FEDERAL TRADE COMMISSION

FINANCIAL STATEMENT OF INDIVIDUAL DEFENDANT

Definitions and Instructions:

- 1. Complete all items. Enter "None" or "N/A" ("Not Applicable") in the first field only of any item that does not apply to you. If you cannot fully answer a question, explain why.
- 2. "Dependents" include your spouse, live-in companion, dependent children, or any other person, whom you or your spouse (or your children's other parent) claimed or could have claimed as a dependent for tax purposes at any time during the past five years.
- 3. "Assets" and "Liabilities" include ALL assets and liabilities, located within the United States or any foreign country or territory, whether held individually or jointly and whether held by you, your spouse, or your dependents, or held by others for the benefit of you, your spouse, or your dependents.
- 4. Attach continuation pages as needed. On the financial statement, state next to the Item number that the Item is being continued. On the continuation page(s), identify the Item number(s) being continued.
- 5. Type or print legibly.
- 6. Initial each page in the space provided in the lower right corner.
- 7. Sign and date the completed financial statement on the last page.

Penalty for False Information:

Federal law provides that any person may be imprisoned for not more than five years, fined, or both, if such person:

- (1) "in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or devise a material fact; makes any materially false, fictitious or fraudulent statement or representation; or makes or uses any false writing or document knowing the same to contain any materially false, fictitious or fraudulent statement or entry" (18 U.S.C. § 1001);
- (2) "in any . . . statement under penalty of perjury as permitted under section 1746 of title 28, United States Code, willfully subscribes as true any material matter which he does not believe to be true" (18 U.S.C. § 1621); or
- (3) "in any (. . . statement under penalty of perjury as permitted under section 1746 of title 28, United States Code) in any proceeding before or ancillary to any court or grand jury of the United States knowingly makes any false material declaration or makes or uses any other information . . . knowing the same to contain any false material declaration" (18 U.S.C. § 1623).

For a felony conviction under the provisions cited above, federal law provides that the fine may be not more than the greater of (i) \$250,000 for an individual or \$500,000 for a corporation, or (ii) if the felony results in pecuniary gain to any person or pecuniary loss to any person other than the defendant, the greater of twice the gross gain or twice the gross loss. 18 U.S.C. § 3571.

BACKGROUN	ID INFORMATIO	N			
Item 1. Information About You					
Full Name	Social Security No.	Social Security No.			
Current Address of Primary Residence	Driver's License No.			State Issued	
	Phone Numbers		Date of Birth: / /		
	Home: ()	-	(mm/dd/yy Place of Birth	yy)	
Rent Own From (Date): / /	Fax: () E-Mail Address				
(mm/dd/yyyy) Internet Home Page					
internet nome rage					
Previous Addresses for past five years (if required, use additional	I pages at end of form)				
Address		From	: / / Until (mm/dd/yyyy)	: / / (mm/dd/yyyy)	
		□R€	ent Own		
Address		From	: / / Until:	/ /	
			П-		
Address			ent Own		
Addices		From	: / / Until:	/ /	
			ent Own		
Identify any other name(s) and/or social security number(s) you have use were used:	d, and the time period(s) o	during v	hich they		
Item 2. Information About Your Spouse or Live-In Com	panion				
Spouse/Companion's Name	Social Security No.		Date of Birth / / (mm/dd/yyyy)		
Address (if different from yours)	Phone Number		Place of Birth		
	Rent Own	F	From (Date): / / (mm/dd/yyyy)		
Identify any other name(s) and/or social security number(s) you have use	I d, and the time period(s) c	during v		,,	
Employer's Name and Address	Job Title				
	Years in Present Job	I Annu			
	rears in Flesent Job	\$	al Gross Salary/Wages		
Item 3. Information About Your Previous Spouse					
Name and Address		Socia	al Security No.		
		Date	of Birth		
		/ (mm/	/ dd/yyyy)		
Item 4. Contact Information (name and address of closest living	relative other than your s	pouse)			
Name and Address			e Number)		
			,		

Item 5. Information About Dependents (wheth	ner or not	they reside wi	th you)			
Name and Address		Social Secu	rity No.	Date of Birth		
				/ / (mm/dd/yyyy)		
Name and Address		Social Secu	rity No.	Date of Birth		
				/ / (mm/dd/yyyy)		
		Relationship				
Name and Address	Name and Address		rity No.	Date of Birth		
				/ / (mm/dd/yyyy)		
		Relationship				
Name and Address		Social Secu	rity No.	Date of Birth		
				/ / (mm/dd/yyyy)		
		Relationship				
Item 6. Employment Information/Employment In Provide the following information for this year-to-date and for ear officer, member, partner, employee (including self-employment) period. "Income" includes, but is not limited to, any salary, commoyalties, and benefits for which you did not pay (e.g., health inson your behalf.	ach of the , agent, o missions,	wner, shareho distributions,	older, contractor, particip draws, consulting fees,	pant or consultant at a loans, loan payments	ny time during that , dividends,	
Company Name and Address	Dates Em		mployed	Income Received: Y-T-D & 5 Prior Y		
				Year	Income	
	From (N	Month/Year) /	To (Month/Year) /	20	\$	
Ownership Interest? ☐ Yes ☐ No				20	\$	
Positions Held	From (N	Month/Year)	To (Month/Year)		\$	
		/	/		\$	
		/			\$	
Company Name and Address		/ Datas E	mployed	Income Received: \	\$ / T.D. % 5 Prior Vro	
Company Name and Address		Dales E	Прюуец	income Received.	1-1-D & 5 FIIOI 115.	
	From (N	Month/Year)	To (Month/Year)	Year	Income	
		/	/	20	\$	
Ownership Interest?					\$	
Positions Held	From (N	Month/Year) To (Month/Year)			\$	
		/	/		\$	
		/			\$	
Company Name and Address		/ Datas F	/ 	Jacobs a Danais and A	\$ (TD % 5 Drien Vra	
Company Name and Address	ame and Address Dates		mpioyea	Income Received: \	r-1-D & 5 Prior Yrs.	
		1 th- (\(\lambda \times \)	To (Month (Mont)	Year	Income	
	From (r	Month/Year) /	To (Month/Year) /	20	\$	
Ownership Interest? ☐ Yes ☐ No				20	\$	
Positions Held	From (N	Month/Year)	To (Month/Year)	1	\$	
	\	1	/	1	\$	
		/	/	1	\$	
		/	/		\$	

