

INDEX OF DOCUMENTS

SAUNDERS, Trevor Bennet

D.O.B.: October 2, 1989

Citizen of the United States

Application for Canadian Work Permit SWAP Working Holidays Program

1. Submission letter from Ackah Business Immigration Law
2. Form IMM5476, *Use of Representative* signed by Mr. Trevor Bennet Saunders
3. Work In Canada Form signed by Mr. Saunders
4. Copy of Reference Letter from Mr. Mark Stehlik, Carnegie Mellon
5. Proof of Student Status
6. Copy of Mr. Saunders' American passport No. 423552070, valid to April 5, 2017
7. Insurance Waiver Form signed by Mr. Saunders
8. Copy of Mr. Saunders' health benefits program
9. Copy of Mr. Saunders' proof of funds (bank statement)
10. Copy of Mr. Saunders' resume
11. Fee & Optional Booking Form
12. Fee Payment of \$305.00 USD

May 31, 2012

DELIVERED BY MAIL

PRIVATE AND CONFIDENTIAL

Travel CUTS
SWAP Working Holidays
RR#1 Box 63B
Belleview Hollow Rd
Nebo IL 62355

Dear Madam/Sir:

**Subject: Application for a Canadian Work Permit
SWAP Working Holidays Program**

Employer: MZ Canada Ltd.
Foreign Worker: Saunders, Trevor Bennet
D.O.B. October 2, 1989
Citizen of the United States

Please be advised that we are the solicitors for MZ Canada Ltd. ("Mozilla Canada"), with respect to immigration and related legal matters. We are also the solicitors for the above-captioned Mr. Trevor Bennet Saunders in his application for a Canadian Work Permit pursuant to the SWAP Working Holiday Program. Please find enclosed the signed IMM5476 *Use of Representative* form for your review.

By way of background, Mozilla is a global non-profit organization dedicated to putting clients in control of their online experience, and shaping the future of the Web for the public good. The Mozilla Corporation was established in 2005 as a wholly owned taxable subsidiary that serves the non-profit, public benefit goals of its parent, the Mozilla Foundation, and the vast Mozilla community. Mozilla's mission is to promote openness, innovation and opportunity on the web by creating great software, like the Firefox browser, and building movements, like Drumbeat, that give people tools to take control of their online lives.

Mr. Saunders has received an offer of employment from Mozilla Canada for a **12 month** term based in Toronto, Ontario as a Software Engineering Intern. Mr. Saunders has recently graduated from Carnegie Mellon University in May 2012 with his Bachelor of Science degree in Computer Science. Based on his education and previous work in web development, Mozilla Canada would like to employ Mr. Saunders as a recent graduate commencing in July 2012. The SWAP Working Holidays website for American's states the eligibility criteria is:

- US citizenship
- Aged 18 to 30 upon entry to Canada
- Cannot be married, unless the spouse is individually eligible and also participating in the Work in Canada program. No parents with dependent children are permitted
- Clean criminal record
- A full-time student at an accredited US college or university, or recent graduate
- All participants must have medical insurance with Medical Expenses, Personal Accident, and Repatriation of Remains up to \$25,000.00 USD
- If you want to repeat the Work in Canada program you must attend a US college or university for one full academic year between programs.

In these circumstances, we respectfully submit that Mr. Saunders fully qualifies for acceptance into the SWAP Working Holidays Program.

Ackah / BUSINESS IMMIGRATION LAW

While in Canada, Mr. Saunders will not be accompanied by any dependents.

Thank you for your attention to the above and enclosed. Please refer to our Index of Documents for a complete list of submission materials. Should you have any questions or concerns in this regards, please do not hesitate to contact me directly at (403) 452-9515.

Yours very truly

ACKAH BUSINESS IMMIGRATION LAW

A handwritten signature in black ink, appearing to read 'Evelyn L. Ackah', written over the typed name.

Evelyn L. Ackah

Encl.



USE OF A REPRESENTATIVE

You do not need to hire an immigration representative, it is your choice. No one can guarantee the approval of your application. All the forms and information that you need to apply are available free at www.cic.gc.ca.

A representative is someone who has your permission to conduct business on your behalf with Citizenship and Immigration Canada (CIC) and Canada Border Services Agency (CBSA). You may have **one** representative only. If you appoint an additional representative, the previous representative will no longer be authorized to conduct business on your behalf and receive information on your case file.

Your dependent children aged 18 years or older must complete their own copy of this form if they have a representative.

- I am:
- appointing a representative. Complete Sections A, B and D.
 - cancelling the appointment of a representative. Complete Section A, C and D.

