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8
9 **UNITED STATES DISTRICT COURT**
10 **CENTRAL DISTRICT OF NEVADA**
11

12
13 SECURITIES AND EXCHANGE
COMMISSION,

14 Plaintiff,

15 vs.

16 JUSTIN ROBERT KING; AND
17 ELEVATE INVESTMENTS LLC,

18 Defendants,

19 SHANNON LEIGH KING,

20 Relief Defendant.
21
22
23

Case No.

**DECLARATION OF KELLY
BOWERS IN SUPPORT OF
PLAINTIFF SECURITIES AND
EXCHANGE COMMISSION'S *EX*
PARTE APPLICATION FOR A
TEMPORARY RESTRAINING
ORDER AND ORDERS: (1)
FREEZING ASSETS; (2) REQUIRING
ACCOUNTINGS; (3) PROHIBITING
THE DESTRUCTION OF
DOCUMENTS; (4) GRANTING
EXPEDITED DISCOVERY; AND (5)
APPOINTING A TEMPORARY
RECEIVER; AND ORDER TO SHOW
CAUSE RE PRELIMINARY
INJUNCTION AND APPOINTMENT
OF A PERMANENT RECEIVER**

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I, Kelly Bowers, declare pursuant to 28 U.S.C. § 1746 as follows:

1. I have personal knowledge of the matters set forth herein, except as otherwise noted, and, if called as a witness, I could and would competently testify under oath to the facts stated herein.

2. I am an attorney admitted to practice law by the State Bar of California and by this Court. I am currently an Attorney in the Division of Enforcement in the Securities and Exchange Commission's ("SEC") Los Angeles Regional Office.

3. In the course of my duties as an Attorney with the SEC, I investigate violations of the federal securities laws. My responsibilities include, among other things: (i) subpoenaing documents and witnesses; (ii) obtaining and analyzing documents; (iii) taking testimony; and (iv) making recommendations concerning whether there have been violations of the statutes and regulations enforced by the SEC.

4. Attached hereto as **Exhibit 1** is a true and correct copy of Elevate Investment LLC's ("Elevate") website, www.elevateinvestmentsllc.com, that I downloaded on or about November 18, 2020.

5. Attached hereto as **Exhibit 2** is a true and correct copy of the docket and selected filings in *State of Arizona v. Justin R. King*, CR 2012-127581.

6. Attached hereto as **Exhibit 3** is a true and correct copy of the Account Application and Account Update Form for a TD Ameritrade (“TDA”) brokerage account held in the names of Justin Robert King (“King”) and Shannon Leigh King (“S. King”) produced by TDA.

7. Attached hereto as **Exhibit 4** is a true and correct copy of the Account Application for a TDA brokerage account held in the name Opulent, LLC (“Opulent”) produced by TDA.

8. Attached hereto as **Exhibit 5** is a true and correct copy of the Account Application for a TDA brokerage account held in the name Elevate Investments LLC

1 (“Elevate”) produced by TDA.

2 9. Attached hereto as **Exhibit 6** is a true and correct copy of the Account
3 Application for a TDA brokerage account held in the name Z Partners, Inc. and a
4 Trading Authorization Form produced by TDA.

5 10. Attached hereto as **Exhibit 7** is a true and correct copy of the Account
6 Application for a TDA brokerage account held in the name Individual J and a Trading
7 Authorization Form produced by TDA.

8 11. Attached hereto as **Exhibit 8** is a true and correct copy of the Account
9 Application for a TDA brokerage account held in the name Individual C and a
10 Trading Authorization Form produced by TDA.

11 12. I reviewed the account statements, trade blotter, and profit and loss
12 blotters for the accounts discussed in paragraphs 6 through 11 above and found that
13 the account primarily engaged in short term trading of option securities.

14 13. Attached hereto as **Exhibit 9** is a true and correct copy of
15 correspondence sent by TDA to King and S. King, Elevate, Z Partners, Individual J,
16 and Individual C that was produced by TDA.

17 14. Attached hereto as **Exhibit 10** is a true and correct copy of the Account
18 Application for a Charles Schwab & Co. (“Schwab”) brokerage account held in
19 King’s name that was produced by Schwab.

20 15. Attached hereto as **Exhibit 11** is a true and correct copy of the Account
21 Application for a Schwab brokerage account held in the name S. King that was
22 produced by Schwab.

23 16. Attached hereto as **Exhibit 12** is a true and correct copy of the Account
24 Application for a Schwab brokerage account held in Elevate’s name that was
25 produced by Schwab.

26 17. Attached hereto as **Exhibit 13** is a true and correct copies of letters from
27 Interactive Brokers LLC (“Interactive”) regarding account applications submitted by
28 Elevate and King.

1 18. Attached here to as **Exhibit 14** is a true and correct copy of the Form D
2 filed by Elevate that I downloaded from the SEC's website, www.sec.gov.

3 19. Attached hereto as **Exhibit 15** is a true and correct copy of the Account
4 Application for Elevate's bank account at Wells Fargo Bank that was produced by
5 Wells Fargo Bank.

6 20. Attached hereto as **Exhibit 16** is a true and correct copy of the Account
7 Application for Elevate's bank account at JPMorgan Chase Bank that was produced
8 by JPMorgan Chase Bank.

9 21. Attached hereto as **Exhibit 17** is a true and correct copy of the Account
10 Application for Area Auto Glass LLC's bank account at JPMorgan Chase Bank that
11 was produced by JPMorgan Chase Bank.

12 22. Attached hereto as **Exhibit 18** are true and correct copies of emails that I
13 received from representatives of NinjaTrader Brokerage, LLC, an introducing broker
14 registered with the Commodity Futures Trading Commission, and NinjaTrader, LLC,
15 a company that develops and licenses software to assist persons trading securities.

16 23. Attached hereto as **Exhibit 19** is a true and correct copy of LexisNexis
17 Nationwide Business search for Elevate Investment Fund and Elevate Investment
18 Fund, LLC.

19 24. I have conducted searches on the publicly available website,
20 <https://adviserinfo.sec.gov> that is a database with information regarding entities and
21 persons who registered with the SEC or a state securities regulator as an investment
22 adviser and/or broker-dealer. My searches of that websites for showed no entity with
23 Elevate's name was registered with the SEC or a state securities regulator as an
24 investment adviser or a broker-dealer.

25 25. I have conducted searches on the publicly available website
26 www.brokercheck.finra.org, that is a central repository for information regarding,
27 among other things, persons who are or were previously associated with a registered
28 investment adviser or broker-dealer or who hold or previously held securities licenses

1 issued by the Financial Industry Regulatory Authority, or FINRA. My searches of
2 those websites for King showed no person with his name, birth date, and social
3 security number as ever having been associated with any investment adviser or
4 broker-dealer or licensed by FINRA.

5 26. I have reviewed the account statements and the trade blotter for King's,
6 Elevates's, and S. King's Schwab accounts and found that all of the accounts
7 primarily engaged in similar short term trading of option securities.

8 I declare under penalty of perjury under the laws of the United States of
9 America that the foregoing is true and correct.

10 Executed this 18th day of December 2020 in Los Angeles, California.

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12 /s/ Kelly Bowers

13 Kelly Bowers
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EXHIBIT "1"


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ELEVATE INVESTMENTS

The value of a professional money manager can best be measured by their performance relative to a benchmark. Elevate Investments has continually delivered and outperformed that of its S&P 500 benchmark. Capital preservation and consistent returns are the most significant factors in successful asset management. Therefore, loss of opportunity is preferable to loss of capital.

Elevate Investments, LLC. invites your inquiries today.

Phone: 602.388.0003

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VALUE CREATION

Founder and president Justin King's extensive knowledge of the stock market is what sets his company apart from the others. Accurately predicting long term market direction is difficult which, in the case of a long or short stock position, is required for profit. Accordingly, Elevate Investments protocol is designed to be free from directional bias and exhibits market neutral characteristics.

[Learn More](#)

INVESTMENT PHILOSOPHY

Elevate Investments, LLC is designed to get on base every time at bat, not hit home runs. Swinging for the fence results in strike outs, which our goal is to avoid. Our objective is to hit consistent singles and maintain a high batting average, which we have managed to continually do.

[Learn More](#)

ADVANCED STRATEGY

Our investment strategy is what sets us apart from other companies. We maximize ending wealth values by embracing risk management as part of our core strategy. By leveraging unique data algorithms and low-risk, short-duration trades with a high probability of returns we can generate consistent positive returns that are enhanced by the effects of compounding.

[Learn More](#)



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JUSTIN KING

Founder and President

Justin King's extensive knowledge of the stock market is what sets his company apart from the others. His in-depth evaluations, charting, technical analysis and understanding of the market has made him one of the most successful traders in the industry. Whether it is a bull or bear market, due to his trading style, Justin has continually made a profit for his clients year after year. He has also taught advanced trading courses over the years and mentored many students along the way. As a successful businessman he has designed a platform that provides his clients with the utmost level of customer service, in addition, he prides himself on always being personally available to his clients.

He was born and raised in Seattle, Washington where he attended the University of Washington. He started at a young age as an entrepreneur, which included building up different businesses and selling them along the way. He currently resides in the Orange County area with his wife and three daughters. He enjoys traveling, spending time at the beach with his family, and enjoying the sunshine on the golf course.

TRUSTED PROVIDERS



**Integrated
Accounting
Services, LLC**

Integrated Accounting Service
*Auditors
Phoenix, AZ*



Ameritrade

TD Ameritrade
*Brokerage Firm
Omaha, NE, USA*



NINJA TRADER®
Architects of Electronic Trading Innovation



charles **SCHWAB**



InteractiveBrokers

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FUND INFORMATION

Base Currency **USD**

AUM Strategy **\$100 Million**

Minimum Fund
Investment Size **\$100,000**

Management Fees **0%**

Incentive Fees **First 10% to investor
any remaining
amounts above will be
50%**

High Water Mark /
Hurdle **Yes**

Withdrawals /
Notice **Monthly / 30 days
notice**



FUND INFORMATION

Fee Example	Fund performs 30%: 20% Investor 10% management
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ADMINISTRATION

Master Fund	Elevate Investment Fund, LLC
Master Fund Domicile	Wyoming, USA
Auditor	Integrated Accounting Services
Brokerage Firm	Interactive Brokers
Offshore Feeder Fund Domicile	Upon Request

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Elevating Your Investment Performance

The value of a professional money manager can best be measured by their performance.

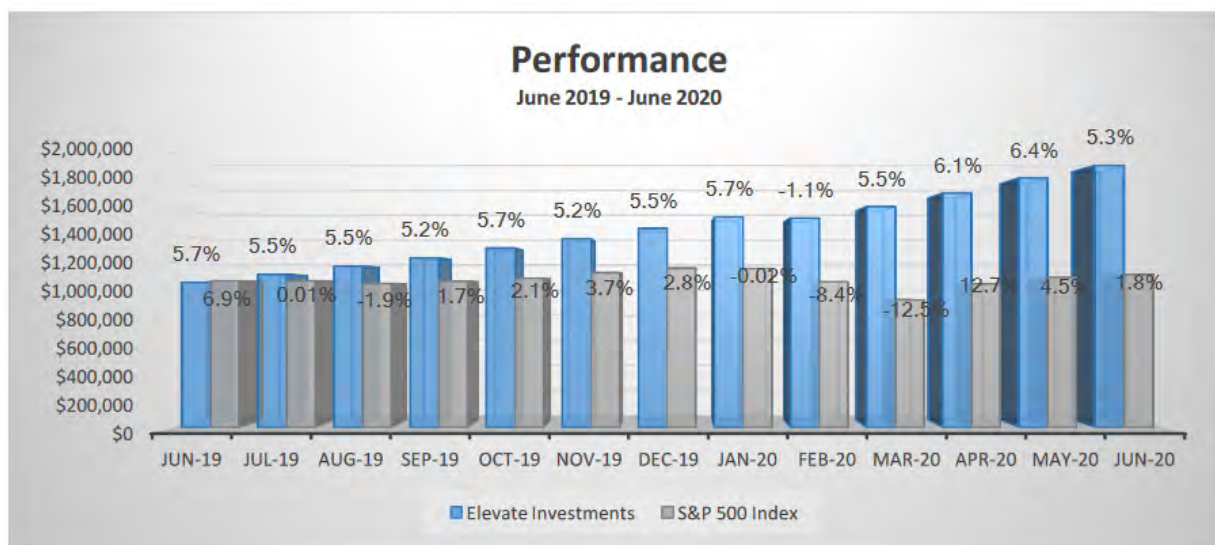
The investment style of our Optimum Income Strategy is a hybrid style which amalgamates managed futures, long/short equity, covered option writing, and market neutral characteristics producing a low volatility, high yield, uncorrelated return stream.

We invite you to review our performance report/s below.



Performance & Statistics

View the Elevate Investment Fund performance summary below.



Full Report

Click the link below to Download the Full Performance Report

> Elevate Investment Performance Report – June 30, 2020

Disclosures:

1. Account values are combined/aggregated every month to arrive at the composite value, and the composite monthly value is adjusted by the time weighted cash flow of the month to arrive at the monthly composite return. The monthly composite returns are geometrically lined to arrive at the quarter/annual composite returns. Returns are calculated using Modified Dietz, a time weighted return (TWR) performance measurement methodology that prorates cash flows based on the # of available trading days in the month. Other performance calculation methods may produce different results. S&P 500 Index performance data is obtained from www.standardandpoors.com, presumed to be accurate but not guaranteed, and includes dividends.

2. This material is for information purposes only and does not constitute an offer or public of securities or interests, general solicitation, general advertising or direct selling effort of any party associated with the advisor in any private investment fund managed by the advisor. Such

an offering can only be made to investors who satisfy relevant investor eligibility criteria via the confidential offering memorandum of the appropriate private placement.

3. These charts and tables represent Elevate Investment's composite performance of all client accounts similarly traded by the Advisor since 2019, prior to all fees and commissions. The composite does not reflect the performance of any one account, but rather a combination of the historical performance of multiple accounts. Therefore, an individual account and a particular trading portfolio may have realized more or less favorable results than the composite indicates. An investment cannot be made directly in the Elevate Investment composite.

4. Trading option spreads on S&P 500 index future contracts is speculative and MAY RESULT IN LOSSES. You should carefully consider all of the risks outlined in Elevate Investment LLC's CTA Disclosure Document before investing. If you are unsure, you should seek independent professional advice.

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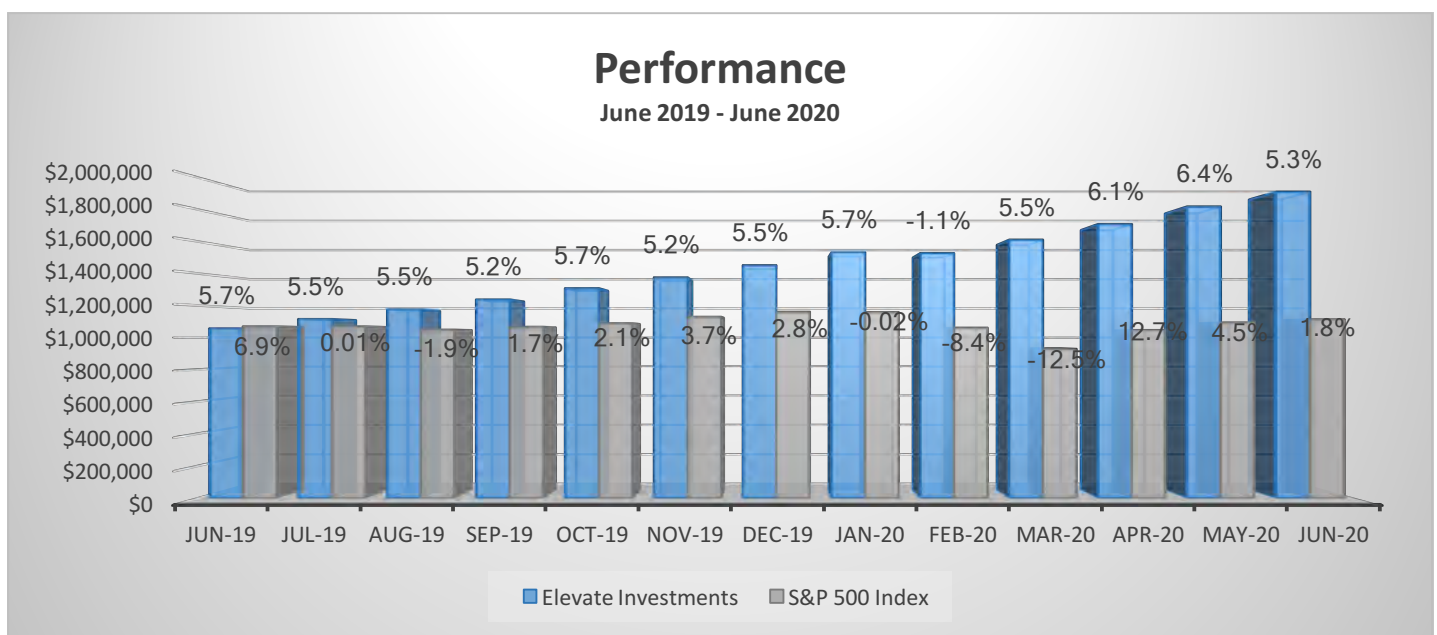


Performance Report

As of June 30, 2020

Rates of Return

The value of a professional money manager can best be measured by their performance relative to a benchmark. As noted below, Elevate Investments has delivered a 61% return since inception, compared to -8% for that of its S&P 500 benchmark. Clearly, this outperformance represents the value added by investing your money wisely.



Down Market Outperformance

Our commitment to capital preservation can be best illustrated by comparing our returns to those of the S&P during negative quarters in the stock market. As reflected below, not only did Elevate Investment outperform the S&P, but actually managed to avoid loss altogether during these volatile periods.

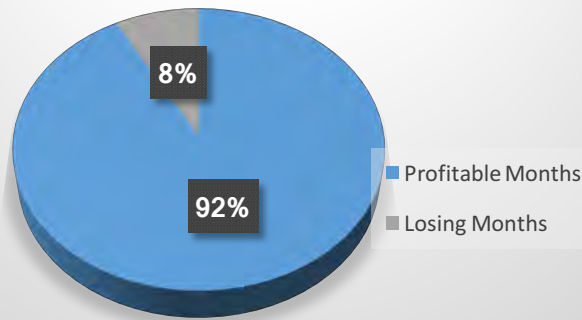
Percentage of Winning Months

Consistent, positive returns enhance the effects of compounding and maximize ending wealth values. As reflected by the pie chart below, Elevate Investments has produced positive monthly returns 90% of the time, compared to only 60% for the S&P 500.

Past results are not necessarily indicative of future results. Commodity trading involves substantial risk of loss. See disclosures on back.

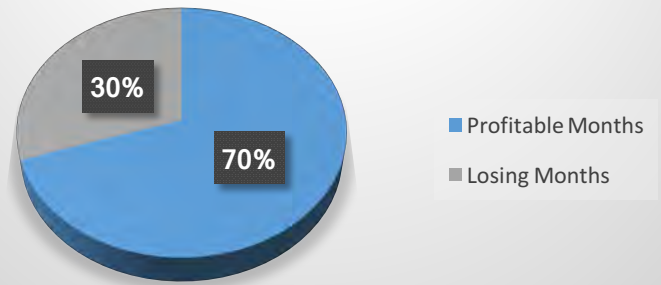
Elevate Investments

Period from June 2019 - June 2020



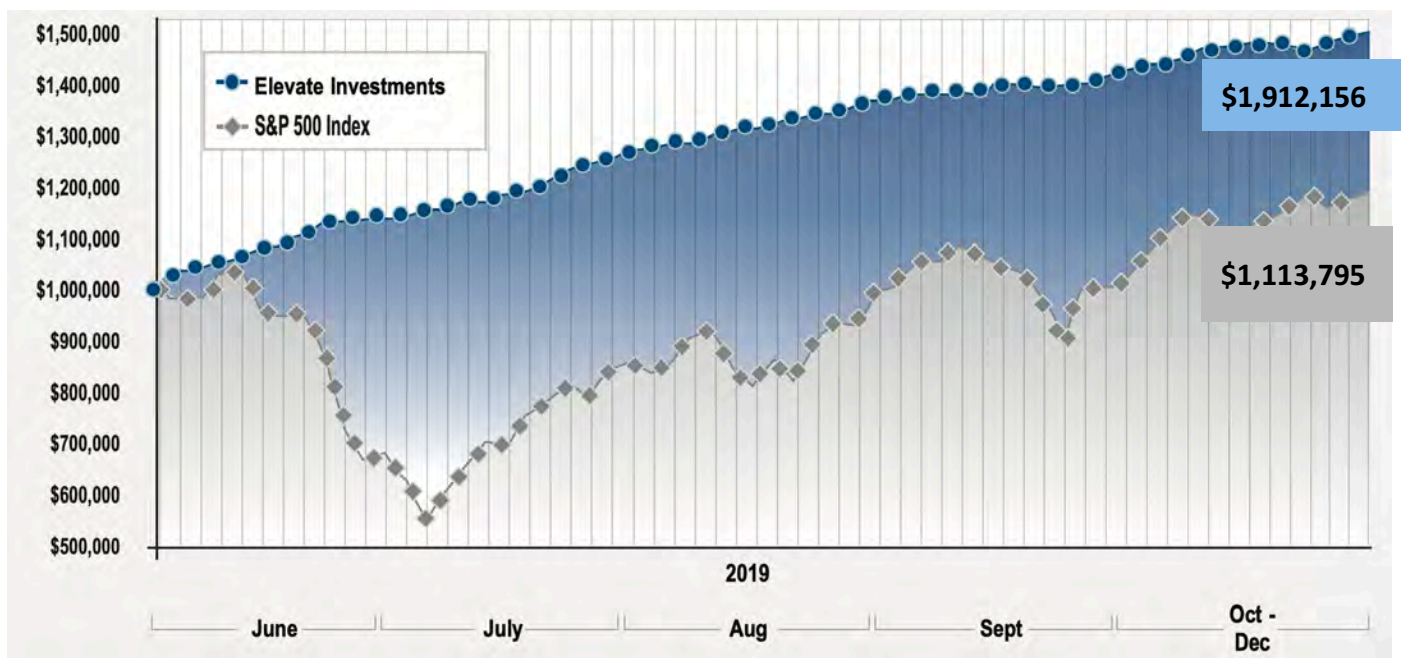
S&P 500 Index

Period from June 2019 - June 2020



Growth of \$1,000,000

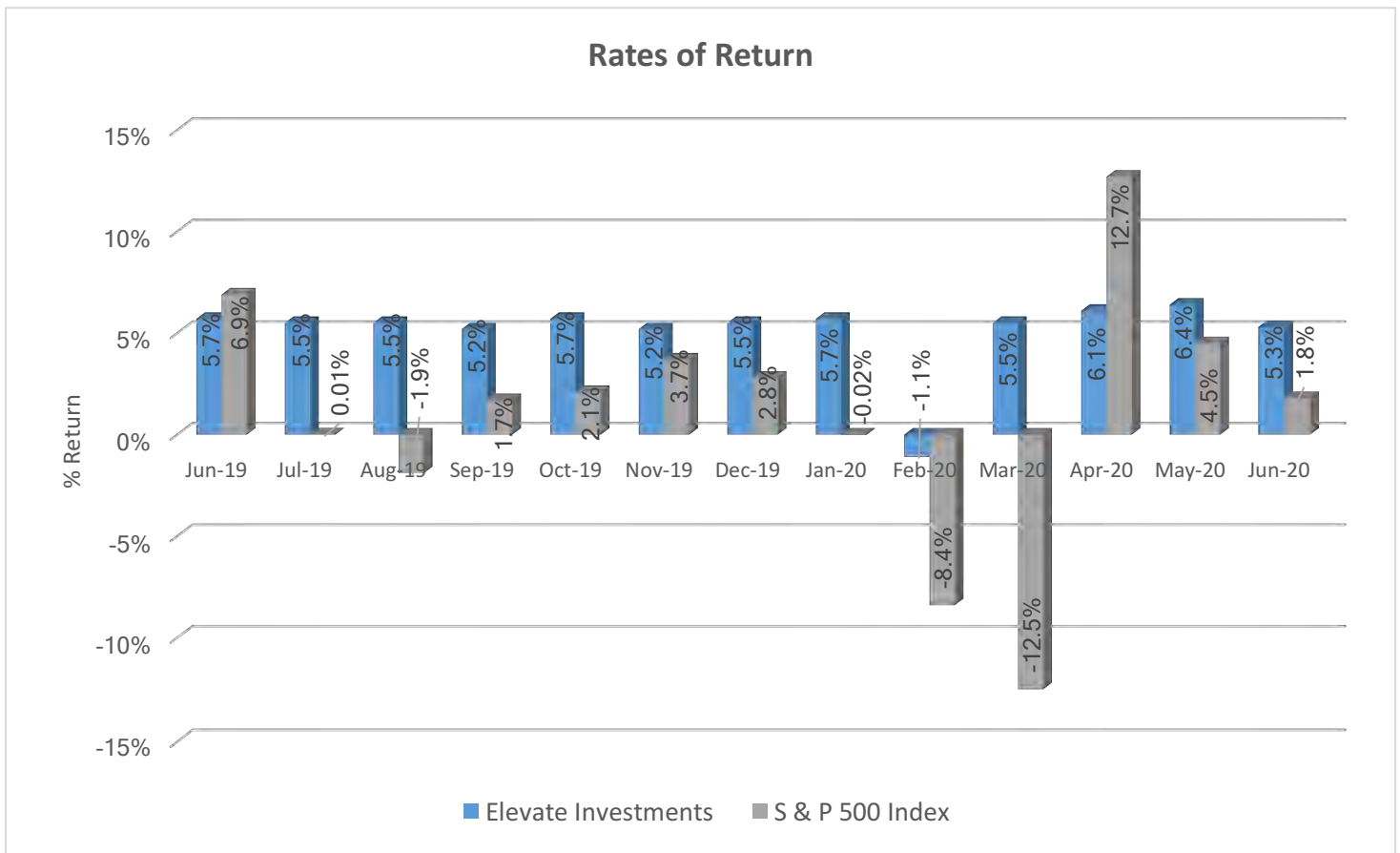
Don't be fooled by the concept of a passive, "buy and hold" approach to investing -- \$1 million invested passively in the S&P 500 in June 2019 would have reflected a loss to \$928,537. By a sharp contrast, \$1 million invested in our actively managed account with Elevate Investments would have appreciated to \$1,611,624, a case in point for active portfolio management!



Slow & Steady Wins the Race...

Elevate Investments is designed to get on base every time at bat, not hit home runs. Swinging for the fence results in strike outs, which our goal is to avoid. Our objective is to hit consistent singles and maintain a high batting average, which we have managed to do.

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\$1,000,000

Invested

Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19

Elevate Investments	\$1,057,000	\$1,115,135	\$1,176,467	\$1,237,643	\$1,308,189	\$1,376,215	\$1,451,907
----------------------------	-------------	-------------	-------------	-------------	-------------	-------------	-------------

S&P 500 Index	\$1,069,000	\$1,069,000	\$1,048,689	\$1,066,517	\$1,088,913	\$1,129,203	\$1,160,821
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Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20

\$1,534,665	\$1,527,606	\$1,611,624	\$1,709,933	\$1,819,368	\$1,912,156
\$1,158,499	\$1,061,185	\$928,537	\$1,046,275	\$1,093,671	\$1,113,795

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- 2 This material is for information purposes only and does not constitute an offer or public of securities or interests, general solicitation, general advertising or direct selling effort of any party associated with the advisor in any private investment fund managed by the advisor. Such an offering can only be made to investors who satisfy relevant investor eligibility criteria via the confidential offering memorandum of the appropriate private placement.
- 3 These charts and tables represent Elevate Investment's composite performance of all client accounts similarly traded by the Advisor since 2019, prior to all fees and commissions. The composite does not reflect the performance of any one account, but rather a combination of the historical performance of multiple accounts. Therefore, an individual account and a particular trading portfolio may have realized more or less favorable results than the composite indicates. An investment cannot be made directly in the Elevate Investment composite.
- 4 Trading option spreads on S&P 500 index future contracts is speculative and MAY RESULT IN LOSSES. You should carefully consider all of the risks outlined in Elevate Investment LLC's CTA Disclosure Document before investing. If you are unsure, you should seek independent professional advice.



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Portfolio Risk Management

- ✓ **Take Position Off** entirely if risk of a parabolic move is too high. If S&P moves rapidly and too close to the strike position may be taken off at minimal loss via **triggered Stop Loss** transaction.
- ✓ **Low leverage** (less than 200% notional gross exposure to S&P500) Less than 5% in each position
- ✓ Disciplined approach for **Position Sizing** at appropriate time according to market conditions
- ✓ **Short Duration Trades** (Average trade duration less than 4 weeks)
- ✓ Rolling strikes out resulting in a full position (leg into a position slowly, usually with a half position at first)
- ✓ **Rolling strikes up and down** (covering trade and selling a strangle)



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Elevating Investing to the Next Level

The value of a professional money manager can best be measured by their performance. We believe so strongly in our ability to deliver results for our clients that we do not charge any fees for AUM. We are performance based and only collect fees after you have made a minimum of 10% return on your investment.



Slow & Steady Wins the Race...

Elevate Investments is designed to get on base every time at bat, not hit home runs. Swinging for the fence results in strike outs, which our goal is to avoid. Our objective is to hit consistent singles and maintain a high batting average, which we have managed to do.

- ✓ **Capital preservation and consistent returns** are the most significant factors in successful asset management. Therefore, loss of opportunity is preferable to loss of capital.

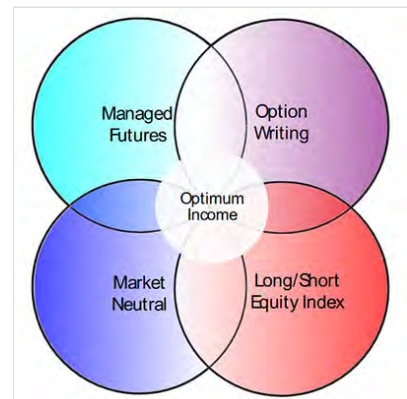
- ✓ Exogenous, “black swan” type events must be expected AT ALL TIMES in an option writing strategy and **effective risk management tools** must be in place at all time to limit the maximum amount of capital at risk.

- ✓ By taking odds based risks, opportunities will presents themselves, and profits can be made, in rising or declining market environments. The strategy seeks **asymmetric trading opportunities**.

- ✓ **No directional bias.** Accurately predicting long term market direction is difficult which, in the case of a long or short stock position, is required for profit. Accordingly, the strategy’s investment protocol is designed to be **free from directional bias** and exhibits **market neutral characteristics**.

Defining our Style

The investment style of the Optimum Income Strategy is a hybrid style which amalgamates managed futures, long/short equity, covered option writing, and market neutral characteristics producing a low volatility, high yield, uncorrelated return stream



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Elevate Investments, Ilc. invites your inquiry.

Your Name (required)

Your Email (required)

Your Phone Number (required)

Subject

Your Message



Send

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EXHIBIT "2"

Criminal Court Case Information – Case History

Case Information

Case Type: Criminal Location: Downtown

Party Information

Party Name - Number	Relationship	Sex	Attorney	Judge	Case #
State Of Arizona - (1)	Plaintiff	N/A	County Attorney, Maricopa		
Justin R King - (2)	Defendant	M	Felmly, Rebecca	Master Calendar	CR2012-127581-001
Clerk Of The Court - (3)	In The Matter Of	N/A	To Be Determined		

Disposition Information

Party Name	ARSCode	Description	Crime Date	Disposition Code	Disposition	Date
Justin R King	13-3415 (F6)	DRUG PARAPHERNALIA VIOLATION	1/22/2012	Dismissed - Plea Other	Dismissed Due To Plea On Other Count	3/26/2013
Justin R King	13-3408 (F4)	NARCOTIC DRUG VIOLATION	1/22/2012	Pled Guilty As Charged	Pled Guilty As Charged	2/19/2013
Justin R King	13-3407 (F4)	DANGEROUS DRUG VIOLATION	1/22/2012	Dismissed - Plea Other	Dismissed Due To Plea On Other Count	3/26/2013

Case Documents

Filing Date	Description	Docket Date	Filing Party
7/10/2015	ODP - Order of Discharge of Probation - Party (001)	7/15/2015	
NOTE: COUNT 1			
6/2/2015	PTP - Petition Early Termination Probation Order - Party (001)	6/4/2015	
NOTE: COUNT 1			
1/7/2015	ORD - Order - Party (001)	1/12/2015	
NOTE: PETITION FOR EARNED TIME CREDIT/COUNT 1/DISCHARGE 2-14-15			
2/25/2014	PMP - Petition to Modify Condition of Probation/Order - Party (001)	2/26/2014	
NOTE: COUNT 1			
4/9/2013	DRE - Disposition Report - Party (001)	4/11/2013	
4/1/2013	109 - ME: Sentence - Probation - Party (001)	4/1/2013	
3/26/2013	NRR - Notice Of Rights - Party (001)	4/2/2013	
3/26/2013	TCP - Terms & Conditions Of Probation/Money Ordered - Party (001)	4/11/2013	
3/26/2013	PSR - Presentence Report - Party (001)	3/29/2013	
3/21/2013	169 - ME: Sent/Dispo Reset - Party (001)	3/21/2013	
2/20/2013	105 - ME: Plea Agreement/Change Of Plea - Party (001)	2/20/2013	
2/19/2013	PAG - Plea Agreement - Party (001)	3/5/2013	
2/7/2013	ORE - Order To Release/Exonerate Bond - Party (001)	2/11/2013	
2/6/2013	196 - ME: Bond Exonerated - Party (001)	2/6/2013	
1/17/2013	176 - ME: Continuance - Party (001)	1/17/2013	
1/15/2013	099 - ME: Withdrawal Of Counsel - Party (001)	1/15/2013	
12/4/2012	027 - ME: Pretrial Conference - Party (001)	12/4/2012	
12/3/2012	STA - Statement - Party (001)	12/7/2012	
NOTE: COMPREHENSIVE PRETRIAL CONFERENCE/			
11/20/2012	AEB - Affidavit for Exoneration of Bond - Party (001)	11/28/2012	
11/7/2012	194 : Me: Initial Pretrial Conference - Party (001)	11/7/2012	
10/25/2012	DAR - Notice of Disclosure and Request for Disclosure - Party (001)	10/25/2012	
NOTE:			

10/25/2012	ACO - Allegation of Historical Priors - Party (001)	10/25/2012
NOTE:		
10/25/2012	RQH - Request For Hearing - Party (001)	10/25/2012
NOTE: RULE 609		
10/25/2012	ANP - Allegation of Aggravating Circumstances Other Than Prior Convictions - Party (001)	10/25/2012
NOTE:		
10/3/2012	NOT - Notice - Party (001)	10/4/2012
NOTE: DEFENDANTS RULE 15.2 / OF DEFENSES AND DISCLOSURE		
10/3/2012	REQ - Request - Party (001)	10/4/2012
NOTE: DEFENDANT'S RULE 15.1 (a), (b), (c), (d), (e) / FOR DISCLOSURE		
9/25/2012	152 - ME: Not Guilty Plea Arraign - Party (001)	9/25/2012
9/25/2012	BON - Bond - Party (001)	10/2/2012
NOTE: PAPER/SURETY \$1800 CRUM & FORSTER INDEMNITY COMPANY		
9/24/2012	INF - Information - Party (001)	10/1/2012
9/20/2012	WPH - Waiver Of Preliminary Hearing - Party (001)	9/27/2012
9/13/2012	584 - ME: Preliminary Hearing Continued - Party (001)	9/13/2012
9/11/2012	ROB - Release Order Secured Appearance Bond - Party (001)	9/18/2012
NOTE: \$1,800		
9/11/2012	MEM - Memorandum - Party (001)	9/18/2012
NOTE: VIOLATION REPORT		
8/29/2012	ROC- Release Order/Order Regarding Counsel - Party (001)	8/30/2012
NOTE: IA Release Order		
8/29/2012	IAD - Initial Appearance Document - Party (001)	8/30/2012
NOTE: IA Packet		
8/28/2012	584 - ME: Preliminary Hearing Continued - Party (001)	8/28/2012
8/23/2012	ROS - Release Order Supervised Release - Party (001)	9/4/2012
8/3/2012	584 - ME: Preliminary Hearing Continued - Party (001)	8/3/2012
8/1/2012	BON - Bond - Party (001)	8/6/2012
NOTE: PAPER/SURETY \$1,500 CRUM & FORSTER INDEMNITY		
7/26/2012	OTC - Order to Continue - Party (001)	8/8/2012
7/26/2012	WAR - Warrant For Arrest - Party (001)	8/1/2012
NOTE: SERVED 07/20/12		
7/5/2012	002 - ME: Hearing Vacated - Party (001)	7/5/2012
7/2/2012	IWA - Issuance of Warrant - Party (001)	7/2/2012
6/20/2012	AFS - Affidavit Of Service - Party (001)	6/20/2012
NOTE: Delivery 06/01/2012		
5/30/2012	DCO - Direct Complaint - Party (001)	5/30/2012
5/30/2012	SUM - Summons - Party (001)	5/31/2012

Case Calendar

Date	Time	Event
6/28/2012	13:30	Initial Appearance
7/20/2012	14:00	Initial Appearance
7/26/2012	8:30	Preliminary Hearing
8/23/2012	8:30	Preliminary Hearing
9/11/2012	8:30	Preliminary Hearing
9/20/2012	8:30	Preliminary Hearing
9/20/2012	8:31	Original Arraignment Hearing
11/5/2012	8:15	Initial Pretrial Conference
12/3/2012	8:00	Status Conference
12/3/2012	8:15	Comprehensive PreTrial Conference
12/4/2012	8:30	Comprehensive PreTrial Conference
1/16/2013	8:15	Status Conference
2/13/2013	8:30	Pre-Trial Conference
2/19/2013	8:15	Status Conference
2/20/2013	8:00	Trial
3/18/2013	8:30	Sentencing
3/26/2013	8:45	Sentencing

S

MICHAEL M. JEANES, CLERK
BY *S. Keirson* DEP

FILED

12 MAY 30 PM 12: 18

WILLIAM G. MONTGOMERY
MARICOPA COUNTY ATTORNEY

Janet K. McNaughton
Deputy County Attorney

MCAO Firm # 000320000
Attorney for Plaintiff

DR 12000997-Peoria Police Department
ARROWHEAD JUSTICE COURT

CA201 2020604

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

COUNTY OF MARICOPA, EDC-Downtown

THE STATE OF ARIZONA

Plaintiff,

vs.

JUSTIN R KING

Defendant

CR2012-127581-001

DIRECT COMPLAINT

COUNT 1: POSSESSION OR USE OF NARCOTIC
DRUGS, A CLASS 4 FELONY

COUNT 2: POSSESSION OF DRUG
PARAPHERNALIA, A CLASS 6 FELONY

COUNT 3: POSSESSION OR USE OF
DANGEROUS DRUGS, A CLASS 4 FELONY

The complainant herein personally appears and, being duly sworn, complains on information
and belief against JUSTIN R KING, charging that in Maricopa County, Arizona:

COUNT 1:

JUSTIN R KING, on or about the 22nd day of January, 2012, knowingly possessed or used heroin, a narcotic drug, in violation of A.R.S. §§ 13-3401, 13-3408, 13-3418, 13-701, 13-702, and 13-801.

COUNT 2:

JUSTIN R KING, on or about the 22nd day of January, 2012, unlawfully used or possessed with intent to use a SYRINGE, drug paraphernalia, to inject, ingest, inhale, or otherwise introduce into the human body heroin, a narcotic drug, in violation of A.R.S. §§ 13-3401, 13-3408, 13-3415, 13-3418, 13-701, 13-702, and 13-801.

COUNT 3:

JUSTIN R KING, on or about the 22nd day of January, 2012, knowingly possessed or used Methamphetamine, a dangerous drug, in violation of A.R.S. §§ 13-3401, 13-3407, 13-3418, 13-701, 13-702, and 13-801.

/s/ JK McNaughton
/s/ Janet K. McNaughton
Deputy County Attorney

It is requested that a SUMMONS be issued.

Defendant has been fingerprinted and does not need to appear for fingerprints and photograph.

Al Boehr #1396 Agency: Peoria Police Department
Complainant

Subscribed and sworn upon information and belief this 29 day of May, 2012

JKM/red/AO

COURT INFORMATION SHEET (CIS)

County Attorney Case Number: CA2012020604

Filing ID Number: CA2012020604-1-1

STATE v. JUSTIN R KING

Defendant's Last **Summons**

Known Address:



CR2012-127581-001

Defendant's Unknown

Employer Address:

Defendant's

Attorney:

DEFENDANT'S DESCRIPTION:

Race: W Sex: M Hair: BRO Eyes: HAZ Hgt: 510
Wgt: 175 DOB: 980 Soc Sec #: 210

SID #: 22462369 FBI #: 501340NB9 Booking #: Unknown

FILING STATUS:

Direct Complaint CR #:

(Court Use Only)

Adult

Adult/Juv Transfer/Juv Statutory

Date Filed:

Court Designations: EDC-Downtown

Justice Court Precinct: ARROWHEAD JUSTICE COURT

ATTORNEY: Janet K. McNaughton

Bar ID: 006001

PRELIMINARY HEARING / GRAND JURY CHARGES:

COUNT 1: POSSESSION OR USE OF NARCOTIC DRUGS, A CLASS 4 FELONY

COUNT 2: POSSESSION OF DRUG PARAPHERNALIA, A CLASS 6 FELONY

COUNT 3: POSSESSION OR USE OF DANGEROUS DRUGS, A CLASS 4 FELONY

<u>Count</u>	<u>ARS</u>	<u>ARS Literal</u>	<u>Date of Crime</u>	<u>PCN</u>
1	13-3408	13-3408A1	01/22/2012	
2	13-3415	13-3415A	01/22/2012	
3	13-3407	13-3407A1	01/22/2012	

DEPARTMENTAL REPORTS:

12000997-Peoria Police Department

EXTRADITE: AO

WILLIAM G. MONTGOMERY
MARICOPA COUNTY ATTORNEY

MCAO Firm # 000320000
Attorney for Plaintiff

MICHAEL K. JEANES, CLERK
BY *M. Casnal* DEP
FILED

12 SEP 24 PM 12:58

DR12000997-Peoria Police Department
CA2012020604

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

COUNTY OF MARICOPA

THE STATE OF ARIZONA

Plaintiff,

vs.

JUSTIN R KING

Defendant

CR 2012-127581-001
INFORMATION

COUNT 1: POSSESSION OR USE OF NARCOTIC
DRUGS, A CLASS 4 FELONY

COUNT 2: POSSESSION OF DRUG
PARAPHERNALIA, A CLASS 6 FELONY

COUNT 3: POSSESSION OR USE OF
DANGEROUS DRUGS, A CLASS 4 FELONY

The Maricopa County Attorney accuses JUSTIN R KING, on this date, charging that in Maricopa
County, Arizona:

COUNT 1:

JUSTIN R KING, on or about the 22nd day of January, 2012, knowingly possessed or used
heroin, a narcotic drug, in violation of A.R.S. §§ 13-3401, 13-3408, 13-3418, 13-701, 13-702, and
13-801.

COUNT 2:

JUSTIN R KING, on or about the 22nd day of January, 2012, unlawfully used or possessed with intent to use a SYRINGE, drug paraphernalia, to inject, ingest, inhale, or otherwise introduce into the human body heroin, a narcotic drug, in violation of A.R.S. §§ 13-3401, 13-3408, 13-3415, 13-3418, 13-701, 13-702, and 13-801.

COUNT 3:

JUSTIN R KING, on or about the 22nd day of January, 2012, knowingly possessed or used Methamphetamine, a dangerous drug, in violation of A.R.S. §§ 13-3401, 13-3407, 13-3418, 13-701, 13-702, and 13-801.

Dated

this 24th day of September 2012

/s/ WILLIAM G. MONTGOMERY
MARICOPA COUNTY ATTORNEY

BY:

/s/

Deputy County Attorney for

Maricopa County Attorney William G. Montgomery

JKM/red

WILLIAM G MONTGOMERY
MARICOPA COUNTY ATTORNEY

N. Victor Cook
Deputy County Attorney



MCAO Firm #: 00032000
Attorney for Plaintiff

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF MARICOPA

THE STATE OF ARIZONA,)	
)	
Plaintiff,)	
)	
vs.)	
)	
JUSTIN R KING,	)	CR2012-127581-001
)	
Defendant.	)	STATE'S ALLEGATION OF AGGRAVATING
	)	CIRCUMSTANCES OTHER THAN PRIOR
	)	CONVICTIONS
)	
	)	(Assigned to the Honorable
	)	Patricia Starr, Div. Cmc05-Mc Commissioner)

As a courtesy, the State of Arizona gives notice of the following A.R.S. § 13-701 aggravating circumstances. Any additional aggravating circumstances may be noticed in as they become known to the State.

- The defendant has prior felony and/or misdemeanor convictions.
- The defendant has a prior conviction for a similar offense or has another similar offense pending.
- There is a need to deter future conduct in this case which involved a serious offense.
- There is a need for deterrence with this defendant who has a lengthy criminal history.

Finally, if the jury convicts the defendant of multiple felony counts or the defendant has felony convictions that are not within the ten years immediately preceding the date of the offense, the State alleges these multiple convictions as an aggravating circumstance.

Submitted October ___, 2012.

WILLIAM G MONTGOMERY
MARICOPA COUNTY ATTORNEY

BY: /s/
/s/ N. Victor Cook
Deputy County Attorney

Copy mailed\delivered
October ___, 2012,
to:

The Honorable Patricia Starr
Judge of the Superior Court

Beth Alexander
Public Defender



Attorney For Defendant

BY: /s/
/s/ N. Victor Cook
Deputy County Attorney

WILLIAM G MONTGOMERY
MARICOPA COUNTY ATTORNEY

N. Victor Cook
Deputy County Attorney

MCAO Firm #: 00032000
Attorney for Plaintiff

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF MARICOPA

THE STATE OF ARIZONA,)	
)	
Plaintiff,)	
)	
vs.)	
)	
JUSTIN R KING,	)	CR2012-127581-001
)	
Defendant.	)	STATE'S ALLEGATION OF
	)	HISTORICAL PRIORS
)	
	)	(Assigned to the Honorable
	)	Patricia Starr, Div. Cmc05-Mc Commissioner)

The State of Arizona, by and through undersigned counsel, pursuant to A.R.S. § 13-703 or § 13-704 if dangerous offenses, and Rule 13.5, Arizona Rules of Criminal Procedure, amends the Information in CR 2012-127581001 to allege the following historical non-dangerous felony convictions:

On 2/7/00, Defendant committed the crime of VUSA - Manufacture/Deliver/Possession with Intent, a felony, and Defendant was convicted for that crime on 8/31/00, such conviction arising in the Superior Court of Skagit County, State of Washington, in Cause Number #33773.

On 2/7/00, Defendant committed the crime of Money Laundering, a felony, and Defendant was convicted for that crime on 8/31/00, such conviction arising in the Superior Court of Skagit County, State of Washington, in Cause Number #33773.

On 12/23/99, Defendant committed the crime of Assault, a felony, and Defendant was convicted for that crime on 4/4/00, such conviction arising in the Superior Court of Snohomish County, State of Washington, in Cause Number #135954.

Submitted October __, 2012.


WILLIAM G MONTGOMERY
MARICOPA COUNTY ATTORNEY

BY: /s/
/s/ N. Victor Cook
Deputy County Attorney

Copy mailed\delivered
October __, 2012,
to:

The Honorable Patricia Starr
Judge of the Superior Court

Beth Alexander
Public Defender


Attorney For Defendant

BY: /s/
/s/ N. Victor Cook
Deputy County Attorney

12/31/12 FILED 9:27am
MICHAEL K. JEANES, Clerk

Comprehensive Pretrial Conference Statement

By L. Martinez
L. Martinez, Deputy

State v. Justin King
CR 2012-127581-001

A. Status of Plea Negotiations:

1. An offer was made: X not made: _____
2. The offer expires on: 12/21/12
3. A settlement conference was held: _____ was not held: X
4. A Donald advisement was made: _____ not made: X

B. Status of Disclosure:

1. Disclosure is complete: X not complete: _____
2. The following is required to be completed: _____

C. Number of Days for Trial: 2-3

D. Number of Witnesses to be used at Trial (both sides): 3-5

1. Number of out of State Witnesses: 0
2. Number of Expert Witnesses: 0

E. Status of Interviews:

1. Number of interviews completed: 0
2. Number of interviews left to be completed: All
3. Number of depositions required: UNK

F. Status of Interpreter:

1. An interpreter is: _____ is not: X required for trial.
2. An interpreter is need to assist: _____ Language: _____

G. Number of jurors required for trial is: 8. Number of requested alternate jurors is: 2

H. Is the state requesting an aggravating factors trial to the jury: Yes X No: _____

I. Counsel has: _____ has not: X submitted a request for special jury instructions.

J. Counsel has: _____ has not: X requested a lesser-included offense.

K. A substantive motion is: _____ is not: X anticipated to be filed by either side.

L. A motion in limine is: X is not: X anticipated to be filed by either side.

Bernie Oliver
Defense Attorney

S. B. J.
Prosecuting Attorney

12/31/12
Date

11/30/12
Date

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF MARICOPA

THE STATE OF ARIZONA,

Plaintiff,

vs.

JUSTIN R KING,

DOB: 2/18/1980

Booking #: P887324

Defendant.

CR2012-127581-001

PLEA AGREEMENT

FILED
2/19/13 1034am
MICHAEL K. JEANES, Clerk

By L. Martinez
L. Martinez, Deputy

The State of Arizona and the Defendant hereby agree to the following disposition of this case:

Plea: The Defendant agrees to plead **GUILTY** to:

Count 1: POSSESSION OF NARCOTIC DRUGS, A CLASS 4 FELONY (JUSTIN R KING) in violation of A.R.S. §§ 13-3401, 13-3408, 13-3416, 13-3418, 13-610, 13-701, 13-702, 13-801 and 13-901.01(H) committed on 1/22/2012.

This is a **non-dangerous, non-repetitive** offense under the criminal code.

THIS OFFER EXPIRES AND IS VOID IF NOT ENTERED IN COURT BY First Assigned CPTC Date (regardless of MTCs).

Terms: On the following understandings, terms and conditions:

- 1 The crime carries a presumptive sentence of 2.5 years; a minimum sentence of 1.5 years; a mitigated sentence of 1.0 years; a maximum sentence of 3.0 years; and an aggravated sentence of 3.75 years. Probation is available. Restitution of economic loss to the victim and waiver of extradition for probation revocation procedures are required. The maximum fine that can be imposed is \$150,000.00 plus an 83% surcharge plus \$20.00 pursuant to A.R.S. 12-269 plus a \$13.00 assessment pursuant to A.R.S. § 12-116.04. If the Defendant is sentenced to prison, the Defendant shall also be sentenced to serve a term of community supervision equal to one-seventh of the prison term to be served consecutively to the actual period of imprisonment. If the Defendant fails to abide by the conditions of community supervision, the Defendant can be required to serve the remaining term of community supervision in prison. Within 30 days of being sentenced, pursuant to A.R.S. 13-610, the defendant shall provide a sufficient sample of blood or other bodily substance for deoxyribonucleic acid (DNA) testing and extraction to be used for law enforcement identification purposes and/or for use in a criminal prosecution and/or for use in a proceeding under title 36, chapter 37. Special conditions regarding the sentence imposed by statute (if any) are: **Pursuant to A.R.S. §13-3408, Defendant shall pay a minimum fine of \$2,000 or three times the value of the drug, whichever is greater, plus surcharge. If granted probation, Defendant shall perform 360 hours of community service.**
2. The parties stipulate to the following additional terms, subject to court approval at the time of sentencing as set forth in paragraph 7: **Defendant shall be placed on supervised probation. Defendant shall serve 6 months jail with early release available upon successful completion of the ALPHA program concurrent with Maricopa County CR 2012-156236-002. The Defendant shall pay a fine in the amount of \$2,000.00 plus 83% surcharge for a total of \$2496. This plea is contingent upon Defendant's entry into, and the Court's acceptance of, a plea agreement with the State in Maricopa County Superior Court Cause No. CR 2012-127581-001. The State shall be permitted to revoke and/or withdraw from this plea agreement if Defendant does not enter into, or either party is permitted to withdraw from, or the Court rejects, a plea agreement with the State in CR 2012-127581-001.**
3. The following charges are dismissed, or if not yet filed, shall not be brought against the Defendant by the Maricopa County Attorney's Office: **Counts 2 and 3.**

4. This agreement serves to amend the complaint, indictment, or information, to charge the offense to which the Defendant pleads, without the filing of any additional pleading. However, if the plea is rejected by the court or withdrawn by either party, or if the conviction is subsequently reversed, the original charges and any charges that are dismissed by reason of this plea agreement are automatically reinstated.

