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8 **UNITED STATES DISTRICT COURT**  
9 **CENTRAL DISTRICT OF CALIFORNIA**

11 SECURITIES AND EXCHANGE  
12 COMMISSION,

13 Plaintiff,

14 vs.

15 JUSTIN ROBERT KING; AND  
16 ELEVATE INVESTMENTS, LLC,

17 Defendants,

18 SHANNON LEIGH KING,

19 Relief Defendant.  
20  
21  
22  
23  
24

Case No.

**DECLARATION OF CAROL KIM  
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**

(FILED UNDER SEAL)

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I, Carol Kim, declare pursuant to 28 U.S.C. § 1746 as follows:

1. I have personal knowledge of each of the matters set forth below, and if called upon as a witness I could and would competently testify as to the facts stated herein.

2. I am a certified public accountant employed by Plaintiff Securities and Exchange Commission (the “SEC”) in its Los Angeles Regional Office. I have been employed by the SEC within the Division of Enforcement since August 2008. I have been licensed with the State of California since 2008. I have been a certified fraud examiner since 2011.

3. In the course of my duties with the SEC, I analyze bank records, financial records, and other books and records of companies, I make calculations and observations based upon those records, and conduct related inquiries and investigations. The documents that I analyze in the course of my duties with the SEC are of the type reasonably relied upon by accountants in forming opinions and inferences about, among other things, the finances of a company and its sources and uses of money.

## Bank and Brokerage Accounts

4. During the course of the SEC's investigation entitled *In the Matter of Elevate Investments LLC* and pursuant to my duties as an accountant with the SEC, I reviewed certain bank or brokerage records produced to the SEC during the investigation (including underlying detail such as account statements, account opening documents, trading authorization agreements, signature cards, wires, copies of items deposited, checks, money movement or move money reports, ACH transactions, and/or gain loss information) for the following accounts:

a. Wells Fargo Account No. XXXXXX0663 in the name of Elevate Investments, LLC (hereinafter “Elevate WF x0663” account) for

the periods June 19, 2019 through September 30, 2019;

- b. TD Ameritrade Account No. XXXXX0506 in the name of [Z Partners] (hereinafter “Z TDA x0506” account) for the period August 28, 2017 through August 26, 2020;
- c. TD Ameritrade Account No. XXXXX7930 in the name of [Individual C] (hereinafter “C TDA x7930” account) for the period November 1, 2017 through May 14, 2019;
- d. TD Ameritrade Account No. XXXXX3860 in the name of [Individual J] (hereinafter “J TDA x3860” account) for the period September 4, 2018 through August 7, 2020;
- e. TD Ameritrade Account No. XXXXX9269 in the name of Opulent LLC (hereinafter “Opulent TDA x9269” account) for the period September 14, 2018 through August 2, 2019;
- f. TD Ameritrade Account No. XXXXX1348 in the name of Elevate Investments LLC (hereinafter “Elevate TDA x1348” account) for the period June 1, 2019 through July 30, 2020;
- g. TD Ameritrade Account No. XXXXX9547 in the name of Shannon Leigh King and Justin Robert King (hereinafter “King TDA x9547” account) for the period July 6, 2016 through August 12, 2020;
- h. Charles Schwab Account No. XXXX-5708 in the name of Justin Robert King (hereinafter “J. King Schwab x5708” account) for the period July 7, 2020 through December 1, 2020;
- i. Charles Schwab Account No. XXXX-6211 in the name of Elevate Investments a Sole Proprietorship (hereinafter “Elevate Schwab x6211” account) for the period September 1, 2020 through November 30, 2020; and

j. Charles Schwab Account No. XXXX-4019 in the name of Shannon King (hereinafter “S. King Schwab x4019” account) for the period July 14, 2020 through Nov 30, 2020.

5. True and correct copies of the declarations of the custodian of records for Wells Fargo, which were produced to the SEC are attached as Exhibit 1.

6. A true and correct copy of the declarations of the custodian of records for TD Ameritrade, which were produced to the SEC are attached as Exhibits 2, 3, 4, and 5.

7. Based on my review of the signature card for the Elevate WF x0663 account, I have determined that Justin King was the sole authorized signatory on the account. A true and correct copy of the signature card which was produced to the SEC is attached as Exhibit 6.

8. Based on my review of the trading authorization agreement for the Z TDA x0506 account, I have determined that Justin R. King had limited trading authorization for purchase and sale of securities only on the account as of August 21, 2017. A true and correct copy of the trading authorization agreement which was produced to the SEC is attached as Exhibit 7.

9. Based on my review of the trading authorization agreement for the C TDA x7930 account, I have determined that Justin King had limited trading authorization for purchase and sale of securities only on the account as of October 17, 2017. A true and correct copy of the trading authorization agreement which was produced to the SEC is attached as Exhibit 8.

10. Based on my review of the trading authorization agreement for the J TDA x3860 account, I have determined that Justin King had 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) on the account as of September 2, 2018. A true and correct

1 copy of the trading authorization agreement which was produced to the SEC is  
2 attached as Exhibit 9.

3 11. Based on my review of the account application for the Opulent TDA  
4 x9269 account, I have determined that Justin King and Shannon Leigh King were  
5 partners/authorized agents on the account, and both signed the application as  
6 members/partners. Justin King was also identified as the control person. The type  
7 of account was identified as a Limited Liability Company (LLC), and with respect  
8 to trading authorization for LLCs, TD Ameritrade Clearing, Inc. was authorized to  
9 follow the instructions of Authorized Managers. A true and correct copy of the  
10 account application which was produced to the SEC is attached as Exhibit 10.

