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

12 **SECURITIES AND EXCHANGE**  
13 **COMMISSION,**

14 **Plaintiff,**

15 **vs.**

16 **PROFIT CONNECT WEALTH**  
17 **SERVICES, INC., JOY I. KOVAR, and**  
18 **BRENT C. KOVAR,**

19 **Defendants.**  
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Case No.

**DECLARATION OF DORA M.  
ZALDIVAR**

**(Filed Under Seal)**

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I, Dora M. Zaldivar, declare, pursuant to 28 U.S.C. § 1746 as follows:

1. I make this declaration in support of the United States Securities and Exchange Commission's ("SEC") Ex Parte Application For a Temporary Restraining Order and related relief.

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

3. I am a certified public accountant employed within the Division of Enforcement in the Securities and Exchange Commission's ("SEC") Los Angeles Regional Office. I have worked within the SEC's Division of Enforcement since July 2008.

4. I passed the Uniform CPA Examination in California in 1999. My CPA license in California is current and has been active since 1999.

5. Prior to my work at the SEC, from September 1995 through July 2008, I worked in various public accounting firms, including at three of the “big four accounting firms.” My work at all three “big four accounting firms” focused on forensic and investigative accounting, litigation support, and damage analysis.

6. In the course of my duties with the SEC, I regularly conduct inquiries and assist in investigations into possible violations of the federal securities laws. My responsibilities include analyzing financial records including bank records, other books and records of companies, and other information and documents that have been obtained by the SEC staff during the course of investigations. I make calculations and observations based upon my review and analysis of those records and I prepare spreadsheets and charts summarizing those calculations and observations. 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. I

1 have testified in one criminal and one civil matter, which was an SEC administrative  
2 proceeding, about my observations and analyses regarding the sources and uses of  
3 money.

4 7. As part of my duties as an accountant with the SEC, I was assigned to  
5 the investigation entitled *In the Matter of Profit Connect Wealth Services, Inc.* and I  
6 analyzed the bank and financial records of Profit Connect Wealth Services, Inc.  
7 (“Profit Connect”) and related entities that were produced in response to subpoenas  
8 issued by the SEC staff to various banking institutions.

9 8. I reviewed the financial records of Profit Connect that were produced to  
10 the SEC which included bank records and bank statements for eight bank accounts  
11 and one credit card account produced by Bank of America, JPMorgan Chase Bank,  
12 N.A., and Navy Federal Credit Union in response to the subpoenas issued by the SEC  
13 staff. Bank records produced by each of these financial institutions includes the  
14 following:

15 **Bank of America**

- 16 a. Bank of America Checking Account No. XXXX XXXX 8677  
17 bank records in the name of Profit Connect Wealth Services, Inc.  
18 (hereinafter “Profit Connect Checking 8677”) for the period of  
19 May 2018 through April 12, 2021. An update was produced  
20 which included bank statements through May 31, 2021 and other  
21 records through June 16, 2021. As a result, I have provided my  
22 analysis of Profit Connect Checking 8677 for the time period May  
23 2018 through April 12, 2021 below and I have provided a separate  
24 preliminary analysis for this account for the updated time period  
25 of April 1, 2021 though June 16, 2021.
- 26 b. Bank of America Savings Account No. XXXX XXXX 6622 bank  
27 records in the name of Profit Connect Wealth Services, Inc.  
28 (hereinafter “Profit Connect Savings 6622”) for the period of May

2018 through March 2021. An update was produced which included bank statements through May 31, 2021 and other records through June 7, 2021. As a result, I have provided my analysis of Profit Connect Savings 6622 for the time period May 2018 through April 12, 2021 below and I have provided a summary of my preliminary observations for this account for the updated time period of April 1, 2021 through June 16, 2021.

- c. Bank of America Checking Account No. XXXX XXXX 7665 bank records in the name of Profit Connect (hereinafter “Profit Connect Checking 7665”) for the period of May 21, 2021 through May 31, 2021.
- d. Bank of America Checking Account No. XXXX XXXX 7678 bank records in the name of Profit connect (hereinafter “Profit Connect Checking 7678”) for the period May 21, 2021 through May 31, 2021.
- e. Bank of America Credit Card Account No. XXXXXXXXXXXXXXX2524 in the name of Profit Connect (hereinafter “Profit Connect Credit Card 2524”) for the period of June 9, 2020 through April 8, 2021.
- f. Bank of America produced to the SEC declarations of the custodian of records on April 22, 2021 and on June 21, 2021. A true and correct copy of those declarations is attached as Exhibit 1.
- g. A true and correct copy of the account opening documents, including the signature cards for Profit Connect Checking 8677, Profit Connect Savings 6622, Profit Connect Checking 7665, and Profit Connect Checking 7678 are attached as Exhibit 2.
- h. Based on my review of the account opening documents for Profit



1 Connect Checking 8677 and Profit Connect Savings 6622, I have  
2 determined that Joy Carson Kovar was the sole signatory for each  
3 of these accounts from the time the accounts were opened in May  
4 2018 until May 21, 2021. These account opening documents bear  
5 a handwritten signature of the name "Joy C. Kovar" and Ms.  
6 Kovar's title is listed as President, Secretary, Treasurer and  
7 Director. The date handwritten on these account opening  
8 documents is May 16, 2018. The account opening documents  
9 indicate that Joy Carson Kovar opened these accounts at the  
10 Warm Springs and Durango location of Bank of America in Las  
11 Vegas, Nevada. These account opening documents indicate that  
12 Joy Kovar tendered two forms of identification when opening  
13 these two Profit Connect bank accounts: a "US Driver License  
14 W/Photo" from Nevada with an expiration date of June 2019 and a  
15 "BOA ATM/Cked No Photo" with an expiration date of April  
16 2019.

- 17 i. On May 21, 2021, the signature cards were updated to include  
18 Brent C Kovar as an authorized signer for Profit Connect  
19 Checking 8677 and Profit Connect Savings 6622. The signature  
20 card includes handwritten signatures of the names "Joy Carson  
21 Kovar" and "Brent C Kovar". The title for Ms. Kovar is listed as  
22 CEO and the title for Mr. Kovar is listed as President. The date  
23 handwritten next to the signatures is May 21, 2021.
- 24 j. Based on my review of the records for Profit Connect Checking  
25 7665 and Profit Connect Checking 7678, I have determined that  
26 Joy Carson Kovar and Brent C Kovar are authorized signers on  
27 these accounts. The account opening documents bear handwritten  
28 signatures of the names "Joy C Kovar" and "Brent C Kovar". Ms.

Kovar's title is listed as CEO and Mr. Kovar's title is listed as President. The date handwritten on these account opening documents is May 21, 2021.

- k. Bank of America produced the application for Profit Connect Credit Card 2524. A true and correct copy of the application for Profit Connect Credit Card 2524 is attached as Exhibit 3.

**JPMorgan Chase Bank**

- l. JPMorgan Chase Bank Checking Account No. XXXXX9032 bank records in the name of Profit Connect (hereinafter "Chase Profit Connect Checking 9032") for the period of April 10, 2019 through May 28, 2021.
- m. JPMorgan Chase Bank Savings Account No. XXXXX8820 in the name of Profit Connect (hereinafter "Chase Profit Connect Savings 8820") for the period of April 10, 2019 through May 28, 2021.
- n. JPMorgan Chase Bank produced to the SEC a declaration of the custodian records. A true and correct copy of that declaration is attached as Exhibit 4.
- o. A true and correct copy of the account opening documents including signature cards for Chase Profit Connect Checking 9032 and Chase Profit Connect Savings 8820, are attached as Exhibit 5.
- p. Based my review of the account opening documents for Chase Profit Connect Checking 9032 and Chase Profit Connect Savings 8820, I have determined that Joy Kovar is the sole signatory for each of these accounts. The account opening documents bear a handwritten signature of the name "Joy Kovar" and Ms. Kovar's title is listed as President. The date handwritten on the signature cards is April 10, 2019.

1  
2 **Navy Federal Credit Union**

- 3 q. Navy Federal Credit Union Business Checking Account No.  
4 XXXXXX1215 bank records in the name of Profit Connect  
5 (hereinafter “NFCU Profit Connect Checking 1215”) for the  
6 period of April 29, 2019 through May 31, 2021.
- 7 r. Navy Federal Credit Union Business Savings Account No.  
8 XXXXXX3304 bank records in the name of Profit Connect  
9 (hereinafter “NFCU Profit Connect Savings 3304”) for the period  
10 of April 29, 2019 through May 31, 2021.
- 11 s. Navy Federal Credit Union produced to the SEC a certification of  
12 the custodian of records. A true and correct copy of that  
13 certification is attached as Exhibit 6.
- 14 t. A true and correct copy of the account opening documents  
15 including signature cards for these two Profit Connect accounts  
16 are attached as Exhibit 7.
- 17 u. Based on my review of the account opening documents for NFCU  
18 Profit Connect Checking 1215 and NFCU Profit Connect Savings  
19 3304, I have determined that Joy C. Kovar is the sole signatory for  
20 each of these accounts. These account opening documents bear a  
21 handwritten signature of the name “Joy C Kovar” and Ms.  
22 Kovar’s title is listed as CEO. The date handwritten in these  
23 account opening documents is April 25, 2019.

24 **My Review of Profit Connect Checking 8677**

25 9. Based on my review and analysis of Profit Connect Checking 8677  
26 financial records for the period May 2018 through April 12, 2021, which include  
27 monthly bank statements and underlying supporting documents, I have made the  
28 following observations and calculations:

- 1 a. From May 2018 through April 12, 2021, \$13,680,196.54 was  
2 deposited into Profit Connect Checking 8677.
- 3 b. Most of the funds deposited or transferred into Profit Connect  
4 Checking 8677 have come from individuals or contain names that  
5 refer to an individual retirement account (or “IRA”), a retirement  
6 trust, or family trust. In addition, many of the deposits refer to a  
7 WS number<sup>1</sup>, to the wealth builder program, to a super computer  
8 seat, to an investment, or to a savings plan.
- 9 c. In my analysis of the deposits, I have classified the deposits that  
10 refer to Wealth Builder, a WS number, a super computer seat, an  
11 investment, or a savings plan as presumed investor deposits<sup>2</sup>. In  
12 my review of the account transactions, I did not identify any  
13 transactions consistent with investing activities. I did not identify  
14 any transactions that appear to be returns or proceeds from  
15 investments. For example, I did not observe any incoming cash  
16 from investment/brokerage accounts that would result from  
17 profitable stock trades.
- 18 d. At least \$12,305,393 (approximately 90% of total deposits) of  
19 deposits came from those individuals or entities I have identified  
20 as presumed investors. Included in the above deposits are three  
21 deposits from presumed investors that totaled \$693,023 which  
22 contained a comment in the wire description that included “Attn  
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24 <sup>1</sup> The WS number appears to be a Wealth Services account or reference number. I  
25 reviewed the Profit Connect website located at [https://profitconnect-  
26 wealthservices.com/](https://profitconnect-wealthservices.com/). According to that website, the Wealth Builder accounts are  
27 offered through Wealth Services, a financial subsidiary of Profit Connect. As a  
28 result, I have treated deposits of funds with the notation “WS” as funds coming from  
presumed investors in Profit Connect.

<sup>2</sup> I am referring to the deposits described above as presumed investor deposits  
because, without access to company records at this time, such as investor files, I  
cannot confirm that these individuals are investors.

1           Brent". An additional \$1,051,567 (approximately 8% of total  
2           deposits) came from individuals and entities but did not include  
3           descriptions, comments, or memos related to the deposits. These  
4           deposits were generally in round dollar amounts. In my analysis  
5           of the deposits, I have classified these deposits as deposits from  
6           possible investors. Approximately \$323,236 (2% of total  
7           deposits) of deposits are not categorized because the reason for the  
8           deposit is unknown. For example, \$129,010 of this amount was  
9           received from PayPal and the payer and the reason for the  
10          payment is unknown at this time. A summary chart of deposits is  
11          attached hereto as Exhibit 8.

12          e.     Based on my analysis of the Profit Connect bank records, I have  
13          identified at least 277 individuals or retirement or trust accounts  
14          that have deposited money into Profit Connect Checking 8677  
15          with some reference to an investment or Profit Connect product  
16          and an additional 115 individuals/entities that did not include any  
17          references/memos on the deposit documentation. A majority of  
18          the funds received by Profit Connect were deposited in Profit  
19          Connect Checking 8677; however, in March 2021, there were  
20          deposits in Profit Connect Savings 6622 by 6 individuals that  
21          totaled \$39,148.04. Additional detail regarding these deposits is  
22          provided below in paragraph 10.

23          f.     Profit Connect Checking 8677 deposits have increased over time.  
24          From May 2018 to December 2019, Profit Connect Checking  
25          8677 had deposits of over \$1.1 million. From January 2020 to  
26          April 12, 2021, deposits totaled approximately \$12.5M  
27          (approximately 91% of total deposits). In March 2021, Profit  
28          Connect Checking 8677 deposits totaled \$1,841,227.31.