5. If the Defendant is charged with a felony, he hereby waives and gives up his rights to a preliminary hearing or other probable cause determination on the charges to which he pleads. The Defendant agrees that this agreement shall not be binding on the State should the Defendant be charged with or commit a crime between the time of this agreement and the time for sentencing in this cause; nor shall this agreement be binding on the State until the State confirms all representations made by the Defendant and his attorney, to-wit: **Defendant avows that in any jurisdiction under any name : (1) He has NO MORE THAN 2 prior adult felony convictions; (2) He has NO MORE THAN 2 prior drug, drug related or drug paraphernalia convictions; (3) He WAS NOT on adult felony probation, parole, or community supervision; and (4) He has NO pending felony charges in any jurisdiction under any name except Maricopa County CR 2012-156236-002. On August 31, 2000 Defendant was convicted in Skagit County Court, Cause Number 33773, for committing Violation of Uniform Substance Control Act on February 7, 2000. Defendant was represented by counsel. On October 28, 2008, Defendant was convicted in San Francisco County Court, Cause Number 152056A, for committing Possession of Controlled Substance without a Prescription on October 21, 2008. Defendant was represented by counsel.** If the Defendant fails to appear for sentencing, the court may disregard the stipulated sentence and impose any lawful sentence which is the same as or exceeds the stipulated sentence in the plea agreement. In the event the court rejects the plea, or either the State or the Defendant withdraws the plea, the Defendant hereby waives and gives up his right to a preliminary hearing or other probable cause determination on the original charges.

PRIOR FELONY CONVICTIONS

- On December 23, 1999 the defendant committed Assault, a felony offense, in Snohomish County, Washington, and was found guilty on April 4, 2004.
- On February 7, 2000 the defendant committed (1) Possession of Marijuana with Intent to Deliver, a felony offense; (2) Money Laundering, a felony offense, in Skagit County, Washington, and was found guilty on August 31, 2000.

6. Unless this plea is rejected by the court or withdrawn by either party, the Defendant hereby waives and gives up any and all motions, defenses, objections, or requests which he has made or raised, or could assert hereafter, to the court's entry of judgment against him and imposition of a sentence upon him consistent with this agreement. By entering this agreement, the Defendant further waives and gives up the right to appeal.

7. The parties hereto fully and completely understand and agree that by entering into a plea agreement, the defendant consents to judicial fact finding by preponderance of the evidence as to any aspect or enhancement of sentence and that any sentence either stipulated to or recommended herein in paragraph two is not binding on the court. In making the sentencing determination, the court is not bound by the rules of evidence. The State's participation in this plea agreement is conditional upon the Court's acceptance its terms conditions or provisions. If after accepting this plea the court concludes that any of the plea agreement's terms conditions or provisions regarding the sentence or any other aspect of this plea agreement are inappropriate, it can reject the plea. If the court decides to reject any of the plea agreement's terms conditions or provisions, it must give both the state and the Defendant an opportunity to withdraw from the plea agreement. Should the Court reject this plea agreement, or the State withdraws from the agreement, the Defendant hereby waives all claims of double jeopardy and all original charges will automatically be reinstated. The Defendant in such case waives and gives up his right to a probable cause determination on the original charges.

8. If the court decides to reject the plea agreement provisions regarding sentencing and neither the State nor the Defendant elects to withdraw the plea agreement, then any sentence either stipulated to or recommended herein in paragraph 2 is not binding upon the court, and the court is bound only by the sentencing limits set forth in paragraph 1 and the applicable statutes.

9. This plea agreement in no way affects any forfeiture proceedings pursuant to A.R.S. § 13-4301 et seq., § 13-2314, or § 32-1993, if applicable, nor does the plea agreement in any way compromise or abrogate any civil actions, including actions pursuant to A.R.S. § 13-2301 et seq. or § 13-4301 et seq., or the provisions of A.R.S. § 13-2314 or A.R.S. § 13-4310.
10. I understand that if I am not a citizen of the United States that my decision to go to trial or enter into a plea agreement may have immigration consequences. Specifically, I understand that pleading guilty or no contest to a crime may affect my immigration status. Admitting guilt may result in deportation even if the charge is later dismissed. My plea or admission of guilt could result in my deportation or removal, could prevent me from ever being able to get legal status in the United States, or could prevent me from becoming a United States citizen. I understand that I am not required to disclose my legal status in the United States to the court.
11. I have read and understand the provisions of pages one, two, and three of this agreement. I have discussed the case and my constitutional rights with my lawyer. My lawyer has explained the nature of the charge(s) and the elements of the crime(s) to which I am pleading. I understand that by pleading **GUILTY** I will be waiving and giving up my right to a determination of probable cause, to a trial by jury to determine guilt and to determine any fact used to impose a sentence within the range stated above in paragraph one, to confront, cross-examine, compel the attendance of witnesses, to present evidence in my behalf, my right to remain silent, my privilege against self-incrimination, presumption of innocence and right to appeal. I agree to enter my plea as indicated above on the terms and conditions set forth herein. I fully understand that if, as part of this plea agreement, I am granted probation by the court, the terms and conditions thereof are subject to modification at any time during the period of probation. I understand that if I violate any of the written conditions of my probation, my probation may be terminated and I can be sentenced to any term or terms stated above in paragraph one, without limitation.

I have personally and voluntarily placed my initials in each of the above boxes and signed the signature line below to indicate I read and approved all of the previous paragraphs in this agreement, both individually and as a total binding agreement.

Date: 2/19/13

Defendant

Justin R King
JUSTIN R KING

I have discussed this case with my client in detail and advised him of his constitutional rights and all possible defenses. I have also explained the nature of the charge(s) and the elements of the crime(s). I believe that the plea and disposition set forth herein are appropriate under the facts of this case. I concur in the entry of the plea as indicated above and on the terms and conditions set forth herein.

Date: 2/11/13

Defense Counsel

Rebecca Feimly
Rebecca Feimly

I have reviewed this matter and concur that the plea and disposition set forth herein are appropriate and are in the interests of justice.

Date: 2/19/13

Prosecutor /s/

Thomas Alan Bailey
/s/ Thomas Alan Bailey

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

CR2012-127581-001 DT

02/19/2013

COMMISSIONER PATRICIA ANN STARR

CLERK OF THE COURT
L. Martinez
Deputy

STATE OF ARIZONA

THOMAS BAILEY

v.

JUSTIN R KING (001)

REBECCA L FELMLY

APO-PLEAS-CCC
JUDGE GENTRY

PLEA AGREEMENT/CHANGE OF PLEA

10:26 a.m.

Courtroom 1004

State's Attorney:	Lisa Weiler-Parsons
Defendant's Attorney:	Rebecca Felmly
Defendant:	Present

A record of the proceedings is made by audio and/or videotape in lieu of a court reporter.

Defendant was present for the group advisement given on the record at 8:33 a.m. this date in CCB 1004.

The Court reviews the Plea Agreement with Defendant. The Court advises Defendant of the range of possible sentence and the availability of probation, and any special conditions of sentencing and probation. The Court advises Defendant of all pertinent constitutional rights and rights of review.

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

CR2012-127581-001 DT

02/19/2013

Defendant enters a plea of Guilty to the following:

OFFENSE: Count 1: Possession of Narcotic Drugs

Class 4 Felony

A.R.S. § 13-3401, 3408, 3416, 3418, 610, 701, 702, 801, 901.01(H)

Date of Offense: 01/22/2012

Non Dangerous - Non Repetitive

IT IS ORDERED accepting the plea.

IT IS ORDERED setting time for sentencing on 03/18/2013 at 8:30 a.m. before Judge Gentry.

IT IS FURTHER ORDERED that the following will be deemed submitted at the time of sentencing: Motion To Dismiss Counts 2-3 as reflected in the Plea Agreement.

IT IS ORDERED the Adult Probation Department shall prepare a Presentence Report, and that Defendant shall report to the Adult Probation Department if not in custody.

IT IS ORDERED vacating any pending dates.

IT IS FURTHER ORDERED affirming prior custody orders.

10:34 a.m. Matter concludes.

The Superior Court of Arizona in Maricopa County – Adult Probation Department

Chief Probation Officer Barbara A. Broderick

FILED

3-26-13 10:37 am
MICHAEL K. JEANES, Clerk

PRESENTENCE INVESTIGATION

By A. Beery
A. Beery, Deputy

State of Arizona v. Justin R King, CR2012-127581-001-DT and CR2012-127581-001-DT

Superior Court Criminal Division CRJ12

Sentencing Date: **March 18, 2012**

Sentencing Judge: **Jo Gentry-Lewis**

Prosecutor: **Thomas Bailey, DCA**

PSI Officer: **Margaret E. Francis**

Defense Counsel: **Rebecca L Felmly, Ct Appt.**

CASE NUMBER CR2012-127581-001-DT:

Present Offense:

The following information is summarized from Peoria Police Departmental Report #12-000997:

On January 22, 2012, at 12:00 AM, officers made contact Mr. King, who was illegally parked in an area known for drug activity. Mr. King admitted there was a heroin needle in the vehicle. Officers searched the car and found foil, a glass drug pipe with methamphetamine residue, and a syringe full of heroin. Mr. King was placed under arrest and a subsequent search of his pockets and found a small quantity of heroin. He admitted purchasing the heroin for \$40.00 and that the syringe found also belonged to him.

Statutory Offense Requirements:

Per A.R.S. 13-901.01, probation is not mandatory for this offense.

Defendant's Statement:

Mr. King took a girl to her aunt's house and was waiting in the car. He was parked on the wrong side of the road. The cops came up to him and searched his car. He was apparently in front of a known drug house. He had never been there before. When they searched his car, they found a pipe and a half gram of heroin in his female passenger's purse. He was arrested and later released.

CASE NUMBER CR2012-156236-002-DT:

Present Offense:

The following information is summarized from Gila River Departmental Report #12-03345:

The Superior Court of Arizona in Maricopa County – Adult Probation Department
Chief Probation Officer Barbara A. Broderick

State of Arizona v. **Justin R King, CR2012-127581-001-DT and CR2012-127581-001-DT**

On July 1, 2012, at approximately 8:20 PM, officers were dispatched to the Vee Quiva Casino in reference to two men (Thomas Mavrolas and Justin King), who were observed smoking a glass drug pipe in their vehicle. The men were observed on surveillance going back into the casino, where officers made contact with them. Mr. King attempted to toss some items on the ground (a cigarette box and a glass pipe), but the officer observed his behavior and retrieved the items, which were later found to contain 3.3 grams of heroin. Mr. Mavrolas was contacted and went out to his vehicle, at which time three syringes of heroin were located. After the syringes were found, officers conducted a vehicle search and found another cigarette box with two pieces of heroin. Mr. Mavrolas claimed ownership of the cigarette box and heroin, as well as a soda can that was fashioned to cook the drug. He denied the syringes belonged to him. Both men had needle marks on their arms and hands from heroin abuse.

Statutory Offense Requirements:

Per A.R.S. 13-901.01, probation is not mandatory for this offense.

Codefendant Action:

No charges were found against Thomas Mavrolas (001) in this matter.

Defendant's Statement:

Mr. King was at a casino and he went to the car with his friend. The casino security thought they were doing something suspicious and followed them back into the casino. The police arrested them and during a search of the car found heroin. They were both released at time and later charged.

Mr. King would like to be sentenced to probation with the ALPHA program or another residential treatment program. He has been looking into Teen Challenge and the Salvation Army long-term residential substance abuse programs as well. Mr. King is excited to start a new and sober life. He first became addicted to Oxycontin after being prescribed the medication for a motorcycle accident. After his mother developed dementia and his father passed away, he just really lost his way. Mr. King wants to regain his life and get away from all his past negative influences. He has a younger sister that he needs to help support and plans to do so upon release.

Statement of Interested Parties:

Deputy County Attorney Tommy Bailey has provided a written recommendation that is attached for the Court's review.

Risk/Needs Assessment:

Based on the Offender Screening Tool (OST), the following is an assessment of the defendant's risk to re-offend and criminogenic needs. Domains with scores above 60%, or

The Superior Court of Arizona in Maricopa County – Adult Probation Department
Chief Probation Officer Barbara A. Broderick

State of Arizona v. **Justin R King**, CR2012-127581-001-DT and CR2012-127581-001-DT

Mental Health score above 50%, significantly contribute to the overall assessed Risk/Needs level and must be addressed when developing supervision strategies. Domains below 60% and above 0% may contribute to the overall assessed Risk/Needs level and may require intervention. Domains with 0% do not contribute to the overall assessed Risk/Needs level and do not require intervention. The OST is a standardized statewide tool that has been validated and approved by the Administrative Office of the Courts (AOC). A copy of the OST score results in a graph format is attached to this report.

OVERALL RISK/NEEDS LEVEL
(Male Risk/Needs Range)

	9		
Low (0-5)	Medium-Low (6-10)	Medium-High (11-17)	High (18-42)

DOMAINS THAT DO NOT CONTRIBUTE TO OVERALL RISK/NEED LEVEL

DOMAIN	SCORE		SUMMARY
Alcohol Use	0/3	0%	<ul style="list-style-type: none">• First used at twenty• No problems reported
Attitude	0/7	0%	<ul style="list-style-type: none">• Believes conviction was fair• Reports motivation to change his life• No need for improvement in attitude
Education	0/3	0%	<ul style="list-style-type: none">• High school graduate• BS Degree in Business from University of Washington
Family and Social Relationships	0/8	0%	<ul style="list-style-type: none">• Raised by parents• Good childhood• Close family ties• Father died last year; mother has dementia• Single; has a girlfriend of two years
Mental Health	0/2	0%	<ul style="list-style-type: none">• No issues reported
Residential	0/2	0%	<ul style="list-style-type: none">• Resided with his father in Sun City prior to arrest• Plans to reside with girlfriend upon release

DOMAINS THAT MAY CONTRIBUTE TO OVERALL RISK/NEED LEVEL

DOMAIN	SCORE		SUMMARY
Criminal Behavior	4/9	44%	<ul style="list-style-type: none">• Four felonies; six misdemeanors• History of violent, drug, alcohol, and

The Superior Court of Arizona in Maricopa County – Adult Probation Department
Chief Probation Officer Barbara A. Broderick

State of Arizona v. Justin R King, CR2012-127581-001-DT and CR2012-127581-001-DT

			criminal traffic offenses
Vocational	2/5	40%	<ul style="list-style-type: none">• Prior probation grants; no prison terms• Unemployed at time of arrest• Quit last employment to take care of his terminally ill father• Last worked as a Service Manager with Sands Chevrolet

DOMAINS THAT SIGNIFICANTLY CONTRIBUTE TO OVERALL RISK/NEED LEVEL

DOMAIN	SCORE		SUMMARY
Drug Abuse	3/3	100%	<ul style="list-style-type: none">• Experimental marijuana use• Past Oxycontin abuse• Current intravenous heroin abuse• Believes drug abuse has impacted all areas of his life negatively• Both present offenses involved drug abuse

Additional Assessments and Screenings:

Although the defendant appears eligible for the Drug Court Program, they are unable to accept new cases at this time due to limited resources and a high volume of participants.

The defendant was screened ineligible for the Work Furlough Program, based on his treatment needs.

Financial Assessment:

The defendant was unemployed at the time of his arrest. The present offenses carry mandatory drug fines. It appears the defendant will not have difficulty paying court monetary obligations after he obtains employment. Reimbursement of legal fees will not be recommended as the Court found the defendant to be indigent.

Discussion and Evaluation:

The defendant's criminal history demonstrates a pattern of violent, alcohol, drug, and criminal traffic related offenses. The present offense represents a continuation of drug abuse behavior, spanning over ten years. The defendant admits to his actions in the present offenses and reports he has a serious drug problem with heroin for which he would like treatment. He has had several probation grants in the past, but the defendant reports no prior treatment attempts.

The Superior Court of Arizona in Maricopa County – Adult Probation Department
Chief Probation Officer Barbara A. Broderick

State of Arizona v. **Justin R King, CR2012-127581-001-DT and CR2012-127581-001-DT**

The Offender Screening Tool indicates the defendant is a medium-low risk to reoffend. Drug abuse was an area viewed as significant contributor to reoffending. Areas that may contribute to recidivism are employment, as well as propensity toward criminal behavior. To his credit, the defendant reports no current problems in the areas of education, social support, residence, alcohol use, or attitudes consistent with criminal conduct.

The defendant has a serious drug problem that has remained unaddressed over the past decade. He lacks significant support in the community, since the loss of his father. Due to the level of his intravenous abuse, this officer believes a jail term with residential treatment is appropriate. If the defendant is screened eligible for the ALPHA program, that would be a fine placement. However, this officer would have no objection to the defendant's early release to a residential treatment program as deemed appropriate by the supervising probation officer.

Identification Status:

Due to his incarceration, the defendant does not have access to documents to verify his identity.

Recommendation:

Case Number CR2012-156236-002-DT:

It is respectfully recommended that the defendant be granted three year(s) supervised probation to begin on March 18, 2013. Abide by the following additional conditions:

- Condition #15 I will be financially responsible by paying all restitution, fines, and fees in my case as imposed by the Court. I understand, if I do not pay restitution in full, the Court may extend my probation.
- 15d. Drug Fine of \$2,000.00 plus a surcharge of 83 percent, in the total amount of \$3,660.00 in payments of \$20.00 per month beginning on November 13, 2013.
 - 15q. Probation Surcharge in the total amount of \$20.00 beginning on November 15, 2013.
 - 15r. Time Payment Fee of \$20.00.
 - 15v. Penalty Assessment A.R.S. 12-116.04 (Investigating Agency: Gila River) in the total amount of \$13.00, at \$13.00 per month beginning on November 15, 2013.
- Condition #16 I will not consume or possess any substances containing alcohol.
- Condition #17 I will complete a total of 360 hours of community restitution. I will complete a set number of hours per month as directed in writing by my probation officer. I will complete these hours at a site approved by the APD.

The Superior Court of Arizona in Maricopa County – Adult Probation Department
Chief Probation Officer Barbara A. Broderick

State of Arizona v. Justin R King, CR2012-127581-001-DT and CR2012-127581-001-DT

Case Number CR2012-127581-001-DT:

It is respectfully recommended that the defendant be granted three year(s) supervised probation to begin on March 18, 2013. Abide by the following additional conditions:

Condition #15 I will be financially responsible by paying all restitution, fines, and fees in my case as imposed by the Court. I understand, if I do not pay restitution in full, the Court may extend my probation.

15b. Probation Service Fee of \$65.00 per month beginning on November 15, 2013.

15d. Drug Fine of \$2,000.00 plus a surcharge of 83 percent, in the total amount of \$3,660.00 in payments of \$20.00 per month beginning on November 15, 2013.

15q. Probation Surcharge in the total amount of \$20.00 beginning on November 15, 2013.

15r. Time Payment Fee of \$20.00.

15s. Warrant Charge in the amount of \$90.00.

15v. Penalty Assessment A.R.S. 12-116.04 (Investigating Agency: Peoria Police) in the total amount of \$13.00, at \$13.00 per month beginning on November 15, 2013.

Condition #16 I will not consume or possess any substances containing alcohol.

Condition #18 I will serve 6 month(s), in the county jail beginning March 18, 2013.

I will report to the APD within 72 hours of release from jail.

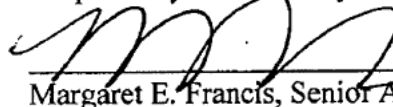
I will comply with all program rules.

Reviewed by:

Judge: _____

Date: _____

Respectfully submitted by:



Margaret E. Francis, Senior Adult Probation
Officer

Lisa Roubicek, Supervisor

Phone: _____

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF MARICOPA

THE STATE OF ARIZONA,

Plaintiff,

vs.

JUSTIN R KING,

DOB: 2/18/1980

Booking #: P887324

Defendant.

CR2012-127581-001

PLEA AGREEMENT

The State of Arizona and the Defendant hereby agree to the following disposition of this case:

Plea: The Defendant agrees to plead **GUILTY** to:

Count 1: POSSESSION OF NARCOTIC DRUGS, A CLASS 4 FELONY (JUSTIN R KING) in violation of A.R.S. §§ 13-3401, 13-3408, 13-3416, 13-3418, 13-610, 13-701, 13-702, 13-801 and 13-901.01(H) committed on 1/22/2012.

This is a non-dangerous, non-repetitive offense under the criminal code.

THIS OFFER EXPIRES AND IS VOID IF NOT ENTERED IN COURT BY First Assigned CPTC Date (regardless of MTCs).

Terms: On the following understandings, terms and conditions:

1 The crime carries a presumptive sentence of 2.5 years; a minimum sentence of 1.5 years; a mitigated sentence of 1.0 years; a maximum sentence of 3.0 years; and an aggravated sentence of 3.75 years. Probation is available. Restitution of economic loss to the victim and waiver of extradition for probation revocation procedures are required. The maximum fine that can be imposed is \$150,000.00 plus an 83% surcharge plus \$20.00 pursuant to A.R.S. 12-269 plus a \$13.00 assessment pursuant to A.R.S. § 12-116.04. If the Defendant is sentenced to prison, the Defendant shall also be sentenced to serve a term of community supervision equal to one-seventh of the prison term to be served consecutively to the actual period of imprisonment. If the Defendant fails to abide by the conditions of community supervision, the Defendant can be required to serve the remaining term of community supervision in prison. Within 30 days of being sentenced, pursuant to A.R.S. 13-610, the defendant shall provide a sufficient sample of blood or other bodily substance for deoxyribonucleic acid (DNA) testing and extraction to be used for law enforcement identification purposes and/or for use in a criminal prosecution and/or for use in a proceeding under title 36, chapter 37. Special conditions regarding the sentence imposed by statute (if any) are: **Pursuant to A.R.S. §13-3408, Defendant shall pay a minimum fine of \$2,000 or three times the value of the drug, whichever is greater, plus surcharge. If granted probation, Defendant shall perform 360 hours of community service.**

2. The parties stipulate to the following additional terms, subject to court approval at the time of sentencing as set forth in paragraph 7: **Defendant shall be placed on supervised probation. Defendant shall serve 6 months jail with early release available upon successful completion of the ALPHA program concurrent with Maricopa County CR 2012-156236-002. The Defendant shall pay a fine in the amount of \$2,000.00 plus 83% surcharge for a total of \$2400. This plea is contingent upon Defendant's entry into, and the Court's acceptance of, a plea agreement with the State in Maricopa County Superior Court Cause No. CR 2012-127581-001. The State shall be permitted to revoke and/or withdraw from this plea agreement if Defendant does not enter into, or either party is permitted to withdraw from, or the Court rejects, a plea agreement with the State in CR 2012-127581-001.**

3. The following charges are dismissed, or if not yet filed, shall not be brought against the Defendant by the Maricopa County Attorney's Office: **Counts 2 and 3.**

4. This agreement serves to amend the complaint, indictment, or information, to charge the offense to which the Defendant pleads, without the filing of any additional pleading. However, if the plea is rejected by the court or withdrawn by either party, or if the conviction is subsequently reversed, the original charges and any charges that are dismissed by reason of this plea agreement are automatically reinstated.
5. If the Defendant is charged with a felony, he hereby waives and gives up his rights to a preliminary hearing or other probable cause determination on the charges to which he pleads. The Defendant agrees that this agreement shall not be binding on the State should the Defendant be charged with or commit a crime between the time of this agreement and the time for sentencing in this cause; nor shall this agreement be binding on the State until the State confirms all representations made by the Defendant and his attorney, to-wit: Defendant avows that in any jurisdiction under any name : (1) He has NO MORE THAN 2 prior adult felony convictions; (2) He has NO MORE THAN 2 prior drug, drug related or drug paraphernalia convictions; (3) He WAS NOT on adult felony probation, parole, or community supervision; and (4) He has NO pending felony charges in any jurisdiction under any name except Maricopa County CR 2012-156236-002. On August 31, 2000 Defendant was convicted in Skagit County Court, Cause Number 33773, for committing Violation of Uniform Substance Control Act on February 7, 2000. Defendant was represented by counsel. On October 28, 2008, Defendant was convicted in San Francisco County Court, Cause Number 152056A, for committing Possession of Controlled Substance without a Prescription on October 21, 2008. Defendant was represented by counsel. If the Defendant fails to appear for sentencing, the court may disregard the stipulated sentence and impose any lawful sentence which is the same as or exceeds the stipulated sentence in the plea agreement. In the event the court rejects the plea, or either the State or the Defendant withdraws the plea, the Defendant hereby waives and gives up his right to a preliminary hearing or other probable cause determination on the original charges.

PRIOR FELONY CONVICTIONS

- On December 23, 1999 the defendant committed Assault, a felony offense, in Snohomish County, Washington, and was found guilty on April 4, 2004.
- On February 7, 2000 the defendant committed (1) Possession of Marijuana with Intent to Deliver, a felony offense; (2) Money Laundering, a felony offense, in Skagit County, Washington, and was found guilty on August 31, 2000.

6. Unless this plea is rejected by the court or withdrawn by either party, the Defendant hereby waives and gives up any and all motions, defenses, objections, or requests which he has made or raised, or could assert hereafter, to the court's entry of judgment against him and imposition of a sentence upon him consistent with this agreement. By entering this agreement, the Defendant further waives and gives up the right to appeal.
7. The parties hereto fully and completely understand and agree that by entering into a plea agreement, the defendant consents to judicial fact finding by preponderance of the evidence as to any aspect or enhancement of sentence and that any sentence either stipulated to or recommended herein in paragraph two is not binding on the court. In making the sentencing determination, the court is not bound by the rules of evidence. The State's participation in this plea agreement is conditional upon the Court's acceptance its terms conditions or provisions. If after accepting this plea the court concludes that any of the plea agreement's terms conditions or provisions regarding the sentence or any other aspect of this plea agreement are inappropriate, it can reject the plea. If the court decides to reject any of the plea agreement's terms conditions or provisions, it must give both the state and the Defendant an opportunity to withdraw from the plea agreement. Should the Court reject this plea agreement, or the State withdraws from the agreement, the Defendant hereby waives all claims of double jeopardy and all original charges will automatically be reinstated. The Defendant in such case waives and gives up his right to a probable cause determination on the original charges.
8. If the court decides to reject the plea agreement provisions regarding sentencing and neither the State nor the Defendant elects to withdraw the plea agreement, then any sentence either stipulated to or recommended herein in paragraph 2 is not binding upon the court, and the court is bound only by the sentencing limits set forth in paragraph 1 and the applicable statutes.

9. This plea agreement in no way affects any forfeiture proceedings pursuant to A.R.S. § 13-4301 et seq., § 13-2314, or § 32-1993, if applicable, nor does the plea agreement in any way compromise or abrogate any civil actions, including actions pursuant to A.R.S. § 13-2301 et seq. or § 13-4301 et seq., or the provisions of A.R.S. § 13-2314 or A.R.S. § 13-4310.
10. I understand that if I am not a citizen of the United States that my decision to go to trial or enter into a plea agreement may have immigration consequences. Specifically, I understand that pleading guilty or no contest to a crime may affect my immigration status. Admitting guilt may result in deportation even if the charge is later dismissed. My plea or admission of guilt could result in my deportation or removal, could prevent me from ever being able to get legal status in the United States, or could prevent me from becoming a United States citizen. I understand that I am not required to disclose my legal status in the United States to the court.
11. I have read and understand the provisions of pages one, two, and three of this agreement. I have discussed the case and my constitutional rights with my lawyer. My lawyer has explained the nature of the charge(s) and the elements of the crime(s) to which I am pleading. I understand that by pleading **GUILTY** I will be waiving and giving up my right to a determination of probable cause, to a trial by jury to determine guilt and to determine any fact used to impose a sentence within the range stated above in paragraph one, to confront, cross-examine, compel the attendance of witnesses, to present evidence in my behalf, my right to remain silent, my privilege against self-incrimination, presumption of innocence and right to appeal. I agree to enter my plea as indicated above on the terms and conditions set forth herein. I fully understand that if, as part of this plea agreement, I am granted probation by the court, the terms and conditions thereof are subject to modification at any time during the period of probation. I understand that if I violate any of the written conditions of my probation, my probation may be terminated and I can be sentenced to any term or terms stated above in paragraph one, without limitation.

I have personally and voluntarily placed my initials in each of the above boxes and signed the signature line below to indicate I read and approved all of the previous paragraphs in this agreement, both individually and as a total binding agreement.

Date: 2/19/13

Defendant

Justin R King
JUSTIN R KING

I have discussed this case with my client in detail and advised him of his constitutional rights and all possible defenses. I have also explained the nature of the charge(s) and the elements of the crime(s). I believe that the plea and disposition set forth herein are appropriate under the facts of this case. I concur in the entry of the plea as indicated above and on the terms and conditions set forth herein.

Date: 2/13/13

Defense Counsel

Rebecca Feimly
Rebecca Feimly

I have reviewed this matter and concur that the plea and disposition set forth herein are appropriate and are in the interests of justice.

Date: _____

Prosecutor /s/

/s/ Thomas Alan Bailey

Presentence Recommendation for APO

DEFENDANT: Justin King

CR NUMBER: CR 2012-127581-001
CR 2012-156236-002

PLEA AGREEMENT: CR 2012-127581-001: Possession of Narcotic Drugs, 4F
CR 2012-156236-002: Possession of Narcotic Drugs, 4F

PLEA STIPULATIONS: The defendant shall serve 6 months in jail with early release upon the defendant's successful completion of the ALPHA program followed by a term of supervised probation.

RECOMMENDATION: The State recommends the terms of the plea agreement plus 3 years of supervised probation.

REASON FOR RECOMMENDATION:

The defendant has two prior felony convictions (Assault – 12/23/99, Controlled Substance – 02/07/00). The Defendant is now appearing in court for two additional felonies. At this point, it appears that the defendant has a substance abuse problem, specifically heroin and methamphetamine. The defendant must kick his drug habit if he hopes to have any semblance of a productive life. Therefore, the ALPHA program may be his last serious chance of getting his life heading in a positive direction. The defendant then needs to be supervised for an extended period of time to ensure he is making positive choices and that he is staying out of trouble so the state is recommending 3 years of supervised probation. This is likely the last chance the defendant has to avoid prison after committing a felony offense.

Respectfully,

Tommy Bailey
Deputy County Attorney
Maricopa County Deputy Attorney
Baileyt@mcao.maricopa.gov

**MARICOPA COUNTY ADULT PROBATION DEPARTMENT
WORK FURLOUGH SCREENING**

Probationer:	Justin R. King	APO:	Margaret E. Francis
DOB:	1980	Phone:	(602) 619-5487
CR#:	2012-127581-001-DT	Screening Date:	March 12, 2013
OST Score:	9	Sentence/Surrender Date:	March 18, 2013
Supervision Level:	medium-low		
Screening Result: The defendant does not meet entrance criteria for the Work Furlough Program.			
Notes:			

1. Is the probationer statutorily eligible to serve jail time as a condition of probation? YES
2. Is the present offense of a violent nature per the arrest record, booking information, or charge? NO
3. Does the past **5 years** of criminal history reflect **3 or more** arrests for violence, including DV disorderly conduct or DV criminal trespass?
(If in prison during the past 5 years, review years prior to incarceration.) NO
4. Is there a stipulation or an order barring the probationer from participation in the Work Furlough Program? NO
5. Does the probationer have other court actions pending that would interfere with participation in the Work Furlough Program? NO
6. If not a citizen, is the probationer authorized to work in the U.S. ? YES
7. Has an APD substance abuse assessment determined that residential treatment is needed? YES
8. Does the probationer's criminal history reflect any prior escape from a correctional facility or furlough program or any active FOJ (Fugitive of Justice) charges? NO
9. Did the present offense involve the use/possession of a deadly weapon, or does the past **10 years** of criminal history include any arrests involving weapons? NO
10. Is the probationer at least 18 years of age? YES
11. Does the probationer have a physical or mental disability that precludes the probationer from participation in the Work Furlough Program? NO
12. Is the probationer self-employed? NO
 - a. If self-employed, can the probationer provide documentation indicating a legitimate business? (i.e. current tax and business license, previous year's income tax return) *Note: Final approval for self employment must be determined by APD Work Furlough Supervisor. N/A
13. Does the probationer have any sex offense convictions? NO
 - a. Is the probationer a repeat sex offender, **OR** have multiple victims, **OR** have multiple offenses? N/A
 - b. Is the probationer self-employed, **OR** working from home, **OR** employed by a family member or personal friend? N/A

FURLOUGH SCREENING RESULTS

The defendant has been rejected for Work Furlough for the following reason(s):

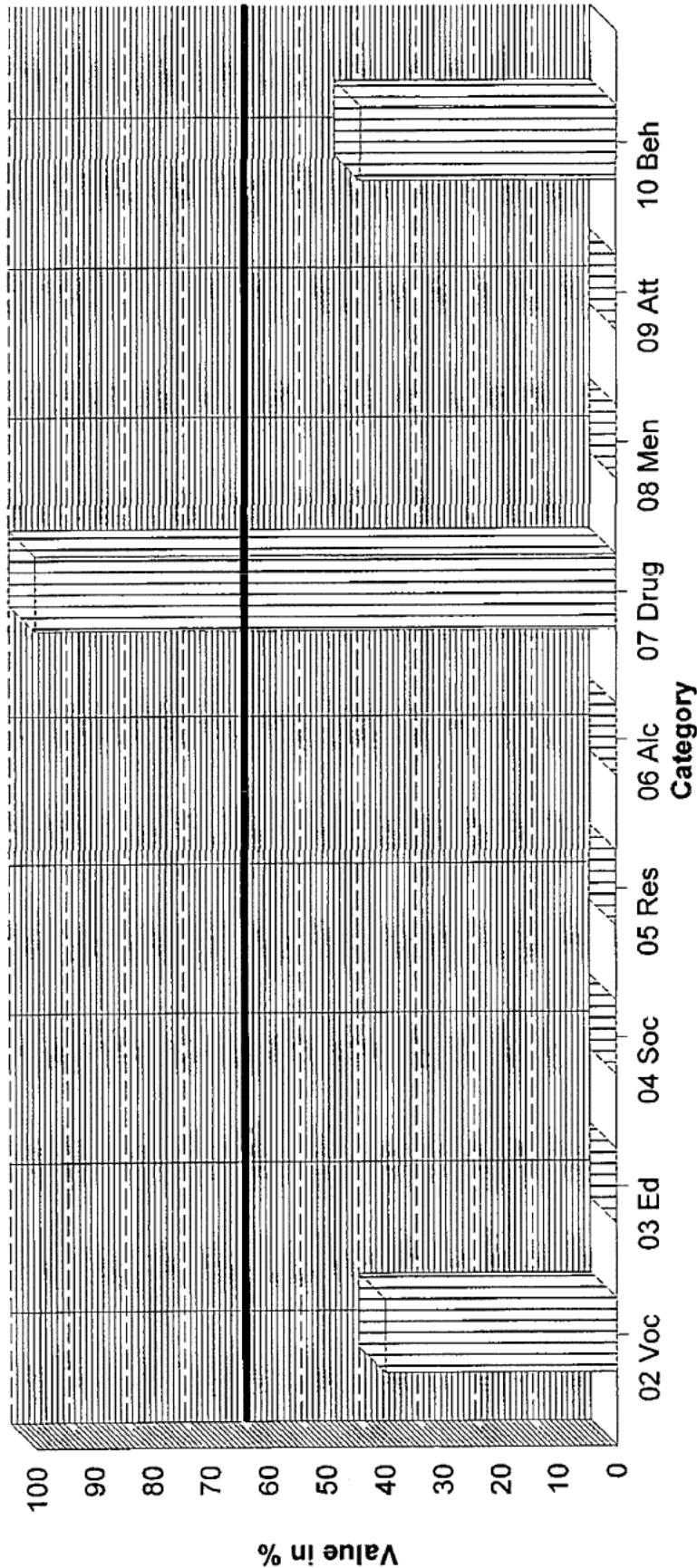
Question #7: Defendant is in need of substance abuse treatment

Client AZ22462369 King, Justin R DOB 1980 Age 33

Assessment Date 02/25/2013

As of 03/12/2013

127 Offender Screening Tool (OST) Graph



Item(s)	02 Voc	03 Ed	04 Soc	05 Res	06 Alc	07 Drug	08 Men	09 Att	10 Beh
Not Answered	1	0	0	0	0	0	0	0	1

Total OST Score (Sum of all 9 categories) 9 Risk Level Medium-Low Risk

Enclosed is the Criminal History information portion of the Pre-sentence Report. Dissemination is restricted to Criminal Justice Agencies only. Secondary dissemination to non-criminal Justice Agencies is prohibited.

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

4-13 8:00am

CR2012-127581-001 DT

03/26/2013

HONORABLE JO LYNN GENTRY

CLERK OF THE COURT
A. Beery
Deputy

STATE OF ARIZONA

THOMAS BAILEY

v.

JUSTIN R KING (001)
DOB: [REDACTED] 1980

REBECCA L FELMLY

APO-SENTENCINGS-CCC
APPEALS-CCC
DISPOSITION CLERK-CSC
EDM-QC-CCC
RFR

SUSPENSION OF SENTENCE - PROBATION GRANTED

Courtroom CCB 1204

10:22 a.m.

State's Attorney:	Thomas Bailey
Defendant's Attorney:	Rebecca Felmly
Defendant:	Present
Court Reporter:	Linda Lopez

LET THE RECORD REFLECT that Court and counsel met briefly in Chambers, off the record, prior to commencement of proceedings.

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

CR2012-127581-001 DT

03/26/2013

Pursuant to stipulation,

IT IS ORDERED amending the plea agreement on page 2, item #5, to reflect that Defendant avows to no more than 4 prior adult felony convictions, rather than 2.

The original plea agreement not being in the Court's possession,

IT IS ORDERED directing the Clerk's Office, EDM-QC personnel, to make the above-referenced amendment to the plea agreement filed on February 19, 2013.

Count(s) 1: WAIVER OF TRIAL: The Defendant knowingly, intelligently and voluntarily waived all pertinent constitutional and appellate rights and entered a plea of guilty.

IT IS THE JUDGMENT of the Court Defendant is guilty of the following:

OFFENSE: Count 1: Possession of Narcotic Drugs
Class 4 felony

A.R.S. § 13-3401, 13-3408, 13-3416, 13-3418, 13-610, 13-701, 13-702, 13-801 and
13-901.01(H)

Date of Offense: 1/22/2012

Non Dangerous - Non Repetitive

The Court is suspending imposition or execution of sentence and, under the supervision of the Adult Probation Department (APD), placing the defendant on probation for:

Count 1 Probation Term: 3 years

To begin 3/26/2013.

IT IS ORDERED that probation in Count 1 shall run concurrent with probation in CR 2012-156236-002.

Condition 6: Report to the APD within 72 hours of sentencing, absolute discharge from prison, release from incarceration, or residential treatment and continue to report as directed. Keep APD advised of progress toward case plan goals and comply with any written directive of the APD to enforce compliance with the conditions of probation. Provide DNA testing if required by law.

Condition 8 - Request and obtain written permission of the APD prior to leaving the State.

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

CR2012-127581-001 DT

03/26/2013

Condition 15: Restitution, Fines and Fees:

PROBATION SERVICE FEE: Count 1 - \$65.00 per month, beginning 5/1/2014.

FINE: Count 1 - Total amount of \$2,000.00, payable \$20.00 per month beginning 5/1/2014. Surcharges are waived.

Fine is to be paid to the Arizona Drug Enforcement Fund.

PROBATION SURCHARGE: Count 1 - \$20.00 payable on 5/1/2014.

Count 1: Time payment fee pursuant to A.R.S. § 12-116 in the amount of \$20.00 payable on 5/1/2014.

WARRANT CHARGE: Count 1 - \$90.00, payable \$10.00 per month, beginning 5/1/2014.

PENALTY ASSESSMENT - A.R.S. §12-116.04: Count 1 - \$13.00 payable on 5/1/2014.

Investigative Agency: Peoria Police Department

All amounts payable through the Clerk of the Superior Court.

Condition 16 - Not consume or possess any substances containing alcohol.

Condition 17 - Count 1: Complete a total of 360 hours of community restitution. Complete a set number of hours per month as directed in writing by APD. Complete hours at a site approved by the APD.

Condition 18 - Count 1: Be incarcerated in the county jail for 9 month(s), beginning on a date to be determined with no credit for time served.

Report to the APD within 72 hours of release from jail. Comply with all program rules.

Defendant is eligible for early release from jail upon successful completion of the ALPHA program.

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

CR2012-127581-001 DT

03/26/2013

Condition 22: Other - Defendant agrees to complete the Phoenix Restoration Program. If he fails, the jail term will be imposed. If he successfully complete the Phoenix Restoration Program, this will satisfy term 18.

Defendant is advised pursuant to A.R.S. § 13-805 that failure to maintain contact with the Probation Department may result in the issuance of:

1. A criminal restitution order in favor of the state for the unpaid balance, if any, of any fines, costs, incarceration costs, fees, surcharges or assessments imposed.

2. A criminal restitution order in favor of each person entitled to restitution for the unpaid balance of any restitution ordered.

IT IS ORDERED granting the Motion to Dismiss the following: Counts 2 and 3.

IT IS FURTHER ORDERED Defendant be released from custody for this case only.

Count(s) 1: Term #18 is a deferred jail term. If Defendant is in non-compliance with the terms of probation imposed and is ordered to serve this jail term as directed by the Adult Probation Officer, the Defendant shall self-surrender to the custody of the Maricopa County Sheriff, and authorizing the Sheriff to carry out the term of incarceration as imposed by the Court.

IT IS FURTHER ORDERED that Defendant must submit to DNA testing for law enforcement identification purposes and pay the applicable fee for the cost of that testing in accordance with A.R.S. § 13-610.

10:37 a.m. Matter concludes.

This case is eFiling eligible: <http://www.clerkofcourt.maricopa.gov/efiling/default.asp>. Attorneys are encouraged to review Supreme Court Administrative Order 2011-140 to determine their mandatory participation in eFiling through AZTurboCourt.

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

HON. JO LYNN GENTRY

Date: 3-26-2013

CLERK OF THE COURT

A. Beery
Deputy

No. CR 2012-127581-001

STATE v. KING

Let the record reflect that the Defendant's right index fingerprint is permanently affixed to this sentencing order in open court.



(right index fingerprint)

JUDGE OF THE SUPERIOR COURT

Page

Date: Apr 2, 2013

AZ DEPARTMENT OF PUBLIC SAFETY

Page: 1

PCN ACTIVITY REPORT

NOTE: ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME. A NEW COPY SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.
 DATA TO BE USED ONLY FOR CRIMINAL JUSTICE OR OTHER LAWFUL PURPOSES

PCN	C N T	ARR ARS CODE	ARR STATUTE DESC	ARR OFF TYP	DATE OF OFFENSE	DISPO ORI	DISPO DATE	DISPO ARS CODE	DISPO STATUTE DESC	DIS OFF TYP	DISPO CASE NO	DIS
PCN: 5202038081 SID Number: AZ22462369 Name: KING, JUSTIN ROBERT DOB: 1980-01-22 DOA: 2012/01/22 AAO: AZ0072100 AAN: PEO12000997												
5202038081	1	13-3408A1	NARCOTIC DRUG-POSSESS/USE	F	01/22/2012	AZ007035L	03/26/2013	13-3408A1	NARCOTIC DRUG-POSSESS/USE	F	CR2012-127581-001	GG
	2	13-3407A1	DANGEROUS DRUG-POSSESS/USE	F	01/22/2012	AZ007035L	03/26/2013	13-3407A1	DANGEROUS DRUG-POSSESS/USE	F	CR2012-127581-001	CD
	3	13-3415A	DRUG PARAPHERNALIA-POSSES S/USE	F	01/22/2012	AZ007035L	03/26/2013	13-3415A	DRUG PARAPHERNALIA-POSSES S/USE	F	CR2012-127581-001	CD

Classee

AZ007035J

MICHAEL R. JEANES, CLERK

BY:

S. Keiron

DEP

FILED

13 APR -9 PM 1:04

SUPERIOR COURT OF THE STATE OF ARIZONA
MARICOPA COUNTY

FILED

2-25-14 11:45 am
MICHAEL K. JEANES, Clerk

Division CRJ 12
Pros Atty: DCA
APO KIM VEGA, SOUTHPORT

By A. Beery
A. Beery, Deputy

THE STATE OF ARIZONA

Case Number: CR2012-127581-001-DT

VS.

JUSTIN R. KING

DOB: [REDACTED] 1980

PETITION TO MODIFY TERMS OR
REGULATIONS OF PROBATION & ORDER

The defendant was formally judged guilty of the crime of **COUNT 1: POSSESSION OF NARCOTIC DRUGS, A CLASS 4 FELONY, COMMITTED ON: JANUARY 22, 2012**

Probation Start Date: **03/26/2013** Prob. Length: **Three (3) year(s)** Standard

The defendant was ordered to comply with the following condition(s) of probation: Condition #18: Served nine months jail (deferred re Condition #22); and Condition #22, Complete the Phoenix Restoration Program. If he fails, the jail term in Condition #18 above will be imposed. If he successfully completes the Phoenix Restoration Program – this will satisfy Condition #18 above.

Circumstances: The defendant was ordered to complete the Phoenix Restoration Program for substance abuse treatment (motivated by the nine month deferred jail term in Condition #18); however, the credibility of the program soon became in question. The defendant then immediately enrolled in and successfully completed the Salvation Army (six month) Adult Residential Rehabilitation program successfully on December 11, 2013. He appears to be maintaining his sobriety as intended by the Court.

Recommendations: #1) Amend Condition #22: The defendant be allowed to complete the Salvation Army (six month) residential substance abuse treatment program in lieu of the Phoenix Restoration Program.

#2) Additionally, the defendant having completed the Salvation Army six month residential treatment program on December 11, 2013, that the Court find that Condition #22 is satisfied and Condition #18 be deleted.

Victim Status: There is no victim involved in this case.

Dated this 14 day of February, 2014
KV:td:02/14/2014 Probation Officer Kim Vega Phone (602) 619-2980

DIRECTION:

☒ **IT IS ORDERED** modifying the condition(s) of probation as recommended above.

☐ **IT IS ORDERED** denying the petition.

☐ **IT IS ORDERED** _____

Dated this 21 day of Feb, 2014

Judge of the Superior Court
Honorable JoLynn Gentry

cc: APD File Court (Original)
APD Macros

Probationer. Pros. Atty.

Rev. 02/08/2007
EXHIBIT 2 PAGE 66

SUPERIOR COURT OF THE STATE OF ARIZONA
MARICOPA COUNTY

Division CRJ 12
Pros Atty: DCA
APO WATEKA MAY, SOUTHPORT

FILED
1-7-15 1:00 pm
MICHAEL K. JEANES, Clerk
By A. Beery
A. Beery, Deputy

THE STATE OF ARIZONA

Case Number: CR2012-127581-001-DT

vs.

JUSTIN R. KING

PETITION FOR EARNED TIME CREDIT

DOB: [REDACTED] 1980

The defendant was formally judged guilty of the crime of **COUNT 1: POSSESSION OF NARCOTIC DRUGS, A CLASS 4 FELONY.**

Probation Start Date: 03/26/2013 Prob. Length: Three (3) year(s) Standard

EARNED TIME CREDIT SUMMARY: While on probation, the defendant successfully completed the following special conditions: Anger management with the Salvation Army, Community restitution hours (360) and inpatient substance abuse treatment with the Salvation Army Adult Rehabilitation Center. In addition, the defendant reported as directed, maintained employment and maintained a stable residence. All Court-ordered fines and fees are current however, the defendant has a fine with a balance of \$1,578.25.

A Criminal Restitution Order for monies outstanding is attached.

Pursuant to A.R.S. 13-924, this Probation Officer recommends the Court adjust the probationer's period of supervised probation to reflect the award of 404 days earned time credit for being current with community restitution hours, current with Court-ordered financial obligations, and displaying positive progression toward the goals of the case plan for the month of March, April, May, June, July, August, September, October, November, December 2013, and January, February, March, April, May, June, July, August, September, October, and November 2014. If adjusted, the probationer's new Earned Time Credit discharge date is February 14, 2015.

Victim Status: There is no victim involved in this case.

Dated this 23rd day of December, 2014
WM:tcl:12/23/2014

Probation Officer Wateka May

Phone 602-619-2280

- ☐ IT IS ORDERED that the foregoing petition for earned time credit will be granted by this court 30 days from this date unless written objection thereto is filed not less than 72 hours before said date. A copy of this petition is herewith transmitted to the prosecuting attorney.
- ☐ IT IS ORDERED denying the petition for earned time credit at this time; however, the court will reconsider the order upon the defendant's completion of _____.
- ☒ IT IS ORDERED denying the petition for earned time credit. The original expiration date is affirmed.

Dated this 6th day of Jan, 2015

Judge of the Superior Court

PETITION FOR EARNED TIME CREDIT

Honorable JoLynn Gentry

cc: Court (Original)

APD File

Defendant

Pros Atty.

SUPERIOR COURT OF THE STATE OF ARIZONA
MARICOPA COUNTY

6-2-15 FILED 11:12am
MICHAEL K. JEANES, Clerk
By D. Yenglin, Deputy

Division CRJ 12
Pros Atty: DCA
APO Ariana Barone, BCB

THE STATE OF ARIZONA

VS.

JUSTIN R. KING

DOB: [REDACTED] 1980

Case Number: CR2012-127581-001-DT

PETITION FOR EARLY TERMINATION OF
PROBATION OR UNSUPERVISED PROBATION

The defendant was formally judged guilty of the crime of **COUNT 1: POSSESSION OF NARCOTIC DRUGS, A CLASS 4 FELONY.**

Probation Start Date: 03/26/2013 Prob. Length: Three (3) year(s) Standard

It is respectfully recommended that the defendant's probation be terminated for the following reasons:

The defendant has completed two years and two months of his three year probation grant. While on probation the defendant has successfully completed the following special conditions: Anger management with the Salvation Army, Community restitution hours (360) and inpatient substance abuse treatment with the Salvation Army Adult Rehabilitation Center. In addition, the defendant reported as directed, maintained employment and a stable residence. The defendant has also paid all his Court ordered fines and fees in full. It is respectfully recommended the Court consider an early termination at this time.

Victim Status: There is no victim involved in this case.

Dated this 21 day of May, 2015.
AB/cm/05/21/2015

Probation Officer Ariana Barone

Phone 602-619-1944

☒ **IT IS ORDERED** that the foregoing petition for early termination will be granted by this court 30 days from this date unless written objection thereto is filed not less than 72 hours before said date. A copy of this petition is herewith transmitted to the prosecuting attorney.

☐ **IT IS ORDERED** denying the petition for early termination. It is further ordered that the defendant be placed on unsupervised probation, deleting all conditions except Condition #1 and continue to pay Probation Service Fees as previously ordered by the Court. If the defendant obeys all laws it is ordered that unsupervised probation be automatically terminated on _____. This expiration date reflects granted Earned Time Credit.

☐ **IT IS ORDERED** _____

Dated this 28 day of May, 2015

Judge of the Superior Court

PETITION FOR EARLY TERMINATION OF PROBATION OR UNSUPERVISED PROBATION

cc:

APD File

Court (Original)

Pros Atty.

APD Macros

Honorable JoLynn Gentry
Rev. 07/19/2011
EXHIBIT 2 PAGE 68

SUPERIOR COURT OF THE STATE OF ARIZONA
MARICOPA COUNTY

MICHAEL A. JEANES, CLERK
BY *J. Gorton* DEP

6/29

Division CRJ 12
Pros Atty DCA
APO Ariana Barone, BCB

CORRECTED
By Clerk of the Court

FILED

15 JUL 14 PM 3:01

10

THE STATE OF ARIZONA

Case Number: CR2012-127581-001-DT

VS.

JUSTIN R. KING

DOB: [REDACTED] 1980

ORDER OF DISCHARGE FROM PROBATION

The defendant was formally judged guilty of the crime of **COUNT 1: POSSESSION OF NARCOTIC DRUGS, A CLASS 4 FELONY.**

Probation Start Date: 03/26/2013 Prob. Length: Three (3) year(s) Standard

Please see attached Petition for Early Termination of Probation.

Dated this 21 day of May, 2015.
AB/cm/05/21/2015

[Signature]
Probation Officer Ariana Barone Phone 602-619-1944

IT IS ORDERED pursuant to Rule 27.4(A) that the defendant is hereby discharged from probation in this case effective 6-29-15.

☐ THE COURT NOTES the defendant failed to comply with conditions unless an objection is timely filed.

☐ IT IS ORDERED the undesignated offense: ☐ REMAIN UNDESIGNATED*; ☐ Be Designated a MISDEMEANOR

*Notice: The defendant may request misdemeanor designation for an undesignated offense; see A.R.S. 13-604. All requests must be submitted to the Court in writing and provide detailed reasons to support the request.

Dated this 28 day of May, 2015

[Signature]
Judge of the Superior Court

Honorable JoLynn Gentry

ORDER OF DISCHARGE FROM PROBATION

cc: Court (Original)

APD File

Defendant

Pros Atty.