11 12. Based on my review of the account application for the Elevate TDA  
12 x1348 account, I have determined that Justin King was an authorized trader with  
13 full authorized trading. A true and correct copy of the account application which  
14 was produced to the SEC is attached as Exhibit 11.

15 13. Based on my review of the account application for the King TDA  
16 x9547 account, Shannon Leigh King is identified as the primary account owner  
17 and Justin Robert King is identified as the secondary account owner. A true and  
18 correct copy of the account application which was produced to the SEC is attached  
19 as Exhibit 12.

20 14. Based on my review of the account application for the J. King Schwab  
21 x5708 account, the application date was July 7, 2020. A true and correct copy of  
22 the account application which was produced to the SEC is attached as Exhibit 13.

23 15. Based on my review of the account application for the Elevate  
24 Schwab x6211 account, the signatures appear to be dated in August 2020, with sole  
25 proprietor checked off under type of organization. I have determined that Justin  
26 King was the primary authorized individual on the account. A true and correct  
27 copy of the account application which was produced to the SEC is attached as  
28

1 Exhibit 14.

2 16. Based on my review of the signature card for the S. King Schwab  
3 x4019 account, I have determined that Shannon King was the authorized signatory  
4 on the account. The date for the signature card is July 14, 2020. Based on my  
5 review of the account application for the S. King Schwab x4019 account, the  
6 application date is July 14, 2020. True and correct copies of the signature card and  
7 account application which were produced to the SEC are attached as Exhibits 15  
8 and 16, respectively.

9 **Categorization of Deposits and Disbursements**

10 17. Based on my review of the Elevate WF x0663, Elevate TDA x1348,  
11 King TDA x9547, J. King Schwab x5708, and Elevate Schwab x6211 accounts for  
12 the period June 1, 2019 through December 1, 2020, I created Excel spreadsheets  
13 that summarized certain deposits to and disbursements from these accounts. I  
14 categorized these deposits and disbursements by utilizing the following categories:

- 15 a. Investors: this category represents deposits that appear to not be  
16 related to Justin King, Shannon King, Area Auto Glass LLC,  
17 Clear Auto Glass LLC, AZ Investment Kings, Z Partners,  
18 Opulent LLC, Elevate Investments LLC, Elevate Investments a  
19 Sole Proprietorship, Individual J, or Individual C. This category  
20 includes cashier's checks from unknown sources. This category  
21 does not include deposits that appear to be transfers from other  
22 TD Ameritrade accounts, cash, awards, or offers. Many of the  
23 deposits in this category are in whole number figures. This  
24 category includes funds received by wire transfer.
- 25 b. King – Chase x8635: this category represents transactions that  
26 appear to be with a Shannon King or Justin King JPMorgan  
27 Chase account ending in 8635.

- c. King – Chase x8687: this category represents transactions that appear to be with a Shannon King, Justin King, or Area Auto Glass LLC JPMorgan Chase account ending in x8687.
- d. AZ Investment Kings – Chase x3592: this category represents transactions that appear to be with a Chase account ending in 3592.
- e. Z TDA x0506: this category represents transactions that appear to be with the Z TDA x0506 account.
- f. Opulent TDA x9269: this category represents transactions that appear to be with the Opulent TDA x9269 account.
- g. Other: this category represents transactions that do not fall into the categories described above.

**Deposits into Elevate and King's Various Accounts**

18. Based on my review of the Elevate WF x0663, Elevate TDA x1348, King TDA x9547, J. King Schwab x5708, and Elevate Schwab x6211 accounts for the period June 1, 2019 through December 1, 2020, I have made the following observations and calculations regarding deposits made to these accounts. I calculated that these accounts received, excluding apparent transfers between these same five accounts and canceled ACHs, total deposits of approximately \$7,779,974 for the period from June 1, 2019 through December 1, 2020, which I categorized as follows:

- a. \$7,407,913 from Investors;
- b. \$124,950 from King – Chase x8635;
- c. \$161,675 from King – Chase x8687;
- d. \$50 from AZ Investment Kings – Chase x3592; and
- e. \$85,386 from Other.

19. I calculated that approximately \$1,870,000 of the \$7,407,913 from

Investors was deposited during the period September 1, 2020 through November 30, 2020.

**Disbursements from Elevate and King's Various Accounts**

20. Based on my review of the Elevate WF x0663, Elevate TDA x1348, King TDA x9547, J. King Schwab x5708, and Elevate Schwab x6211 accounts for the period June 1, 2019 through December 1, 2020, I have made the following observations and calculations regarding deposits made to these accounts. I calculated that these accounts received, excluding apparent transfers between these same five accounts and canceled ACHs, total disbursements of approximately \$1,606,423 for the period from June 1, 2019 through December 1, 2020, which I categorized as follows:

- a. \$931,678 to King – Chase x8687;
- b. \$560,000 to King – Chase x8635;
- c. \$29,200 to Z TDA x0506 account;
- d. \$5,500 to Opulent TDA x9269; and
- e. \$80,045 to Other.

21. I also calculated that approximately \$298,000 of the \$560,000 to King – Chase x8635 was disbursed during the period September 1, 2020 through November 30, 2020.

22. I additionally identified one \$100,000 transaction dated December 1, 2020 of the \$560,000 to King – Chase x8635.

**Net Disbursements to King – Chase Accounts**

23. I added the deposits of \$124,950 from King – Chase x8635 and \$161,675 from King – Chase x8687 for a total of \$286,625.