SECTION A: APPLICANT INFORMATION

- Your full name**

Family name (Surname)

Given name(s)
- Your date of birth**

Day	Month	Year
02	10	1989
- If you have already submitted your application:**

Name of office where the application was submitted

Location of office

Type of application (permanent residence, extension of study permit, etc.)
- Your Citizenship and Immigration Canada Identification number (if known)**

Client Identification (ID) or Unique Client Identifier (UCI) number

SECTION B: APPOINTMENT OF REPRESENTATIVE

- I authorize the following individual to serve as my representative and to conduct business on my behalf with Citizenship and Immigration Canada and Canada Border Services Agency.
- I authorize Citizenship and Immigration Canada and Canada Border Services Agency to release information from my case file and that of my dependent children under 18 years of age to my representative. This authorization is in accordance with the *Privacy Act*.
- I am aware that any information which would be subject to exemption, if I had the right of access under the *Privacy Act* or the *Access to Information Act*, will likely not be released.

- Your representative's full name**

Family name (Surname)

Given name(s)

- Your representative: (choose one)**

is UNPAID and is a:

 - family member or friend
 - member of a non-governmental or religious organization
 - member of the Canadian Society of Immigration Consultants, a Canadian provincial or territorial law society, or the *Chambre des notaires du Québec*.
 - other

Is or will be PAID and is a member in good standing of:

- the Canadian Society of Immigration Consultants (CSIC)
 - ▶ Membership ID number
- a Canadian provincial or territorial law society
 - ▶ Which province or territory?
 - ▶ Membership ID number
- the *Chambre des notaires du Québec*
 - ▶ Membership ID number

7. Your representative's contact information

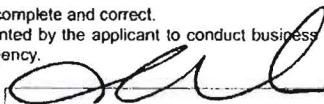
Name of firm or organization (if applicable) Ackah Business Immigration Law			
Mailing address 509 20th Ave SW			
Calgary, Alberta			
Postal code/ZIP T2S 0E7			
Telephone number	Country code (1)	Area code (403)	Number 452-9515
Fax number	Country code (1)	Area code (403)	Number 452-9514
E-mail address (if applicable) evelyn@ackahlaw.com			

By indicating your representative's e-mail address, you are hereby authorizing Citizenship and Immigration Canada to transmit your file and personal information to this specific e-mail address.

8. Your representative's declaration:

- I declare that the information in Section B is truthful, complete and correct.
- I understand and accept that I am the person appointed by the applicant to conduct business on the applicant or sponsor's behalf with Citizenship and Immigration Canada and Canada Border Services Agency.

Signature of representative



Date

Day Month Year
31 05 2012

SECTION C: CANCEL THE APPOINTMENT OF A REPRESENTATIVE

I withdraw my authorization for this person to serve as my representative, to receive information on my case file and to conduct business on my behalf with Citizenship and Immigration Canada and Canada Border Services Agency.

9. Your representative's full name

Family name (Surname)

Given name(s)

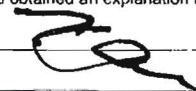
Name of firm or organization (if applicable)

SECTION D: YOUR DECLARATION

10.

- I declare that the information I have given is truthful, complete and correct.
- I understand all the foregoing statements, having asked for and obtained an explanation for every point that was not clear to me.

Signature of applicant



Date

Day Month Year
13 06 2012

Signature of spouse or common-law partner (if applicable)

Date

Day Month Year
.

Warning! It is a serious offence to give false or misleading information on this form.

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* and will be used in assessing your application according to the requirements of the Act. It will be retained in a Personal Information Bank identified in Infosource. It may be shared with other organizations in accordance with the consistent use of information under the *Privacy Act*. Under the *Privacy Act* and the *Access to Information Act* individuals have the right to protection of and access to their personal information. Details on these matters are available at infosource.gc.ca and through the Citizenship and Immigration Call Centre. Infosource is also available in Canadian public libraries.

WORK IN CANADA

REGISTRATION FORM 2011

SECTION ONE

PLEASE COMPLETE IN INK USING BLOCK LETTERS. It is very important that the information written on this page is correctly spelled and accurate. This information will later transfer to visa documents; therefore, it is important that your name matches the name written in your passport (do not use any nicknames). Please also verify that you have not reversed the day and month of your date of birth.

MS MR
LAST NAME SAUNDERS
FIRST NAME TREVOR
MIDDLE NAME BENNET
PERMANENT ADDRESS
STREET 78 York Street
CITY Lambertville STATE NJ ZIP CODE 08530
TELEPHONE ()
CELL () (609) 651-2761
EMAIL (required) trev.saunders@gmail.com

It is essential that you provide your correct email address. Provide an email address that you can be contacted on.

HOW WOULD YOU LIKE TO RECEIVE YOUR PRE-DEPARTURE KIT?