APD Macros

Rev. 07/19/2011

EXHIBIT 2 PAGE 69



RESULT REPORT

Page 1 of 1

US SECURITIES AND EXCHANGE COMMISSION
Attn: Magnolia Irwin
444 SOUTH FLOWER ST #900
LOS ANGELES, CA 90071

Date: 12/04/2020

Customer: Z3864

Order: 1530243

Email: irwinma@sec.gov

Ref: CR2012-127581-001

The results of your request are as follows:

CR2012-127581-001

Obtain Specific Court Document (See documents highlighted on docket, Superior Court)

USA, AZ, Maricopa

12/04/2020 - Enclosed.

Parasec and/or its agents accept no responsibility for errors or omissions contained in any report provided by Parasec. Should a claim be asserted against Parasec for errors or omissions, the sole extent of Parasec's liability shall be limited to an amount equal to the cost Parasec charged for the report. Parasec shall not be liable for consequential damages arising out of the use of the report by any customer or third party.

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Thank you for allowing us to service your needs.

Benjamin Carpineta
Account Executive - Sacramento
bcarpineta@parasec.com
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800.603.5868 Fax

Nevada
318 North Carson Street
Suite 208
Carson City, NV 89701
888.972.7273 Tel
888.886.7168 Fax

Los Angeles
12631 East Imperial Highway
Suite 212 B
Los Angeles, CA 90670
888.672.7273 Tel
888.554.7273 Fax

Delaware
2140 S Dupont Highway
Camden, DE 19934
888 372.7273 Tel
888 272.5439 Fax

Criminal Court Case Information – Case History

Case Information

Case Type: Criminal Location: Downtown

Party Information

Party Name - Number	Relationship	Sex	Attorney	Judge	Case #
State Of Arizona - (1)	Plaintiff	N/A	County Attorney, Maricopa		
Justin R King - (2)	Defendant	M	Felmy, Rebecca	Master Calendar	CR2012-127581-001
Clerk Of The Court - (3)	In The Matter Of	N/A	To Be Determined		

Disposition Information

Party Name	ARSCode	Description	Crime Date	Disposition Code	Disposition	Date
Justin R King	13-3415 (F6)	DRUG PARAPHERNALIA VIOLATION	1/22/2012	Dismissed - Plea Other	Dismissed Due To Plea On Other Count	3/26/2013
Justin R King	13-3408 (F4)	NARCOTIC DRUG VIOLATION	1/22/2012	Pled Guilty As Charged	Pled Guilty As Charged	2/19/2013
Justin R King	13-3407 (F4)	DANGEROUS DRUG VIOLATION	1/22/2012	Dismissed - Plea Other	Dismissed Due To Plea On Other Count	3/26/2013

Case Documents

Filing Date	Description	Docket Date	Filing Party
7/10/2015	ODP - Order of Discharge of Probation - Party (001)	7/15/2015	
NOTE: COUNT 1			
6/2/2015	PTP - Petition Early Termination Probation Order - Party (001)	6/4/2015	
NOTE: COUNT 1			
1/7/2015	ORD - Order - Party (001)	1/12/2015	
NOTE: PETITION FOR EARNED TIME CREDIT/COUNT 1/DISCHARGE 2-14-15			
2/25/2014	PMP - Petition to Modify Condition of Probation/Order - Party (001)	2/26/2014	
NOTE: COUNT 1			
4/9/2013	DRE - Disposition Report - Party (001)	4/11/2013	
4/1/2013	109 - ME: Sentence - Probation - Party (001)	4/1/2013	
3/26/2013	NRR - Notice Of Rights - Party (001)	4/2/2013	
3/26/2013	TCP - Terms & Conditions Of Probation/Money Ordered - Party (001)	4/11/2013	
3/26/2013	PSR - Presentence Report - Party (001)	3/29/2013	
3/21/2013	169 - ME: Sent/Dispo Reset - Party (001)	3/21/2013	
2/20/2013	105 - ME: Plea Agreement/Change Of Plea - Party (001)	2/20/2013	
2/19/2013	PAG - Plea Agreement - Party (001)	3/5/2013	
2/7/2013	ORE - Order To Release/Exonerate Bond - Party (001)	2/11/2013	
2/6/2013	196 - ME: Bond Exonerated - Party (001)	2/6/2013	
1/17/2013	176 - ME: Continuance - Party (001)	1/17/2013	
1/15/2013	099 - ME: Withdrawal Of Counsel - Party (001)	1/15/2013	
12/4/2012	027 - ME: Pretrial Conference - Party (001)	12/4/2012	
12/3/2012	STA - Statement - Party (001)	12/7/2012	
NOTE: COMPREHENSIVE PRETRIAL CONFERENCE/			
11/20/2012	AEB - Affidavit for Exoneration of Bond - Party (001)	11/28/2012	
11/7/2012	194 : Me: Initial Pretrial Conference - Party (001)	11/7/2012	
10/25/2012	DAR - Notice of Disclosure and Request for Disclosure - Party (001)	10/25/2012	
NOTE:			

10/25/2012	ACO - Allegation of Historical Priors - Party (001)	10/25/2012
NOTE:		
10/25/2012	RQH - Request For Hearing - Party (001)	10/25/2012
NOTE: RULE 609		
10/25/2012	ANP - Allegation of Aggravating Circumstances Other Than Prior Convictions - Party (001)	10/25/2012
NOTE:		
10/3/2012	NOT - Notice - Party (001)	10/4/2012
NOTE: DEFENDANTS RULE 15.2 / OF DEFENSES AND DISCLOSURE		
10/3/2012	REQ - Request - Party (001)	10/4/2012
NOTE: DEFENDANT'S RULE 15.1 (a), (b), (c), (d), (e) / FOR DISCLOSURE		
9/25/2012	152 - ME: Not Guilty Plea Arraign - Party (001)	9/25/2012
9/25/2012	BON - Bond - Party (001)	10/2/2012
NOTE: PAPER/SURETY \$1800 CRUM & FORSTER INDEMNITY COMPANY		
9/24/2012	INF - Information - Party (001)	10/1/2012
9/20/2012	WPH - Waiver Of Preliminary Hearing - Party (001)	9/27/2012
9/13/2012	584 - ME: Preliminary Hearing Continued - Party (001)	9/13/2012
9/11/2012	ROB - Release Order Secured Appearance Bond - Party (001)	9/18/2012
NOTE: \$1,800		
9/11/2012	MEM - Memorandum - Party (001)	9/18/2012
NOTE: VIOLATION REPORT		
8/29/2012	ROC- Release Order/Order Regarding Counsel - Party (001)	8/30/2012
NOTE: IA Release Order		
8/29/2012	IAD - Initial Appearance Document - Party (001)	8/30/2012
NOTE: IA Packet		
8/28/2012	584 - ME: Preliminary Hearing Continued - Party (001)	8/28/2012
8/23/2012	ROS - Release Order Supervised Release - Party (001)	9/4/2012
8/3/2012	584 - ME: Preliminary Hearing Continued - Party (001)	8/3/2012
8/1/2012	BON - Bond - Party (001)	8/6/2012
NOTE: PAPER/SURETY \$1,500 CRUM & FORSTER INDEMNITY		
7/26/2012	OTC - Order to Continue - Party (001)	8/8/2012
7/26/2012	WAR - Warrant For Arrest - Party (001)	8/1/2012
NOTE: SERVED 07/20/12		
7/5/2012	002 - ME: Hearing Vacated - Party (001)	7/5/2012
7/2/2012	IWA - Issuance of Warrant - Party (001)	7/2/2012
6/20/2012	AFS - Affidavit Of Service - Party (001)	6/20/2012
NOTE: Delivery 06/01/2012		
5/30/2012	DCO - Direct Complaint - Party (001)	5/30/2012
5/30/2012	SUM - Summons - Party (001)	5/31/2012

Case Calendar

Date	Time	Event
6/28/2012	13:30	Initial Appearance
7/20/2012	14:00	Initial Appearance
7/26/2012	8:30	Preliminary Hearing
8/23/2012	8:30	Preliminary Hearing
9/11/2012	8:30	Preliminary Hearing
9/20/2012	8:30	Preliminary Hearing
9/20/2012	8:31	Original Arraignment Hearing
11/5/2012	8:15	Initial Pretrial Conference
12/3/2012	8:00	Status Conference
12/3/2012	8:15	Comprehensive PreTrial Conference
12/4/2012	8:30	Comprehensive PreTrial Conference
1/16/2013	8:15	Status Conference
2/13/2013	8:30	Pre-Trial Conference
2/19/2013	8:15	Status Conference
2/20/2013	8:00	Trial
3/18/2013	8:30	Sentencing
3/26/2013	8:45	Sentencing

WILLIAM G. MONTGOMERY
MARICOPA COUNTY ATTORNEY

Janet K. McNaughton
Deputy County Attorney
Bar ID#: 006001
301 West Jefferson, 8th Floor
Phoenix, AZ 85003
Telephone: (602)372-0048
mcaoptd@mcao.maricopa.gov
MCAO Firm # 000320000
Attorney for Plaintiff

MICHAEL M. JEANES, CLERK
BY *S. Keiron* DEP
FILED

12 MAY 30 PM 12: 18

DR 12000997-Peoria Police Department
ARROWHEAD JUSTICE COURT

CA2012020604

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

COUNTY OF MARICOPA, EDC-Downtown

THE STATE OF ARIZONA

Plaintiff,

vs.

JUSTIN R KING

Defendant

CR2012-127581-001

DIRECT COMPLAINT

COUNT 1: POSSESSION OR USE OF NARCOTIC
DRUGS, A CLASS 4 FELONY

COUNT 2: POSSESSION OF DRUG
PARAPHERNALIA, A CLASS 6 FELONY

COUNT 3: POSSESSION OR USE OF
DANGEROUS DRUGS, A CLASS 4 FELONY

The complainant herein personally appears and, being duly sworn, complains on information
and belief against JUSTIN R KING, charging that in Maricopa County, Arizona:

DCO

1

COUNT 1:

JUSTIN R KING, on or about the 22nd day of January, 2012, knowingly possessed or used heroin, a narcotic drug, in violation of A.R.S. §§ 13-3401, 13-3408, 13-3418, 13-701, 13-702, and 13-801.

COUNT 2:

JUSTIN R KING, on or about the 22nd day of January, 2012, unlawfully used or possessed with intent to use a SYRINGE, drug paraphernalia, to inject, ingest, inhale, or otherwise introduce into the human body heroin, a narcotic drug, in violation of A.R.S. §§ 13-3401, 13-3408, 13-3415, 13-3418, 13-701, 13-702, and 13-801.

COUNT 3:

JUSTIN R KING, on or about the 22nd day of January, 2012, knowingly possessed or used Methamphetamine, a dangerous drug, in violation of A.R.S. §§ 13-3401, 13-3407, 13-3418, 13-701, 13-702, and 13-801.

/s/ JK McNaughton
/s/ Janet K. McNaughton
Deputy County Attorney

It is requested that a SUMMONS be issued.

Defendant has been fingerprinted and does not need to appear for fingerprints and photograph.

Al Boehr #1394 Agency: Peoria Police Department
Complainant

Subscribed and sworn upon information and belief this 29 day of May, 2012

JKM/red/AO

COURT INFORMATION SHEET (CIS)

County Attorney Case Number: CA2012020604

Filing ID Number: CA2012020604-1-1

STATE v. JUSTIN R KING

Defendant's Last **Summons**
Known Address: 10912 WEST TROPICANA CIRCLE
SUN CITY, AZ 85351

CR2012-127581-001

Defendant's Unknown
Employer Address:

Defendant's
Attorney:

DEFENDANT'S DESCRIPTION:

Race: W Sex: M Hair: BRO Eyes: HAZ Hgt: 510
Wgt: 175 DOB: [REDACTED] 980 Soc Sec #: [REDACTED] 210

SID #: 22462369 FBI #: 501340NB9 Booking #: Unknown

FILING STATUS:

Direct Complaint CR #: _____ Adult
(Court Use Only) Adult/Juv Transfer/Juv Statutory

Date Filed: _____
Court Designations: EDC-Downtown

Justice Court Precinct: ARROWHEAD JUSTICE COURT

ATTORNEY: Janet K. McNaughton Bar ID: 006001

PRELIMINARY HEARING / GRAND JURY CHARGES:

COUNT 1: POSSESSION OR USE OF NARCOTIC DRUGS, A CLASS 4 FELONY

COUNT 2: POSSESSION OF DRUG PARAPHERNALIA, A CLASS 6 FELONY

COUNT 3: POSSESSION OR USE OF DANGEROUS DRUGS, A CLASS 4 FELONY

<u>Count</u>	<u>ARS</u>	<u>ARS Literal</u>	<u>Date of Crime</u>	<u>PCN</u>
1	13-3408	13-3408A1	01/22/2012	
2	13-3415	13-3415A	01/22/2012	
3	13-3407	13-3407A1	01/22/2012	

DEPARTMENTAL REPORTS:

12000997-Peoria Police Department

EXTRADITE: AO

Maricopa County Adult Probation Department
PRETRIAL SERVICES DIVISION

MICHAEL K. JEANES, CLERK
BY *L. Stroud* DEP
FILED

ADMINISTRATION
(602) 506-3969
(602) 506-6417 Fax

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY
620 W. Jackson St.
Suite 3087
Phoenix, Arizona 85003

INFORMATION
(602) 506-8500
(602) 506-5334 Fax

12 SEP 11 PM 3:55

Penny Stinson, Division Director of Pretrial Services

RECEIVED
SEP 10 2012
EDC01

9/11 Prelim
DATE: September 5, 2012

TO: Honorable Jeffrey Woodburn

FR: Bertha Lopez, Adult Probation Officer, Pretrial Division

RE: Justin King, CR 2012-127581-001DT

VIOLATION REPORT

This memorandum is to advise the Court of Mr. King's performance while on Pretrial Service Agency (PSA) Electronic Monitoring Unit supervised release conditions.

The defendant reported to Pretrial Services' office and was instructed on his court ordered conditions of release and specific Pretrial service electronic monitoring release conditions; to include drug and alcohol monitoring through **Treatment Assessment Screening Center (TASC) for random urinalyses.**

On this same day Mr. King was directed to report to TASC and continue to report randomly by color. He was also provided with a curfew allowing him to exit from **03:00pm to 09:00pm** Monday to Friday for job search purposes.

As of today Mr. King has incurred the following violations:

- Failed to provide a sample at TASC on August 23, 2012 as directed by PSA.
- Tested positive for Amphetamines on August 28, 2012.
- On 08/30/12; 09/3/12 and; 09/04/12. D failed to enter at his curfew time of 09:00pm. On all three dates Mr. King's points indicated him being at the Wild Horse Pass Casino in Chandler and not returning home until after 12:00am.

On August 30, 2012 this Officer met with Mr. King to address violations. Mr. King indicated using heroin and methamphetamines. He also indicated was self prescribing Suboxone to stop usage of drugs. Mr. King was directed to stop usage of any illegal drugs and to continue to report to TASC. He was also referred to Community Bridges for treatment.



Maricopa County Adult Probation Department
PRETRIAL SERVICES DIVISION

ADMINISTRATION
(602) 506-3969
(602) 506-6417 Fax

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY
620 W. Jackson St.
Suite 3087
Phoenix, Arizona 85003

INFORMATION
(602) 506-8500
(602) 506-5334 Fax

Penny Stinson, Division Director of Pretrial Services

On September 03. This officer conducted a field visit to Mr. King's home address at 06:00am after receiving a tamper alert on his bracelet. The bracelet was inspected and Mr. King was directed to report to PSA on September 04, 2012 at 09:00am to change the strap. D indicated understanding.

On September 04, 2012, this officer called Mr. King at 11:00am to address his late entry and to address his failure to report to PSA to change his strap as directed. Mr. King text this officer and indicated he had to get towed home the night before and did not call for the late entry because it was too late and did not want to wake up this officer. This officer directed Mr. King to report to PSA no later than 04:30pm to change the strap and requested to still report to TASC.

On September 05, 2012, at 11:15am this officer called Mr. King to address his late entry. A message was left on his cell phone. He was directed to report to PSA again since he did not do so on September 04, 2012, and was once again reminded to report to TASC to drop a UA.

Please be advised Mr. King has not returned this officer's call and has not made any efforts to provide this officer with any backup as to why he is not reporting to TASC and or why he is traveling to the Wild Horse Pass Casino after his curfew hours.

Please be advised PSA respectfully request Mr. King's conditions of release be revoked and other release conditions be provided.

If you have any questions or concerns, please feel free to contact me at (602) 619-1944.

Attachments

XC: Tom M. Timmer., Defense Counsel
For Assignment, Deputy County Attorney



WILLIAM G. MONTGOMERY
MARICOPA COUNTY ATTORNEY

Bar ID#: 021246
301 West Jefferson, Suite 800
Telephone: (602) 506-3411

MCAO Firm # 000320000
Attorney for Plaintiff

MICHAEL K. JEANES, CLERK
BY *M. Casral* DEP
FILED

12 SEP 24 PM 12:58

DR12000997-Peoria Police Department
CA2012020604

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

COUNTY OF MARICOPA

THE STATE OF ARIZONA

Plaintiff,

vs.

JUSTIN R KING

Defendant

CR 2012 - 127581-001

INFORMATION

COUNT 1: POSSESSION OR USE OF NARCOTIC
DRUGS, A CLASS 4 FELONY

COUNT 2: POSSESSION OF DRUG
PARAPHERNALIA, A CLASS 6 FELONY

COUNT 3: POSSESSION OR USE OF
DANGEROUS DRUGS, A CLASS 4 FELONY

The Maricopa County Attorney accuses JUSTIN R KING, on this date, charging that in Maricopa
County, Arizona:

COUNT 1:

JUSTIN R KING, on or about the 22nd day of January, 2012, knowingly possessed or used
heroin, a narcotic drug, in violation of A.R.S. §§ 13-3401, 13-3408, 13-3418, 13-701, 13-702, and
13-801.

INF



COUNT 2:

JUSTIN R KING, on or about the 22nd day of January, 2012, unlawfully used or possessed with intent to use a SYRINGE, drug paraphernalia, to inject, ingest, inhale, or otherwise introduce into the human body heroin, a narcotic drug, in violation of A.R.S. §§ 13-3401, 13-3408, 13-3415, 13-3418, 13-701, 13-702, and 13-801.

COUNT 3:


JUSTIN R KING, on or about the 22nd day of January, 2012, knowingly possessed or used Methamphetamine, a dangerous drug, in violation of A.R.S. §§ 13-3401, 13-3407, 13-3418, 13-701, 13-702, and 13-801.

Dated

this 24th day of September 2012

/s/ WILLIAM G. MONTGOMERY
MARICOPA COUNTY ATTORNEY

BY:

/s/ 
Deputy County Attorney for
Maricopa County Attorney William G. Montgomery

JKM/red

WILLIAM G MONTGOMERY
MARICOPA COUNTY ATTORNEY

N. Victor Cook
Deputy County Attorney
Bar Id #: 004500
301 West Jefferson, 8th Floor
Phoenix, AZ 85003
Telephone: (602) 506-1145
Mcaoctd@mcao.Maricopa.Gov
MCAO Firm #: 00032000
Attorney for Plaintiff

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF MARICOPA

THE STATE OF ARIZONA,)	
)	
Plaintiff,)	
)	
vs.)	
)	
JUSTIN R KING,	)	CR2012-127581-001
)	
Defendant.	)	STATE'S ALLEGATION OF AGGRAVATING
	)	CIRCUMSTANCES OTHER THAN PRIOR
	)	CONVICTIONS
)	
	)	(Assigned to the Honorable
	)	Patricia Starr, Div. Cmc05-Mc Commissioner)

As a courtesy, the State of Arizona gives notice of the following A.R.S. § 13-701 aggravating circumstances. Any additional aggravating circumstances may be noticed in as they become known to the State.

- The defendant has prior felony and/or misdemeanor convictions.
- The defendant has a prior conviction for a similar offense or has another similar offense pending.
- There is a need to deter future conduct in this case which involved a serious offense.
- There is a need for deterrence with this defendant who has a lengthy criminal history.

Finally, if the jury convicts the defendant of multiple felony counts or the defendant has felony convictions that are not within the ten years immediately preceding the date of the offense, the State alleges these multiple convictions as an aggravating circumstance.

Submitted October __, 2012.

WILLIAM G MONTGOMERY
MARICOPA COUNTY ATTORNEY

BY: /s/
/s/ N. Victor Cook
Deputy County Attorney

Copy mailed\delivered
October __, 2012,
to:

The Honorable Patricia Starr
Judge of the Superior Court

Beth Alexander
Public Defender
620 W Jackson
Phoenix, AZ 85036
Attorney For Defendant

BY: /s/
/s/ N. Victor Cook
Deputy County Attorney

WILLIAM G MONTGOMERY
MARICOPA COUNTY ATTORNEY

N. Victor Cook
Deputy County Attorney
Bar Id #: 004500
301 West Jefferson, 8th Floor
Phoenix, AZ 85003
Telephone: (602) 506-1145
Mcaoctd@mcao.Maricopa.Gov
MCAO Firm #: 00032000
Attorney for Plaintiff

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF MARICOPA

THE STATE OF ARIZONA,)	
)	
Plaintiff,)	
)	
vs.)	
)	
JUSTIN R KING,	)	CR2012-127581-001
)	
Defendant.	)	STATE'S ALLEGATION OF
	)	HISTORICAL PRIORS
)	
	)	(Assigned to the Honorable
	)	Patricia Starr, Div. Cmc05-Mc Commissioner)

The State of Arizona, by and through undersigned counsel, pursuant to A.R.S. § 13-703 or § 13-704 if dangerous offenses, and Rule 13.5, Arizona Rules of Criminal Procedure, amends the Information in CR 2012-127581001 to allege the following historical non-dangerous felony convictions:

On 2/7/00, Defendant committed the crime of VUSA - Manufacture/Deliver/Possession with Intent, a felony, and Defendant was convicted for that crime on 8/31/00, such conviction arising in the Superior Court of Skagit County, State of Washington, in Cause Number #33773.

On 2/7/00, Defendant committed the crime of Money Laundering, a felony, and Defendant was convicted for that crime on 8/31/00, such conviction arising in the Superior Court of Skagit County, State of Washington, in Cause Number #33773.

On 12/23/99, Defendant committed the crime of Assault, a felony, and Defendant was convicted for that crime on 4/4/00, such conviction arising in the Superior Court of Snohomish County, State of Washington, in Cause Number #135954.

Submitted October __, 2012.

WILLIAM G MONTGOMERY
MARICOPA COUNTY ATTORNEY

BY: /s/
/s/ N. Victor Cook
Deputy County Attorney

Copy mailed\delivered
October __, 2012,
to:

The Honorable Patricia Starr
Judge of the Superior Court

Beth Alexander
Public Defender
620 W Jackson
Phoenix, AZ 85036
Attorney For Defendant

BY: /s/
/s/ N. Victor Cook
Deputy County Attorney

WILLIAM G MONTGOMERY
MARICOPA COUNTY ATTORNEY

N. Victor Cook
Deputy County Attorney
Bar Id #: 004500
301 West Jefferson, 8th Floor
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Telephone: (602) 506-1145
Mcaoctd@mcao.Maricopa.Gov
MCAO Firm #: 00032000
Attorney for Plaintiff

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF MARICOPA

THE STATE OF ARIZONA,)	
)	
Plaintiff,)	
)	
vs.)	
)	
JUSTIN R KING,	)	CR2012-127581-001
)	
Defendant.	)	STATE'S NOTICE OF DISCLOSURE AND
	)	REQUEST FOR DISCLOSURE
)	
	)	(Assigned to the Honorable
	)	Patricia Starr, Div. Cmc05-Mc Commissioner)
)	

The State of Arizona, by and through undersigned counsel, hereby gives notice of disclosure pursuant to Rule 15.1, Arizona Rules of Criminal Procedure, and requests disclosure pursuant to Rule 15.2.

Rule 15.1(b) Witnesses

The State may call the following witnesses in the case in chief or as rebuttal witnesses:

Agency

•	Off Mike Smith	8586	Peoria Police Department
	Off Jeffrey Hite	6623	Peoria Police Department
	Off. Justin Koerner	9014	Peoria Police Department
	Off Kelly Angelone	7239	AZ DPS Police Department

Expert Witnesses

• None.

Civilians

The addresses of victims have been withheld pursuant to Rule 39(10).

- None.

Other Witnesses

1. Any custodian of records for any disclosed item or document.
2. Any witness from the defense disclosure.
3. Any individual named or referred to in the preliminary hearing transcript, grand jury transcript, police report, or other State's disclosure.
4. See police report.

Rule 15.1(b) Evidence

The State may introduce into evidence:

Crime/Crime Scene Evidence

1. Pictures, reproductions, PowerPoint presentations, charts or diagrams of the crime, crime scene, or any damage or injuries that were a result of the crime.
2. All physical evidence taken from the defendant.
3. Any fingerprints, footprints, hairs, fibers, blood, bodily fluids, chemicals or other forensic evidence found as a result of the investigation of the crime and their analyses.
4. All physical evidence taken as a result of medical exams and the analysis of that evidence.
5. Any weapons, bullets, or bullet fragments and related ballistic or forensic examinations.
6. Any theft or burglary tools, including but not limited to: See police report.
7. Lab analysis.

Identification Evidence

1. Any arrest/booking report or photograph of the defendant related to the charged offenses.
2. MVD records, prior conviction records or other records demonstrating a prior identification of the defendant.
3. Any photographic line-ups.
4. Any DNA and related examinations or statistical analyses.

5. See police report.

Victim Evidence

1. Photographs of the victim.
2. All medical records of the victims, if relevant to the crime charged.
3. All statements made by witnesses for purposes of medical diagnosis or treatment, if relevant or applicable.
4. C.P.S records.
5. All evidence from a sexual assault evidence kit, including but not limited to physical or forensic evidence, and any statements made as a result of the kit.
6. See police report.

Document Evidence

1. Any written instruments including but not limited to: checks, receipts, applications for credit, accounts, or check-cashing services.
2. Any computer or account access devices, including but not limited to: credit cards, debit cards, passwords, account numbers, password generators.
3. Any forgery devices, including but not limited to: computer software, check blanks, drivers license blanks, social security card blanks, laminator.
4. Samples of handwriting and related analyses.
5. Bank account records, credit account records, or other receipts or transaction records, including but not limited to: See police report.

Drug Evidence

1. Illegal drugs and related laboratory analyses.
2. Packaging materials, including but not limited to: See police report.
3. Ingestion materials, including but not limited to: See police report.
4. Any drug ledger or other records of sales.
5. Any scales or other measuring devices.
6. Any rental agreement, deed, mail, receipt, or other indicia of residence, leasehold, or ownership.
7. Any pagers, cell phones, or records of communications by pager or cell phone.
8. Search warrant.
9. Any drug manufacturing materials, including but not limited to: See police report.

10. Money.
11. See police report.

Other Evidence

1. Any statements of the defendant or of any co-conspirators mentioned or contained in the police reports or other disclosed materials.
2. Any writing or recording of the defendant or witnesses.
3. Any object, representation of an object, thing, or document referred to in the defense disclosure or disclosed by the defense or used or referred to at trial by the defense.
4. Any grand jury, preliminary hearing, or deposition transcript.
5. Any object, representation of an object, thing, or document referred to in the preliminary hearing transcript, grand jury transcript, police report, or in any of the State's disclosure, including but not limited to:
 - a. All evidence arising out of the Peoria Police DR#0112000997 and AZ DPS DR 2012704060 and any supplements.
6. See police report.

Rule 15.1(b) Notices

1. Any other witnesses or evidence will be disclosed seasonably according to Rule 15.6.
2. The State has no obligation to provide witness telephone numbers. The only witness telephone numbers to be disclosed are those that are already included in police reports or other disclosure materials.
3. All of the listed witnesses' existing relevant written statements have already been provided in the police reports or are provided with this notice. Any other statement of a witness that any witness may remember may be obtained through witness interviews.
4. All existing written statements of the Defendant have already been provided in the police reports or are provided with this notice. Any other statement of the defendant that any witness may remember may be obtained through witness interviews.
5. Audio, video, or digitally recorded statements or images are available for review, and copies of such recorded statements or images will be provided upon request after sufficient arrangements are made, including providing blank tapes or compact disks and paying any reasonable costs associated with making copies.

6. Any exhibit presented to the grand jury has already been disclosed to the defense except insofar as disclosure may be prohibited by A.R.S. § 13-2812 or any other statute or rule. The State cannot identify for disclosure exhibits that were not admitted or presented to the grand jury.
7. Defense counsel shall be responsible for recording any witness statement made at an interview of the witness.
8. Experts to be called as witnesses in this case are listed in the witness list. The names and addresses of experts along with completed results of physical examinations, scientific tests, experiments, or comparisons have already been provided, are provided with this notice, or will be provided upon completion.
9. Any police officer listed above may be called as an expert witness with respect to an area within the officer's training and experience, including expert knowledge of illegal drugs, their possession or sale, useable amounts, or any other topic.
10. Any criminalist, fingerprint analyst, identification technician, or other similar witness will be called as an expert in his/her respective field.
11. If a witness becomes unavailable pursuant to Rule 804(a), Arizona Rules of Evidence, the State will attempt to introduce prior statements under Rules 803(24) and 804(b)(5).
12. Unless otherwise indicated, the State wishes to be present during the interviews of all potential State's witnesses. The State's witnesses will be made available for defense interviews, except those who testified at a preliminary hearing or juvenile transfer hearing.
13. There was no electronic surveillance. There was no search warrant. There was no informant whose existence the defendant is entitled to know under Rule 15.4(b)(2).
14. All existing original and supplemental reports prepared by a law enforcement agency in connection with this case have already been provided or are provided with this notice.
15. The State is unaware of any existing material or information, unknown to the defense, that would tend to mitigate the defendant's guilt or punishment. Pursuant to *Kyles v. Whitley*, 514 U.S. 419, 437-438, 115 S. ct. 1555, 1567-1568 (1995), the State will review any evidence in its possession, determine if any of it is exculpatory, and, if so, turn such evidence over to the defense. However, the State has no obligation to learn of existing exculpatory evidence. *Id.*

Rule 15.1(d) Prior Felony Convictions

1. The State intends to use at trial any prior felony convictions of the defendant or defense witness for impeachment purposes pursuant to Rule 609, Arizona Rules of Evidence. Furthermore, the State intends to use defendant's prior felony convictions as aggravating circumstances pursuant to A.R.S. § 13-701 and for sentence enhancement under §13-703 and §13-704.
2. The State has provided a list of the defendant's prior felony convictions in a separate allegation.
3. The State will provide a list of prior felony convictions of witnesses the state intends to impeach or call at trial thirty days before trial or thirty days after a request. The State cannot provide a list of felony convictions for defense witnesses without an accurate name, date of birth, and social security number for each defense witness.
4. The following witnesses may be called, and the following exhibits may be used to prove any prior conviction(s):
 - a. A fingerprint technician/analyst.
 - b. The fingerprints of the defendant.
 - c. The original court files on the priors.
 - d. The custodian of the original court files.
 - e. The defendant's defense attorney on the prior(s).
 - f. The arresting officers on the prior offenses.
 - g. Any present/past Adult Probation Officers or Parole Officers of the Defendant.
 - h. Any probation/parole files on the prior(s).
 - i. Any booking photographs on the prior(s).
 - j. Any prior fingerprints taken of the defendant.
 - k. Any certified copies.
 - l. Any "pen packs" from a State/Federal Prison/Penitentiary.
 - m. Department of Corrections records custodian.
 - n. MCSO Detention Officers.
 - o. MCSO Custodian of Records.

- p. MCSO Booking Records/ Booking Photo(s).

Other Evidence Upon Request

1. The State will make recordings of existing 911 calls available to defense after a written request by providing an authorization form to be presented to the appropriate custodian of record.
2. Examination notes made by experts listed in Rule 15.1(b)(1) and 15.1(b)(4) shall be provided within thirty days of a written request.
3. All requests to examine or scientifically test items of evidence must be in writing.

Evidence of Other Acts

Pursuant to Rule 404(b), Arizona Rules of Evidence, the State intends to use evidence of other crimes, wrongs, or acts to prove motive, opportunity, intent, preparation, plan, knowledge, identity, or absence of mistake or accident, or for any other relevant purpose and for impeachment purposes that is not otherwise contained in the police reports. It is the State's position that any acts mentioned in the police reports are intrinsic to the charged crimes and evidence of such are admissible separate and apart from the provisions of Rule 404(b). If matters contained in the police reports are deemed evidence of other crimes, wrongs, or acts the State gives notice that it may use such evidence pursuant to Rule 404(b). The State will provide notice of specific acts not contained in the police reports and the witnesses it intends to call at trial in a separate notice.

State's Request for Disclosure

1. The State requests a list of all papers, documents, photographs, and other tangible objects that the defendant intends to use at trial.
2. The State requests any completed written reports, statements and examination notes made by experts the defense intends to call at trial.
3. The State requests copies of any recorded statements made during interviews conducted without the presence of a Deputy County Attorney.
4. The State requests, pursuant to Rule 15.2(a)(3) and (4), that defendant submit to being fingerprinted, palm-printed, foot-printed or photographed at any scheduled court hearing.

Submitted October _____, 2012.

WILLIAM G MONTGOMERY
MARICOPA COUNTY ATTORNEY

BY: /s/
/s/ N. Victor Cook
Deputy County Attorney

Copy mailed\delivered
October _____, 2012,
to:

The Honorable Patricia Starr
Judge of the Superior Court

Beth Alexander
Public Defender
620 W Jackson
Phoenix, AZ 85036
Attorney For Defendant

BY: /s/
/s/ N. Victor Cook
Deputy County Attorney

Michael K. Jeanes, Clerk of Court
*** Electronically Filed ***
11/07/2012 8:00 AM

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

CR2012-127581-001 DT

11/05/2012

COMMISSIONER PATRICIA ANN STARR

CLERK OF THE COURT
L. Martinez
Deputy

STATE OF ARIZONA

N VICTOR COOK

v.

JUSTIN R KING (001)

BETH ALEXANDER

JUDGE GENTRY-LEWIS
MASTER CALENDAR UNIT

INITIAL PRETRIAL CONFERENCE

9:29 a.m.

Courtroom 1004

State's Attorney:	Jessica Gattus
Defendant's Attorney:	Kindra Helferich
Defendant:	Present

A record of the proceedings is made by audio and/or videotape in lieu of a court reporter.

The Court has conducted an initial pretrial conference (IPTC) this date.

Based upon the avowals made to the Court by the parties, the Court finds/orders as follows:

The Court finds that the State did comply with Rule 15.1(a) as previously ordered by the Court.

Docket Code 194

Form R194-MC

Page 1

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

CR2012-127581-001 DT

11/05/2012

The State has complied with all discovery.

The Defense has complied with all discovery under Rule 15.2(b).

IT IS FURTHER ORDERED that the State and the Defendant shall comply with Rule 15.1(e) and Rule 15.2(e) within 25 days of the IPTC.

Any request to extend the deadline set this date must be done pursuant to Rule 15.6(d). Failure to request an extension may result in the preclusion of the evidence.

IT IS ORDERED directing counsel to set up and participate in a settlement conference prior to the plea cut off date or the comprehensive pretrial conference, whichever is the earliest date.

IT IS FURTHER ORDERED that pursuant to Rule 17.4(a) that counsel with authority to settle the case shall participate in a good faith discussion with the settlement court regarding a non-jury or no-trial resolution which conforms to the interests of justice.

IT IS FURTHER ORDERED that counsel for Defendant shall conduct a conflicts check for all witnesses listed by the State, and if necessary counsel for Defendant shall file a Motion to Withdraw.

IT IS ORDERED setting a Comprehensive Pretrial Conference for 12/04/2012 at 8:15 a.m. before this division.

COMPREHENSIVE PRETRIAL CONFERENCE:

IT IS ORDERED that the attorneys for both the State and Defense be prepared to provide the court with the following information at the Comprehensive Pretrial Conference (CPTC):

A. The status of plea negotiations. This includes whether or not the State has tendered an offer; if so, when it expires; the results of the settlement conference; and whether or not a Donald advisement is required.

B. The status of disclosure by both the State and Defense. This includes what discovery has been disclosed and what discovery still needs to be disclosed. If any discovery is left undisclosed, it is required that all parties comply with Rule 15.6 and provide appropriate affidavits.

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

CR2012-127581-001 DT

11/05/2012

- C. The number of days required for trial.
- D. The number of witnesses to be used at trial, including any out of town witnesses. And the number of expert witnesses to be used at trial.
- E. The status of interviews. This includes how many interviews have been conducted and how many are left to complete. This includes whether or not any depositions are going to be required. If depositions are required, it is ordered that the party file a motion requesting same no later than two days before the CPTC date.
- F. Whether or not an interpreter is going to be required for either a witness or the defendant or both.
- G. The number of jurors required for trial along with the recommended number of alternates.
- H. Whether or not the State is requesting an aggravating factors trial to the jury.
- I. Any special jury instructions.
- J. Whether or not either party is requesting a lesser-included offense.
- K. Whether or not there are any anticipated substantive motions to be filed by either party.
- L. Whether or not there are any motions in limine anticipated.

MOTIONS IN LIMINE:

Any motions in limine shall be filed thirty (30) days before Final Trial Management Conference (FTMC) and such motions must meet the test of State v. Superior Court, 108 Ariz. 396, 397, 499 P.2d 152 (1972): "The primary purpose of a motion in limine is to avoid disclosing to the jury prejudicial matters which may compel a mistrial." See also, Ariz. Rules of Evidence, Rule 103(c). A written response to a motion in limine may be filed no later than ten (10) days thereafter. The Court will rule on the motions in limine without oral argument. If the Court wishes to hear argument, the argument will be heard at the morning of FTMC.

PRETRIAL MOTIONS:

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

CR2012-127581-001 DT

11/05/2012

All pretrial motions must be filed in writing twenty (20) days before the FTMC. All motions must comply with Rule 35.1 including setting forth a sufficient factual basis for the motion. Failure to file a sufficient motion may result in the motion being denied without evidentiary hearing. See: Rule 16.1[c] Rule 16.2[b]; State v. Anaya 170 Ariz. 436, 443 (1997); State v. Wilson 164 Ariz. 406, 407 (1990) and State v. Alvarado 121 Ariz. 485, 487 (1979).

For master calendar cases, a copy of all pretrial motions shall be submitted to this division for proper routing. For all other cases, a copy of all pretrial motions shall be submitted to the assigned trial judge.

IT IS ORDERED setting the Final Trial Management Conference (FTMC) for 02/13/2013 at 8:30 a.m. before Judge Gentry-Lewis.

IT IS ORDERED setting the Firm Trial Date for 02/20/2013 at 8:00 a.m. before the Master Calendar Assignment Judge located in Courtroom 5B in the South Court Tower.

Last Day: 03/19/2013 (0 DAYS EXCLUDED)

A DEFENDANT'S FAILURE TO APPEAR AT THE COMPREHENSIVE PRETRIAL CONFERENCE, THE FINAL TRIAL MANAGEMENT CONFERENCE OR THE TRIAL MAY RESULT IN A BENCH WARRANT BEING ISSUED FOR HIS OR HER ARREST AND THE CPTC AND TRIAL BEING CONDUCTED IN THE DEFENDANT'S ABSENCE.

THE TRIAL DATE SHALL NOT BE CONTINUED UNLESS A WRITTEN MOTION TO CONTINUE IS FILED WITH THE MASTER CALENDAR ASSIGNMENT JUDGE AT LEAST 5 DAYS BEFORE THE TRIAL. A CONTINUANCE WILL NOT BE GRANTED UNLESS THE MOTION SHOWS THAT EXTRAORDINARY CIRCUMSTANCES EXIST. (Rule 8.5, Rules of Criminal Procedure and guidelines thereto.)

Defendants seeking reconsideration rulings of the Court on a Motion to Modify Release conditions or a Motion for Rule 11, said motion shall be done by a Motion for Reconsideration. All Motions for Reconsideration, however denominated, shall be submitted without oral argument or without response or reply. No Motion for Reconsideration shall be granted without the Court granting an opportunity for a Response.

IT IS FURTHER ORDERED affirming prior release orders.

9:30 a.m. Matter concludes.

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

CR2012-127581-001 DT

11/05/2012

NOTICE: IF AN INTERPRETER IS NEEDED FOR A VICTIM OR A WITNESS FOR ANY HEARING, IT IS THE RESPONSIBILITY OF COUNSEL TO NOTIFY THE COURT BEFORE WHICH THE HEARING IS SCHEDULED 48 HOURS IN ADVANCE OF THE HEARING. (TEN BUSINESS DAYS FOR ANY LANGUAGE OTHER THAN SPANISH).

12/31/12 FILED 9:27am
MICHAEL K. JEANES, Clerk

Comprehensive Pretrial Conference Statement

By L. Martinez
L. Martinez, Deputy

State v. Justin King
CR 2012-127581-001

A. Status of Plea Negotiations:

1. An offer was made: X not made:
2. The offer expires on: 12/21/12
3. A settlement conference was held: was not held: X
4. A Donald advisement was made: not made: X

B. Status of Disclosure:

1. Disclosure is complete: X not complete:
2. The following is required to be completed:

C. Number of Days for Trial: 2-3

D. Number of Witnesses to be used at Trial (both sides): 3-5

1. Number of out of State Witnesses: 0
2. Number of Expert Witnesses: 0

E. Status of Interviews:

1. Number of interviews completed: 0
2. Number of interviews left to be completed: All
3. Number of depositions required: UNK

F. Status of Interpreter:

1. An interpreter is: is not: X required for trial.
2. An interpreter is need to assist: Language:

G. Number of jurors required for trial is: 8. Number of requested alternate jurors is: 2

H. Is the state requesting an aggravating factors trial to the jury: Yes X No:

I. Counsel has: has not: X submitted a request for special jury instructions.

J. Counsel has: has not: X requested a lesser-included offense.

K. A substantive motion is: is not: X anticipated to be filed by either side.

L. A motion in limine is: X is not: X anticipated to be filed by either side.

Bernie Oliver
Defense Attorney

Sob. J.
Prosecuting Attorney

12/3/12
Date

11/30/12
Date

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

CR2012-127581-001 DT

12/03/2012

COMMISSIONER PATRICIA ANN STARR

CLERK OF THE COURT
L. Martinez
Deputy

STATE OF ARIZONA

THOMAS BAILEY

v.

JUSTIN R KING (001)

BETH ALEXANDER

COMPREHENSIVE PRETRIAL CONFERENCE/TRIAL ORDERS

9:24 a.m.

Courtroom 1004

State's Attorney:	Jessica Gattuso
Defendant's Attorney:	Beth Alexander
Defendant:	Present

A record of the proceedings is made by audio and/or videotape in lieu of a court reporter.

This is the time set for Comprehensive Pretrial Conference.

Status of the case is discussed.

Comprehensive Pretrial Statement:

A. Status of Case: A plea offer was made. The offer expires on 12/21/2012. A settlement conference was not held. A Donald advisement was not made.

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

CR2012-127581-001 DT

12/03/2012

- B. Status of Disclosure: Disclosure is completed.
- C. The number of days for trial is expected to be 2-3.
- D. The number of witnesses (combined for both sides) is expected to be 3-5. The number of out of state witnesses is expected to be 0. The number of expert witnesses is expected to be 0.
- E. Status of the interviews: The number of interviews completed is 0. The number of interviews left to complete is all. The number of depositions required is 0.
- F. An interpreter is not required for this trial.
- G. The number of jurors required for this trial is 8. The number of requested alternates is 2.
- H. The State is requesting an aggravating factors trial to the jury.
- I. Counsel has not submitted special jury instructions.
- J. Counsel has not requested a lesser-included offense.
- K. A substantive motion is not anticipated by one or more of the parties.
- L. A motion in limine is anticipated by one or more of the parties.

IT IS ORDERED setting Status Conference on 01/16/2013 at 8:15 a.m. before this division.

IT IS FURTHER ORDERED affirming Final Trial Management Conference (FTMC) on 02/13/2013 at 8:30 a.m. before Judge Gentry-Lewis.

IT IS FURTHER ORDERED affirming the Firm Trial Date of 02/20/2013 at 8:00 a.m. before the Master Calendar Assignment Judge in Courtroom 5B in the South Court Tower. All subpoenaed witnesses are to report to Courtroom 5B in the South Court Tower for trial and will be directed to the trial court from there.

IT IS FURTHER ORDERED that the Joint Pretrial Statement (JPTS) is due in the case management division by 5:00 p.m., five (5) judicial days before the FTMC.

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

CR2012-127581-001 DT

12/03/2012

IT IS FURTHER ORDERED with the JPTS, Counsel shall deliver to the case management division, copies of the following:

A. A jointly-completed time and witness estimate list. The Court will use the list to predict the length of the trial for the jurors and to direct Counsel to follow the trial time limits established. Any time limitation set will be reasonable presumptive limits subject to modification upon a showing of good cause.

B. A joint set of agreed upon preliminary and final jury instructions, including Preliminary Criminal RAJI or standard RAJI.

C. Separate sets of requested instructions that have not been agreed upon. Please read *Rosen v. Knaub*, 175 Ariz. 329, 857 P.2d 381 (1993).

D. Proposed Voir Dire questions which the Court will give. In jury trial cases the parties shall jointly prepare a brief summary of the case which the Court will read to the jury at the commencement of voir dire.

E. Any juror notebooks. The Court encourages use of juror notebooks in appropriate cases. Stipulating the contents into evidence is necessary. Key exhibits may be included, along with diagrams, photographs, and timelines.

IT IS FURTHER ORDERED that any disclosure and/or discovery shall be completed no later than seven (7) days prior to trial. Any party seeking further disclosure and/or discovery after the discovery deadline shall seek leave of the Court by motion supported by affidavit to extend the time for disclosure and/or discovery. Parties may extend the deadline by written stipulation which waives any objections to the late disclosure and/or discovery.

MOTIONS IN LIMINE

Any motions in limine shall be filed thirty (30) days before the FTMC and such motions must meet the test of *State v. Superior Court*, 108 Ariz. 396, 397, 499 P.2d 152 (1972): "The primary purpose of a motion in limine is to avoid disclosing to the jury prejudicial matters which may compel a mistrial." See also, Ariz. Rules of Evidence, Rule 103(c). A written response to a motion in limine may be filed no later than ten (10) days thereafter. The Court will rule on the motions in limine without oral argument. If the Court wishes to hear argument, the argument will be heard at the morning of the FTMC.

PRETRIAL MOTIONS

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

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12/03/2012

All pretrial motions must be filed in writing twenty (20) days before the FTMC. All motions must comply with Rule 35.1 including setting forth a sufficient factual basis for the motion. Failure to file a sufficient motion may result in the motion being denied without evidentiary hearing. See: Rule 16.1[c] Rule 16.2 [b]; State v. Anaya 170 Ariz. 436, 443 (1991); State v. Wilson 164 Ariz. 406, 407 (1990) and State v. Alvarado 121 Ariz. 485, 487 (1979).

All pretrial motions shall be filed with this division.

MARKING EXHIBITS

On the day of trial, immediately after receiving notification of the assigned trial judge, the trial lawyers or their knowledgeable assistants shall appear in the assigned trial division to present all exhibits. The exhibits shall be marked serially as they are listed in the LIST OF EXHIBITS which will be prepared by counsel and downloaded onto a disk which should be given to the clerk.

The parties shall advise the division, referring specifically to the pretrial statement, which exhibits may be marked directly in evidence. All exhibits shall be clearly marked to correspond with the list provided. Counsel is directed to meet in person to exchange the exhibits before coming to court. Counsel will make sure that they do not bring to the clerk a set of exhibits that include duplicate exhibits. Written stipulations to admit specified exhibits in evidence are encouraged.

The Court assigned for trial will hear and rule upon objections at the time of trial. The rulings will be stated on the record, using exhibit numbers. All objections to known exhibits and witnesses must be made before or during the conference with the trial judge or will be deemed to have been waived.

The Court will hear and rule upon objections at the FTMC. The rulings will be stated on the record, using exhibit numbers. All objections to known exhibits and witnesses must be made before or during the FTMC or will be deemed to have been waived.

IT IS FURTHER ORDERED that counsel, at the FTMC, shall be prepared to discuss:

A. Time limits in voir dire, opening statements, examination of witnesses and closing arguments.

B. Stipulations for the foundation and authenticity of exhibits.

SUPERIOR COURT OF ARIZONA
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12/03/2012

C. Jury instructions (preliminary and final), juror notebooks (Counsel shall bring any proposed jury notebooks to the conference), mini-opening statements and voir dire.

D. Any special scheduling or equipment issues.

E. Status of settlement of the case.

EXPEDITED DISCOVERY

If there are any issues as to the disclosure required under Rule 15, the parties shall attempt to resolve the issue under Rule 15.7 (b). After personal consultation, the party seeking relief shall file a written motion setting forth the issue and requested relief. This motion, the opposing parties' response, and any reply shall be filed with this division.

All parties shall comply with Rule 15 disclosure orders. Failure to comply could result in sanctions which could include preclusion of witnesses, monetary fines, or any other sanction which is deemed appropriate.

FAILURE TO APPEAR

A defendant's failure to appear at any final trial management conference, trial, evidentiary hearing, or any hearing set before the court may result in a bench warrant being issued for his or her arrest and the FTMC, trial, evidentiary hearing or any hearing set before the court may be conducted in the defendant's absence.

CONTINUANCE OF TRIAL

The trial date shall not be continued unless a written motion to continue is filed at least five days before trial. A continuance will not be granted unless the motion shows that extraordinary circumstances exist. (Rule 8.5, Rules of Criminal Procedure and guidelines thereto).

INTERPRETER

It is the responsibility of counsel to notify the court before which a hearing will be held 48 hours in advance of any hearing needing an interpreter for a victim or witness (10 business days for any language other than Spanish).

IT IS FURTHER ORDERED affirming prior custody orders.

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

CR2012-127581-001 DT

12/03/2012

LAST DAY: 03/19/2013.

9:26 a.m. Matter concludes.

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF MARICOPA

THE STATE OF ARIZONA,

Plaintiff,

vs.

JUSTIN R KING,

DOB: 2/18/1980

Booking #: P887324

Defendant.

CR2012-127581-001

PLEA AGREEMENT

2/19/13 FILED
MICHAEL K. JEANES, Clerk
By L. Martinez
L. Martinez, Deputy

The State of Arizona and the Defendant hereby agree to the following disposition of this case:

Plea: The Defendant agrees to plead **GUILTY** to:

Count 1: POSSESSION OF NARCOTIC DRUGS, A CLASS 4 FELONY (JUSTIN R KING) in violation of A.R.S. §§ 13-3401, 13-3408, 13-3416, 13-3418, 13-610, 13-701, 13-702, 13-801 and 13-901.01(H) committed on 1/22/2012.

This is a **non-dangerous, non-repetitive** offense under the criminal code.

THIS OFFER EXPIRES AND IS VOID IF NOT ENTERED IN COURT BY First Assigned CPTC Date (regardless of MTCs).

Terms: On the following understandings, terms and conditions:

1 The crime carries a presumptive sentence of 2.5 years; a minimum sentence of 1.5 years; a mitigated sentence of 1.0 years; a maximum sentence of 3.0 years; and an aggravated sentence of 3.75 years. Probation is available. Restitution of economic loss to the victim and waiver of extradition for probation revocation procedures are required. The maximum fine that can be imposed is \$150,000.00 plus an 83% surcharge plus \$20.00 pursuant to A.R.S. 12-269 plus a \$13.00 assessment pursuant to A.R.S. § 12-116.04. If the Defendant is sentenced to prison, the Defendant shall also be sentenced to serve a term of community supervision equal to one-seventh of the prison term to be served consecutively to the actual period of imprisonment. If the Defendant fails to abide by the conditions of community supervision, the Defendant can be required to serve the remaining term of community supervision in prison. Within 30 days of being sentenced, pursuant to A.R.S. 13-610, the defendant shall provide a sufficient sample of blood or other bodily substance for deoxyribonucleic acid (DNA) testing and extraction to be used for law enforcement identification purposes and/or for use in a criminal prosecution and/or for use in a proceeding under title 36, chapter 37. Special conditions regarding the sentence imposed by statute (if any) are: **Pursuant to A.R.S. §13-3408, Defendant shall pay a minimum fine of \$2,000 or three times the value of the drug, whichever is greater, plus surcharge. If granted probation, Defendant shall perform 360 hours of community service.**

2. The parties stipulate to the following additional terms, subject to court approval at the time of sentencing as set forth in paragraph 7: **Defendant shall be placed on supervised probation. Defendant shall serve 6 months jail with early release available upon successful completion of the ALPHA program concurrent with Maricopa County CR 2012-156236-002. The Defendant shall pay a fine in the amount of \$2,000.00 plus 83% surcharge for a total of \$2496. This plea is contingent upon Defendant's entry into, and the Court's acceptance of, a plea agreement with the State in Maricopa County Superior Court Cause No. CR 2012-127581-001. The State shall be permitted to revoke and/or withdraw from this plea agreement if Defendant does not enter into, or either party is permitted to withdraw from, or the Court rejects, a plea agreement with the State in CR 2012-127581-001.**

3. The following charges are dismissed, or if not yet filed, shall not be brought against the Defendant by the Maricopa County Attorney's Office: **Counts 2 and 3.**

4. This agreement serves to amend the complaint, indictment, or information, to charge the offense to which the Defendant pleads, without the filing of any additional pleading. However, if the plea is rejected by the court or withdrawn by either party, or if the conviction is subsequently reversed, the original charges and any charges that are dismissed by reason of this plea agreement are automatically reinstated.

