

EXHIBIT 1



**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
INTAKE QUESTIONNAIRE**

Please immediately complete this entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). **REMEMBER**, a charge of employment discrimination must be filed within the time limits imposed by law, within 180 days or in some places within 300 days of the alleged discrimination. When we receive this form, we will review it to determine EEOC coverage. Answer all questions completely, and attach additional pages if needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "N/A." (PLEASE PRINT)

1. Personal Information

Last Name: McCROEL First Name: Kimbedee MI: Ann
 Street or Mailing Address: 938 Avenue E Apt or Unit #: _____
 City: Traverse City County: GRAND TRAVERSE State: MI Zip: 49686
 Phone Numbers: Home: () _____ Work: () _____
 Cell: (231) 883-5426 Email Address: K.MCCROEL@yahoo.com
 Date of Birth: [REDACTED] Sex: Male Female Do You Have a Disability? Yes No

Please answer each of the next three questions. i. Are you Hispanic or Latino? Yes No
 ii. What is your Race? Please choose all that apply. American Indian or Alaskan Native Asian White
 Black or African American Native Hawaiian or Other Pacific Islander
 iii. What is your National Origin (country of origin or ancestry)? USA

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: PATRICIA ANN McCROEL Relationship: Mother
 Address: 719 INDIAN STRAIL #17 City: _____ State: MI Zip Code: 49686
 Home Phone: (231) 499-4151 Other Phone: () _____

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

Employer Union Employment Agency Other (Please Specify) _____

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets.

Organization Name: NORTHERN STAR BROADCASTING/REYNOLD'S COMMUNICATION INC.
 Address: 3250 Racquet Club Drive County: GRAND TRAVERSE
 City: TRAVERSE CITY State: MI Zip: 49686 Phone: (231) 922-4981
 Type of Business: RADIO STATION Job Location if different from Org. Address: _____

Human Resources Director or Owner Name: Del-Mary Reynold's Phone: (231) 922-4981 ext. 111

Number of Employees in the Organization at All Locations: Please Check (✓) One MARY Reynold's cell 231-290-1908
 Fewer Than 15 15 - 100 101 - 200 201 - 500 More than 500

3. Your Employment Data (Complete as many items as you are able.) Are you a federal employee? Yes No

Date Hired: April 6, 1998 Job Title At Hire: ACCOUNT MANAGER 2170 WCBV-AM
 Pay Rate When Hired: 15% Com (\$3000 @ month) Last or Current Pay Rate: 15.7% Com (\$5000 @ month) 7.590 REGIONAL NATIONAL BUSINESS
 Job Title at Time of Alleged Discrimination: LOCAL/NATIONAL/REG SALES Date Quit/Discharged: 12/11/2013
 Name and Title of Immediate Supervisor: MARY Reynold's - VP/Vice President
 If Job Applicant, Date You Applied for Job N/A Job Title Applied For N/A

4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

- Race Sex Age Disability National Origin Religion Retaliation Pregnancy Color (typically a difference in skin shade within the same race) Genetic Information; circle which type(s) of genetic information is involved:
 i. genetic testing ii. family medical history iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: N/A

If you checked genetic information, how did the employer obtain the genetic information? N/A

Other reason (basis) for discrimination (Explain): N/A

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.

(Example: 10/02/06 - Discharged by Mr. John Soto, Production Supervisor)

A. Date: 11/18/2013 Action: Occupational Therapist sent letter (see email attached from 11/18) Accommodations she denied in her letter 11/27, see attached - GM
 Name and Title of Person(s) Responsible: GM/VP Mary Reynolds

B. Date: 12/5/2013 Action: Attended to Kathleen D'Nise (employee who works from home that not many employees have BCBS or use much, but Kimberlee uses a lot. Also told Kathleen was afraid I would sue her)
 Name and Title of Person(s) Responsible: GM/VP Mary Reynolds

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

Would not accommodate my disability, took laptop on 10/24 when I was on medical leave, stalled appointments with me, kept asking for more documentation.

See from 7th Dec 6th
 7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?
Why Mary Reynolds's my GM ~~to~~ requested medical info which was detail & unnecessary. She bought company & rehired everyone else & eliminated my position then lost position on

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated better than you?

Full Name Race, Sex, Age, National Origin, Religion or Disability Job Title Description of Treatment

A. MARK LACEY - Account Manager, worked flex hours, then when Mary Reynolds became GM/VP fired him. He was recovering from back surgery & pain mgmt.

B. Brent Billedeur - Account Manager, worked 6 years for Northern Star Broadcasting from home. Never fired.

C. Other employees with no health issues currently still work from home. Compensation is paid at more than 1590. Don't have to follow same employee rules. Mary Reynolds - GM-VP

Of the persons in the same or similar situation as you, who was treated worse than you?

