria Pointe
 Circle
 Weston, FL 33327

Earnings	Code	Field #	Rate	Hours	Amount
Regular					
Gross Pay					

Deductions	Statutory	Amount
Federal Income Tax		
Medicare		
Medicare Surtax		
	Other	Amount
	10- EYEMED	
	18- PPODEN	
	59- Mutual of Omaha	
	V- OAMCAetna	
	X- Checking I	
Net Pay		0.00

Memos	Code	Amount
	J- Earning Memo Calc	

Confidential and Sensitive



Personal History Form

Personal History Form Reference Information

- 1. This PHF is in connection with one of the following ARC applications:
[] New Accredited Agency Application
[] New Branch Location Forms
[X] Ownership Change Forms
[] Database Integrity Change Form
[] Change of Location
[] Other:
2. Agency Code Number (ACN)/Pending Number to which this PHF is connected (if applicable): 05 638253
3. Legal name of Agency/Applicant: Crystal Cruises LLC
4. City: Los Angeles State: CA Zip Code: 90025

Part 1 - Basic Information

- 1. Full legal name: First: Thomas Middle: Last: Mazloum
2. Full Maiden name or Full Birth Name: First: N/A Middle: Last: N/A
3. All other names used: First: N/A Middle: Last: N/A
4. Social Security Number: 680 07 4896
5. Driver's License/State Identification Number: D6013059 State: CA
6. Email Address: tmazloum@crystalcruises.com
7. Date of birth: April 14, 1967
8. Place of birth: City: Graz State: Stmk Country: Austria
9. Are you a citizen or national of the U.S. or Resident Alien authorized to live and work in the U.S.? [X] Yes [] No
If Resident Alien status applies, provide the following:
a. What is your Registered Alien number?
b. Enter the expiration date of the Alien Registration:
c. Of what Country are you a citizen of:

Part 2 - Qualifier Roles

A. Management Qualifier

- 1. Are you the designated management qualifier for the Agency/Applicant? [] Yes [X] No

B. ARC Specialist Qualifier (ASQ)

- 1. Are you the designated ARC Specialist Qualifier (ASQ) for the Agency/Applicant? [] Yes [X] No
a. Within the past four years, have you successfully completed ARC Specialist Examination? [] Yes [X] No
i. If 'Yes' indicate the Certificate Number and Expiration Date.
Certificate Number Expiration Date
ii. If 'No', indicate the date when you plan to take the ARC Certified Specialist Examination.
Date:

C. Designated Manager

Are you the designated manger for the HOL and/or Branch? [] Yes [X] No

Please list the ACN's below for which you will be the Designated Manager. If there are more than 25 locations, please list them on a separate sheet with the same heading.

Table with 5 columns and 5 rows for listing Agency Code Numbers (ACN's) from 1 to 25.



D. Ticketing Qualifier

- 1. Are you the designated ticketing qualifier for the Agency/Applicant? Yes No
 - a. Within the past three years, have you had at least one-year's full-time experience in airline ticketing?
 - Yes No

Part 3 - Roles and Responsibilities

A. I currently have or upon approval of the application will have access to the following:

- ARC traffic documents
- Monies or credit card documents collected for the agency
- ARC traffic documents located in the agency's off-premises storage facility
- The agency location when closed, locked or unattended by agency personnel

B. I currently have or will have authority for the following

- To make deposits into the ARC-designated bank account
- To make withdrawals from the ARC-designated bank account
- To prepare and submit ARC sales reports

C. Is the Agency/Applicant a corporation or a limited liability company? Yes No

- 1. As the Applicant, state all positions that you hold in the company:
 - a) Title 1: Chief Operating Officer
 - b) Title 2: _____
 - c) Title 3: _____
- 2. If the Agency/Applicant is a LLC, are you the managing member? Yes No
- 3. If the Agency/Applicant is a partnership, are you the managing partner? Yes No
- 4. If the Agency/Applicant is a corporation, please state the percentage of shares that you own: _____%

Part 4 - Residence History

Provide at least the last three years of all places you have resided beginning with your current address. ARC may require you to provide residence history for a period exceeding three years. If you need to provide additional residence history information, complete the Residence History Continuation Page.

A. Current address: From (MM/YY): October 2006 To: Present

- 1. Street address: 2517 Huntington Beach Ln, B Apartment number: _____
- 2. City: Redondo Beach State: CA Zip Code: 90278
- 3. Country: USA 4. Telephone Number: 310-937-6171

B. Former residence: From (MM/YY): _____ To (MM/YY): _____

- 1. Street address: _____ Apartment number: _____
- 2. City: _____ State: _____ Zip Code: _____
- 3. Country: _____ 4. Telephone Number: _____

C. Former residence: From (MM/YY): _____ To (MM/YY): _____

- 1. Street address: _____ Apartment number: _____
- 2. City: _____ State: _____ Zip Code: _____
- 3. Country: _____ 4. Telephone Number: _____



Part 5 - Employment History

Provide at least three years of your occupations, employment, and work activities, as well as period of unemployment, self-employment, school enrollment, etc., beginning with your current employer, occupation or activity (including your employment by or affiliation with the Agent or applicant, if applicable). If you need additional space to account for your full three year employment history, complete and submit the Employment History Continuation Page, ARC may require you to provide employment history for a period exceeding three years.

A. Current Employment

Date of business/activity: From (MM/YY): July 2002 To: Present
Name of Business/Activity: Crystal Cruises, LLC
Suite/Floor/P.O. box: 900
Street address: 11755 Wilshire Blvd
City: Los Angeles State: CA Country: USA Zip Code: 90025
Telephone number: 310-785-9300
Agency Code Number (if applicable): _____ Title or position: Chief Operating Officer
Manager: First: _____ Last: _____

B. Former Employment

Date of business/activity: From (MM/YY): _____ To (MM/YY): _____
Name of Business/Activity: _____
Suite/Floor/P.O. box: _____
Street address: _____
City: _____ State: _____ Country: _____ Zip Code: _____
Telephone number: _____
Agency code number (ACN) (if applicable): _____ Title or position: _____
Manager: First: _____ Last: _____

C. Former Employment

Date of Business/Activity: From (MM/YY): _____ To (MM/YY): _____
Name of Business/Activity: _____
Suite/Floor/P.O. box: _____
Street address: _____
City: _____ State: _____ Country: _____ Zip Code: _____
Telephone number: _____
Agency code number (ACN) (if applicable): _____ Title or position: _____
Manager: First: _____ Last: _____

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Part 6 - Background of Agency/Applicant Personnel

If you answer "Yes" to any question in Part 6 A-H, complete the Personal History Form Continuation Page.

A. Prior Affiliation with any Accredited Agency or Entity

1. Have you ever had a financial interest in, or a connection or affiliation with, or been employed by, any agent/entity accredited by ARC, ARP, ATC, IATA, or IATAN (other than the agencies/entities which you have already identified in other parts of this Personal History Form)? Yes No

B. Prior Affiliation with a Non-Accredited Agency or Travel Company

1. Have you ever had a financial interest in, or a connection or affiliation with, or been employed by any non-accredited travel agency or a business offering general travel services (other than the agencies or businesses which you have already identified in other parts of this Personal History Form)? Yes No

C. Prior Affiliation by a Family Member

1. Does any member of your family currently have, or has any member of your family ever had, a financial interest in, an affiliation or connection with, or been employed by an agent accredited by ARC, ATC, ARP, IATA OR IATAN? Yes No
Note: Family members include but are not limited to, your spouse, siblings, children, parents, and in-laws.