Initials:	
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Caption of Proceeding	Court or Agency and Location	Case No.		ature of oceeding	Re	lief Requested	Status or Dispositio
em 8. Safe Deposit Boxest all safe deposit boxes, located bu, your spouse, or any of your d	es within the United States or in any foreige ependents, or held by others for the ber	gn country or ter	ritory, wh	nether held in or any of you	dividually ur depend	or jointly and whe	ther held by
Name of Owner(s)	Name & Address of Depo			Box N		Conte	nts
						Init	tials:

FINANCIAL INFORMATION

REMINDER: When an item asks for information regarding your "assets" and "liabilities" include <u>ALL</u> assets and liabilities, located within the United States or in any foreign country or territory, or institution, whether held individually or jointly, and whether held by you, your spouse, or any of your dependents, or held by others for the benefit of you, your spouse, or any of your dependents. In addition, provide all documents requested in Item 24 with your completed Financial Statement.

ASSETS

tem 9.	Cash.	Bank, and	Money	Market	Accounts
telli J.	vasii.	Dalin, allu	INICIICA	IVIAI NEL	ACCUU

List cash on hand (as opposed to cash in bank accounts or other financial accounts) and all bank accounts, money market accounts, or other financial accounts, including but not limited to checking accounts, savings accounts, and certificates of deposit. The term "cash on hand" includes but is not limited to cash in the form of currency, uncashed checks, and money orders.

a. Amount of Cash on Hand	\$	Form of Cash on Har	nd			
b. Name on Account	Name & Address of Finan	cial Institution		Account	No.	Current Balance
						\$
						\$
						\$
						\$
						\$
Item 10. Publicly Traded List all publicly traded securities, i but not limited to treasury bills and	Securities including but not limited to, stocks, stoc d treasury notes), and state and munic	ck options, corporate b	onds, mutu	ıal funds, l	J.S. governm	nent securities (including
Owner of Security	, , , , , , , , , , , , , , , , , , ,	Issuer	,		Security	No. of Units Owned
Broker House, Address		Broker Account	No.	1		1
		Current Fair Ma	rket Value		Loan(s) Ag	gainst Security
Owner of Security		Issuer		Type of S	Security	No. of Units Owned
Broker House, Address		Broker Account	No.			1
		Current Fair Ma \$		air Market Value Loa \$		gainst Security
Owner of Security		Issuer		Type of S		No. of Units Owned
Broker House, Address		Broker Account	No.	<u> </u>		<u> </u>
		Current Fair Ma \$	rket Value		Loan(s) Ag	gainst Security

Initi	als:	
HHU	aıs.	

Item 11. Non-Public Business and Fir List all non-public business and financial interests, liability corporation ("LLC"), general or limited partr corporation, and oil or mineral lease.	including but n	ot limited to						
Entity's Name & Address	Type of Business or Fir Interest (e.g., LLC, partr					Owners	ship If O	fficer, Director, Member or Partner, Exact Title
Item 12. Amounts Owed to You, Your	Spouse, or	Your De	epender	nts				
Debtor's Name & Address	Date Obligation Incurred (Month/Year) / Current Amount Owed		\$ ju a		Nature of Obligation (if the result of a final court judgment or settlement, provide court name and docket number)			
Debtor's Telephone	\$ Debtor's Relationship to You							
Debtor's Name & Address	Date Obli Incurred (Mo		\$		Nature of Obligation (if the result of a final court judgment or settlement, provide court name and docket number)			
	Current Amou	unt Owed	Payment Schedule \$		and docker	idinibor)		
Debtor's Telephone	Debtor's Rela	ationship to	Ýou					
Item 13. Life Insurance Policies List all life insurance policies (including endowmen	t policies) with	any cash sı	urrender v	alue.				
Insurance Company's Name, Address, & Telephor	ne No.	Beneficiar	ry			Policy No.		Face Value \$
		Insured				Loans Against Policy \$		Surrender Value \$
Insurance Company's Name, Address, & Telephone No.		Beneficiary				Policy No.		Face Value \$
Insu		Insured				Loans Against Policy Surrender Value \$		
Item 14. Deferred Income Arrangeme List all deferred income arrangements, including be other retirement accounts, and college savings pla	ut not limited to	, deferred a lans).	ınnuities, p	pensions pla	ıns, pro	fit-sharing pla	ans, 401(k)	plans, IRAs, Keoghs,
Trustee or Administrator's Name, Address & Telep	hone No.		Name or	Account			Account I	No.
			Date Established Type of F				nder Value before and Penalties	
Trustee or Administrator's Name, Address & Telep	hone No.		(mm/dd/yyyy) \$ Name on Account Account			\$ Account I	No.	
Trustee or Administrator's Name, Address & Telephone No.			Date Est	ablished Type of Plan		of Plan	Surrender Value before Taxes and Penalties \$	