- g. The March 31, 2021 bank statement for Profit Connect Checking 8677 reports an ending account balance of \$2,143,399.27. On its website, Profit Connect includes statements that assure investors that their funds are protected because Profit Connects’ “financial reserves are significantly higher than all of its Seat purchaser’s deposits combined” and “Profit Connect Wealth Builder APR, Deposits and Money Back Guarantee are protected by Profit Connects substantial financial reserves that it maintains to ensure that all of its Seat purchaser’s deposits are secure at all times.” Profit Connects’ bank records do not support those statements. Deposits that have been identified as presumed investor deposits are approximately \$12.3M. The Profit Connect balance as of March 31, 2021 represents less than 20% of total presumed investor deposits.
- h. From May 2018 through April 12, 2021, \$11,912,006.62 was disbursed from Profit Connect Checking 8677. My review and analysis of the account transactions did not identify any disbursements from this account that are consistent with making investments of the type Profit Connect describes on its website. I did not identify any transfers of funds to investment or brokerage accounts. Disbursements during this time frame were primarily to individuals who were promoting Profit Connect, to individuals associated with Profit Connect, to pay credit cards, to individuals identified as presumed investors, and for photography, apparel, and a charity. Below is a high level summary of the use of funds from Profit Connect checking 8677 from May 2018 through April 12, 2021:
- (i) \$3,094,306.53 (approximately 26%) was disbursed as

1 payments to individuals believed to be promoters of Profit  
2 Connect. Payments to individuals categorized as promoters  
3 have been identified as such as a result of identifying  
4 certain individuals promoting Profit Connect and/or the  
5 Wealth Builder accounts on social media and disbursements  
6 that refer to an AA number<sup>3</sup> in the comments/memo. For  
7 example, disbursements of \$573,995.26 went from Profit  
8 Connect Checking 8677 to an individual who is promoting  
9 Profit Connect and the Wealth Builder accounts on social  
10 media.

- 11 (ii) \$2,570,593.07 (approximately 22% of total disbursements)  
12 was disbursed to or on behalf of individuals associated with  
13 Profit Connect, including individuals who have been issued  
14 credit cards in the name of Profit Connect. Of those  
15 disbursements, \$1,458,898.33 was paid to Joy Kovar. Ms.  
16 Kovar received these payments by online transfers and by  
17 wire transfers. For example, online transfers that totaled  
18 \$1,048,898.33 were transferred to an account identified as  
19 “Kovar”. An additional \$410,000 was sent by wire transfer  
20 to Dr. Joy Kovar ITF. Each wire transfer identifies Dr. Joy  
21 Kovar ITF in the Credit ID Name data field and the name  
22 Brent Kovar in the Credit Name data field. The transfers  
23 and wires described above were deposited in the same bank  
24 account in which Joy Kovar is the account holder, which is  
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26 <sup>3</sup> The reference to an AA number appears to refer to Profit Connect Agents and  
27 Affiliates. I reviewed another website related to Profit Connect, located at  
28 <https://profitconnect-agent.com/>. This website appears to be for Agents and Affiliates  
of Profit Connect. That website indicates that Agents and Affiliates are paid referral  
fees. This Profit Connect website includes a section for Agents and Affiliates which  
provides details about referral fees for Agents and Affiliates.

1 why these payments are included in the total funds received  
2 by Joy Kovar.

3 (iii) In total, Joy Kovar received directly or benefited from  
4 disbursements that total \$1,679,505.79 (approximately 13%  
5 of total disbursements). A breakdown of the disbursements  
6 that Joy Kovar benefited from are as follows:

7 1. Direct payments - \$1,458,898.33 (as described  
8 above)

9 2. Profit Connect Credit Card 2524 charges - \$116,025  
10 (these charges are included in the charges below)

11 3. Cash withdrawals - \$72,000

12 4. Payments for an automobile - \$32,582.46

13 (iv) \$1,662,454.60 (approximately 14%) disbursed was for  
14 credit card payments, including \$678,678.35 that was used  
15 to pay the credit card charges for Profit Connect Credit  
16 Card 2524 that is further described in paragraphs 21 and 22  
17 of this declaration. The remaining funds were used to pay  
18 credit cards issued by Capital One, Chase, Synchrony Bank,  
19 Citibank, and Wells Fargo.

20 (v) \$629,729 (approximately 5%) disbursed was for payments  
21 to presumed investors. As noted above, approximately 90%  
22 of deposits were from individuals identified as presumed  
23 investors. An additional 8% of deposits were from  
24 individuals/entities that are possible investors. There is  
25 currently not sufficient information to determine what these  
26 deposits relate to but they do not appear to be proceeds  
27 from investments.

28 (vi) The primary source of cash was deposits from presumed



1 investors and deposits from other individuals/entities that  
2 are possible investors. As a result, it appears that payments  
3 to presumed investors were made using the deposits from  
4 other presumed investors or possible investors in a Ponzi  
5 like fashion. For example, a payment was made to a  
6 presumed investor on July 15, 2019 in the amount of  
7 \$86,760. At the time of the payment, the only source of  
8 funds available in the account were presumed investor  
9 funds.

10 (vii) Over \$440,000 (4%) disbursed was for the purchase of and  
11 improvements to a single family residence purchased in the  
12 name of Profit Connect. My office obtained property  
13 records from Clark County, Nevada, which are attached  
14 hereto as Exhibit 9. These property records identify Brent  
15 Kovar as the signer for the Buyer (Grantee). These  
16 property records also include an escrow number related to  
17 the transaction which matches an escrow number reference  
18 from a wire transfer out of Profit Connect Checking 8677  
19 on January 26, 2021.

20 (viii) Over \$250,000 (2%) disbursed was for photography,  
21 apparel and a charity related to B. Kovar. It is unclear  
22 whether these disbursements were business related.

23 (ix) \$3,260,473 (approximately 27%) disbursed have not been  
24 categorized because the records obtained do not include  
25 sufficient information related to these transactions to make  
26 a determination of what the payments relate to. For  
27 example, \$1,251,858 was paid to a company that appears to  
28 provide HVAC and plumbing services but it is unclear what

1                   these payments relate to.

2           (x)    A summary chart of disbursements is attached hereto as  
3                   Exhibit 10.

4           i.    Based on my review of Profit Connect Checking 8677, I also  
5                   identified over 15 cash withdrawal slips which were signed with  
6                   the name Joy C. Kovar. For example, on March 14, 2020 and on  
7                   June 12, 2020, cash withdrawals of \$100,000 each (for a total of  
8                   \$200,000) were made from Profit Connect Checking 8677 account  
9                   to purchase cashier's checks in the amount of \$100,000 each; the  
10                  withdrawal slips for these transactions were signed with the name  
11                  Joy C. Kovar. The withdrawal slips described above are attached  
12                  as Exhibit 11. These two cashier's checks were made out to an  
13                  entity that appears to provide HVAC and plumbing services with  
14                  the notation "Profit Connect – Construction."

15          j.    I observed a pattern of activity in Profit Connect 8677 that began  
16                   as soon as deposits were received in this account around October  
17                   2018, which included the receipt of cash and shortly after the  
18                   deposit were cash withdrawals, transfers to individuals associated  
19                   with Profit Connect, transfers to individuals believed to be  
20                   promoting Profit Connect, and payment of credit cards. As time  
21                   goes on, there are fewer cash withdrawals and an increase in  
22                   transfers to individuals and credit card payments. For example,  
23                   in June 2019, at least two wire transfers to Profit Connect  
24                   Checking 8677 totaling \$433,800 referred to the purchase of a  
25                   super computer seat, which is described on the Profit Connect  
26                   website that I reviewed. After these funds were received from a  
27                   presumed investor, there were numerous transfers to individuals  
28                   and cash withdrawals. The individuals receiving the funds are

1 believed to be associated with Profit connect as an insider or a  
2 promoter. In addition, there were payments to individuals  
3 presumed to be investors in a Ponzi like fashion. At the time of  
4 this payments to the presumed investors, the only source of cash  
5 available to make the payment was cash from presumed investors.  
6 A large amount of cash was transferred to individuals believed to  
7 be promoters.

8 10. As set forth above, updated bank records for Profit Connect Checking  
9 8677 were recently provided for the period April and May 2021. These  
10 updated records included the updated balance for each of the four Profit  
11 Connect bank accounts at Bank of America as of May 31, 2021, which  
12 totaled \$3,504,541.38. Based on a preliminary review of the recently  
13 produced records for the April and May 2021 time period, I have made  
14 the following observations and calculations:

- 15 a. Total deposits in April and May 2021 were \$6,148,643.46,  
16 \$1,413,605.73 was deposited in April 2021 and \$4,735,037.73  
17 was deposited in May 2021. Based on review of the bank  
18 statements and wire data, electronic deposits from presumed  
19 investors was at least \$3,382,305 for the period. This does not  
20 include deposits by check because the underlying supporting  
21 records have not yet been review and analyzed. As a result, the  
22 amount of deposits from presumed investors is likely higher than  
23 the amount noted above.
- 24 b. Disbursements in April and May 2021 were \$5,013,642.51.  
25 \$2,093,287.55 was disbursed in April 2021 and \$2,920,363.96  
26 was disbursed in May 2021. Disbursements during the period  
27 include payments to Joy Kovar of at least \$1,199,000, payments to  
28 credit cards of at least \$503,338, payments to a retailer that sells

1 sports motor vehicles including motorcycles of at least \$213,573  
2 and payments for payroll of at least \$180,000.

3 c. The most recent bank records reveal increasing disbursements to  
4 Joy Kovar. From October 2018 through April 8, 2021, transfers to  
5 Ms. Kovar totaled \$1,458,898.33, as noted above in paragraph  
6 9.h.(ii). The updated bank records reflect wires to Joy Kovar from  
7 April 15, 2021 through June 9, 2021 that total \$1,324,000. Wire  
8 transfers to Ms. Kovar have become recurring, and have increased  
9 in amount as follows:

10 (i) From October 2018 through April 8, 2021, of the total  
11 transfers of \$1,458,898.33, \$410,000 was by wire transfer.  
12 During this time, seven wire transfers that averaged  
13 approximately \$58,000 were sent to Ms. Kovar.

14 (ii) On April 15, 2021, a wire transfer in the amount of  
15 \$124,000 was paid to Ms. Kovar.

16 (iii) From April 21, 2021 through June 9, 2021, there are 10  
17 recurring transfers within a week of each other in the  
18 amount of \$120,000, which totals \$1,200,000.

19 (iv) From October 2018 through June 9, 2021, Ms. Kovar has  
20 received transfers to her personal account of at least  
21 \$2,782,898.33.

22 d. The ending balance as of May 31, 2021 was \$3,278,391.22.

23 **My Review of Profit Connect Savings 6622**

24 11. Based on my review and analysis of Profit Connect Savings 6622  
25 financial records, which include monthly bank statements and underlying supporting  
26 documents, I have made the following observations and calculations:

27 a. From May 2018 through March 2021, \$42,002.30 was deposited  
28 into Profit Connect Savings 6622. There were no disbursements

made from this account. Outside of very small monthly interest deposits from Bank of America, there was minimal activity in this account until 2021. In March 2021, six (6) deposits totaling \$39,148.04 were received. This represents 93% of the \$42,002.30 deposited in the account. Five (5) of the deposits are from individuals and one (1) deposit is from an LLC. All of the deposits in March 2021 include a WS# in the memo line, which appears to refer to an account number. The deposits appear to relate to presumed investors. In my review and analysis, I did not identify any deposits consistent with any returns or proceeds from investments.

b. The Profit Connect Savings 6622 account received online transfers from Profit Connect Checking 8677 which total \$701.63.

c. As of March 31, 2021, the balance in the Profit Connect Savings 6622 was \$42,002.30

12. As set forth above, updated bank records for Profit Connect Savings 6622 were produced for the period April and May 2021. Although a full analysis of those records has not been completed, I have made the following observations and calculations based on my preliminary review of the records for April and May 2021:

a. Total deposits for April and May 2021 were \$973,810.87. \$73,049.51 was deposited in April 2021 and \$900,761.36 was deposited in May 2021. Of the \$900,761.36 that was deposited in May 2021, \$751,710.20 was transferred in from Profit Connect Checking 8677.

b. Total disbursements for April and May 2021 were \$795,812. There were no disbursements in April 2021 and \$795,812 in May 2021. Disbursements in May 2021 were as follows. Two online

transfers to Profit Connect Checking 8677 that total \$695,800, \$100,000 was a return item chargeback, and \$12 was a deduction for bank fees.

c. The net activity between Profit Connect Savings 6622 and Profit Connect Checking 8677 results in transfers in to Profit Connect Savings 6622 in the amount of \$55,910.20.

d. The ending balance as of May 31, 2021 was \$220,001.16

#### **My Review of Profit Connect Checking 7665**

13. Profit Connect Checking 7665 received \$14,149 in deposits which includes a \$2,000 transfer in from Profit Connect Checking 8677 on May 21, 2021. A \$10,000 deduction described as a correction was made. There were no disbursements from this account.

14. As of May 31, 2021, the balance in Profit Connect Checking 7665 was \$4,149.

#### **My Review of Profit Connect Checking 7678**

15. Profit Connect Checking 7678 received a transfer from Profit Connect Checking 8677 in the amount of \$2,000 on May 21, 2021. There were no other transactions in this account.

16. As of May 31, 2021, the balance in Profit Connect Checking 7678 was \$2,000.

#### **My Review of the Profit Connect accounts at JPMorgan Chase**

17. Chase Profit Connect Checking 9032 never had a balance of more than \$250 from April 10, 2019 through May 28, 2021. In fact, other than the initial \$250 deposit upon opening the account and charges for monthly bank fees, there were no transactions in this account.

18. Chase Profit Connect Savings 8820 never had a balance of more than \$250 from April 10, 2019 through May 28, 2021. Other than the initial \$250 deposit upon opening the account, there were no transactions in this account.

1           **My Review of the Profit Connect accounts at Navy Federal Credit Union**

2           19.   NFCU Profit Connect Checking 1215 never had a balance from April  
3 29, 2019 through May 31, 2021. In fact, there were no transactions in this account.