D. Affiliation with a Cancelled Agent

1. Have you ever had a financial interest in, or a connection or affiliation with, or been employed by any agent canceled by ARC, ARP, ATC, IATA, or IATAN Agency List? Yes No

E. Affiliation with Agent Presently in Default

1. Have you ever had, or do you currently have, a financial interest in, or a connection or affiliation with, or are/were you employed by, an agent/entity presently in default under the provisions of the ARC Agent Reporting Agreement or any other ARC Reporting Agreement or the Travel Agent Service Fee Program Agreement (TASFPA)? Yes No

F. Felonies or Misdemeanors

- 1. Have you ever been convicted of a felony or pled guilty or nolo contendere (no contest) to a felony? Yes No
- 2. Have you ever been convicted of a misdemeanor related to financial activity or pled guilty or nolo contendere (no contest) to a misdemeanor related to financial activities? Yes No
- 3. Have you ever been found by a court to have committed a breach of fiduciary duty involving the use of funds of others? Yes No
- 4. Have you ever been arrested, or currently under investigation by federal, state, or local law enforcement authorities (e.g., police, attorney general's office, consumer protection agencies, etc.) for any offense or crime, or any alleged offense or crime in any way related to employment or affiliation with a travel agency or travel related company? Yes No

G. Involvement with Stolen, Missing or Counterfeit Traffic Documents

1. Have you ever been involved in the distribution, sale or issuance of BSP, ATC, IATA, ARP or ARC traffic documents which you knew, or reasonably should have known, were stolen, counterfeited or reported as missing from an agent? Yes No

H. Bankruptcy

- 1. Are you presently, or have you ever been, an owner, officer, director, or management employee of any business that has ever filed or been the subject of, a petition in bankruptcy? Yes No
- 2. Have you ever filed, or been the subject of, a petition in bankruptcy? Yes No
- 3. Have you ever been the subject of an adversary proceeding in any bankruptcy case? Yes No

Personal History Form Checklist - Required

- A copy of your valid driver's license/state identification card (front and back).
- Copies of all documents that prove your U.S. citizenship (U.S. Passport, birth certificate or Naturalization Certificate for U.S. citizens), or for non-U.S. citizens your authorization to work and reside in the U.S., including your Alien Registration Card ("Green Card") and all other documents and visas issued to you by the U.S. Immigration and Naturalization Service.
- Personal History Form Continuation Page (if applicable)

Confidential and Sensitive



- Residence History Continuation Page (if applicable)
- Employment History Continuation Page (if applicable)

Part 7 - Certification

I hereby certify that the statements made in this application and the attachments thereto are true and correct. I have read the instructions for completing this Personal History Form (PHF), and certify that the information in the PHF was completed by me, or under my direction; and, that prior to signing the PHF, I have reviewed each question and answer, and, if submitted electronically, the electronic and the original PHF contain identical information. I acknowledge and understand that, as part of the evaluation and verification process, ARC may need to verify the information contained in the PHF. I authorize ARC to conduct such investigation as it deems appropriate to verify the accuracy of the information in this PHF, and I authorize release to ARC of any documents, such as but not limited to, personal identification documents, lease agreements, credit reports, employment agreements, photographs, fingerprints, and IRS documents, as may be required.

I hereby waive all rights based on libel, slander, or defamation of character by reason of ARC's publication, of any reason for disapproval of this application, including information contained in this PHF, provided that such reason is reasonably related to the discharge of ARC's obligations, the exercise of its rights, or the performance of its officers, directors, and/or employees in evaluating and approving or disapproving this application.

If there are any changes to any of the answers or information provided in this Personal History Form, I will notify ARC, in writing, immediately.

 Date: 7/8/15
Signature

Name: THOMAS MAZLOUM Title: CHIEF OPERATING OFFICER
Printed Name of above signatory Title of above signatory

(FOR NOTARY USE ONLY)

County of: Los Angeles


State of: CALIFORNIA

On this 8th day of July, 2015.

THOMAS MAZLOUM
(Print Name of above signatory)

K. LATER
Comm. #1968855
Notary Public - California
Los Angeles County
Comm. Expires Feb 6, 2016

Appeared before me and, having been duly sworn by me, stated that the contents of the foregoing application are true and complete, and signed the application in my presence.

NOTARY SEAL  (Notary Public Signature)

My commission expires on Feb 6, 2016

Confidential and Sensitive

CALIFORNIA DRIVER LICENSE

DL **D6013059**

EXP **04/14/2017** CLASS **C**
END **NONE**

LN **MAZLOUM**
FN **THOMAS**
2517 HUNTINGTON LN B
REDONDO BEACH, CA 90278

DOB **04/14/1967**
RSTR **NONE**

SEX **M** HAIR **BRN** EYES **GRN**
HGT **5-08"** WGT **170 lb**

ISS **03/09/2012**


DD **12/26/2003609RB/BBFD/17**

04141967

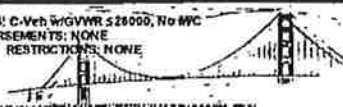




Th...

1200109613059481



CLASS: C-Veh w/GVWR ≤ 28000, No MFC
ENDORSEMENTS: NONE
RESTRICTIONS: NONE

This license is issued as a license to drive a motor vehicle; it does not establish eligibility for employment, voter registration or public benefits.

041487 *Th...*

Rev 04/15/2010

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2013 W-2 and EARNINGS SUMMARY

Employee Reference Copy W-2 Wage and Tax Statement 2013

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1 Control number Dept. Corp. Employer use only
 002130 LOSA/QWS 300 A 159

1. The following information reflects your final 2013 pay stub plus any adjustments submitted by your employer.

Gross Pay	Social Security Tax Withheld Box 4 of W-2	CA. State Income Tax Box 17 of W-2 SUI/SOI
Fed. Income Tax Withheld Box 2 of W-2	Medicare Tax Withheld Box 6 of W-2 Includes Adtl Med	Box 14 of W-2

Employer's name, address, and ZIP code
 CRYSTAL CRUISES INC
 11755 WILSHIRE BOULEARD
 LOS ANGELES CA 90025

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Wages, tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CA. State Wages, Tips, Etc. Box 16 of W-2
-------------------------------------------------	---------------------------------------	--------------------------------	----------------------------------------------

Batch #01496

Employee's name, address, and ZIP code
 THOMAS MAZLOUM
 2517 HUNTINGTON LANE
 3
 REDONDO BEACH, CA 90278

Gross Pay
 Plus G.T.I. (C-Box 12)
 Less 401(k) (D-Box 12)
 Less Other Cafe 125
 Wages Over Limit
 Reported W-2 Wages



Employer's FED ID number 95-4156825	Employee's SSA number 4896
Wages, tips, other comp.	Federal income tax withheld
Social security wages	Social security tax withheld
Medicare wages and tips	Medicare tax withheld
Social security tips	Allocated tips
Dependent care benefits	
1 Nonqualified plans	12a See instructions for box 12
4 Other	12b C 12c 12d 13 Stat emp. Rel. plan 3rd party sick pay X
5 State Employer's state ID no. CA 352-5220-4	16 State wages, tips, etc.
7 State income tax	18 Local wages, tips, etc.
9 Local income tax	20 Locality name