Initials:	

		surance Payments or Inher payments or inheritances owed to y					
Туре				Amount E	xpected D	ate Exp	ected (mm/dd/yyyy)
				\$		/ /	
				\$		/ /	
				\$		/ /	
					<u> </u>		
	ks, motorc	ycles, boats, airplanes, and other ve					
Vehicle Type	Year	Registered Owner's Name	Purchase Price \$	\$	Loan Amount	\$	ent Balance
Make		Registration State & No.	Account/Loan No.	Current '	Value	Mont	thly Payment
Model		Address of Vehicle's Locatio	n Lender's Name and Ado	dress		•	
Vehicle Type	Year	Registered Owner's Name	Purchase Price	Original	Loan Amount	Curr	ent Balance
7.			\$	\$		\$	
Make		Registration State & No.	Account/Loan No.	Current '	Value	Mont \$	thly Payment
Model		Address of Vehicle's Locatio	n Lender's Name and Add				
Vehicle Type	Year	Registered Owner's Name	Purchase Price	Original Loar	n Amount	Curre	nt Balance
			\$	\$		\$	
Make		Registration State & No.	Account/Loan No.	Current Value	lue Monthly Payment \$		nly Payment
Model		Address of Vehicle's Locatio	n Lender's Name and Ado	Lender's Name and Address			
Vehicle Type	Year	Registered Owner's Name	Purchase Price \$	Original Loar	jinal Loan Amount		nt Balance
Make		Registration State & No.	Account/Loan No.	Current Value			nly Payment
Model		Address of Vehicle's Locatio	n Lender's Name and Ado	dress	\$		
List all other per	sonal prope	onal Property erty not listed in Items 9-16 by categ twork, gemstones, jewelry, bullion, o	ory, whether held for persona ther collectibles, copyrights, p	ll use, investment o patents, and other i	or any other rea	ason, indoerty.	cluding but not
Property Car (e.g., artwork,		Name of Owner	Property Locat	tion	Acquisition C	Cost	Current Value
					\$!	\$
					\$!	\$
					\$:	\$

1:4:	als:	
IIIII	ale:	

Property's Location Type of Property		perty		Name(s) on Title of	or Contract and Ownersh	ontract and Ownership Percentages		
Acquisition Date (mm/dd/yyyy)	Purchase Price		C \$	l urrent Value	Basis of Val	uation		
Lender's Name and Address	Ι Ψ	Loan	or Accou	nt No.	Current Bala Contract \$ Monthly Pay	nnce On First Mortgage or		
Other Mertagas Lean(a) (deceribe	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Annthly D	loum ont	\$			
Other Mortgage Loan(s) (describe)	\$	Monthly P	rayment	☐ Rental U	nit		
			Current B	alance	Monthly Rer	t Received		
Property's Location	Type of Pro	\$	5	Name(s) on Title (sr Contract and Ownersh	nin Percentages		
Tropolty o Location	Type of the	porty		riame(s) on riae (or Contract and Comicion	iip i Groomages		
Acquisition Date (mm/dd/yyyy) / /	Purchase Price		C \$	urrent Value	Basis of Val	uation		
		Loan	pan or Account No.		Current Bala Contract \$	Current Balance On First Mortgage or Contract		
					Monthly Pay	ment		
Other Mortgage Loan(s) (describe)		Monthly Payment \$		☐ Rental U	☐ Rental Unit		
		Ċ	Current Balance		Monthly Rer \$	Monthly Rent Received \$		
			LIAB	ILITIES				
Item 19. Credit Cards List each credit card account held whether issued by a United States	by you, your spous	e, or your de institution.	pendents	s, and any other credi	it cards that you, your sp	ouse, or your dependents use,		
Name of Credit Card (e.g., Visa, MasterCard, Department Store)	Ac	count No.		Name	(s) on Account	Current Balance		
,,						\$		
						\$		
						\$		
						\$ \$		
Item 20. Taxes Payable List all taxes, such as income taxe	es or real estate taxe	es, owed by y	you, your	spouse, or your dep	endents.	ΙΨ		
Type of Tax				Amount Owed		Year Incurred		
			\$					
			\$					
			Ψ					

Initia	ıls:	

Item 21. Other Amounts Ov List all other amounts, not listed else					r your depende	ents.		
Lender/Creditor's Name, Address, and Telephone No.		ne No. Nature of D number)	Nature of Debt (if the result of a court judgment or settlement, provide court name and docket number)					
		Lender/Cre	editor's R	elationship to You				
Date Liability Was Incurred				Current Amount Owe	d	Payment	t Schedule	
(mm/dd/yyyy)	\$			\$				
Lender/Creditor's Name, Address, and Telephone No.		number)	Nature of Debt (if the result of a court judgment or settlement, provide court name and docket number) Lender/Creditor's Relationship to You					
				•				
Date Liability Was Incurred / / (mm/dd/yyyy)	Original A	Amount Owed		Current Amount Owe \$	ed	Payment	t Schedule	
(пплашуууу)	1	OTHER FINA	ANCIA	L INFORMATIO	DN			
Item 22. Trusts and Escrow List all funds and other assets that ar retainers being held on your behalf by dependents, for any person or entity.	e being hel y legal cour	nsel. Also list all fund	by any pe	erson or entity for you, er assets that are bein	your spouse, g held in trust	or your de or escrov	ependents. Include any legal w by you, your spouse, or your	
Trustee or Escrow Agent's Name &	Address	Date Established (mm/dd/yyyy)	I Grantor I Beneticiaria		ciaries	s Present Market Value of Asse		
		7 7				\$		
		/ /				\$		
		/ /				\$		
*If the market value of any asset is ur	nknown, de	scribe the asset and	state its	cost, if you know it.				
Item 23. Transfers of Asset List each person or entity to whom yo loan, gift, sale, or other transfer (excl- entity, state the total amount transfer	ou have trar ude ordinar	y and necessary livir					es). For each such person or	
Transferee's Name, Address, & Rela	ationship	Property Transfe	erred	Aggregate Value*	Transfer [(mm/dd/y		Type of Transfer (e.g., Loan, Gift)	
				\$	/ /			
				\$	/ /			
				\$	/ /			
*If the market value of any asset is ur	nknown, de	scribe the asset and	state its	cost, if you know it.				