5. If the Defendant is charged with a felony, he hereby waives and gives up his rights to a preliminary hearing or other probable cause determination on the charges to which he pleads. The Defendant agrees that this agreement shall not be binding on the State should the Defendant be charged with or commit a crime between the time of this agreement and the time for sentencing in this cause; nor shall this agreement be binding on the State until the State confirms all representations made by the Defendant and his attorney, to-wit: **Defendant avows that in any jurisdiction under any name : (1) He has NO MORE THAN 2 prior adult felony convictions; (2) He has NO MORE THAN 2 prior drug, drug related or drug paraphernalia convictions; (3) He WAS NOT on adult felony probation, parole, or community supervision; and (4) He has NO pending felony charges in any jurisdiction under any name except Maricopa County CR 2012-156236-002. On August 31, 2000 Defendant was convicted in Skagit County Court, Cause Number 33773, for committing Violation of Uniform Substance Control Act on February 7, 2000. Defendant was represented by counsel. On October 28, 2008, Defendant was convicted in San Francisco County Court, Cause Number 152056A, for committing Possession of Controlled Substance without a Prescription on October 21, 2008. Defendant was represented by counsel.** If the Defendant fails to appear for sentencing, the court may disregard the stipulated sentence and impose any lawful sentence which is the same as or exceeds the stipulated sentence in the plea agreement. In the event the court rejects the plea, or either the State or the Defendant withdraws the plea, the Defendant hereby waives and gives up his right to a preliminary hearing or other probable cause determination on the original charges.

PRIOR FELONY CONVICTIONS

- On December 23, 1999 the defendant committed Assault, a felony offense, in Snohomish County, Washington, and was found guilty on April 4, 2004.
- On February 7, 2000 the defendant committed (1) Possession of Marijuana with Intent to Deliver, a felony offense; (2) Money Laundering, a felony offense, in Skagit County, Washington, and was found guilty on August 31, 2000.

6. Unless this plea is rejected by the court or withdrawn by either party, the Defendant hereby waives and gives up any and all motions, defenses, objections, or requests which he has made or raised, or could assert hereafter, to the court's entry of judgment against him and imposition of a sentence upon him consistent with this agreement. By entering this agreement, the Defendant further waives and gives up the right to appeal.

7. The parties hereto fully and completely understand and agree that by entering into a plea agreement, the defendant consents to judicial fact finding by preponderance of the evidence as to any aspect or enhancement of sentence and that any sentence either stipulated to or recommended herein in paragraph two is not binding on the court. In making the sentencing determination, the court is not bound by the rules of evidence. The State's participation in this plea agreement is conditional upon the Court's acceptance its terms conditions or provisions. If after accepting this plea the court concludes that any of the plea agreement's terms conditions or provisions regarding the sentence or any other aspect of this plea agreement are inappropriate, it can reject the plea. If the court decides to reject any of the plea agreement's terms conditions or provisions, it must give both the state and the Defendant an opportunity to withdraw from the plea agreement. Should the Court reject this plea agreement, or the State withdraws from the agreement, the Defendant hereby waives all claims of double jeopardy and all original charges will automatically be reinstated. The Defendant in such case waives and gives up his right to a probable cause determination on the original charges.

8. If the court decides to reject the plea agreement provisions regarding sentencing and neither the State nor the Defendant elects to withdraw the plea agreement, then any sentence either stipulated to or recommended herein in paragraph 2 is not binding upon the court, and the court is bound only by the sentencing limits set forth in paragraph 1 and the applicable statutes.

9. This plea agreement in no way affects any forfeiture proceedings pursuant to A.R.S. § 13-4301 et seq., § 13-2314, or § 32-1993, if applicable, nor does the plea agreement in any way compromise or abrogate any civil actions, including actions pursuant to A.R.S. § 13-2301 et seq. or § 13-4301 et seq., or the provisions of A.R.S. § 13-2314 or A.R.S. § 13-4310.
10. I understand that if I am not a citizen of the United States that my decision to go to trial or enter into a plea agreement may have immigration consequences. Specifically, I understand that pleading guilty or no contest to a crime may affect my immigration status. Admitting guilt may result in deportation even if the charge is later dismissed. My plea or admission of guilt could result in my deportation or removal, could prevent me from ever being able to get legal status in the United States, or could prevent me from becoming a United States citizen. I understand that I am not required to disclose my legal status in the United States to the court.
11. I have read and understand the provisions of pages one, two, and three of this agreement. I have discussed the case and my constitutional rights with my lawyer. My lawyer has explained the nature of the charge(s) and the elements of the crime(s) to which I am pleading. I understand that by pleading **GUILTY** I will be waiving and giving up my right to a determination of probable cause, to a trial by jury to determine guilt and to determine any fact used to impose a sentence within the range stated above in paragraph one, to confront, cross-examine, compel the attendance of witnesses, to present evidence in my behalf, my right to remain silent, my privilege against self-incrimination, presumption of innocence and right to appeal. I agree to enter my plea as indicated above on the terms and conditions set forth herein. I fully understand that if, as part of this plea agreement, I am granted probation by the court, the terms and conditions thereof are subject to modification at any time during the period of probation. I understand that if I violate any of the written conditions of my probation, my probation may be terminated and I can be sentenced to any term or terms stated above in paragraph one, without limitation.

I have personally and voluntarily placed my initials in each of the above boxes and signed the signature line below to indicate I read and approved all of the previous paragraphs in this agreement, both individually and as a total binding agreement.

Date: 2/19/13

Defendant

Justin R King
JUSTIN R KING

I have discussed this case with my client in detail and advised him of his constitutional rights and all possible defenses. I have also explained the nature of the charge(s) and the elements of the crime(s). I believe that the plea and disposition set forth herein are appropriate under the facts of this case. I concur in the entry of the plea as indicated above and on the terms and conditions set forth herein.

Date: 2/11/13

Defense Counsel

Rebecca Feimly
Rebecca Feimly

I have reviewed this matter and concur that the plea and disposition set forth herein are appropriate and are in the interests of justice.

Date: 2/19/13

Prosecutor /s/

Thomas Alan Bailey
/s/ Thomas Alan Bailey

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

CR2012-127581-001 DT

02/19/2013

COMMISSIONER PATRICIA ANN STARR

CLERK OF THE COURT
L. Martinez
Deputy

STATE OF ARIZONA

THOMAS BAILEY

v.

JUSTIN R KING (001)

REBECCA L FELMLY

APO-PLEAS-CCC
JUDGE GENTRY

PLEA AGREEMENT/CHANGE OF PLEA

10:26 a.m.

Courtroom 1004

State's Attorney:	Lisa Weiler-Parsons
Defendant's Attorney:	Rebecca Felmly
Defendant:	Present

A record of the proceedings is made by audio and/or videotape in lieu of a court reporter.

Defendant was present for the group advisement given on the record at 8:33 a.m. this date in CCB 1004.

The Court reviews the Plea Agreement with Defendant. The Court advises Defendant of the range of possible sentence and the availability of probation, and any special conditions of sentencing and probation. The Court advises Defendant of all pertinent constitutional rights and rights of review.

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

CR2012-127581-001 DT

02/19/2013

Defendant enters a plea of Guilty to the following:

OFFENSE: Count 1: Possession of Narcotic Drugs

Class 4 Felony

A.R.S. § 13-3401, 3408, 3416, 3418, 610, 701, 702, 801, 901.01(H)

Date of Offense: 01/22/2012

Non Dangerous - Non Repetitive

IT IS ORDERED accepting the plea.

IT IS ORDERED setting time for sentencing on 03/18/2013 at 8:30 a.m. before Judge Gentry.

IT IS FURTHER ORDERED that the following will be deemed submitted at the time of sentencing: Motion To Dismiss Counts 2-3 as reflected in the Plea Agreement.

IT IS ORDERED the Adult Probation Department shall prepare a Presentence Report, and that Defendant shall report to the Adult Probation Department if not in custody.

IT IS ORDERED vacating any pending dates.

IT IS FURTHER ORDERED affirming prior custody orders.

10:34 a.m. Matter concludes.

The Superior Court of Arizona in Maricopa County – Adult Probation Department

Chief Probation Officer Barbara A. Broderick

FILED

3-26-13 10:37
MICHAEL K. JEANES, Clerk

PRESENTENCE INVESTIGATION

By A. Beery
A. Beery, Deputy

State of Arizona v. Justin R King, CR2012-~~127581-001-DT~~ and CR2012-127581-001-DT

Superior Court Criminal Division CRJ12

Sentencing Date: **March 18, 2012**

Sentencing Judge: **Jo Gentry-Lewis**
PSI Officer: **Margaret E. Francis**

Prosecutor: **Thomas Bailey, DCA**
Defense Counsel: **Rebecca L Felmly, Ct Appt.**

CASE NUMBER CR2012-127581-001-DT:

Present Offense:

The following information is summarized from Peoria Police Departmental Report #12-000997:

On January 22, 2012, at 12:00 AM, officers made contact Mr. King, who was illegally parked in an area known for drug activity. Mr. King admitted there was a heroin needle in the vehicle. Officers searched the car and found foil, a glass drug pipe with methamphetamine residue, and a syringe full of heroin. Mr. King was placed under arrest and a subsequent search of his pockets and found a small quantity of heroin. He admitted purchasing the heroin for \$40.00 and that the syringe found also belonged to him.

Statutory Offense Requirements:

Per A.R.S. 13-901.01, probation is not mandatory for this offense.

Defendant's Statement:

Mr. King took a girl to her aunt's house and was waiting in the car. He was parked on the wrong side of the road. The cops came up to him and searched his car. He was apparently in front of a known drug house. He had never been there before. When they searched his car, they found a pipe and a half gram of heroin in his female passenger's purse. He was arrested and later released.

CASE NUMBER CR2012-156236-002-DT:

Present Offense:

The following information is summarized from Gila River Departmental Report #12-03345:

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Chief Probation Officer Barbara A. Broderick

State of Arizona v. Justin R King, CR2012-127581-001-DT and CR2012-127581-001-DT

On July 1, 2012, at approximately 8:20 PM, officers were dispatched to the Vee Quiva Casino in reference to two men (Thomas Mavrolas and Justin King), who were observed smoking a glass drug pipe in their vehicle. The men were observed on surveillance going back into the casino, where officers made contact with them. Mr. King attempted to toss some items on the ground (a cigarette box and a glass pipe), but the officer observed his behavior and retrieved the items, which were later found to contain 3.3 grams of heroin. Mr. Mavrolas was contacted and went out to his vehicle, at which time three syringes of heroin were located. After the syringes were found, officers conducted a vehicle search and found another cigarette box with two pieces of heroin. Mr. Mavrolas claimed ownership of the cigarette box and heroin, as well as a soda can that was fashioned to cook the drug. He denied the syringes belonged to him. Both men had needle marks on their arms and hands from heroin abuse.

Statutory Offense Requirements:

Per A.R.S. 13-901.01, probation is not mandatory for this offense.

Codefendant Action:

No charges were found against Thomas Mavrolas (001) in this matter.

Defendant's Statement:

Mr. King was at a casino and he went to the car with his friend. The casino security thought they were doing something suspicious and followed them back into the casino. The police arrested them and during a search of the car found heroin. They were both released at time and later charged.

Mr. King would like to be sentenced to probation with the ALPHA program or another residential treatment program. He has been looking into Teen Challenge and the Salvation Army long-term residential substance abuse programs as well. Mr. King is excited to start a new and sober life. He first became addicted to Oxycontin after being prescribed the medication for a motorcycle accident. After his mother developed dementia and his father passed away, he just really lost his way. Mr. King wants to regain his life and get away from all his past negative influences. He has a younger sister that he needs to help support and plans to do so upon release.

Statement of Interested Parties:

Deputy County Attorney Tommy Bailey has provided a written recommendation that is attached for the Court's review.

Risk/Needs Assessment:

Based on the Offender Screening Tool (OST), the following is an assessment of the defendant's risk to re-offend and criminogenic needs. Domains with scores above 60%, or

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Chief Probation Officer Barbara A. Broderick

State of Arizona v. Justin R King, CR2012-127581-001-DT and CR2012-127581-001-DT

Mental Health score above 50%, significantly contribute to the overall assessed Risk/Needs level and must be addressed when developing supervision strategies. Domains below 60% and above 0% may contribute to the overall assessed Risk/Needs level and may require intervention. Domains with 0% do not contribute to the overall assessed Risk/Needs level and do not require intervention. The OST is a standardized statewide tool that has been validated and approved by the Administrative Office of the Courts (AOC). A copy of the OST score results in a graph format is attached to this report.

OVERALL RISK/NEEDS LEVEL
(Male Risk/Needs Range)

	9		
Low (0-5)	Medium-Low (6-10)	Medium-High (11-17)	High (18-42)

DOMAINS THAT DO NOT CONTRIBUTE TO OVERALL RISK/NEED LEVEL

DOMAIN	SCORE		SUMMARY
Alcohol Use	0/3	0%	<ul style="list-style-type: none">• First used at twenty• No problems reported
Attitude	0/7	0%	<ul style="list-style-type: none">• Believes conviction was fair• Reports motivation to change his life• No need for improvement in attitude
Education	0/3	0%	<ul style="list-style-type: none">• High school graduate• BS Degree in Business from University of Washington
Family and Social Relationships	0/8	0%	<ul style="list-style-type: none">• Raised by parents• Good childhood• Close family ties• Father died last year; mother has dementia• Single; has a girlfriend of two years
Mental Health	0/2	0%	<ul style="list-style-type: none">• No issues reported
Residential	0/2	0%	<ul style="list-style-type: none">• Resided with his father in Sun City prior to arrest• Plans to reside with girlfriend upon release

DOMAINS THAT MAY CONTRIBUTE TO OVERALL RISK/NEED LEVEL

DOMAIN	SCORE		SUMMARY
Criminal Behavior	4/9	44%	<ul style="list-style-type: none">• Four felonies; six misdemeanors• History of violent, drug, alcohol, and

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Chief Probation Officer Barbara A. Broderick

State of Arizona v. Justin R King, CR2012-127581-001-DT and CR2012-127581-001-DT

			criminal traffic offenses <ul style="list-style-type: none">• Prior probation grants; no prison terms
Vocational	2/5	40%	<ul style="list-style-type: none">• Unemployed at time of arrest• Quit last employment to take care of his terminally ill father• Last worked as a Service Manager with Sands Chevrolet

DOMAINS THAT SIGNIFICANTLY CONTRIBUTE TO OVERALL RISK/NEED LEVEL

DOMAIN	SCORE		SUMMARY
Drug Abuse	3/3	100%	<ul style="list-style-type: none">• Experimental marijuana use• Past Oxycontin abuse• Current intravenous heroin abuse• Believes drug abuse has impacted all areas of his life negatively• Both present offenses involved drug abuse

Additional Assessments and Screenings:

Although the defendant appears eligible for the Drug Court Program, they are unable to accept new cases at this time due to limited resources and a high volume of participants.

The defendant was screened ineligible for the Work Furlough Program, based on his treatment needs.

Financial Assessment:

The defendant was unemployed at the time of his arrest. The present offenses carry mandatory drug fines. It appears the defendant will not have difficulty paying court monetary obligations after he obtains employment. Reimbursement of legal fees will not be recommended as the Court found the defendant to be indigent.

Discussion and Evaluation:

The defendant's criminal history demonstrates a pattern of violent, alcohol, drug, and criminal traffic related offenses. The present offense represents a continuation of drug abuse behavior, spanning over ten years. The defendant admits to his actions in the present offenses and reports he has a serious drug problem with heroin for which he would like treatment. He has had several probation grants in the past, but the defendant reports no prior treatment attempts.

The Superior Court of Arizona in Maricopa County – Adult Probation Department
Chief Probation Officer Barbara A. Broderick

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The Offender Screening Tool indicates the defendant is a medium-low risk to reoffend. Drug abuse was an area viewed as significant contributor to reoffending. Areas that may contribute to recidivism are employment, as well as propensity toward criminal behavior. To his credit, the defendant reports no current problems in the areas of education, social support, residence, alcohol use, or attitudes consistent with criminal conduct.

The defendant has a serious drug problem that has remained unaddressed over the past decade. He lacks significant support in the community, since the loss of his father. Due to the level of his intravenous abuse, this officer believes a jail term with residential treatment is appropriate. If the defendant is screened eligible for the ALPHA program, that would be a fine placement. However, this officer would have no objection to the defendant's early release to a residential treatment program as deemed appropriate by the supervising probation officer.

Identification Status:

Due to his incarceration, the defendant does not have access to documents to verify his identity.

Recommendation:

Case Number CR2012-156236-002-DT:

It is respectfully recommended that the defendant be granted three year(s) supervised probation to begin on March 18, 2013. Abide by the following additional conditions:

- Condition #15 I will be financially responsible by paying all restitution, fines, and fees in my case as imposed by the Court. I understand, if I do not pay restitution in full, the Court may extend my probation.
- 15d. Drug Fine of \$2,000.00 plus a surcharge of 83 percent, in the total amount of \$3,660.00 in payments of \$20.00 per month beginning on November 13, 2013.
 - 15q. Probation Surcharge in the total amount of \$20.00 beginning on November 15, 2013.
 - 15r. Time Payment Fee of \$20.00.
 - 15v. Penalty Assessment A.R.S. 12-116.04 (Investigating Agency: Gila River) in the total amount of \$13.00, at \$13.00 per month beginning on November 15, 2013.
- Condition #16 I will not consume or possess any substances containing alcohol.
- Condition #17 I will complete a total of 360 hours of community restitution. I will complete a set number of hours per month as directed in writing by my probation officer. I will complete these hours at a site approved by the APD.

The Superior Court of Arizona in Maricopa County – Adult Probation Department
Chief Probation Officer Barbara A. Broderick

State of Arizona v. Justin R King, CR2012-127581-001-DT and CR2012-127581-001-DT

Case Number CR2012-127581-001-DT:

It is respectfully recommended that the defendant be granted three year(s) supervised probation to begin on March 18, 2013. Abide by the following additional conditions:

Condition #15 I will be financially responsible by paying all restitution, fines, and fees in my case as imposed by the Court. I understand, if I do not pay restitution in full, the Court may extend my probation.

15b. Probation Service Fee of \$65.00 per month beginning on November 15, 2013.

15d. Drug Fine of \$2,000.00 plus a surcharge of 83 percent, in the total amount of \$3,660.00 in payments of \$20.00 per month beginning on November 15, 2013.

15q. Probation Surcharge in the total amount of \$20.00 beginning on November 15, 2013.

15r. Time Payment Fee of \$20.00.

15s. Warrant Charge in the amount of \$90.00.

15v. Penalty Assessment A.R.S. 12-116.04 (Investigating Agency: Peoria Police) in the total amount of \$13.00, at \$13.00 per month beginning on November 15, 2013.

Condition #16 I will not consume or possess any substances containing alcohol.

Condition #18 I will serve 6 month(s), in the county jail beginning March 18, 2013.

I will report to the APD within 72 hours of release from jail.

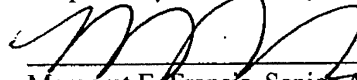
I will comply with all program rules.

Reviewed by:

Judge: _____

Date: _____

Respectfully submitted by:



Margaret E. Francis, Senior Adult Probation Officer

Cell: (602) 619-5487

March 12, 2013

<mailto:pfrancis@apd.maricopa.gov>

Lisa Roubicek, Supervisor

Phone: (602) 619-3233

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF MARICOPA

THE STATE OF ARIZONA,

Plaintiff,

vs.

JUSTIN R KING,

DOB: 2/18/1980

Booking #: P887324

Defendant.

CR2012-127581-001

PLEA AGREEMENT

The State of Arizona and the Defendant hereby agree to the following disposition of this case:

Plea: The Defendant agrees to plead GUILTY to:

Count 1: POSSESSION OF NARCOTIC DRUGS, A CLASS 4 FELONY (JUSTIN R KING) in violation of A.R.S. §§ 13-3401, 13-3408, 13-3416, 13-3418, 13-610, 13-701, 13-702, 13-801 and 13-901.01(H) committed on 1/22/2012.

This is a non-dangerous, non-repetitive offense under the criminal code.

THIS OFFER EXPIRES AND IS VOID IF NOT ENTERED IN COURT BY First Assigned CPTC Date (regardless of MTCs).

Terms: On the following understandings, terms and conditions:

1 The crime carries a presumptive sentence of 2.5 years; a minimum sentence of 1.5 years; a mitigated sentence of 1.0 years; a maximum sentence of 3.0 years; and an aggravated sentence of 3.75 years. Probation is available. Restitution of economic loss to the victim and waiver of extradition for probation revocation procedures are required. The maximum fine that can be imposed is \$150,000.00 plus an 83% surcharge plus \$20.00 pursuant to A.R.S. 12-269 plus a \$13.00 assessment pursuant to A.R.S. § 12-116.04. If the Defendant is sentenced to prison, the Defendant shall also be sentenced to serve a term of community supervision equal to one-seventh of the prison term to be served consecutively to the actual period of imprisonment. If the Defendant fails to abide by the conditions of community supervision, the Defendant can be required to serve the remaining term of community supervision in prison. Within 30 days of being sentenced, pursuant to A.R.S. 13-610, the defendant shall provide a sufficient sample of blood or other bodily substance for deoxyribonucleic acid (DNA) testing and extraction to be used for law enforcement identification purposes and/or for use in a criminal prosecution and/or for use in a proceeding under title 36, chapter 37. Special conditions regarding the sentence imposed by statute (if any) are: Pursuant to A.R.S. §13-3408, Defendant shall pay a minimum fine of \$2,000 or three times the value of the drug, whichever is greater, plus surcharge. If granted probation, Defendant shall perform 360 hours of community service.

2. The parties stipulate to the following additional terms, subject to court approval at the time of sentencing as set forth in paragraph 7: Defendant shall be placed on supervised probation. Defendant shall serve 6 months jail with early release available upon successful completion of the ALPHA program concurrent with Maricopa County CR 2012-156236-002. The Defendant shall pay a fine in the amount of \$2,000.00 plus 83% surcharge for a total of \$2400. This plea is contingent upon Defendant's entry into, and the Court's acceptance of, a plea agreement with the State in Maricopa County Superior Court Cause No. CR 2012-127581-001. The State shall be permitted to revoke and/or withdraw from this plea agreement if Defendant does not enter into, or either party is permitted to withdraw from, or the Court rejects, a plea agreement with the State in CR 2012-127581-001.

3. The following charges are dismissed, or if not yet filed, shall not be brought against the Defendant by the Maricopa County Attorney's Office: Counts 2 and 3.

4. This agreement serves to amend the complaint, indictment, or information, to charge the offense to which the Defendant pleads, without the filing of any additional pleading. However, if the plea is rejected by the court or withdrawn by either party, or if the conviction is subsequently reversed, the original charges and any charges that are dismissed by reason of this plea agreement are automatically reinstated.
5. If the Defendant is charged with a felony, he hereby waives and gives up his rights to a preliminary hearing or other probable cause determination on the charges to which he pleads. The Defendant agrees that this agreement shall not be binding on the State should the Defendant be charged with or commit a crime between the time of this agreement and the time for sentencing in this cause; nor shall this agreement be binding on the State until the State confirms all representations made by the Defendant and his attorney, to-wit: Defendant avows that in any jurisdiction under any name : (1) He has NO MORE THAN 2 prior adult felony convictions; (2) He has NO MORE THAN 2 prior drug, drug related or drug paraphernalia convictions; (3) He WAS NOT on adult felony probation, parole, or community supervision; and (4) He has NO pending felony charges in any jurisdiction under any name except Maricopa County CR 2012-156236-002. On August 31, 2000 Defendant was convicted in Skagit County Court, Cause Number 33773, for committing Violation of Uniform Substance Control Act on February 7, 2000. Defendant was represented by counsel. On October 28, 2008, Defendant was convicted in San Francisco County Court, Cause Number 152056A, for committing Possession of Controlled Substance without a Prescription on October 21, 2008. Defendant was represented by counsel. If the Defendant fails to appear for sentencing, the court may disregard the stipulated sentence and impose any lawful sentence which is the same as or exceeds the stipulated sentence in the plea agreement. In the event the court rejects the plea, or either the State or the Defendant withdraws the plea, the Defendant hereby waives and gives up his right to a preliminary hearing or other probable cause determination on the original charges.

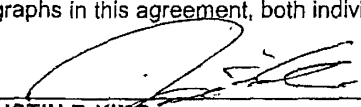
PRIOR FELONY CONVICTIONS

- On December 23, 1999 the defendant committed Assault, a felony offense, in Snohomish County, Washington, and was found guilty on April 4, 2004.
- On February 7, 2000 the defendant committed (1) Possession of Marijuana with Intent to Deliver, a felony offense; (2) Money Laundering, a felony offense, in Skagit County, Washington, and was found guilty on August 31, 2000.

6. Unless this plea is rejected by the court or withdrawn by either party, the Defendant hereby waives and gives up any and all motions, defenses, objections, or requests which he has made or raised, or could assert hereafter, to the court's entry of judgment against him and imposition of a sentence upon him consistent with this agreement. By entering this agreement, the Defendant further waives and gives up the right to appeal.
7. The parties hereto fully and completely understand and agree that by entering into a plea agreement, the defendant consents to judicial fact finding by preponderance of the evidence as to any aspect or enhancement of sentence and that any sentence either stipulated to or recommended herein in paragraph two is not binding on the court. In making the sentencing determination, the court is not bound by the rules of evidence. The State's participation in this plea agreement is conditional upon the Court's acceptance its terms conditions or provisions. If after accepting this plea the court concludes that any of the plea agreement's terms conditions or provisions regarding the sentence or any other aspect of this plea agreement are inappropriate, it can reject the plea. If the court decides to reject any of the plea agreement's terms conditions or provisions, it must give both the state and the Defendant an opportunity to withdraw from the plea agreement. Should the Court reject this plea agreement, or the State withdraws from the agreement, the Defendant hereby waives all claims of double jeopardy and all original charges will automatically be reinstated. The Defendant in such case waives and gives up his right to a probable cause determination on the original charges.
8. If the court decides to reject the plea agreement provisions regarding sentencing and neither the State nor the Defendant elects to withdraw the plea agreement, then any sentence either stipulated to or recommended herein in paragraph 2 is not binding upon the court, and the court is bound only by the sentencing limits set forth in paragraph 1 and the applicable statutes.

9. This plea agreement in no way affects any forfeiture proceedings pursuant to A.R.S. § 13-4301 et seq., § 13-2314, or § 32-1993, if applicable, nor does the plea agreement in any way compromise or abrogate any civil actions, including actions pursuant to A.R.S. § 13-2301 et seq. or § 13-4301 et seq., or the provisions of A.R.S. § 13-2314 or A.R.S. § 13-4310.
10. I understand that if I am not a citizen of the United States that my decision to go to trial or enter into a plea agreement may have immigration consequences. Specifically, I understand that pleading guilty or no contest to a crime may affect my immigration status. Admitting guilt may result in deportation even if the charge is later dismissed. My plea or admission of guilt could result in my deportation or removal, could prevent me from ever being able to get legal status in the United States, or could prevent me from becoming a United States citizen. I understand that I am not required to disclose my legal status in the United States to the court.
11. I have read and understand the provisions of pages one, two, and three of this agreement. I have discussed the case and my constitutional rights with my lawyer. My lawyer has explained the nature of the charge(s) and the elements of the crime(s) to which I am pleading. I understand that by pleading **GUILTY** I will be waiving and giving up my right to a determination of probable cause, to a trial by jury to determine guilt and to determine any fact used to impose a sentence within the range stated above in paragraph one, to confront, cross-examine, compel the attendance of witnesses, to present evidence in my behalf, my right to remain silent, my privilege against self-incrimination, presumption of innocence and right to appeal. I agree to enter my plea as indicated above on the terms and conditions set forth herein. I fully understand that if, as part of this plea agreement, I am granted probation by the court, the terms and conditions thereof are subject to modification at any time during the period of probation. I understand that if I violate any of the written conditions of my probation, my probation may be terminated and I can be sentenced to any term or terms stated above in paragraph one, without limitation.

I have personally and voluntarily placed my initials in each of the above boxes and signed the signature line below to indicate I read and approved all of the previous paragraphs in this agreement, both individually and as a total binding agreement.

Date: 2/19/13 Defendant 
JUSTIN R KING

I have discussed this case with my client in detail and advised him of his constitutional rights and all possible defenses. I have also explained the nature of the charge(s) and the elements of the crime(s). I believe that the plea and disposition set forth herein are appropriate under the facts of this case. I concur in the entry of the plea as indicated above and on the terms and conditions set forth herein.

Date: 2/13/13 Defense Counsel 
Rebecca Feimly

I have reviewed this matter and concur that the plea and disposition set forth herein are appropriate and are in the interests of justice.

Date: _____ Prosecutor /s/ _____
/s/ Thomas Alan Bailey

Presentence Recommendation for APO

DEFENDANT: Justin King

CR NUMBER: CR 2012-127581-001
CR 2012-156236-002

PLEA AGREEMENT: CR 2012-127581-001: Possession of Narcotic Drugs, 4F
CR 2012-156236-002: Possession of Narcotic Drugs, 4F

PLEA STIPULATIONS: The defendant shall serve 6 months in jail with early release upon the defendant's successful completion of the ALPHA program followed by a term of supervised probation.

RECOMMENDATION: The State recommends the terms of the plea agreement plus 3 years of supervised probation.

REASON FOR RECOMMENDATION:

The defendant has two prior felony convictions (Assault – 12/23/99, Controlled Substance – 02/07/00). The Defendant is now appearing in court for two additional felonies. At this point, it appears that the defendant has a substance abuse problem, specifically heroin and methamphetamine. The defendant must kick his drug habit if he hopes to have any semblance of a productive life. Therefore, the ALPHA program may be his last serious chance of getting his life heading in a positive direction. The defendant then needs to be supervised for an extended period of time to ensure he is making positive choices and that he is staying out of trouble so the state is recommending 3 years of supervised probation. This is likely the last chance the defendant has to avoid prison after committing a felony offense.

Respectfully,

Tommy Bailey
Deputy County Attorney
Maricopa County Deputy Attorney
Baileyt@mcao.maricopa.gov

**MARICOPA COUNTY ADULT PROBATION DEPARTMENT
WORK FURLOUGH SCREENING**

Probationer:	Justin R. King	APO:	Margaret E. Francis
DOB:	1980	Phone:	(602) 619-5487
CR#:	2012-127581-001-DT	Screening Date:	March 12, 2013
OST Score:	9	Sentence/Surrender Date:	March 18, 2013
Supervision Level:	medium-low		
Screening Result: The defendant does not meet entrance criteria for the Work Furlough Program.			
Notes:			

1. Is the probationer statutorily eligible to serve jail time as a condition of probation? YES
2. Is the present offense of a violent nature per the arrest record, booking information, or charge? NO
3. Does the past **5 years** of criminal history reflect **3 or more** arrests for violence, including DV disorderly conduct or DV criminal trespass?
(If in prison during the past 5 years, review years prior to incarceration.) NO
4. Is there a stipulation or an order barring the probationer from participation in the Work Furlough Program? NO
5. Does the probationer have other court actions pending that would interfere with participation in the Work Furlough Program? NO
6. If not a citizen, is the probationer authorized to work in the U.S. ? YES
7. Has an APD substance abuse assessment determined that residential treatment is needed? YES
8. Does the probationer's criminal history reflect any prior escape from a correctional facility or furlough program or any active FOJ (Fugitive of Justice) charges? NO
9. Did the present offense involve the use/possession of a deadly weapon, or does the past **10 years** of criminal history include any arrests involving weapons? NO
10. Is the probationer at least 18 years of age? YES
11. Does the probationer have a physical or mental disability that precludes the probationer from participation in the Work Furlough Program? NO
12. Is the probationer self-employed? NO
 - a. If self-employed, can the probationer provide documentation indicating a legitimate business? (i.e. current tax and business license, previous year's income tax return) *Note: Final approval for self employment must be determined by APD Work Furlough Supervisor. N/A
13. Does the probationer have any sex offense convictions? NO
 - a. Is the probationer a repeat sex offender, **OR** have multiple victims, **OR** have multiple offenses? N/A
 - b. Is the probationer self-employed, **OR** working from home, **OR** employed by a family member or personal friend? N/A

FURLOUGH SCREENING RESULTS

The defendant has been rejected for Work Furlough for the following reason(s):

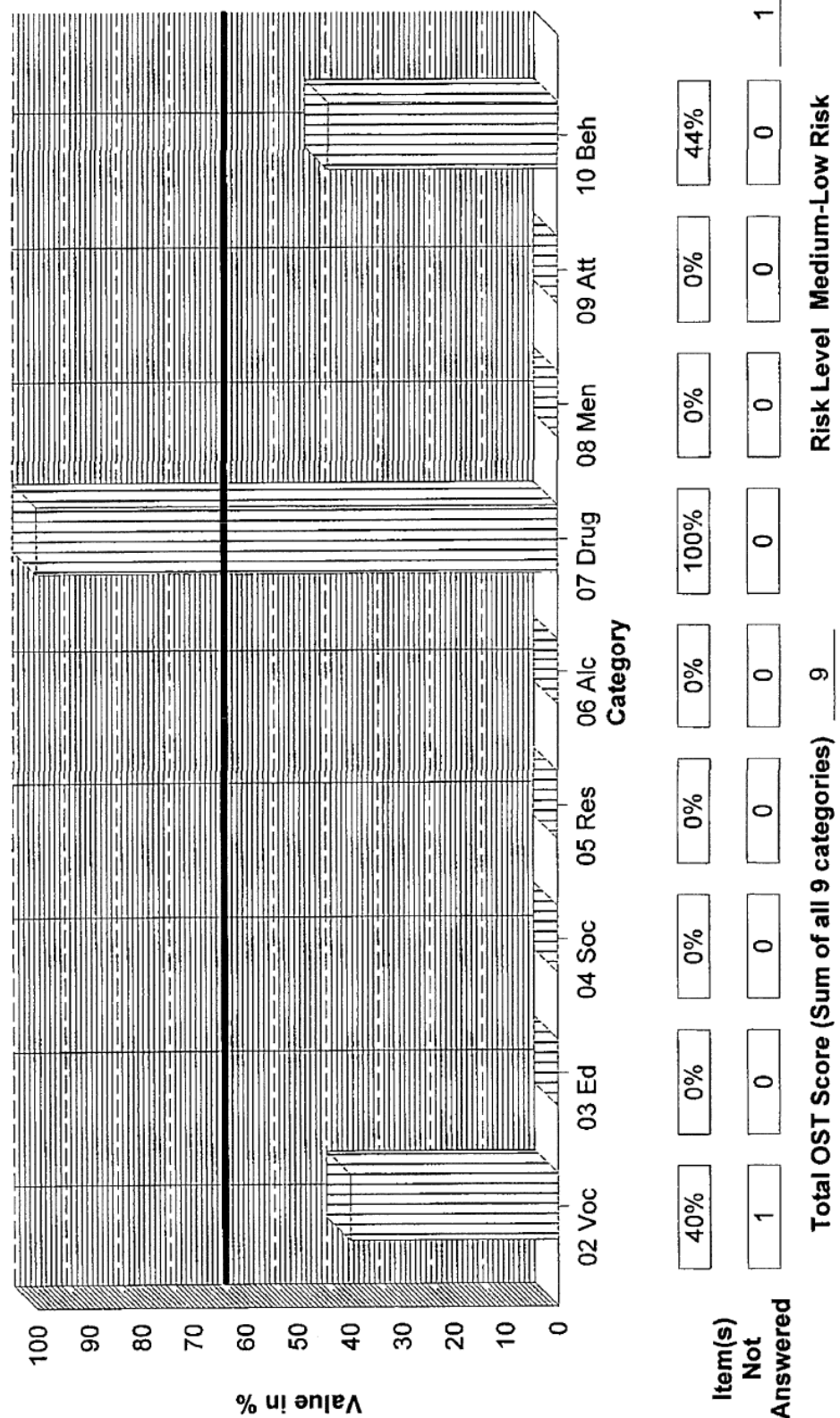
Question #7: Defendant is in need of substance abuse treatment

Client AZ22462369 King, Justin R DOB [REDACTED] 1980 Age 33

Assessment Date 02/25/2013

As of 03/12/2013

127 Offender Screening Tool (OST) Graph



Enclosed is the Criminal History information portion of the Pre-sentence Report. Dissemination is restricted to Criminal Justice Agencies only. Secondary dissemination to non-criminal Justice Agencies is prohibited.

LOCATION ONLY

See Discovery & Confidential Materials

Michael K. Jeanes, Clerk of Court
*** Filed ***

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

4-13 8:00am

CR2012-127581-001 DT

03/26/2013

HONORABLE JO LYNN GENTRY

CLERK OF THE COURT
A. Beery
Deputy

STATE OF ARIZONA

THOMAS BAILEY

v.

JUSTIN R KING (001)
DOB: [REDACTED] 1980

REBECCA L FELMLY

APO-SENTENCINGS-CCC
APPEALS-CCC
DISPOSITION CLERK-CSC
EDM-QC-CCC
RFR

SUSPENSION OF SENTENCE - PROBATION GRANTED

Courtroom CCB 1204

10:22 a.m.

State's Attorney:	Thomas Bailey
Defendant's Attorney:	Rebecca Felmly
Defendant:	Present
Court Reporter:	Linda Lopez

LET THE RECORD REFLECT that Court and counsel met briefly in Chambers, off the record, prior to commencement of proceedings.

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

CR2012-127581-001 DT

03/26/2013

Pursuant to stipulation.

IT IS ORDERED amending the plea agreement on page 2, item #5, to reflect that Defendant avows to no more than 4 prior adult felony convictions, rather than 2.

The original plea agreement not being in the Court's possession.

IT IS ORDERED directing the Clerk's Office, EDM-QC personnel, to make the above-referenced amendment to the plea agreement filed on February 19, 2013.

Count(s) 1: WAIVER OF TRIAL: The Defendant knowingly, intelligently and voluntarily waived all pertinent constitutional and appellate rights and entered a plea of guilty.

IT IS THE JUDGMENT of the Court Defendant is guilty of the following:

OFFENSE: Count 1: Possession of Narcotic Drugs

Class 4 felony

A.R.S. § 13-3401, 13-3408, 13-3416, 13-3418, 13-610, 13-701, 13-702, 13-801 and 13-901.01(H)

Date of Offense: 1/22/2012

Non Dangerous - Non Repetitive

The Court is suspending imposition or execution of sentence and, under the supervision of the Adult Probation Department (APD), placing the defendant on probation for:

Count 1 Probation Term: 3 years

To begin 3/26/2013.

IT IS ORDERED that probation in Count 1 shall run concurrent with probation in CR 2012-156236-002.

Condition 6: Report to the APD within 72 hours of sentencing, absolute discharge from prison, release from incarceration, or residential treatment and continue to report as directed. Keep APD advised of progress toward case plan goals and comply with any written directive of the APD to enforce compliance with the conditions of probation. Provide DNA testing if required by law.

Condition 8 - Request and obtain written permission of the APD prior to leaving the State.

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

CR2012-127581-001 DT

03/26/2013

Condition 15: Restitution, Fines and Fees:

PROBATION SERVICE FEE: Count 1 - \$65.00 per month, beginning 5/1/2014.

FINE: Count 1 - Total amount of \$2,000.00, payable \$20.00 per month beginning 5/1/2014. Surcharges are waived.

Fine is to be paid to the Arizona Drug Enforcement Fund.

PROBATION SURCHARGE: Count 1 - \$20.00 payable on 5/1/2014.

Count 1: Time payment fee pursuant to A.R.S. § 12-116 in the amount of \$20.00 payable on 5/1/2014.

WARRANT CHARGE: Count 1 - \$90.00, payable \$10.00 per month, beginning 5/1/2014.

PENALTY ASSESSMENT - A.R.S. §12-116.04: Count 1 - \$13.00 payable on 5/1/2014.

Investigative Agency: Peoria Police Department

All amounts payable through the Clerk of the Superior Court.

Condition 16 - Not consume or possess any substances containing alcohol.

Condition 17 - Count 1: Complete a total of 360 hours of community restitution. Complete a set number of hours per month as directed in writing by APD. Complete hours at a site approved by the APD.

Condition 18 - Count 1: Be incarcerated in the county jail for 9 month(s), beginning on a date to be determined with no credit for time served.

Report to the APD within 72 hours of release from jail. Comply with all program rules.

Defendant is eligible for early release from jail upon successful completion of the ALPHA program.

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

CR2012-127581-001 DT

03/26/2013

Condition 22: Other - Defendant agrees to complete the Phoenix Restoration Program. If he fails, the jail term will be imposed. If he successfully complete the Phoenix Restoration Program, this will satisfy term 18.

Defendant is advised pursuant to A.R.S. § 13-805 that failure to maintain contact with the Probation Department may result in the issuance of:

1. A criminal restitution order in favor of the state for the unpaid balance, if any, of any fines, costs, incarceration costs, fees, surcharges or assessments imposed.
2. A criminal restitution order in favor of each person entitled to restitution for the unpaid balance of any restitution ordered.

IT IS ORDERED granting the Motion to Dismiss the following: Counts 2 and 3.

IT IS FURTHER ORDERED Defendant be released from custody for this case only.

Count(s) 1: Term #18 is a deferred jail term. If Defendant is in non-compliance with the terms of probation imposed and is ordered to serve this jail term as directed by the Adult Probation Officer, the Defendant shall self-surrender to the custody of the Maricopa County Sheriff, and authorizing the Sheriff to carry out the term of incarceration as imposed by the Court.

IT IS FURTHER ORDERED that Defendant must submit to DNA testing for law enforcement identification purposes and pay the applicable fee for the cost of that testing in accordance with A.R.S. § 13-610.

10:37 a.m. Matter concludes.

This case is eFiling eligible: <http://www.clerkofcourt.maricopa.gov/efiling/default.asp>. Attorneys are encouraged to review Supreme Court Administrative Order 2011-140 to determine their mandatory participation in eFiling through AZTurboCourt.

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

HON. JO LYNN GENTRY

Date: 3-26-2013

CLERK OF THE COURT
A. Beery
Deputy

No. CR 2012-127581-001

STATE v. KING

Let the record reflect that the Defendant's right index fingerprint is permanently affixed to this sentencing order in open court.



(right index fingerprint)

JUDGE OF THE SUPERIOR COURT

Page

Date: Apr 2, 2013

AZ DEPARTMENT OF PUBLIC SAFETY

Page: 1

PCN ACTIVITY REPORT

NOTE: ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME. A NEW COPY SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.

DATA TO BE USED ONLY FOR CRIMINAL JUSTICE OR OTHER LAWFUL PURPOSES

PCN	C N T	ARR ARS CODE	ARR STATUTE DESC	ARR OFF TYP	DATE OF OFFENSE	DISPO ORI	DISPO DATE	DISPO ARS CODE	DISPO STATUTE DESC	DIS OFF TYP	DISPO CASE NO	DIS
PCN: 5202038081 SID Number: AZ22462369												
Name: KING, JUSTIN ROBERT DOB: 1980-01-22 DOA: 2012/01/22 AAO: AZ0072100 AAN: PEO12000997												
5202038081	1	13-3408A1	NARCOTIC	F	01/22/2012	AZ007035	03/26/2013	13-3408A1	NARCOTIC	F	CR2012-127581-001	GG
	2	13-3407A1	DRUG-POSSESS/USE	F	01/22/2012	AZ007035	03/26/2013	13-3407A1	DRUG-POSSESS/USE	F	CR2012-127581-001	CD
	3	13-3415A	DANGEROUS	F	01/22/2012	AZ007035	03/26/2013	13-3415A	DANGEROUS	F	CR2012-127581-001	CD
	4		DRUG-POSSESS/USE	F	01/22/2012	AZ007035	03/26/2013	13-3415A	DRUG-POSSESS/USE	F	CR2012-127581-001	CD
	5		PARAPHERNALIA-POSSES	F	01/22/2012	AZ007035	03/26/2013	13-3415A	PARAPHERNALIA-POSSES	F	CR2012-127581-001	CD
	6		S/USE	F	01/22/2012	AZ007035	03/26/2013	13-3415A	S/USE	F	CR2012-127581-001	CD

Castro

AZ007035J

MICHAEL N. JEANES, CLERK
BY: *S. Keenan* DEP
FILED
13 APR -9 PM 1:04

SUPERIOR COURT OF THE STATE OF ARIZONA
MARICOPA COUNTY

FILED

2-25-14 11:45am
MICHAEL K. JEANES, Clerk

By A. Beery
A. Beery, Deputy

Division CRJ 12
Pros Atty: DCA
APO KIM VEGA, SOUTHPORT

THE STATE OF ARIZONA
vs.

JUSTIN R. KING
DOB: [REDACTED] 1980

Case Number: CR2012-127581-001-DT

PETITION TO MODIFY TERMS OR
REGULATIONS OF PROBATION & ORDER

The defendant was formally judged guilty of the crime of **COUNT 1: POSSESSION OF NARCOTIC DRUGS, A CLASS 4 FELONY, COMMITTED ON: JANUARY 22, 2012**

Probation Start Date: **03/26/2013** Prob. Length: **Three (3) year(s)** Standard

The defendant was ordered to comply with the following condition(s) of probation: Condition #18: Served nine months jail (deferred re Condition #22); and Condition #22, Complete the Phoenix Restoration Program. If he fails, the jail term in Condition #18 above will be imposed. If he successfully completes the Phoenix Restoration Program – this will satisfy Condition #18 above.

Circumstances: The defendant was ordered to complete the Phoenix Restoration Program for substance abuse treatment (motivated by the nine month deferred jail term in Condition #18); however, the credibility of the program soon became in question. The defendant then immediately enrolled in and successfully completed the Salvation Army (six month) Adult Residential Rehabilitation program successfully on December 11, 2013. He appears to be maintaining his sobriety as intended by the Court.

Recommendations: #1) Amend Condition #22: The defendant be allowed to complete the Salvation Army (six month) residential substance abuse treatment program in lieu of the Phoenix Restoration Program.

#2) Additionally, the defendant having completed the Salvation Army six month residential treatment program on December 11, 2013, that the Court find that Condition #22 is satisfied and Condition #18 be deleted.

Victim Status: There is no victim involved in this case.

Dated this 14 day of February, 2014
KV:td:02/14/2014 Probation Officer Kim Vega Phone (602) 619-2980

DIRECTION:

☒ **IT IS ORDERED** modifying the condition(s) of probation as recommended above.

☐ **IT IS ORDERED** denying the petition.

☐ **IT IS ORDERED** _____

Dated this 21 day of Feb, 2014
Judge of the Superior Court
Honorable JoLynn Gentry

cc:
APD Macros

APD File

Court (Original)

Probationer.

Pros. Atty.

Rev. 02/08/2007

SUPERIOR COURT OF THE STATE OF ARIZONA
MARICOPA COUNTY

Division CRJ 12
Pros Atty: DCA
APO WATEKA MAY, SOUTHPORT

FILED
1-7-15 1:00 pm
MICHAEL K. JEANES, Clerk
By A. Beery
A. Beery, Deputy

THE STATE OF ARIZONA
vs.

JUSTIN R. KING
DOB: [REDACTED] 1980

Case Number: CR2012-127581-001-DT

PETITION FOR EARNED TIME CREDIT

The defendant was formally judged guilty of the crime of **COUNT 1: POSSESSION OF NARCOTIC DRUGS, A CLASS 4 FELONY.**

Probation Start Date: **03/26/2013** Prob. Length: **Three (3) year(s)** Standard

EARNED TIME CREDIT SUMMARY: While on probation, the defendant successfully completed the following special conditions: Anger management with the Salvation Army, Community restitution hours (360) and inpatient substance abuse treatment with the Salvation Army Adult Rehabilitation Center. In addition, the defendant reported as directed, maintained employment and maintained a stable residence. All Court-ordered fines and fees are current however, the defendant has a fine with a balance of \$1,578.25.

A Criminal Restitution Order for monies outstanding is attached.

Pursuant to A.R.S. 13-924, this Probation Officer recommends the Court adjust the probationer's period of supervised probation to reflect the award of 404 days earned time credit for being current with community restitution hours, current with Court-ordered financial obligations, and displaying positive progression toward the goals of the case plan for the month of March, April, May, June, July, August, September, October, November, December 2013, and January, February, March, April, May, June, July, August, September, October, and November 2014. If adjusted, the probationer's new Earned Time Credit discharge date is February 14, 2015.

Victim Status: There is no victim involved in this case.

Dated this 23rd day of December, 2014 Wateka May
WM:td:12/23/2014 Probation Officer Wateka May Phone 602-619-2280

- ☐ IT IS ORDERED that the foregoing petition for earned time credit will be granted by this court 30 days from this date unless written objection thereto is filed not less than 72 hours before said date. A copy of this petition is herewith transmitted to the prosecuting attorney.
- ☐ IT IS ORDERED denying the petition for earned time credit at this time; however, the court will reconsider the order upon the defendant's completion of _____.
- ☒ IT IS ORDERED denying the petition for earned time credit. The original expiration date is affirmed.

Dated this 6 day of Jan, 2015
Judge of the Superior Court

PETITION FOR EARNED TIME CREDIT
Honorable JoLynn Gentry

cc: Court (Original) APD File Defendant Pros Atty.

SUPERIOR COURT OF THE STATE OF ARIZONA
MARICOPA COUNTY

6-2-15 FILED 11:12am
MICHAEL K. JEANES, Clerk
By D. Yerglin, Deputy

Division CRJ 12
Pros Atty: DCA
APO Ariana Barone, BCB

THE STATE OF ARIZONA
vs.
JUSTIN R. KING
DOB: [REDACTED] 1980

Case Number: **CR2012-127581-001-DT**

**PETITION FOR EARLY TERMINATION OF
PROBATION OR UNSUPERVISED PROBATION**

The defendant was formally judged guilty of the crime of **COUNT 1: POSSESSION OF NARCOTIC DRUGS, A CLASS 4 FELONY.**

Probation Start Date: 03/26/2013 Prob. Length: Three (3) year(s) Standard

It is respectfully recommended that the defendant's probation be terminated for the following reasons:

The defendant has completed two years and two months of his three year probation grant. While on probation the defendant has successfully completed the following special conditions: Anger management with the Salvation Army, Community restitution hours (360) and inpatient substance abuse treatment with the Salvation Army Adult Rehabilitation Center. In addition, the defendant reported as directed, maintained employment and a stable residence. The defendant has also paid all his Court ordered fines and fees in full. It is respectfully recommended the Court consider an early termination at this time.

Victim Status: There is no victim involved in this case.

Dated this 21 day of May, 2015.
AB/cm/05/21/2015

[Signature]
Probation Officer Ariana Barone Phone 602-619-1944

- ☒ **IT IS ORDERED** that the foregoing petition for early termination will be granted by this court 30 days from this date unless written objection thereto is filed not less than 72 hours before said date. A copy of this petition is herewith transmitted to the prosecuting attorney.
- ☐ **IT IS ORDERED** denying the petition for early termination. It is further ordered that the defendant be placed on unsupervised probation, deleting all conditions except Condition #1 and continue to pay Probation Service Fees as previously ordered by the Court. If the defendant obeys all laws it is ordered that unsupervised probation be automatically terminated on _____. This expiration date reflects granted Earned Time Credit.
- ☐ **IT IS ORDERED** _____

Dated this 28 day of May, 2015

[Signature]
Judge of the Superior Court

PETITION FOR EARLY TERMINATION OF PROBATION OR UNSUPERVISED PROBATION

cc: APD File Court (Original) Pros Atty.

APD Macros

Honorable JoLynn Gentry Rev. 07/19/2011

SUPERIOR COURT OF THE STATE OF ARIZONA
MARICOPA COUNTY

MICHAEL A. JEANES, CLERK
BY *J. Gentry* DEP

Division CRJ 12
Pros Atty DCA
APO Ariana Barone, BCB

CORRECTED
By Clerk of the Court

15 JUL 14 PM 3:01

10

THE STATE OF ARIZONA

Case Number: CR2012-127581-001-DT

VS.

JUSTIN R. KING
DOB: [REDACTED] 1980

ORDER OF DISCHARGE FROM PROBATION

The defendant was formally judged guilty of the crime of **COUNT 1: POSSESSION OF NARCOTIC DRUGS, A CLASS 4 FELONY.**

Probation Start Date: 03/26/2013 Prob. Length: Three (3) year(s) Standard

Please see attached Petition for Early Termination of Probation.