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

THOMAS MAZLOUM
 2517 HUNTINGTON LANE
 B
 REDONDO BEACH, CA 90278

Social Security Number: 4896
 Taxable Marital Status: MARRIED
Exemptions/Allowances:
 FEDERAL: 6
 STATE: 6

Confidential and Sensitive

Wages, tips, other comp.	2 Federal income tax withheld
1 Social security wages	4 Social security tax withheld
Medicare wages and tips	6 Medicare tax withheld
Control number Dept. Corp. Employer use only 002130 LOSA/QWS 300 A 159	
Employee's name, address, and ZIP code CRYSTAL CRUISES INC 11755 WILSHIRE BOULEARD LOS ANGELES CA 90025	
Employer's FED ID number 95-4156825	Employee's SSA number 4896
Social security tips	8 Allocated tips
10 Dependent care benefits	
1 Nonqualified plans	12a See instructions for box 12
4 Other	12b D 12c 12d 13 Stat emp. Rel. plan 3rd party sick pay X
Employee's name, address and ZIP code THOMAS MAZLOUM 2517 HUNTINGTON LANE 3 REDONDO BEACH, CA 90278	
5 State Employer's state ID no. CA 352-5220-4	16 State wages, tips, etc.
7 State income tax	18 Local wages, tips, etc.
9 Local income tax	20 Locality name

1 Wages, tips, other comp.	2 Federal income tax withheld
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
d Control number Dept. Corp. Employer use only 002130 LOSA/QWS 300 A 159	
e Employee's name, address, and ZIP code CRYSTAL CRUISES INC 11755 WILSHIRE BOULEARD LOS ANGELES CA 90025	
b Employee's FED ID number 95-4156825	a Employee's SSA number 4896
7 Social security tips	8 Allocated tips
10 Dependent care benefits	
11 Nonqualified plans	12a C 12b D 12c 12d 13 Stat emp. Rel. plan 3rd party sick pay X
Employee's name, address and ZIP code THOMAS MAZLOUM 2517 HUNTINGTON LANE B REDONDO BEACH, CA 90278	
15 State Employer's state ID no. CA 352-5220-4	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

1 Wages, tips, other comp.	2 Federal income tax withheld
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
d Control number Dept. Corp. Employer use only 002130 LOSA/QWS 300 A 159	
e Employee's name, address, and ZIP code CRYSTAL CRUISES INC 11755 WILSHIRE BOULEARD LOS ANGELES CA 90025	
b Employee's FED ID number 95-4156825	a Employee's SSA number 4896
7 Social security tips	8 Allocated tips
10 Dependent care benefits	
11 Nonqualified plans	12a C 12b D 12c 12d 13 Stat emp. Rel. plan 3rd party sick pay X
Employee's name, address and ZIP code THOMAS MAZLOUM 2517 HUNTINGTON LANE B REDONDO BEACH, CA 90278	
15 State Employer's state ID no. CA 352-5220-4	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Federal Filing Copy W-2 Wage and Tax Statement 2013

CA. State Reference Copy W-2 Wage and Tax Statement 2013

CA. State Filing Copy W-2 Wage and Tax Statement 2013

Earnings Statement

Co. File # Clock Number
 QWS 002130 EXCSR 00440165

Worked In Dept:
 Home Dept: 300

Crystal Cruises
 11755 Wilshire Blvd. Suite 900
 Los Angeles, CA 90025

Period Beginning Date: 10/16/2015
 Period End: 10/31/2015
 Pay Date: 10/30/2015
 WGPS Advance Pay Date:

Thomas Mazloum
 2517 Huntington Lane
 B
 Redondo Beach, CA 90278

Earnings	Code	Field #	Rate	Hours	Amount
Regular					
Gross Pay					

Deductions	Statutory	Amount
Federal Income Tax		
Medicare		
Medicare Surtax		
State Worked In: California	CA	
	Other	Amount
	10- EYEMED	
	18- PPODEN	
	V- OAMCAetna	
	X- Checking 1	
Net Pay		0.00

Memos	Code	Amount
	J- Earning Memo Calc	
	L- G.T.L.	

Confidential and Sensitive

Employee Reference Copy
W-2 Wage and Tax Statement 2014
OMB No. 1545-0046

Control number: 002130 LOSA/QWS
Dept: 300
Corp: A
Employer use only: 155

Employer's name, address, and ZIP code:
**CRYSTAL CRUISES INC
11755 WILSHIRE BOULEVARD
LOS ANGELES CA 90025**

Batch #01425

Employee's name, address, and ZIP code:
**THOMAS MAZLOUM
2517 HUNTINGTON LANE
REDONDO BEACH, CA 90278**

Employee's FED ID number: 95-4156825
Employee's SSA number: 4896

1 Wages, tips, other comp. [redacted]
2 Federal income tax withheld [redacted]

3 Social security wages [redacted]
4 Social security tax withheld [redacted]

5 Medicare wages and tips [redacted]
6 Medicare tax withheld [redacted]

7 Social security tips [redacted]
8 Allocated tips [redacted]

10 Dependent care benefits [redacted]

11 Nonqualified plans [redacted]

4 Other [redacted]

6 State Employee's state ID no. CA 352-5220-4
16 State wages, tips, etc. [redacted]

7 State income tax [redacted]
18 Local wages, tips, etc. [redacted]

9 Local income tax [redacted]
20 Locality name [redacted]

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2014 pay stub plus any adjustments submitted by your employer.

Gross Pay [redacted]	Social Security Tax Withheld Box 4 of W-2 [redacted]	CA, State Income Tax Box 17 of W-2 SUI/SOI [redacted]
Fed. Income Tax Withheld Box 2 of W-2 [redacted]	Medicare Tax Withheld Box 6 of W-2 Includes Add'l Med [redacted]	Box 14 of W-2 [redacted]

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Gross Pay [redacted]	Wages, Tips, other Compensation Box 1 of W-2 [redacted]	Social Security Wages Box 3 of W-2 [redacted]	Medicare Wages Box 5 of W-2 [redacted]	CA, State Wages, Tips, Etc. Box 16 of W-2 [redacted]
Plus GTL (C-Box 12) [redacted]				
Less 401(k) (D-Box 12) [redacted]				
Less Other Cal'd 12b [redacted]				
Reported W-2 Wages [redacted]				

Gross Pay

Plus GTL (C-Box 12)
Less 401(k) (D-Box 12)
Less Other Cal'd 12b

Reported W-2 Wages

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

**THOMAS MAZLOUM
2517 HUNTINGTON LANE
REDONDO BEACH, CA 90278**

Social Security Number: 4896
Taxable Marital Status: MARRIED

Exemptions/Allowances:

FEDERAL: 6
STATE: 6

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1 Wages, tips, other comp. [redacted]
2 Federal income tax withheld [redacted]
3 Social security wages [redacted]
4 Social security tax withheld [redacted]
5 Medicare wages and tips [redacted]
6 Medicare tax withheld [redacted]
Control number: 002130 LOSA/QWS
Dept: 300
Corp: A
Employer use only: 155