ın	itiais:	

	Document Requests es of the following documents with your co	mpleted F	Financial Statement.			
	Federal tax returns filed during th	e last thre	ee years by or on behalf of you, your spouse, or your depen	dents.		
			ensions of credit (other than credit cards) that you, your spo two years, including by obtaining copies from lenders if nec			
Item 9	<u> </u>		account statements for the past 3 years.			
Ileiii 9		-	· •			
Item 11		turn, ann	provide (including by causing to be generated from account ual income statement, the most recent year-to-date income			
Item 17			any property listed in Item 17, including appraisals done for of property where the total appraised value of all property in			
Item 18	All appraisals that have been prei	All appraisals that have been prepared for real property listed in Item 18.				
Item 21	Documentation for all debts listed					
ILGIII Z I	All executed documents for any trust or escrow listed in Item 22. Also provide any appraisals, including insurance					
Item 22			crow listed in Item 22. Also provide any appraisals, includir sets held by any such trust or in any such escrow.	g insurance		
	SUM	IMARY	FINANCIAL SCHEDULES			
Item 25. C	Combined Balance Sheet for Yo	u, Your	Spouse, and Your Dependents			
Assets			Liabilities			
Cash on Hand	d (Item 9)	\$	Loans Against Publicly Traded Securities (Item 10)	\$		
		\$				
		\$				
Publicly Trade	ed Securities (Item 10)	\$	Credit Cards (Item 19)	\$		
	usiness and Financial Interests (Item 11)	\$	Taxes Payable (Item 20)	\$		
	ed to You (Item 12)	\$	Amounts Owed by You (Item 21)	\$		
Life Insurance	e Policies (Item 13)	\$	Other Liabilities (Itemize)			
	ome Arrangements (Item 14)	\$, ,	\$		
Vehicles (Item		\$		\$		
•	al Property (Item 17)	\$		\$		
Real Property		\$		\$		
Other Assets		1 *		\$		
	,	\$		\$		
		\$		\$		
		\$		\$		
	Total Assets	\$	Total Liabilities	\$		
Provide the cuinclude credit	urrent monthly income and expenses for card expenditures in the appropriate cate	you, your	Expenses for You, Your Spouse, and Your Deper spouse, and your dependents. Do not include credit card payments	ndents		
Salary - After	te source of each item)		Expenses Mortgage or Rental Payments for Residence(s)			
Source:	Taxes	\$	iviorityage of Refital Payments for Residence(s)	\$		
	issions, and Royalties		Property Taxes for Residence(s)			
Source:		\$ Floperty Taxes for Residence(s) \$				
Interest		¢	Rental Property Expenses, Including Mortgage Payments, Taxes,			
Source:		\$ and Insurance \$				
Dividends and Source:	d Capital Gains	\$ Car or Other Vehicle Lease or Loan Payments \$				
Gross Rental Source:		\$	Food Expenses \$			
Source:	Sole Proprietorships	\$	Clothing Expenses	\$		
Distributions f and LLCs	from Partnerships, S-Corporations,	\$	Utilities \$			

Initials:	

Source:

Item 26. Combined Current Monthly I	ncome a	and Expenses for You, Your Spouse, and Your D	ependents (cont.)		
Distributions from Trusts and Estates	· ·	Medical Expenses, Including Insurance			
Source:	\$		\$		
Distributions from Deferred Income Arrangements	\$	Other Insurance Premiums	\$		
Source: Social Security Payments	\$	Other Transportation Expenses	\$		
Alimony/Child Support Received	\$	Other Expenses (Itemize)	Ψ		
Gambling Income	\$	Cino: Expenses (normal)	\$		
Other Income (Itemize)			\$		
, ,	\$		\$		
	\$		\$		
	\$		\$		
Total Incom	ne \$	Total Expenses	\$		
		ATTACHMENTS	·		
Item 27. Documents Attached to this List all documents that are being submitted with the		al Statement I statement. For any Item 24 documents that are not attached, ex	xplain why.		
Item No. Document Relates To		Description of Document			
I am submitting this financial statement with the understanding that it may affect action by the Federal Trade Commission or a federal court. I have used my best efforts to obtain the information requested in this statement. The responses I have provided to the items above are true and contain all the requested facts and information of which I have notice or knowledge. I have provided all requested documents in my custody, possession, or control. I know of the penalties for false statements under 18 U.S.C. § 1001, 18 U.S.C. § 1621, and 18 U.S.C. § 1623 (five years imprisonment and/or fines). I certify under penalty of perjury under the laws of the United States that the foregoing is true and correct.					
Executed on:					
(Date)		Signature			

FEDERAL TRADE COMMISSION

FINANCIAL STATEMENT OF CORPORATE DEFENDANT

Instructions:

- 1. Complete all items. Enter "None" or "N/A" ("Not Applicable") where appropriate. If you cannot fully answer a question, explain why.
- 2. The font size within each field will adjust automatically as you type to accommodate longer responses.
- 3. In completing this financial statement, "the corporation" refers not only to this corporation but also to each of its predecessors that are not named defendants in this action.
- 4. When an Item asks for information about assets or liabilities "held by the corporation," include <u>ALL</u> such assets and liabilities, located within the United States or elsewhere, held by the corporation or held by others for the benefit of the corporation.
- 5. Attach continuation pages as needed. On the financial statement, state next to the Item number that the Item is being continued. On the continuation page(s), identify the Item number being continued.
- 6. Type or print legibly.
- 7. An officer of the corporation must sign and date the completed financial statement on the last page and initial each page in the space provided in the lower right corner.