Dated this 21 day of May, 2015.
AB/cm/05/21/2015

Ariana Barone
Probation Officer Ariana Barone

Phone 602-619-1944

IT IS ORDERED pursuant to Rule 27.4(A) that the defendant is hereby discharged from probation in this case effective 6-29-15,
unless an objection is timely filed.

☐ THE COURT NOTES the defendant failed to comply with conditions

☐ IT IS ORDERED the undesignated offense: ☐ REMAIN UNDESIGNATED*; ☐ Be Designated a MISDEMEANOR

*Notice: The defendant may request misdemeanor designation for an undesignated offense; see A.R.S. 13-604. All requests must be submitted to the Court in writing and provide detailed reasons to support the request.

Dated this 28 day of May, 2015

J. Gentry
Judge of the Superior Court

Honorable JoLynn Gentry

ORDER OF DISCHARGE FROM PROBATION

cc: Court (Original)

APD File

Defendant

Pros Atty.

APD Macros

Rev. 07/19/2011

EXHIBIT "3"



Do you currently have an account with us
(including paperMoney®)?

Account Information

Account Type

Joint Tenants with Rights of Survivorship

Account Number

██████████9547

Primary Account Owner's Personal Information

Full Name

SHANNON LEIGH KING

Email Address

SLKING311@██████████

Best Day Time Phone Number

(480) 721-██████████

Secondary Phone Number

Citizenship Status

US Citizen

Country of Citizenship

UNITED STATES OF AMERICA

SSN/ITIN

██████████-2232

Date of Birth

██████████1982

Marital Status

Married

Mother's Maiden Name

██████████

Dependents

2

Home Address

████████████████████
██████████
PHOENIX, AZ ██████████
UNITED STATES OF AMERICA

Mailing Address

Is the secondary account owner your spouse?

Yes

I will primarily use this account to

Actively trade stocks, ETFs, options, futures, or
forex

New to Investing

No

Offer Code

607

Privacy Policy Agreement

(Acknowledge)

Primary Account Owner's Employment Information



Employment Status	Self-employed
Business/Employer Name	AUTO GLASS BUDDY
Occupation	OWNER
Employer Address	[REDACTED] PHOENIX, AZ 85018 UNITED STATES OF AMERICA

Primary Account Owner's Financial Information

Approximate Annual Income	\$250,000+
Approximate Net Worth	\$2,000,000+
Approximate Liquid Net Worth	\$2,000,000+

Primary Account Owner's Personal Affiliations

Are you, or is your spouse, or is any member of your immediate family licensed by, employed by or associated with a broker-dealer firm, a financial services regulator, a securities exchange, or a member of a securities exchange? No

Are you, or is your spouse, or is any member of your immediate family or are any of your personal or business associates a senior political figure? No

Are you, or is your spouse, or any member of your immediate family a director, a 10% shareholder, or a policy-making officer of a publically traded company? No

Secondary Account Owner's Personal Information

Full Name	JUSTIN ROBERT KING
Email Address	JRKING80 [REDACTED]
Best Day Time Phone Number	(602) 488-[REDACTED]
Secondary Phone Number	
Citizenship Status	US Citizen
Country of Citizenship	UNITED STATES OF AMERICA
SSN/ITIN	[REDACTED]-6210
Date of Birth	[REDACTED] 1980



Marital Status Married
Mother's Maiden Name [REDACTED]
Dependents
Home Address [REDACTED]
PHOENIX, AZ [REDACTED]
UNITED STATES OF AMERICA

Secondary Account Owner's Employment Information

Employment Status Self-employed
Business/Employer Name AUTO GLASS BUDDY
Occupation OWNER
Employer Address [REDACTED]
PHOENIX, AZ 85018
UNITED STATES OF AMERICA

Secondary Account Owner's Financial Information

Approximate Annual Income \$250,000+
Approximate Net Worth \$2,000,000+
Approximate Liquid Net Worth \$2,000,000+

Secondary Account Owner's Personal Affiliations

Are you, or is your spouse, or is any member of your immediate family licensed by, employed by or associated with a broker-dealer firm, a financial services regulator, a securities exchange, or a member of a securities exchange? No

Are you, or is your spouse, or is any member of your immediate family or are any of your personal or business associates a senior political figure? No

Are you, or is your spouse, or any member of your immediate family a director, a 10% shareholder, or a policy-making officer of a publically traded company? No

Important Account Information



The following account-related documents and disclosures are delivered electronically.

Client Agreement PDF

Account Handbook

Business Continuity Plan Statement

- I accept electronic delivery of these documents. **(Acknowledge)**
- I have read, printed, and/or saved these documents and don't need them mailed to me.

Cash Sweep Vehicle

Select one of the following options for your uninvested cash. MMDA (FDIC) Product

Note: Cash balances in your TD Ameritrade brokerage account are automatically transferred and deposited into our FDIC-insured deposit accounts, if you don't make a selection.

Summary of Cash Balance Programs PDF

IRS Form W-9

In my online application, I certified and agree to the following:
Under penalty of perjury, I SHANNON LEIGH KING certify that:

1. [REDACTED]-2232 is my correct Social Security Number/Individual Tax Identification Number. **(Agree)**
2. I am not subject to backup withholding. **(Agree)**
3. I am a U.S. citizen or other U.S. person. **(Agree)**
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. **(Agree)**

You can select "I agree" for this statement, You have no FATCA codes. The IRS requires us to include this statement, but FATCA (Foreign Account Tax Compliance Act) codes do not apply to accounts held within the United States.

Under penalty of perjury, I JUSTIN ROBERT KING certify that:

1. [REDACTED]6210 is my correct Social Security Number/Individual Tax Identification Number. **(Agree)**
2. I am not subject to backup withholding. **(Agree)**
3. I am a U.S. citizen or other U.S. person. **(Agree)**



4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. **(Agree)**

You can select "I agree" for this statement, You have no FATCA codes. The IRS requires us to include this statement, but FATCA (Foreign Account Tax Compliance Act) codes do not apply to accounts held within the United States.

If you have been notified by the Internal Revenue Services(IRS) that you are subject to backup withholding because you have failed to report all interest and dividends on your tax return, you must select "I disagree" in item #2 of this certification.

I have received and read the Client Agreement, which is incorporated by this reference, that will govern my account.

I agree to be bound by this Client Agreement, as amended from time to time, and request an account to be opened in the name(s) set forth below. The Client Agreement applicable to this brokerage account agreement contains predispute arbitration clauses. By signing this agreement, the parties agree to be bound by the terms of the agreement, including the arbitration agreement located in Section 12 of the Client Agreement on pages 7 and 8. All securities, dividends, and proceeds will be held at TD Ameritrade Clearing, Inc., unless otherwise instructed. I understand that TD Ameritrade may obtain a current consumer or credit report to determine my eligibility, or continuing eligibility, for credit or for other legitimate business purposes. Any decision by TD Ameritrade to extend credit may be based on information contained in a consumer or credit report, as well as the policies of TD Ameritrade and TD Ameritrade Clearing, Inc. I understand that TD Ameritrade may relate information regarding this account, including account delinquency and voluntary closures, to consumer or credit reporting agencies. Upon my request, TD Ameritrade shall inform me of each consumer or credit reporting agency from which they have obtained and/or reported my consumer or credit report. TD Ameritrade agrees to notify the consumer or credit reporting agencies if I dispute the completeness or accuracy of the information furnished by TD Ameritrade. By my signature below, I authorize TD Ameritrade to obtain consumer or credit reports for the name(s) set forth below. I understand that non-deposit investments purchased through TD Ameritrade are not insured by the FDIC, are not obligations of or guaranteed by any financial institution, and are subject to investment risk and loss that may exceed the principal invested. Unless I have declined the margin feature, I acknowledge that securities securing loans from TD Ameritrade may be lent to TD Ameritrade and lent by TD Ameritrade to others. I also acknowledge that if I trade "on margin," I am borrowing money from TD Ameritrade and that I understand the requirements and risks associated with margin as summarized in the Margin Handbook and Margin Disclosure Document.

Important information about procedures for opening a new account:

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents.

If this is a Joint account, all Account Owners must sign. If you wish to trade options in your account, complete the Account Options Suitability and Options Account Agreement section on the next page.

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person, and (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.



If I have been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding because I have failed to report all interest and dividends on my tax return, I must cross out (2) in this certification.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

By checking the box below, I represent to you that:

- I am the person identified in this account.
- I am accepting and agreeing to abide by all of the Client Agreement.
- I am electronically signing these document which will have the same effect as the execution of these documents by a written signature.

✓ I, SHANNON LEIGH KING, agree to the terms of the Client Agreement and certify the accuracy of the W9 statements above.

✓ I, JUSTIN ROBERT KING, agree to the terms of the Client Agreement and certify the accuracy of the W9 statements above.

Date Submitted: 2016-02-16 04:47:23 PM CST

Principal Name: Margaret Hoops



Required Account Information Update Form

PO Box 2760 • Omaha, NE 68103-2760
Fax: 866-468-6268

Account #: 865719547

Use this form to update information for current account owners. Please write your account number (*required*) and complete sections below per your account type. Once all applicable sections are complete, return the form by fax or mail to the contact information at the top of this form.

If a Trust Account, complete Sections 1, 2, 3, and 6.

If an Entity Account, complete Sections 3, 4, 5, and 6 (*signed by a current authorized agent*).

All other account types, complete Sections 1, 2 (*if applicable*), and 6.

1. ACCOUNT OWNER/TRUSTEE/MINOR INFORMATION

Name Prefix (*optional*): ☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

Full Legal Name (*required*):

Justin King

Date of Birth:

(MM-DD-YYYY) [REDACTED] 1980

Social Security Number/Estate Tax ID:

(SSN/TIN) [REDACTED] 6210

Home Address:

(no PO box or mail drop) [REDACTED]

City:

San Juan Capistrano

State:

CA

ZIP Code:

[REDACTED]

Country:

Orange county

Primary Phone:

6023880003

☐ Check here if this is not a U.S. phone number

Secondary Phone:

6023880003

☐ Check here if this is not a U.S. phone number

Fax Number:

Email Address (*required for electronic delivery of your account statement and trade confirmations*):

jrking80@gmail.com

Please specify if you are:

☐ Employed ☐ Unemployed ☒ Retired ☐ Homemaker ☐ Student ☐ Self-Employed

Employer Name (*If Self-Employed, provide the name of your business*):

Please choose from the list provided on page 6 the occupation code and industry of occupation code that most accurately describes your situation.

Occupation:

Industry of Occupation:

Employer Street Address:

City:

State:

ZIP Code:

Country:

Annual Income: ☐ \$0 - \$24,999 ☐ \$25,000 - \$49,999 ☐ \$50,000 - \$99,999 ☐ \$100,000 - \$249,999 ☒ \$250,000+

Approximate net worth: (*not including primary residence*) ☐ \$0 - \$14,999 ☐ \$15,000 - \$49,999 ☐ \$50,000 - \$99,999 ☐ \$100,000 - \$249,999 ☐ \$250,000 - \$499,999 ☐ \$500,000 - \$999,999 ☐ \$1,000,000 - \$1,999,999 ☒ \$2,000,000+

What best describes the ongoing source of funds for this account? ☐ Employment/Wages ☐ Retirement Funds ☐ Gift ☐ Savings ☐ Inheritance/Trust ☒ Investments ☐ Unemployment/Disability ☐ Legal Settlement ☐ Lottery/Gambling ☐ Spousal/Parental Support ☐ Other (*describe source of funds*):

☐ Check here if you are NOT a U.S. citizen.

Country of Citizenship:

Country of Dual or Secondary Citizenship:

Country of Birth:

Non-U.S. citizens: Do you hold a current U.S. immigration visa?

☐ Yes ☐ No

Specify visa type:

Visa Number:

Expiration:

Nonresident aliens must submit a W-8BEN form, a copy of a current passport, and a copy of a bank or brokerage statement. If a U.S. address is listed, then attach a Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to form W-8. This form can be found on the TD Ameritrade Forms Library: <https://www.tdameritrade.com/form-library>.

☐ Check here if you, any member of your immediate family, including parents, in-laws, siblings, and dependents is a member of the board of directors, 10% shareholder, or policy-making official of a publicly traded company. Specify the company ticker symbol, name, address, city and state.

☐ Check here if you, any member of your immediate family living in the same household, including parents, in-laws, siblings, and dependents is licensed, employed by, or associated with, a broker-dealer firm, a financial services regulator, securities exchange, or member of a securities exchange. If checked, please specify entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this application):



2. ACCOUNT CO-OWNER/CO-TRUSTEE (CUSTODIAN'S INFORMATION IF UTMA/UGMA)

Guardian, Conservator, or Custodian (collectively, "Appointed Fiduciary") Information should be entered here.

Name Prefix (optional): ☐ Mr. ☒ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

Full Legal Name (required):

Shannon Leigh King

Date of Birth:
(MM-DD-YYYY) [REDACTED] 1982Social Security Number/Estate Tax ID:
(SSN/TIN) [REDACTED] 2232Home Address:
(no PO box or mail drop) [REDACTED]City:
San Juan CapistranoState:
CAZIP Code:
[REDACTED]Country:
Orange County

Primary Phone:

☐ Check here if this is not a U.S. phone number

6023880003

Secondary Phone:

☐ Check here if this is not a U.S. phone number

Fax Number:

Email Address (required for electronic delivery of
your account statement and trade confirmations): jrking80@gmail.com

Please specify if you are:

☐ Employed ☐ Unemployed ☒ Retired ☐ Homemaker ☐ Student ☐ Self-EmployedEmployer Name (If Self-Employed,
provide the name of your business):Please choose from the list provided on page 6 the occupation code and industry of occupation code that most accurately describes your situation.
Occupation: Industry of Occupation:

Employer Street Address:

City:

State:

ZIP Code:

Country:

Annual Income: ☐ \$0 - \$24,999 ☐ \$25,000 - \$49,999 ☐ \$50,000 - \$99,999 ☐ \$100,000 - \$249,999 ☒ \$250,000+Approximate net worth:
(not including primary residence) ☐ \$0 - \$14,999 ☐ \$15,000 - \$49,999 ☐ \$50,000 - \$99,999 ☐ \$100,000 - \$249,999
☐ \$250,000 - \$499,999 ☐ \$500,000 - \$999,999 ☐ \$1,000,000 - \$1,999,999 ☒ \$2,000,000+What best describes the ongoing
source of funds for this account?☐ Employment/Wages ☐ Retirement Funds ☐ Gift ☐ Savings
☐ Inheritance/Trust ☒ Investments ☐ Unemployment/Disability ☐ Legal Settlement
☐ Lottery/Gambling ☐ Spousal/Parental Support ☐ Other (describe source of funds):☐ Check here if you are NOT a U.S. citizen.

Country of Citizenship:

Country of Dual or Secondary Citizenship:

Country of Birth:

Non-U.S. citizens: Do you hold a current U.S. immigration visa?

☐ Yes ☐ No

Specify visa type:

Visa Number:

Expiration:

Nonresident aliens must submit a W-8BEN form, a copy of a current passport, and a copy of a bank or brokerage statement. If a U.S. address is listed, then attach a Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to form W-8. This form can be found on the TD Ameritrade Forms Library: <https://www.tdameritrade.com/form-library>.☐ Check here if you, any member of your immediate family, including parents, in-laws, siblings, and dependents is a member of the board of directors, 10% shareholder, or policy-making official of a publicly traded company. Specify the company ticker symbol, name, address, city and state.☐ Check here if you, any member of your immediate family living in the same household, including parents, in-laws, siblings, and dependents is licensed, employed by, or associated with, a broker-dealer firm, a financial services regulator, securities exchange, or member of a securities exchange. If checked, please specify entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this application):**3. ENTITY INFORMATION**

Title of Entity:

Tax ID Number:

(U.S. Social Security Number, if applicable)

Date of Formation:

(MM-DD-YYYY)

Business Address:

(no PO box or mail drop)

City:

State:

ZIP Code:

Country:

Mailing Address: (if different from above)			
City:	State:	ZIP Code:	Country:
Primary Phone: <input type="checkbox"/> Check here if this is not a U.S. phone number		Secondary Phone: <input type="checkbox"/> Check here if this is not a U.S. phone number	
Fax Number:			
Email Address (required for electronic delivery of your account statement and trade confirmations):			
<input type="checkbox"/> U.S. Entity <input type="checkbox"/> Foreign Entity - Country of Formation: (complete appropriate Form W-8)		State/Province of Formation:	
Type of Business: (Please choose from the list provided on page 6 the industry of occupation code that most accurately describes your situation)			
If this is a trust account, please specify name of Grantor and date of formation:		If this entity is a publicly traded company, please specify the stock symbol:	

4. CONTROL PERSON

Control Person means a single individual with significant responsibility to control, manage, or direct a legal entity customer, including an executive officer or senior manager (for example, a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer); or any other individual who regularly performs similar functions.

Full Legal Name: Justin King			
Home Street Address: (no PO box or mail drop) [REDACTED]			
City: San Juan Capistrano	State: CA	ZIP Code: [REDACTED]	Country:
Date of Birth: (MM-DD-YYYY) [REDACTED] 1980	U.S. Social Security Number: (SSN) [REDACTED] 6210		
<input type="checkbox"/> Check here if you are NOT a U.S. citizen.		Country of Citizenship:	
Country of Dual or Secondary Citizenship:		Country of Birth:	
Non-U.S. citizens: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No		Specify visa type:	Visa Number:
			Expiration:

Nonresident aliens must submit a copy of a current passport and a copy of a bank or brokerage statement.

5. BENEFICIAL OWNERS

Beneficial Owner means each individual, if any, who, directly or indirectly, owns 25% or more of the equity interest of a legal entity customer (10% or more if the legal entity customer is foreign).

BENEFICIAL OWNER #1

Name Prefix (optional): <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.			
Full Legal Name: Justin King			
Home Street Address: (no PO box or mail drop) [REDACTED]			
City: San Juan Capistrano	State: CA	ZIP Code: [REDACTED]	Country: Orange County
Date of Birth: (MM-DD-YYYY) [REDACTED] 1980	U.S. Social Security Number: (SSN) [REDACTED] 6210		
<input type="checkbox"/> Check here if you are NOT a U.S. citizen.		Country of Citizenship:	
Country of Dual or Secondary Citizenship:		Country of Birth:	
Non-U.S. citizens: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No		Specify visa type:	Visa Number:
			Expiration:

Nonresident aliens must submit a copy of a current passport and a copy of a bank or brokerage statement.

BENEFICIAL OWNER #2

Name Prefix (optional): <input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.			
Full Legal Name: Shannon Leigh King			
Home Street Address: (no PO box or mail drop) [REDACTED]			
City: San Juan Capistrano	State: CA	ZIP Code: 92675	Country: Orange County
Date of Birth: (MM-DD-YYYY) [REDACTED] 1982	U.S. Social Security Number: (SSN) [REDACTED] 2232		
<input type="checkbox"/> Check here if you are NOT a U.S. citizen.		Country of Citizenship:	
Country of Dual or Secondary Citizenship:		Country of Birth:	
Non-U.S. citizens: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No		Specify visa type:	Visa Number:
			Expiration:

Nonresident aliens must submit a copy of a current passport and a copy of a bank or brokerage statement.

BENEFICIAL OWNER #3

Name Prefix (optional): <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.			
Full Legal Name:			
Home Street Address: (no PO box or mail drop)			
City:	State:	ZIP Code:	Country:
Date of Birth: (MM-DD-YYYY)	U.S. Social Security Number: (SSN)		
<input type="checkbox"/> Check here if you are NOT a U.S. citizen.		Country of Citizenship:	
Country of Dual or Secondary Citizenship:		Country of Birth:	
Non-U.S. citizens: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No		Specify visa type:	Visa Number:
			Expiration:

Nonresident aliens must submit a copy of a current passport and a copy of a bank or brokerage statement.

BENEFICIAL OWNER #4

Name Prefix (optional): <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.			
Full Legal Name:			
Home Street Address: (no PO box or mail drop)			
City:	State:	ZIP Code:	Country:
Date of Birth: (MM-DD-YYYY)	U.S. Social Security Number: (SSN)		
<input type="checkbox"/> Check here if you are NOT a U.S. citizen.		Country of Citizenship:	
Country of Dual or Secondary Citizenship:		Country of Birth:	
Non-U.S. citizens: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No		Specify visa type:	Visa Number:
			Expiration:

Nonresident aliens must submit a copy of a current passport and a copy of a bank or brokerage statement.

If additional beneficial owners need to be disclosed, please copy this page as needed.

Occupation Codes		
A42 Accountant/Auditor/Bookkeeper	C82 Compliance/Regulatory Professional	N21 Nurse
A62 Adjuster	C92 Consultant	O11 Office Associate
A82 Advertiser/Marketer/PR Professional	C43 Counselor/Therapist	O21 Other; If Other, include a description in the Occupation box.
A33 Air Traffic Controller	C53 Customer Service Representative	P81 Pharmacist
A43 Ambassador/Consulate Professional	D11 Dealer	P91 Physical Therapist
A53 Analyst	D61 Dentist	P22 Pilot
A63 Appraiser	D31 Distributor	P32 Police Officer/Firefighter/Law Enforcement Professional
A73 Architect/Designer	D41 Doctor/Surgeon/Physician	P42 Politician
A83 Artist/Performer/Actor/Dancer	D51 Driver	P52 Project Manager
A93 Assistant/Executive Assistant	E51 Engineer	R81 Real Estate Professional
A44 Athlete	E71 Exterminator	R71 Researcher
A64 Attorney/Judge/Legal Professional	F71 Factory/Warehouse Worker	S41 Salesperson
A74 Auctioneer	F81 Farmer/Rancher	S51 Scientist
L51 Banker/Lending Professional	F91 Financial Planner/Advisor	S61 Seamstress/Tailor
B21 Barber/Beautician/Hairstylist	F22 Flight Attendant	S71 Security Guard
B31 Broker/Registered Rep	F32 Human Resources Professional	S81 Social Worker
B41 Business Executive (VP, Director, etc.)	I41 Importer/Exporter	T41 Teacher/Professor
B51 Business Owner	I51 Inspector/Investigator	T51 Technician
C81 Caregiver	I81 Investor	T61 Teller
C91 Carpenter/Construction Worker/Contractor	I91 IT Professional/IT Associate	T71 Tradesperson/Craftsperson
C22 Cashier	J31 Janitor	T81 Trainer/Instructor
C32 Chef/Cook	J41 Jeweler	U21 Underwriter
C42 Chiropractor	L31 Laborer	V11 Veterinarian
C52 Civil Servant	L41 Landscaper	W21 Writer/Journalist/Editor
C62 Clergy	M91 Mechanic	
C72 Clerk	M22 Military, Officer or Associated	
	M32 Mortician/Funeral Director	
Industry of Occupation Codes		
A11 Accounting	F11 Fashion/Clothing	O31 Other; If Other, include a description in the Industry of Occupation box
A21 Advertising/Marketing	F21 Financial Services	P11 Parking and Car Washes
A31 Aerospace/Defense	F51 Firearms and Explosives	P21 Pawn Shops/Brokers
A41 Agriculture/Forestry	G11 Gaming/Casino/Card Club	P31 Personal Care/Hygiene (Beauty, Salon, Cosmetics, Massage, etc.)
A51 Amusement and Recreation	G21 Government/Public Administration	P41 Pharmaceuticals
A61 Animal Services and Veterinary	G31 Grocery/Supermarket	P51 Printing/Publishing
A71 Architecture/Design	H11 Healthcare/Medical Services	P71 Professional/Civic Organizations (Non-Retail)
A81 Arts/Antiques	H21 Hotel/Hospitality	R11 Real Estate
A91 Athletics/Fitness	I11 Import/Export	R21 Religious Organization
A32 Automotive	I21 Information Technology (IT)	R31 Repair Services - Home, Auto, and Other
B11 Aviation	I31 Insurance	R41 Restaurant/Food Service
C11 Bar/Nightclub/Adult Entertainment Club	J11 Jewelry, Gems, and Precious Metals	R51 Retail Sales/Retail Trade
C21 Childcare	L11 Legal Services/Public Safety	S11 Science and Biotechnology
C31 Cleaning/Janitorial/Housekeeping	L21 Logistics/Supply Chain	S21 Security
C41 Communications/Telecommunications	M11 Manufacturing	T11 Transportation
C51 Construction/Carpentry/Landscaping	M21 Maritime	T31 Travel
C61 Convenience Store/Liquor Store/Gas Station	M31 Media/Entertainment	U11 Utilities (Public)
C71 Customer Service and Support	M41 Mining, Oil, and Gas	W11 Wholesale Sales/Trade
E11 Education	M51 Money Services Businesses (Check Cashing, Money Transmitting, Payday Loans, Currency Exchange)	
E21 Embassy/Consulate	N11 Non-Profit/NGO (Non-Government Agency)/Charity	
E31 Energy		
E41 Engineering		

6. SIGNATURE (ONLY ONE SIGNATURE REQUIRED)

Account Owner's/Co-Owner's/Trustee's/
Appointed Fiduciary's/Authorized Agent's printed name:

Justin King

☒ Account Owner's/Co-Owner's/Trustee's/
Appointed Fiduciary's/Authorized Agent's Signature:

Date:
01-23-2020

Original signatures required; electronic signatures and/or signature fonts are not authorized.

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

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EXHIBIT "4"



LLC, Investment Club, or Partnership Account Application

PO Box 2760 ■ Omaha, NE 68103-2760

Fax: 866-468-6268

Questions? Call a New Accounts representative at 800-276-8746.

Please visit us at www.tdameritrade.com for more information about opening an account.

In this agreement, "Account Owner," "I," and "my" refer to the entity for which this account is established and/or the natural person(s) authorized to represent and act on behalf of the entity. "You" or "Your" or "TD Ameritrade" means TD Ameritrade, Inc.

1. TYPE OF ACCOUNT (Please select only one. Additional paperwork may be required.)

☒ **Limited Liability Company** – Enter the tax classification (C=C corporation, S=S corporation, P= partnership) C. By checking this box, the undersigned managing members of the below-named Limited Liability Company (LLC) duly organized under the laws of the state/province listed below hereby authorize TD Ameritrade Clearing, Inc. ("Clearing Firm") to open an account. The undersigned hereby authorize the parties listed in Section 6 ("Authorized Agents"), or any one of them, as the LLC's agents and attorneys-in-fact.

☐ Check here if you are single member LLC.

☐ Check here if an individual retirement account or IRA is a member of the LLC (hereinafter, "IRA, LLC").

☐ **Investment Club** – By checking this box, the undersigned members of the Investment Club listed in Section 3 of this application hereby authorize TD Ameritrade Clearing, Inc. ("Clearing Firm") to open an account. The undersigned members hereby authorize the parties listed in Section 6 ("Authorized Agents"), or any one of them, as their agents and attorneys-in-fact.

☐ **Partnership** – By checking this box, the undersigned general partners of a duly organized Partnership under the laws of the state/province and the name listed in Section 3 of this application hereby authorize TD Ameritrade Clearing, Inc. ("Clearing Firm") to open an account. The undersigned hereby authorize the parties listed in Section 6 of this application ("Authorized Agents"), or any one of them, as the Partnership's agents and attorneys-in-fact.

☐ **Limited Partnership** – By checking this box, the undersigned general partners of a duly organized Partnership under the laws of the state/province and the name listed in Section 3 of this application hereby authorize TD Ameritrade Clearing, Inc. ("Clearing Firm") to open an account. The undersigned hereby authorize the parties listed in Section 6 of this application ("Authorized Agents"), or any one of them, as the Partnership's agents and attorneys-in-fact.

2. FUNDING YOUR ACCOUNT

Please consult the TD Ameritrade Account Handbook for funding guidelines.

I will be funding with:

☐ A check. Please make check payable to TD Ameritrade Clearing, Inc.

☒ A wire transfer to be initiated after account opening. Please contact TD Ameritrade prior to initiating a wire transfer.

☐ A transfer of assets from an existing account. Please complete and include an Account Transfer Form and a copy of your most recent statement.

☐ A transfer from an existing TD Ameritrade account. Please complete and include an Internal Transfer Form.

☐ Stock certificates. Please contact TD Ameritrade prior to submitting certificates.

We will require a completed Entity Authorized Agent Form if you are funding this account with physical stock certificates.

3. ENTITY INFORMATION

Title of Entity:

Opukat, LLC

Tax ID Number:

2435

Note: If a Social Security Number is provided, the Entity must be either a Single-Member LLC or an LLC solely owned by spouses as Community Property, and the Entity must have elected to be treated as a disregarded entity for federal income tax purposes.

Name Prefix (optional): ☐ Mr. ☒ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

Contact Name:

(for mailing purposes only)

Shannon King

Relationship to Entity:

owner

Business Address:

(no PO box or mail drop)

City:

Sheridan

State:

WY

ZIP Code:

82801

Country:

USA

Mailing Address:

(if different from above)

City:

State:

ZIP Code:

Country:

Primary Phone:

480 721

☐ Check here if this is not a U.S. phone number

Secondary Phone:

602 388

☐ Check here if this is not a U.S. phone number

Fax Number:

Email Address (required for electronic delivery of your account statement and trade confirmations):

SLKing311@



☒ U.S. Entity ☐ Foreign Entity-Country of Formation: (complete appropriate Form W-8) State/Province of Formation/Organization: NY

Type of Business: (Please choose from the list provided on page 12 the industry of occupation code that most accurately describes your situation.)

In the space provided, please describe how your entity generates income:

INVESTMENTS

Is this a Pooled Asset Vehicle?

☐ Yes ☒ No

If this entity is a publicly traded company, please specify the stock symbol:

4. AFFILIATIONS

☐ Check here if any Partner/Authorized Agent, their spouse, any member of their immediate families, including parents, in-laws, siblings, and dependents is a member of the board of directors, 10% shareholder, or policy-making officer of a publicly traded company. Specify the name of the affiliated person/Authorized Agent, the company ticker symbol, name, address, city, and state:

☐ Check here if any Partner/Authorized Agent, their spouse, any member of their immediate families, including parents, in-laws, siblings, and dependents is licensed, employed by, or associated with, a broker-dealer firm, a financial services regulator, securities exchange, or member of a securities exchange. If checked, please specify the name of the affiliated person/Authorized Agent and affiliated entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this application):

☐ Check here if any Partner/Authorized Agent, their spouse, any member of their immediate families, including parents, in-laws, siblings, and dependents is, or is employed by, a federal or state registered Investment Advisor. Specify the name of the person affiliated with the Authorized Agent employed by the Registered Investment Advisor and Investment Advisor company name:

☐ Check here if any Partner/Authorized Agent, their spouse, any member of their immediate families, including parents, in-laws, siblings, and dependents is using a license in a professional sales or trading capacity. Specify the name of the licensed professional, their relationship to the Authorized Agent, and if associated with an entity:

5. AUTHORIZED AGENT COMPENSATION

☐ Check here if any Authorized Agent (unaffiliated with the entity) is being compensated for providing investment advice, placing trades, or otherwise managing the account.

6. PARTNER/AUTHORIZED AGENT ONLY

☒ Check here if this is a domestic entity and this person owns 25% or more.

☐ Check here if this is a foreign entity and this person owns 10% or more.

Name Prefix (optional): ☒ Mr. ☐ Mrs. ☒ Ms. ☐ Dr. ☐ Rev.

Full Legal Name:

Justin King

Date of Birth:
(MM-DD-YYYY)

80

Number of Dependents:

5

U.S. Social Security Number:
(SSN)*

6210

Home Address:
(no PO box or mail drop)

City:

San Juan Capistrano CA

State:

CA

ZIP Code:

Country:

USA

Please specify if you are:

☐ Employed ☐ Unemployed ☐ Retired ☐ Homemaker ☐ Student ☒ Self-Employed

Source of income (if Unemployed, Retired, Homemaker, or Student):

Self-Employed

Employer Name (If Self Employed,
provide the name of your business):

Opulent LLC

Please choose from the list provided on page 12 the occupation code and industry of occupation code that most accurately describes your situation.

Occupation:

101

Industry of Occupation:

Employer Street Address:

City:

Sheridan

State:

NY

ZIP Code:

82801

Country:

USA

☐ Check here if you are NOT a U.S. citizen.

Country of Citizenship:

USA

Country of Dual/Secondary Citizenship:

Country of Birth:

Non-U.S. citizens**: Do you hold a current U.S. immigration visa?

☐ Yes ☐ No

Specify visa type:

Visa Number:

Expiration:

*If none, I will submit a photocopy of my passport.

**Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement, if a U.S. address is listed, then attach a Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to form W-8. This form can be found on the TD Ameritrade Forms Library:
<https://www.tdameritrade.com/form-library>

PARTNER/AUTHORIZED AGENT ONLY

- ☐ Check here if this is a domestic entity and this person owns 25% or more.
☐ Check here if this is a foreign entity and this person owns 10% or more.

Name Prefix (optional): ☐ Mr. ☒ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

Full Legal Name: Shannon Leigh King

Date of Birth: (MM-DD-YYYY) [REDACTED] 1982 Number of Dependents: 5 U.S. Social Security Number: (SSN)* [REDACTED] 2232

Home Address: (no PO box or mail drop) [REDACTED]

City: San Juan Capistrano State: CA ZIP Code: [REDACTED] Country: USA

Please specify if you are:
☐ Employed ☐ Unemployed ☐ Retired ☐ Homemaker ☐ Student ☒ Self-Employed Source of income (if Unemployed, Retired, Homemaker, or Student): Trading

Employer Name (If Self Employed, provide the name of your business): Opulent, LLC

Please choose from the list provided on page 12 the occupation code and industry of occupation code that most accurately describes your situation.
 Occupation: 181 Industry of Occupation: Financial

Employer Street Address: [REDACTED]

City: Sheridan State: AZ ZIP Code: 82801 Country: USA

☐ Check here if you are NOT a U.S. citizen. Country of Citizenship:

Country of Dual/Secondary Citizenship: Country of Birth:

Non-U.S. citizens**: Do you hold a current U.S. immigration visa? ☐ Yes ☐ No Specify visa type: Visa Number: Expiration:

*If none, I will submit a photocopy of my passport.

**Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement. If a U.S. address is listed, then attach a Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to form W-8. This form can be found on the TD Ameritrade Forms Library: <https://www.tdameritrade.com/form-library>

PARTNER/AUTHORIZED AGENT ONLY

- ☐ Check here if this is a domestic entity and this person owns 25% or more.
☐ Check here if this is a foreign entity and this person owns 10% or more.

Name Prefix (optional): ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

Full Legal Name: N/A

Date of Birth: (MM-DD-YYYY) [REDACTED] Number of Dependents: [REDACTED] U.S. Social Security Number: (SSN)* [REDACTED]

Home Address: (no PO box or mail drop) [REDACTED]

City: [REDACTED] State: [REDACTED] ZIP Code: [REDACTED] Country: [REDACTED]

Please specify if you are:
☐ Employed ☐ Unemployed ☐ Retired ☐ Homemaker ☐ Student ☐ Self-Employed Source of income (if Unemployed, Retired, Homemaker, or Student):

Employer Name (If Self Employed, provide the name of your business):

Please choose from the list provided on page 12 the occupation code and industry of occupation code that most accurately describes your situation.
 Occupation: [REDACTED] Industry of Occupation: [REDACTED]

Employer Street Address: [REDACTED]

City: [REDACTED] State: [REDACTED] ZIP Code: [REDACTED] Country: [REDACTED]

☐ Check here if you are NOT a U.S. citizen. Country of Citizenship:

Country of Dual/Secondary Citizenship: Country of Birth:

Non-U.S. citizens**: Do you hold a current U.S. immigration visa? ☐ Yes ☐ No Specify visa type: Visa Number: Expiration:

*If none, I will submit a photocopy of my passport.

**Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement. If a U.S. address is listed, then attach a Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to form W-8. This form can be found on the TD Ameritrade Forms Library:
<https://www.tdameritrade.com/form-library>

Please make additional copies if necessary.

7. CONTROL PERSON (Required)

Control Person means a single individual with significant responsibility to control, manage, or direct a legal entity customer, including an executive officer or senior manager (for example, a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer); or any other individual who regularly performs similar functions.

Name Prefix (optional): ☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

Full Legal Name:

Justin King

☒ Check here if you have already provided your contact information above in section 6.

Home Street Address:
(no PO box or mail drop)

City:	State:	ZIP Code:	Country:
Date of Birth: (MM-DD-YYYY)	U.S. Social Security Number (SSN)		
<input type="checkbox"/> Check here if you are NOT a U.S. citizen.	Country of Citizenship:		
Country of Dual or Secondary Citizenship:	Country of Birth:		
Non-U.S. citizens: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify visa type:	Visa Number:	Expiration:

Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement. If a U.S. address is listed, then attach a Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to form W-8. This form can be found on the TD Ameritrade Forms Library:
<https://www.tdameritrade.com/form-library>

8. BENEFICIAL OWNERS (This section should be completed by only beneficial owners that are not already listed in section 6.)

Beneficial Owner means each individual, if any, who, directly or indirectly, owns 25% or more of the equity interest of a legal entity customer (10% or more if the legal entity customer is foreign).

BENEFICIAL OWNER #1

Name Prefix (optional): ☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

Full Legal Name:

Justin Robert King

Home Street Address:
(no PO box or mail drop)

City:	State:	ZIP Code:	Country:
San Juan Capistrano	CA		USA
Date of Birth: (MM-DD-YYYY)	U.S. Social Security Number (SSN)		
1980	6210		
<input type="checkbox"/> Check here if you are NOT a U.S. citizen.	Country of Citizenship:		
	USA		
Country of Dual or Secondary Citizenship:	Country of Birth:		
	USA		
Non-U.S. citizens: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify visa type:	Visa Number:	Expiration:

Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement. If a U.S. address is listed, then attach a Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to form W-8. This form can be found on the TD Ameritrade Forms Library:
<https://www.tdameritrade.com/form-library>

BENEFICIAL OWNER #2Name Prefix (optional): ☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

Full Legal Name:

Kevin Phillip Daniel

Home Street Address:
(no PO box or mail drop)

City:

Parker

State:

CO

ZIP Code:

Country:

USA

Date of Birth:
(MM-DD-YYYY)

1985

U.S. Social Security Number:
(SSN)

0825

0825

☐ Check here if you are NOT a U.S. citizen.

Country of Citizenship:

USA

Country of Dual or Secondary Citizenship:

Country of Birth:

USA

Non-U.S. citizens: Do you hold a current U.S. immigration visa?
☐ Yes ☐ No

Specify visa type:

Visa Number:

Expiration:

Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement. If a U.S. address is listed, then attach a Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to form W-8. This form can be found on the TD Ameritrade Forms Library:
<https://www.tdameritrade.com/form-library>.

BENEFICIAL OWNER #3Name Prefix (optional): ☐ Mr. ☐ Mrs. ☒ Ms. ☐ Dr. ☐ Rev.

Full Legal Name:

Kaleigh Josephine Larson

Home Street Address:
(no PO box or mail drop)

City:

San Juan Capistrano

State:

CA

ZIP Code:

Country:

USA

Date of Birth:
(MM-DD-YYYY)

2006

U.S. Social Security Number:
(SSN)

9498

☐ Check here if you are NOT a U.S. citizen.

Country of Citizenship:

USA

Country of Dual or Secondary Citizenship:

Country of Birth:

USA

Non-U.S. citizens: Do you hold a current U.S. immigration visa?
☐ Yes ☐ No

Specify visa type:

Visa Number:

Expiration:

Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement. If a U.S. address is listed, then attach a Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to form W-8. This form can be found on the TD Ameritrade Forms Library:
<https://www.tdameritrade.com/form-library>.

BENEFICIAL OWNER #4Name Prefix (optional): ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

Full Legal Name:

Home Street Address:
(no PO box or mail drop)

City:

State:

ZIP Code:

Country:

Date of Birth:
(MM-DD-YYYY)U.S. Social Security Number:
(SSN)☐ Check here if you are NOT a U.S. citizen.

Country of Citizenship:

Country of Dual or Secondary Citizenship:

Country of Birth:

Non-U.S. citizens: Do you hold a current U.S. immigration visa?
☐ Yes ☐ No

Specify visa type:

Visa Number:

Expiration:

Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement. If a U.S. address is listed, then attach a Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to form W-8. This form can be found on the TD Ameritrade Forms Library:
<https://www.tdameritrade.com/form-library>.

If additional beneficial owners need to be disclosed, please copy this page as needed.

9. TRADE CONFIRMATIONS AND ACCOUNT STATEMENTS

I understand that I will receive monthly account statements and trade confirmations electronically, unless I make a selection below. If I do not provide a valid email address, I will receive a quarterly paper statement or a monthly paper statement. Certain types of accounts or activity (such as options trading) require a monthly statement, either electronically or via U.S. mail. I will be responsible for any fees that apply. Accounts with a total liquidation value of \$100,000 or an average of five trades per month over a three-month period are eligible to receive free paper statement and confirmation delivery.

If I elect to receive either electronic statements or electronic confirmations, I will receive shareholder information electronically when available.

Account Statement: ☒ Electronic Monthly ☐ Paper Monthly (\$2 fee may apply each month) ☐ Paper Quarterly (\$2 fee may apply each quarter)

Trade Confirmation: ☒ Electronic ☐ Paper

☒ Unless I have checked this box, TD Ameritrade will provide my name to corporations whose securities I hold in my account for the purpose of additional corporate communications.

10. INVESTMENTS PERMITTED

The undersigned certify that the entity may open a brokerage account and enter into purchases and sales of securities in a cash account as well as other types of transactions indicated below:

☒ Margin

Options: ☒ Write covered calls, write cash-secured puts
☒ Purchase options

☒ Create spreads
☒ Write uncovered options

11. VERBAL PASSWORD (Optional)

You may opt to add an additional level of security to your account by adding a verbal password. This verbal password will be used for verification purposes when you call in and speak with a TD Ameritrade representative. Once established, if the correct verbal password is not provided to us when calling, account access will not be permitted.

The verbal password must be no more than 24 characters, it can include letters and numbers, cannot contain special characters, and cannot be anything inappropriate, as determined by TD Ameritrade in its sole discretion.

Verbal Password: _____

12. OFFER CODE (Optional)

By entering an offer code in this field, you represent and warrant that you have read and agree to the applicable Offer Terms & Conditions. If the offer code you enter is invalid, no offer will be applied to your account. If you have questions regarding offer codes, please call 1-800-454-9272.

Offer Code: 220

13. TRUSTED CONTACT (Optional)

By completing this section, you authorize TD Ameritrade to contact the person(s) named below for the following reasons: if there are questions or concerns about my whereabouts or health status; if TD Ameritrade suspects that I may be a victim of fraud or financial exploitation; if TD Ameritrade suspects that I might no longer be able to handle my financial affairs; to confirm the identity of any legal guardian, executor, trustee, authorized trader, or holder of a power of attorney; or if TD Ameritrade has any other concerns or is unable to contact me about my account(s) held at TD Ameritrade. Please review the Client Agreement for the full terms and conditions regarding how TD Ameritrade uses this information.

NOTE: Your Trusted Contact must be someone other than an account owner. You may provide more than two Trusted Contact Persons by completing and signing additional Authorization Forms.

First Name: <u>Justin</u>	Middle Initial: <u>R</u>	Last Name: <u>King</u>
Relationship: <u>Husband</u>		
Primary Telephone Number: <u>602-308-XXXX</u>	Email Address: <u>jrking80@XXXX</u>	
Mailing Address: _____		
City: <u>San Juan Capistrano</u>	State: <u>CA</u>	ZIP Code: _____ Country: <u>USA</u>
First Name: _____	Middle Initial: _____	Last Name: _____
Relationship: _____		
Primary Telephone Number: _____	Email Address: _____	
Mailing Address: _____		
City: _____	State: _____	ZIP Code: _____ Country: _____

14. INVESTMENT OBJECTIVES

For definitions regarding investment objectives, please see page 11 of the application.

Select the degree of risk you are willing to take with the assets in this account:

☐ Conservative ☐ Moderate ☒ Aggressive ☐ Speculative

Select the primary investment objective for the account:

☐ Conservative ☐ Moderate ☐ Moderate Growth ☐ Growth ☒ Aggressive Growth

Select the secondary investment objectives for the account:
(Check at least one or all that apply)

☐ Conservative ☐ Moderate ☐ Moderate Growth ☐ Growth ☒ Aggressive Growth ☐ None

Select your liquidity needs for this account:

(Check only one that applies.) ☐ Within 3 months ☐ 4 - 6 months ☐ 7 - 9 months ☐ 10 - 12 months ☒ More than 1 year

Select the investment time horizon for this account:

☐ Less than 1 year ☐ 1 - 3 years ☐ 4 - 6 years ☐ 7 - 9 years ☐ 10 - 12 years ☒ 13 years or more

15. FINANCIAL INFORMATION

Please provide all of the following financial information. Financial information is based on the entity. **All qualified accounts are opened as margin accounts.** A margin account allows me to borrow from TD Ameritrade against certain securities as my collateral. A decline in the value of my securities may require me to provide additional funds, or you may force the sale of securities in my account. Selling short can expose me to potentially unlimited risk. To learn more about the potential benefits of margin borrowing and the associated risks involved, read the Margin Account Handbook. The undersigned acknowledge that, if the account is for an IRA, LLC; the use of margin may generate unrelated business taxable income ("UBTI") with respect to the IRA(s) investing in the IRA, LLC; and TD Ameritrade shall have no responsibility for preparing or making any required filings with the Internal Revenue Service (including, but not limited to, IRS Form 990-T), or for payment of any required taxes with respect to such UBTI.

☐ Check this box to decline margin privileges. Open the account as cash only.

Annual Net Profit: ☐ \$0-\$24,999 ☐ \$25,000-\$49,999 ☐ \$50,000-\$99,999 ☐ \$100,000-\$249,999 ☒ \$250,000+

Approximate Net Worth: ☐ \$0-\$14,999 ☐ \$15,000-\$49,999 ☐ \$50,000-\$99,999 ☐ \$100,000-\$249,999
(not including place of business) ☐ \$250,000-\$499,999 ☐ \$500,000-\$999,999 ☐ \$1,000,000-\$1,999,999 ☒ \$2,000,000+

Approximate Liquid Net Worth: ☐ \$0-\$14,999 ☐ \$15,000-\$49,999 ☐ \$50,000-\$99,999 ☐ \$100,000-\$249,999
(cash, stocks, etc.) ☐ \$250,000-\$499,999 ☐ \$500,000-\$999,999 ☐ \$1,000,000-\$1,999,999 ☒ \$2,000,000+

OPTIONS ACCOUNT

Due to the risks involved in options, I understand you are required to obtain the following information. The Financial Information section must be completed to be considered for options.

☐ Check this box to decline option privileges.

16. OPTIONS OBJECTIVES

For definitions regarding options objectives, please see page 11 of the application. (Completed on behalf of the entity)

Types of Transactions: ☒ Stocks ☐ Bonds ☒ Options
(Check all that apply)

What Are Your Options Investment Objectives? ☒ Growth ☐ Speculative ☒ Income ☐ Conservation of Capital
(Check all that apply)

What Type of Activity Do You Plan to Conduct in Your Options Account? ☐ Tier 1 - Covered
Write covered calls
Write cash-secured puts ☐ Tier 2 - Standard Cash
Purchase options
Write covered calls
Write cash-secured puts ☐ Tier 2 - Standard Margin
Create spreads
Purchase options
Write covered puts
Write covered calls
Write cash-secured puts
Requires Margin Account ☒ Tier 3 - Advanced
Write uncovered options
Create spreads
Purchase options
Write covered puts
Write covered calls
Requires Margin Account

17. CASH SWEEP VEHICLE CHOICES (Please select only one)

You offer me choices in managing all aspects of my portfolio. This includes offering different programs to earn interest on the cash in my account through your Cash Balance programs. See the Client Agreement for a complete description of the Cash Sweep program. **If I do not make a selection, my cash balances will be swept to the TD Ameritrade FDIC Insured Deposit Account. Other sweep choices are available for clients with household values greater than \$500,000 and cash balances of more than \$100,000.** I understand my account statement will include sweep transactions involving money market funds in lieu of immediate trade confirmations.

☒ TD Ameritrade FDIC Insured Deposit Account (IDA)

☐ TD Ameritrade Cash (Protected by the Securities Investor Protection Corporation (SIPC))

18. MEMBER/PARTNER SIGNATURES (If Authorized Agent is a Member/Partner, he or she must also sign this section.)

Members/Partners must be of the age of majority to sign as a Member/Partner. The undersigned are all Members/Partners of the aforesaid Investment Club/Partnership/LLC. If an IRA is a member, the IRA account owner must sign for the benefit of the IRA. If an Entity or Trust is a member, an authorized agent must sign for the benefit of the Entity or Trust, as well as complete an Entity Authorized Agent Form TDA 1187. This form can be found on the TD Ameritrade Forms Library: <https://www.tdameritrade.com/form-library>.

Original signatures are required; electronic signatures and/or signature fonts are not authorized.

Full Legal Name:

X Signature: Shannon Leigh King

Full Legal Name:

X Signature: Justin King

Full Legal Name:

X Signature:

Full Legal Name:

X Signature:

Full Legal Name:

X Signature:

Full Legal Name:

X Signature:

Full Legal Name:

X Signature:

Full Legal Name:

X Signature:

Full Legal Name:

X Signature:

Full Legal Name:

X Signature:

19. TRADING AUTHORIZATION

If this is an Investment Club, Partnership, or Limited Partnership, then Clearing Firm is authorized to follow the instructions of Authorized Agents, or any one of them, in every respect concerning the undersigned's account with Clearing Firm, and make deliveries of securities and payment of monies to them or as they may order and direct. In all matters and things aforementioned, as well as in all other things necessary or incidental to the administration to the account of the undersigned, Authorized Agents, or any one of them, are authorized to act for or on behalf of the undersigned in the same manner and with the same force and effect as the undersigned might or could do, and are authorized to receive on the behalf of the undersigned's account demands, notices, confirmations, reports, statements of account, and communications of every kind, to make agreements on behalf of the undersigned's account, to terminate or modify same and waive any provisions thereof, to appoint or remove other Authorized Agents to act for and on behalf of the undersigned, and generally deal on behalf of the undersigned's account as fully and completely as if Authorized Agents were interested in said account, all without notice to the others interested in said account. The undersigned hereby ratify and confirm any and all transactions with Clearing Firm heretofore or hereafter made by Authorized Agents, or any one of them, for the undersigned's account. This authorization and indemnity is in addition to (and in no way limits or restricts) any rights which Clearing Firm may have under any other agreement between the undersigned and Clearing Firm. This authorization and indemnity is binding on the undersigned and their successors, heirs, beneficiaries, and estates, and is also a continuing one and shall remain in full force and effect until revoked by the undersigned by a written notice addressed to Clearing Firm and delivered to 200 South 108th Avenue, Omaha, NE 68154-2631, and shall continue after the death or insanity of any of the undersigned until receipt by Clearing Firm of written notice thereof; but such written revocation shall not affect any liability in any way resulting from transactions initiated prior to the receipt of such written revocation by Clearing Firm. This authorization and indemnity shall inure to the benefit of Clearing Firm and of any successor firm, irrespective of any change at any time in the personnel thereof, for any cause whatsoever, and of the assigns of Clearing Firm or any successor firm. The undersigned acknowledge receiving account documentation, agreements, and risk disclosure forms including the account "Client Agreement." The undersigned agree that this authorization is consistent with the terms and conditions set forth in any operating agreement, bylaws, articles of incorporation, or other governing instrument of the Investment Club, Partnership, or Limited Partnership and any and all rules and regulations, whether express or implied of the Investment Club, Partnership, or Limited Partnership. The undersigned, jointly and severally, indemnify TD Ameritrade, its divisions and affiliates thereof ("Indemnitees") and hold Indemnitees harmless from any liability for effecting any transactions if Indemnitees act pursuant to instructions given by the Authorized Agents. The undersigned agree to inform Indemnitees, immediately in writing, of any amendment to the Investment Club, Partnership, or Limited Partnership Operating Agreement, any change in composition of the Authorized Agents or members or any other event which would materially alter the certifications made above.