24. I added the disbursements of \$931,678 to King – Chase x8687 and \$560,000 to King – Chase x8635 for a total of \$1,491,678.

25. I netted the \$286,625 total deposits and the \$1,491,678 total



disbursements to calculate net disbursements of \$1,205,053 to King – Chase x8687 and King – Chase x8635.

### **Yearly Losses**

26. I reviewed the Z TDA x0506, C TDA x7930, J TDA x3860, Opulent TDA x9269, Elevate TDA x1348, and King TDA x9547 account gain loss information, noting the total that was provided for each year under the “Adj gain(\$)” or “Gain(\$)” column. The gain loss information was produced to the SEC in Excel format and included tabs labeled “Realized – [year]”. For example, the gain loss information for the Opulent TDA x9269 account included tabs labeled “Realized – 2018” and “Realized – 2019” and in each of these tabs there was an “Adj gain(\$)” column with a total at the bottom of the column. I also reviewed the J. King Schwab x5708, Elevate Schwab x6211, and S. King Schwab x4019 account statements, noting the total that was provided in the “Realized Gain or (Loss) This Period” section of each monthly statement. Based on my review, I noted that no account had a total realized gain in any year. I subtotaled the approximate yearly realized losses as described above into an Excel spreadsheet attached as Exhibit 17. I calculated the following approximate yearly total realized losses for these nine accounts:

- a. 2016: \$(4,323)
- b. 2017: \$(243,892)
- c. 2018: \$(1,158,274)
- d. 2019: \$(2,123,044)
- e. 2020: \$(2,406,058)
- f. Total losses 2016 – 2020: \$(5,935,591)

### **Losses for the period June 1, 2019 through June 30, 2020**

27. I reviewed the gain loss information for the Z TDA x0506, J TDA x3860, Opulent TDA x9269, Elevate TDA x1348, and King TDA x9547 accounts

1 and summed the realized gains or losses for the period June 1, 2019 through June  
2 30, 2020 for a total realized loss of approximately \$(3,861,833). I created a  
3 spreadsheet attached as Exhibit 18 summarizing these approximate total realized  
4 losses.

5 **Losses for the period September 1, 2020 through November 30, 2020**

6 28. I reviewed the J. King Schwab x5708, Elevate Schwab x6211, and S.  
7 King Schwab x4019 account statements and summed the realized gains or losses  
8 for the period September 1, 2020 through November 30, 2020 for a total realized  
9 loss of approximately \$(532,232). I created a spreadsheet attached as Exhibit 19  
10 summarizing these approximate realized gains or losses.

11 **Ending Balances**


12 29. Based on my review of the J. King Schwab x5708 account statement  
13 for the period of November 1, 2020 through November 30, 2020, the account value  
14 as of November 30, 2020 was \$307,143.45.

15 30. Based on my review of the Elevate Schwab x6211 account statement  
16 for the period of November 1, 2020 through November 30, 2020, the account value  
17 as of November 30, 2020 was \$1,683,422.02.

18 31. I added these two November 30, 2020 account values of \$307,143.45  
19 and \$1,683,422.02 together to equal a total of \$1,990,565.47.

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

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

23  
24   
25 \_\_\_\_\_  
26 Carol Kim  
27  
28

**EXHIBIT "1"**

# **EXHIBIT 1**



Summons and Subpoenas Department  
PO Box 29728 S4001-01F  
Phoenix, AZ 85038  
Voice: (480)724-2000

## BUSINESS RECORDS DECLARATION

I, Rachel Finn, am over the age of eighteen and I declare that I am employed by Wells Fargo Bank, N.A. ("Wells Fargo") in the Summons and Subpoenas Department and am a duly authorized and qualified witness to certify the authenticity of the attached documents and/or information produced pursuant to the legal order. Wells Fargo reserves the right to designate another Custodian as it deems appropriate in the event an actual appearance is required concerning the records produced. I certify that the attached records:

- A) Were prepared by personnel of Wells Fargo in the ordinary course of business at or near the time of the acts, conditions or events described in the records; and
- B) It was the ordinary course of business for Wells Fargo employees or representatives with knowledge of the act, event, or condition recorded to make the record or transmit the information therein to be included in such record.
- C) The records attached are true and correct copies of the business records as maintained by Wells Fargo.

### The records produced are described as follows:

Case number: 24447733

Document Type	Account #	Paper Count	Total Copies
Checks/Debits	XXXXXX0663	2	2
Deposits with offsets	XXXXXX0663	4	4
Statements	XXXXXX0663	14	14
Wire Automated	XXXXXX0663	13	13
Free Form	XXXXXX0663	0	0
Unable to locate withdrawals that were deposited to another account for the time frame requested.			
Free Form	XXXXXX0663	0	0
Unable to locate cashier checks for the time frame requested.			
Signature Cards	XXXXXX0663	4	4
Total Copies Delivered:			37

Additional comments: Unable to locate Area Auto Glass LLC, Opulent LLC or Zozo Partners Inc with the information provided.

### Additional comments:

The bank's standard record retention period is seven years.

I declare under penalty of perjury under the law(s) of the state of California that the foregoing is true and correct according to my knowledge and belief. Executed on this 8th day of December, 2020, in the City of Tempe, State of ARIZONA.

Subpoena Processing Representative

Case No: 24447733; Agency Case No: LA5183

Image copies of requested transactions may be missing for the following reasons: Items not imaged, corrupted, blank, damaged, destroyed or not available, item(s) piggy-backed, electronic transaction(s). If the legal order requests certain types of loan information and other non-depository information, it was forwarded to other departments and they will respond to you directly.