Penalty for False Information:

Federal law provides that any person may be imprisoned for not more than five years, fined, or both, if such person:

- (1) "in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry" (18 U.S.C. § 1001);
- (2) "in any . . . statement under penalty of perjury as permitted under section 1746 of title 28, United States Code, willfully subscribes as true any material matter which he does not believe to be true" (18 U.S.C. § 1621); or
- (3) "in any (... statement under penalty of perjury as permitted under section 1746 of title 28, United States Code) in any proceeding before or ancillary to any court or grand jury of the United States knowingly makes any false material declaration or makes or uses any other information ... knowing the same to contain any false material declaration." (18 U.S.C. § 1623)

For a felony conviction under the provisions cited above, federal law provides that the fine may be not more than the greater of (i) \$250,000 for an individual or \$500,000 for a corporation, or (ii) if the felony results in pecuniary gain to any person or pecuniary loss to any person other than the defendant, the greater of twice the gross gain or twice the gross loss. 18 U.S.C. § 3571.

BACKGROUND INFORMATION

General Information Item 1. Corporation's Full Name Primary Business Address _____ From (Date) _____ Telephone No. _____ Fax No. _____ E-Mail Address______ Internet Home Page_____ All other current addresses & previous addresses for past five years, including post office boxes and mail drops: Address____ From/Until From/Until Address From/Until All predecessor companies for past five years: Name & Address ______From/Until Name & Address ______From/Until _____ Name & Address From/Until Item 2. **Legal Information** Federal Taxpayer ID No. ______ State & Date of Incorporation _____ State Tax ID No. _____ State ____ Profit or Not For Profit ____ Corporation's Present Status: Active _____ Inactive ____ Dissolved _____ If Dissolved: Date dissolved By Whom Reasons Fiscal Year-End (Mo./Day) _____ Corporation's Business Activities ____ Item 3. **Registered Agent** Name of Registered Agent _____ Address ______ Telephone No. _____

Page 2 Initials _____

<u>Item 4.</u>	Principal Stockholders		
List all perso	ns and entities that own at least 5% of the corporation's stock.		
	Name & Address		% Owned
Item 5.	Board Members		
List all mem	bers of the corporation's Board of Directors.		
	Name & Address	% Owned	Term (From/Until)
			-
<u>Item 6.</u>	Officers		
	e corporation's officers, including <i>de facto</i> officers (individuals with sig do not reflect the nature of their positions).	nificant mana	gement responsibility
	Name & Address		% Owned

Page 3 Initials _____

Item 7. Businesses	Related to the Corporation			
List all corporations, partner	rships, and other business entities is	n which this corporatio	on has an ownership ir	iterest.
	Name & Address		Business Activities	% Owned
State which of these busines	ses, if any, has ever transacted bus	siness with the corporat	ion	
Item 8. Businesses	Related to Individuals			
	rships, and other business entities in e individuals listed in Items 4 - 6 a	-		ders, board
Individual's Name	Business Name & Ado	<u>dress</u>	Business Activities	% Owned
			-	
State which of these busines	ses, if any, have ever transacted bu	usiness with the corpora	ation	
Item 9. Related Inc	lividuals			
years and current fiscal year	rith whom the corporation has had to-date. A "related individual" is s, and officers (i.e., the individuals	a spouse, sibling, parer	nt, or child of the prin	
<u>N</u>	ame and Address	Relations	hip Business	Activities

Page 4 Initials _____

<u>Item 10.</u>	Outside A	Accountants		
List all outsi	de accountan	ts retained by the corporation	n during the last three years.	
<u>Na</u>	<u>me</u>	<u>Firm Name</u>	Address	CPA/PA?
<u>Item 11.</u>		tion's Recordkeeping		
List all indiv the last three		the corporation with respons	sibility for keeping the corporation's finar	ncial books and records for
		Name, Address, & Teleph	one Number	Position(s) Held
<u>Item 12.</u>	Attorney			
List all attori	neys retained	by the corporation during the	e last three years.	
<u>Na</u>	<u>me</u>	<u>Firm Name</u>	Address	
				·

Page 5 Initials _____

Item 13. Pending Lawsuits Filed by the Corporation

List all pending lawsuits that have been filed by the corporation in court or before an administrative agency. (List lawsuits that resulted in final judgments or settlements in favor of the corporation in Item 25).

Opposing Party's Name	e & Address		
Court's Name & Addre	ess		
Docket No	Relief Requested	Nature of Lawsuit	
	Status		
Opposing Party's Name	e & Address		
		Nature of Lawsuit	
		Nature of Lawsuit	
Opposing Party's Name	e & Address		
Court's Name & Addre	ess		
Docket No	Relief Requested	Nature of Lawsuit	
	Status		
Opposing Party's Name	e & Address		
Court's Name & Addre	ess		
		Nature of Lawsuit	
	Status		
Court's Name & Addre	ess		
Docket No	Relief Requested	Nature of Lawsuit	
	Status		

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Item 14. Current Lawsuits Filed Against the Corporation

List all pending lawsuits that have been filed against the corporation in court or before an administrative agency. (List lawsuits that resulted in final judgments, settlements, or orders in Items 26 - 27).