Full Name	Race, Sex, Age, National Origin, Religion or Disability	Job Title	Description of Treatment
A. Tammy Johnson	- WAS GM IN MARQUETTE, MI	- SUEO COMPANY	for DISCRIMINATION w/ won Moved to Cheboygan + promised a GM/VP job covering Traverse City. Mary Reynolds started + her husband Del Reynolds - President demoted her. Gave her option to go back to Marquette. Stations + Marquette sold, Tammy was fired!

Of the persons in the same or similar situation as you, who was treated the same as you?

Full Name	Race, Sex, Age, National Origin, Religion or Disability	Job Title	Description of Treatment
A. MARK Lacey	- Account Manager	- Mary Reynolds	- GM/VP constantly harrasing him, need to be outselling all day, work longer hours, bill more
B.			talked about him to other employees. Made his health worse. Mark did not have doctors note however for reasonable accommodations as I needed AND had

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:

- Yes, I have a disability
- I do not have a disability now but I did have one
- No disability but the organization treats me as if I am disabled

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

TRAUMATIC BRAIN INJURY. Yes need to work from home in a quiet, non-distracting environment with low lighting. Some medications prevent me from driving. Limitation in lifting + physical activities. Sleep is disrupted with headaches, muscle spasms + neck + BACK PAIN

11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?

Yes No

If "Yes," what medication, medical equipment or other assistance do you use?

DIVALPROX SODIUM / HEADACHES, TRAMADOL / NECK, BACK, SHOULDER PAIN TO SLEEP, TRAZODONE, BUPROPION / ANTI-DEPRESSANTS, BUTALBITAL / SEVERE HEADACHES, GABAPENTIN / NERVE PAIN + THEANCANER, LUMBAR SUPPORT BELT, OCCIPITAL PIVOT
PT THERAPY, MASSAGE CRANIAL SACRAL 2X WK
CYCLOBENZAPRINE / MUSCLE SPASMS

12. Did you ask your employer for any changes or assistance to do your job because of your disability?

Yes No

If "Yes," when did you ask? See Attached How did you ask (verbally or in writing)? Emails on 11/18/13 femolt + me on 11/25/13

Who did you ask? (Provide full name and job title of person)

MARY REYNOLDS - GM/VP

Describe the changes or assistance that you asked for:

See attached email from 11/18/13 femolt + me on 11/25/13 + my physician on 12/5/13. I worked with doc shut lights off, she knew that. The noise + interruptions she did not respond to

How did your employer respond to your request? See attached

her email on 11/27/13 + a gain on 12/6 - one saying I could come back to work another do not allowing me to return. My email on 12/3/13 my olt + help from lawyer is the email on 12/6 of Mary Reynolds's GM/VP that she did not like.

13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

922-4981-ext. 105

let me go
(Premeditated)

Full Name Job Title Address & Phone Number What do you believe this person will tell us?

A. Julie Besnette - Accounts Payable / HR DN 1211 - Del Rey Gold's - New President

held me in front of Julie that he would pay all commissions due to me as the clients DAVID Northeast Star Beach Casting & Del & Mary wanted to buy business

B. Dave Simmons - President - was in (st meeting) 11/13/13 when Mary Reynolds requested ONLY more info from my old CTO stall letting me

Phone # Don't know Retired

14. Have you filed a charge previously on this matter with the EEOC or another agency? Yes No

back to work

15. If you filed a complaint with another agency, provide the name of agency and the date of filing: (will be)

Filing with US Labor Board for back owed wages. (see attached reports)

16. Have you sought help about this situation from a union, an attorney, or any other source? Yes No

Provide name of organization, name of person you spoke with and date of contact. Results, if any?

Free (telo to 10 hrs

Attorneys: SARAH HANSHAW BURINK - POWERS CHAPMAN PC - 1115, Dec + Jan - Pre-Paid legal

JANIS ADAMS - Smith, Haughey Rice & Procter - 12/3/13 helped to respond to employer 11/27/13 FROM MARY REYNOLDS

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so either within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. If you do not file a charge of discrimination within the time limits, you will lose your rights. If you would like more information before filing a charge or you have concerns about EEOC's notifying the employer, union, or employment agency about your charge, you may wish to check Box 1. If you want to file a charge, you should check Box 2.

BOX 1 I want to talk to an EEOC employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the EEOC. I also understand that I could lose my rights if I do not file a charge in time.

BOX 2 I want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name. I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, genetic information, or retaliation for opposing discrimination.

Kimberlee A. McCloud
Signature

5-11-2014
Today's Date

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are:

- 1) FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (9/20/08).
- 2) AUTHORITY. 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626, 42 U.S.C. 12117(a)
- 3) PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge.
- 4) ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters.
- 5) WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be used to provide the requested information.