- I will pick up from the Travel CUTS/ATC office I applied at.
 I will pick up from another Travel CUTS/ATC office. Please name which one. _____
 Please send the kit to my shipping address as follows:

U.S. SHIPPING ADDRESS (if different from permanent address)
(No P.O. Boxes allowed)

STREET _____
CITY _____ STATE _____ ZIP CODE _____
TELEPHONE () _____ VALID UNTIL _____
EMERGENCY CONTACT
NAME Dan Saunders
RELATIONSHIP TO YOU Father
TELEPHONE () (609) 397-3354
CELL () _____
EMAIL dand.saunders@gmail.com

SECTION TWO

APPROXIMATE DEPARTURE DATE:
____ DAY ____ MONTH ____ YEAR
(This date must comply with deadlines listed on the website)

EXACT ARRIVAL DATE: ____ DAY ____ MONTH ____ YEAR

HOW WILL YOU BE TRAVELLING TO CANADA?

- AIR BUS TRAIN CAR

IN WHICH CITY WILL YOU BE ATTENDING AN ORIENTATION?

- N/A TORONTO VANCOUVER
 I AM TRAVELLING ELSEWHERE SO I WILL NOT BE ATTENDING AN ORIENTATION, LIST LOCATION

SECTION THREE

AGE AT TIME OF APPLICATION
(You must be 18-30 years old at the time you apply for the visa)
DATE OF BIRTH 02 DAY Oct MONTH 1989 YEAR
(Write the name of month)
CITY OF BIRTH Princeton
(Ensure that this matches your passport.)
STATE OF BIRTH New Jersey
COUNTRY OF BIRTH USA
(Ensure that this matches your passport.)
ARE YOU AN AMERICAN CITIZEN? YES NO
(If NO, you are not eligible)
DO YOU HOLD A VALID AMERICAN PASSPORT? YES NO
(If NO, you will need one for entry to Canada)
DO YOU HOLD ANY OTHER PASSPORTS? YES NO
(If YES, list country _____)

HAVE YOU PARTICIPATED IN THE WORK IN CANADA PROGRAM BEFORE?

- YES NO

STATUS SINGLE MARRIED DIVORCED

SCHOOL Carnegie Mellon University

MAJOR Computer Science MINOR _____

POST-SECONDARY STUDENT STATUS

- FULL-TIME IN FALL OF 2010 FULL-TIME IN 2011

International Student Identity Card (ISIC #) _____

HAVE YOU EVER BEEN ARRESTED/CONVICTED OF AN OFFENCE OR CRIME? YES NO (if YES, attach explanatory letter.)

SECTION FOUR

HOW DID YOU FIRST HEAR ABOUT THE WORK IN CANADA PROGRAM?

- Travel CUTS/ATC office Poster Friend/Family
 The Student Traveller Magazine Media Article Surfing the Net Magazine
 School Career Office Government Info Advertisement
 Teacher Other

HAVE YOU TRAVELLED OVERSEAS BEFORE? YES NO

HAVE YOU TRAVELLED TO CANADA BEFORE? YES NO

DID YOU KNOW ABOUT TRAVEL CUTS BEFORE LEARNING ABOUT SWAP? YES NO

WHERE DO YOU CURRENTLY LIVE? With my family

At a school residence In shared apt/house

Live alone

I certify that I meet the eligibility criteria for the WORK IN CANADA PROGRAM and that I have truthfully completed this application form. Furthermore, I have read this website and Application Pack, in particular, the How to Apply and Application Conditions sections, and agree to be bound by the contents. I HAVE A MINIMUM OF \$700 USD AVAILABLE FOR MY WORK IN CANADA EXPERIENCE. I UNDERSTAND THAT MY REGISTRATION FEE IS NON-REFUNDABLE AND THAT ANY REQUEST FOR REFUND WILL BE DENIED.

NAME TREVOR SAUNDERS SIGNATURE  DATE 6/13/12

Applicants under the age of majority in the State in which they reside must also have this form signed by a parent or legal guardian.

NAME _____ SIGNATURE _____

RELATIONSHIP TO APPLICANT _____

Carnegie Mellon

School of Computer Science
Carnegie Mellon University
5000 Forbes Avenue
Pittsburgh, Pennsylvania 15213-3891

(412) 268-3609

May 18, 2012

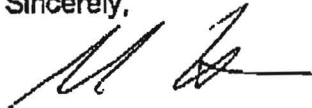
To whom it may concern:

This is to certify that Trevor Saunders was a student in good standing in the Computer Science Department at Carnegie Mellon University from August, 2008 until his successful graduation this May, 2012. Trevor received a Bachelor of Science degree in Computer Science with a Minor in Mathematics.