Case No: 24447733; Agency Case No: LA5183

2 of 2

**EXHIBIT "2"**

# **EXHIBIT 2**





**[FOR DOMESTIC U.S. RECORDS]**

**DECLARATION OF Chris Gulick CERTIFYING RECORDS  
OF REGULARLY CONDUCTED BUSINESS ACTIVITY**

I, the undersigned, Chris Gulick, declare that:

1. I am employed by TD Ameritrade Inc. as Senior Analyst, Regulatory Compliance and by reason of my position am authorized and qualified to make this declaration. I am the custodian of records and I am familiar with the company's record keeping practices.
2. I further certify that the documents attached hereto are true copies of records that were:
  - (a) made at or near the time of the occurrence of the matters set forth therein, by, or from information transmitted by, a person with knowledge of those matters;
  - (b) kept in the course of regularly conducted business activity; and
  - (c) made by the regularly conducted business activity as a regular practice.

I declare that the foregoing is true and correct. Executed on September 4, 2020.

A handwritten signature in black ink, appearing to read 'Chris Gulick', written over a horizontal line.

Chris Gulick  
Senior Analyst, Regulatory Response  
TD Ameritrade Inc.

**EXHIBIT "3"**

# **EXHIBIT 3**



**[FOR DOMESTIC U.S. RECORDS]**

**DECLARATION OF Nicole A. Neumann CERTIFYING RECORDS  
OF REGULARLY CONDUCTED BUSINESS ACTIVITY**

I, the undersigned, Nicole A. Neumann, declare that:

1. I am employed by TD Ameritrade Inc. as Manager, Regulatory Compliance and by reason of my position am authorized and qualified to make this declaration. I am the custodian of records and I am familiar with the company's record keeping practices.
2. I further certify that the documents attached hereto are true copies of records that were:
  - (a) made at or near the time of the occurrence of the matters set forth therein, by, or from information transmitted by, a person with knowledge of those matters;
  - (b) kept in the course of regularly conducted business activity; and
  - (c) made by the regularly conducted business activity as a regular practice.

I declare that the foregoing is true and correct. Executed on October 7, 2020.

A handwritten signature in black ink, appearing to read 'Nicole A. Neumann', followed by a long horizontal line extending to the right.

Nicole A. Neumann  
Manager, Regulatory Response  
TD Ameritrade Inc.

**EXHIBIT "4"**

# **EXHIBIT 4**



**[FOR DOMESTIC U.S. RECORDS]**

**DECLARATION OF Chris Gulick CERTIFYING RECORDS  
OF REGULARLY CONDUCTED BUSINESS ACTIVITY**

I, the undersigned, Chris Gulick, declare that:

1. I am employed by TD Ameritrade, Inc. as Senior Analyst, Regulatory Compliance and by reason of my position am authorized and qualified to make this declaration. I am the custodian of records and I am familiar with the company's record keeping practices.
2. I further certify that the documents attached hereto are true copies of records that were:
  - (a) made at or near the time of the occurrence of the matters set forth therein, by, or from information transmitted by, a person with knowledge of those matters;
  - (b) kept in the course of regularly conducted business activity; and
  - (c) made by the regularly conducted business activity as a regular practice.

I declare that the foregoing is true and correct. Executed on November 30, 2020.

A handwritten signature in black ink, appearing to read 'Chris Gulick', written over a horizontal line.

Chris Gulick  
Senior Analyst, Regulatory Response  
TD Ameritrade Inc.

**EXHIBIT "5"**



# **EXHIBIT 5**



**[FOR DOMESTIC U.S. RECORDS]**

**DECLARATION OF Patrick J. Rowley CERTIFYING RECORDS  
OF REGULARLY CONDUCTED BUSINESS ACTIVITY**

I, the undersigned, Patrick J. Rowley, declare that:

1. I am employed by TD Ameritrade Inc. as Senior Analyst, Regulatory Compliance and by reason of my position am authorized and qualified to make this declaration. I am the custodian of records and I am familiar with the company's record keeping practices.
2. I further certify that the documents attached are true copies of records that were:
  - (a) made at or near the time of the occurrence of the matters set forth therein, by, or from information transmitted by, a person with knowledge of those matters;
  - (b) kept in the course of regularly conducted business activity; and
  - (c) made by the regularly conducted business activity as a regular practice.

I declare that the foregoing is true and correct. Executed on November 23, 2020

A handwritten signature in black ink, appearing to read 'Patrick J. Rowley', written over a horizontal line.

Patrick J. Rowley  
Regulatory Compliance Senior Analyst  
TD Ameritrade Inc.