Employer's name, address, and ZIP code:
**CRYSTAL CRUISES INC
11755 WILSHIRE BOULEVARD
LOS ANGELES CA 90025**

Employee's FED ID number: 95-4156825
Employee's SSA number: 4896

7 Social security tips [redacted]
8 Allocated tips [redacted]

10 Dependent care benefits [redacted]

11 Nonqualified plans [redacted]

14 Other [redacted]

6 State Employee's state ID no. CA 352-5220-4
16 State wages, tips, etc. [redacted]

7 State income tax [redacted]
18 Local wages, tips, etc. [redacted]

9 Local income tax [redacted]
20 Locality name [redacted]

1 Wages, tips, other comp. [redacted]
2 Federal income tax withheld [redacted]
3 Social security wages [redacted]
4 Social security tax withheld [redacted]
5 Medicare wages and tips [redacted]
6 Medicare tax withheld [redacted]
Control number: 002130 LOSA/QWS
Dept: 300
Corp: A
Employer use only: 155

Employer's name, address, and ZIP code:
**CRYSTAL CRUISES INC
11755 WILSHIRE BOULEVARD
LOS ANGELES CA 90025**

Employee's FED ID number: 95-4156825
Employee's SSA number: 4896

7 Social security tips [redacted]
8 Allocated tips [redacted]

10 Dependent care benefits [redacted]

11 Nonqualified plans [redacted]

14 Other [redacted]

6 State Employee's state ID no. CA 352-5220-4
16 State wages, tips, etc. [redacted]

7 State income tax [redacted]
18 Local wages, tips, etc. [redacted]

9 Local income tax [redacted]
20 Locality name [redacted]

1 Wages, tips, other comp. [redacted]
2 Federal income tax withheld [redacted]
3 Social security wages [redacted]
4 Social security tax withheld [redacted]
5 Medicare wages and tips [redacted]
6 Medicare tax withheld [redacted]
Control number: 002130 LOSA/QWS
Dept: 300
Corp: A
Employer use only: 155

Employer's name, address, and ZIP code:
**CRYSTAL CRUISES INC
11755 WILSHIRE BOULEVARD
LOS ANGELES CA 90025**

Employee's FED ID number: 95-4156825
Employee's SSA number: 4896

7 Social security tips [redacted]
8 Allocated tips [redacted]

10 Dependent care benefits [redacted]

11 Nonqualified plans [redacted]

14 Other [redacted]

6 State Employee's state ID no. CA 352-5220-4
16 State wages, tips, etc. [redacted]

7 State income tax [redacted]
18 Local wages, tips, etc. [redacted]

9 Local income tax [redacted]
20 Locality name [redacted]



Personal History Form Reference Information

- 1. This PHF is in connection with one of the following ARC applications:
 - New Accredited Agency Application
 - Ownership Change Forms
 - Change of Location
 - Other: _____
 - New Branch Location Forms
 - Database Integrity Change Form
- 2. Agency Code Number (ACN)/Pending Number to which this PHF is connected (if applicable): 05 63825 3
- 3. Legal name of Agency/Applicant: Crystal Cruises LLC
- 4. City: Los Angeles State: CA Zip Code: 90025

Part 1 - Basic Information

- 1. Full legal name: First: Judith Middle: Ann Last: Cowan
 - 2. Full Maiden name or Full Birth Name: First: Judith Middle: Ann Last: Cowan
 - 3. All other names used: First: Judi Middle: _____ Last: _____
 - 4. Social Security Number: 554 88 2942
 - 5. Driver's License/State Identification Number: N0235405 State: CA
 - 6. Email Address: jcowan@crystalcruises.com
 - 7. Date of birth: 12.29.1954
 - 8. Place of birth: City: Toronto State: Ontario Country: Canada
 - 9. Are you a citizen or national of the U.S. or Resident Alien authorized to live and work in the U.S.? Yes No
- If Resident Alien status applies, provide the following:
- a. What is your Registered Alien number? _____
 - b. Enter the expiration date of the Alien Registration: _____
 - c. Of what Country are you a citizen of: _____

Part 2 - Qualifier Roles

A. Management Qualifier

1. Are you the designated management qualifier for the Agency/Applicant? Yes No

B. ARC Specialist Qualifier (ASQ)

- 1. Are you the designated ARC Specialist Qualifier (ASQ) for the Agency/Applicant? Yes No
 - a. Within the past four years, have you successfully completed ARC Specialist Examination? Yes No
 - i. If 'Yes' indicate the Certificate Number and Expiration Date.
Certificate Number _____ Expiration Date _____
 - ii. If 'No', indicate the date when you plan to take the ARC Certified Specialist Examination.
Date: _____

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C. Designated Manager

Are you the designated manger for the HOL and/or Branch? Yes No
Please list the ACN's below for which you will be the Designated Manager. If there are more than 25 locations, please list them on a separate sheet with the same heading.

1 <u>05 63825 3</u>	2 _____	3 _____	4 _____	5 _____
6 _____	7 _____	8 _____	9 _____	10 _____
11 _____	12 _____	13 _____	14 _____	15 _____
16 _____	17 _____	18 _____	19 _____	20 _____
21 _____	22 _____	23 _____	24 _____	25 _____



D. Ticketing Qualifier

- 1. Are you the designated ticketing qualifier for the Agency/Applicant? Yes No
 - a. Within the past three years, have you had at least one-year's full-time experience in airline ticketing?
 - Yes No

Part 3 - Roles and Responsibilities

A. I currently have or upon approval of the application will have access to the following:

- ARC traffic documents
- Monies or credit card documents collected for the agency
- ARC traffic documents located in the agency's off-premises storage facility
- The agency location when closed, locked or unattended by agency personnel

B. I currently have or will have authority for the following

- To make deposits into the ARC-designated bank account
- To make withdrawals from the ARC-designated bank account
- To prepare and submit ARC sales reports

C. Is the Agency/Applicant a corporation or a limited liability company? Yes No

1. As the Applicant, state all positions that you hold in the company:

- a) Title 1: Director, Air & Documentation Services
- b) Title 2: _____
- c) Title 3: _____

2. If the Agency/Applicant is a LLC, are you the managing member? Yes No

3. If the Agency/Applicant is a partnership, are you the managing partner? Yes No

4. If the Agency/Applicant is a corporation, please state the percentage of shares that you own: _____ %

Part 4 - Residence History

Provide at least the last three years of all places you have resided beginning with your current address. ARC may require you to provide residence history for a period exceeding three years. If you need to provide additional residence history information, complete the Residence History Continuation Page.

A. Current address: From (MM/YY): 10/2012 To: Present

- 1. Street address: 894 Lynnmere Dr. Apartment number: _____
- 2. City: Thousand Oaks State: CA Zip Code: 91360
- 3. Country: USA 4. Telephone Number: 310 948 3546

B. Former residence: From (MM/YY): 06/2010 To (MM/YY): 09/2012

- 1. Street address: 6124 Melvil St. Apartment number: _____
- 2. City: Los Angeles State: CA Zip Code: 90034
- 3. Country: USA 4. Telephone Number: 310 948 3546

C. Former residence: From (MM/YY): 08/1982 To (MM/YY): 05/2010

- 1. Street address: 10636 Rountree Rd. Apartment number: _____
- 2. City: Los Angeles State: CA Zip Code: 90064
- 3. Country: Los Angeles 4. Telephone Number: 213 839 5135 & 310 839 1647



Part 5 - Employment History

Provide at least three years of your occupations, employment, and work activities, as well as period of unemployment, self-employment, school enrollment, etc., beginning with your current employer, occupation or activity (including your employment by or affiliation with the Agent or applicant, if applicable). If you need additional space to account for your full three year employment history, complete and submit the Employment History Continuation Page, ARC may require you to provide employment history for a period exceeding three years.