Opposing Party's Nam	ne & Address		
Court's Name & Addr	ess		
Docket No	Relief Requested	Nature of Lawsuit	
	Status		
Opposing Party's Nam	ne & Address		
Docket No	Relief Requested	Nature of Lawsuit	
	Status		
Opposing Party's Nam	ne & Address		
	ess		
		Nature of Lawsuit	
Opposing Party's Nam	ne & Address		
Court's Name & Addr	ess		
		Nature of Lawsuit	
	Status		
Opposing Party's Nam	ne & Address		
	ess		
		Nature of Lawsuit	
	•		
	ess		
	_	Nature of Lawsuit	
	Status		

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<u>Item 15.</u>	Bankrup	tcy Informati	ion				
List all state in	nsolvency ar	d federal ban	kruptcy proce	edings involv	ing the corporation	on.	
Commenceme	ent Date		Terminat	ion Date		Docket No.	
If State Court	: Court & Co	ounty		If Fed	eral Court: Distri	ct	
Disposition _							
<u>Item 16.</u>	Sa	afe Deposit B	oxes				
	•				where, held by the ats of each box.	e corporation, or held by	others for the
Owner's Nam	<u>ie</u> <u>N</u>	ame & Addre	ss of Deposite	ory Institution			Box No.
					No.		
			-	CIAL INFOR	 -		
	sets and liab	ilities, locate	d within the			eld by the corporation,' eld by the corporation	
<u>Item 17.</u>	Tax Retu	rns					
List all federa	l and state co	orporate tax re	eturns filed fo	r the last three	complete fiscal	years. Attach copies of a	all returns.
Federal/ State/Both	Tax Year	Tax Due Federal	Tax Paid Federal	Tax Due State	<u>Tax Paid</u> <u>State</u>	Preparer's Nam	<u>ie</u>
		\$	\$	\$	_ \$		
		\$	\$	\$	\$		
		\$	\$	\$	\$		

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Item 18. Financial Statements

List all financial statements that were prepared for the corporation's last three complete fiscal years and for the current fiscal year-to-date. Attach copies of all statements, providing audited statements if available.

<u>Year</u>	Balance She	et Profit & Loss Sta	atement	Cash Flow Stateme	nt <u>Changes in Ow</u>	ner's Equity	Audited
em 19.		 ll Summary					
	profit and loss	complete fiscal years statement in accordan					
		Current Year-to-Da	<u>te</u>	1 Year Ago	2 Years Ago	<u>3 Yea</u>	urs Ago
Gross Re	<u>venue</u>	\$	\$	\$		\$	
Expenses		\$	\$	\$		\$	
Net Profi	After Taxes	\$	\$	\$		\$	
<u>Payables</u>		\$	_				
Receivab	<u>les</u>	\$					
em 20.	, in the second second	ank, and Money Mar	ınts, inclu			nts, savings a	ccounts,
ertificates	_			"cash" includes cur			
ertificates	_	ld by the corporation.					
ertificates ash on Ha	and \$		Cash Hel	d for the Corporation	n's Benefit \$t Accour	nt No.	
ertificates ash on H	and \$	inancial Institution	Cash Hel	d for the Corporation	n's Benefit \$t Accour	nt No.	Current Balance
ertificates ash on Ha	and \$	inancial Institution	Cash Hel	d for the Corporation	n's Benefit \$t Accour	nt No.	Current Balance

Page 9 Initials _____

Item 21. Government Obligations and Publicly Traded Securities

List all U.S. Government obligations, including but not limited to, savings bonds, treasury bills, or treasury notes, held by the corporation. Also list all publicly traded securities, including but not limited to, stocks, stock options, registered and bearer bonds, state and municipal bonds, and mutual funds, held by the corporation.

Issuer	Type of Security/C	Obligation	
No. of Units Owned	urrent Fair Market Value \$ Maturity Date		
Issuer	Type of Security/C	Obligation	
No. of Units Owned	_ Current Fair Market Value \$	Maturity Date	
Item 22. Real Estate			
List all real estate, including leas	eholds in excess of five years, held	d by the corporation.	
Type of Property	Property'	s Location	
Name(s) on Title and Ownership	Percentages		
Current Value \$	Loan or Account No		
Lender's Name and Address			
Current Balance On First Mortga	age \$ Monthly P	Payment \$	
Other Loan(s) (describe)		Current Balance \$	
Monthly Payment \$	Rental Unit?	Monthly Rent Received \$	
Type of Property	Property'	s Location	
Name(s) on Title and Ownership	Percentages		
Current Value \$	Loan or Account No.		
Lender's Name and Address			
Current Balance On First Mortga	age \$ Monthly P	Payment \$	
Other Loan(s) (describe)		Current Balance \$	
Monthly Payment \$	Rental Unit?	Monthly Rent Received \$	

Page 10 Initials _____

Item 23. Other Assets

List all other property, by category, with an estimated value of \$2,500 or more, held by the corporation, including but not limited to, inventory, machinery, equipment, furniture, vehicles, customer lists, computer software, patents, and other intellectual property.

Property Category	Property Location	Acquisition Cost	<u>Current</u> <u>Value</u>
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Item 24. Trusts and Escrows

List all persons and other entities holding funds or other assets that are in escrow or in trust for the corporation.