**EXHIBIT "6"**

# **EXHIBIT 6**

# Business Account Application

WELLS  
FARGO

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-		Branch Number:	04672	Banker AU:	0003086	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:	Product:	Account Number:	Opening Deposit:	Type of Funds:			
114	DDA		\$25.00	CACK			

New Account Kit:	Checking/Savings Bonus Offer Available:
	NO

## Related Customer Information

Customer 1 Name:	ELEVATE INVESTMENTS, LLC		
Enterprise Customer Number (ECN):	Account Relationship:		
	Sole Owner		
Customer 2 Name:	JUSTIN KING		
Enterprise Customer Number (ECN):	Account Relationship:		
	Signer		

## Checking/Savings Statement Mailing Information

Name(s) and Information Listed on Statement:	Statement Mailing Address:		
ELEVATE INVESTMENTS, LLC			
	Address Line 2:		
	City:	State:	
	PHOENIX	AZ	
	ZIP/Postal Code:	Country:	
	85018-2307	US	



2W02-001218941048-01

**Customer 1 Information**

Customer Name:

ELEVATE INVESTMENTS, LLC

Enterprise Customer Number (ECN):

5363

Street Address:

30 N GOULD ST STE R

Account Relationship:

Sole Owner

Address Line 2:

Taxpayer Identification Number (TIN):

3628

TIN Type:

EIN

Address Line 3:

Business Type:

Limited Liability Company

City:

SHERIDAN

State:

WY

Business Sub-Type/Tax Classification:

S Corporation

Non-Profit:

No

ZIP/Postal Code:

82801-6317

Country:

US

Date Originally Established:

06/04/2019

Current Ownership Since:

2012

Number of Employees:

1

Business Phone:

602/388-0003

Fax:

Annual Gross Sales:

\$5,000,000.00

Year Sales Reported:

12/31/2018

Fiscal Year End:

12/31

Cellular Phone:

Pager:

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

Expiration Date:

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:
Employer Identification Number (EIN): [REDACTED]			ZIP/Postal Code:	Country:
TIN Type: 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 "7"**

# **EXHIBIT 7**



Received

AUG 22 2017

Reset Form

## Trading Authorization Agreement

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:	2020 partners INC
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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 debt 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:

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: <span style="background-color: black; color: black;">[REDACTED]</span> 0506	
<b>AUTHORIZED AGENT</b>	
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): <span style="background-color: black; color: black;">[REDACTED]</span> 1980	Social Security Number** (SSN): <span style="background-color: black; color: black;">[REDACTED]</span> 6210
Home Address: (no PO box or mail drop) <span style="background-color: black; color: black;">[REDACTED]</span>	ZIP Code: <span style="background-color: black; color: black;">[REDACTED]</span> 2200
City: <span style="background-color: black; color: black;">[REDACTED]</span>	State: AZ
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):	
Employer Name: Area Auto Glass	Occupation/Type of Business: Auto Glass
Employer Street Address: 1841 N 24th St #1-4	
City: Phoenix	State: AZ
	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)**

<input checked="" type="checkbox"/> Account Owner's Signature: 	Date: 5/21/2017
<input checked="" type="checkbox"/> Account Co-Owner's Signature:	Date:

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

**AUTHORIZED AGENT(S)**

<input checked="" type="checkbox"/> Authorized Agent's Signature: 	Date: 08-21-2017
<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. © 2017 TD Ameritrade.

# EXHIBIT "8"

# **EXHIBIT 8**



# 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:

830

Account Name/Title:

LEONA CUNNINGHAM

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:

2 2 0 0

City:

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:

930

**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 Account Owner's Signature:

Date:

X Account Co-Owner's Signature:

Date:

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

**AUTHORIZED AGENT(S)**

X Authorized Agent's Signature:

Date:

X 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

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# EXHIBIT "9"

# **EXHIBIT 9**

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:

CHRISTOPHER CLARK JONES BOLLORE 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:

Justin King

Relationship to Account Owner:

Family

Date of Birth:  
(MM-DD-YYYY)

[REDACTED]

Social Security Number:  
(SSN)

[REDACTED]

Home Address:  
(no PO box or mail drop)

[REDACTED]

[REDACTED]

City:

[REDACTED]

State:

AZ

Please Specify if You Are:

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

Source of Income (if retired or unemployed):

A. Glass

Employer Name:

Anna Aub Glass

Occupation/Type of Business:

aubglass

Employer Street Address:

[REDACTED]

3415 E Phoenix Ave 7

City:

Phoenix

State:

AZ

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.

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 "10"**



# **EXHIBIT 10**



## 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](http://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 (the "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:

State:

NY

ZIP Code:

Country:

USA

Mailing Address:  
(if different from above)

City:

State:

ZIP Code:

Country:

Primary Phone:

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

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):

@gmail.com



☒ 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 sale 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)

08/20/80

Number of Dependents:

5

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

0210

Home Address:

(no PO box or mail drop)

3219 E. Cornthorpe Rd. #478

City:

ATLANTA

ZIP Code:

30304

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:

30 N Gould St. Ste R

City:

Sheridan

State:

WY

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] 982

Number of Dependents: 5

U.S. Social Security Number: (SSN)\* [REDACTED] 2232

Home Address: (no PO box or mail drop) [REDACTED]

City: [REDACTED]

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: 30 N Gould St Ste R

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)

Number of Dependents:

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

Home Address: (no PO box or mail drop)

City:

State:

ZIP Code:

Country:

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: Industry of Occupation:

Employer Street Address:

City:

State:

ZIP Code:

Country:

☐ 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: CA	ZIP Code:	Country: USA
Date of Birth: (MM-DD-YYYY) 1980	U.S. Social Security Number: (SSN) 4210		
<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 #2**Name Prefix (optional): ☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

Full Legal Name:

Kevin Phillip Daniel

Home Street Address:  
(no PO box or mail drop)

City:

State:

CO

ZIP Code:

Country:

USA

Date of Birth:  
(MM-DD-YYYY)

1985

U.S. Social Security Number:  
(SSN)

XXX-XX-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 #3**Name Prefix (optional): ☐ Mr. ☐ Mrs. ☒ Ms. ☐ Dr. ☐ Rev.