A. Current Employment

Date of business/activity: From (MM/YY): 02/1989 To: Present
Name of Business/Activity: Crystal Cruises, Inc.
Suite/Floor/P.O. box: 900
Street address: 11755 Wilshire Blvd.
City: Los Angeles State: CA Country: USA Zip Code: 90025
Telephone number: 310 785 9300
Agency Code Number (if applicable): 05 63825 3 Title or position: Director, Air & Docs Svcs
Manager: First: Barbara Last: Gilliam

B. Former Employment

Date of business/activity: From (MM/YY): 08/1984 To (MM/YY): 01/1989
Name of Business/Activity: Airsea Holidays
Suite/Floor/P.O. box: _____
Street address: 10100 Santa Monica Blvd.
City: Los Angeles State: CA Country: USA Zip Code: 90067
Telephone number: 213 277 5404
Agency code number (ACN) (if applicable): 05 51707 2 Title or position: Tariff Analyst
Manager: First: Barbara Last: Gilliam

C. Former Employment

Date of Business/Activity: From (MM/YY): 01/80 To (MM/YY): 08/1984
Name of Business/Activity: Air Canada
Suite/Floor/P.O. box: _____
Street address: 5761 Imperial Hwy.
City: Los Angeles State: CA Country: USA Zip Code: 90045
Telephone number: 213 646 7470
Agency code number (ACN) (if applicable): A/L code: 014 Title or position: Acting Supervisor
Manager: First: Sharon Last: Morrett

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Part 6 - Background of Agency/Applicant Personnel

If you answer "Yes" to any question in Part 6 A-H, complete the Personal History Form Continuation Page.

A. Prior Affiliation with any Accredited Agency or Entity

1. Have you ever had a financial interest in, or a connection or affiliation with, or been employed by, any agent/entity accredited by ARC, ARP, ATC, IATA, or IATAN (other than the agencies/entities which you have already identified in other parts of this Personal History Form)? Yes No

B. Prior Affiliation with a Non-Accredited Agency or Travel Company

1. Have you ever had a financial interest in, or a connection or affiliation with, or been employed by any non-accredited travel agency or a business offering general travel services (other than the agencies or businesses which you have already identified in other parts of this Personal History Form)? Yes No

C. Prior Affiliation by a Family Member

1. Does any member of your family currently have, or has any member of your family ever had, a financial interest in, an affiliation or connection with, or been employed by an agent accredited by ARC, ATC, ARP, IATA OR IATAN? Yes No
Note: Family members include but are not limited to, your spouse, siblings, children, parents, and in-laws.

D. Affiliation with a Cancelled Agent

1. Have you ever had a financial interest in, or a connection or affiliation with, or been employed by any agent canceled by ARC, ARP, ATC, IATA, or IATAN Agency List? Yes No

E. Affiliation with Agent Presently in Default

1. Have you ever had, or do you currently have, a financial interest in, or a connection or affiliation with, or are/were you employed by, an agent/entity presently in default under the provisions of the ARC Agent Reporting Agreement or any other ARC Reporting Agreement or the Travel Agent Service Fee Program Agreement (TASFPA)? Yes No

F. Felonies or Misdemeanors

- 1. Have you ever been convicted of a felony or pled guilty or nolo contendere (no contest) to a felony? Yes No
- 2. Have you ever been convicted of a misdemeanor related to financial activity or pled guilty or nolo contendere (no contest) to a misdemeanor related to financial activities? Yes No
- 3. Have you ever been found by a court to have committed a breach of fiduciary duty involving the use of funds of others? Yes No
- 4. Have you ever been arrested, or currently under investigation by federal, state, or local law enforcement authorities (e.g., police, attorney general's office, consumer protection agencies, etc.) for any offense or crime, or any alleged offense or crime in any way related to employment or affiliation with a travel agency or travel related company? Yes No

G. Involvement with Stolen, Missing or Counterfeit Traffic Documents

1. Have you ever been involved in the distribution, sale or issuance of BSP, ATC, IATA, ARP or ARC traffic documents which you knew, or reasonably should have known, were stolen, counterfeited or reported as missing from an agent? Yes No

H. Bankruptcy

- 1. Are you presently, or have you ever been, an owner, officer, director, or management employee of any business that has ever filed or been the subject of, a petition in bankruptcy? Yes No
- 2. Have you ever filed, or been the subject of, a petition in bankruptcy? Yes No
- 3. Have you ever been the subject of an adversary proceeding in any bankruptcy case? Yes No

Personal History Form Checklist - Required

- A copy of your valid driver's license/state identification card (front and back).
- Copies of all documents that prove your U.S. citizenship (U.S. Passport, birth certificate or Naturalization Certificate for U.S. citizens), or for non-U.S. citizens your authorization to work and reside in the U.S., including your Alien Registration Card ("Green Card") and all other documents and visas issued to you by the U.S. Immigration and Naturalization Service.
- Personal History Form Continuation Page (if applicable)

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Personal History Form

- Residence History Continuation Page (if applicable)
- Employment History Continuation Page (if applicable)

Part 7 - Certification

I hereby certify that the statements made in this application and the attachments thereto are true and correct. I have read the instructions for completing this Personal History Form (PHF), and certify that the information in the PHF was completed by me, or under my direction; and, that prior to signing the PHF, I have reviewed each question and answer, and, if submitted electronically, the electronic and the original PHF contain identical information. I acknowledge and understand that, as part of the evaluation and verification process, ARC may need to verify the information contained in the PHF. I authorize ARC to conduct such investigation as it deems appropriate to verify the accuracy of the information in this PHF, and I authorize release to ARC of any documents, such as but not limited to, personal identification documents, lease agreements, credit reports, employment agreements, photographs, fingerprints, and IRS documents, as may be required.

I hereby waive all rights based on libel, slander, or defamation of character by reason of ARC's publication, of any reason for disapproval of this application, including information contained in this PHF, provided that such reason is reasonably related to the discharge of ARC's obligations, the exercise of its rights, or the performance of its officers, directors, and/or employees in evaluating and approving or disapproving this application.

If there are any changes to any of the answers or information provided in this Personal History Form, I will notify ARC, in writing, immediately.

Signature: Judith Cowan Date: 5.29.2015

Name: Judith Cowan Title: Director, Air & Documentation Services
 Printed Name of above signatory Title of above signatory

(FOR NOTARY USE ONLY)

County of: Los Angeles

State of: CALIFORNIA

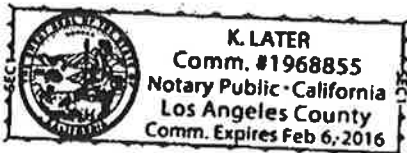
On this 29th day of May, 2015.