4           20.   NFCU Profit Connect Savings 3304 never had a balance of more than  
5 \$251.25 from April 29, 2019 through May 31, 2021. Other than the initial \$250  
6 deposit upon opening the account and interest earned on that deposit, there were no  
7 transactions in this account.

8                           **My Review of the Profit Connect Credit Card**

9           21.   I also reviewed the records relating to Profit Connect Credit Card 2524  
10 issued to Profit Connect in connection with the Profit Connect bank accounts. Joy  
11 Carson Kovar is the only person listed on the Bank of America credit card application  
12 for Profit Connect. Based on my review of the Profit Connect Credit Card 2524  
13 monthly statements, from June 9, 2000 through April 8, 2021, net charges of  
14 \$494,071 were incurred. From January 2020 to April 8, 2021, Profit Connect Credit  
15 Card 2524 was paid \$678,678.35 from Profit Connect Checking 8677. There are  
16 seven authorized users for Profit Connect Credit Card 2524 and my review indicates  
17 that each of the authorized users were assigned their own Profit Connect credit card  
18 with a unique number:

- 19           a.   Joy Kovar, account ended 5730;  
20           b.   Brent Kovar, PHD, account ended 6237;  
21           c.   Profit Connect associate 3, account ended 6482;  
22           d.   Profit Connect associate 4, account ended 2183;  
23           e.   Profit Connect associate 5, account ended 9376;  
24           f.   Profit Connect associate 6, account ended 0347; and  
25           g.   Profit Connect associate 7, account ended 4893

26           22.   Based on my analysis of the Bank of America credit card issued to Profit  
27 Connect, the card assigned to Brent Kovar, PHD incurred the highest charges. The  
28 card assigned to Brent Kovar, PHD had a total of \$375,070.86 (\$352,925.17 net)

1 charged to it from June 9, 2020 through April 8, 2021. The Profit Connect Credit  
2 Card statement ending April 8, 2021 showed charges of \$80,588.58 (\$80,399.89 net)  
3 incurred that month alone by the card assigned to Brent Kovar, PHD due largely to  
4 charges from restaurants, grocery stores, Amazon and Costco. For example, the  
5 Profit Connect credit card assigned to Brent Kovar, PHD incurred charges of  
6 \$16,906.44 and \$6,665.03 from Costco on April 2, 2021. The card assigned to Joy  
7 Kovar had charges of \$116,070.32 (\$116,025.91 net) incurred from June 9, 2020  
8 through April 8, 2021; a large number of these charges were from Amazon.

9 23. Based on my review and analysis of the financial records of Profit  
10 Connect, I observed that a portion of Profit Connect payments to individuals appear  
11 to have been made by using funds from other individuals. As noted above,  
12 approximately 90% of deposits were deposits from presumed investors, which was  
13 the primary source of funds for Profit Connect Checking 8677. An additional 8% of  
14 deposits were from individuals/entities for which there is currently not sufficient  
15 information to determine the reason for the payment but they do not appear to be  
16 related to investment proceeds. My review and analysis of the Profit Connect  
17 banking transactions did not identify any deposits in Profit Connect Checking 8677  
18 that were consistent with proceeds from investments. Some recent examples of the  
19 flow of funds in Profit Connect Checking 8677 were as follows:

20 a. A high level summary of the activity in March 2021 is as follows.  
21 Profit Connect Checking 8677 received \$1,841,227.31 in deposits.  
22 \$1,745,269.66 (94.7% of total deposits) of the deposits were from  
23 presumed investors. \$90,648 (4.9% of total deposits) of the  
24 deposits were from other individuals/entities. Disbursements were  
25 as follows:

26 (i) \$568,637 (approximately 46% of total disbursements) was  
27 paid to individuals associated with Profit Connect;  
28 \$519,400 of that amount was paid to Joy Kovar.



1 (ii) \$172,340 (approximately 14% of total disbursements) was  
2 paid on credit cards.

3 (iii) \$67,657 (approximately 5% of total disbursements) was  
4 paid to presumed investors.

5 (iv) \$54,340 (approximately 4% of total disbursements) was  
6 paid to promoters.

7 b. An example of transactions after a deposit from a presumed  
8 investor on March 9, 2021 is as follows. On March 9, 2021, a  
9 wire in the amount of \$193,000 is received with a reference to  
10 "Super Computer Seat time". Bank records do not include any  
11 disbursements or transfers that relate to investing activities from  
12 the date of this deposit through March 31, 2021. Disbursements  
13 after the receipt of the \$193,000 wire through the end of the month  
14 include the following:

15 (i) \$458,000 was transferred directly to Joy Kovar

16 (ii) \$200,000 was paid to an entity that provides  
17 HVAC/plumbing services

18 (iii) \$134,237 was used to pay credit cards

19 (iv) \$44,400 was paid to other individuals

20 (v) \$42,240 was paid to individuals believed to be promoters

21 (vi) \$24,333 was paid to individuals associated with Profit  
22 Connect.

23 (vii) \$10,000 was paid for legal services

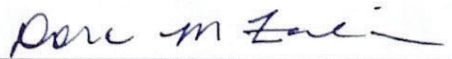
24 (viii) \$2,649 was paid to individuals identified as presumed  
25 investors.

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

Executed this 8th day of July 2021 in Chino Hills, California.

  
Dora M. Zaldivar

# Exhibit 1

Bank of America Legal Order Processing  
Regarding reference number: D041521000124  
Court case number: LA 5220  
Court or issuer: US SEC  
Court case name: PROFIT CONNECT

DECLARATION OF BANK OF AMERICA BANK OFFICER AND/OR CUSTODIAN OF RECORDS

1.) Authority. I, **Bonnie Angelini**, am a duly authorized bank officer and/or custodian of the records of Bank of America N.A with authority to execute this declaration and certify to the authenticity and accuracy of the records produced with this declaration.

2.) Records. The records produced herewith by Bank of America, N.A. are original documents or are true copies of records of a regularly conducted banking activity that:

- a.) Were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters;
- b.) Were made and kept in the course of regularly conducted banking activity by Bank of America, N.A. personnel or by persons acting under their control; and
- c.) Were made and kept by the regularly conducted activity of Bank of America N.A. as a regular practice, on or about the time of the act, condition, or event recorded.

Additional Comments:

Account title:	Account number ending in:	Document type:	Timeframe:
JOY KOVAR PROFIT CONNECT	5730	Statement Pages	06/2020 - 03/2021
PROFIT CONNECT	2524	Statement Pages, Application	06/2020 - 04/2021
DONALD EDWARD SABISCH PROFIT CONNECT	6482	Statement Pages	09/2020 - 04/2021
PROFIT CONNECT	6622	Statement Pages, Signature Card, Business Resolution, Deposits, Offsets, Wires	05/2018 - 03/2021
RAMONA MAGDALENA URIARTE PROFIT CONNECT	2183	Statement Pages	12/2020 - 04/2021
MICHAEL ROBINSON PROFIT CONNECT	0347	Statement Pages	11/2020 - 04/2021
PROFIT CONNECT	8677	Checks, Statement Pages, Signature Card, Business Resolution, Deposits, Offsets, Withdrawal Slips, Cashier Checks, Wires	05/2018 - 04/2021
MARK WILDES PROFIT CONNECT	9376	Statement Pages	08/2020 - 04/2021

including IP Addresses

xx The records produced herewith (together with any banking records produced by Bank of America N.A. previously in response to the subject request, order, or subpoena) constitute a complete production of bank records responsive to the subject request order or subpoena (or a complete production under the terms of a subject request, order, subpoena as subsequently limited by the issuer).

OR

A thorough search has been conducted and no records could be located that are responsive to the subject request, order, or subpoena.

4.) I declare under penalty of perjury that the foregoing is true and correct.

**Bonnie Angelini** Digitally signed by Bonnie Angelini  
Date: 2021.04.23 13:52:17 -04'00'

Date: 04/23/2021 Signature: \_\_\_\_\_

Bank of America Legal Order Processing  
Regarding reference number: D061821000077  
Court case number: LA-5220  
Court or issuer: U.S. SECURITIES AND  
EXCHANGE COMMISSION  
Court case name: PROFIT CONNECT

DECLARATION OF BANK OF AMERICA BANK OFFICER AND/OR CUSTODIAN OF RECORDS

- 1.) Authority. I, Ma Penny Alafriz, am a duly authorized bank officer and/or custodian of the records of Bank of America N.A with authority to execute this declaration and certify to the authenticity and accuracy of the records produced with this declaration.
- 2.) Records. The records produced herewith by Bank of America, N.A. are original documents or are true copies of records of a regularly conducted banking activity that:
- a.) Were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters;
  - b.) Were made and kept in the course of regularly conducted banking activity by Bank of America, N.A. personnel or by persons acting under their control; and
  - c.) Were made and kept by the regularly conducted activity of Bank of America N.A. as a regular practice, on or about the time of the act, condition, or event recorded.

**Additional Comments:**

Account title:	Account number ending in:	Document type:	Timeframe:
PROFIT CONNECT	6622	Statements	05/2021
PROFIT CONNECT	8677	Statements	05/2021
PROFIT CONNECT	7665	Statements	05/2021
PROFIT CONNECT	7678	Statements	05/2021

3.) Production.

X The records produced herewith (together with any banking records produced by Bank of America N.A. previously in response to the subject request, order, or subpoena) constitute a complete production of bank records responsive to the subject request order or subpoena (or a complete production under the terms of a subject request, order, subpoena as subsequently limited by the issuer).

OR

\_\_\_\_\_ A thorough search has been conducted and no records could be located that are responsive to the subject request, order, or subpoena.

- 4.) I declare under penalty of perjury that the foregoing is true and correct.

Date: 06/21/2021 Signature: Ma Penny Alafriz

Digitally signed by Ma Penny Alafriz  
Date: 2021.06.21 13:08:14 -04'00'

# Exhibit 2





**Bank of America**  
BANK OF AMERICA, N.A. (THE "BANK")

**Business Signature Card  
with Substitute Form W-9**

Account Number: XXXXXXXXXX 6622

Bank Number: 336

Account Type: ☐ Checking (DDA) ☒ Savings (SAV) ☐ Certificate of Deposit (CD)

Account Title:  
PROFIT CONNECT

**Legal Designation:**

- ☐ Individual/Sole Proprietor ☐ Trust/Estate ☐ Unincorporated Association ☒ C Corporation ☐ S Corporation  
☐ Partnership (Enter the type of partnership: General, LP, LLP or LLLP) \_\_\_\_\_  
☐ Limited Liability Company (Enter tax classification: C-C Corporation, S-S Corporation, P-Partnership or M-Single Member Sole Proprietor) \_\_\_\_\_  
☐ Other (Defined in W-9 instructions) \_\_\_\_\_

Social Security Number \_\_\_\_\_ (or) Employer Identification Number 82-5528514

By signing below, I/we acknowledge and agree that this account is and will be governed by the terms and conditions set forth in the account opening documents for my/our account, as they are amended from time to time. The account opening documents include the Deposit Agreement and Disclosures and the Business Schedule of Fees. Furthermore, I/we acknowledge the receipt of these documents. By signing below, I/we acknowledge and agree that the signature(s) will serve as verification for any transactions in connection with this account, and as the certification (set forth below) of the taxpayer identification number (TIN) to which I/we want interest reported. The Deposit Agreement includes a provision for alternative dispute resolution.

☐ Nonresident Alien Status (if applicable) If the beneficial owner of this account is a foreign person, check here, and complete and sign the applicable Form(s) W-8.

**Substitute Form W-9.** Certification - Under penalties of perjury, I certify that: (1) The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me), 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 US citizen or other US person (Defined in the W-9 instructions) and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification Instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. (Please refer to the IRS instructions for Form W-9).

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

Exemptions (codes apply only to certain entities, not individuals; see instructions the IRS instructions for Form W-9):

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

	Name (typed or printed)	Title (if applicable)	Signature	Date
1	JOY CARSON KOVAR	Pres Sec Treas Dir		5/16/18
2				
3				
4				
5				

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Account Number: [REDACTED] 6622☐ Signature Card Addendum on File

## ATM/Deposit/Debit Card Request

Provided that the account referenced above is eligible to receive automated teller machine cards and/or Debit Cards, I (as authorized by the resolutions and/or court documents and/or other agreements which authorize this account) hereby request the issuance of such cards to any of the authorized signers on this account.