Full Legal Name:

Kaleigh Josephine Larson

Home Street Address:  
(no PO box or mail drop)

City:

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 #4**Name 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: \_\_\_\_\_

## 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: Justin	Middle Initial: J	Last Name: King
Relationship: Husband		
Primary Telephone Number: [REDACTED] 0003	Email Address: [REDACTED] @gmail.com	
Mailing Address: [REDACTED]		
City: [REDACTED]	State: CA	ZIP Code: [REDACTED] Country: USA
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:  
(Check all that apply)

☒ Stocks ☐ Bonds ☒ Options

What Are Your Options  
Investment Objectives?  
(Check all that apply)

☒ Growth ☐ Speculative ☒ Income ☐ Conservation of Capital

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:

Shannon Leigh King  
X Signature: Shannon Leigh King

Full Legal Name:

Justin King  
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.


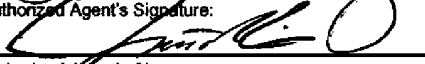
If I have been notified by the IRS that I am subject to backup withholding because I have failed to report all interest and dividends on my tax return, I must cross out (2) in this certification.

#### 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 "11"**

# **EXHIBIT 11**

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: 30 N GOULD ST  
SHERIDAN, WY 828016317  
UNITED STATES OF AMERICA  
Street Address: 30 N GOULD ST  
SHERIDAN, WY 828016317  
UNITED STATES OF AMERICA  
Home Phone: [REDACTED] 0002  
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 Dependents: 0

**Investment Experience**

Types of Transactions: Options

**Option Agreement**

Options Investment Objectives: Growth, Income,  
Option Activities: Write Uncovered Options

**Account Suitability**

Risk Tolerance: Aggressive  
Primary Investment Objectives: Aggressive Growth  
Secondary Investment Objectives: Growth,  
Liquidity Needs: Within 3 months  
Investment Time Horizon: 13+ years

**Authorized Trader**

Authorized Trading Level: Full  
Name: JUSTIN KING  
Date of Birth: [REDACTED] 980  
SSN: [REDACTED] 6210  
Street Address: [REDACTED]  
[REDACTED] AZ [REDACTED]  
UNITED STATES OF AMERICA  
Home Phone: [REDACTED] 0002  
Senior Foreign: NO  
Political Figure:

**ACH Information**

## CASH, MARGIN &amp; 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] 1348
_____	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] 1348

END FORM - Terms and Conditions Effective Wed Sep 02 10:18:59 CDT 2020

**EXHIBIT "12"**

# **EXHIBIT 12**



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

### Account Information

Account Type Joint Tenants with Rights of Survivorship  
Account Number [REDACTED] 9547

### Primary Account Owner's Personal Information

Full Name SHANNON LEIGH KING  
Email Address [REDACTED]@GMAIL.COM  
Best Day Time Phone Number [REDACTED]-5395  
Secondary Phone Number  
Citizenship Status US Citizen  
Country of Citizenship UNITED STATES OF AMERICA  
SSN/ITIN [REDACTED]-2232  
Date of Birth [REDACTED] 1982  
Marital Status Married  
Mother's Maiden Name Smith  
Dependents 2  
Home Address [REDACTED]  
[REDACTED], AZ [REDACTED]  
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 [REDACTED]  
Privacy Policy Agreement (Acknowledge)

### Primary Account Owner's Employment Information



Employment Status	Self-employed
Business/Employer Name	AUTO GLASS BUDDY
Occupation	OWNER
Employer Address	3345 E PINCHOT AVE #7 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	██████████@GMAIL.COM
Best Day Time Phone Number	██████████-2200
Secondary Phone Number	
Citizenship Status	US Citizen
Country of Citizenship	UNITED STATES OF AMERICA
SSN/ITIN	██████████6210
Date of Birth	██████████/1980

Marital Status

Married

Mother's Maiden Name

Wood

Dependents

Home Address

[REDACTED]  
[REDACTED], 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

3345 E PINCHOT AVE #7  
  
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. **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. **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

**EXHIBIT "13"**

# **EXHIBIT 13**

**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:** [REDACTED]**Date of Birth:** [REDACTED] 1980**City, State, Zip:** [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: [REDACTED]-0003

Alias: [NOT ENTERED]

Email: [REDACTED]@GMAIL.COM

### Regulatory Information

### Your Schwab S1 Investment Profile

Employment Status: Retired

Marital Status: Married

Relationship to Account: [NOT ENTERED]

Employer Name: [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

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Offer/Referral Code: TRADER  
 Offer/Referral Name: TRADER

»

## 5 Agree To Terms

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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 UFSSSTAR	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 "14"**

# **EXHIBIT 14**



# 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](http://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](http://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 C Corporation for federal tax purposes
			<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) 388-0003	
Legal Name associated with Tax ID, if different from above		Tax ID Number	
Elevate Investments LLC		3628	
Organization Street Address (no P.O. boxes)	City	State	Zip Code
30 N Gould St. STE R	Sheridan	WY	82801
Mailing Address (if different from above; P.O. boxes may be used)	City	State	Zip Code
		CA	
Country of Establishment	State of Establishment	Date of Establishment (mm/dd/yyyy)	Organization's URL Address
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/](http://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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CC3994501 (0620-0A9Z) APP65303-15 (06/20)