If this is an LLC, then Clearing Firm is authorized to follow the instructions of Authorized Managers, or any one of them, in every respect concerning the LLC's account with Clearing Firm, and make deliveries of securities and payment of monies to them or as they may order or direct. In all matters and things aforementioned, as well as in all other things necessary or incidental to the administration of the LLC's account, Authorized Managers, or any one of them, are authorized to act for and on behalf of the LLC in the same force and effect as the undersigned might or could do, and are authorized to receive on behalf of the LLC's account demands, notices, confirmations, reports, statements of account, and communications of every kind, to make agreements on behalf of the LLC's account, to terminate or modify same or waive any provisions thereof, and generally to deal on behalf of the LLC's account as fully and completely as if Authorized Managers were interested in said account, all without notice to the other partners of the LLC. The undersigned hereby ratify and confirm any and all transactions with Clearing Firm heretofore or hereafter made by Authorized Managers, or any one of them, for the LLC's account. This authorization is in addition to (and in no way limits or restricts) any rights Clearing Firm may have under any other agreement between the undersigned and Clearing Firm. This authorization is binding on the undersigned and the LLC and for their respective successors and assigns, and is also a continuing one and shall remain in full force and effect until revoked by the undersigned, or their respective successors, and assigned by a written notice addressed to Clearing Firm and delivered to 200 South 108th Avenue, Omaha, NE 68154-2631. In the event any of the undersigned cease to be members of the LLC, Clearing Firm is authorized (a) to continue to treat such person as a member for all purposes, and as bound by this authorization until such time as one of the undersigned, or such person's representative, delivers a written notice to Clearing Firm, at the address set forth above, to the effect that such person has ceased to be a member and will no longer be bound by this authorization, and (b) to take such proceedings, require such papers, retain such portion of or restrict transactions in the LLC's account as Clearing Firm may deem advisable to protect it against any liability, penalty, or loss under any present or future law or otherwise. It is further agreed that, in the event any of the undersigned cease to be a member of the LLC, the remaining member(s) will immediately cause you to be notified of such fact. No notice of revocation, or of any of the undersigned ceasing to be a member of the LLC, shall affect any authority hereby granted or any liability in any way resulting from transactions initiated prior to the receipt of the written notice thereof by Clearing Firm. This authorization shall inure to the benefit of Clearing Firm, and of any successor firm, irrespective of any change at any time in the personnel thereof, for any cause whatsoever, and of the assigns of Clearing Firm or any successor firm. We acknowledge receiving account documentation, agreements, and risk disclosure forms including the account Client Agreement.

If this is an IRA, LLC, the undersigned acknowledge that: TD Ameritrade does not act as the trustee or custodian of any IRA investing in the IRA, LLC; and the undersigned, and not TD Ameritrade, are responsible for compliance with all applicable laws, rules, and regulations concerning the operation of the IRA, LLC, including but not limited to Internal Revenue Code provisions regarding prohibited transactions. The undersigned, jointly and severally, indemnify and hold harmless Indemnitee from any liability relating to the operation of the IRA, LLC, including but not limited to Internal Revenue Code provisions regarding prohibited transactions, if Indemnitee acts pursuant to instructions given by the Authorized Agents.

20. ACCOUNT AGREEMENT

I have received and read the Client Agreement, which is incorporated by this reference, that will govern my account.

I release and agree to indemnify and hold harmless Indemnitees from any and all liability and claims for damages resulting from any action taken pursuant to this Agreement. By my signature below, I attest that I am of legal age to contract and that the information contained in this application is true and correct. I hereby request, subject to acceptance by TD Ameritrade, an account be opened in the name(s) set forth above. All securities, dividends, and proceeds will be held at the Clearing Firm unless otherwise instructed. I understand that TD Ameritrade may obtain a current consumer or credit report to determine my eligibility, or continuing eligibility, for credit or for other legitimate business purposes. Any decision by TD Ameritrade to extend credit may be based on information contained in a consumer or credit report, as well as the policies of the Clearing Firm. I understand that TD Ameritrade may relate information regarding this account, including account delinquency and voluntary closures, to consumer or credit reporting agencies. Upon my request, TD Ameritrade shall inform me of each consumer or credit reporting agency from which they have obtained and/or reported my consumer or credit report. TD Ameritrade agrees to notify the consumer or credit reporting agencies if I dispute the completeness or accuracy of the information furnished by TD Ameritrade. By my signature below, I authorize TD Ameritrade to obtain consumer or credit reports for the name(s) set forth below. I understand that non-deposit investments purchased through TD Ameritrade are not insured by the Federal Deposit Insurance Corporation (FDIC), are not obligations of or guaranteed by any financial institution, and are subject to investment risk and loss that may exceed the principal invested. Unless I have declined the margin feature, I acknowledge that securities securing loans from TD Ameritrade may be lent to TD Ameritrade and lent by TD Ameritrade to others. I also acknowledge that if I trade "on margin," I am borrowing money from TD Ameritrade and that I understand the requirements and risks associated with margin as summarized in the Margin Handbook and Margin Disclosure Document.

Important information about procedures for opening a new account:

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents. By my signature below, I attest that I am of legal age to contract, and I certify, to the best of my knowledge that the information provided on this application is complete and correct.

All Authorized Agents and Officers must provide their signatures below.

If an options account has been requested, the undersigned (Authorized Agents) agree to abide by the rules of the listed options exchanges and the Options Clearing Corporation, and will not violate current position and exercise limits. We are aware of the risks involved in options trading and represent the fact that the Entity is financially able to bear such risks and withstand options-trading losses.

If I am a U.S. person for tax purposes:

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number; (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Services (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; (3) I am a U.S. citizen or other U.S. person; and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

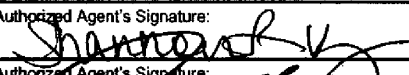
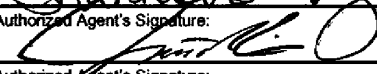
If I have been notified by the IRS that I am subject to backup withholding because I have failed to report all interest and dividends on my tax return, I must cross out (2) in this certification.

If I am not a U.S. Person for tax purposes:

I am submitting the applicable Form W-8 with this form to certify my foreign status.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

The Client Agreement applicable to this brokerage account contains a predispute arbitration clause. By signing this agreement, the parties agree to be bound by the terms of the Client Agreement, including the arbitration agreement located in Section 12 of the Client Agreement on page 8.

<input checked="" type="checkbox"/> Authorized Agent's Signature: 	Date: 7/11/2018
<input checked="" type="checkbox"/> Authorized Agent's Signature: 	Date: 7/11/2018
<input checked="" type="checkbox"/> Authorized Agent's Signature:	Date:

Original signature required; electronic signatures and/or signature fonts are not authorized.

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

TD Ameritrade, Inc. and TD Ameritrade Clearing, Inc., members FINRA/SIPC. TD Ameritrade is a trademark jointly owned by TD Ameritrade IP Company, Inc. and The Toronto-Dominion Bank. © 2018 TD Ameritrade.

INVESTMENT OBJECTIVES DEFINITIONS

Conservative:

Reflects your desire to seek very low risk and minimize potential loss of principal. You may seek income from your investments while understanding that returns may not keep pace with inflation. You may also intend to invest over a short period of time.

Moderate:

Reflects your desire to seek lower risk and fluctuation in your portfolio, while striving to achieve more stable returns on your investments. It may also mean that you plan to invest over a short period of time.

Moderate growth:

Reflects your desire to seek growth in your portfolio by typically using a balance of growth and conservative investment types. It may also mean that you are moderately tolerant of risk and plan to invest for a medium to long period of time.

Growth:

Reflects your desire to seek the potential for investment growth, as well as your tolerance for more significant market fluctuations and risk of loss. It may also mean that you plan to invest over a long period of time.

Aggressive Growth:

Reflects your desire for potentially substantial investment growth, as well as your tolerance for large market fluctuations and increased risk of loss. It may also mean that you plan to invest over a long period of time.

OPTIONS OBJECTIVES DEFINITIONS

Growth:

Investors are seeking the potential for investment growth and have a tolerance for more significant market fluctuations and risk of loss.

Speculative:

Investors are seeking short-term market gains that generally have above average, maximum risk, but offer the potential for short-term, maximum gains. These strategies also have the potential for significant losses and investors understand they could lose most, or all, of the money they have invested.

Income:

Investors are seeking income with a modest degree of risk. These investors are typically willing to accept lower potential returns in exchange for lower risk and volatility, and understand their returns may not keep pace with inflation.

Conservation of Capital:

Investors are seeking to avoid risk and minimize potential loss of principal.

Occupation Codes

A42 Accountant/Auditor/Bookkeeper	C82 Compliance/Regulatory Professional	N21 Nurse
A62 Adjuster	C92 Consultant	O11 Office Associate
A82 Advertiser/Marketer/PR Professional	C43 Counselor/Therapist	O21 Other; If Other, include a description in the Occupation box.
A33 Air Traffic Controller	C53 Customer Service Representative	P81 Pharmacist
A43 Ambassador/Consulate Professional	D11 Dealer	P91 Physical Therapist
A53 Analyst	D61 Dentist	P22 Pilot
A63 Appraiser	D31 Distributor	P32 Police Officer/Firefighter/Law Enforcement Professional
A73 Architect/Designer	D41 Doctor/Surgeon/Physician	P42 Politician
A83 Artist/Performer/Actor/Dancer	D51 Driver	P52 Project Manager
A93 Assistant/Executive Assistant	E51 Engineer	R81 Real Estate Professional
A44 Athlete	E71 Exterminator	R71 Researcher
A64 Attorney/Judge/Legal Professional	F71 Factory/Warehouse Worker	S41 Salesperson
A74 Auctioneer	F81 Farmer/Rancher	S51 Scientist
L51 Banker/Lending Professional	F91 Financial Planner/Advisor	S61 Seamstress/Tailor
B21 Barber/Beautician/Hairstylist	F22 Flight Attendant	S71 Security Guard
B31 Broker/Registered Rep	F32 Human Resources Professional	S81 Social Worker
B41 Business Executive (VP, Director, etc.)	I41 Importer/Exporter	T41 Teacher/Professor
B51 Business Owner	I51 Inspector/Investigator	T51 Technician
C81 Caregiver	I81 Investor	T61 Teller
C91 Carpenter/Construction Worker/Contractor	I91 IT Professional/IT Associate	T71 Tradesperson/Craftsperson
C22 Cashier	J31 Janitor	T81 Trainer/Instructor
C32 Chef/Cook	J41 Jeweler	U21 Underwriter
C42 Chiropractor	L31 Laborer	V11 Veterinarian
C52 Civil Servant	L41 Landscaper	W21 Writer/Journalist/Editor
C62 Clergy	M91 Mechanic	
C72 Clerk	M22 Military, Officer or Associated	
	M32 Mortician/Funeral Director	

Industry of Occupation Codes

A11 Accounting	F11 Fashion/Clothing	O31 Other; If Other, include a description in the Industry of Occupation box
A21 Advertising/Marketing	F21 Financial Services	P11 Parking and Car Washes
A31 Aerospace/Defense	F51 Firearms and Explosives	P21 Pawn Shops/Brokers
A41 Agriculture/Forestry	G11 Gaming/Casino/Card Club	P31 Personal Care/Hygiene (Beauty, Salon, Cosmetics, Massage, etc.)
A51 Amusement and Recreation	G21 Government/Public Administration	P41 Pharmaceuticals
A61 Animal Services and Veterinary	G31 Grocery/Supermarket	P51 Printing/Publishing
A71 Architecture/Design	H11 Healthcare/Medical Services	P71 Professional/Civic Organizations (Non-Retail)
A81 Arts/Antiques	H21 Hotel/Hospitality	R11 Real Estate
A91 Athletics/Fitness	I11 Import/Export	R21 Religious Organization
A32 Automotive	I21 Information Technology (IT)	R31 Repair Services - Home, Auto, and Other
B11 Aviation	I31 Insurance	R41 Restaurant/Food Service
C11 Bar/Nightclub/Adult Entertainment Club	J11 Jewelry, Gems, and Precious Metals	R51 Retail Sales/Retail Trade
C21 Childcare	L11 Legal Services/Public Safety	S11 Science and Biotechnology
C31 Cleaning/Janitorial/Housekeeping	L21 Logistics/Supply Chain	S21 Security
C41 Communications/Telecommunications	M11 Manufacturing	T11 Transportation
C51 Construction/Carpentry/Landscaping	M21 Maritime	T31 Travel
C61 Convenience Store/Liquor Store/Gas Station	M31 Media/Entertainment	U11 Utilities (Public)
C71 Customer Service and Support	M41 Mining, Oil, and Gas	W11 Wholesale Sales/Trade
E11 Education	M51 Money Services Businesses (Check Cashing, Money Transmitting, Payday Loans, Currency Exchange)	
E21 Embassy/Consulate	N11 Non-Profit/NGO (Non-Government Agency)/Charity	
E31 Energy		
E41 Engineering		

EXHIBIT "5"

BEGIN FORM - Terms and Conditions Effective Wed Sep 02 10:18:59 CDT 2020

**For Internal Use Only**

Account Number: [REDACTED] 1348
Type: Limited Liability Company
Registration: Cash, Margin, & Option
Date Promoted: 06/10/2019 12:41:06
Principal Approving: Valiere Simpson
Branch ID: BIL 76616
Input Method: Enterprise Workflow Automation (BPM)
Promoted By: sim786
Approved Option: Write Uncovered Options
Level:

Mailing Address

Mailing Address: PO Box 2760
Omaha, NE 68103-2760
Overnight Address: 200 S. 108th Ave
Omaha, NE 68154-2631
Fax: 866-468-6268

New Account Information

Type: Limited Liability Company
Registration: Cash, Margin, & Option
Receive Corp. N
Communications:
Email Address: ELEV8INVESTMENTS@GMAIL.COM
Account Statement: Email
Trade Confirmation: Email
Sweep Vehicle: MMDA, MMDA (FDIC) Product

Account Owner

Business Name: ELEVATE INVESTMENTS LLC
Name: MR. JUSTIN KING
Mailing Address: [REDACTED]
SHERIDAN, WY [REDACTED]
UNITED STATES OF AMERICA
Street Address: [REDACTED]
SHERIDAN, WY [REDACTED]
UNITED STATES OF AMERICA
Home Phone: (602) 3880002
Home Phone: no
Foreign:
Tax ID Number: [REDACTED] 3628

Citizenship: US Citizen
Citizenship Country: UNITED STATES OF AMERICA
Senior Foreign N
Political Figure:
Corporate Affiliation: NO
NASD Affiliation: NO
Treaty: N

Financial Questionnaire

Income: \$250,000+
Networth: \$2,000,000+
Liquid Networth: \$2,000,000+
Number of 0
Dependents:

Investment Experience

Types of Options
Transactions:

Option Agreement

Options Investment Growth, Income,
Objectives:
Option Activities: Write Uncovered Options

Account Suitability

Risk Tolerance: Aggressive
Primary Investment Aggressive Growth
Objectives:
Secondary Growth,
Investment
Objectives:
Liquidity Needs: Within 3 months
Investment Time 13+ years
Horizon:

Authorized Trader

Authorized Trading Full
Level:
Name: JUSTIN KING
Date of Birth: [REDACTED] 1980
SSN: [REDACTED] 6210
Street Address: [REDACTED]
Phoenix, AZ [REDACTED]
UNITED STATES OF AMERICA
Home Phone: (602) 388 [REDACTED]
Senior Foreign NO
Political Figure:

ACH Information

CASH, MARGIN & OPTIONS AGREEMENT

I have received and read the Client Agreement, which is incorporated by this reference, that will govern my account.

I agree to be bound by this Client Agreement, as amended from time to time, and request an account to be opened in the name(s) set forth below. **The Client Agreement applicable to this brokerage account agreement contains predispute arbitration clauses. By signing this agreement, the parties agree to be bound by the terms of the agreement, including the arbitration agreement located in Section 12 of the Client Agreement, on pages 7 and 8.** All securities, dividends and proceeds will be held at TD Ameritrade Clearing, Inc., unless otherwise instructed. I understand that TD Ameritrade may obtain a current consumer or credit report to determine my eligibility, or continuing eligibility, for credit or for other legitimate business purposes. Any decision by TD Ameritrade to extend credit may be based on information contained in a consumer or credit report, as well as the policies of TD Ameritrade and TD Ameritrade Clearing, Inc. I understand that TD Ameritrade may relate information regarding this account, including account delinquency and voluntary closures, to consumer or credit reporting agencies. Upon my request, TD Ameritrade shall inform me of each consumer or credit reporting agency from which they have obtained and/or reported my consumer or credit report. TD Ameritrade agrees to notify the consumer or credit reporting agencies if I dispute the completeness or accuracy of the information furnished by TD Ameritrade. By my signature below, I authorize TD Ameritrade to obtain consumer or credit reports for the name(s) set forth below. I understand that non-deposit investments purchased through TD Ameritrade are not insured by the FDIC, are not obligations of or guaranteed by any financial institution, and are subject to investment risk and loss that may exceed the principal invested.

All qualified accounts are opened as margin accounts. A margin account allows you to borrow from TD Ameritrade against certain securities as your collateral. A decline in the value of your securities may require you to provide additional funds, or force the sale of securities in your account. Selling short can expose you to potentially unlimited risk. Unless I have declined the margin feature, I acknowledge that securities securing loans from TD Ameritrade may be lent to TD Ameritrade and lent by TD Ameritrade to others. I also acknowledge that if I trade "on margin," I am borrowing money from TD Ameritrade and that I understand the requirements and risks associated with margin as summarized in the Margin Handbook and Margin Disclosure Document.

I hereby apply for an options account and agree to abide by the rules of the listed options exchanges and the Options Clearing Corporation and will not violate current position and exercise limits. I have received and read the Client Agreement that will govern my account, and agree to be bound by it as currently in effect and as amended from time to time. I am aware of the risks involved in options trading and represent that I am financially able to bear such risks and withstand options-trading losses.

Important information about procedures for opening a new account:

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents.

If this is a Joint account, all Account Owners must sign.

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person, and (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

If I have been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding because I have failed to report all interest and dividends on my tax return, I must cross out (2) in this certification.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

_____	X	_____
Date		MR. JUSTIN KING
		Account Number: [REDACTED] 348
_____	X	_____
Date		Account Number: [REDACTED] 1348

For Introducing Broker use only

_____ R.R. - Gen. Prin.

_____ Date

For internal use only

Margin account approval (initial & date): _____

New Accounts Opened By (initial & date): _____

Account Number: [REDACTED] 348

END FORM - Terms and Conditions Effective Wed Sep 02 10:18:59 CDT 2020

EXHIBIT "6"



Received
AUG 18 2017

Business Account Application

PO Box 2760 ■ Omaha, NE 68103-2760

Fax: 866-468-6268

In Branch 443
St. Louis

Questions? Call a New Accounts representative at 800-276-8746. Please visit us at www.tdameritrade.com for more information about opening an account.

1. TYPE OF ACCOUNT (Please select only one. Additional paperwork may be required.)

- ☒ C Corporation
☐ S Corporation
☐ Foreign Corporation
☐ Non-Incorporated Organization
☐ Sole Proprietorship (proof of filing of assumed name is required)
☐ Non-profit/Charitable Organization
☐ 501c3 (will require verification of tax-exempt status, may require additional support documentation)

2. FUNDING YOUR ACCOUNT

Please consult the TD Ameritrade Account Handbook for funding guidelines.

I will be funding with:

- ☐ A check. Please make check payable to TD Ameritrade Clearing, Inc.
☒ A wire transfer to be initiated after account opening. Please contact TD Ameritrade prior to initiating the wire transfer.
☐ A transfer of assets from an existing account. Please complete and include an Account Transfer Form and a copy of your most recent statement.
☐ A transfer from an existing TD Ameritrade account. Please complete and include an Internal Transfer Form.
☐ Stock certificates. Please contact TD Ameritrade prior to submitting certificates. We will require a completed Entity Authorized Agent Form if you are funding this account with physical stock certificates.

3. ENTITY INFORMATION

Title of Entity:

Z [REDACTED] Partners INC.

Tax ID Number:

(U.S. Social Security number, if applicable)

3945

Date of Formation:

(MM-DD-YYYY)

04-30-2012

Name Prefix (optional): ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

Contact Name:

(for mailing purposes only)

M [REDACTED] B [REDACTED]

Business Address:

(no PO box or mail drop)

[REDACTED]

City:

Phoenix

State:

AZ

ZIP Code:

85018

Mailing Address:

(if different from above)

City:

State:

ZIP Code:

Primary Phone:

☐ Check here if this is not a U.S. phone number

760-333-[REDACTED]

Secondary Phone:

☐ Check here if this is not a U.S. phone number

Fax Number:

Email Address (required for electronic delivery of your account statement and trade confirmations):

1 [REDACTED] b [REDACTED] @gmail.com

☒ U.S. Entity ☐ Foreign Entity - Country of Formation: (complete appropriate Form W-8)

State/Province of Formation:

Arizona

Meeting/Resolution Date:
(MM-DD-YYYY)

01-01-2017

Type of Business (in the space provided, please describe how your entity generates income):

Regl Estate & stock investments

Is this a Pooled Asset Vehicle?

☐ Yes

☒ No

If this entity is a publicly traded company, please specify the stock symbol:



4. AFFILIATIONS

☐ Check here if any Officer, their spouse, any member of their immediate family, including parents, in-laws, siblings and dependents, and any personal or business associate of theirs is a senior political figure (SPF). Specify the name of the affiliated person/Officer, the name of the SPF, political title, relationship to the Officer, and country of office:

☐ Check here if any Officer, their spouse, any member of their immediate family, including parents, in-laws, siblings, and dependents is a member of the board of directors, 10% shareholder, or policy-making officer of a publicly traded company. Specify the name of the affiliated person/Officer, the company ticker symbol, name, address, city, and state:

☐ Check here if any Officer, their spouse, any member of their immediate family, including parents, in-laws, siblings, and dependents is licensed, employed by or associated with a broker-dealer firm, a financial services regulator, securities exchange, or member of a securities exchange. If this affiliated entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this application). Specify the name of the affiliated person/Officer:

☐ Check here if any Officer, their spouse, any member of their immediate family, including parents, in-laws, siblings, and dependents is, or is employed by, a federal or state registered investment advisor. Specify the name of the affiliated person/Officer and investment advisor company name:

☐ Check here if any Officer, their spouse, any member of their immediate family, including parents, in-laws, siblings, and dependents is using a license in a professional sale or trading capacity. Specify the name of the affiliated person/Officer:

5. AUTHORIZED AGENT COMPENSATION

☐ Check here if any Authorized Agent (unaffiliated with the entity) is being compensated for providing investment advice, placing trades, or otherwise managing the account.

6. PRESIDENT OR SOLE PROPRIETOR INFORMATION

☒ I am the sole officer.

Name Prefix (optional): ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

Full Legal Name:

Date of Birth:
(MM-DD-YYYY)

1967

Number of Dependents:

0

U.S. Social Security Number:
(SSN)*

7780

Home Address:
(no PO box or mail drop)

City:

Phoenix

State:

AZ

ZIP Code:

Please specify if you are:

☐ Unemployed

☐ Retired

☐ Homemaker

☐ Student

☒ Self-Employed

Source of Income (if Unemployed, Retired, Homemaker, or Student):

Employer Name (If Self-Employed,
provide the name of your business):

Zachary Partners, Inc

Occupation/Type of Business:

Real Estate

Employer Street Address:

City:

Phoenix

State:

AZ

ZIP Code:

85018

☐ Check here if you are NOT a U.S. citizen.

Country of Citizenship:

Country of Dual or Secondary Citizenship:

Country of Birth:

Non-U.S. citizens: Do you hold a current U.S. immigration visa?

☐ Yes ☐ No

Specify visa type:

Visa Number:

Expiration:

*If none, I will submit a photocopy of my passport.

**Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement. If a U.S. address is listed, then attach a Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to form W-8. This form can be found on the TD Ameritrade Forms Library: <https://www.tdameritrade.com/form-library>.

7. VICE PRESIDENT INFORMATIONName Prefix (optional): ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

Full Legal Name:

Date of Birth:
(MM-DD-YYYY)

Number of Dependents:

U.S. Social Security Number:
(SSN)*Home Address:
(no PO box or mail drop)

City:

State:

ZIP Code:

Please specify if you are:

☐ Unemployed ☐ Retired ☐ Homemaker ☐ Student ☐ Self-Employed

Source of Income (If Unemployed, Retired, Homemaker, or Student):

Employer Name (If Self-Employed,
provide the name of your business):

Occupation/Type of Business:

Employer Street Address:

City:

State:

ZIP Code:

☐ Check here if you are **NOT** a U.S. citizen.

Country of Citizenship:

Country of Dual or Secondary Citizenship:

Country of Birth:

Non-U.S. citizens:* Do you hold a current U.S. immigration visa?
☐ Yes ☐ No

Specify visa type:

Visa Number:

Expiration:

*If none, I will submit a photocopy of my passport.

Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement. If a U.S. address is listed, then attach a Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to form W-8. This form can be found on the TD Ameritrade Forms Library: <https://www.tdameritrade.com/form-library>.8. TREASURER INFORMATION**Name Prefix (optional): ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

Full Legal Name:

Date of Birth:
(MM-DD-YYYY)

Number of Dependents:

U.S. Social Security Number:
(SSN)*Home Address:
(no PO box or mail drop)

City:

State:

ZIP Code:

Please specify if you are:

☐ Unemployed ☐ Retired ☐ Homemaker ☐ Student ☐ Self-Employed

Source of Income (If Unemployed, Retired, Homemaker, or Student):

Employer Name (If Self-Employed,
provide the name of your business):

Occupation/Type of Business:

Employer Street Address:

City:

State:

ZIP Code:

☐ Check here if you are **NOT** a U.S. citizen.

Country of Citizenship:

Country of Dual or Secondary Citizenship:

Country of Birth:

Non-U.S. citizens:* Do you hold a current U.S. immigration visa?
☐ Yes ☐ No

Specify visa type:

Visa Number:

Expiration:

*If none, I will submit a photocopy of my passport.

**Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement. If a U.S. address is listed, then attach a Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to form W-8. This form can be found on the TD Ameritrade Forms Library: <https://www.tdameritrade.com/form-library>.

9. TRADE CONFIRMATIONS AND ACCOUNT STATEMENTS

I understand that I will receive monthly account statements and trade confirmations electronically, unless I make a selection below. If I do not provide a valid email address, I will receive a quarterly paper statement or a monthly paper statement. Certain types of accounts or activity (such as options trading) require a monthly statement, either electronically or via U.S. mail. I will be responsible for any fees that apply. Accounts with a total liquidation value of \$100,000 or an average of five trades per month over a three-month period are eligible to receive free paper statement and confirmation delivery.

If I elect to receive either electronic statements or electronic confirmations, I will receive shareholder information electronically when available.

Account Statement: ☒ Electronic Monthly ☐ Paper Monthly (\$2 fee may apply each month) ☐ Paper Quarterly (\$2 fee may apply each quarter)

Trade Confirmation: ☒ Electronic ☐ Paper

☐ Unless I have checked this box, TD Ameritrade will provide my name to corporations whose securities I hold in my account for the purpose of additional corporate communications.

10. VERBAL PASSWORD (Optional)

You may opt to add an additional level of security to your account by adding a verbal password. This verbal password will be used for verification purposes when you call in and speak with a TD Ameritrade representative. Once established, if the correct verbal password is not provided to us when calling, account access will not be permitted.

The verbal password must be no more than 24 characters, it can include letters and numbers, cannot contain special characters, and cannot be anything inappropriate, as determined by TD Ameritrade in its sole discretion.

Verbal Password: _____

11. OFFER CODE (Optional)

By entering an offer code in this field, you represent and warrant that you have read and agree to the applicable Offer Terms & Conditions. If the offer code you enter is invalid, no offer will be applied to your account. If you have questions regarding offer codes, please call 1-800-454-9272.

Offer Code: _____

12. INVESTMENTS PERMITTED

The undersigned certify that the entity may open a brokerage account and enter into purchases and sales of securities in a cash account as well as other types of transactions indicated below:

☐ Margin Options: ☐ Write covered calls, write cash-secured puts ☐ Create spreads
☐ Purchase options ☐ Write uncovered options

13. INVESTMENT OBJECTIVES

For definitions regarding investment objectives, please see final page of application.

Select the degree of risk you are willing to take with the assets in this account:
☐ Conservative ☐ Moderate ☒ Aggressive ☐ Speculative

Select the primary investment objective for this account:
☐ Conservative ☐ Moderate ☐ Moderate Growth ☐ Growth ☒ Aggressive Growth

Select the secondary investment objectives for this account:
(Check at least one or all that apply) ☐ Conservative ☐ Moderate ☐ Moderate Growth ☐ Growth ☐ Aggressive Growth ☒ None

Select the liquidity needs for this account:
(Check only one that applies.) ☐ Within 3 months ☐ 4 - 6 months ☐ 7 - 9 months ☐ 10 - 12 months ☒ More than 1 year

Select the investment time horizon for this account:
☐ Less than 1 year ☐ 1 - 3 years ☐ 4 - 6 years ☐ 7 - 9 years ☐ 10 - 12 years ☒ 13 years or more

14. FINANCIAL INFORMATION

Please provide all of the following financial information. Financial information is based on the entity. **All qualified accounts are opened as margin accounts.** A margin account allows you to borrow from TD Ameritrade against certain securities as your collateral. A decline in the value of your securities may require you to provide additional funds, or force the sale of securities in your account. Selling short can expose you to potentially unlimited risk. To learn more about the potential benefits of margin borrowing and the associated risks involved, read the Margin Account Handbook.

☐ Check this box to decline margin privileges and open the account as cash-only.

Annual Net Profit:	<input type="checkbox"/> \$0-\$24,999	<input type="checkbox"/> \$25,000-\$49,999	<input type="checkbox"/> \$50,000-\$99,999	<input type="checkbox"/> \$100,000-\$249,999	<input checked="" type="checkbox"/> \$250,000+
Approximate Net Worth: (not including place of business)	<input type="checkbox"/> \$0-\$14,999	<input type="checkbox"/> \$15,000-\$49,999	<input type="checkbox"/> \$50,000-\$99,999	<input type="checkbox"/> \$100,000-\$249,999	<input checked="" type="checkbox"/> \$250,000+
Approximate Liquid Net Worth: (cash, stocks, etc.)	<input type="checkbox"/> \$0-\$14,999	<input type="checkbox"/> \$15,000-\$49,999	<input type="checkbox"/> \$50,000-\$99,999	<input checked="" type="checkbox"/> \$100,000-\$249,999	<input type="checkbox"/> \$250,000+

15. OPTIONS ACCOUNT

Due to the risks involved in options, I understand you are required to obtain the following information. The Financial Information section must be completed to be considered for options.

☐ Check this box to decline options privileges.

16. OPTIONS OBJECTIVES

For definitions regarding options objectives, please see final page of application. *(Completed on behalf of the entity)*

Types of Transactions: <i>(Check all that apply)</i>	<input checked="" type="checkbox"/> Stocks	<input checked="" type="checkbox"/> Bonds	<input checked="" type="checkbox"/> Options	
What Are Your Options Investment Objectives? <i>(Check all that apply)</i>	<input checked="" type="checkbox"/> Growth	<input checked="" type="checkbox"/> Speculative	<input checked="" type="checkbox"/> Income	<input checked="" type="checkbox"/> Conservation of Capital
What Type of Activity Do You Plan to Conduct in Your Options Account?	<input type="checkbox"/> <u>Tier 1 - Covered</u> Write covered calls Write cash-secured puts	<input type="checkbox"/> <u>Tier 2 - Standard Cash</u> Purchase options Write covered calls Write cash-secured puts	<input type="checkbox"/> <u>Tier 2 - Standard Margin</u> Create spreads Purchase options Write covered puts Write covered calls Write cash-secured puts Requires Margin Account	<input checked="" type="checkbox"/> <u>Tier 3 - Advanced</u> Write uncovered options Create spreads Purchase options Write covered puts Write covered calls Requires Margin Account

17. CASH SWEEP VEHICLE CHOICES (Please select only one.)

You offer me choices in managing all aspects of my portfolio. This includes offering different programs to earn interest on the cash in my account through your Cash Balance programs. See the Client Agreement for a complete description of the Cash Sweep program. **If I do not make a selection, my cash balances will be swept to the TD Ameritrade FDIC Insured Deposit Account. Other sweep choices are available for clients with a household value greater than \$500,000 and cash balances of more than \$100,000.** I understand my account statement will include sweep transactions involving money market funds in lieu of immediate trade confirmations.

- ☒ TD Ameritrade FDIC Insured Deposit Account (IDA)
☐ TD Ameritrade Cash (Protected by the Securities Investor Protection Corporation (SIPC))

18. ACCOUNT AGREEMENT

I have received and read the Client Agreement, which is incorporated by this reference, that will govern my account.

In this agreement, "Account Owner," "I," and "my" refer to the entity for which this account is established and/or the natural person(s) authorized to represent and act on behalf of the entity. I release and agree to indemnify and hold harmless TD Ameritrade, Inc., its divisions and affiliates thereof ("TD Ameritrade") from any and all liability and claims for damages resulting from any action taken pursuant to this Agreement. By my signature below, I attest that I am of legal age to contract and that the information contained in this application is true and correct. I hereby request, subject to acceptance by TD Ameritrade, an account be opened in the name(s) set forth above. All securities, dividends, and proceeds will be held at TD Ameritrade Clearing, Inc. unless otherwise instructed. I understand that TD Ameritrade may obtain a current consumer or credit report to determine my eligibility, or continuing eligibility, for credit or for other legitimate business purposes. Any decision by TD Ameritrade to extend credit may be based on information contained in a consumer or credit report, as well as the policies of TD Ameritrade Clearing, Inc. I understand that TD Ameritrade may relate information regarding this account, including account delinquency and voluntary closures, to consumer or credit reporting agencies. Upon my request, TD Ameritrade shall inform me of each consumer or credit reporting agency from which they have obtained and/or reported my consumer or credit report. TD Ameritrade agrees to notify the consumer or credit reporting agencies if I dispute the completeness or accuracy of the information furnished by TD Ameritrade. By my signature below, I authorize TD Ameritrade to obtain consumer or credit reports for the name(s) set forth below. I understand that non-deposit investments purchased through TD Ameritrade are not insured by the Federal Deposit Insurance Corporation (FDIC), are not obligations of or guaranteed by any financial institution, and are subject to investment risk and loss that may exceed the principal invested. Unless I have declined the margin feature, I acknowledge that securities securing loans from TD Ameritrade may be lent to TD Ameritrade and lent by TD Ameritrade to others. I also acknowledge that if I trade "on margin," I am borrowing money from TD Ameritrade and that I understand the requirements and risks associated with margin as summarized in the Margin Handbook and Margin Disclosure Document.

Important information about procedures for opening a new account:

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents.

All Authorized Agents and Officers must provide their signatures below.

If an options account has been requested, we (Authorized Agents) agree to abide by the rules of the listed options exchanges and the Options Clearing Corporation, and will not violate current position and exercise limits. We are aware of the risks involved in options trading and represent the fact that the Entity is financially able to bear such risks and withstand options-trading losses.

If this is a Sole Proprietorship account, I certify that I am engaged in business under the assumed name, tax ID, and address listed in Section 3 of this application. I am the sole proprietor of the business so conducted, and no other person, partnership, or corporation has any ownership interest therein. All securities and other property in the name of the sole proprietorship are owned solely by me.

If I am a U.S. person for tax purposes:

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number; (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Services (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; (3) I am a U.S. citizen or other U.S. person; and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

If I have been notified by the IRS that I am subject to backup withholding because I have failed to report all interest and dividends on my tax return, I must cross out (2) in this certification.

If I am not a U.S. Person for tax purposes:

I am submitting the applicable Form W-8 with this form to certify my foreign status.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

The Client Agreement applicable to this brokerage account contains a predispute arbitration clause. By signing this agreement, the parties agree to be bound by the terms of the Client Agreement, including the arbitration agreement located in Section 12 of the Client Agreement on pages 7 and 8.

<input checked="" type="checkbox"/> President		Date: 8/18/17
<input checked="" type="checkbox"/> Vice President		Date: 8/18/17
<input checked="" type="checkbox"/> Treasurer		Date: 8/18/17

Original signatures required; electronic signatures and/or signature fonts are not authorized.

I hereby certify I am the Secretary of the above-named corporation (or non-incorporated association) duly organized and existing under the laws of the above-named state, and that the following is a true copy of a resolution duly adopted by the board of directors of said corporation (or non-incorporated association) at a meeting held on the date stated in Section 3, at which meeting a quorum was present and acting throughout, or by unanimous consent of the board of directors, and that such resolution has not been rescinded or modified and is in full force and effect.

RESOLVED, that the President, Vice President, and the Treasurer of this corporation (or non-incorporated association), or any one of such officers, are hereby fully authorized and empowered to open a brokerage account, transfer, endorse, sell, assign, set over, and deliver any and all shares of stock, bonds, debentures, notes, evidences of indebtedness, or other securities (including short sales) now or hereafter standing in the name of or owned by this corporation (or non-incorporated association), to purchase stocks, bonds, debentures, notes, evidences of indebtedness, and other securities (on margin or otherwise), and to make, execute, and deliver, under the corporate seal of this corporation, any and all written instruments necessary or proper to effectuate the authority hereby conferred.

I further certify that the authority hereby conferred is consistent with the charter or bylaws of this corporation (or non-incorporated association). Unless indicated above that I am a sole officer, the previous is a true and correct list of the officers of this corporation (or non-incorporated association) as of the present date and a record of the officers' signatures:

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of said corporation (or non-incorporated association) this date:

<input checked="" type="checkbox"/> Secretary		Date: 8/18/17
Printed Name		

Original signature required; electronic signatures and/or signature fonts are not authorized.

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

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INVESTMENT OBJECTIVES DEFINITIONS

Conservative:

Reflects your desire to seek very low risk and minimize potential loss of principal. You may seek income from your investments while understanding that returns may not keep pace with inflation. You may also intend to invest over a short period of time.

Moderate:

Reflects your desire to seek lower risk and fluctuation in your portfolio, while striving to achieve more stable returns on your investments. It may also mean that you plan to invest over a short period of time.

Moderate growth:

Reflects your desire to seek growth in your portfolio by typically using a balance of growth and conservative investment types. It may also mean that you are moderately tolerant of risk and plan to invest for a medium to long period of time.

Growth:

Reflects your desire to seek the potential for investment growth, as well as your tolerance for more significant market fluctuations and risk of loss. It may also mean that you plan to invest over a long period of time.

Aggressive Growth:

Reflects your desire for potentially substantial investment growth, as well as your tolerance for large market fluctuations and increased risk of loss. It may also mean that you plan to invest over a long period of time.

OPTIONS OBJECTIVES DEFINITIONS

Growth:

Investors are seeking the potential for investment growth and have a tolerance for more significant market fluctuations and risk of loss.

Speculative:

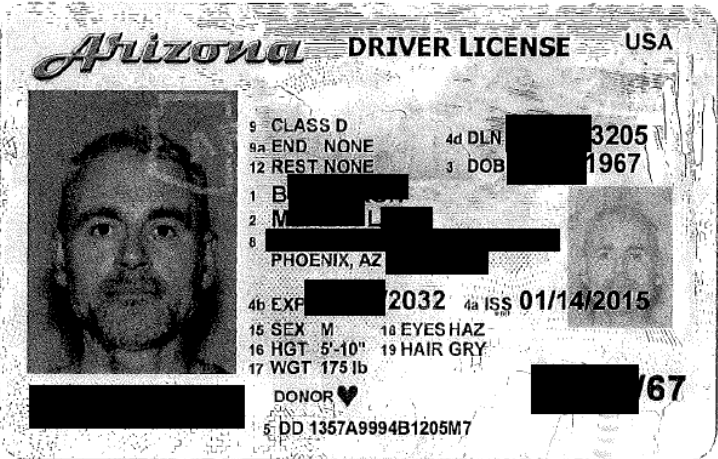
Investors are seeking short-term market gains that generally have above average, maximum risk, but offer the potential for short-term, maximum gains. These strategies also have the potential for significant losses and investors understand they could lose most, or all, of the money they have invested.

Income:

Investors are seeking income with a modest degree of risk. These investors are typically willing to accept lower potential returns in exchange for lower risk and volatility, and understand their returns may not keep pace with inflation.

Conservation of Capital:

Investors are seeking to avoid risk and minimize potential loss of principal.





Received
AUG 22 2017

Trading Authorization Agreement

Reset Form

PO Box 2760 ■ Omaha, NE 68103-2760
Fax: 866-468-6268

In Branch 445
Scottsdale

If you are wanting to add an Authorized Agent/Officer/Partner to the account and not a Full Trading/Limited Trading Authorization, please submit the Entity Authorized Agent Form TDA 1187 located within the forms library: <https://www.tdameritrade.com/form-library>.

Account Number: 0506 Account Name/Title: Ze [redacted] partners INC

The Account Owner(s) listed below hereby authorizes and appoints the Authorized Agent(s) below as the Account Owner's or Owners' agents and attorneys-in-fact for the purchase and sale of securities and other financial instruments in cash and/or on margin in the Account Owner's or Owners' name or number on the TD Ameritrade Clearing, Inc. (the "Clearing Firm") books (the "Account"). The Authorized Agent(s) may act on behalf of and without notice to the Account Owner(s) to buy, sell, sell short, and to otherwise trade stocks, bonds, mutual funds, options, and/or any other securities, financial contracts, or financial instruments. Trading Authorization does not allow your Authorized Agent to instruct the Brokerage Firm to make any changes to the Account Owner(s) Account, such as address of record, suitability information, or to upgrade the Account to trade on margin or to trade options. The actions of the Authorized Agent(s) have the same force and effect as those of the Account Owner(s) with respect to such transactions, TD Ameritrade, Inc. (the "Brokerage Firm") is authorized to follow such actions as if directly instructed by the Account Owner(s). The Authorized Agent(s) represents they are familiar with the Account Owner(s) investment objectives, financial situation, and needs, and will invest in a manner consistent with these objectives. The Client Agreement set forth in the Account Agreement and all other agreements applicable to this Account, shall apply equally to the Authorized Agent(s).

If Full Trading Authorization is chosen, this authority includes the right to request delivery of securities or monies from the account in the Account Owner's or Owners' name(s).

If this is a fiduciary account, the Account Owner(s) affirms that this grant of trading authority has been conferred consistent with his/her fiduciary duties and powers.

The Account Owner(s) understands all such transactions conducted by the Authorized Agent(s) are at the Account Owner's or Owners' own risk. The Account Owner(s) hereby ratifies and confirms any and all transactions made at any time by the Authorized Agent(s) for the Account. Accordingly, the Account Owner(s) agrees to indemnify and hold harmless the Brokerage Firm and Clearing Firm from any and all losses arising from and to promptly pay on demand any debit balance due on the Account. The Brokerage Firm and Clearing Firm assume no responsibility for trade monitoring or reviewing any investment activity or decision of the Authorized Agent in the Account Owner(s) account. Further, the Brokerage Firm or Clearing Firm does not offer legal or tax advice.

This authorization and indemnity is in addition to, and in no way limits or restricts, any rights which the Brokerage Firm or Clearing Firm may have under any other agreement with the Account Owner(s) or Authorized Agent(s). This authorization and indemnification shall benefit the Brokerage Firm and Clearing Firm, and any successor firms irrespective of any changes at any time in the personnel thereof, and their assigns.

This Trading Authorization Agreement supersedes any prior Trading Authorization Agreements that the Account Owner(s) may have executed with regard to the Account. This Agreement shall remain in full force and effect until revoked by the Account Owner(s), written notice addressed to the Brokerage Firm and delivered to its offices. The Account Owner(s) shall be liable for transactions initiated prior to the Brokerage Firm's receipt of such written revocation.

The Authorized Agent(s) agrees to immediately notify the Brokerage Firm in writing if any Authorized Agent(s), or members of his/her household, are either a) currently employed or licensed by a member of a stock exchange or the Financial Industry Regulatory Authority (FINRA), or registered as an investment advisor and using the license in a professional sales, trading, or customer service capacity, or b) a member of the board of directors, 10% shareholder, or policy-making officer of a company which trades publicly on a stock exchange.

To help the government fight the funding of terrorism and money laundering activities, financial institutions obtain and record information in order to ensure the identity of each person authorized to trade on an account.

What this means for you: When you are authorized to trade on an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents.



Account Number:

0506

AFFILIATIONS

☐ Check here if any Authorized Agent, any member of their immediate family, or any business associate of theirs is a senior political figure (SPF). Specify the name of the Authorized Agent, the name of the SPF, political title, relationship to the Authorized Agent, and country of office:

☐ Check here if any Authorized Agent is a member of the board of directors, 10% shareholder, or policy-making officer of a publicly traded company. Specify the name of the Authorized Agent, the company ticker symbol, name, address, city, and state/province:

☐ Check here if any Authorized Agent is licensed or employed by a registered broker/dealer, securities exchange, or member of a securities exchange. We must receive a compliance letter along with this application. Specify the name of the Authorized Agent:

☐ Check here if any Authorized Agent(s) is, or is employed by, a federal or state registered investment advisor. Are you using your license in a professional sale or trading capacity on this account? ☐ Yes ☐ No

AUTHORIZED AGENT COMPENSATION

☐ Check here if any Authorized Agent is being compensated for providing investment advice, placing trades, or otherwise managing your account.

AUTHORIZED AGENT*

Level of Authorization: (check only one). If neither Full or Limited is marked, the authorization level will default to Limited.

☐ Full Trading Authorization with Privileges to Withdraw Money and/or Securities (Not applicable on IRA, UTMA, UGMA, Estate, or Trust Accounts; authorization level will default to Limited.)

☐ Limited Trading Authorization for Purchase and Sale of Securities Only

Name Prefix (optional): ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

Full Legal Name:

Relationship to Account Owner:

Date of Birth:
(MM-DD-YYYY)

Social Security Number:**
(SSN)

Home Address:
(no PO box or mail drop)

Primary Phone:

City:

State:

ZIP Code:

Please Specify if You Are:

☐ Unemployed ☐ Retired ☐ Homemaker ☐ Student ☐ Self-Employed

Source of Income (if retired or unemployed):

Employer Name:

Occupation/Type of Business:

Employer Street Address:

City:

State:

ZIP Code:

*Signature required below.

**If you do not have a Social Security Number, please submit a photocopy of your passport and a copy of a bank or brokerage statement.

Account Number: [REDACTED] 0506	
AUTHORIZED AGENT	
Level of Authorization: (check only one). If neither Full or Limited is marked, the authorization level will default to Limited. <input type="checkbox"/> Full Trading Authorization with Privileges to Withdraw Money and/or Securities (Not applicable on IRA, UTMA, UGMA, Estate, or Trust Accounts; authorization level will default to Limited.) <input checked="" type="checkbox"/> Limited Trading Authorization for Purchase and Sale of Securities Only	
Name Prefix (optional): <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.	
Full Legal Name: Justin R. King	Relationship to Account Owner: Friend
Date of Birth (MM/DD/YYYY): [REDACTED] 1980	Social Security Number** (SSN): [REDACTED] 6210
Home Address: (no PO box or mail drop) [REDACTED]	Primary Phone: 602-488-[REDACTED]
City: Phoenix	ZIP Code: [REDACTED]
Please Specify if You Are: <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input checked="" type="checkbox"/> Self-employed	
Employer Name: Area Auto Glass	Occupation/Type of Business: Auto Glass
Employer Street Address: 18411 N 24th St #1-4	
City: Phoenix	ZIP Code: 85008
*Signature required below. **If you do not have a Social Security Number, please submit a photocopy of your passport and a copy of a bank or brokerage statement.	
TRADING AUTHORIZATION	
By our signatures below, the Account Owner(s) and Authorized Agent(s) agree to the provisions within this document in its entirety, and attest that this authorization supersedes any prior trading authorization the Account Owner(s) may have executed with regard to the Account. Furthermore, Account Owner(s) and Authorized Agent(s) acknowledge that the Brokerage Firm or Clearing may refuse to approve, or remove, the Authorized Agent(s) from acting as the Account Owner(s) agent on this, or any other account.	
All Account Owners and Authorized Agents must sign.	
Account Owner(s) Signature: [REDACTED]	Date: 5/21/2017
Authorized Agent(s) Signature: [REDACTED]	Date: 08.21.2017
Original signature required; electronic signatures and/or signature fonts are not authorized.	
AUTHORIZED AGENT(S)	
Authorized Agent(s) Signature: [REDACTED]	Date: 08.21.2017
Authorized Agent(s) Signature: [REDACTED]	Date: [REDACTED]
Original signature required; electronic signatures and/or signature fonts are not authorized.	

Investment Products Not FDIC Insured * No Bank Guarantee * May Lose Value

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EXHIBIT "7"



Do you currently have an account with us
(including paperMoney)?

Account Information

Account Type Rollover IRA
Account Number [REDACTED] 3860

Personal Information

Full Name MR [REDACTED] J [REDACTED]
Email Address [REDACTED]@YAHOO.COM
Best Day Time Phone Number (717) [REDACTED]
Secondary Phone Number
Citizenship Status US Citizen
Country of Citizenship UNITED STATES OF AMERICA
SSN/ITIN [REDACTED] 2396
Date of Birth [REDACTED] 1978
Marital Status Married
Mother's Maiden Name [REDACTED]
Dependents 5
Home Address [REDACTED]

SAN CLEMENTE, CA [REDACTED]
UNITED STATES OF AMERICA

Mailing Address [REDACTED]

SAN CLEMENTE, CA [REDACTED]
UNITED STATES OF AMERICA

I will primarily use this account to Actively trade stocks, ETFs, options, futures, or
forex

New to Investing No

Offer Code 220

Privacy Policy Agreement **(Acknowledge)**

Employment Information

Employment Status Self-employed
Business/Employer Name P [REDACTED]
Occupation Business Owner

TDA STP OLA 186 (LAST UPDATED 07/25/2017)



Industry of Occupation

Athletics/Fitness

Employer Address

[REDACTED]
SAN CLEMENTE, CA 92673
UNITED STATES OF AMERICA

Financial Information

Approximate Annual Income	\$250,000+
Approximate Net Worth	\$2,000,000+
Approximate Liquid Net Worth	\$2,000,000+

Personal Affiliations

Are you, or is your spouse, or is any member of your immediate family licensed by, employed by or associated with a broker-dealer firm, a financial services regulator, a securities exchange, or a member of a securities exchange? No

Are you, or is your spouse, or any member of your immediate family a director, a 10% shareholder, or a policy-making officer of a publically traded company? No

Additional Information

What is the source of funds for your initial deposit? INVESTMENTS

What is the source of funds for ongoing deposits? INVESTMENTS

Important Account Information

The following account-related documents and disclosures are delivered electronically.

Client Agreement PDF (AMTD182, 12/16)

Account Handbook (TDA066, 05/17)

Business Continuity Plan Statement (AMTD6184, 02/15)

Individual Retirement Custodial Account Agreement (AMTD6102, 12/16)

I accept electronic delivery of these documents. (Acknowledge)

I have read, printed, and/or saved these documents and don't need them mailed to me.

Cash Sweep Vehicle



Select one of the following options for your uninvested cash.

MMDA (FDIC) Product

Note: Cash balances in your TD Ameritrade brokerage account are automatically transferred and deposited into our FDIC-insured deposit accounts, if you don't make a selection.

Summary of Cash Balance Programs PDF (TDA7002F, 06/16)

Client Agreement

To complete your account set-up, you must read and electronically sign the TD Ameritrade Client Agreement and Individual Retirement Custodial Account Agreement. If you do not agree with the Client Agreement or find any part of it unacceptable, discontinue the account set-up process at this time.

The Client Agreement applicable to this brokerage account contains a predispute arbitration clause. By signing this agreement, the parties agree to be bound by the terms of the Client Agreement, including the arbitration agreement located in Section 12 of the Client Agreement on page 8.

By checking the box below, I represent to you that:

- I am the person identified in this account.
- I am accepting and agreeing to abide by all of the Client Agreement.
- I am electronically signing these document which will have the same effect as the execution of these documents by a written signature.
- If I am a nonresident alien, I have "earned income" actually and actively earned within the United States.

IRS Form W-9

In my online application, I certified and agree to the following:

Under penalty of perjury, I MR CHRISTOPHER CLARK JONES certify that:

1. [REDACTED] 2396 is my correct Social Security Number/Individual Tax Identification Number. **(Agree)**
2. I am not subject to backup withholding. **(Agree)**
3. I am a U.S. citizen or other U.S. person. **(Agree)**
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. **(Agree)**

You can select "I agree" for this statement, You have no FATCA codes. The IRS requires us to include this statement, but FATCA (Foreign Account Tax Compliance Act) codes do not apply to accounts held within the United States.



If you have been notified by the Internal Revenue Services (IRS) that you are subject to backup withholding because you have failed to report all interest and dividends on your tax return, you must select "I disagree" in item #2 of this certification.

The Client Agreement applicable to this brokerage account contains a predispute arbitration clause. By signing this agreement, the parties agree to be bound by the terms of the Client Agreement, including the arbitration agreement located in Section 12 of the Client Agreement on page 8.

The Internal Revenue Services does not require you consent to any provisions of this document other than the Certifications required to avoid backup withholding.

✓ I, MR [REDACTED] J [REDACTED], agree to the terms of the Client Agreement and certify the accuracy of the W9 statements above.

Date Submitted: 2018-08-22 01:46:03 PM CDT

Principal Name: Margaret Hoops

9/3/2018

Document



Trading Authorization Agreement

PO Box 2760 ■ Omaha, NE 68103-2760

Fax: 866-468-6268

If you are wanting to add an Authorized Agent/Officer/Partner to the account and not a Full Trading/Limited Trading Authorization, please submit the Entity Authorized Agent Form TDA 1187 located within the forms library: <https://www.tdameritrade.com/form-library>.