JOY CARSON KOVAR  
Authorized Signer

PAES/sec/dm/trans  
Title

## Review Information

## Customer 1:

Name JOY CARSON KOVAR

ID Type: US Driver License W/Photo ID#: [REDACTED] ID Issuer: Nevada Iss. Date: 07/2015 Exp. Date: 06/2019  
ID Type: BOA ATM/Cked No Photo ID#: 2772 ID Issuer: NA Iss. Date: N/A Exp. Date: 04/2019

## Customer 2:

Name \_\_\_\_\_  
ID Type: \_\_\_\_\_ ID#: \_\_\_\_\_ ID Issuer: \_\_\_\_\_ Iss. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
ID Type: \_\_\_\_\_ ID#: \_\_\_\_\_ ID Issuer: \_\_\_\_\_ Iss. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

## Customer 3:

Name \_\_\_\_\_  
ID Type: \_\_\_\_\_ ID#: \_\_\_\_\_ ID Issuer: \_\_\_\_\_ Iss. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
ID Type: \_\_\_\_\_ ID#: \_\_\_\_\_ ID Issuer: \_\_\_\_\_ Iss. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

## Customer 4:

Name \_\_\_\_\_  
ID Type: \_\_\_\_\_ ID#: \_\_\_\_\_ ID Issuer: \_\_\_\_\_ Iss. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
ID Type: \_\_\_\_\_ ID#: \_\_\_\_\_ ID Issuer: \_\_\_\_\_ Iss. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

## Customer 5:

Name \_\_\_\_\_  
ID Type: \_\_\_\_\_ ID#: \_\_\_\_\_ ID Issuer: \_\_\_\_\_ Iss. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
ID Type: \_\_\_\_\_ ID#: \_\_\_\_\_ ID Issuer: \_\_\_\_\_ Iss. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

## Bank Information

Date 05/16/2018  
Financial Center Name WARM SPRINGS AND DURANGO  
Employee's Name Justin Costa  
Employee's Phone Number 702-614-3208

NNV  
00-14-9297M 11-2016



Page 2 of 2



**BANK OF AMERICA**  
BANK OF AMERICA, N.A. (THE "BANK")  
Account Number: 6622

**Business Signature Card  
with Substitute Form W-9**

Add Signer

Account Type: ☐ Checking ☒ Savings ☐ Certificate of Deposit

Account Title: PROFIT CONNECT

Legal Designation	<input type="checkbox"/> Individual Owner/Sole Proprietor/Single Member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Trust/Estate		
	<input type="checkbox"/> Partnership (Enter type of partnership): General, LP, LLP or LLLP _____		
	<input type="checkbox"/> Limited Liability Company (Enter tax classification: C=C Corporation, S=S Corporation, P=Partnership) _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>		
	<input type="checkbox"/> Other (Defined in W-9 instructions) _____		
Exemptions (codes apply only to certain entities, not individuals; see IRS instructions for Form W-9) <small>(Applies to accounts maintained outside the U.S.)</small>		Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____	
Employer Identification Number <u>82-5528514</u>		(or) Social Security Number _____	

**By signing below, I/we acknowledge, agree and consent:**

- To open this account and understand this does not change or replace any existing accounts I/we may have with Bank of America.
- This account is and will be governed by the terms and conditions set forth in the account opening documents, including the Deposit Agreement and Disclosures and the Business Schedule of Fees and I/we are in receipt of these documents.
- The Bank may change these documents at any time by adding new terms, or deleting or amending existing terms. The Deposit Agreement includes a provision for alternative dispute resolution.
- The signature(s) will serve as verification for any transaction in connection with this account, and as the certification (set forth below) of the taxpayer identification number (TIN) to which I/we want interest reported.
- Failure to fully complete and return the signature card may impact the ability to receive full FDIC deposit insurance coverage.

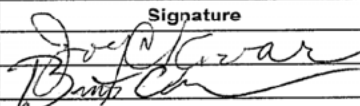
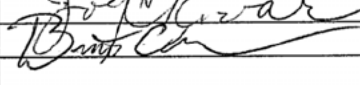
☐ **Nonresident Alien (NRA) Status:** Check this box if the account holder of this account is a non U.S. entity/person (NRA) for U.S. tax purposes. Have them complete and sign the applicable Form(s) W-8.

**Substitute Form W-9: Certification – Under penalties of perjury, I certify that:**

- The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 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
- I am a U.S. citizen or other U.S. person (Defined in the W-9 instructions); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification Instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. (Please refer to the IRS instructions for Form W-9).

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

Printed Name	Title (if applicable)	Signature	Date
JOY CARSON KOVAR	CEO		5-21-21
BRENT C KOVAR	President		5-21-21

00-14-9297M 11-2018

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Associate Name: Austad, Christopher J

Financial Center: WARM SPRINGS AND DURANGO

Bank Number: 336

Date: 05/21/2021



**BANK OF AMERICA**  
BANK OF AMERICA, N.A. (THE "BANK")  
Account Number: XXXXXXXXXX 8677

**Business Signature Card  
with Substitute Form W-9**

*Add Signer*

Account Type: ☒ Checking ☐ Savings ☐ Certificate of Deposit

Account Title: PROFIT CONNECT

Legal Designation	<input type="checkbox"/> Individual Owner/Sole Proprietor/Single Member LLC	<input checked="" type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Trust/Estate
	<input type="checkbox"/> Partnership (Enter type of partnership): General, LP, LLP or LLLP _____			
	<input type="checkbox"/> Limited Liability Company (Enter tax classification: C=C Corporation, S=S Corporation, P=Partnership) _____			
	<p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p>			
	<input type="checkbox"/> Other (Defined in W-9 instructions) _____			
	Exemptions (codes apply only to certain entities, not individuals; see IRS instructions for Form W-9)		Exempt payee code (if any) _____	
	(Applies to accounts maintained outside the U.S.)		Exemption from FATCA reporting code (if any) _____	
	Employer Identification Number 82-5528514		(or) Social Security Number _____	

**By signing below, I/we acknowledge, agree and consent:**

- To open this account and understand this does not change or replace any existing accounts I/we may have with Bank of America.
- This account is and will be governed by the terms and conditions set forth in the account opening documents, including the Deposit Agreement and Disclosures and the Business Schedule of Fees and I/we are in receipt of these documents.
- The Bank may change these documents at any time by adding new terms, or deleting or amending existing terms. The Deposit Agreement includes a provision for alternative dispute resolution.
- The signature(s) will serve as verification for any transaction in connection with this account, and as the certification (set forth below) of the taxpayer identification number (TIN) to which I/we want interest reported.
- Failure to fully complete and return the signature card may impact the ability to receive full FDIC deposit insurance coverage.

☐ **Nonresident Alien (NRA) Status:** Check this box if the account holder of this account is a non U.S. entity/person (NRA) for U.S. tax purposes. Have them complete and sign the applicable Form(s) W-8.

**Substitute Form W-9: Certification – Under penalties of perjury, I certify that:**

- The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 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
- I am a U.S. citizen or other U.S. person (Defined in the W-9 instructions); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification Instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. (Please refer to the IRS instructions for Form W-9).

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

Printed Name	Title (if applicable)	Signature	Date
JOY CARSON KOVAR	CEO	<i>Joy Carson Kovar</i>	5-21-21
BRENT C KOVAR	President	<i>Brent C Kovar</i>	5-21-21

00-14-9297M 11-2018

NNV

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Associate Name: Austad, Christopher J

Financial Center: WARM SPRINGS AND DURANGO

Bank Number: 336

Date: 05/21/2021







**Bank of America**  
BANK OF AMERICA, N.A. (THE "BANK")

**Business Signature Card  
with Substitute Form W-9**

Account Number:                     8677                    

Bank Number: 336

Account Type: ☒ Checking (DDA) ☐ Savings (SAV) ☐ Certificate of Deposit (CD)

Account Title:  
PROFIT CONNECT

**Legal Designation:**

- ☐ Individual/Sole Proprietor ☐ Trust/Estate ☐ Unincorporated Association ☒ C Corporation ☐ S Corporation
- ☐ Partnership (Enter the type of partnership: General, LP, LLP or LLLP) \_\_\_\_\_
- ☐ Limited Liability Company (Enter tax classification: C=C Corporation, S=S Corporation, P=Partnership or M=Single Member Sole Proprietor) \_\_\_\_\_
- ☐ Other (Defined in W-9 instructions) \_\_\_\_\_

Social Security Number \_\_\_\_\_ (or) Employer Identification Number 82-5528514

By signing below, I/we acknowledge and agree that this account is and will be governed by the terms and conditions set forth in the account opening documents for my/our account, as they are amended from time to time. The account opening documents include the Deposit Agreement and Disclosures and the Business Schedule of Fees. Furthermore, I/we acknowledge the receipt of these documents. By signing below, I/we acknowledge and agree that the signature(s) will serve as verification for any transactions in connection with this account, and as the certification (set forth below) of the taxpayer identification number (TIN) to which I/we want interest reported. The Deposit Agreement includes a provision for alternative dispute resolution.

☐ Nonresident Alien Status (if applicable) If the beneficial owner of this account is a foreign person, check here, and complete and sign the applicable Form(s) W-8.

**Substitute Form W-9. Certification -** Under penalties of perjury, I certify that: (1) The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me), 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 US citizen or other US person (Defined in the W-9 instructions) and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

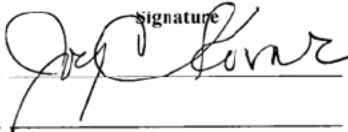
**Certification Instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. (Please refer to the IRS instructions for Form W-9).

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

Exemptions (codes apply only to certain entities, not individuals; see instructions the IRS instructions for Form W-9):

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

Name (typed or printed)	Title (if applicable)	Signature	Date
1 JOY CARSON KOVAR	Pres Sec Treas Dir		5/16/18
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____

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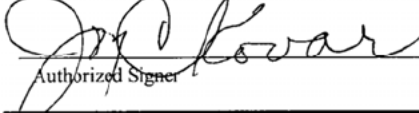


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Account Number: XXXXXXXXXX 8677☐ Signature Card Addendum on File

## ATM/Deposit/Debit Card Request

Provided that the account referenced above is eligible to receive automated teller machine cards and/or Debit Cards, I (as authorized by the resolutions and/or court documents and/or other agreements which authorize this account) hereby request the issuance of such cards to any of the authorized signers on this account.

  
Authorized Signer

asst/sec/own/tnas  
Title

## Review Information

## Customer 1:

Name JOY CARSON KOVAR

ID Type: US Driver License W/Photo ID#: XXXXXXXXXX ID Issuer: Nevada Iss. Date: 07/2015 Exp. Date: 06/2019

ID Type: BOA ATM/Cked No Photo ID#: 2772 ID Issuer: NA Iss. Date: N/A Exp. Date: 04/2019

## Customer 2:

Name \_\_\_\_\_

ID Type: \_\_\_\_\_ ID#: \_\_\_\_\_ ID Issuer: \_\_\_\_\_ Iss. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

ID Type: \_\_\_\_\_ ID#: \_\_\_\_\_ ID Issuer: \_\_\_\_\_ Iss. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

## Customer 3:

Name \_\_\_\_\_

ID Type: \_\_\_\_\_ ID#: \_\_\_\_\_ ID Issuer: \_\_\_\_\_ Iss. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

ID Type: \_\_\_\_\_ ID#: \_\_\_\_\_ ID Issuer: \_\_\_\_\_ Iss. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

## Customer 4:

Name \_\_\_\_\_

ID Type: \_\_\_\_\_ ID#: \_\_\_\_\_ ID Issuer: \_\_\_\_\_ Iss. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

ID Type: \_\_\_\_\_ ID#: \_\_\_\_\_ ID Issuer: \_\_\_\_\_ Iss. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

## Customer 5:

Name \_\_\_\_\_

ID Type: \_\_\_\_\_ ID#: \_\_\_\_\_ ID Issuer: \_\_\_\_\_ Iss. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

ID Type: \_\_\_\_\_ ID#: \_\_\_\_\_ ID Issuer: \_\_\_\_\_ Iss. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

## Bank Information

Date 05/16/2018

Financial Center Name WARM SPRINGS AND DURANGO

Employee's Name Justin Costa

Employee's Phone Number 702-614-3208

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**Business Resolution or Authorization for  
Opening and Maintaining Banking  
Relationship**

Name of Business PROFIT CONNECTAccount Number ██████████7665State where Organized/Registered/Principal Place of Business NVTIN 82-5528514**Business Type:**☐ Sole Proprietor☒ Corporation☐ Limited Liability Company☐ Partnership☐ Unincorporated Association☐ Other

**1. Resolved**, that (the "Bank") is hereby designated as a depository of the Business and that deposit accounts and/or time deposits (CDs) be opened and maintained in the name of this Business with the Bank in accordance with the terms of the Bank's Deposit Agreement and Disclosures and the applicable rules and regulations for such accounts; that any one of the following authorized representatives, officers, employees, partners, members, managers, as applicable ("Authorized Person"):

Name JOY CARSON KOVARTitle/Status CEOName BRENT C KOVARTitle/Status President

Name \_\_\_\_\_

Title/Status \_\_\_\_\_

Name \_\_\_\_\_

Title/Status \_\_\_\_\_

is hereby authorized, on behalf of this Business and in its name, to execute and to sign any application, deposit agreement-related, signature card and any other documentation required by the Bank to open said accounts; to sign checks, drafts, notes, bills of exchange, acceptances, time deposits (CDs) or other orders for payment of money; to endorse checks, drafts, notes, bills, time deposits (CDs) or other instruments owned or held by this Business for deposit with Bank or for collection or discount by the Bank; to accept drafts, acceptances, and other instruments payable at the Bank; to place orders with the Bank for the purchase and sale of foreign currencies on behalf of this Business; to execute and deliver an electronic fund transfers agreement and to make transfers or withdrawals by electronic transfer on behalf of the Business; to obtain an access device (including but not limited to a card, code, or other means of access to the Business's accounts) that may be used for the purpose of initiating electronic fund transfers [Business agrees and acknowledges that neither the Electronic Funds Transfer Act (15 U.S.C. 1693 et seq.) nor Regulation E (12 C.F.R. Part 205) are applicable to any such access device]; to establish and maintain a night deposit relationship; to execute and deliver a wire transfer agreement and to request, or to appoint or delegate from time to time, such persons who may request wires of funds; to enter into any agreements with the Bank for the provision by the Bank of various Treasury Management services to this Business as such Authorized Person may determine, in his or her sole discretion, and to sign any and all documents and take all actions required by Bank relative to such Treasury Management services or the performance of the Business's obligations thereunder, and that any such Treasury Management agreement(s) shall remain in full force and effect until written notice to terminate given in accordance with the terms of any such agreement shall have been received by the Bank and that such termination shall not affect any action taken by the Bank prior to such termination; to rent or lease a safe deposit box from the Bank, to execute the rental agreement or lease, to enter the safe deposit box and to terminate the rental agreement or lease; to take whatever other actions or enter into whatever other agreements relating to the accounts or investment of funds in such accounts with the Bank and to execute, amend, supplement and deliver to Bank such agreements on behalf of the Business upon such terms and conditions as such Authorized Person may deem appropriate and to appoint and delegate, from time to time, such person(s) who may be authorized to enter into such agreements and take any other actions pursuant to such agreements in connection with said accounts that the Authorized Person deems necessary; and to waive presentment, demand, protest, and notice of protest or dishonor of any check, note, bill, draft, or other instrument made, drawn or endorsed by this Business; and