JUDITH COWAN
 (Print Name of above signatory)

Appeared before me and, having been duly sworn by me, stated that the contents of the foregoing application are true and complete, and signed the application in my presence.

NOTARY SEAL K. Later (Notary Public Signature)

My commission expires on Feb 6, 2016



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2012 W-2 and EARNINGS SUMMARY

Employee Reference Copy W-2 Wage and Tax Statement 2012

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1 Control number: 101058 LOSA/QWS
Dept: 230
Corp: A
Employer use only: 50

1. The following information reflects your final 2012 pay stub plus any adjustments submitted by your employer.

Gross Pay	Social Security Tax Withheld Box 4 of W-2	CA. State Income Tax Box 17 of W-2 SUI/SOI Box 14 of W-2
Fed. Income Tax Withheld Box 2 of W-2	Medicare Tax Withheld Box 5 of W-2	

Employer's name, address, and ZIP code
**CRYSTAL CRUISES INC
2049 CENTURY PARK EAST
LOS ANGELES CA 90067**

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Batch #01151

ii Employee's name, address, and ZIP code
**JUDITH A. COWAN
894 LYNNMERE DR.
THOUSAND OAKS, CA 91360**

Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CA. State Wages, Tips, Etc. Box 16 of W-2
-------------------------------------------------	---------------------------------------	--------------------------------	----------------------------------------------

Gross Pay
Plus GTL (C-Box 12)
Less 401(k) (D-Box 12)
Less Other Cafe 125
Reported W-2 Wages



Employer's FED ID number 95-4156825	a Employee's SSA number 2942
Wages, tips, other comp.	2 Federal income tax withheld
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
7 Social security tips	8 Allocated tips
10 Dependent care benefits	
1 Nonqualified plans	12a See instructions for box 12
4 Other	12b C 12c 12d
5 State	13 Stat emp. Ret. plan Ind party sick pay
CA 352-5220-4	X
7 State income tax	16 State wages, tips, etc.
19 Local income tax	18 Local wages, tips, etc.
	20 Locality name

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll dept.

**JUDITH A. COWAN
894 LYNNMERE DR.
THOUSAND OAKS, CA 91360**

Social Security Number: 2942
Taxable Marital Status: MARRIED
Exemptions/Allowances:
FEDERAL: 0
STATE: 0

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1 Wages, tips, other comp.	2 Federal income tax withheld		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
d Control number	Dept.	Corp.	Employer use only
101058 LOSA/QWS	230	A	50
c Employer's name, address, and ZIP code CRYSTAL CRUISES INC 2049 CENTURY PARK EAST LOS ANGELES CA 90067			
7 Social security tips	8 Allocated tips		
10 Dependent care benefits			
11 Nonqualified plans	12a See instructions for box 12		
14 Other	12b C 12c 12d		
13 Stat emp. Ret. plan Ind party sick pay			
X			
ii Employee's name, address and ZIP code JUDITH A. COWAN 894 LYNNMERE DR. THOUSAND OAKS, CA 91360			
15 State	16 State wages, tips, etc.		
CA 352-5220-4			
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

1 Wages, tips, other comp.	2 Federal income tax withheld		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
d Control number	Dept.	Corp.	Employer use only
001058 LOSA/QWS	230	A	50
c Employer's name, address, and ZIP code CRYSTAL CRUISES INC 2049 CENTURY PARK EAST LOS ANGELES CA 90067			
7 Social security tips	8 Allocated tips		
10 Dependent care benefits			
11 Nonqualified plans	12a See instructions for box 12		
14 Other	12b C 12c 12d		
13 Stat emp. Ret. plan Ind party sick pay			
X			
ii Employee's name, address and ZIP code JUDITH A. COWAN 894 LYNNMERE DR. THOUSAND OAKS, CA 91360			
15 State	16 State wages, tips, etc.		
CA 352-5220-4			
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

1 Wages, tips, other comp.	2 Federal income tax withheld		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
d Control number	Dept.	Corp.	Employer use only
001058 LOSA/QWS	230	A	50
c Employer's name, address, and ZIP code CRYSTAL CRUISES INC 2049 CENTURY PARK EAST LOS ANGELES CA 90067			
7 Social security tips	8 Allocated tips		
10 Dependent care benefits			
11 Nonqualified plans	12a See instructions for box 12		
14 Other	12b C 12c 12d		
13 Stat emp. Ret. plan Ind party sick pay			
X			
ii Employee's name, address and ZIP code JUDITH A. COWAN 894 LYNNMERE DR. THOUSAND OAKS, CA 91360			
15 State	16 State wages, tips, etc.		
CA 352-5220-4			
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

2013 W-2 and EARNINGS SUMMARY

Employee Reference Copy W-2 Wage and Tax Statement 2013

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1 Control number Dept. Corp. Employer use only
 001058 LOSA/QWS 230 A 51

Employer's name, address, and ZIP code
CRYSTAL CRUISES INC
 11755 WILSHIRE BOULEARD
 LOS ANGELES CA 90025

Batch #01496

ii Employee's name, address, and ZIP code
JUDITH A. COWAN
 194 LYNNMERE DR.
 THOUSAND OAKS, CA 91360

Employer's FED ID number 95-4156825	3 Employee's SSA number 2942
Wages, tips, other comp.	2 Federal income tax withheld
1 Social security wages	4 Social security tax withheld
Medicare wages and tips	5 Medicare tax withheld
Social security tips	8 Allocated tips
10 Dependent care benefits	
1 Nonqualified plans	12a See instructions for box 12 C
4 Other	12b D
5 State Employer's state ID no. CA 352-5220-4	16 State wages, tips, etc.
7 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

1. The following information reflects your final 2013 pay stub plus any adjustments submitted by your employer.

Gross Pay	Social Security Tax Withheld Box 4 of W-2	CA. State Income Tax Box 17 of W-2 90USD1 Box 14 of W-2
Fed. Income Tax Withheld Box 2 of W-2	Medicare Tax Withheld Box 5 of W-2	

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Gross Pay
 Plus GTL (C-Box 12)
 Less 401(k) (D-Box 12)
 Less Other Cafe 125
 Reported W-2 Wages

Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CA. State Wages, Tips, Etc. Box 18 of W-2
-------------------------------------------------	---------------------------------------	--------------------------------	----------------------------------------------

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll dept.