Account Number:	3860	Account Name/Title:	J. BOLLAR IRA
-----------------	------	---------------------	---------------

The Account Owner(s) listed below hereby authorizes and appoints the Authorized Agent(s) below as the Account Owner's or Owners' agents and attorneys-in-fact for the purchase and sale of securities and other financial instruments in cash and/or on margin in the Account Owner's or Owners' name or number on the TD Ameritrade Clearing, Inc. (the "Clearing Firm") books (the "Account"). The Authorized Agent(s) may act on behalf of and without notice to the Account Owner(s) to buy, sell, sell short, and to otherwise trade stocks, bonds, mutual funds, options, and/or any other securities, financial contracts, or financial instruments. Trading Authorization does not allow your Authorized Agent to instruct the Brokerage Firm to make any changes to the Account Owner(s) Account, such as address of record, suitability information, or to upgrade the Account to trade on margin or to trade options. The actions of the Authorized Agent(s) have the same force and effect as those of the Account Owner(s) with respect to such transactions, TD Ameritrade, Inc. (the "Brokerage Firm") is authorized to follow such actions as if directly instructed by the Account Owner(s). The Authorized Agent(s) represents they are familiar with the Account Owner(s) investment objectives, financial situation, and needs, and will invest in a manner consistent with these objectives. The Client Agreement set forth in the Account Agreement and all other agreements applicable to this Account, shall apply equally to the Authorized Agent(s).

If Full Trading Authorization is chosen, this authority includes the right to request delivery of securities or monies from the account in the Account Owner's or Owners' name(s).

If this is a fiduciary account, the Account Owner(s) affirms that this grant of trading authority has been conferred consistent with his/her fiduciary duties and powers.

The Account Owner(s) understands all such transactions conducted by the Authorized Agent(s) are at the Account Owner's or Owners' own risk. The Account Owner(s) hereby ratifies and confirms any and all transactions made at any time by the Authorized Agent(s) for the Account. Accordingly, the Account Owner(s) agrees to indemnify and hold harmless the Brokerage Firm and Clearing Firm from any and all losses arising from and to promptly pay on demand any debit balance due on the Account. The Brokerage Firm and Clearing Firm assume no responsibility for trade monitoring or reviewing any investment activity or decision of the Authorized Agent in the Account Owner(s) account. Further, the Brokerage Firm or Clearing does not offer legal or tax advice.

This authorization and indemnity is in addition to, and in no way limits or restricts, any rights which the Brokerage Firm or Clearing Firm may have under any other agreement with the Account Owner(s) or Authorized Agent(s). This authorization and indemnification shall benefit the Brokerage Firm and Clearing Firm, and any successor firms irrespective of any changes at any time in the personnel thereof, and their assigns.

This Trading Authorization Agreement supersedes any prior Trading Authorization Agreements that the Account Owner(s) may have executed with regard to the Account. This Agreement shall remain in full force and effect until revoked by the Account Owner(s), written notice addressed to the Brokerage Firm and delivered to its offices. The Account Owner(s) shall be liable for transactions initiated prior to the Brokerage Firm's receipt of such written revocation.

The Authorized Agent(s) agrees to immediately notify the Brokerage Firm in writing if any Authorized Agent(s), or members of his/her household, are either a) currently employed or licensed by a member of a stock exchange or the Financial Industry Regulatory Authority (FINRA), or registered as an investment advisor and using the license in a professional sales, trading, or customer service capacity; or b) a member of the board of directors, 10% shareholder, or policy-making officer of a company which trades publicly on a stock exchange.

To help the government fight the funding of terrorism and money laundering activities, financial institutions obtain and record information in order to ensure the identity of each person authorized to trade on an account.

What this means for you: When you are authorized to trade on an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents.



Account Number:

AFFILIATIONS

☐ Check here if any Authorized Agent is a member of the board of directors, 10% shareholder, or policy-making officer of a publicly traded company. Specify the name of the Authorized Agent, the company ticker symbol, name, address, city, and state/province:

☐ Check here if any Authorized Agent is licensed or employed by a registered broker/dealer, securities exchange, or member of a securities exchange. We must receive a compliance letter along with this application. Specify the name of the Authorized Agent:

☐ Check here if any Authorized Agent(s) is, or is employed by, a federal or state registered Investment Advisor.
Are you using your license in a professional sale or trading capacity on this account? ☐ Yes ☐ No

AUTHORIZED AGENT COMPENSATION

☐ Check here if any Authorized Agent is being compensated for providing investment advice, placing trades, or otherwise managing your account.

AUTHORIZED AGENT*

Level of Authorization: (check only one). If neither Full or Limited is marked, the authorization level will default to Limited.
☒ Full Trading Authorization with Privileges to Withdraw Money and/or Securities (Not applicable on IRA, UTMA, UGMA, Estate, or Trust Accounts; authorization level will default to Limited.)
☐ Limited Trading Authorization for Purchase and Sale of Securities Only

Name Prefix (optional): ☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

Full Legal Name: <u>Justin King</u>		Relationship to Account Owner: <u>Family</u>	
Date of Birth: (MM-DD-YYYY) <u>80</u>	Social Security Number** <u>6210</u>		
Home Address: (no PO box or mail drop) <u>[REDACTED]</u>		Primary Phone: <u>602 388- [REDACTED]</u>	
City: <u>Phoenix</u>	State: <u>AZ</u>	ZIP Code: <u>[REDACTED]</u>	
Please Specify if You Are: <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input checked="" type="checkbox"/> Self-Employed		Source of Income (if retired or unemployed): <u>A.bglass</u>	
Employer Name: <u>Area Auto Glass</u>		Occupation/Type of Business: <u>autoglass</u>	
Employer Street Address: <u>1051 W. 7th St</u>			
City: <u>Phoenix</u>	State: <u>AZ</u>	ZIP Code: <u>85008</u>	

*Signature required below.

**If you do not have a Social Security Number, please submit a photocopy of your passport and a copy of a bank or brokerage statement.

Account Number:

AUTHORIZED AGENT*

Level of Authorization: (check only one). If neither Full or Limited is marked, the authorization level will default to Limited.

☐ Full Trading Authorization with Privileges to Withdraw Money and/or Securities (Not applicable on IRA, UTMA, UGMA, Estate, or Trust Accounts; authorization level will default to Limited.)☐ Limited Trading Authorization for Purchase and Sale of Securities OnlyName Prefix (optional): ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

Full Legal Name:

Relationship to Account Owner:

Date of Birth:
(MM-DD-YYYY)Social Security Number:**
(SSN)Home Address:
(no PO box or mail drop)

Primary Phone:

City:

State:

ZIP Code:

Please Specify if You Are:

☐ Unemployed ☐ Retired ☐ Homemaker ☐ Student ☐ Self-Employed

Source of Income (if retired or unemployed):

Employer Name:

Occupation/Type of Business:

Employer Street Address:

City:

State:

ZIP Code:

*Signature required below.

**If you do not have a Social Security Number, please submit a photocopy of your passport and a copy of a bank or brokerage statement.

TRADING AUTHORIZATION

By our signatures below, the Account Owner(s) and Authorized Agent(s) agree to the provisions within this document in its entirety, and attest that this authorization supersedes any prior trading authorization the Account Owner(s) may have executed with regard to the Account. Furthermore, Account Owner(s) and Authorized Agent(s) acknowledge that the Brokerage Firm or Clearing may refuse to approve, or remove, the Authorized Agent(s) from acting as the Account Owner(s) agent on this, or any other account.

All Account Owners and Authorized Agents must sign.

ACCOUNT OWNER(S)☒ Account Owner's Signature:

Date:

9-2-18

☒ Account Co-Owner's Signature:

Date:

Original signature required; electronic signatures and/or signature fonts are not authorized.

AUTHORIZED AGENT(S)☒ Authorized Agent's Signature:

Date:

9-2-18

☒ Authorized Agent's Signature:

Date:

Original signature required; electronic signatures and/or signature fonts are not authorized.

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

TD Ameritrade, Inc. and TD Ameritrade Clearing, Inc., members FINRA/SIPC. TD Ameritrade is a trademark jointly owned by TD Ameritrade IP Company, Inc. and The Toronto-Dominion Bank. © 2018 TD Ameritrade.

EXHIBIT "8"



Do you currently have an account with us
(including paperMoney®)?

Account Information

Account Type Individual
Account Number [REDACTED] 7930

Personal Information

Full Name MRS [REDACTED] C [REDACTED]
Email Address [REDACTED]@GMAIL.COM
Best Day Time Phone Number (678) [REDACTED]
Secondary Phone Number
Citizenship Status US Citizen
Country of Citizenship UNITED STATES OF AMERICA
SSN/ITIN [REDACTED] 3265
Date of Birth [REDACTED] 1968
Marital Status Divorced
Mother's Maiden Name [REDACTED]
Dependents 2
Home Address [REDACTED]
PHOENIX, AZ [REDACTED]
UNITED STATES OF AMERICA
Mailing Address

I will primarily use this account to Actively trade stocks, ETFs, options, futures, or forex
New to Investing No
Offer Code 220

Privacy Policy Agreement **(Acknowledge)**

Employment Information

Employment Status Employed
Business/Employer Name JUSTIN KING
Occupation NANNY



Employer Address

PHOENIX, AZ 85018
UNITED STATES OF AMERICA

Financial Information

Approximate Annual Income	\$0 - 24,999
Approximate Net Worth	\$15,000 - 49,999
Approximate Liquid Net Worth	\$15,000 - 49,999

Personal Affiliations

Are you, or is your spouse, or is any member of your immediate family licensed by, employed by or associated with a broker-dealer firm, a financial services regulator, a securities exchange, or a member of a securities exchange? No

Are you, or is your spouse, or is any member of your immediate family or are any of your personal or business associates a senior political figure? No

Are you, or is your spouse, or any member of your immediate family a director, a 10% shareholder, or a policy-making officer of a publically traded company? No

Important Account Information

The following account-related documents and disclosures are delivered electronically.

Client Agreement PDF

Account Handbook

Business Continuity Plan Statement

I accept electronic delivery of these documents. (Acknowledge)
I have read, printed, and/or saved these documents and don't need them mailed to me.

Cash Sweep Vehicle



Select one of the following options for your uninvested cash.

MMDA (FDIC) Product

Note: Cash balances in your TD Ameritrade brokerage account are automatically transferred and deposited into our FDIC-insured deposit accounts, if you don't make a selection.

Summary of Cash Balance Programs PDF

IRS Form W-9

In my online application, I certified and agree to the following:
Under penalty of perjury, I MRS LEONA CUNNINGHAM certify that:

1. [REDACTED] 3265 is my correct Social Security Number/Individual Tax Identification Number. (Agree)
2. I am not subject to backup withholding. (Agree)
3. I am a U.S. citizen or other U.S. person. (Agree)
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (Agree)

You can select "I agree" for this statement, You have no FATCA codes. The IRS requires us to include this statement, but FATCA (Foreign Account Tax Compliance Act) codes do not apply to accounts held within the United States.

If you have been notified by the Internal Revenue Services(IRS) that you are subject to backup withholding because you have failed to report all interest and dividends on your tax return, you must select "I disagree" in item #2 of this certification.

I have received and read the Client Agreement, which is incorporated by this reference, that will govern my account.

I agree to be bound by this Client Agreement, as amended from time to time, and request an account to be opened in the name(s) set forth below. All securities, dividends, and proceeds will be held at TD Ameritrade Clearing, Inc., unless otherwise instructed. I understand that TD Ameritrade may obtain a current consumer or credit report to determine my eligibility, or continuing eligibility, for credit or for other legitimate business purposes. Any decision by TD Ameritrade to extend credit may be based on information contained in a consumer or credit report, as well as the policies of TD Ameritrade and TD Ameritrade Clearing, Inc. I understand that TD Ameritrade may relate information regarding this account, including account delinquency and voluntary closures, to consumer or credit reporting agencies. Upon my request, TD Ameritrade shall inform me of each consumer or credit reporting agency from which they have obtained and/or reported my consumer or credit report. TD Ameritrade agrees to notify the consumer or credit reporting agencies if I dispute the completeness or accuracy of the information furnished by TD Ameritrade. By my signature below, I authorize TD Ameritrade to obtain consumer or credit reports for the name(s) set forth below. I understand that non-deposit investments purchased through TD Ameritrade are not insured by the FDIC, are not obligations of or guaranteed by any financial institution, and are subject to investment risk and loss that may exceed the principal invested. Unless I have declined the margin feature, I acknowledge that securities securing loans from TD Ameritrade may be lent to TD Ameritrade and lent by TD Ameritrade to others. I also acknowledge that if I trade "on margin," I am borrowing money from TD Ameritrade and that I understand the requirements and risks associated with margin as summarized in the Margin Handbook and Margin Disclosure Document.

TDA STP OLA 186 (LAST UPDATED 12/06/2017)



Important information about procedures for opening a new account:

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents.

If this is a Joint account, all Account Owners must sign. If you wish to trade options in your account, complete the Account Options Suitability and Options Account Agreement section on the next page.

If I am a U.S. person for tax purposes:

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number; (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Services (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; (3) I am a U.S. citizen or other U.S. person; and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

If I have been notified by the IRS that I am subject to backup withholding because I have failed to report all interest and dividends on my tax return, I must cross out (2) in this certification.

If I am not a U.S. Person for tax purposes:

I am submitting the applicable Form W-8 with this form to certify my foreign status.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

The Client Agreement applicable to this brokerage account contains a predispute arbitration clause. By signing this agreement, the parties agree to be bound by the terms of the Client Agreement, including the arbitration agreement located in Section 12 of the Client Agreement on pages 7 and 8.

By checking the box below, I represent to you that:

I am the person identified in this account.

I am accepting and agreeing to abide by all of the Client Agreement.

I am electronically signing these document which will have the same effect as the execution of these documents by a written signature.

✓ I, MRS LEONA CUNNINGHAM, agree to the terms of the Client Agreement and certify the accuracy of the W9 statements above.

Date Submitted: 2017-10-09 01:31:52 PM CDT

Principal Name: Margaret Hoops



Trading Authorization Agreement

PO Box 2760 ■ Omaha, NE 68103-2760

Fax: 866-468-6268

If you are wanting to add an Authorized Agent/Officer/Partner to the account and not a Full Trading/Limited Trading Authorization, please submit the Entity Authorized Agent Form TDA 1187 located within the forms library: <https://www.tdameritrade.com/form-library>.

Account Number:

930

Account Name/Title:

C

The Account Owner(s) listed below hereby authorizes and appoints the Authorized Agent(s) below as the Account Owner's or Owners' agents and attorneys-in-fact for the purchase and sale of securities and other financial instruments in cash and/or on margin in the Account Owner's or Owners' name or number on the TD Ameritrade Clearing, Inc. (the "Clearing Firm") books (the "Account"). The Authorized Agent(s) may act on behalf of and without notice to the Account Owner(s) to buy, sell, sell short, and to otherwise trade stocks, bonds, mutual funds, options, and/or any other securities, financial contracts, or financial instruments. Trading Authorization does not allow your Authorized Agent to instruct the Brokerage Firm to make any changes to the Account Owner(s) Account, such as address of record, suitability information, or to upgrade the Account to trade on margin or to trade options. The actions of the Authorized Agent(s) have the same force and effect as those of the Account Owner(s) with respect to such transactions, TD Ameritrade, Inc. (the "Brokerage Firm") is authorized to follow such actions as if directly instructed by the Account Owner(s). The Authorized Agent(s) represents they are familiar with the Account Owner(s) investment objectives, financial situation, and needs, and will invest in a manner consistent with these objectives. The Client Agreement set forth in the Account Agreement and all other agreements applicable to this Account, shall apply equally to the Authorized Agent(s).

If Full Trading Authorization is chosen, this authority includes the right to request delivery of securities or monies from the account in the Account Owner's or Owners' name(s).

If this is a fiduciary account, the Account Owner(s) affirms that this grant of trading authority has been conferred consistent with his/her fiduciary duties and powers.

The Account Owner(s) understands all such transactions conducted by the Authorized Agent(s) are at the Account Owner's or Owners' own risk. The Account Owner(s) hereby ratifies and confirms any and all transactions made at any time by the Authorized Agent(s) for the Account. Accordingly, the Account Owner(s) agrees to indemnify and hold harmless the Brokerage Firm and Clearing Firm from any and all losses arising from and to promptly pay on demand any debit balance due on the Account. The Brokerage Firm and Clearing Firm assume no responsibility for trade monitoring or reviewing any investment activity or decision of the Authorized Agent in the Account Owner(s) account. Further, the Brokerage Firm or Clearing does not offer legal or tax advice.

This authorization and indemnity is in addition to, and in no way limits or restricts, any rights which the Brokerage Firm or Clearing Firm may have under any other agreement with the Account Owner(s) or Authorized Agent(s). This authorization and indemnification shall benefit the Brokerage Firm and Clearing Firm, and any successor firms irrespective of any changes at any time in the personnel thereof, and their assigns.

This Trading Authorization Agreement supersedes any prior Trading Authorization Agreements that the Account Owner(s) may have executed with regard to the Account. This Agreement shall remain in full force and effect until revoked by the Account Owner(s), written notice addressed to the Brokerage Firm and delivered to its offices. The Account Owner(s) shall be liable for transactions initiated prior to the Brokerage Firm's receipt of such written revocation.

The Authorized Agent(s) agrees to immediately notify the Brokerage Firm in writing if any Authorized Agent(s), or members of his/her household, are either a) currently employed or licensed by a member of a stock exchange or the Financial Industry Regulatory Authority (FINRA), or registered as an investment advisor and using the license in a professional sales, trading, or customer service capacity, or b) a member of the board of directors, 10% shareholder, or policy-making officer of a company which trades publicly on a stock exchange.

To help the government fight the funding of terrorism and money laundering activities, financial institutions obtain and record information in order to ensure the identity of each person authorized to trade on an account.

What this means for you: When you are authorized to trade on an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents.



Account Number:

7930

AFFILIATIONS

☐ Check here if any Authorized Agent, any member of their immediate family, or any business associate of theirs is a senior political figure (SPF). Specify the name of the Authorized Agent, the name of the SPF, political title, relationship to the Authorized Agent, and country of office:

☐ Check here if any Authorized Agent is a member of the board of directors, 10% shareholder, or policy-making officer of a publicly traded company. Specify the name of the Authorized Agent, the company ticker symbol, name, address, city, and state/province:

☐ Check here if any Authorized Agent is licensed or employed by a registered broker/dealer, securities exchange, or member of a securities exchange. We must receive a compliance letter along with this application. Specify the name of the Authorized Agent:

☐ Check here if any Authorized Agent(s) is, or is employed by, a federal or state registered Investment Advisor. Are you using your license in a professional sale or trading capacity on this account? ☐ Yes ☐ No

AUTHORIZED AGENT COMPENSATION

☐ Check here if any Authorized Agent is being compensated for providing investment advice, placing trades, or otherwise managing your account.

AUTHORIZED AGENT:

Level of Authorization: (check only one). If neither Full or Limited is marked, the authorization level will default to Limited.

☐ Full Trading Authorization with Privileges to Withdraw Money and/or Securities (Not applicable on IRA, UTMA, UGMA, Estate, or Trust Accounts; authorization level will default to Limited.)

☒ Limited Trading Authorization for Purchase and Sale of Securities Only

Name Prefix (optional): ☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

Full Legal Name:
JUSTIN KING

Relationship to Account Owner:
FAMILY

Date of Birth:
(MM-DD-YYYY) 1 9 8 0

Social Security Number:**
(SSN) 6 2 1 0

Home Address:
(no PO box or mail drop)

Primary Phone: 6 0 2 4 8 8 2 2 0 0

City:
PHOENIX

State:
AZ

ZIP Code:

Please Specify if You Are:

☐ Unemployed ☐ Retired ☐ Homemaker ☐ Student ☒ Self-Employed

Source of Income (if retired or unemployed):

Employer Name:
AREA AUTO GLASS

Occupation/Type of Business:
AUTO GLASS

Employer Street Address:
1841 N 24TH ST

City:
PHOENIX

State:
AZ

ZIP Code: 8 5 0 0 8

*Signature required below.

**If you do not have a Social Security Number, please submit a photocopy of your passport and a copy of a bank or brokerage statement.

Account Number:
490167930

AUTHORIZED AGENT

Level of Authorization: (check only one). If neither Full or Limited is marked, the authorization level will default to Limited.
☐ Full Trading Authorization with Privileges to Withdraw Money and/or Securities (Not applicable on IRA, UTMA, UGMA, Estate, or Trust Accounts; authorization level will default to Limited.)
☐ Limited Trading Authorization for Purchase and Sale of Securities Only

Name Prefix (optional): ☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

Full Legal Name:

Relationship to Account Owner:

Date of Birth:
(MM-DD-YYYY)

Social Security Number:**
(SSN)

Home Address:
(no PO box or mail drop)

Primary Phone:

City:

State:

ZIP Code:

Please Specify if You Are:

☐ Unemployed ☐ Retired ☐ Homemaker ☐ Student ☐ Self-Employed

Source of Income (if retired or unemployed):

Employer Name:

Occupation/Type of Business:

Employer Street Address:

City:

State:

ZIP Code:

*Signature required below.

**If you do not have a Social Security Number, please submit a photocopy of your passport and a copy of a bank or brokerage statement.

TRADING AUTHORIZATION

By our signatures below, the Account Owner(s) and Authorized Agent(s) agree to the provisions within this document in its entirety, and attest that this authorization supersedes any prior trading authorization the Account Owner(s) may have executed with regard to the Account. Furthermore, Account Owner(s) and Authorized Agent(s) acknowledge that the Brokerage Firm or Clearing may refuse to approve, or remove, the Authorized Agent(s) from acting as the Account Owner(s) agent on this, or any other account.

All Account Owners and Authorized Agents must sign.

ACCOUNT OWNER(S)

X
X

Date:

10-17-2017

Date:

Original signature required; electronic signatures and/or signature fonts are not authorized.

AUTHORIZED AGENT(S)

X
X

Authorized Agent's Signature:

Date:

10-17-2017

Date:

Original signature required; electronic signatures and/or signature fonts are not authorized.

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

TD Ameritrade, Inc. and TD Ameritrade Clearing, Inc., members FINRA/SIPC. TD Ameritrade is a trademark jointly owned by TD Ameritrade IP Company, Inc. and The Toronto-Dominion Bank. © 2017 TD Ameritrade.

EXHIBIT "9"



July 07, 2020

Shannon Leigh King & Justin Robert King
[REDACTED]
San Juan Capistrano CA, [REDACTED]

Re: You Will Need to Close Your TD Ameritrade Account(s)

Dear Shannon King,

After careful consideration, TD Ameritrade has decided to end our business relationship with you. This means you will have to close your account(s) ending in [REDACTED] 9547.

In the meantime, your account has been restricted to liquidating transactions only, meaning you won't be able to make new purchases. If your account has check writing, ATM/Debit card, or other cash services, please do not use these features, as they have been disabled.

Your Next Steps

You'll have to either liquidate and close your account by August 06, 2020, or have a transfer in progress to another brokerage firm by that date. To initiate a transfer to another brokerage firm, please contact that firm for the necessary forms and information.

If you have not closed your account and do not have a transfer in progress by the close of business on August 06, 2020, we may liquidate your account and mail you a check for the proceeds, or we may issue stock certificates for positions you hold in the account and mail them to you.

Because we are ending our business relationship with you, you will not be able to open new TD Ameritrade accounts in the future. We appreciate your past business and regret any inconvenience this situation may cause you.

Thank you for your prompt attention to this matter.

Sincerely,

Retail Risk Management
817-490-2050

200 South 108th Ave,
Omaha, NE 68154

www.tdameritrade.com

SEC-TDA-E-0003987

EXHIBIT 9 PAGE185



July 07, 2020

Elevate Investments LLC
Attn: Justin King
[REDACTED]
Sheridan WY, 82801-6317

Re: You Will Need to Close Your TD Ameritrade Account(s)

Dear Justin King,

After careful consideration, TD Ameritrade has decided to end our business relationship with you. This means you will have to close your account(s) ending in [REDACTED] 348.

In the meantime, your account has been restricted to liquidating transactions only, meaning you won't be able to make new purchases. If your account has check writing, ATM/Debit card, or other cash services, please do not use these features, as they have been disabled.

Your Next Steps

You'll have to either liquidate and close your account by August 06, 2020, or have a transfer in progress to another brokerage firm by that date. To initiate a transfer to another brokerage firm, please contact that firm for the necessary forms and information.

If you have not closed your account and do not have a transfer in progress by the close of business on August 06, 2020, we may liquidate your account and mail you a check for the proceeds, or we may issue stock certificates for positions you hold in the account and mail them to you.

Because we are ending our business relationship with you, you will not be able to open new TD Ameritrade accounts in the future. We appreciate your past business and regret any inconvenience this situation may cause you.

Thank you for your prompt attention to this matter.

Sincerely,

Retail Risk Management
817-490-2050

200 South 108th Ave,
Omaha, NE 68154

www.tdameritrade.com

SEC-TDA-E-0003983

EXHIBIT 9 PAGE186



July 07, 2020

Z [REDACTED] Partners Inc
Attn M [REDACTED]
Phoenix AZ, 85018-2346

Re: Party on your TD Ameritrade account ending [REDACTED] 0506

Dear Merlin Bergeron,

We are writing you because our records indicate that Justin King is authorized to act on your behalf on your brokerage account. We cannot allow Justin King to act on behalf of your account any longer.

As a result, limited power of attorney (LPOA) and/or trading authority for Justin King was removed from your account as of 7/7/2020. This means that Justin King will no longer be able to manage your account or trade on your behalf.

While your account and the investments within your account are your responsibility, know that you are not alone. TD Ameritrade remains committed to providing you with the support you require to pursue your financial goals. We will do everything we can to address your needs and help you find appropriate solutions. Our website offers a wide array of trading tools and investment ideas. Client Services representatives are also available 24 hours a day, seven days a week at 1-800-669-3900. Furthermore, you can always stop in at a local TD Ameritrade branch for a consultation.

If you have any questions or if there is anything we can do to assist you, please do not hesitate to contact us. Thank you for choosing TD Ameritrade for your financial needs. We value your business and look forward to serving you for many years to come.

Sincerely,

Retail Risk Management
817-490-2050



October 29, 2020

[REDACTED] J [REDACTED] Rollover Ira Td Ameritrade Clearing, Custodian
Ponte Vedra, FL [REDACTED]

Re: TD Ameritrade Policy on Advisory Activities in Self-Managed Accounts

Dear [REDACTED] J [REDACTED] Rollover Ira Td Ameritrade Clearing, Custodian,

We are contacting you about an important issue involving your brokerage account [REDACTED] 3860. Our records show you may have given online access or trading authority to someone acting as an advisor on your account(s). TD Ameritrade does not allow an advisor on self-managed accounts like yours. To be sure the advisor will no longer act on your account, we removed the advisor's access, effective immediately. In addition, we've placed restrictions on this account.

Here's What You'll Need to Do

Please call Client Services at 800-669-3900 to change your log-in credentials. When you call, you will need to confirm that all demographic information on your account, including the email address, is for the account owner.

Moving forward, please do not give the updated credentials to any individual acting in an advisory capacity on your account(s). We will continue to monitor the situation to ensure that your account complies with all TD Ameritrade policies.

We value your business, and we're committed to giving you the support you want for all of your investment needs. Keep in mind, though, that we may not be able to support your account(s) if the advisory relationship isn't fully dissolved.

If You Want an Advisor on Your Account

While TD Ameritrade self-managed accounts do not allow an advisor, TD Ameritrade Institutional is designed to support Registered Investment Advisors and their clients. Please call us at 800-669-3900 for more information. In addition, the Financial Industry Regulatory Authority (FINRA) offers BrokerCheck®, a way to review the background of advisors, at brokercheck.finra.org.

Remember: We're Always Here for You

Your self-managed account is your responsibility, but you are not alone. TD Ameritrade remains committed to providing you with a full range of guidance and help. Our website, tdameritrade.com, offers independent research, educational videos, online courses, webcasts, and live workshops for both beginners and experienced investors, so you can learn at your own pace. And Client Services is available 24/7 at 800-669-3900. If you have any questions or need any help, please don't hesitate to let us know.

Thank you for choosing TD Ameritrade. We're glad to have you with us.

Sincerely,

Retail Supervision and Risk Management
TD Ameritrade

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TDA 100701 L 0519

200 South 108th Ave,
Omaha, NE 68154

www.tdameritrade.com

SEC-TDA-E-0010800

EXHIBIT 9 PAGE188



July 07, 2020

[REDACTED] C [REDACTED]
Phoenix AZ, [REDACTED]

Re: Party on your TD Ameritrade account ending [REDACTED] 7930

Dear [REDACTED] C [REDACTED],

We are writing you because our records indicate that Justin King is authorized to act on your behalf on your brokerage account. We cannot allow Justin King to act on behalf of your account any longer.

As a result, limited power of attorney (LPOA) and/or trading authority for Justin King was removed from your account as of 7/7/2020. This means that Justin King will no longer be able to manage your account or trade on your behalf.

While your account and the investments within your account are your responsibility, know that you are not alone. TD Ameritrade remains committed to providing you with the support you require to pursue your financial goals. We will do everything we can to address your needs and help you find appropriate solutions. Our website offers a wide array of trading tools and investment ideas. Client Services representatives are also available 24 hours a day, seven days a week at 1-800-669-3900. Furthermore, you can always stop in at a local TD Ameritrade branch for a consultation.

If you have any questions or if there is anything we can do to assist you, please do not hesitate to contact us. Thank you for choosing TD Ameritrade for your financial needs. We value your business and look forward to serving you for many years to come.

Sincerely,

Retail Risk Management
817-490-2050

EXHIBIT "10"

Schwab S1 Account [REDACTED] 5708
Schwab Individual S1 Application

Initial Contact Method: Web

Account Number: [REDACTED] 5708

1 Account Information

Personal Information

Name: JUSTIN ROBERT KING

Social Security/Tax ID: [REDACTED] 6210

Home/Legal
Street
Address:

Date of Birth: [REDACTED] 1980

City, State, Zip: SAN JUAN CAPISTRANO, CA,
[REDACTED] US

Driver's License #: [NOT ENTERED]

Driver's License Issue State: [NOT ENTERED]

Driver's License Expiration Date: [NOT ENTERED]

State Identification #: [NOT ENTERED]

Business Address: [NOT ENTERED]

State ID Issue State: [NOT ENTERED]

State ID Expiration Date: [NOT ENTERED]

Passport Number #:

Passport Country Of Issuance: [NOT ENTERED]

[NOT ENTERED]

Passport Expiration Date: [NOT ENTERED]

Mailing Address: [NOT ENTERED]

Other Government Id: [NOT ENTERED]

Other Government Id Country Of Issuance: [NOT ENTERED]

[NOT ENTERED]

Other Government Id Expiration Date:

Previous Address: [NOT ENTERED]

Mother's Maiden Name: [NOT ENTERED]

Home Telephone: [NOT ENTERED]

Country of Citizenship: US

Business Telephone: [NOT ENTERED]

Country of Residence: US

Mobile Phone Number: (602) 388- [REDACTED]

Alias: [NOT ENTERED]

Email: JRKING80@ [REDACTED]

Regulatory Information

Your Schwab S1 Investment Profile

Employment Status: Retired

Marital Status: Married

Employer Name: [NOT ENTERED]

Relationship to Account: [NOT ENTERED]

Number of Dependents: 3

Occupation: NotSpecified

Companies In Which You Are a Director, 10% Shareholder, or Policy-Making Officer: NO

Liquid Net Worth: \$5,000,000.00

Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer?: NO

Investment Experience: [NOT ENTERED]

Subject to Tax Withholding: NO

Purpose of Account: Investing for Retirement

Source of Funds: Investment Capital Gains

Trusted Contact Person(s)
[NOT ENTERED]

2 Schwab S1 Features

Email Statements & Account Documents: YES
Email Trade Confirmations: YES
Email Shareholder Materials: YES
Email Tax Forms: YES
Trading Services: YES
Margin Trading: YES
Portfolio Margin: [NOT ENTERED]
Checks: NO
Debit Card: NO
Anticipated Activity:
Subject to Tax Withholding: NO
Bank Sweeps: YES
Schwab One Interest: NO

3 Account Funding

Funding Method: mailCheckDeposit
Bank Name: [NOT APPLICABLE]
Bank Account Type: [NOT APPLICABLE]
Bank Routing Number: [NOT APPLICABLE]
Bank Account Number: [NOT APPLICABLE]
One-time Deposit Amount: [NOT APPLICABLE]

4 Offer/Referral Code

Offer/Referral Code: TRADER
Offer/Referral Name: TRADER

»

5 Agree To Terms

Account Agreement plus Terms and Conditions text on file within the Schwab's Content Management System based on the times listed below.

I, Justin robert King , Consented to the Online Application Process at: 7/7/2020 10:24:37 AM EST
I, Justin robert King , Agree to Terms at: 7/7/2020 10:24:37 AM EST

Submit Application: 7/7/2020 10:24:37 AM EST

See instructions below:

The client's consent and date/time stamp to the Schwab Terms and Conditions includes the Paperless Informed Consent. To view the text image of the Paperless Informed Consent, open the folder called "Paperless Informed Consent Text Image" by selecting "File" and "Open Folder" from the OnDemand menu. Once in this folder, you can search for this text image by date, document name, and document version.

For Charles Schwab Use Only

Source Code	Approved By UFSSTAR	Print Name of Approver
Date Approved 7/7/2020 10:24:37 AM EST	Indexing Codes	
Branch Office and Account Number		

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EXHIBIT "11"

Schwab S1 Account [REDACTED] 4019
Schwab Individual S1 Application

Initial Contact Method: Web

Account Number: [REDACTED] 4019

1 Account Information

Personal Information

Name: SHANNON KING

Social Security/Tax ID: [REDACTED] 2232

Home/Legal Street Address: [REDACTED]

Date of Birth: [REDACTED] 1982

City, State, Zip: SAN JUAN CAPISTRANO, CA, [REDACTED] US

Driver's License #: [NOT ENTERED]

Driver's License Issue State: [NOT ENTERED]

Driver's License Expiration Date: [NOT ENTERED]

State Identification #: [NOT ENTERED]

Business Address: [NOT ENTERED]

State ID Issue State: [NOT ENTERED]

State ID Expiration Date: [NOT ENTERED]

Passport Number #:

Passport Country Of Issuance: [NOT ENTERED]

Passport Expiration Date: [NOT ENTERED]

Mailing Address: [NOT ENTERED]

Other Government Id: [NOT ENTERED]

Other Government Id Country Of Issuance: [NOT ENTERED]

Other Government Id Expiration Date: [NOT ENTERED]

Previous Address: [NOT ENTERED]

Mother's Maiden Name: [NOT ENTERED]

Home Telephone: [NOT ENTERED]

Country of Citizenship: US

Business Telephone: [NOT ENTERED]

Country of Residence: US

Mobile Phone Number: (480) 721-[REDACTED]

Alias: [NOT ENTERED]

Email: SLKING311@[REDACTED]

Regulatory Information

Your Schwab S1 Investment Profile

Employment Status: Retired

Marital Status: Married

Employer Name: [NOT ENTERED]

Relationship to Account: [NOT ENTERED]

Number of Dependents: 3

Occupation: NotSpecified

Companies In Which You Are a Director, 10% Shareholder, or Policy-Making Officer: NO

Liquid Net Worth: \$5,000,000.00

Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer?: NO

Investment Experience: [NOT ENTERED]

Subject to Tax Withholding: NO

Purpose of Account: Investing for Retirement

Source of Funds: Sale of Property or Business ; Investment Capital Gains

Trusted Contact Person(s)
[NOT ENTERED]

2 Schwab S1 Features

Email Statements & Account Documents:	YES
Email Trade Confirmations:	YES
Email Shareholder Materials:	YES
Email Tax Forms:	YES
Trading Services:	YES
Margin Trading:	YES
Portfolio Margin:	[NOT ENTERED]
Checks:	YES
Debit Card:	YES
Anticipated Activity:	Less than 5 times per month
Subject to Tax Withholding:	NO
Bank Sweeps:	YES
Schwab One Interest:	NO

3 Account Funding

Funding Method:	mailCheckDeposit
Bank Name:	[NOT APPLICABLE]
Bank Account Type:	[NOT APPLICABLE]
Bank Routing Number:	[NOT APPLICABLE]
Bank Account Number:	[NOT APPLICABLE]
One-time Deposit Amount:	[NOT APPLICABLE]

4 Offer/Referral Code

Offer/Referral Code:	TRADER
Offer/Referral Name:	TRADER

»

5 Agree To Terms

Account Agreement plus Terms and Conditions text on file within the Schwab's Content Management

CONFIDENTIAL FOIA TREATMENT REQUESTED

BATES # CRR-2011-22804-000678

file:///C:/Users/phil.ho/AppData/Roaming/IBM/ONDEMA~1/DATA/99914019_UO-3c5c.HTML

3/4

SEC-SHWAB-E-0000020

System based on the times listed below.

I, Shannon King , Consented to the Online Application Process at: 7/14/2020 10:46:39 AM EST
I, Shannon King , Agree to Terms at: 7/14/2020 10:46:39 AM EST

Submit Application: 7/14/2020 10:46:39 AM EST

See instructions below:

The client's consent and date/time stamp to the Schwab Terms and Conditions includes the Paperless Informed Consent. To view the text image of the Paperless Informed Consent, open the folder called "Paperless Informed Consent Text Image" by selecting "File" and "Open Folder" from the OnDemand menu. Once in this folder, you can search for this text image by date, document name, and document version.

For Charles Schwab Use Only

Source Code	Approved By UFSSTAR	Print Name of Approver
Date Approved 7/14/2020 10:46:39 AM EST	Indexing Codes	
Branch Office and Account Number		

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EXHIBIT "12"



Schwab One® Account Application for Non-Incorporated Organizations

Page 1 of 19

www.schwab.com | 1-800-435-4000 (inside the U.S.) | +1-415-667-8400 (outside the U.S.) | 1-888-686-6916 (multilingual services)

1. Required Information About the Non-Incorporated Organization

Schwab will use the information you provide to open and service your accounts, communicate with you, and provide information about products and services. Read about Schwab's privacy policy at www.schwab.com/privacy. As required by law, Schwab will use the information provided to verify the identity of your Organization and its Authorized Individuals, Control Persons, and Beneficial Owners. As provided in the Schwab One Account Application Agreement for Non-Incorporated Organizations, Schwab is also authorized to inquire as to the creditworthiness of the Organization or any person associated with your accounts.

- If the Organization is treated as a disregarded entity for federal tax purposes, enter the legal name associated with the owner's Social Security number (SSN). If the owner of the disregarded entity is a foreign resident, you must complete and attach an appropriate Form W-8.
- For a single-member limited liability company (LLC) that is treated as a disregarded entity, enter the owner's legal name and SSN.
- If the LLC is classified as a corporation or partnership, enter the entity's legal name and Employer Identification Number (EIN).

For important disclosures about our relationship with you and the services we can provide, please visit schwab.com/transparency.

Type of Organization (Required—select only one.)			
<input checked="" type="checkbox"/> Sole proprietor		<input type="checkbox"/> Partnership	
<input type="checkbox"/> Unincorporated Association		<input type="checkbox"/> LLC treated as S-Corporation for federal tax purposes	
<input type="checkbox"/> LLC treated as Partnership for federal tax purposes		<input type="checkbox"/> LLC treated as Single Member LLC for federal tax purposes	
Name of the Organization		Telephone Number	
Elevate Investments		(602) 386-0003	
Legal Name associated with Tax ID, if different from above		Tax ID Number	
Elevate Investments LLC		[REDACTED] 3628	
Organization Street Address (not P.O. boxes)		City	State
[REDACTED]		Sheridan	WY
Mailing Address (if different from above; P.O. boxes may be used)		City	State
[REDACTED]		San Juan Capistrano	CA
Country of Establishment		State of Establishment	Date of Establishment (mm/dd/yyyy)
US		WY	05/04/2019
Are you a director, 10% shareholder or policy-making officer of a publicly-held company?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if "yes," enter company name and trading symbol)			

(The underlying Taxpayer either has to sign in Section 9 of this application or must attach an appropriate Form W-8 or W-9.)

2. Required Information About the Organization's Primary Business or Professional Activity

2a. To properly categorize and serve your Organization, we need to know the type of activity in which it is engaged. Please provide the six-digit North American Industry Classification System (NAICS) code that best describes your business (if you don't know your NAICS code, you can look it up at www.census.gov/eos/www/naics/).

5	2	3	9	3	0
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FOR CHARLES SCHWAB USE ONLY:									
Branch Office and Account Number									

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CC3994601 (0620-0492) - APR6303-15 (04/20)



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BATES # CRR-2011-22804-000665

SEC-SHWAB-E-0000007

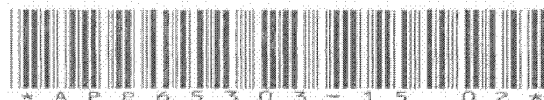
2. Required Information About the Organization's Primary Business or Professional Activity (Continued)

2b. Select only one option that most closely reflects the Organization's primary business and provide the additional requested information (as applicable):

<input type="checkbox"/> Financial Institution Examples of financial institutions include: • Investment funds (pooled/passive investment vehicles) • Private equity vehicles • Broker-dealers • Insurance companies • Venture capital vehicles • Investment Advisors • Banks • Trust companies	Please describe the Organization's primary purpose(s) and field(s) of activity: Please also provide the name of the government agency that serves as your primary regulator: <input type="checkbox"/> If the Organization is either a U.S. registered broker-dealer or a non-U.S. financial institution and if the assets in the Account are not customer assets, please check this box.
<input type="checkbox"/> Operating Entity The Organization provides commercial products or services:	Please describe the commercial products or services that your Organization provides:
<input checked="" type="checkbox"/> Non-Operating Entity Examples of non-operating entities include: • Holding companies • Asset protection vehicles • Personal investment companies • Estate planning vehicles • Single companies	Please describe the Organization's primary purpose(s) and field(s) of activity: personal investments
<input type="checkbox"/> Charitable Organization	Please describe the Organization's charitable purpose:
<input type="checkbox"/> Governmental Organization This includes any state or political subdivision of a state, including: • Any agency, authority, or instrumentality of the state or political subdivision. • A pool of assets sponsored or established by the state or political subdivision or any agency, authority, or instrumentality thereof, including, but not limited to, a "defined benefit plan" as defined in Section 414(p) of the Internal Revenue Code (26 U.S.C. 414(p)) or a state general fund. • A plan or program of a government entity. • Officers, agents, or employees of the state or political subdivision or any agency, authority, or instrumentality thereof, acting in their official capacity.	
<input type="checkbox"/> Tribal Organization A tribe/government organization that is created by the tribe or tribal members on reservation land and under tribal laws. (Contact Schwab for additional document requirements.)	

3. Required Information About the Organization's Investment Profile**Annual Income of Organization**
☐ Under \$15,000
 ☐ \$15,000-\$24,999
 ☐ \$25,000-\$49,999
 ☐ \$50,000-\$99,999
 ☒ \$100,000 or more
Liquid Net Worth of Organization
☐ Under \$25,000
 ☐ \$25,000-\$49,999
 ☐ \$50,000-\$99,999
 ☐ \$100,000-\$249,999
 ☒ \$250,000 or more (specify): \$ _____
Overall Investment Objective of Account
☐ Capital preservation
☐ Income
☒ Growth
☐ Speculation
Source of Funds in Account (Check all that apply)

Please provide the source of assets that will be deposited or held in the account. If the source is a transfer from another firm, please indicate the source of funds that were used to purchase the assets.

☒ Salary, wages, savings
☒ Working capital
☒ Investment capital gains
☐ Corporate income
☒ Family, relatives, inheritance
☒ Sales of property
☐ Other (specify): _____
Purpose of Account (Check all that apply)
☐ Business operating revenue and expense processing
☒ Investing of retirement funds
☐ Investing of college funds
☒ Investing for estate planning purposes
☐ Business payroll processing
☐ Business funding
☒ Investing of pooled assets
☒ Investing of business revenue
☐ Business cash management and treasury
☒ General investing
☐ Investing for tax benefits
☐ Other (specify): _____


4. Required Information About Authorized Individuals, Control Persons and ≥10% Beneficial Owners

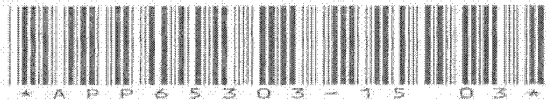
Please complete this section for the following:

- Each Authorized Individual
- At least one Control Person of the Organization
- All ≥10% Beneficial Owners

☒ Check here if no single individual or Legal Entity/Trust owns ≥10% of the Organization. You agree to notify Schwab if or when someone owns ≥10% of the Organization in the future. If checked, complete the following for Authorized Individuals and at least one Control Person (e.g., principals, directors, officers, and managing members).

Authorized Individuals	<ul style="list-style-type: none"> • Any individual or representative of an owner, partner, member, officer, employee, or agent of the Organization that is authorized by the Organization to: <ul style="list-style-type: none"> - Buy and sell securities; - Withdraw and transfer cash and securities; - Sign contracts, waivers, and releases; and - Otherwise conduct business with Schwab on behalf of the Organization. • Complete Individual 1 below for the Primary Authorized Individual who will receive all email correspondence from Schwab. • Schwab will have no obligation of inquiry with respect to the validity of, or authority with respect to, any transaction or instruction provided by an Authorized Individual.
Control Persons	<ul style="list-style-type: none"> • An individual with significant responsibility for managing the Organization (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer). • Please complete Section 4b for a Legal Entity or Trust that is a Control Person of the Organization. • At least one Control Person is required.
≥10% Beneficial Owners	<ul style="list-style-type: none"> • Each individual, if any, who owns, directly or indirectly, ≥10% of the equity interests of the Organization (e.g., each natural person that owns ≥10% of the shares of a corporation). • In the instance where a Trust is an equity owner of the Organization, the Trustees are considered Beneficial Owners per industry regulations. Please complete Section 4c with Trust and Trustee information. • Please note that the Beneficial Ownership information provided in this application will be applied to all other similarly registered Organization accounts with the same Taxpayer Identification Number (TIN) maintained at Schwab.

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 CC3994501 (0620-QA02) APPFS303-15 (06/20)



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BATES # CRR-2011-22804-000667

SEC-SHWAB-E-0000009

EXHIBIT 12 PAGE 200

4a. Required Information About Individuals Who Are Authorized individuals, Control Persons and/or ≥10% Beneficial Owners

If there are more than four individuals who are Authorized individuals, Control Persons and/or ≥10% Beneficial Owners, please make, complete, and attach additional copies of this section.

Individual 1

Role of individual or Account (Select all that apply): <input checked="" type="checkbox"/> Primary Authorized Individual <input checked="" type="checkbox"/> Control Person <input type="checkbox"/> ≥10% Beneficial Owner			
Title or Capacity of individual (Select all that apply): <input type="checkbox"/> CEO <input type="checkbox"/> CFO <input type="checkbox"/> COO <input type="checkbox"/> Chairman of the Board <input type="checkbox"/> Member/Managing Member <input type="checkbox"/> Partner/General Partner <input checked="" type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Treasurer <input type="checkbox"/> Assistant Treasurer <input type="checkbox"/> Representative of Member <input type="checkbox"/> Representative of Partnership/General Partner <input type="checkbox"/> Owner <input type="checkbox"/> Secretary <input type="checkbox"/> Assistant Secretary <input type="checkbox"/> Manager <input type="checkbox"/> Representative of Manager <input type="checkbox"/> Other (specify): _____			
Name (First)		Name (Last)	
Justin		King	
Home Street Address (No P.O. boxes)		City	State
[REDACTED]		San Juan Capistrano	CA
Mailing Address (if different from above; P.O. boxes may be used)		City	State
[REDACTED]			
Home Telephone Number (including area code)		Alternate Telephone Number (including area code)	
<input type="checkbox"/> Home <input checked="" type="checkbox"/> Business <input type="checkbox"/> Mobile (602) 388-[REDACTED]		<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile	
Social Security Number		Email Address	
[REDACTED] 6210 [REDACTED] 980		jking80@[REDACTED] clev8investments	
Country of Birth (United States)		Country of Legal Residence	
<input checked="" type="checkbox"/> USA <input type="checkbox"/> Other: _____		<input checked="" type="checkbox"/> USA <input type="checkbox"/> Other: _____	
ID Number and Type		Country or State of Issuance	Expiration Date (mm/dd/yyyy)
<input type="checkbox"/> Passport <input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Gov't issued ID [REDACTED] 7379		AZ	[REDACTED] 2045
Employment Status (Select only one)		Employer Name / Business Name	
<input type="checkbox"/> Employee <input type="checkbox"/> Self-employed <input checked="" type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Not employed			
Occupation (If you selected "Employed" or "Self-employed," select one option that best describes your occupation)			
<input checked="" type="checkbox"/> Business Owner/Self-employed <input type="checkbox"/> Financial Services/Banking Professional <input type="checkbox"/> Military <input type="checkbox"/> Consultant <input type="checkbox"/> Executive/Senior Management <input type="checkbox"/> Information Technology Professional <input type="checkbox"/> Educator <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Medical Professional <input type="checkbox"/> Other Professional <input type="checkbox"/> Clerical/Administrative Services <input type="checkbox"/> Legal Professional <input type="checkbox"/> U.S. Government Employee (Federal/State/Local) <input type="checkbox"/> Trade/Service/Labor/Manufacturing/Production <input type="checkbox"/> Accounting/Professional <input type="checkbox"/> Foreign Government Employee (Non-U.S.) <input type="checkbox"/> Sales/Marketing			
Business Street Address		City	State
[REDACTED]			
Are you affiliated with or employed by a stock exchange or national firm or an exchange or FINRA, or a municipal securities broker-dealer?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if "yes," you must attach a letter from your employer or affiliated broker-dealer approving the establishment of your account when submitting this application)			
List the company name _____			
Are you a director, 10% shareholder or policy-making officer of a publicly held company?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if "yes," enter company name _____ and trading symbol _____)			
For Beneficial Owners Only:			
What is your percentage of ownership? _____ 100%			
What is your source of wealth? (Check all that apply)			
<input checked="" type="checkbox"/> Salary, wages, savings <input checked="" type="checkbox"/> Pensions, annuities, insurance <input type="checkbox"/> Litigation awards <input type="checkbox"/> Inheritance <input type="checkbox"/> Social Security benefits <input checked="" type="checkbox"/> Investment capital gains <input type="checkbox"/> Inheritance/patents <input type="checkbox"/> Lottery <input checked="" type="checkbox"/> Sale of property or business <input type="checkbox"/> Gifts			



4a. Required Information About Individuals Who Are Authorized Individuals, Control Persons and/or ≥10% Beneficial Owners
(Continued)**Trusted Contact Designation for Authorized Individual 1 (Not Applicable for Control Persons or Beneficial Owners)**

A Trusted Contact Person ("Trusted Contact")* is a resource Schwab and your advisor (if you have one), may contact on your behalf, if necessary, to attempt to address concerns regarding potential financial exploitation, or in communicating with you regarding issues related to your account(s). A Trusted Contact will not be able to view your account information, execute transactions in your account(s), or inquire about account activity, unless that person has that authority through another role on the account(s), such as a trustee or power of attorney. Providing Schwab with Trusted Contact information is voluntary. We encourage you to provide two Trusted Contacts in the event that one is not reachable in the future.

- Schwab suggests that your Trusted Contact(s) be someone other than your financial consultant or investment advisor.
- You may name up to two Trusted Contacts.
- The person(s) you name as Trusted Contact(s) will be the Trusted Contact(s) on all of your Schwab accounts, as provided for in your account agreement.
- For multiple-party accounts, each party can name separate Trusted Contacts.
- The Trusted Contact(s) must be at least 18 years old.

Trusted Contact Information

Trusted Contact information provided on this form will replace all Trusted Contact information currently on file.

Person 1

If you have no changes to your existing Trusted Contact, please skip this section.

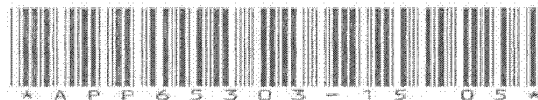
Name (Title, First)		(Middle Name)	(Last Name, Suffix)
Relationship (Please select only one.)			
<input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Other			
Mailing Address (No P.O. Boxes)		City	
State or Province	Country	Postal or Zip Code	
Home Phone	Mobile Phone	Email Address	

Person 2

If you have no changes to your existing Trusted Contact, please skip this section.