**2. Further Resolved**, that the Bank be and is hereby authorized to honor, receive, certify, pay or exchange for another instrument all instruments signed in accordance with the foregoing Resolution or Authorization, as applicable, even though such payment may create an overdraft or even though such instruments may be drawn, signed or endorsed to the order of any Authorized Person signing the same or tendered by such Authorized Person or a third party for exchange or cashing, or in payment of the individual obligation of such Authorized Person, or for deposit to such Authorized Person personal account and Bank shall not be required or be under any obligation to inquire as to the circumstances of the issuance or use of any instrument signed in accordance with the foregoing Resolution or Authorization, as applicable, or the application or disposition of such instrument or the proceeds thereof; and, further, that the Bank is authorized to honor any instructions regarding withdrawals, orders for payment or transfer of funds whether oral, by telephone or electronic means if such withdrawal, orders or transfer are initiated by an Authorized Person; and

**3. Further Resolved**, that the Bank be and is hereby requested, authorized and directed to honor and to treat as authorized, checks, drafts or other orders for the payment of money drawn or purportedly drawn in this Business's name, including those payable to the individual order of any person

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Account Number: [REDACTED] 7665

whose name appears thereon as signer thereof, when bearing or purporting to bear the facsimile signature of an Authorized Person authorized in the foregoing Resolution or Authorization, as applicable and Bank shall be entitled to honor, to treat as authorized, and to charge this Business for such checks, drafts, or other orders regardless of by whom or by what means the actual or purported facsimile signature thereon may have been affixed thereto, if such signature resembles the facsimile specimen duly certified to or filed with the Bank by the appropriate Authorized Person or if such facsimile signature resembles any facsimile signature previously affixed to any check, draft, or other order drawn in the Business's name, which check, draft, or other order was accepted and paid without timely objection by the Business, thereby ratifying the use of such facsimile signature; and the Business hereby indemnifies and holds the Bank harmless against any and all loss, cost, damage or expense suffered or incurred by the Bank arising out of or in any way related to the misuse or unlawful or unauthorized use by a person of such facsimile signature; and

**4. Further Resolved**, that endorsements for deposit may be evidenced by the name of the Business being written or stamped on the check or other instrument deposited, without designation of the party making the endorsement, and the Bank is authorized to supply any endorsement on any instrument tendered for deposit or collection; and

**5. Further Resolved**, that the appropriate Authorized Person of this Business shall certify to the Bank names and signatures of persons authorized to act on behalf of this Business under the foregoing Resolution or Authorization, as applicable, and in the event a change occurs in the identity of the Authorized Person, the undersigned shall immediately report, furnish and certify such changes to Bank and shall submit to the Bank a new account signature card reflecting such change(s) in order to make such changes effective and the Bank shall be fully protected in relying on such certifications and shall be indemnified and saved harmless from any claims, demands, expenses, losses, or damages resulting from, or growing out of, honoring the signature of any Authorized Person so certified, or refusing to honor any signature not so certified; and

**6. Further Resolved**, that the foregoing Resolution or Authorization, as applicable, shall remain in full force and effect and the authority herein given to all of said persons shall remain irrevocable as far as the Bank is concerned until three (3) business days after Bank is notified in writing of the revocation of such authority and that receipt of such notice shall not affect any action taken by the Bank prior thereto; and

**7. Further Resolved**, that all transactions by the undersigned, or any Authorized Person on its behalf and in its name with the Bank prior to the delivery to Bank of a certified copy of the foregoing Resolution or Authorization, as applicable, are, in all respects, hereby ratified, confirmed, approved and adopted; and

**8. Further Resolved**, that the appropriate Authorized Person be and hereby is, authorized and directed to certify these Resolutions or Authorizations, as applicable, to the Bank and that the provisions hereof are in conformity with the Business's Articles of Incorporation, Articles of Association, Articles of Organization, Charter, Rules, Agreement, Operating Agreement (or other Agreement), and/or Bylaws, as applicable, and that the appropriate Authorized Person be, and hereby is, authorized and directed to certify, from time to time hereafter, the names of the holders of the above authorized titles and their signatures on any signature card or other documentation required by said Bank.

**Sections 9, 10, 11 are applicable only if Partnership is checked on Page 1**

**9.** That the undersigned shall certify to Bank the names and signatures of the Authorized Person authorized to act on behalf of this Business under the foregoing instructions and notwithstanding any modifications or termination of any of the power of any of the above-named Authorized Persons to represent said Business, whether by expiration of the Partnership Agreement, by death or retirement of any, or by the accession of one or more new Partners, or otherwise, and notwithstanding any other notice thereof Bank may receive, this authority shall continue to be binding upon each of the undersigned individually and upon our legal representatives, and upon said Partnership and its successors, until written notice to the contrary, signed by one of the undersigned or on his/her behalf by his/her duly authorized agent or representative, shall have been received by the Bank; provided, however that the foregoing instructions shall remain in full force and effect and the authority herein given to all of said persons shall remain irrevocable as far as Bank is concerned until Bank has a reasonable time to act upon such notice to the contrary and such reasonable time cannot be less than three (3) business days after the Bank is notified in writing of the revocation of such authority and that receipt of such notice shall not affect any action taken by the Bank prior thereto; and

**10.** That if any other persons become interested in the Partnership as a Partner or other interested party in the business dealings of the Partnership, or if there is any change in the Partnership that might change the relationship of the Partners or the depository relationship with the Bank, or if said business shall become incorporated, the undersigned shall notify the Bank promptly; and

**11.** That it is expressly understood and agreed that each Partner is and shall be personally liable for the actions taken pursuant to authority granted herein and that the rights evidenced by or contained in this Business Resolution or Authorization, as applicable, are in addition to, and not in limitation of the rights inherent in a Partner; and

**Sections 12, 13, 14 are applicable only if Sole Proprietor is checked on Page 1**

**12.** That if any other person, firm or corporation acquires any right, title or interest in the Business or if my relationship thereto as sole owner be altered in any way, or if said Business shall become incorporated, the undersigned shall notify the Bank promptly; and

**13.** That in consideration of your acceptance of the accounts of said Business under the foregoing name and style. I agree to protect and indemnify Bank against all loss or liability, including court costs and attorney fees, arising from or growing out of the acceptance by said Bank for payment of credit of checks, drafts, notes, bills of exchange, acceptances, certificates of deposits or other orders and instruments drawn to the order of and endorsed in my name and/or in the name of said Business; and

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Account Number: [REDACTED] 7665

14. That the undersigned has signed, acknowledged and filed in the proper office of the state of the Business's principal place of business any document(s) which may be required by the laws of said state to be filed by a person doing business under a fictitious or assumed name, if applicable.

In Witness Whereof, I certify that I am duly authorized to execute this Resolution or Authorization, as applicable, on behalf of the Business, and intending to bind the Business, I have hereunto subscribed my name, in my capacity to certify the adoption of the Resolution or Authorization, this 21<sup>st</sup> day of May, 2021

Jeff Kwan CEO  
Signature of Authorized Business Representative / Title

---

**Bank Information**

Date	<u>05/21/2021</u>
Financial Center Name	<u>WARM SPRINGS AND DURANGO</u>
Employee's Name	<u>Christopher Austad</u>
Employee's Phone Number	<u>702-820-5539</u>

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**Business Signature Card  
with Substitute Form W-9****BANK OF AMERICA**

BANK OF AMERICA, N.A. (THE "BANK")

Account Number: XXXXXXXXXX 7665Account Type: ☒ Checking☐ Savings☐ Certificate of Deposit

Account Title: PROFIT CONNECT

Legal Designation	<input type="checkbox"/> Individual Owner/Sole Proprietor/Single Member LLC	<input checked="" type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Trust/Estate
	<input type="checkbox"/> Partnership (Enter type of partnership): General, LP, LLP or LLLP _____			
	<input type="checkbox"/> Limited Liability Company (Enter tax classification: C=C Corporation, S=S Corporation, P=Partnership) _____			
	<p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p>			
	<input type="checkbox"/> Other (Defined in W-9 instructions) _____			
	Exemptions (codes apply only to certain entities, not individuals; see IRS instructions for Form W-9)		Exempt payee code (if any) _____	
	(Applies to accounts maintained outside the U.S.)		Exemption from FATCA reporting code (if any) _____	
	Employer Identification Number 82-5528514		(or) Social Security Number _____	

**By signing below, I/we acknowledge, agree and consent:**

- To open this account and understand this does not change or replace any existing accounts I/we may have with Bank of America.
- This account is and will be governed by the terms and conditions set forth in the account opening documents, including the Deposit Agreement and Disclosures and the Business Schedule of Fees and I/we are in receipt of these documents.
- The Bank may change these documents at any time by adding new terms, or deleting or amending existing terms. The Deposit Agreement includes a provision for alternative dispute resolution.
- The signature(s) will serve as verification for any transaction in connection with this account, and as the certification (set forth below) of the taxpayer identification number (TIN) to which I/we want interest reported.
- Failure to fully complete and return the signature card may impact the ability to receive full FDIC deposit insurance coverage.

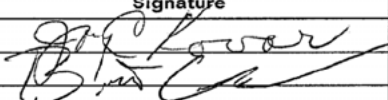
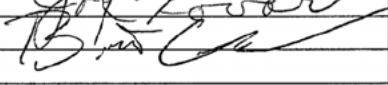
☐ **Nonresident Alien (NRA) Status:** Check this box if the account holder of this account is a non U.S. entity/person (NRA) for U.S. tax purposes. Have them complete and sign the applicable Form(s) W-8.

**Substitute Form W-9: Certification – Under penalties of perjury, I certify that:**

- The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 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
- I am a U.S. citizen or other U.S. person (Defined in the W-9 instructions); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification Instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. (Please refer to the IRS instructions for Form W-9).

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

Printed Name	Title (if applicable)	Signature	Date
JOY CARSON KOVAR	CEO		5-21-21
BRENT C KOVAR	President		5-21-21

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Associate Name: Christopher Austad

Financial Center: WARM SPRINGS AND DURANGO

Bank Number: 330

Date: 05/21/2021







**Business Resolution or Authorization for  
Opening and Maintaining Banking  
Relationship**

Name of Business PROFIT CONNECTAccount Number 7678State where Organized/Registered/Principal Place of Business NVTIN 82-5528514**Business Type:**☐ Sole Proprietor☒ Corporation☐ Limited Liability Company☐ Partnership☐ Unincorporated Association☐ Other

**1. Resolved**, that (the "Bank") is hereby designated as a depository of the Business and that deposit accounts and/or time deposits (CDs) be opened and maintained in the name of this Business with the Bank in accordance with the terms of the Bank's Deposit Agreement and Disclosures and the applicable rules and regulations for such accounts; that any one of the following authorized representatives, officers, employees, partners, members, managers, as applicable ("Authorized Person"):

Name JOY CARSON KOVARTitle/Status CEOName BRENT C KOVARTitle/Status President

Name \_\_\_\_\_

Title/Status \_\_\_\_\_

Name \_\_\_\_\_

Title/Status \_\_\_\_\_

is hereby authorized, on behalf of this Business and in its name, to execute and to sign any application, deposit agreement-related, signature card and any other documentation required by the Bank to open said accounts; to sign checks, drafts, notes, bills of exchange, acceptances, time deposits (CDs) or other orders for payment of money; to endorse checks, drafts, notes, bills, time deposits (CDs) or other instruments owned or held by this Business for deposit with Bank or for collection or discount by the Bank; to accept drafts, acceptances, and other instruments payable at the Bank; to place orders with the Bank for the purchase and sale of foreign currencies on behalf of this Business; to execute and deliver an electronic fund transfers agreement and to make transfers or withdrawals by electronic transfer on behalf of the Business; to obtain an access device (including but not limited to a card, code, or other means of access to the Business's accounts) that may be used for the purpose of initiating electronic fund transfers [Business agrees and acknowledges that neither the Electronic Funds Transfer Act (15 U.S.C. 1693 et seq.) nor Regulation E (12 C.F.R. Part 205) are applicable to any such access device]; to establish and maintain a night deposit relationship; to execute and deliver a wire transfer agreement and to request, or to appoint or delegate from time to time, such persons who may request wires of funds; to enter into any agreements with the Bank for the provision by the Bank of various Treasury Management services to this Business as such Authorized Person may determine, in his or her sole discretion, and to sign any and all documents and take all actions required by Bank relative to such Treasury Management services or the performance of the Business's obligations thereunder, and that any such Treasury Management agreement(s) shall remain in full force and effect until written notice to terminate given in accordance with the terms of any such agreement shall have been received by the Bank and that such termination shall not affect any action taken by the Bank prior to such termination; to rent or lease a safe deposit box from the Bank, to execute the rental agreement or lease, to enter the safe deposit box and to terminate the rental agreement or lease; to take whatever other actions or enter into whatever other agreements relating to the accounts or investment of funds in such accounts with the Bank and to execute, amend, supplement and deliver to Bank such agreements on behalf of the Business upon such terms and conditions as such Authorized Person may deem appropriate and to appoint and delegate, from time to time, such person(s) who may be authorized to enter into such agreements and take any other actions pursuant to such agreements in connection with said accounts that the Authorized Person deems necessary; and to waive presentment, demand, protest, and notice of protest or dishonor of any check, note, bill, draft, or other instrument made, drawn or endorsed by this Business; and