His coursework included Data Structures, Principles of Programming, Computer Systems, Theoretical Foundations of Computer Science, Algorithm Design & Analysis, Web Commerce, Foundations of Programming Languages, Operating System Design & Implementation, and Computer Forensics. Through his academic studies, he acquired project background in large scale computing projects coding in C and Java; multi-threading; low-level systems design and implementation.

In addition to his academic work, Trevor has been an exemplary member of the Carnegie Mellon community. He is reliable, honest, and hard-working. I have no reservations vouching for his good character. Feel free to contact me if you have need of additional information.

Sincerely,



Mark Stehlik
Teaching Professor and
Assistant Dean for Undergraduate Education

412-268-5573 (fax)
mjs@cs.cmu.edu

Carnegie Mellon University

Trevor Saunders :: Unofficial Academic Record as of 18 May 2012

Name: Saunders, Trevor
 College: School of Computer Science
 Department: Computer Science
 Major: Computer Science

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Beginning of Undergraduate Record

Advanced Placement / Transfer Credits

ADVANCED PLACEMENT CREDIT

DPT	CRS #	COURSE TITLE	UNITS	FINAL GRADE
MSC	21120	DIFFERENTIAL INT CAL	10.0	AD
PHY	33111	PHYSICS I SCI STUDNT	12.0	AD
PHY	33112	PHYSICS II SCI STDNT	12.0	AD
STA	36201	STATS REASON PRACTCE	9.0	AD
CMY	09101	INTRO EXPERMNTL CHEM	3.0	AD
CMY	09106	MODERN CHEMISTRY II	10.0	AD
CMY	09105	INTRO MOD CHEMSTRY I	10.0	AD
TOTAL AP / TRANSFER CREDIT			66.0	

NOTE

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2008 / 2009

Fall 2008

DPT	CRS #	COURSE TITLE	UNITS	FINAL GRADE	QUALITY POINTS
CS	15100	INTRO INTERM PRGMNG	10.0	A	40.0
CS	15128	FRSHMN IMGRATN COURS	1.0	P	0.0
MSC	21122	INTGR DIFF EQUA APPX	10.0	B	30.0
MSC	21127	CONCEPTS OF MATHMTCS	9.0	B	27.0
ECO	73100	PRINC OF ECONOMICS	9.0	B	27.0
CMU	99103	CMPTNG CARNEGIE MELL	3.0	P	0.0

	UNITS PASSED	UNITS FACTORABLE	FINAL QPA	TOTAL POINTS
Semester	42.0	38.0	3.26	124.00
Cumulative	42.0	38.0	3.26	124.00

Carnegie Mellon University

Trevor Saunders :: Unofficial Academic Record as of 18 May 2012

Spring 2009

DPT	CRS #	COURSE TITLE	UNITS	FINAL GRADE	QUALITY POINTS
CS	15111	INTERM ADVAN PRGMING	10.0	A	40.0
CS	15123	EFFCTV PGMMNG C UNIX	9.0	A	36.0
CS	15251	GRT THEORTICAL IDEAS	12.0	B	36.0
MSC	21341	LINEAR ALGEBRA	9.0	B	27.0
ENG	76101	INTERPRETN & ARGMNT	9.0	B	27.0

	UNITS PASSED	UNITS FACTORABLE	FINAL QPA	TOTAL POINTS
Semester	49.0	49.0	3.39	166.00
Cumulative	91.0	87.0	3.33	290.00

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2009 / 2010

Fall 2009

DPT	CRS #	COURSE TITLE	UNITS	FINAL GRADE	QUALITY POINTS
CS	15211	FUND DATA STRUCT ALG	12.0	B	36.0
CS	15212	PRINCIPLES PROGRAMMG	12.0	C	24.0
CS	15221	TECHNCL COMMUNCTN CS	9.0	B	27.0
MSC	21373	ALGEBRAIC STRUCTURES	9.0	A	36.0

	UNITS PASSED	UNITS FACTORABLE	FINAL QPA	TOTAL POINTS
Semester	42.0	42.0	2.93	123.00
Cumulative	133.0	129.0	3.20	413.00

Spring 2010

DPT	CRS #	COURSE TITLE	UNITS	FINAL GRADE	QUALITY POINTS
CS	15213	INTRO COMP SYSTEMS	12.0	B	36.0
CS	15451	ALGORITHM DES & ANLS	12.0	B	36.0
PHY	33114	PHYS MUSICAL SOUND	9.0	B	27.0
STA	36217	PROB THEO RNDM PROC	9.0	A	36.0

	UNITS PASSED	UNITS FACTORABLE	FINAL QPA	TOTAL POINTS
Semester	42.0	42.0	3.21	135.00
Cumulative	175.0	171.0	3.20	548.00