Trustee or Escrow Agent's Name & Address	Description and Location of Assets	Present Market Value of Assets
		\$
		\$\$
		\$
		φ
	-	Φ
		\$
		\$

Page 11 Initials _____

Item 25. Monetary Judgments and Settlements Owed To the Corporation

List all monetary judgments and settlements, recorded and unrecorded, owed to the corporation. Opposing Party's Name & Address_____ Court's Name & Address______ Docket No._____ Nature of Lawsuit_____ Date of Judgment____ Amount \$_____ Opposing Party's Name & Address_____ Court's Name & Address _____ Docket No.____ Nature of Lawsuit______ Date of Judgment_____ Amount \$_____ **Item 26.** Monetary Judgments and Settlements Owed By the Corporation List all monetary judgments and settlements, recorded and unrecorded, owed by the corporation. Opposing Party's Name & Address Court's Name & Address _____ Docket No.____ Nature of Lawsuit______ Date_____ Amount \$_____ Opposing Party's Name & Address Court's Name & Address Docket No. Nature of Lawsuit Date of Judgment Amount \$ Opposing Party's Name & Address_____ Court's Name & Address______ Docket No._____ Nature of Lawsuit _____ Date of Judgment_____ Amount \$_____ Opposing Party's Name & Address_____ Court's Name & Address Docket No. Nature of Lawsuit_____ Date of Judgment____ Amount \$____ Opposing Party's Name & Address_____ Court's Name & Address Docket No.____ Nature of Lawsuit______ Date of Judgment_____ Amount \$_____

Page 12 Initials _____

<u>Item 27.</u> Government (Orders and Settlemen	nts		
List all existing orders and settl	ements between the c	orporation and	any federal or state g	overnment entities.
Name of Agency			Contact Person _	
Address			Tel	ephone No
Agreement Date	Nature of Agreen	nent		
Item 28. Credit Cards				
List all of the corporation's cred	dit cards and store cha	arge accounts ar	nd the individuals aut	thorized to use them.
Name of Credit Car	d or Store	Name	es of Authorized User	rs and Positions Held
Item 29. Compensation	of Employees			
fiscal years and current fiscal years	onsultants (other than ear-to-date. "Comperends, distributions, ro an payments, rent, car	those individuansation" include yalties, pension	Is listed in Items 5 ares, but is not limited s, and profit sharing p	and 6 above), for the two previous to, salaries, commissions, plans. "Other benefits" include,
Name/Position	Current Fiscal Year-to-Date	1 Year Ago	2 Years Ago	Compensation or Type of Benefits
	\$	\$	_ \$	
	\$	\$	\$	

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\$_____\$___\$

\$_____\$ ____\$

Item 30. Compensation of Board Members and Officers

List all compensation and other benefits received from the corporation by each person listed in Items 5 and 6, for the current fiscal year-to-date and the two previous fiscal years. "Compensation" includes, but is not limited to, salaries, commissions, consulting fees, dividends, distributions, royalties, pensions, and profit sharing plans. "Other benefits" include, but are not limited to, loans, loan payments, rent, car payments, and insurance premiums, whether paid directly to the individuals, or paid to others on their behalf.

Name/Position	Current Fiscal Year-to-Date		2 Years Ago	Compensation or Type of Benefits
	\$	\$	\$	
	_ \$	_ \$	\$	
	_ \$	_ \$.\$	
	\$	\$	\$	
	\$	\$	\$	
	_\$	\$	\$	
	_ \$	_ \$	\$	
	\$	\$	\$	

Item 31. Transfers of Assets Including Cash and Property

List all transfers of assets over \$2,500 made by the corporation, other than in the ordinary course of business, during the previous three years, by loan, gift, sale, or other transfer.

Transferee's Name, Address, & Relationship	<u>Property</u> <u>Transferred</u>	Aggregate <u>Value</u>	<u>Transfer</u> <u>Date</u>	Type of Transfer (e.g., Loan, Gift)
		\$		
		_ ·	-	
		\$		
		_ \$		
		\$		
		\$		

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Item 32. Documents Attached to the Financial Statement

List all documents that are being submitted with the financial statement.

Item No. Document Relates To	Description of Document
Commission or a federaresponses I have provide notice or knowledge. I penalties for false states	g this financial statement with the understanding that it may affect action by the Federal Trade al court. I have used my best efforts to obtain the information requested in this statement. The led to the items above are true and contain all the requested facts and information of which I have provided all requested documents in my custody, possession, or control. I know of the ments under 18 U.S.C. § 1001, 18 U.S.C. § 1621, and 18 U.S.C. § 1623 (five years imprisonment under penalty of perjury under the laws of the United States that the foregoing is true and correct
Executed on:	
(Date)	Signature
	Corporate Position

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Form **4506**

(July 2017)

Department of the Treasury Internal Revenue Service

Request for Copy of Tax Return

▶ Do not sign this form unless all applicable lines have been completed.

▶ Request may be rejected if the form is incomplete or illegible.

► For more information about Form 4506, visit www.irs.gov/form4506.

Tip. You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company)