**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"/> <b>Financial Institution</b> 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"/> <b>Operating Entity</b> The Organization provides commercial products or services.	Please describe the commercial products or services that your Organization provides.
<input checked="" type="checkbox"/> <b>Non-Operating Entity</b> Examples of non-operating entities include: • Holding companies • Asset protection vehicles • Personal investment companies • Estate planning vehicles • Shell companies	Please describe the Organization's primary purpose(s) and field(s) of activity. <b>personal investments</b>
<input type="checkbox"/> <b>Charitable Organization</b>	Please describe the Organization's charitable purpose.
<input type="checkbox"/> <b>Governmental Organization</b> 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(j) of the Internal Revenue Code (26 U.S.C. 414(j)) 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"/> <b>Tribal Organization</b> • A tribe-governed 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"> <li>• 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"> <li>• Buy and sell securities;</li> <li>• Withdraw and transfer cash and securities;</li> <li>• Sign contracts, waivers, and releases; and</li> <li>• Otherwise conduct business with Schwab on behalf of the Organization.</li> </ul> </li> <li>• Complete Individual 1 below for the Primary Authorized Individual who will receive all email correspondence from Schwab.</li> <li>• 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.</li> </ul>
Control Persons	<ul style="list-style-type: none"> <li>• 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).</li> <li>• Please complete Section 4b for a Legal Entity or Trust that is a Control Person of the Organization.</li> <li>• At least one Control Person is required.</li> </ul>
≥10% Beneficial Owners	<ul style="list-style-type: none"> <li>• 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).</li> <li>• 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.</li> <li>• 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.</li> </ul>



**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 on 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"/> President	<input type="checkbox"/> Vice President	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Assistant Treasurer
<input type="checkbox"/> Owner	<input type="checkbox"/> Secretary	<input type="checkbox"/> Assistant Secretary	<input type="checkbox"/> Manager
<input type="checkbox"/> Member/Managing Member		<input type="checkbox"/> Partner/General Partner	
<input type="checkbox"/> Representative of Member		<input type="checkbox"/> Representative of Partner/General Partner	
<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]		[REDACTED]	CA
Mailing Address (if different from above; P.O. boxes may be used)		City	State
[REDACTED]		[REDACTED]	[REDACTED]
Preferred Telephone Number (including area code)		Alternate Telephone Number (including area code)	
<input type="checkbox"/> Home <input checked="" type="checkbox"/> Business <input type="checkbox"/> Mobile [REDACTED] 0003		<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile	
Social Security Number		Date of Birth (mm/dd/yyyy)	Email Address
[REDACTED] 5210		[REDACTED] 1980	[REDACTED] @gmail.com
Country(ies) of Citizenship (Must list all)		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] 379		AZ	[REDACTED] 2045
Employment Status (Select only one.)		Employer Name/Business Name	
<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input checked="" type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Not Employed		[REDACTED]	
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"/> Executive/Senior Management		<input type="checkbox"/> Information Technology Professional	
<input type="checkbox"/> Medical Professional		<input type="checkbox"/> Other Professional	
<input type="checkbox"/> Legal Professional		<input type="checkbox"/> U.S. Government Employee (Federal/State/Local)	
<input type="checkbox"/> Accounting Professional		<input type="checkbox"/> Foreign Government Employee (Non-U.S.)	
<input type="checkbox"/> Military		<input type="checkbox"/> Consultant	
<input type="checkbox"/> Educator		<input type="checkbox"/> Other (specify): _____	
<input type="checkbox"/> Clerical/Administrative Services		<input type="checkbox"/> Trade/Service (Labor/Manufacturing/Production)	
<input type="checkbox"/> Sales/Marketing		<input type="checkbox"/> [REDACTED]	
Business Street Address		City	State
[REDACTED]		[REDACTED]	[REDACTED]
Are you affiliated with or employed by a stock exchange or member firm of 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"/> Family, relatives, inheritance	
<input type="checkbox"/> Investment capital gains		<input type="checkbox"/> Invention/patent	
<input type="checkbox"/> Litigation award		<input type="checkbox"/> Lottery	
<input type="checkbox"/> Gambling		<input checked="" type="checkbox"/> Sale of property or business	
<input type="checkbox"/> Social Security benefits		<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		

Please provide at least one method of contact for each Trusted Contact listed.

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		

Please provide at least one method of contact for each Trusted Contact listed.

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](http://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 13, 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

Title

Print Name

Date (mm/dd/yyyy)

Signature

Title

Print Name

Date (mm/dd/yyyy)

Signature

Title

Print Name

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 forms 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 acknowledgement, 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.


  
Signature
Justin King  
Print Name01/16/20  
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 "15"**

# **EXHIBIT 15**

## Schwab One® Account Signature Card

Page 1 of 2

**Schwab.com****1-800-435-4000**  
(inside the U.S.)**+1-415-667-8400**  
(outside the U.S.)**1-888-686-6916**  
(multilingual services)

Use this form to provide Schwab with a sample of your handwritten signature. Your handwritten signature may be used to validate transaction requests on the account you are opening, on existing accounts, and on account(s) opened in the future.

- To add payment features to an Organization account, please use the Checkwriting and Visa® Debit Card Application for Organization Accounts.
- To add checks to a Trust account, you must submit a new Trust application.
- Custodial and Estate accounts are not eligible for Visa Platinum Debit Cards.

**1****Account Information**

401

**Schwab Account Number**

Shannon King

**Name(s) on Account** *List all names as they appear on your Schwab statement.***2****Checks and Visa Debit Cards**

Select one of the following options to access the cash in your Schwab One Brokerage account. Upon receipt of your starter checks, you may order additional standard checks at no cost from Schwab.com.

Please select only one.