Carnegie Mellon University

Trevor Saunders :: Unofficial Academic Record as of 18 May 2012

2010 / 2011

Fall 2010

DPT	CRS #	COURSE TITLE	UNITS	FINAL GRADE	QUALITY POINTS
CS	15410	OP SYS DESIGN & IMPL	12.0	B	36.0
CS	15421	WEB CMRC SCR TY PRVCY	12.0	A	48.0
PHY	33225	QUANTM PHY STRUC MAT	9.0	P	0.0
PE	69160	SWIM-FIT	3.0	P	0.0

	UNITS PASSED	UNITS FACTORABLE	FINAL QPA	TOTAL POINTS
Semester	36.0	24.0	3.50	84.00
Cumulative	211.0	195.0	3.24	632.00

Spring 2011

DPT	CRS #	COURSE TITLE	UNITS	FINAL GRADE	QUALITY POINTS
CS	15453	FRML LNG ATMT & CMPB	9.0	C	18.0
CS	15498	ST: INFO FORENSICS	12.0	A	48.0
MSC	21329	SET THEORY	9.0	W	0.0
PHI	80100	INTRO TO PHILOSOPHY	9.0	C	18.0

	UNITS PASSED	UNITS FACTORABLE	FINAL QPA	TOTAL POINTS
Semester	30.0	30.0	2.80	84.00
Cumulative	241.0	225.0	3.18	716.00

2011 / 2012

Fall 2011

DPT	CRS #	COURSE TITLE	UNITS	FINAL GRADE	QUALITY POINTS
CS	15412	OP SYSTM PRACTICUM	9.0	B	27.0
MSC	21355	PRINCPL REAL ANLYS I	9.0	D	9.0
PHI	80241	ETHCL JUDG PROF LIFE	9.0	C	18.0
PHI	80247	ETHC GLBL ECONOMICS	9.0	B	27.0
PHI	80305	RATIONAL CHOICE	9.0	R	0.0

	UNITS PASSED	UNITS FACTORABLE	FINAL QPA	TOTAL POINTS
Semester	36.0	45.0	1.80	81.00
Cumulative	277.0	270.0	2.95	797.00

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Carnegie Mellon University

Trevor Saunders :: Unofficial Academic Record as of 18 May 2012

Spring 2012

DPT	CRS #	COURSE TITLE	UNITS	FINAL GRADE	QUALITY POINTS
CS	15312	FNDTNS PROGRMG LANG	12.0	C	24.0
MSC	21484	GRAPH THEORY	9.0	D	9.0
HIS	79266	RSN HST: COMM CAPTLM	9.0	B	27.0
PHI	80321	CASTN LAW SOCL POLCY	9.0	B	27.0

	UNITS PASSED	UNITS FACTORABLE	FINAL QPA	TOTAL POINTS
Semester	39.0	39.0	2.23	87.00
Cumulative	316.0	309.0	2.86	884.00

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End of Undergraduate Record
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NOTE

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June 4, 2012

To whom it may concern:

This letter is intended to confirm that Trevor Saunders will be covered by our benefits program effective his date of hire. The program provider is Great West Life Insurance Company.

As part of this program Trevor, (and his dependents), is covered in the following areas:

1. Life Insurance
2. Accidental Death & Dismemberment
3. Short term disability
4. Long term disability
5. Extended/supplemental health coverage
6. Dental coverage
7. Visioncare

Should you require any additional information, please feel free to contact the undersigned via email or phone, as necessary.

Marv



Marv Wainberg, B.A., C.H.R.P., PHR

Sr. Human Capital Consultant

905.604.1151 (Office)

941.744.3615 (Office)

marv.wainberg@trinet.com

TriNet Employer Group Canada Inc.

Benefits at a Glance as at October 1, 2011

Great-West Life Policy 160422/3 & AXA Policies 9228507/8

Class 1 (Optional benefits 100% WSE, All other 100% Company Paid)