**2. Further Resolved**, that the Bank be and is hereby authorized to honor, receive, certify, pay or exchange for another instrument all instruments signed in accordance with the foregoing Resolution or Authorization, as applicable, even though such payment may create an overdraft or even though such instruments may be drawn, signed or endorsed to the order of any Authorized Person signing the same or tendered by such Authorized Person or a third party for exchange or cashing, or in payment of the individual obligation of such Authorized Person, or for deposit to such Authorized Person personal account and Bank shall not be required or be under any obligation to inquire as to the circumstances of the issuance or use of any instrument signed in accordance with the foregoing Resolution or Authorization, as applicable, or the application or disposition of such instrument or the proceeds thereof; and, further, that the Bank is authorized to honor any instructions regarding withdrawals, orders for payment or transfer of funds whether oral, by telephone or electronic means if such withdrawal, orders or transfer are initiated by an Authorized Person; and

**3. Further Resolved**, that the Bank be and is hereby requested, authorized and directed to honor and to treat as authorized, checks, drafts or other orders for the payment of money drawn or purportedly drawn in this Business's name, including those payable to the individual order of any person

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Account Number: [REDACTED] 7678

whose name appears thereon as signer thereof, when bearing or purporting to bear the facsimile signature of an Authorized Person authorized in the foregoing Resolution or Authorization, as applicable and Bank shall be entitled to honor, to treat as authorized, and to charge this Business for such checks, drafts, or other orders regardless of by whom or by what means the actual or purported facsimile signature thereon may have been affixed thereto, if such signature resembles the facsimile specimen duly certified to or filed with the Bank by the appropriate Authorized Person or if such facsimile signature resembles any facsimile signature previously affixed to any check, draft, or other order drawn in the Business's name, which check, draft, or other order was accepted and paid without timely objection by the Business, thereby ratifying the use of such facsimile signature; and the Business hereby indemnifies and holds the Bank harmless against any and all loss, cost, damage or expense suffered or incurred by the Bank arising out of or in any way related to the misuse or unlawful or unauthorized use by a person of such facsimile signature; and

**4. Further Resolved**, that endorsements for deposit may be evidenced by the name of the Business being written or stamped on the check or other instrument deposited, without designation of the party making the endorsement, and the Bank is authorized to supply any endorsement on any instrument tendered for deposit or collection; and

**5. Further Resolved**, that the appropriate Authorized Person of this Business shall certify to the Bank names and signatures of persons authorized to act on behalf of this Business under the foregoing Resolution or Authorization, as applicable, and in the event a change occurs in the identity of the Authorized Person, the undersigned shall immediately report, furnish and certify such changes to Bank and shall submit to the Bank a new account signature card reflecting such change(s) in order to make such changes effective and the Bank shall be fully protected in relying on such certifications and shall be indemnified and saved harmless from any claims, demands, expenses, losses, or damages resulting from, or growing out of, honoring the signature of any Authorized Person so certified, or refusing to honor any signature not so certified; and

**6. Further Resolved**, that the foregoing Resolution or Authorization, as applicable, shall remain in full force and effect and the authority herein given to all of said persons shall remain irrevocable as far as the Bank is concerned until three (3) business days after Bank is notified in writing of the revocation of such authority and that receipt of such notice shall not affect any action taken by the Bank prior thereto; and

**7. Further Resolved**, that all transactions by the undersigned, or any Authorized Person on its behalf and in its name with the Bank prior to the delivery to Bank of a certified copy of the foregoing Resolution or Authorization, as applicable, are, in all respects, hereby ratified, confirmed, approved and adopted; and

**8. Further Resolved**, that the appropriate Authorized Person be and hereby is, authorized and directed to certify these Resolutions or Authorizations, as applicable, to the Bank and that the provisions hereof are in conformity with the Business's Articles of Incorporation, Articles of Association, Articles of Organization, Charter, Rules, Agreement, Operating Agreement (or other Agreement), and/or Bylaws, as applicable, and that the appropriate Authorized Person be, and hereby is, authorized and directed to certify, from time to time hereafter, the names of the holders of the above authorized titles and their signatures on any signature card or other documentation required by said Bank.

**Sections 9, 10, 11 are applicable only if Partnership is checked on Page 1**

**9.** That the undersigned shall certify to Bank the names and signatures of the Authorized Person authorized to act on behalf of this Business under the foregoing instructions and notwithstanding any modifications or termination of any of the power of any of the above-named Authorized Persons to represent said Business, whether by expiration of the Partnership Agreement, by death or retirement of any, or by the accession of one or more new Partners, or otherwise, and notwithstanding any other notice thereof Bank may receive, this authority shall continue to be binding upon each of the undersigned individually and upon our legal representatives, and upon said Partnership and its successors, until written notice to the contrary, signed by one of the undersigned or on his/her behalf by his/her duly authorized agent or representative, shall have been received by the Bank; provided, however that the foregoing instructions shall remain in full force and effect and the authority herein given to all of said persons shall remain irrevocable as far as Bank is concerned until Bank has a reasonable time to act upon such notice to the contrary and such reasonable time cannot be less than three (3) business days after the Bank is notified in writing of the revocation of such authority and that receipt of such notice shall not affect any action taken by the Bank prior thereto; and

**10.** That if any other persons become interested in the Partnership as a Partner or other interested party in the business dealings of the Partnership, or if there is any change in the Partnership that might change the relationship of the Partners or the depository relationship with the Bank, or if said business shall become incorporated, the undersigned shall notify the Bank promptly; and

**11.** That it is expressly understood and agreed that each Partner is and shall be personally liable for the actions taken pursuant to authority granted herein and that the rights evidenced by or contained in this Business Resolution or Authorization, as applicable, are in addition to, and not in limitation of the rights inherent in a Partner; and

**Sections 12, 13, 14 are applicable only if Sole Proprietor is checked on Page 1**

**12.** That if any other person, firm or corporation acquires any right, title or interest in the Business or if my relationship thereto as sole owner be altered in any way, or if said Business shall become incorporated, the undersigned shall notify the Bank promptly; and

**13.** That in consideration of your acceptance of the accounts of said Business under the foregoing name and style, I agree to protect and indemnify Bank against all loss or liability, including court costs and attorney fees, arising from or growing out of the acceptance by said Bank for payment of credit of checks, drafts, notes, bills of exchange, acceptances, certificates of deposits or other orders and instruments drawn to the order of and endorsed in my name and/or in the name of said Business; and

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Account Number: XXXXXXXXXX 7678

14. That the undersigned has signed, acknowledged and filed in the proper office of the state of the Business's principal place of business any document(s) which may be required by the laws of said state to be filed by a person doing business under a fictitious or assumed name, if applicable.

In Witness Whereof, I certify that I am duly authorized to execute this Resolution or Authorization, as applicable, on behalf of the Business, and intending to bind the Business, I have hereunto subscribed my name, in my capacity to certify the adoption of the Resolution or Authorization, this 21<sup>st</sup> day of May, 2021

Joy C. Roar CEO  
Signature of Authorized Business Representative / Title

---

**Bank Information**

Date	<u>05/21/2021</u>
Financial Center Name	<u>WARM SPRINGS AND DURANGO</u>
Employee's Name	<u>Christopher Austad</u>
Employee's Phone Number	<u>702-820-5539</u>





**Business Signature Card  
with Substitute Form W-9****BANK OF AMERICA** 

BANK OF AMERICA, N.A. (THE "BANK")

Account Number: XXXXXXXXXX 7678Account Type: ☒ Checking☐ Savings☐ Certificate of Deposit

Account Title: PROFIT CONNECT

<b>Legal Designation</b>	<input type="checkbox"/> Individual Owner/Sole Proprietor/Single Member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Trust/Estate		
	<input type="checkbox"/> Partnership (Enter type of partnership): General, LP, LLP or LLLP _____		
	<input type="checkbox"/> Limited Liability Company (Enter tax classification: C=C Corporation, S=S Corporation, P=Partnership) _____		
	<small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>		
	<input type="checkbox"/> Other (Defined in W-9 instructions) _____		
Exemptions (codes apply only to certain entities, not individuals; see IRS instructions for Form W-9) <small>(Applies to accounts maintained outside the U.S.)</small>		Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____	
Employer Identification Number 82-5528514		(or) Social Security Number _____	

**By signing below, I/we acknowledge, agree and consent:**

- To open this account and understand this does not change or replace any existing accounts I/we may have with Bank of America.
- This account is and will be governed by the terms and conditions set forth in the account opening documents, including the Deposit Agreement and Disclosures and the Business Schedule of Fees and I/we are in receipt of these documents.
- The Bank may change these documents at any time by adding new terms, or deleting or amending existing terms. The Deposit Agreement includes a provision for alternative dispute resolution.
- The signature(s) will serve as verification for any transaction in connection with this account, and as the certification (set forth below) of the taxpayer identification number (TIN) to which I/we want interest reported.
- Failure to fully complete and return the signature card may impact the ability to receive full FDIC deposit insurance coverage.

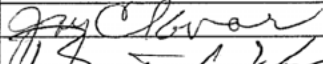
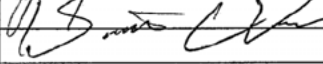
☐ **Nonresident Alien (NRA) Status:** Check this box if the account holder of this account is a non U.S. entity/person (NRA) for U.S. tax purposes. Have them complete and sign the applicable Form(s) W-8.

**Substitute Form W-9: Certification – Under penalties of perjury, I certify that:**

- The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 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
- I am a U.S. citizen or other U.S. person (Defined in the W-9 instructions); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification Instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. (Please refer to the IRS instructions for Form W-9).

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

Printed Name	Title (if applicable)	Signature	Date
JOY CARSON KOVAR	CEO		5-21-21
BRENT C KOVAR	President		5-21-21

00-14-9297M 11-2018

NNV

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Associate Name: Christopher Austad

Financial Center: WARM SPRINGS AND DURANGO

Bank Number: 336

Date: 05/21/2021



# Exhibit 3



## ICDP Small Business Credit

### Account Summary

Transparent Ind		Secured Type	Unsecured	Corporation	PROFIT CONNECT
Requestor	Joy Kovar-Primary	Program	EX	Group/Affinity	Business Advantage Cash Rewards Choice Mastercard
Product Type	Business Card Platinum	Customer Since		Call Back #	
Time Zone	PST	Ref Number	4108247756-E-Green	Queue Name	COMPLETE
Review Reason		Recvd Date	05/25/2020	Request Status	Completed
Pend Reason		In Writing		Maturity Date	
Rel Rewards Tier	N/A	Rate Discount	N/A	Card Bonus	75%
Request Type(s)	New Account Requested Amount-	Required Steps	Secured Card Eligible, PG-Hawk Alert		

### Risk & Profitability

(C) PROFIT CONNECT - [REDACTED] 2524

SBFE	222	Fraud Score		Blended Scr	
Consumer Only Scr		IMOC Score		Score B	
Total Cons Exposure	\$0.00	Total Bus Exposure	\$0.00	Payment History	
Party ID	15018839189	# Indv. Accounts	0	Fin. Chrg Life of Acct	
Prev Yr's Fin Chrg		YTD Fin Chrg		TCL High Balance	
Relationship Ind					

(P) JOY KOVAR - [REDACTED] 5730

FICO	783	Fraud Score	532	Blended Scr	-9997
Consumer Only Scr	1904	IMOC Score	1169	SCORE B	
Total Cons Exposure	\$25,000.00	Total Bus Exposure	\$0.00	Payment History	
Party ID	00028309817	# Indv. Accounts	0	Fin. Chrg Life of Acct	
Prev Yr's Fin Chrg		YTD Fin Chrg		TCL High Balance	
Relationship Ind					

### Product and Marketing Details

Campaign #	2126351	Channel	ONL	Product Offer Code	SK
Input System	ABOA	Pre-Approved Offer	N	Bank Received Date	05/25/2020

#### Application Details (Attributes)

Corp Requested Line		Membership #		Paid in Full	N
CAI #		Mid Range Underwriting	N	Corp Liability	N
Risk Rating Score Updated	N	Bank Contact		MRA Spreads Complete	N
Financial Statements used in Decision	N	Risk Rating Score		Overdraft Protection	N
DDA #		Application Signed	Y		

### Request Details

#### Collateral Details

Original GL Ref Number		Collateral Information		Percent Secured	100
Current Collateral Amount		Collateral Amount		Collateral Type	
ABA Number		Account Number		Financial Institution	
Check Number		Amount		SB Secured Account Number	
SB Collateral Amount		Owner of Collateral		Hold / Maturity Date	
Account Funding					
Account Number		Account Owner		Auto Pay DDA Number	
Auto Pay Same as Funding	N	Routing Number		Origination Fee	\$0.00
Auto Pay Routing No.		Bank Exception	N	Bank Name	
Florida Tax	\$0.00	Auto Pay/Bank Name		BATL Approval Disclosure Read	N

#### Plastic Details

Account Number	[REDACTED] 5730
Cardholder Names	JOY KOVAR
Plastic Type	Full Size Contact EMV Card
Address Type	Mailing Address
International	N
Delivery Type	Postal
# of Cards Per Client	1
Cardholder	(P) JOY KOVAR
Plastics to Send	(P) JOY KOVAR (1) Full Size Contact EMV Card-Postal

### Demographic Info

(C) PROFIT CONNECT

Business Information



# Exhibit 4



## DECLARATION

Case No. : LA-5220

Kathy Shelton, certifies and declares as follows:

1. I am over the age of 18 years and not a party to this action.
2. My business address is 14800 Frye Road, Fort Worth, Texas 76155.
3. I am a Transactions Specialist III and Custodian of Records for JPMorgan Chase Bank, N.A. (hereinafter referred to as the "Bank") in the National Subpoena Processing Department located in Fort Worth, Texas.
4. Based on my knowledge of the Bank's business records practices and procedures, the enclosed records are a true and correct copy of the original documents kept by the Bank in the ordinary course of business.
5. Based on my knowledge of the Bank's business records practices and procedures, the records were made at or near the time of the occurrence of the matters set forth in the records by, or from information transmitted by a person with knowledge of those matters.
6. It is the regular practice of the Bank to make such a record of transactions in the ordinary course of business.