JUDITH A. COWAN
 894 LYNNMERE DR.
 THOUSAND OAKS, CA 91360

Social Security Number: 2942
 Taxable Marital Status: MARRIED
 Exemptions/Allowances:
 FEDERAL: 0
 STATE: 0

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Wages, tips, other comp.	2 Federal income tax withheld
1 Social security wages	4 Social security tax withheld
Medicare wages and tips	5 Medicare tax withheld
1 Control number Dept. Corp. Employer use only 001058 LOSA/QWS 230 A 51	

Employer's name, address, and ZIP code
CRYSTAL CRUISES INC
 11755 WILSHIRE BOULEARD
 LOS ANGELES CA 90025

Employer's FED ID number 95-4156825	3 Employee's SSA number 2942
Social security tips	8 Allocated tips
10 Dependent care benefits	
1 Nonqualified plans	12a See instructions for box 12 C
4 Other	12b D
5 State Employer's state ID no. CA 352-5220-4	16 State wages, tips, etc.
7 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

iii Employee's name, address and ZIP code
JUDITH A. COWAN
 194 LYNNMERE DR.
 THOUSAND OAKS, CA 91360

6 State Employer's state ID no. CA 352-5220-4	16 State wages, tips, etc.
7 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Federal Filing Copy W-2 Wage and Tax Statement 2013

Wages, tips, other comp.	2 Federal income tax withheld
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips 68292.84	5 Medicare tax withheld 990.25
d Control number Dept. Corp. Employer use only 001058 LOSA/QWS 230 A 51	

e Employee's name, address, and ZIP code
CRYSTAL CRUISES INC
 11755 WILSHIRE BOULEARD
 LOS ANGELES CA 90025

Employer's FED ID number 95-4156825	3 Employee's SSA number 2942
7 Social security tips	8 Allocated tips
10 Dependent care benefits	
11 Nonqualified plans	12a C
14 Other	12b D
15 State Employer's state ID no. CA 352-5220-4	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

iii Employee's name, address and ZIP code
JUDITH A. COWAN
 894 LYNNMERE DR.
 THOUSAND OAKS, CA 91360

15 State Employer's state ID no. CA 352-5220-4	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

CA State Reference Copy W-2 Wage and Tax Statement 2013

Wages, tips, other comp.	2 Federal income tax withheld
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	5 Medicare tax withheld
d Control number Dept. Corp. Employer use only 001058 LOSA/QWS 230 A 51	

c Employee's name, address, and ZIP code
CRYSTAL CRUISES INC
 11755 WILSHIRE BOULEARD
 LOS ANGELES CA 90025

Employer's FED ID number 95-4156825	3 Employee's SSA number 2942
7 Social security tips	8 Allocated tips
10 Dependent care benefits	
11 Nonqualified plans	12a C
14 Other	12b D
15 State Employer's state ID no. CA 352-5220-4	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

iii Employee's name, address and ZIP code
JUDITH A. COWAN
 894 LYNNMERE DR.
 THOUSAND OAKS, CA 91360

15 State Employer's state ID no. CA 352-5220-4	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

CA State Filing Copy W-2 Wage and Tax Statement 2013

Employee Reference Copy
W-2 Wage and Tax Statement 2014
OMB No. 1545-0046

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2014 pay stub plus any adjustments submitted by your employer.

Gross Pay	Social Security Tax Withheld Box 4 of W-2	CA State Income Tax Box 17 of W-2 SUVSDI Box 14 of W-2
Fed. Income Tax Withheld Box 2 of W-2	Medicare Tax Withheld Box 6 of W-2	

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CA State Wages, Tips, Etc. Box 18 of W-2
Gross Pay	[REDACTED]		
Plus GTL (C-Box 12)	[REDACTED]		
Less 401(k) (D-Box 12)	[REDACTED]		
Less Other Calc 125	[REDACTED]		
Reported W-2 Wages	[REDACTED]		

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

JUDITH A. COWAN
894 LYNNMERE DR.
THOUSAND OAKS, CA 91360

Social Security Number: [REDACTED] 2942
Taxable Marital Status: MARRIED
Exemptions/Allowances:
FEDERAL: 0
STATE: 0

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Control number		Dept.	Corp.	Employer use only
001058 LOSA/QWS		230	A	54
Employer's name, address, and ZIP code				
CRYSTAL CRUISES INC 11755 WILSHIRE BOULEVARD LOS ANGELES CA 90025				
Batch #01425				
Employee's name, address, and ZIP code				
JUDITH A. COWAN 894 LYNNMERE DR. THOUSAND OAKS, CA 91360				
Employer's FED ID number	Employee's SSA number			
95-4156825	[REDACTED] 2942			
Wages, tips, other comp.	Federal income tax withheld			
[REDACTED]	[REDACTED]			
Social security wages	Social security tax withheld			
[REDACTED]	[REDACTED]			
Medicare wages and tips	Medicare tax withheld			
[REDACTED]	[REDACTED]			
Social security tips	Allocated tips			
[REDACTED]	[REDACTED]			
10 Dependent care benefits				
11 Nonqualified plans				
12a See instructions for box 12				
12b C				
12c				
12d				
13 Stat emp. Ret. plan 3rd party sick pay				
X				
State	Employer's state ID no.	State wages, tips, etc.		
CA	352-5220-4	[REDACTED]		
State income tax	Local wages, tips, etc.			
[REDACTED]	[REDACTED]			
Local income tax	Locality name			
[REDACTED]	[REDACTED]			

Wages, tips, other comp.	Federal income tax withheld			
[REDACTED]	[REDACTED]			
Social security wages	Social security tax withheld			
[REDACTED]	[REDACTED]			
Medicare wages and tips	Medicare tax withheld			
[REDACTED]	[REDACTED]			
Control number	Dept.	Corp.	Employer use only	
001058 LOSA/QWS	230	A	54	
Employer's name, address, and ZIP code				
CRYSTAL CRUISES INC 11755 WILSHIRE BOULEVARD LOS ANGELES CA 90025				
Employer's FED ID number	Employee's SSA number			
95-4156825	[REDACTED] 2942			
Social security tips	Allocated tips			
[REDACTED]	[REDACTED]			
10 Dependent care benefits				
11 Nonqualified plans				
12a See instructions for box 12				
12b C				
12c				
12d				
13 Stat emp. Ret. plan 3rd party sick pay				
X				
Employee's name, address, and ZIP code				
JUDITH A. COWAN 894 LYNNMERE DR. THOUSAND OAKS, CA 91360				
State	Employer's state ID no.	State wages, tips, etc.		
CA	352-5220-4	[REDACTED]		
State income tax	Local wages, tips, etc.			
[REDACTED]	[REDACTED]			
Local income tax	Locality name			
[REDACTED]	[REDACTED]			

Wages, tips, other comp.	Federal income tax withheld			
[REDACTED]	[REDACTED]			
Social security wages	Social security tax withheld			
[REDACTED]	[REDACTED]			
Medicare wages and tips	Medicare tax withheld			
[REDACTED]	[REDACTED]			
Control number	Dept.	Corp.	Employer use only	
001058 LOSA/QWS	230	A	54	
Employer's name, address, and ZIP code				
CRYSTAL CRUISES INC 11755 WILSHIRE BOULEVARD LOS ANGELES CA 90025				
Employer's FED ID number	Employee's SSA number			
95-4156825	[REDACTED] 2942			
Social security tips	Allocated tips			
[REDACTED]	[REDACTED]			
10 Dependent care benefits				
11 Nonqualified plans				
12a See instructions for box 12				
12b C				
12c				
12d				
13 Stat emp. Ret. plan 3rd party sick pay				
X				
Employee's name, address, and ZIP code				
JUDITH A. COWAN 894 LYNNMERE DR. THOUSAND OAKS, CA 91360				
State	Employer's state ID no.	State wages, tips, etc.		
CA	352-5220-4	[REDACTED]		
State income tax	Local wages, tips, etc.			
[REDACTED]	[REDACTED]			
Local income tax	Locality name			
[REDACTED]	[REDACTED]			