Benefit and General Coverage Provisions		Monthly Premium Rate
Basic Life		
Benefit Schedule	1x Annual Earnings	\$0.13/\$1,000
Non-Evidence Maximum	\$370,000	
Overall Maximum	\$500,000	
Premium Contribution	100% Company Paid	
Basic Accidental Death and Dismemberment (AD&D)		
Benefit Schedule	Equal to Basic Life benefit	\$0.02/\$1,000
Premium Contribution	100% Company Paid	
Dependent Life		
Benefit Schedule	Spouse \$10,000/ Each Child \$5,000	\$2.33/family
Premium Contribution	100% Company Paid	
Worksite Employee and Spousal Optional Life		
Benefit Schedule	Available in Units of \$10,000 to a maximum of \$500,000	See Schedule
Premium Contribution	100% Worksite Employee Paid	
Worksite Employee and Spousal Optional AD&D		
Benefit Schedule	Available in Units of \$25,000 to a maximum of \$500,000	See Schedule
Premium Contribution	100% Worksite Employee Paid	
Weekly Indemnity		
Benefit Schedule	66 2/3% of weekly salary	\$0.102/\$10 of weekly benefit
Maximum	\$1,000/week	
Elimination Period	Commencement -1 st day accident/hospitalization, 8 th day illness	
Benefit Period	17 weeks	
Premium Contribution	100% Company Paid	
Long Term Disability		
Benefit Schedule	66 2/3% of monthly salary	\$1.29/\$100 of monthly benefit
Overall Maximum	\$15,000/month	
Non Evidence Maximum	\$6,000/month	
Elimination Period	17 weeks	
Benefit Period	To age 65	
Definition of Disability	2 years "own occupation," any occupation thereafter	
Premium Contribution	100% Company Paid	

TriNet Employer Group Canada Inc.

Benefits at a Glance as at October 1, 2011

Great-West Life Policy 160422/3 & AXA Policies 9228507/8

Class 1 (Optional Benefits 100% WSE, All other 100% Company Paid)

Benefit and General Coverage Provisions		Monthly Premium Rate	
Extended Health Care			
Deductible	Nil		
Co-insurance	100%		
Maximum	Unlimited, certain inner limits apply		
Hospital	Semi-Private		
Prescription Drugs	Pay Direct Drug Card		
Paramedical Practitioners	\$500/year/practitioner		
Private Duty Nursing	\$10,000/year		
Medical Services and Supplies	Included		
Emergency Out of Country Coverage/Travel Assistance and Best Doctor	Included		
Premium Contribution	100% Company Paid		Single \$84.24 Family \$200.58
Vision Care			
Deductible	Nil		
Co-insurance	100%		
Benefit Amount	\$60/24 months for Eye Exams \$200/24 months for Glasses, Contact Lenses, Laser Eye Surgery		
Premium Contribution	100% Company Paid		Single \$3.38 Family \$12.59
Dental Care			
Deductible	Nil		
Fee Guide	Current Year		
Co-insurance	100% Basic Services 50% Major Restorative Services 50% Orthodontic Services (dependent children only)		
Maximums	\$1,500/year Basic Services \$1,000/year Major Restorative Services \$ 2,000 lifetime for Orthodontia Services		
Recall Period	Once every 6 months		
Premium Contribution	100% Company Paid		Single \$50.38 Family \$135.59
Worksite Employee Assistance Program (Contact)			
Coverage	Confidential Counseling and Information Services	\$3.47/ Worksite employee	
Premium Contribution	100% Company Paid		

**Rates are shown in Canadian currency and exclude applicable taxes*

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TriNet is the single-employer sponsor of all its benefits plans. TriNet makes these plans available to qualifying worksite employees ("WSEs"), with whom TriNet has established an employment relationship, and who perform services for customers of TriNet in a Professional Employer Organization ("PEO") or service model. Under this model, TriNet incurs all expenses associated with its plan sponsorship and maintenance, and TriNet bills the customer for its services. The customer has no other financial obligation to TriNet, its other customers, or any of its insurance carriers for benefits plans sponsorship or provision. TriNet's carriers have no recourse against TriNet customers. Other than compliance with TriNet's contract terms, customers have no legal responsibilities to TriNet or the WSEs or any other TriNet customer for plan sponsorship or compliance.

Any references to "your benefits programs or plans" are not legal terms or terms of art, and should not be confused with legal plan sponsorship, participation, or fiduciary compliance. These terms and others, such as "your employees" or "your selections, plan, or investments," are used solely as lay terms of convenience so that you understand we are referring only to the decisions made and TriNet plans available in a specific worksite or to a specific group of WSEs.

Coverage exclusions and limitations apply. In the event there is a conflict between any of the information contained in any benefits guidance materials provided by TriNet (including but not limited to information contained in any TriNet website, the Benefits Confirmation Statement, any written or electronic pamphlets, letters, emails, text messages, and statements made by TriNet employees) and TriNet's Plan document, the Plan document will control. Also, if there is a conflict between an official certificate provided by TriNet's insurance carrier(s) (the "Carrier Certificate") and either TriNet's Plan document, the forthcoming Summary Plan Description, statements made by a TriNet employee, or any other benefits guidance materials provided by TriNet (including but not limited to those described above), the Carrier Certificate will control.