I declare under penalty of perjury, under the laws of the State of Texas, that the foregoing is true and correct.

Dated: 6/23/2021

By: Kathy Shelton  
Kathy Shelton  
Transactions Specialist III  
JPMORGAN CHASE BANK, N.A.

SB1236059-F1

SUBP52a

# Exhibit 5



# Business Signature Card

ACCOUNT TITLE ("DEPOSITOR")  
PROFIT CONNECT

BUSINESS ADDRESS  
112 N CURRY ST

CARSON CITY, NV 89703-4934

ACCOUNT NUMBER 0032  
ACCOUNT TYPE Chase Total Business Checking  
TAXPAYER ID NUMBER 62-5528514  
DATE OPENED 04/10/2019  
FORM OF BUSINESS C-Corporation  
ISSUED BY JPMorgan Chase Bank, N.A. ( 703 )  
Blue Diamond and Buffalo - 248760  
JARED L LINDSEY  
(702) 727-2533  
04/10/2019

PRIMARY ID TYPE  
Website Documentation

PRIMARY ID NUMBER  
E0217372018-3

ISSUER  
NV

ISSUANCE DATE  
05/02/2018

EXPIRATION DATE  
05/31/2019

SECONDARY ID TYPE  
None

SECONDARY ID NUMBER

ISSUER

ISSUANCE DATE

EXPIRATION DATE

**ACKNOWLEDGEMENT** - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all necessary actions or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor. The Depositor acknowledges receipt of the Bank's Deposit Account Agreement or other applicable account agreement, which include all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

\*\* When you give us your mobile phone number, we have your permission to contact you at that number about all your Chase or J.P. Morgan accounts. Your consent allows us to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.

PRINTED NAME	**TELEPHONE NUMBER	TAXPAYER ID #	TITLE	DATE	SIGNATURE
1) JOY KOVAR	**(702) [REDACTED]	[REDACTED] 7704	President	4-18-19	
2)					
3)					
4)					





# Business Signature Card

ACCOUNT TITLE ("DEPOSITOR")  
PROFIT CONNECT

BUSINESS ADDRESS  
112 N CURRY ST

CARSON CITY, NV 89703-4934

ACCOUNT NUMBER 032  
ACCOUNT TYPE Chase Total Business Checking  
TAXPAYER ID NUMBER 82-5528514  
DATE OPENED 04/10/2019  
FORM OF BUSINESS C-Corporation  
ISSUED BY JPMorgan Chase Bank, N.A. ( 703 )  
Blue Diamond and Buffalo - 245760  
JARED L LINDSEY  
(702) 727-2533  
04/10/2019

PRIMARY ID TYPE Website Documentation	PRIMARY ID NUMBER E0217372018-8	ISSUER NV	ISSUANCE DATE 05/02/2018	EXPIRATION DATE 05/31/2019
SECONDARY ID TYPE None	SECONDARY ID NUMBER	ISSUER	ISSUANCE DATE	EXPIRATION DATE

**ACKNOWLEDGEMENT** - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all necessary actions or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor. The Depositor acknowledges receipt of the Bank's Deposit Account Agreement or other applicable account agreement, which include all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

" When you give us your mobile phone number, we have your permission to contact you at that number about all your Chase or J.P. Morgan accounts. Your consent allows us to use text messaging, artificial or pre-recorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.

PRINTED NAME	TELEPHONE NUMBER	TAXPAYER ID#	TITLE	DATE	SIGNATURE
1) JOY KOVAR	**(702) [REDACTED]	[REDACTED] 7704	President	4-10-19	
2)					
3)					
4)					





### Business Signature Card

ACCOUNT TITLE ("DEPOSITOR")  
PROFIT CONNECT

BUSINESS ADDRESS  
112 N CURRY ST

CARSON CITY, NV 89703-4934

ACCOUNT NUMBER [REDACTED]  
ACCOUNT TYPE Chase Business Total Savings  
TAXPAYER ID NUMBER 82-5528514  
DATE OPENED 04/10/2019  
FORM OF BUSINESS C-Corporation  
ISSUED BY JPMorgan Chase Bank, N.A. ( 703 )  
Blue Diamond and Buffalo - 246760  
JARED L LINDSEY  
(702) 727-2533  
04/10/2019

PRIMARY ID TYPE	PRIMARY ID NUMBER	ISSUER	ISSUANCE DATE	EXPIRATION DATE
Website Documentation	E0217372018-8	NV	05/02/2018	05/31/2019
SECONDARY ID TYPE	SECONDARY ID NUMBER	ISSUER	ISSUANCE DATE	EXPIRATION DATE
None				

**ACKNOWLEDGEMENT** - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all necessary actions or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor. The Depositor acknowledges receipt of the Bank's Deposit Account Agreement or other applicable account agreement, which include all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

\*\* When you give us your mobile phone number, we have your permission to contact you at that number about all your Chase or J.P. Morgan accounts. Your consent allows us to use text messaging, artificial or pre-recorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.

	PRINTED NAME	**TELEPHONE NUMBER	TAXPAYER ID #	TITLE	DATE	SIGNATURE
1)	JOY KOVAR	**(702) [REDACTED]	[REDACTED] 7704	President	4-10-19	
2)						
3)						
4)						





**BUSINESS DEPOSITORY CERTIFICATE (Corporation)**☒ NEW ☐ CHANGEACCOUNT NO.  
1032  
ACCOUNT TITLE  
PROFIT CONNECTBANK NAME/NUMBER  
JPMorgan Chase Bank, N.A. ( 703 )  
BRANCH NAME AND NO.  
Blue Diamond and Buffalo - 246760DATE  
04/10/2019  
PREPARED BY  
JARED L LINDSEYPHONE NO.  
(702) 727-2533BUSINESS ADDRESS  
112 N CURRY ST

CARSON CITY, NV 89703-4934

TAXPAYER ID NO.  
82-5526514PRODUCT TYPE  
Chase Total Business Checking

Legal Name of Organization: PROFIT CONNECT

(the "Organization")

State of Organization: NV

The individual(s) signing this Certificate hereby certifies to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- the Organization is a corporation of the type identified above, duly organized under the laws of the state of organization listed above;
- the individual signing this Certificate is the Secretary, Assistant Secretary, Acting Secretary, or President, as listed below, of the Organization; and
- the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

**Account Opening and Contractual Authorization**

Any of the people listed below ("Authorized Persons"), acting alone, may:

- Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;
- Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;
- Sign all agreements or other documents relating to any depository accounts or other business of the Organization. These agreements and other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

**Deposit and Withdrawal Authorization**

Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, wire transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing so causes or increases an overdraft. Each Authorized Person may endorse for cash, collection, deposit, or negotiation any checks, drafts, notes, bills of exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized by any Authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person.

Print Name  
JOY KOVARTitle  
President

Facsimile Signatures

SIGNER(S) TO BE ADDED LATER

**Facsimile Signature Authorization**

The Bank is authorized and directed to pay checks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any facsimile or computer-generated signature, the Organization will be solely responsible for any check bearing a similar signature.

**Further Authorizations**

The Secretary, Assistant Secretary, Acting Secretary or President of the Organization, acting alone, is authorized to certify to the Bank the name, title, specimen signature and facsimile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or revocation.

FOR THE PRECEDING PURPOSES, the undersigned has signed his/her name(s) on the date indicated above.

Exemption from FATCA reporting code (if any) \_\_\_\_\_ [According to the IRS Form W-9 Instructions, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.]

**CERTIFICATION**

The undersigned certifies under penalties of perjury that (1) the Organization's Taxpayer Identification Number shown above is correct, and (2) the Organization is not subject to backup withholding because: (a) the Organization is exempt from backup withholding, or (b) the Organization has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Organization that it is no longer subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 Instructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tax return, 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.

Signature:

Date: 04/10/2019

Title:

President

Printed Name:

JOY KOVAR

DISTRIBUTION: 1) National Account Services 2) Customer

JPMorgan Chase Bank, N.A. Member FDIC



Page 1 of 2

M1 207-03-CS (03/16)



BUSINESS DEPOSITORY CERTIFICATE (Corporation)



ACCOUNT NO. [REDACTED] 032

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

DISTRIBUTION: 1) National Account Services 2) Customer

JPMorgan Chase Bank, N.A. Member FDIC

Page 2 of 2

M1 207-03-CS (03/16)



**BUSINESS DEPOSITORY CERTIFICATE (Corporation)**☒ NEW ☐ CHANGEACCOUNT NO.  
0032  
ACCOUNT TITLE  
PROFIT CONNECTBANK NAME/NUMBER  
JPMorgan Chase Bank, N.A. ( 703 )  
BRANCH NAME AND NO.  
Blue Diamond and Buffalo - 246760  
DATE  
04/10/2019  
PREPARED BY  
JARED L LINDSEY  
PHONE NO.  
(702) 727-2533BUSINESS ADDRESS  
112 N CURRY ST

CARSON CITY, NV 89703-4934

TAXPAYER ID NO.  
82-5528514PRODUCT TYPE  
Chase Total Business Checking

Legal Name of Organization: PROFIT CONNECT

(the "Organization")

State of Organization: NV

The individual(s) signing this Certificate hereby certifies to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- the Organization is a corporation of the type identified above, duly organized under the laws of the state of organization listed above;
- the individual signing this Certificate is the Secretary, Assistant Secretary, Acting Secretary, or President, as listed below, of the Organization; and
- the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

**Account Opening and Contractual Authorization**

Any of the people listed below ("Authorized Persons"), acting alone, may:

- Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;
- Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;
- Sign all agreements or other documents relating to any depository accounts or other business of the Organization. These agreements and other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

**Deposit and Withdrawal Authorization**

Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, wire transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing so causes or increases an overdraft. Each Authorized Person may endorse for cash, collection, deposit, or negotiation any checks, drafts, notes, bills of exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized by any Authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person.

Print Name  
JOY KOVARTitle  
President

Facsimile Signatures

SIGNER(S) TO BE ADDED LATER

**Facsimile Signature Authorization**

The Bank is authorized and directed to pay checks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any facsimile or computer-generated signature, the Organization will be solely responsible for any check bearing a similar signature.

**Further Authorizations**

The Secretary, Assistant Secretary, Acting Secretary or President of the Organization, acting alone, is authorized to certify to the Bank the name, title, specimen signature and facsimile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or revocation.

FOR THE PRECEDING PURPOSES, the undersigned has signed his/her name(s) on the date indicated above.

Exemption from FATCA reporting code (if any) \_\_\_\_\_. [According to the IRS Form W-9 Instructions, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.]

**CERTIFICATION**

The undersigned certifies under penalties of perjury that (1) the Organization's Taxpayer Identification Number shown above is correct, and (2) the Organization is not subject to backup withholding because: (a) the Organization is exempt from backup withholding, or (b) the Organization has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Organization that it is no longer subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 Instructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tax return, 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.

Signature:

Date: 04/10/2019

Title:

President

Printed Name:

JOY KOVAR

DISTRIBUTION: 1) National Account Services 2) Customer

JPMorgan Chase Bank, N.A. Member FDIC



Page 1 of 2

M1 207-03-CS (03/16)







BUSINESS DEPOSITORY CERTIFICATE (Corporation)



ACCOUNT NO. [REDACTED] 032

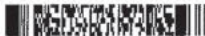
Signature: _____	Date: _____
Title: _____	
Printed Name: _____	
Signature: _____	Date: _____
Title: _____	
Printed Name: _____	
Signature: _____	Date: _____
Title: _____	
Printed Name: _____	
Signature: _____	Date: _____
Title: _____	
Printed Name: _____	
Signature: _____	Date: _____
Title: _____	
Printed Name: _____	
Signature: _____	Date: _____
Title: _____	
Printed Name: _____	
Signature: _____	Date: _____
Title: _____	
Printed Name: _____	

DISTRIBUTION: 1) National Account Services 2) Customer

JPMorgan Chase Bank, N.A. Member FDIC

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**BUSINESS DEPOSITORY CERTIFICATE (Corporation)**☒ NEW ☐ CHANGEACCOUNT NO.  
[REDACTED]  
ACCOUNT TITLE  
PROFIT CONNECTBANK NAME/NUMBER  
JPMorgan Chase Bank, N.A. ( 703 )  
BRANCH NAME AND NO.  
Blue Diamond and Buffalo - 246760  
DATE  
04/10/2019  
PREPARED BY  
JARED L LINDSEY  
PHONE NO.  
(702) 727-2533BUSINESS ADDRESS  
112 N CURRY ST

CARSON CITY, NV 89703-4934

TAXPAYER ID NO.  
82-5528514 PRODUCT TYPE  
Chase Business Total Savings

Legal Name of Organization: PROFIT CONNECT

(the "Organization")

State of Organization: NV

The individual(s) signing this Certificate hereby certifies to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- the Organization is a corporation of the type identified above, duly organized under the laws of the state of organization listed above;
- the individual signing this Certificate is the Secretary, Assistant Secretary, Acting Secretary, or President, as listed below, of the Organization; and
- the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

**Account Opening and Contractual Authorization**

Any of the people listed below ("Authorized Persons"), acting alone, may:

- Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;
- Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;
- Sign all agreements or other documents relating to any depository accounts or other business of the Organization. These agreements and other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

**Deposit and Withdrawal Authorization**

Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, wire transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing so causes or increases an overdraft. Each Authorized Person may endorse for cash, collection, deposit, or negotiation any checks, drafts, notes, bills of exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized by any Authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person.