Name (Title, First)		(Middle Name)	(Last Name, Suffix)
Relationship (Please select only one.)			
<input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Other			
Mailing Address (No P.O. Boxes)		City	
State or Province	Country	Postal or Zip Code	
Home Phone	Mobile Phone	Email Address	

*If you provide a Trusted Contact Person(s) to Schwab, you understand that you have authorized Schwab and your advisor (if you have one) to contact the Trusted Contact Person(s) at their discretion and to disclose information about your account to address possible activities that might indicate financial exploitation of you; to confirm the specifics of your current contact information, health status (including physical or mental capacity), or the identity of any legal guardian, executor, trustee, or holder of a power of attorney on your account(s); or as otherwise permitted by FINRA rules or state law. For more information, please see your Schwab Account Agreement, which is available at schwab.com/accountagreement.



5. Your Consent to Enroll in Schwab's Cash Features Program

The Cash Features Program is a service that we provide that permits the uninvested cash or "free credit balance" in your Account to earn income while those funds remain uninvested. Additional information about the Cash Features Program and each Cash Feature is available in the Cash Features Disclosure Statement.

The Bank Sweep feature is an available Cash Feature for brokerage accounts of account holders residing in the U.S. Through the Bank Sweep feature, Schwab automatically makes deposits to and withdrawals from deposit accounts at one or more banks affiliated with Schwab ("Sweep Banks"). Your deposits at each Sweep Bank are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 (including principal and accrued interest) when aggregated with all other deposits held by you in the same insurable capacity at that bank. Your funds may be placed in a Sweep Bank in excess of the FDIC insurance limit. In certain limited circumstances, Schwab may place your funds in a sweep money market fund. Please see the Cash Features Disclosure Statement for additional information.

By signing this Application, you consent to participate in Schwab's Cash Features Program, as described in the Cash Features Disclosure Statement, and you also consent to having the Bank Sweep feature as your designated Cash Feature.

You understand and agree that Schwab can (1) make changes to the terms and conditions of the Cash Features Program; (2) make changes to the terms and conditions of any Cash Feature; (3) change, add, or discontinue any Cash Feature; (4) change your investment from one Cash Feature to another if you become ineligible for your current Cash Feature or your current Cash Feature is discontinued; and (5) make any other changes to the Cash Features Program or Cash Feature as allowed by law. Schwab will notify you in writing of changes to the terms of the Cash Features, changes to the Cash Features we make available, or changes to the Cash Features Program prior to the effective date of the proposed changes.

6. Fund Account

- ☐ Check or money order made payable to Charles Schwab & Co., Inc. enclosed for \$ _____.
- ☐ Transfer from another financial institution (complete the Transfer Your Account to Schwab form).
- ☒ Electronic transfer using Schwab MoneyLink® (complete the Set Up Schwab MoneyLink Electronic Funds Transfer form).

7. Paperless Document Enrollment

Here's how paperless works: The Primary Authorized Individual will receive account statements, trade confirmations, shareholder materials, account agreements and related disclosures, and other regulatory documents, if available in paperless form, by email. For certain documents, including account statements, you will receive an email notification with a link to log on to our secure website to access your documents. For complete information, please see Important Information About Your Informed Consent to Receive Paperless Documents in the Appendix to this application.

To opt for Paperless Documents, simply provide the Primary Authorized Individual's email address in Section 4a. The enrollment completion will depend on one of the following scenarios:

Scenario 1:

If you are the Primary Authorized Individual, and already have an account enrolled in Paperless Documents using the email address provided in Section 4a, have logged on to Schwab.com in the past six months, and agree to the following, your paperless enrollment will be complete once your account is opened.

- I have read and understood the Important Information About Your Informed Consent to Receive Paperless Documents in the Appendix to this application and consent to enrolling this account in Paperless Documents.
- I understand that I will receive an email with my new account agreement and related disclosures.

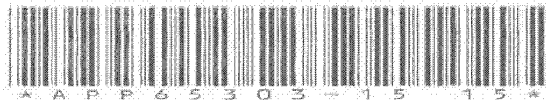
Or

Scenario 2:

If you are the Primary Authorized Individual, and do not have an existing account enrolled in Paperless Documents, are using a different email address, or have not logged on to Schwab.com in the past six months, we will send you an email after the account is opened. To complete enrollment, you will need to click the "I Consent" button in that email and/or follow the instructions to access Schwab.com. If you do not click the "I Consent" button, this account will not be enrolled in Paperless Documents and we will send your account agreement and related disclosures, as well as future regulatory documents, by postal mail.

If you are the Primary Authorized Individual and do not want to participate in Paperless Documents, please check the box below.

- ☐ No, do not enroll my account in Paperless Documents. Please send my regulatory documents via postal mail.



8. Offer/Referral Code (Optional, up to three offer/referral code entries)

Offer/Referral Code
Offer/Referral Code
Offer/Referral Code

Terms and conditions may apply. Any taxes related to an offer are your responsibility. You should consult with your tax or legal advisor regarding any tax implications and the appropriate tax treatment of an offer. For more information regarding an offer, please call 1-866-469-7017.

9. Required Account Opening Authorizations

By signing this application, each individual in his or her representative and individual capacity ("you") certifies, represents and warrants that all of the information supplied in this application is complete, true and correct. You also agree that you have received and read a copy of the attached Schwab One Account Application Agreement for Non-Incorporated Organizations ("Application Agreement"), which contains a predispute arbitration clause. You acknowledge and agree that this arbitration clause is a binding obligation of both the Organization and you with respect to your capacity as an Authorized Individual on the account(s).

You represent and warrant that you have all the requisite power and authority to (1) provide the tax certifications and (2) establish, maintain and operate an account(s) with Schwab on behalf of the Organization and to bind the Organization to the Application Agreement and all incorporated agreements and disclosures, including, but not limited to, the Schwab One Account Agreement and the Charles Schwab Pricing Guide for Individual Investors, each as amended from time to time (the "Agreement and Disclosures"). You represent and warrant that the organizational documents, resolutions, agreements and laws governing the Organization permit the establishment and maintenance of the account(s) in accordance with the Agreement and Disclosures. You represent and warrant that you will not take any action or provide any instruction to Schwab that exceeds your authority under organizational documents, resolutions, agreements and laws governing the Organization.

You represent and warrant that each Authorized Individual listed on this application or subsequently provided to Schwab is authorized by the Organization to act individually, independently and without the consent of any owner, member, manager, partner, board, director, officer, or other person of the Organization. You represent and warrant that any notice sent to any Authorized Individual will constitute notice to the Organization. You represent and warrant that nothing in the organizational documents, agreements and laws governing the Organization imposes any obligation upon Schwab for determining the purpose or propriety (i) of any instructions received from any Authorized Individual or (ii) of payments or deliveries to or among Authorized Individuals.

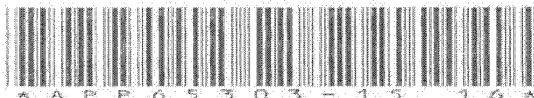
You authorize Schwab to apply the Beneficial Ownership information provided in this application to all other similarly registered Organization accounts with the same Taxpayer Identification Number (TIN) maintained at Schwab.

You authorize Schwab to inquire from any source, including a consumer reporting agency, as to the identity of you and any organization you represent (as required by federal law), creditworthiness and ongoing eligibility for the account(s) (and that of your spouse, if you live in a community property state) at account opening, at any time throughout the life of the account(s), and thereafter for debt collection or investigative purposes.

You agree to notify Schwab immediately in writing of any change that would cause these representations and warranties to become incorrect or incomplete. You hereby, jointly and severally, in both personal and representative capacities, agree to indemnify Schwab and its affiliates, officers, directors, employees and agents from, and to hold such persons harmless against, any claims, judgments, surcharges, settlements or other liabilities or costs of defense or settlement (including investigative and attorneys' fees) arising out of or related to any act or omission to act by any Authorized Individual with respect to the account(s), the breach of any agreement with Schwab or any dispute involving you and the Organization.

The representations and obligations stated in this certification will survive the termination of the account(s).

By signing below, you represent and warrant that this application and the incorporated Agreement and Disclosures constitute a legal, valid, and binding obligation enforceable against the Organization. You also agree, in your personal capacity, that your relationship with Schwab with respect to the account(s) will be governed by the Agreement and Disclosures.



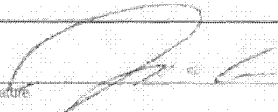
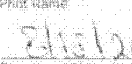
9. Required Account Opening Authorizations (Continued)

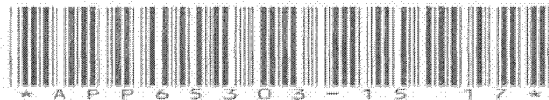
All Authorized Individuals listed in Section 4a must sign. Please complete all four steps: (1) sign, (2) print name, (3) specify title, and (4) enter date. Schwab cannot complete these fields on your behalf. Failure to complete all four steps will delay the processing of your application.

I certify, under penalty of perjury, that (1) the number shown on this application is the correct Taxpayer Identification Number; (2) I/Organization am not subject to backup withholding because (a) I/Organization am exempt from backup withholding, or (b) I/Organization am not subject to backup withholding due to a failure to report interest and dividend income; (3) I am (a) a U.S. person, or (b) a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or (c) an estate (other than a foreign estate), or (d) a domestic trust as defined in federal tax regulations; and (4) I/Organization am exempt from Foreign Account Tax Compliance Act (FATCA) reporting. I/Organization understand that if I/Organization have been notified by the IRS that I/Organization am subject to backup withholding as a result of dividend or interest underreporting and I have not received a notice from the IRS advising me/Organization that backup withholding is terminated, I/Organization must cross out item 2 above.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

The Agreement with Schwab includes a predispute arbitration clause. You acknowledge receipt of the predispute arbitration clause contained in Section 1.3, page 3, of the attached Schwab One Account Application Agreement for Non-Incorporated Organizations.

 Signature President Title	Justin King Print Name  Date (mm/dd/yyyy)
Signature	Print Name
Title	Date (mm/dd/yyyy)
Signature	Print Name
Title	Date (mm/dd/yyyy)
Signature	Print Name
Title	Date (mm/dd/yyyy)



10. Required Certificate of Authority and Resolution

The Organization adopts the following Certificate of Authority and Resolution:

Each of the undersigned hereby certifies, warrants, and represents to Charles Schwab & Co., Inc. ("Schwab") that the Organization is authorized as follows:

1. The Organization is (select only one):

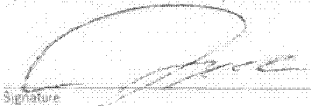
- ☒ A Member-Managed Limited Liability Company (LLC), and the undersigned represent all Members of the LLC
- ☐ A Manager-Managed LLC, and the undersigned represent all Managers of the LLC
- ☐ A Limited Partnership, and the undersigned represent all General Partners of the Limited Partnership
- ☐ A General Partnership, and the undersigned represent all Partners of the General Partnership
- ☐ A Limited Liability Partnership (LLP), and the undersigned represent all Partners of the LLP
- ☐ An Unincorporated Association, and the undersigned holds the office of _____
- ☐ A Sole Proprietorship, and I am engaged in business under the name of the Organization, and all property in that name belongs to me and is my sole property. I further warrant, represent, and certify that I am the sole owner of the business so conducted and that no other person, firm, corporation, or other entity has any interest in the business.

2. Each individual whose signature appears in Section 9 (each an Authorized Individual) is authorized to (1) provide tax certifications; (2) establish, maintain, and operate the account(s) with Schwab on behalf of the Organization and to bind the Organization to the Application Agreement and all incorporated agreements and disclosures, including, but not limited to, the Schwab One Account Agreement and the Charles Schwab Pricing Guide, each as amended from time to time (the "Agreement and Disclosures"); and (3) designate persons to operate such account(s).
3. Each Authorized Individual is authorized to act individually, independently, and without the consent of the owner, member, manager, or partner of the Organization. Notice sent to any Authorized Individual will constitute notice to the Organization. Nothing in the organizational documents, agreements, and laws governing the Organization imposes any obligation upon Schwab for determining the purpose or propriety (i) of any instructions received from any Authorized Individual or (ii) of payments or deliveries to or among Authorized Individuals.
4. In the exercise of such authority, each Authorized Individual is empowered, on behalf of the Organization, to use or acquire any service offered by Schwab and its affiliates and to execute and deliver any and all documents, in the name of and on behalf of the Organization as may be requested or required by Schwab. This authority includes the power to open, now or in the future, one or more accounts, and with respect to each account, to execute, on behalf of the Organization, any and all terms and agreements, including, but not limited to, agreements to arbitrate controversies, and to deal and transact with Schwab in connection with the accounts, including the authority to (i) obtain and terminate all such services as Schwab (or its affiliates or third-party service providers) may offer in connection with the accounts (including without limitation any margin lending or Internet-based online services) and to execute on behalf of the Organization such documents and agreements as required by Schwab in connection with such services; (ii) appoint one or more individuals to act on behalf of the Organization as an Authorized Individual with regard to the Organization's accounts with authority as described herein or in such forms and to deliver to Schwab any change form for an Authorized Individual, Power of Attorney, or other document to effect or evidence such appointment; and (iii) terminate any Authorized Individual's authority to act on the account. This authority also includes the power to instruct the transfer of funds, securities, and other assets, including, but not limited to, the entire account, by wire, check, or otherwise from the account to or for the account of any other person, including the Authorized Individual giving the instruction, without limit as to amount and without inquiry. This authority also includes the power to (i) give written, oral, or electronic instructions to Schwab to buy or sell stocks, bonds, options and/or other securities, commodities and commodity futures, and other property, whether for immediate or future delivery; and (ii) secure payment with property of the Organization, including, but not limited to, stocks, bonds, options, and/or other securities.
5. The authority thereby conferred is not inconsistent or in conflict with any organizational documents, resolutions, agreements, other applicable constituent documents, or laws governing the Organization and is within the Organization's power and authority and agreements and laws governing the Organization.
6. In case of the death or withdrawal of any one of the partners or members, or in case of the termination or dissolution of the Organization, each of the undersigned agrees to notify Schwab promptly in writing and to execute any supplementary authorization that Schwab may require in such an event. If Schwab is not notified in writing, Schwab is authorized to continue to receive orders for the account(s) that may be given to Schwab by any one of the Authorized Individuals then surviving.
7. All actions previously taken with respect to matters described in this Certificate are ratified, confirmed, and approved. This Certificate will remain in full force and effect until written notice of its revocation is delivered to and receipt is acknowledged by Schwab. Until such revocation and acknowledgment, Schwab may rely on this authorization without question.
8. The signatures that appear in Section 9 are true and genuine original signatures.



10. Required Certificate of Authority and Resolution (Continued)**Required Signatures for Section 10****Sole Proprietorship:** Owner must sign.**Limited Partnership:** All General Partners must sign.**General Partnership:** All Partners must sign.**Limited Liability Partnership:** All General Partners must sign.**Member-Managed Limited Liability Company:** All Members must sign.**Manager-Managed Limited Liability Company:** All Managers must sign.**Unincorporated Association:** A minimum of two officers must sign. One signature must be from the Chairman of the Board, the President, or any Vice President; the second signature must be from the Secretary, any Assistant Secretary, the Chief Financial Officer, the Treasurer, or any Assistant Treasurer.


Please complete all four signature fields: (1) sign name, (2) print name, (3) enter date, and (4) select title. Schwab cannot complete these fields on your behalf—failure to complete all four fields will delay the processing of your application.


Justin King
01/16/20

Signature Print Name Date (mm/dd/yyyy)

Title (Select **only** one from the table below.)

For Sole Proprietorships	<input checked="" type="checkbox"/> Owner
For Limited Partnerships	<input type="checkbox"/> General Partner <input type="checkbox"/> Authorized Representative of General Partner
For General Partnerships	<input type="checkbox"/> Partner <input type="checkbox"/> Authorized Representative of Partner
For Limited Liability Partnerships	<input type="checkbox"/> General Partner <input type="checkbox"/> Authorized Representative of General Partner
For Member-Managed Limited Liability Companies	<input type="checkbox"/> Member <input type="checkbox"/> Authorized Representative of Member
For Manager-Managed Limited Liability Companies	<input type="checkbox"/> Manager <input type="checkbox"/> Authorized Representative of Manager
For Unincorporated Associations:	<input type="checkbox"/> Chairman of the Board <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Assistant Secretary <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Treasurer <input type="checkbox"/> Assistant Treasurer



Signature Print Name Date (mm/dd/yyyy)

Title (Select **only** one from the table below.)

For Sole Proprietorships	<input type="checkbox"/> Owner
For Limited Partnerships	<input type="checkbox"/> General Partner <input type="checkbox"/> Authorized Representative of General Partner
For General Partnerships	<input type="checkbox"/> Partner <input type="checkbox"/> Authorized Representative of Partner
For Limited Liability Partnerships	<input type="checkbox"/> General Partner <input type="checkbox"/> Authorized Representative of General Partner
For Member-Managed Limited Liability Companies	<input type="checkbox"/> Member <input type="checkbox"/> Authorized Representative of Member
For Manager-Managed Limited Liability Companies	<input type="checkbox"/> Manager <input type="checkbox"/> Authorized Representative of Manager
For Unincorporated Associations:	<input type="checkbox"/> Chairman of the Board <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Assistant Secretary <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Treasurer <input type="checkbox"/> Assistant Treasurer

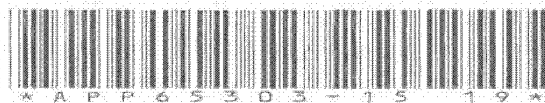


EXHIBIT "13"



Brad Klauseger
Compliance Manager

Interactive Brokers LLC
209 S. LaSalle St., Suite 1000
Chicago, IL 60604
[REDACTED]@interactivebrokers.com
312 542-[REDACTED]

December 13, 2020

Via E-Mail: [REDACTED]
Mr. Kelly Bowers
U.S. Securities and Exchange Commission
Los Angeles Regional Office
444 South Flower Street, Suite 900
Los Angeles CA 90071

Re: In the Matter of Elevate Investments LLC, MLA-5183

Dear Mr. Bowers:

Please accept this submission as the response of Interactive Brokers LLC ("Interactive Brokers" or "IB") to the SEC's November 18, 2020 request seeking documents and records for accounts held by, or as to which the identified individuals have held a beneficial interest or over which such individuals exercised control, the following:

Name	Additional Identifiers
Elevate Investments LLC	Sheridan, WY or San Juan Capistrano, CA
Justin Robert King	[REDACTED]-6210
Shannon Leigh King	[REDACTED]-2232
Opulent, LLC	Sheridan, WY
Z [REDACTED] Partners, Inc.	Phoenix, AZ
[REDACTED] B [REDACTED]	[REDACTED] Phoenix, AZ

By way of background, Interactive Brokers is an exclusively online broker that provides trade execution and clearing services to public clients around the world. Interactive Brokers does not employ any human advisors or brokers who manage client accounts. Trades are entered by the client on a personal computer and transmitted over the Internet to Interactive Brokers for execution on various exchanges and market centers. All trading in an IB client account is self-directed by the client or, if the client requests in writing, by an outside, independent advisor selected by the client. Interactive Brokers client service personnel are specifically prohibited from providing any investment or trading or tax advice to clients.

Interactive Brokers reviewed its records and found two accounts responsive to this request, both held in the name of Elevate Investments LLC. Please see the table below for the account title, account number, account opening date, account funded date, and (if applicable) account closing date.

Account Title	Account Number	Opened	Funded	Closed
Elevate Investments LLC	[REDACTED]8856	Not Open Yet	N/A	N/A
Elevate Investments LLC	[REDACTED]5756	Not Open Yet	N/A	N/A

SEC-IB-E-0000001

Interactive Brokers provides the following documents and information in response to your requests:

1. *All account opening Documents, including but not limited to new account forms, margin contracts, account agreements, option account forms, discretionary authority and/or powers of attorney, as well as all account closing documentation.*

Account documents for accounts [REDACTED] 8856 and [REDACTED] 5756, both in the name of Elevate Investments LLC are included in the zip file attached to this letter.

2. *All monthly account statements.*

Neither [REDACTED] 8856 nor [REDACTED] 5756 have opened yet. As such, neither account has account statements at this time.

3. *All customer identification, profile, and contact information, including phone numbers, email addresses, mailing addresses, and any known account numbers at other institutions.*

Account documents for accounts [REDACTED] 8856 and [REDACTED] 5756, both in the name of Elevate Investments LLC are included in the zip file attached to this letter.

4. *All Documents Concerning any Communications with the owners, representatives, or persons acting on behalf of, the Designated Accounts, including, without limitation, correspondence, email, instant messages, telephone logs, telephone recordings, memoranda, and notes, in hard copy or electronic form.*

Customer communication records, including customer service tickets and e-mails, with accounts [REDACTED] 8856 and [REDACTED] 5756 are included in the zip file that accompanies this letter. Please note the date, time and general nature of phone calls received by IB customer service representatives are recorded in the customer service tickets. If, after viewing the customer service tickets, Staff wishes to hear the actual recorded phone conversation of any of the calls, IB will produce the audio files from the archive.

5. *An electronic trade blotter (preferably in Microsoft Excel format), for all trades in all securities (including stock and options). Please include time-stamped order entry and time-stamped execution detail for all trades. Please also identify the time zone associated with the time stamps.*

IB has no documents responsive to this request.

6. *Record(s) of all electronic customer logins (preferably in a searchable electronic format, such as Microsoft Excel, Microsoft Word, or text file) to the Designated Accounts, including date and time-stamping of the logins and the Internet Protocol address(es) utilized by the customer(s). Please also identify the time zone associated with the time stamps.*

Documents reflecting online access by accounts [REDACTED] 8856 and [REDACTED] 5756 are included in the zip file that accompanies this letter. Please note at this time IB is providing PDF files ("Additional Account Information.pdf"), which details login records relating to the customer's Account Management options, which is used to modify account information, create users, generate reports, and/or manage funds.

7. *All documents relating to any compliance reviews conducted into any of the securities trading activity by any of the Designated Accounts.*

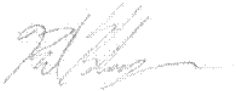
IB has no documents responsive to this request.

8. *Money movement report with supporting documents.*

IB has no documents responsive to this request.

Should you have any further questions, I can be reached by phone at (312) [REDACTED] Alternatively, you can e-mail me at [REDACTED]@interactivebrokers.com.

Sincerely,



Brad Klauseger
Interactive Brokers LLC



Brad Klauseger
Compliance Manager

Interactive Brokers LLC
209 S. LaSalle St., Suite 1000
Chicago, IL 60604
[REDACTED]@interactivebrokers.com
312 [REDACTED]

December 16, 2020

Via E-Mail: [REDACTED]
Mr. Kelly Bowers
U.S. Securities and Exchange Commission
Los Angeles Regional Office
444 South Flower Street, Suite 900
Los Angeles CA 90071

Re: In the Matter of Elevate Investments LLC, MLA-5183

Dear Mr. Bowers:

Please accept this submission as the response of Interactive Brokers LLC ("Interactive Brokers" or "IB") to the SEC's December 16, 2020 request seeking additional documents and records for accounts held by, or as to which the identified individuals have held a beneficial interest or over which such individuals exercised control, the following:

Name	Additional Identifiers
Elevate Investments LLC	Sheridan, WY or San Juan Capistrano, CA
Justin Robert King	[REDACTED]-6210
Shannon Leigh King	[REDACTED]-2232
Opulent, LLC	Sheridan, WY
Z [REDACTED] Partners, Inc.	Phoenix, AZ
[REDACTED] B [REDACTED]	[REDACTED]: Phoenix, AZ

By way of background, Interactive Brokers is an exclusively online broker that provides trade execution and clearing services to public clients around the world. Interactive Brokers does not employ any human advisors or brokers who manage client accounts. Trades are entered by the client on a personal computer and transmitted over the Internet to Interactive Brokers for execution on various exchanges and market centers. All trading in an IB client account is self-directed by the client or, if the client requests in writing, by an outside, independent advisor selected by the client. Interactive Brokers client service personnel are specifically prohibited from providing any investment or trading or tax advice to clients.

Interactive Brokers reviewed its records and found one additional account responsive to this request. Please see the table below for the account title, account number, account opening date, account funded date, and (if applicable) account closing date.

Account Title	Account Number	Opened	Funded	Closed
Justin King	[REDACTED] 8053	Abandoned	N/A	N/A

Interactive Brokers provides the following documents and information in response to your requests:

1. *All account opening Documents, including but not limited to new account forms, margin contracts, account agreements, option account forms, discretionary authority and/or powers of attorney, as well as all account closing documentation.*

Account documents for account [REDACTED] 8053, in the name of Justin King, are included in the zip file attached to this letter.

2. *All monthly account statements.*

Account [REDACTED] 8053 was abandoned. As such, there are no account statements responsive to this request.

3. *All customer identification, profile, and contact information, including phone numbers, email addresses, mailing addresses, and any known account numbers at other institutions.*

Account documents for account [REDACTED] 8053, in the name of Justin King, are included in the zip file attached to this letter.

4. *All Documents Concerning any Communications with the owners, representatives, or persons acting on behalf of, the Designated Accounts, including, without limitation, correspondence, email, instant messages, telephone logs, telephone recordings, memoranda, and notes, in hard copy or electronic form.*

IB has no additional documentation responsive to this request. Please refer to customer communication records, including customer service tickets and e-mails, for accounts [REDACTED] 8856 and [REDACTED] 5756, included in the zip file that accompanied our letter dated 12/13/2020 for communications with the owner of Account [REDACTED] 8053.

5. *An electronic trade blotter (preferably in Microsoft Excel format), for all trades in all securities (including stock and options). Please include time-stamped order entry and time-stamped execution detail for all trades. Please also identify the time zone associated with the time stamps.*

IB has no documents responsive to this request.

6. *Record(s) of all electronic customer logins (preferably in a searchable electronic format, such as Microsoft Excel, Microsoft Word, or text file) to the Designated Accounts, including date and time-stamping of the logins and the Internet Protocol address(es) utilized by the customer(s). Please also identify the time zone associated with the time stamps.*

Documents reflecting online access by account [REDACTED] 8053 are included in the zip file that accompanies this letter. Please note at this time IB is providing PDF files ("Additional Account Information.pdf"), which details login records relating to the customer's Account Management options, which is used to modify account information, create users, generate reports, and/or manage funds.

7. *All documents relating to any compliance reviews conducted into any of the securities trading activity by any of the Designated Accounts.*

IB has no documents responsive to this request.

8. *Money movement report with supporting documents.*

IB has no documents responsive to this request.

Should you have any further questions, I can be reached by phone at (312) [REDACTED]. Alternatively, you can e-mail me at [REDACTED]@interactivebrokers.com.

Sincerely,

A handwritten signature in black ink, appearing to read 'Brad Klauseger', enclosed in a thin black rectangular border.

Brad Klauseger
Interactive Brokers LLC

EXHIBIT "14"

Form D Elevate Investments Llc

Notice of Exempt Offering of Securities, item 06c

SEC.report (<https://sec.report/>) / Elevate Investments Llc (/CIK/0001785556)

/ Form D (/Document/0001785556-19-000001/)

/ (Filer)

Published: 2019-08-15 14:09:45 (2019-08-15T14:09:45-0400)

Submitted: 2019-08-15

Filing Agent: Elevate Investments Llc (/CIK/0001785556)

Period Ending In: 2019-08-15

[About Form D \(/Form/D\)](#)

primary_doc.html https://sec.report/Document/0001785556-19-000001/primary_doc.html

Zoom In

Zoom Out

>

SEC FORM D

The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

**UNITED STATES
SECURITIES AND
EXCHANGE
COMMISSION**

Washington, D.C. 20549

FORM D

**Notice of Exempt
Offering of Securities**

OMB APPROVAL

OMB Number:	3235-0076
Estimated average burden hours per response:	4.00

1. Issuer's Identity

CIK (Filer ID Number)

0001785556 (/CIK/0001785556)

Previous
Names☒ None

Entity Type

X

Limited Liability
Company

Name of Issuer

Elevate Investments llc

Jurisdiction of

Incorporation/Organization

WYOMING

Year of Incorporation/Organization

☒ Within Last Five Years (Specify Year) 2019

2. Principal Place of Business and Contact Information

Name of Issuer

Elevate Investments llc

Street Address 1

30 N GOULD ST SUITE R

Street Address 2

City

SHERIDAN

State/Province/Country

WYOMING

ZIP/PostalCode

82801

Phone Number of Issuer

6023880003

3. Related Persons

Last Name

King

First Name

Justin

Middle Name

Street Address 1

Street Address 2

City

San Juan Capistrano

State/Province/Country

CALIFORNIA

ZIP/PostalCode

Relationship: ☒ Executive Officer

Clarification of Response (if Necessary):

President

4. Industry Group

☒ Pooled Investment Fund☒ Private Equity FundIs the issuer registered as
an investment company under
the Investment Company
Act of 1940?

X

No

Energy

5. Issuer Size

Revenue Range

OR

Aggregate Net Asset Value Range

☒ \$25,000,001 -

\$100,000,000

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply) ↑

☒ Rule 506(c)

7. Type of Filing

☒ New Notice Date of First Sale 2019-06-12

8. Duration of Offering

Does the Issuer intend this offering to last more than one year? ☒ Yes

9. Type(s) of Securities Offered (select all that apply)

- ☒ Equity
☒ Option, Warrant or Other Right to Acquire Another Security
☒ Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security

10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? ☒ No

Clarification of Response (if Necessary):

11. Minimum Investment

Minimum investment accepted from any outside investor \$25,000 USD

12. Sales Compensation

Recipient	Recipient CRD Number <input checked="" type="checkbox"/> None
(Associated) Broker or Dealer <input checked="" type="checkbox"/> None	(Associated) Broker or Dealer <input checked="" type="checkbox"/> None
Street Address 1	CRD Number
City	Street Address 2
State(s) of Solicitation (select all that apply)	State/Province/Country
Check "All States" or check individual States	ZIP/Postal Code

13. Offering and Sales Amounts

Total Offering Amount \$100,000,000 USD or



Total Amount Sold \$1,364,000 USD
 Total Remaining to be Sold \$98,636,000 USD or

Clarification of Response (if Necessary):

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering.

Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

4

15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$0 USD ☐ Estimate

Finders' Fees \$0 USD ☐ Estimate

Clarification of Response (if Necessary):

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$100,000 USD ☒ Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:



- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offeree *
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, a its agent for service of process, and agreeing that the issuer may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Adviser Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Rule 504 or Rule 506 for one of the reasons stated in Rule 504(b)(3) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Elevate Investments Llc	Justin King	Justin King	President	2019-08-15

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.



primary_doc.xml https://sec.report/Document/0001785556-19-000001/primary_doc.xml

Schema Version: X0708

Submission Type: D

Test Or Live: LIVE

Primary Issuer

Cik 0001785556

Entity Name Elevate Investments Llc

Issuer Address

Street1 30 N GOULD ST SUITE R

City SHERIDAN

State Or Country WY

State Or Country Description WYOMING

Zip Code 82801

Issuer Phone Number 6023880003

Jurisdiction Of Inc WYOMING

Issuer Previous Name List None

Edgar Previous Name List None

Entity Type Limited Liability Company

Year Of Inc

Within Five Years true

Value 2019

Related Person Info

Related Person Name

First Name Justin

Last Name King

Related Person Address

Street1 [REDACTED]

City San Juan Capistrano

State Or Country CA

State Or Country Description CALIFORNIA



Zip Code [REDACTED]

Related Person Relationship List Relationship Executive Officer

Relationship Clarification President

Offering Data

Industry Group

Industry Group Type Pooled Investment Fund

Investment Fund Info

Investment Fund Type Private Equity Fund

Is40 Act false

Issuer Size Revenue Range \$25,000,001 - \$100,000,000

Federal Exemptions Exclusions Item 06c

Type Of Filing

New Or Amendment Is Amendment false

Date Of First Sale 2019-06-12

Duration Of Offering More Than One Year true

Types Of Securities Offered

Is Equity Type true

Is Option To Acquire Type true

Is Security To Be Acquired Type true

Business Combination Transaction

Is Business Combination Transaction false

Minimum Investment Accepted 25000

Offering Sales Amounts

Total Offering Amount 100000000

Total Amount Sold 1364000

Total Remaining 98636000

Investors

Has Non Accredited Investors false

Total Number Already Invested 4

Sales Commissions Finders Fees



Sales Commissions Dollar Amount 0**Finders Fees Dollar Amount** 0

Use Of Proceeds

Gross Proceeds Used

Dollar Amount 100000**Is Estimate** true

Signature Block

Authorized Representative false

Signature

Issuer Name Elevate Investments llc**Signature Name** Justin King**Name Of Signer** Justin King**Signature Title** President**Signature Date** 2019-08-15

Additional Files

File	Sequence	Description	Type	Size
0001785556-19-000001.txt (https://sec.report/Document/0001785556-19-000001/0001785556-19-000001.txt)		Complete submission text file		6083



EXHIBIT "15"

Business Account Application



Bank Name: WELLS FARGO BANK, N.A.		Branch Name: OCEANVIEW PLAZA	
Banker Name: JIM KEMP		Officer/Portfolio Number: CS689	Date: 06/19/2019
Banker Phone: 949/493-[REDACTED]	Branch Number: 04672	Banker AU: 0003066	Banker MAC: E2297-011

To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individuals and businesses) who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

New Account Information

☒ New Deposit Account(s) Only ☐ New Deposit Account(s) and Business Credit Card

Account 1 Product Name: Wells Fargo Simple Business Checking			Purpose of Account 1: Investment Savings	
COID: 114	Product: DDA	Account Number: [REDACTED] 0663	Opening Deposit: \$25.00	Type of Funds: CACK
New Account Kit: [REDACTED] 8126			Checking/Savings Bonus Offer Available: NO	

Related Customer Information

Customer 1 Name: ELEVATE INVESTMENTS, LLC	
Enterprise Customer Number (ECN): [REDACTED] 5363	Account Relationship: Sole Owner
Customer 2 Name: JUSTIN KING	
Enterprise Customer Number (ECN): [REDACTED] 0267	Account Relationship: Signer

Checking/Savings Statement Mailing Information

Name(s) and Information Listed on Statement: ELEVATE INVESTMENTS, LLC	Statement Mailing Address: [REDACTED]	
	Address Line 2: [REDACTED]	
	City: PHOENIX	State: AZ
	ZIP/Postal Code: 85018-2307	Country: US



2W02-001218941048-01

Customer 1 Information

Customer Name: ELEVATE INVESTMENTS, LLC			
Enterprise Customer Number (ECN): [REDACTED] 5363		Street Address: 30 N GOULD ST STE R	
Account Relationship: Sole Owner		Address Line 2:	
Taxpayer Identification Number (TIN): [REDACTED] 3628		TIN Type: EIN	
Business Type: Limited Liability Company		City: SHERIDAN	State: WY
Business Sub-Type/Tax Classification: S Corporation		Non-Profit: No	ZIP/Postal Code: 82801-6317
Date Originally Established: 06/04/2019		Current Ownership Since: 2012	Number of Employees: 1
Annual Gross Sales: \$5,000,000.00		Year Sales Reported: 12/31/2018	Fiscal Year End: 12/31
Primary Financial Institution: WLLSFRG		Number of Locations: 1	e-Mail Address:
Primary State 1: WY	Primary State 2:	Primary State 3:	Website:
Primary Country 1:	Primary Country 2:	Primary Country 3:	Sales Market: NATIONAL
Industry: Finance and Insurance			
Description of Business: INVESTMENT ADVISOR			
Major Suppliers/Customers:			

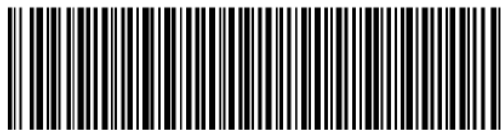
Bank Use Only

Name/Entity Verification: Secretary of State		Address Verification: FP/FD	
BACC Reference Number: 6191700002243			
Document Filing Number/Description: 2019-000859589	Filing Country: US	Filing State: WY	Filing Date: 06/04/2019
Country of Registration: US	State of Registration: WY	International Transactions:	Check Reporting: NO RECORD



Owner/Key Individual 1 Information

Customer Name: JUSTIN KING			Residence Address: [REDACTED]	
Business Relationship: Owner with Control of the Entity			Address Line 2:	
Position/Title:	Date of Birth:	Percent of Ownership:	Address Line 3:	
	[REDACTED]	100.0		
Enterprise Customer Number (ECN): [REDACTED] 0267			City:	State:
Taxpayer Identification Number (TIN):			ZIP/Postal Code:	Country:
[REDACTED] SSN			[REDACTED]	US
Primary ID Type:	Primary ID Description:		Country of Citizenship:	Permanently Resides in US:
DLIC	[REDACTED]		US	
Primary ID St/Ctry/Prov:	Primary ID Issue Date:	Primary ID Expiration Date:	Check Reporting:	
[REDACTED]	[REDACTED]	[REDACTED]	NO RECORD	
Secondary ID Type:	Secondary ID Description:			
OTHR CC	CC VISA AMERITRADE CLIENT			
Secondary ID State/Country:	Secondary ID Issue Date:	Secondary ID Expiration Date:		
	[REDACTED]	[REDACTED]		



Certificate of Authority

Each person who signs the "Certified/Agreed To" section of this Application certifies that:

- A. The Customer's use of any Wells Fargo Bank, N.A. ("Bank") deposit account, product or service will confirm the Customer's receipt of, and agreement to be bound by, the Bank's applicable fee and information schedule and account agreement that includes the Arbitration Agreement under which any dispute between the Customer and the Bank relating to the Customer's use of any Bank deposit account, product or service will be decided in an arbitration proceeding before a neutral arbitrator as described in the Arbitration Agreement and not by a jury or court trial.**
- B. Each person who signs the "Certified/Agreed To" section of this Application or whose name, any applicable title and specimen signature appear in the "Authorized Signers - Signature Capture" section of this Application is authorized on such terms as the Bank may require to:
- (1) Enter into, modify, terminate and otherwise in any manner act with respect to accounts at the Bank and agreements with the Bank or its affiliates for accounts and/or services offered by the Bank or its affiliates (other than letters of credit or loan agreements);
 - (2) Authorize (by signing or otherwise) the payment of Items from the Customer's account(s) listed on this Business Account Application (including without limitation any Item payable to (a) the individual order of the person who authorized the Item or (b) the Bank or any other person for the benefit of the person who authorized the Item) and the endorsement of Deposited Items for deposit, cashing or collection (see the Bank's applicable account agreement for the definitions of "Item" and "Deposited Item");
 - (3) Give instructions to the Bank in writing (whether the instructions include the manual signature or a signature that purports to be the facsimile or other mechanical signature including a stamp of an Authorized Signer as the Customer's authorized signature without regard to when or by whom or by what means or in what ink color the signature may have been made or affixed), orally, by telephone or by any electronic means in regard to any Item and the transaction of any business relating to the Customer's account(s), agreements or services, and the Customer shall indemnify and hold the Bank harmless for acting in accordance with such instructions; and
 - (4) Delegate the person's authority to another person(s) or revoke such delegation, in a separate signed writing delivered to the Bank.
- C. If a code must be communicated to the Bank in order to authorize an Item, and the code is communicated, the Item will be binding on the Customer regardless of who communicated the code.
- D. Each transaction described in this Certificate of Authority conducted by or on behalf of the Customer prior to delivery of this Certificate is in all respects ratified.
- E. If the Customer is a tribal government or tribal government agency, the Customer waives sovereign immunity from suit with respect to the Customer's use of any Bank account, product or service referred to in this Certificate.
- F. The information provided in this Application is correct and complete, each person who signs the "Certified/Agreed To" section of this Application and each person whose name appears in the "Authorized Signers-Signature Capture" section of this Application holds any position indicated, and the signature appearing opposite the person's name is authentic.
- G. The Customer has approved this Certificate of Authority or granted each person who signs the "Certified/Agreed To" section of this Application the authority to do so on the Customer's behalf by:
- (1) resolution, agreement or other legally sufficient action of the governing body of the Customer, if the Customer is not a trust or a sole proprietor;
 - (2) the signature of each of the Customer's trustee(s), if the Customer is a trust; or
 - (3) the signature of the Customer, if the Customer is a sole proprietor.

Certified/Agreed To

Owner/Key Individual 1 Name

JUSTIN KING

Position/Title:

Owner/Key Individual 1 Signature

JUSTIN KING



- ☐ Submit manually
☐ Signature not required

Date:

06/19/2019

Authorized Signers - Signature Capture

Authorized Signer 1 Name

JUSTIN KING

Position/Title:

Authorized Signer 1 Signature

JUSTIN KING



- ☐ Submit manually
☐ Signature not required

Date:

06/19/2019



EXHIBIT "16"



Business Signature Card

ACCOUNT TITLE ("DEPOSITOR")
ELEVATE INVESTMENTS LLC

ACCOUNT NUMBER 157
ACCOUNT TYPE Chase Total Business Checking
TAXPAYER ID NUMBER 126
DATE OPENED 06/05/2019
FORM OF BUSINESS United Liability Company - Member Managed (LLC)
ISSUED BY JPMorgan Chase Bank, N.A. (705)
Dana Point - 744568
RAYMOND RAI
(949) 493-5981
05/06/2019

BUSINESS ADDRESS
[REDACTED]
SAN JUAN CAPISTRANO, CA 92675-8505

PRIMARY ID TYPE	PRIMARY ID NUMBER	ISSUER	ISSUANCE DATE	EXPIRATION DATE
Website Documentation	69	VY		
SECONDARY ID TYPE	SECONDARY ID NUMBER	ISSUER	ISSUANCE DATE	EXPIRATION DATE
None				

ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that: (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business, and (ii) all necessary actions or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor. The Depositor acknowledges receipt of the Bank's Deposit Account Agreement or other applicable account agreement, which include all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

** When you give us your mobile phone number, we have your permission to contact you at that number about all your Chase or J.P. Morgan accounts. Your consent allows us to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include certain third parties working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.

PRINTED NAME	TELEPHONE NUMBER	TAXPAYER ID #	TITLE	DATE	SIGNATURE
1) JUSTIN R KING	220	212	Member	6-6-19	[Signature]
2)					
3)					
4)					



EXHIBIT "17"



Business Signature Card

ACCOUNT TITLE ("DEPOSITOR")
AREA AUTO GLASS LLC

BUSINESS ADDRESS

PHOENIX, AZ 85019-2907

ACCOUNT NUMBER [REDACTED]
ACCOUNT TYPE [REDACTED] Total Business Checking
TAXPAYER ID NUMBER [REDACTED]
DATE OPENED 09/24/2017
FORM OF BUSINESS Limited Liability Company - Member Managed (LLC)
ISSUED BY JPMorgan Chase Bank, N.A. (601)
Bilmore - 108
MATTHEW D OCONNOR
(802) 261-6002
08/24/2017

PRIMARY ID TYPE	PRIMARY ID NUMBER	ISSUER	ISSUANCE DATE	EXPIRATION DATE
Website Documentation	[REDACTED]	AC	[REDACTED]	
SECONDARY ID TYPE	SECONDARY ID NUMBER	ISSUER	ISSUANCE DATE	EXPIRATION DATE
None				



ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor agrees to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all necessary actions or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor. The Depositor acknowledges receipt of the Bank's Deposit Account Agreement or other applicable account agreement, which includes all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

** When you give us your mobile phone number, we have your permission to contact you at that number about all your Chase or J.P. Morgan accounts. You consent allows us to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.

PRINTED NAME	TELEPHONE NUMBER	TAXPAYER ID #	TITLE	DATE	SIGNATURE
1) JUSTIN R KING	[REDACTED] 2200	[REDACTED] 2210	Member	8-24-17	[Signature]
2)					
3)					
4)					



**BUSINESS ACCOUNT ADD SIGNERS FORM**

NAME OF BUSINESS AREA AUTO GLASS LLC

TAXPAYER ID NO. 245

BUSINESS ADDRESS PHOENIX, AZ 85018-2307

BRANCH NAME AND NO. BILTMORE - 108

BANK NO. 601


BRANCH PHONE NO. (602) 261-5002

INTEROFFICE MAILCODE AZ1-0082

PREPARED BY: NAME MATTHEW D O'CONNOR

DATE: 08/28/2017

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add	Title	Signature	Date
SHANNON L KING	SIGNER		8/28/2017
Identification	ID Number	Issuer	Issuance Date
1) Driver's License	75	AZ	
2) None			

Account Numbers:

3687

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add	Title	Signature	Date
Identification	ID Number	Issuer	Issuance Date
			Expiration Date

Account Numbers:

Name of the Signer to Add	Title	Signature	Date
Identification	ID Number	Issuer	Issuance Date
			Expiration Date

Name of the Signer to Add	Title	Signature	Date
Identification	ID Number	Issuer	Issuance Date
			Expiration Date

Account Numbers:

Name of the Signer to Add	Title	Signature	Date
Identification	ID Number	Issuer	Issuance Date
			Expiration Date

CERTIFICATION

The undersigned hereby certifies that the person(s) added as authorized signers on the account(s) indicated above have been added in accordance with resolutions or other documents of the Business regarding signing authority for bank accounts. The undersigned further certifies that for those added as authorized signers, the names, titles and signatures are correct.

For a Corporation or Unincorporated Association or Organization:

For Sole Proprietorship:

For Partnership or Limited Liability Company:

For Government Entity:

Secretary

Date

Owner/ Sole Proprietor

Date

Partner/Member/Manager

Date

Certifying Officer

Date



JPMorgan Chase Bank, N.A. Member FDIC



SB1182903-F1

2

SEC-JPMCB-E-0000011

**Business Signature Card****ACCOUNT TITLE ("DEPOSITOR")**
AREA AUTO GLASS LLC**ACCOUNT NUMBER** 010
ACCOUNT TYPE Total Business Checking
TAXPAYER ID NUMBER 0245
DATE OPENED 03/06/2019
FORM OF BUSINESS Limited Liability Company - Member Managed (LLC)
ISSUED BY JPMorgan Chase Bank, N.A. (001)
Blomov - 168
MATTHEW D OCONNOR
(602) 261-1690
03/06/2019**BUSINESS ADDRESS**

PHOENIX, AZ 85018-8801

PRIMARY ID TYPE Website Documentation	PRIMARY ID NUMBER [REDACTED]	ISSUER AZ	ISSUANCE DATE [REDACTED]	EXPIRATION DATE [REDACTED]
SECONDARY ID TYPE None	SECONDARY ID NUMBER [REDACTED]	ISSUER [REDACTED]	ISSUANCE DATE [REDACTED]	EXPIRATION DATE [REDACTED]

ACKNOWLEDGMENT - By signing this Signature Card, the Depositor agrees to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business, not (ii) all necessary notices or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor. The Depositor acknowledges receipt of the Bank's Deposit Account Agreement or other applicable account agreement, which include all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

** When you give us your mobile phone number, we have your permission to contact you at that number about all your Chase or J.P. Morgan accounts. Your consent allows us to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.

	PRINTED NAME	TELEPHONE NUMBER	TAXPAYER ID #	TITLE	DATE	SIGNATURE
1)	AUSTIN R KING	[REDACTED] 2200	[REDACTED] 0210	Member	3/6/19	[Signature]
2)	SHANNON L KING	[REDACTED] 306	[REDACTED] 0232	Signer	3/6/19	[Signature]
3)						
4)						



SB1182903-F1

3

SEC-JPMCB-E-0000012

EXHIBIT "18"

Bowers, Kelly C.

From: James Bohlsen [REDACTED]@ninjatrader.com>
Sent: Thursday, December 03, 2020 6:29 AM
To: Bowers, Kelly C.
Cc: Eric McNulty; Eliot Wickersheimer
Subject: RE: SEC email

Categories: Red Category

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Mr. Bowers,

The following is NinjaTrader Brokerage, LLC's response to the subpoena we received from you on December 1, 2020, Re: In the Matter of Elevate Investments LLC, LA5183.

NinjaTrader Brokerage, LLC ("NTB") is registered with the Commodity Futures Trading Commission as an Introducing Broker ("IB"). As I indicated when we spoke on the phone this morning, NTB has conducted a thorough review of its records and has found no evidence that it has ever acted in its capacity as an IB to introduce any accounts held under the following names, Elevate Investments LLC, Opulent, LLC, Justin R. King and Shannon L. King, or any accounts as to which the identified individuals have held a beneficial interest or over which such individuals exercised direct or indirect control to a futures commission merchant. A colleague of mine, Eric McNulty, will respond to the subpoena you sent to NinjaTrader, LLC via another email.

Let us know if you have any questions. Could you please acknowledge receipt of this email.

Kind regards,

Jim

James Bohlsen | Compliance Officer | NinjaTrader Brokerage, LLC
[REDACTED]@ninjatrader.com | www.ninjatrader.com

[Risk Disclosure](#): Futures, foreign currency and options trading involves substantial risk and is not appropriate for everyone.

This communication is sent from NinjaTrader Brokerage, a CFTC registered introducing broker (NFA #339976) providing industry leading support and technology for futures traders.

From: Bowers, Kelly C. [REDACTED]
Sent: Tuesday, December 1, 2020 7:43 AM
To: Compliance [REDACTED]@ninjatrader.com>
Cc: Bowers, Kelly C. [REDACTED]
Subject: SEC email

I sent a secure email to you. If you do not see it in your inbox, please check your spam folder. If you have any issues opening the email, please call me. Thanks, Kelly.

Kelly Curtis Bowers
Los Angeles Regional Office
U.S. Securities and Exchange Commission
Tel. [REDACTED]

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Bowers, Kelly C.

From: Eric McNulty [REDACTED]@ninjatrader.com>
Sent: Thursday, December 03, 2020 7:29 AM
To: Bowers, Kelly C.
Cc: Eliot Wickersheimer; James Bohlsen
Subject: RE: SEC email

Categories: Red Category

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Mr. Bowers,

The following is NinjaTrader, LLC's ("NTP") response to the subpoena we received from you on December 1, 2020, Re: In the Matter of Elevate Investments LLC, LA5183.

NTP has conducted a thorough review of its records and has found no licensing agreements, invoicing and payments, or evidence of any communication between the following names, Elevate Investments LLC, Opulent, LLC, Justin R. King and Shannon L. King.

Please let me know if you have any questions. Could you please also acknowledge receipt of this email.

Best Regards,
Eric

Eric McNulty, CPA | VP of Finance | NinjaTrader Group, LLC
[REDACTED]@ninjatrader.com | www.ninjatrader.com

Direct: 312-262-[REDACTED]

[Risk Disclosure:](#) Futures, foreign currency and options trading involves substantial risk and is not appropriate for everyone.

This communication is sent to you by NinjaTrader Group, LLC parent company of NinjaTrader LLC, a software development company and NinjaTrader Brokerage LLC, a NFA registered introducing broker.

From: James Bohlsen [REDACTED]@ninjatrader.com>
Sent: Thursday, December 3, 2020 8:29 AM
To: Bowers, Kelly C [REDACTED]
Cc: Eric McNulty [REDACTED]@ninjatrader.com>; Eliot Wickersheimer [REDACTED]@ninjatrader.com>
Subject: RE: SEC email

Dear Mr. Bowers,

The following is NinjaTrader Brokerage, LLC's response to the subpoena we received from you on December 1, 2020, Re: In the Matter of Elevate Investments LLC, LA5183.

NinjaTrader Brokerage, LLC ("NTB") is registered with the Commodity Futures Trading Commission as an Introducing Broker ("IB"). As I indicated when we spoke on the phone this morning, NTB has conducted a thorough review of its records and has found no evidence that it has ever acted in its capacity as an IB to introduce any accounts held under the following names, Elevate Investments LLC, Opulent, LLC, Justin R. King and Shannon L. King, or any accounts as to which the identified individuals have held a beneficial interest or over which such individuals exercised direct or indirect control to a futures commission merchant. A colleague of mine, Eric McNulty, will respond to the subpoena you sent to NinjaTrader, LLC via another email.

Let us know if you have any questions. Could you please acknowledge receipt of this email.

Kind regards,

Jim

James Bohlsen | Compliance Officer | NinjaTrader Brokerage, LLC
[REDACTED] [@ninjatrade.com](mailto:[REDACTED]@ninjatrade.com) | www.ninjatrade.com

[Risk Disclosure](#): Futures, foreign currency and options trading involves substantial risk and is not appropriate for everyone.

This communication is sent from NinjaTrader Brokerage, a CFTC registered introducing broker (NFA #339976) providing industry leading support and technology for futures traders.

From: Bowers, Kelly C. [REDACTED]
Sent: Tuesday, December 1, 2020 7:43 AM
To: Compliance [REDACTED] [@ninjatrade.com](mailto:[REDACTED]@ninjatrade.com)>
Cc: Bowers, Kelly C [REDACTED]
Subject: SEC email

I sent a secure email to you. If you do not see it in your inbox, please check your spam folder. If you have any issues opening the email, please call me. Thanks, Kelly.

Kelly Curtis Bowers
Los Angeles Regional Office
U.S. Securities and Exchange Commission
[REDACTED]

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EXHIBIT "19"




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- Check the "find similar-sounding last names" checkbox.

Locate a Business (Nationwide) 

Terms: company(**Elevate Investment Fund**) radius(**15**)

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- Check the "find similar-sounding last names" checkbox.

Locate a Business (Nationwide) 

Terms: company(**Elevate Investment Fund, LLC**) radius(**15**)

New Search