Wages, tips, other comp.	Federal income tax withheld			
[REDACTED]	[REDACTED]			
Social security wages	Social security tax withheld			
[REDACTED]	[REDACTED]			
Medicare wages and tips	Medicare tax withheld			
[REDACTED]	[REDACTED]			
Control number	Dept.	Corp.	Employer use only	
001058 LOSA/QWS	230	A	54	
Employer's name, address, and ZIP code				
CRYSTAL CRUISES INC 11755 WILSHIRE BOULEVARD LOS ANGELES CA 90025				
Employer's FED ID number	Employee's SSA number			
95-4156825	[REDACTED] 2942			
Social security tips	Allocated tips			
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JUDITH A. COWAN 894 LYNNMERE DR. THOUSAND OAKS, CA 91360				
State	Employer's state ID no.	State wages, tips, etc.		
CA	352-5220-4	[REDACTED]		
State income tax	Local wages, tips, etc.			
[REDACTED]	[REDACTED]			
Local income tax	Locality name			
[REDACTED]	[REDACTED]			



Hi Judi, Welcome to My Account

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[Schedule Service](#)

[Ways to Save](#)

[Manage Account](#)

[Optimize website for screen magnification.](#)

View My Bill

Account: 884 LYNNMERE (09071454238)

Bill Date: (10/04/2013)

[Go](#)

[View Bill as PDF](#)

[Additional Bill Information](#)

You may use this message as proof of your excellent credit record with The Gas Company. You have been our valued customer since 10/01/12.

Bill Period: 09/05/2013 – 10/04/2013

Account Summary	Amount
Amount of Last Bill	\$18.71

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ACCOUNT NUMBER 080 714 5423 8
 SERVICE FOR
 JUDITH COWAN
 894 LYNNMERE DR
 THOUSAND OAKS CA 91360-1928

DATE MAILED Oct 8, 2015 Page 1 of 2
 24 Hour Service
 1-800-427-2200 English
 1-800-342-4545 Español
 1-800-252-0259 TTY
 www.socalgas.com

You may use this message as proof of your excellent credit record with The Gas Company. You have been our valued customer since 10/01/12.

Account Summary

Amount of Last Bill \$17.13
 Payment Received 09/28/15 THANK YOU - 17.13
 Current Charges + 17.45
 Total Amount Due \$17.45

Current Charges

Rate: GR - Residential Climate Zone: 1 Baseline Allowance: 15 Therms
 Meter Number: 12917102 (Next scheduled read date Nov 3 2015) Cycle: 4

Billing Period	Days	Current Reading	Previous Reading	Difference	Billing Factor	Total Therms
09/04/15 - 10/06/15	32	2289	2276	13	1.033	13

GAS CHARGES

	Amount(\$)
Customer Charge 32 Days x \$.16438	5.26
Gas Service (Details below) 13 Therms	
Therms used Baseline 13	
Rate/Therm \$.82923	
Charge \$10.78	10.78

Total Gas Charges \$16.04

TAXES & FEES ON GAS CHARGES

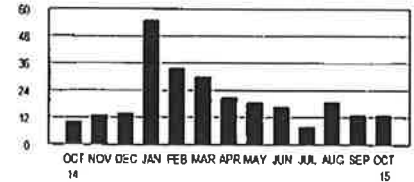
	Amount(\$)
State Regulatory Fee 13 Therms x \$.00068	.01
Public Purpose Surcharge 13 Therms x \$.10738	1.40

Total Taxes and Fees on Gas Charges \$1.41

Total Current Charges \$17.45

DATE DUE Oct 28, 2015
AMOUNT DUE \$17.45

Gas Usage History (Total Therms used)



	Oct 14	Sep 15	Oct 15
Total Therms used	10	13	13
Daily average Therms	.4	.5	.4
Days in billing cycle	28	29	32

Make payments, schedule service appointments, view account history, go paperless. Register for My Account at socalgas.com today!

If you'll need us to relight your pilot this fall, you can now schedule this service online at socalgas.com/service or by calling 1-800-772-5050.

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The Gas Company's gas commodity cost per therm for your billing period:
 Oct. \$.32136 Sep. \$.32949

PLEASE KEEP THIS PORTION FOR YOUR RECORDS (FAVOR DE GUARDAR ESTA PARTE PARA SUS REGISTROS).
 PLEASE RETURN THIS PORTION WITH YOUR PAYMENT. (FAVOR DE DEVOLVER ESTA PARTE CON SU PAGO.)



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 PAY ONLINE
 www.socalgas.com

ACCOUNT NUMBER
 080 714 5423 8

DATE DUE Oct 28, 2015
AMOUNT DUE \$17.45

Please enter amount enclosed.
 \$

Write account number on check and make payable to The Gas Company.

JUDITH COWAN
 894 LYNNMERE DR
 THOUSAND OAKS CA 91360-1928

THE GAS COMPANY
 PO BOX C
 MONTEREY PARK CA 91756-5111

80 0807145423 00001745 87

0807145423 0000003281



Personal History Form

Personal History Form Reference Information

- This PHF is in connection with one of the following ARC applications:
 - New Accredited Agency Application
 - New Branch Location Forms
 - Ownership Change Forms
 - Database Integrity Change Form
 - Change of Location
 - Other: _____
- Agency Code Number (ACN)/Pending Number to which this PHF is connected (if applicable): 05638253
- Legal name of Agency/Applicant: Crystal Cruises LLC
- City: Los Angeles State: CA Zip Code: 90025

Part 1 - Basic Information

- Full legal name: First: Mayra Middle: _____ Last: Costello
- Full Maiden name or Full Birth Name: First: Mayra Middle: Estrada Last: Fierro
- All other names used: First: Myra Middle: _____ Last: Costello
- Social Security Number: 554-17-9357
- Driver's License/State Identification Number: C5811418 State: CA
- Email Address: mcostello@crystalcruises.com
- Date of birth: 7-15-1968
- Place of birth: City: Tijuana State: _____ Country: Mexico
- Are you a citizen or national of the U.S. or Resident Alien authorized to live and work in the U.S.? Yes No
If Resident Alien status applies, provide the following:
 - What is your Registered Alien number? _____
 - Enter the expiration date of the Alien Registration: _____
 - Of what Country are you a citizen of: _____

Part 2 - Qualifier Roles

A. Management Qualifier

- Are you the designated management qualifier for the Agency/Applicant? Yes No

B. ARC Specialist Qualifier (ASQ)

- Are you the designated ARC Specialist Qualifier (ASQ) for the Agency/Applicant? Yes No
 - Within the past four years, have you successfully completed ARC Specialist Examination? Yes No
 - If 'Yes' indicate the Certificate Number and Expiration Date.
Certificate Number 17215 Expiration Date 8/30/2016
 - If 'No', indicate the date when you plan to take the ARC Certified Specialist Examination.
Date: _____

C. Designated Manager

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Are you the designated manager for the HOL and/or Branch? Yes No

Please list the ACN's below for which you will be the Designated Manager. If there are more than 25 locations, please list them on a separate sheet with the same heading.

1 _____	2 _____	3 _____	4 _____	5 _____
6 _____	7 _____	8 _____	9 _____	10 _____
11 _____	12 _____	13 _____	14 _____	15 _____
16 _____	17 _____	18 _____	19 _____	20 _____
21 _____	22 _____	23 _____	24 _____	25 _____