OMB No. 1545-0429

require	es. See Form 4506-T, Request for Transcript of Tax Return, or Please visit us at IRS.gov and click on "Get a Tax Transcript" or or	you can quickly request tra		
1a	Name shown on tax return. If a joint return, enter the name shown	indi	t social security numl vidual taxpayer identi ployer identification n	
2a	If a joint return, enter spouse's name shown on tax return.		ond social security no payer identification no	umber or individual ımber if joint tax return
3 (Current name, address (including apt., room, or suite no.), city, stat	e, and ZIP code (see instruc	ctions)	
4	Previous address shown on the last return filed if different from line	3 (see instructions)		
5	If the tax return is to be mailed to a third party (such as a mortgage	company), enter the third p	arty's name, address,	and telephone number.
have f 5, the	on: If the tax return is being mailed to a third party, ensure that you filled in these lines. Completing these steps helps to protect your process in the second over what the third party does with the information, you can specify this limitation in your written agreement with	ivacy. Once the IRS disclos ion. If you would like to limi	ses your tax return to th	ne third party listed on line
6	Tax return requested. Form 1040, 1120, 941, etc. and all schedules, or amended returns. Copies of Forms 1040, 1040A destroyed by law. Other returns may be available for a longer type of return, you must complete another Form 4506. ▶	, and 1040EZ are generally	y available for 7 years	from filing before they are
	Note: If the copies must be certified for court or administrative pr	oceedings, check here .		
7	Year or period requested. Enter the ending date of the year or peight years or periods, you must attach another Form 4506.	eriod, using the mm/dd/yyy	y format. If you are red	questing more than
8	Fee. There is a \$50 fee for each return requested. Full payment be rejected. Make your check or money order payable to "U or EIN and "Form 4506 request" on your check or money order	nited States Treasury." Er	•	
а	Cost for each return			\$ 50.00
b	Number of returns requested on line 7			
c	Total cost. Multiply line 8a by line 8b			\$
9 Courtie	If we cannot find the tax return, we will refund the fee. If the refunction: Do not sign this form unless all applicable lines have been comp	<u>`</u>	ty listed on line 5, chec	ck nere
Signat reques manag	ture of taxpayer(s). I declare that I am either the taxpayer whose name sted. If the request applies to a joint return, at least one spouse must signing member, guardian, tax matters partner, executor, receiver, administer Form 4506 on behalf of the taxpayer. Note: This form must be received.	is shown on line 1a or 2a, or in. If signed by a corporate of trator, trustee, or party other	ficer, 1 percent or more than the taxpayer, I certi	shareholder, partner,
☐ Si	gnatory attests that he/she has read the attestation clauseclares that he/she has the authority to sign the Form 45	ıse and upon so readin	g	umber of taxpayer on line
Sign Here		Date		
	Title (if line 1a above is a corporation, partnership, estate, or trust)			
	Spouse's signature	Date		

Form 4506 (Rev. 7-2017) Page **2**

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506 and its instructions, go to www.irs.gov/form4506. Information about any recent developments affecting Form 4506, Form 4506-T and Form 4506T-EZ will be posted on that page.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506 to request a copy of your tax return. You can also designate (on line 5) a third party to receive the tax return.

How long will it take? It may take up to 75 calendar days for us to process your request.

Tip. Use Form 4506-T, Request for Transcript of Tax Return, to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of nonfiling, and records of account.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." or call 1-800-908-9946.

Where to file. Attach payment and mail Form 4506 to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual returns (Form 1040 series) and one for all other returns.

If you are requesting a return for more than one year or period and the chart below shows two different addresses, send your request to the address based on the address of your most recent return

Chart for individual returns (Form 1040 series)

If you filed an individual return and lived in:

Mail to:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301

Alaska, Arizona,
Arkansas, California,
Colorado, Hawaii, Idaho,
Illinois, Indiana, Iowa,
Kansas, Michigan,
Minnesota, Montana,
Nebraska, Nevada, New
Mexico, North Dakota,
Oklahoma, Oregon,
South Dakota, Utah,
Washington, Wisconsin,
Wyoming

Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888

Connecticut,
Delaware, District of
Columbia, Florida,
Georgia, Maine,
Maryland,
Massachusetts,
Missouri, New
Hampshire, New Jersey,
New York, North
Carolina, Ohio,
Pennsylvania, Rhode
Island, South Carolina,
Vermont, Virginia, West
Virginia

Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999

Chart for all other returns

If you lived in or your business was in:

Mail to:

Alabama, Alaska, Arizona, Arkansas. California Colorado Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409

Connecticut, Delaware,
District of Columbia,
Georgia, Illinois, Indiana,
Kentucky, Maine,
Maryland,
Massachusetts,
Michigan, New
Hampshire, New Jersey,
New York, North
Carolina,
Ohio, Pennsylvania,
Rhode Island, South
Carolina, Tennessee,
Vermont, Virginia, West
Virginia, Wisconsin

Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250

Specific Instructions

Line 1b. Enter your employer identification number (EIN) if you are requesting a copy of a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, please include it on this line 3.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Signature and date. Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506 within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be

processed and returned to you if the box is unchecked.

Individuals. Copies of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506 exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506 can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506 but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506 for a taxpayer only if this authority has been specifically delegated to the representative on Form 2848, line 5. Form 2848 showing the delegation must be attached to Form 4506

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. If you request a copy of a tax return, sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506 will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 16 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506 simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service Tax Forms and Publications Division 1111 Constitution Ave. NW, IR-6526 Washington, DC 20224.

Do not send the form to this address. Instead, see $\it Where\ to\ file$ on this page.

CONSENT TO RELEASE FINANCIAL RECORDS

I,	of	, (City,
State), do hereby direct a	ny bank, saving and loan asso	ociation, credit union,
depository institution, fin	ance company, commercial le	ending company, credit card
processor, credit card pro	ocessing entity, automated cle	aring house, network
transaction processor, bar	nk debit processing entity, aut	tomated clearing house,
network transaction proc	essor, bank debit processing e	entity, brokerage house,
escrow agent, money ma	rket or mutual fund, title com	pany, commodity trading
company, trustee, or pers	on that holds, controls, or ma	intains custody of assets,
wherever located, that are	e owned or controlled by me	or at which there is an
account of any kind upon	which I am authorized to dra	nw, and its officers,
employees, and agents, to	o disclose all information and	deliver copies of all
documents of every natural	re in its possession or control	which relate to the said
accounts to any attorney	of the Federal Trade Commis	sion, and to give evidence
relevant thereto, in the m	atter of [], now pend	ing in the United States
District Court of [], and this shall be irrevo	cable authority for so doing.
This direction is in	tended to apply to the laws of	f countries other than the
United States of America	which restrict or prohibit dis	closure of bank or other
financial information wit	hout the consent of the holder	of the account, and shall be
construed as consent with	n respect hereto, and the same	shall apply to any of the
accounts for which I may	be a relevant principal.	
Dated:	Signature:	
	Printed Name:	