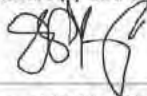
☐ **Checks**☒ **Checks and Visa Debit Card**☐ **Checks and two Visa Debit Cards** (second Visa Debit Card available only for issuance in additional account holder's name)**Anticipated Activity**

Please select only one.

On average, how many times per month do you anticipate writing checks and/or making ATM withdrawals?

☐ **Less than 5 times per month**☒ **5 to 10 times per month**☐ **11 to 20 times per month**☐ **More than 20 times per month**

**PLEASE SIGN AND DATE IN BLUE OR BLACK INK ONLY.** Your signature below will serve as a signature card for authorized check signers on your Schwab One Account.

**Signature(s) and Date(s) Required**

Account Holder Signature

7/14/2020

**Today's Date** mm/dd/yyyy

Shannon King

**Print Name**

Additional Account Holder Signature

**Today's Date** mm/dd/yyyy**Print Name**APP60701-03  
01



3

**Return Form to Schwab**

- **Upload** online with secure messaging (if you are an existing client and have online access to your account).
  1. Go to [Schwab.com](https://www.schwab.com) and log in to your account.
  2. Click the Message Center link (under Service), and then click the Upload Document link.
  3. Upload your form as an attachment by clicking the Add File button.
  4. When your message is complete, click Send.
- **Fax** to 1-888-526-7252.
- **Bring** to your nearest Schwab branch (visit [Schwab.com/branch](https://www.schwab.com/branch) for locations).
- **Mail** to any of the following addresses:

**Regular Mail (West)**

Charles Schwab & Co., Inc.  
P.O. Box 982600  
El Paso, TX 79998-2600

**Regular Mail (East)**

Charles Schwab & Co., Inc.  
P.O. Box 628291  
Orlando, FL 32862-8291

**Overnight Mail (West)**

Charles Schwab & Co., Inc.  
1945 Northwestern Drive  
El Paso, TX 79912

**Overnight Mail (East)**

Charles Schwab & Co., Inc.  
1958 Summit Park Dr., Ste. 200  
Orlando, FL 32810

**PRINT**

**EXHIBIT "16"**

# **EXHIBIT 16**

**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:

Date of Birth: [REDACTED] 1982

City, State, Zip: [REDACTED], 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: [REDACTED]-5395

Alias: [NOT ENTERED]

Email: [REDACTED]@GMAIL.COM

### Regulatory Information

Employment Status: Retired

### Your Schwab S1 Investment Profile

Marital Status: Married

Relationship to Account: [NOT ENTERED]

Employer Name: [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	mailCheckDepo it
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

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Offer/Referral Code:	TRADER
Offer/Referral Name:	TRADER

»

## 5 Agree To Terms

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Account Agreement plus Terms and Conditions text on file within the Schwab's Content Management

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 "17"**



# **EXHIBIT 17**

		2016	2017	2018	2019	2020	Total
	Z TDA x0506		\$ (85,137)	\$ (40,332)	\$ (28,176)	\$ (19,668)	\$ (173,313)
	C TDA x7930		\$ (17,760)	\$ (61,561)	\$ (37)		\$ (79,358)
	J TDA x3860			\$ (84,673)	\$ (302)	\$ (23,368)	\$ (108,343)
	Opulent TDA x9269			\$ (323,279)	\$ (106,323)		\$ (429,602)
	Elevate TDA x1348				\$ (1,917,954)	\$ (1,503,020)	\$ (3,420,974)
	King TDA x9547	\$ (4,323)	\$ (140,995)	\$ (648,429)	\$ (70,252)	\$ (300,716)	\$ (1,164,715)
	J. King Schwab x5708					\$ (403,428)	\$ (403,428)
	Elevate Schwab x6211					\$ (145,230)	\$ (145,230)
	S. King Schwab x4019					\$ (10,628)	\$ (10,628)
	Total	\$ (4,323)	\$ (243,892)	\$ (1,158,274)	\$ (2,123,044)	\$ (2,406,058)	\$ (5,935,591)

**EXHIBIT "18"**

# **EXHIBIT 18**

	<b>Elevate TDA x1348</b>	<b>King TDA x9547</b>	<b>Opulent TDA x9269</b>	<b>Z TDA x0506</b>	<b>J TDA x3860</b>	<b>Total</b>	
<b>June 1, 2019 - December 31, 2019</b>	\$ (1,917,954)	\$ (113,274)	\$ (72,820)	\$ (45,232)	\$ (13,173)	\$ (2,162,453)	
<b>January 1, 2020 - June 30, 2020</b>	\$ (1,407,041)	\$ (247,294)		\$ (21,741)	\$ (23,304)	\$ (1,699,380)	
<b>Total</b>	<b>\$ (3,324,995)</b>	<b>\$ (360,568)</b>	<b>\$ (72,820)</b>	<b>\$ (66,973)</b>	<b>\$ (36,477)</b>	<b>\$ (3,861,833)</b>	

**EXHIBIT "19"**

# **EXHIBIT 19**

		<b>September 2020</b>	<b>October 2020</b>	<b>November 2020</b>	<b>Total</b>
	<b>J. King Schwab x5708</b>	\$ (253,727)	\$ (51,895)	\$ (80,353)	\$ (385,975)
	<b>Elevate Schwab x6211</b>		\$ (42,773)	\$ (102,457)	\$ (145,230)
	<b>S. King Schwab x4019</b>	\$ (1,027)	\$ -	\$ -	\$ (1,027)
	<b>Total</b>	<b>\$ (254,754)</b>	<b>\$ (94,668)</b>	<b>\$ (182,810)</b>	<b>\$ (532,232)</b>