Wells Fargo Combined Statement of Accounts

Primary account number: **7479086519** ■ March 28, 2012 - April 26, 2012 ■ Page 1 of 6

WELLS
FARGO

DCDG11DTUO 000627



TREXOR SAUNDERS
78 YORK ST
LAMBERTVILLE NJ 08530-2021



Questions?

Available by phone 24 hours a day, 7 days a week:

1-800-TO-WELLS (1-800-869-3557)

TTY: 1-800-877-4833

En español: 1-877-727-2932

華語 1-800-288-2288 (6 am to 7 pm PT, M-F)

Online: wellsfargo.com

Write: Wells Fargo Bank, N.A. (114)
P.O. Box 6995
Portland, OR 97228-6995

You and Wells Fargo

Keep things simple. Online Statements duplicate your traditional paper bank statement and are available anywhere, 24/7. More secure than mail - Online Statements can't get lost or misdirected to a previous residence and can be securely stored on disk. Reduce clutter and save the environment at the same time. With all of these advantages, who needs paper? Sign up for and view your Online Statements at wellsfargo.com.

Account options

A check mark in the box indicates you have these convenient services with your account. Go to wellsfargo.com or call the number above if you have questions or if you would like to add new services.

- | | | | |
|--------------------|-------------------------------------|-----------------------|-------------------------------------|
| Online Banking | <input checked="" type="checkbox"/> | Direct Deposit | <input type="checkbox"/> |
| Online Bill Pay | <input checked="" type="checkbox"/> | Rewards Program | <input type="checkbox"/> |
| Online Statements | <input type="checkbox"/> | Auto Transfer/Payment | <input type="checkbox"/> |
| Mobile Banking | <input type="checkbox"/> | Overdraft Protection | <input checked="" type="checkbox"/> |
| My Spending Report | <input checked="" type="checkbox"/> | Debit Card | <input type="checkbox"/> |
| | | Overdraft Service | <input type="checkbox"/> |

Summary of accounts

Checking and Savings

Account	Page	Account number	Ending balance last statement	Ending balance this statement
Complete Advantage* Checking	2	7479086519	4,442.98	3,814.49
Wells Fargo Way2Save* Savings	4	6479791664	4,154.46	4,154.50
Total deposit accounts			\$8,597.44	\$7,968.99

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Complete Advantage® Checking

Activity summary

Beginning balance on 3/28	\$4,442.98
Deposits/Additions	0.03
Withdrawals/Subtractions	- 628.52
Ending balance on 4/26	\$3,814.49

Account number: **7479086519**

TREVOR SAUNDERS

California account terms and conditions apply

For Direct Deposit and Automatic Payments use

Routing Number (RTN): 121042882

Overdraft Protection

Your account is linked to the following for Overdraft Protection:

- Savings - 000006479791664

Interest summary

Interest paid this statement	\$0.03
Average collected balance	\$4,170.87
Annual percentage yield earned	0.01%
Interest earned this statement period	\$0.03
Interest paid this year	\$0.15

Transaction history

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
3/28		Check Crd Purchase 03/26 Carnegie Mellon Dining Pittsburgh PA 434256xxxxx3684 088240003388655 ?McC=5814 90		1.85	
3/28		Check Crd Purchase 03/27 Quiznos Sub #8721 Pittsburg PA 434256xxxxx3684 088240007972613 ?McC=5814 90		9.93	4,431.20
3/30		Check Crd Purchase 03/28 Carnegie Mellon Dining Pittsburgh PA 434256xxxxx3684 090240003476816 ?McC=5814 90		8.25	
3/30		Check Crd Purchase 03/29 Quiznos Sub #8721 Pittsburg PA 434256xxxxx3684 090240008156886 ?McC=5812 90		9.39	
3/30		Check Crd Purchase 03/29 Carnegie Mellon Entrop Pittsburgh PA 434256xxxxx3684 090240003476815 ?McC=5499 90		14.93	4,398.63
4/2		Check Crd Purchase 03/30 Carnegie Mellon Dining Pittsburgh PA 434256xxxxx3684 093240014604521 ?McC=5814 90		6.64	
4/2		Check Crd Purchase 03/30 Amazon Mktplace Pmts Amzn.Com/Bill WA 434256xxxxx3684 091240003881124 ?McC=5942 01		7.21	
4/2		Check Crd Purchase 03/30 Carnegie Mellon Dining Pittsburgh PA 434256xxxxx3684 093240014604519 ?McC=5814 90		7.50	
4/2		Check Crd Purchase 03/30 Carnegie Mellon Dining Pittsburgh PA 434256xxxxx3684 093240014604520 ?McC=5814 90		12.25	
4/2		Check Crd Purchase 03/31 Quiznos Sub #8721 Pittsburg PA 434256xxxxx3684 093240018476240 ?McC=5812 90		9.93	
4/2		Check Crd Purchase 04/01 Subway 00066704 Pittsburgh PA 434256xxxxx3684 093240006526391 ?McC=5814 90		8.14	4,346.96
4/3		Check Crd Purchase 04/01 Little Asia Pittsburgh PA 434256xxxxx3684 094240008627968 ?McC=5812 90		15.94	4,331.02
4/4		Check Crd Purchase 04/02 Carnegie Mellon Dining Pittsburgh PA 434256xxxxx3684 095240003213687 ?McC=5814 90		2.95	
4/4		Check Crd Purchase 04/02 Little Asia Pittsburgh PA 434256xxxxx3684 095240006787954 ?McC=5812 90		14.87	

Trevor B. Saunders

SMC 2462, 5032 Forbes Ave
Pittsburgh, PA 15289-3224

(609) 651-2761
tbsaunde@cmu.edu

OBJECTIVE

- Motivated programmer Especially interested in accessibility seeking full time employment

EDUCATION

- **Carnegie Mellon University** — *Graduation 2012*
 - Pursuing a BS in Computer Science
 - Relevant Coursework:
 - * 15-410 Operating System Design and Implementation (B)
 - * 15-498 Information Forensics (A)
 - * 15-421 Web Commerce Security and Privacy (A)
 - * 15-451 Algorithms (B)
- **Hopewell Valley Central High School** — *September 2004 - June 2008*
 - Graduated with 3.99 GPA

EXPERIENCE

- **Intern / contractor** — *Summer 2011 - spring 2012*
Mozilla corporation
 - worked on accessibility API implementation
- **Intern / contractor** — *Summer 2010*
Independence Science L.L.C.
 - administered company machines
 - Worked on blue tooth and communications protocols
- **Open source contributions** — *Winter 2009 - Present*
 - contributor to speech dispatcher / opentts
 - contributed patches to at-spi2, GTK, Mozilla and orca
 - implementing an open source ssp client for Android
- Administered systems and services including Debian and Gentoo Linux, Apache, MySQL, Kerberos, Drupal, svn, and git
- **Chemistry Tutor** — *September 2007 - April 2008*
- **Math Tutor** — *September 2007 - April 2008*

HONORS

- **Eagle Scout, Boy Scouts of America** — *Spring 2008*
- **National Honor Society** — *Fall 2006 - Spring 2008*

EXTRACURRICULAR ACTIVITIES

- **Boy Scouts of America** — *Spring 2000 - Spring 2008*

- Eagle Scout
- member of a six person 8 day canoeing trip
- Member of the Order of the Arrow (OA), the honor society of Scouting
- **National Honor Society** — *Fall 2006 - Spring 2008*

SKILLS

- **Languages**
 - Proficient with C/C++, Shell and UNIX tools, X86 assembly, Java and Standard ML
 - Familiar with C#, PHP, Python, Perl, and java script

WORK IN CANADA > FEE & OPTIONAL BOOKING

WOULD YOU LIKE US TO BOOK YOUR FIRST NIGHT(S) OF ARRIVAL ACCOMMODATION AT A HOSTEL (At \$22 USD per night)?

YES NO

IF YES, LIST THE CITY & DATES

TORONTO VANCOUVER MONTREAL

DATE IN: _____ DATE OUT: _____

I AM INCLUDING PAYMENT FOR:

- WORK IN CANADA REGISTRATION \$255.00 USD + \$150.00 USD (the Participation Fee is subject to change due to currency fluctuation)
- ACCOMMODATION FEE
- (Optional): _____ X \$25 USD = \$ _____ USD
of nights

TOTAL DUE: \$ _____ USD

METHOD OF PAYMENT

VISA MASTERCARD CASHIER'S CHECK OR MONEY ORDER*

Please make all cheques and money orders payable to 'Travel CUTS' or 'The Adventure Travel Company' depending on the travel office to which you are applying.

If paying by credit card, please enter the following details:

CREDIT CARD NUMBER: 4342 5620 8511 3684

CARDHOLDERS NAME: TREVOR SAUNDERS

EXPIRATION DATE (m/y): 6/14 3 DIGIT SECURITY CODE: 745

(next to signature bar code on back of card)

BILLING ADDRESS 78 YORK ST., LAMBERTVILLE, NJ 08530 USA

I authorize Travel CUTS/The Adventure Travel Company to charge my credit card for the WORK IN CANADA program registration fee plus any hostel nights requested (\$25/night).

SIGNATURE 

REMEMBER TO INCLUDE:

- Reference Letter
- Proof of Student Status
- Proof of US Passport
- Work in Canada Application
- Fee & Optional booking form
- A completed copy of the enrollment form of the Travel CUTS insurance policy