Print Name  
JOY KOVARTitle  
President

Facsimile Signatures

SIGNER(S) TO BE ADDED LATER

**Facsimile Signature Authorization**

The Bank is authorized and directed to pay checks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any facsimile or computer-generated signature, the Organization will be solely responsible for any check bearing a similar signature.

**Further Authorizations**

The Secretary, Assistant Secretary, Acting Secretary or President of the Organization, acting alone, is authorized to certify to the Bank the name, title, specimen signature and facsimile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or revocation.

FOR THE PRECEDING PURPOSES, the undersigned has signed his/her name(s) on the date indicated above.

Exemption from FATCA reporting code (if any) \_\_\_\_ [According to the IRS Form W-9 instructions, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.]

**CERTIFICATION**

The undersigned certifies under penalties of perjury that (1) the Organization's Taxpayer Identification Number shown above is correct, and (2) the Organization is not subject to backup withholding because: (a) the Organization is exempt from backup withholding, or (b) the Organization has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Organization that it is no longer subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 Instructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tax return, 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.

Signature:

Date: 04/10/2019

Title:

President

Printed Name: JOY KOVAR

DISTRIBUTION: 1) National Account Services 2) Customer

JPMorgan Chase Bank, N.A. Member FDIC



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**BUSINESS DEPOSITORY CERTIFICATE (Corporation)**



ACCOUNT NO. [REDACTED] 820

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

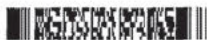
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

DISTRIBUTION: 1) National Account Services 2) Customer

JPMorgan Chase Bank, N.A. Member FDIC

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# Exhibit 6



**CERTIFICATION STATEMENT**

The undersigned is a duly authorized custodian of records of NAVY FEDERAL CREDIT UNION and has the authority to certify said records. The enclosed is a true copy of all the records described in the Subpoena / Customer Consent / Authorization Form. Said records were prepared by the custodian or the personnel of NAVY FEDERAL CREDIT UNION in the ordinary course of business and were prepared from records which were themselves prepared at or near the time of the act, condition or event.

I declare under the penalty of perjury that the foregoing is true and correct.

Executed on this day June 23, 2021 in the County of Fairfax, State of Virginia.

BY:

Mark Sechler  
(Signature)

Mark Sechler  
(Print or Type)

Subscribed and sworn to before me on this 23<sup>rd</sup> day of June, 2021.

My commission expires: 06/30/22.

Paul Michael Flugrad  
(Notary Public)



# Exhibit 7



# Navy Federal® Business Services Membership Application

Navy Federal reserves the right to request additional identification.

Misplace your EIN? Go to [www.IRS.gov](http://www.IRS.gov) and search "Misplace Your EIN" or call 800-829-4933.

## For Office Use Only

Business Access No.

<b>Business Information</b> Please include appropriate proof of existence of your Business when mailing or bring it in with you when opening account at branch.			
Name of Business <b>Profit Connect</b>		Business Tax ID No. <b>82-5528514</b>	
DBA Name (if applicable)		Business Phone No. <b>800 674 6392</b>	Alternate Phone No. <b>702 - [REDACTED]</b>
Physical Address of Business: Street (Cannot be a post office box) <b>112 N. Curry St</b>		City <b>Carson City, NV</b>	State <b>NV</b> Zip Code <b>89703</b>
Mailing Address of Business: Street (If different from above address) <b>4262 Blue Diamond</b>		City <b>Las Vegas</b>	State <b>NV</b> Zip Code <b>89139</b>
List All Additional Locations of Business: Street (If any)		City	State Zip Code
Email Address (Required for online access) <b>accounting@Profitconnect.me</b>		Website Address <b>https://profitconnect.me</b>	
		Date Business Established (MM/DD/YY) <b>5/20/2018</b>	

<b>Type of Business</b> Legal Structure of the Business. Additional documentation may be required.				
<b>Sole Proprietorship</b> <input type="checkbox"/> IRS EIN Letter (if applicable) <b>AND</b> <input type="checkbox"/> Valid Business License Business Permit <b>OR</b> <input type="checkbox"/> Valid Assumed Name, Doing Business As or Fictitious Name Certificate	<b>Partnership*</b> <input type="checkbox"/> Partnership Agreement (OR Limited Partnership Agreement) <input type="checkbox"/> IRS EIN Letter <input type="checkbox"/> Beneficial Owner Form <b>If Doing Business As (DBA)</b> <input type="checkbox"/> Fictitious Name Certificate (OR Certificate of Assumed Name)	<b>Corporation**</b> <input checked="" type="checkbox"/> Articles of Incorporation <input checked="" type="checkbox"/> Corporate Bylaws <input checked="" type="checkbox"/> Beneficial Owner Form <b>If Doing Business As (DBA)</b> <input type="checkbox"/> Fictitious Name Certificate (OR Certificate of Assumed Name)	<b>Single-Member Limited Liability Company (LLC)</b> <input type="checkbox"/> Articles of Organization <input type="checkbox"/> Operating Agreement <input type="checkbox"/> Beneficial Owner Form <b>If Doing Business As (DBA)</b> <input type="checkbox"/> Fictitious Name Certificate (OR Certificate of Assumed Name)	<b>Multi-Member Liability Company (LLC)</b> <input type="checkbox"/> Articles of Organization <input type="checkbox"/> Operating Agreement <input type="checkbox"/> Beneficial Owner Form <b>If Doing Business As (DBA)</b> <input type="checkbox"/> Fictitious Name Certificate (OR Certificate of Assumed Name)

\*Applies to Limited Partnership (LP), Limited Liability Partnership (LLP), and Professional Limited Liability Partnership (PLLP)

\*\*Applies to S Corps and C Corps

**NOTE:** Navy Federal Credit Union reserves the right to deny or restrict certain high-risk deposit business entities. This specifically includes business entities that conduct transactions involving anything Navy Federal deems to be prohibited, illegal, or possibly fraudulent. Refer to the Disclosure and Agreement on the last page of this Membership Application for examples of these types of restricted entities/transactions.

<b>Business Details</b> Required information.				
Is your Business any of the following? (Check all that apply.)				
<input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Money Services Business (MSB) <input type="checkbox"/> Legal Service Provider <input type="checkbox"/> Real Estate <input type="checkbox"/> Privately Owned ATM	<input type="checkbox"/> Food Services <input type="checkbox"/> Restaurant <input type="checkbox"/> Liquor Store <input type="checkbox"/> Convenience Store <input type="checkbox"/> Vending Machine Operator	<input type="checkbox"/> Retail <input type="checkbox"/> Consulting <input type="checkbox"/> Construction <input type="checkbox"/> Administrative Services <input type="checkbox"/> Charity or Non-Governmental Organization (NGO)	<input type="checkbox"/> Transportation <input type="checkbox"/> Parking Garage <input type="checkbox"/> Cigarette Distributor <input type="checkbox"/> Internet Gambling <input type="checkbox"/> Other <b>AI software</b>	
Describe the nature of your Business (Actual goods sold or service(s) provided) <b>AI software writing, modify, testing &amp; supporting software to meet the needs of a particular customer</b>				NAICS code... <b>541511</b>
Estimated sales/revenue <input type="checkbox"/> Less than \$100,000 <input checked="" type="checkbox"/> \$100,000 - \$499,999 <input type="checkbox"/> \$500,000 - \$999,999 <input type="checkbox"/> \$1,000,000 - \$3,000,000 <input type="checkbox"/> Greater than \$3,000,000				
Anticipated monthly transaction amount				
<input type="checkbox"/> Cash \$ <input checked="" type="checkbox"/> Checks \$ <b>5,000</b> <input type="checkbox"/> ACH Domestic \$ <input type="checkbox"/> ACH Foreign \$ <input type="checkbox"/> Debit/Credit Cards \$				
Business' primary trade area (Check all that apply.)				
<input type="checkbox"/> Local Community <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Domestic U.S. <input type="checkbox"/> International				
Purpose/type of transactions for which your Navy Federal account will be used:				
<input checked="" type="checkbox"/> Operating/General Purpose <input type="checkbox"/> Escrow Management <input checked="" type="checkbox"/> Savings/Investment				
Do you have accounts for this Business with an institution other than Navy Federal?				How many employees do you have?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? <b>Bank of America</b>				<b>20</b>
Is the Internet a major source of revenue for your Business?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

<b>Business Products and Services</b> Please indicate the account(s) you are interested in establishing. Please note that fees may apply to the Basic, Plus, and Premium checking accounts. Refer to the Business Services Schedule of Fees and Charges for more information.		
<input checked="" type="checkbox"/> Membership Savings Account* <input type="checkbox"/> Savings Account	<input checked="" type="checkbox"/> Basic Checking (owner and 1 signer allowed) <input type="checkbox"/> Plus Checking (unlimited signers)	<input type="checkbox"/> Premium Checking (unlimited signers) <input type="checkbox"/> Money Market Savings Account

\*A Membership Savings Account (with minimum deposit of \$5) is required for all Partnerships, LLCs, and Corporations.



**Funding Requirement for New Business Memberships**

Deposit Amount (\$100 for Sole Proprietorships, \$105 for all other entities)

\$250

Deposit Source (check one)

internal transfer

☐ Cash/Check☒ Internal Account Transfer☐ Debit or Credit Card

Name of Owner (Of the account where the deposit is being transferred from)

Joy C. Kovar

Navy Federal Account Number (Where deposit is being transferred from)

3143

**Owner 1**

Name: First

Joy

MI

C

Last

Kovar

Suffix

Access No.\*

Date of Birth (MM/DD/YY)

35

Social Security No.

7704

Percentage of Ownership

100%

Issue Business Debit Card?

☐ Yes ☐ No

Driver's License or Government ID No. or State ID No.

ID No.

State CA

Expiration (MM/DD/YY)

2019

U.S. Citizen?

☒ Yes ☐ No**Owner 2**

Name: First

MI

Last

Suffix

Access No.\*

Date of Birth (MM/DD/YY)

Social Security No.

Percentage of Ownership

%

Issue Business Debit Card?

☐ Yes ☐ No

Driver's License or Government ID No. or State ID No.

ID No.

State

Expiration (MM/DD/YY)

U.S. Citizen?

☐ Yes ☐ No**Owner 3**

Name: First

MI

Last

Suffix

Access No.\*

Date of Birth (MM/DD/YY)

Social Security No.

Percentage of Ownership

%

Issue Business Check Card?

☐ Yes ☐ No

Driver's License or Government ID No. or State ID No.

ID No.

State

Expiration (MM/DD/YY)

U.S. Citizen?

☐ Yes ☐ No**Entity Owner 1**

Entity Name:

Access No.\*

Business Tax ID No.

Percentage of Ownership

%

**Entity Owner 2**

Entity Name:

Access No.\*

Business Tax ID No.

Percentage of Ownership

%

\*Navy Federal membership is required as a condition of applying for Business Membership.



In addition to the Business Owner(s), the following named person(s) is/are authorized, on behalf of the Business, to execute any document required by Navy Federal to transact business, including to sign or endorse any order for the payment or withdrawal of funds from this account. Only Business Owners are entitled to add and/or delete Authorized Signers. (Check the appropriate box to indicate if the Authorized Signer is also a current member.)

<b>Authorized Signer 1</b>			
Signer: First <b>Joy</b>		MI <b>C</b>	
Last <b>Kovar</b>		Suffix	
Social Security No. [REDACTED] <b>-7704</b>	Current Member <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give Access No.	Issue Business Debit Card? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (MM/DD/YY) [REDACTED] <b>35</b>	Driver's License or Government ID No. or State ID No. ID No. [REDACTED] State <b>NV</b>	Expiration (MM/DD/YY) [REDACTED] <b>2019</b>	U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone No. <b>702-</b> [REDACTED]	Mobile Phone No. <b>702</b> [REDACTED]	Office Phone No. <b>800 674 6392</b>	Extension

<b>Authorized Signer 2</b>			
Signer: First		MI	
Last		Suffix	
Social Security No.	Current Member <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give Access No.	Issue Business Debit Card? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (MM/DD/YY)	Driver's License or Government ID No. or State ID No. ID No. State	Expiration (MM/DD/YY)	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone No.	Mobile Phone No.	Office Phone No.	Extension

<b>Authorized Signer 3</b>			
Signer: First		MI	
Last		Suffix	
Social Security No.	Current Member <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give Access No.	Issue Business Debit Card? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (MM/DD/YY)	Driver's License or Government ID No. or State ID No. ID No. State	Expiration (MM/DD/YY)	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone No.	Mobile Phone No.	Office Phone No.	Extension

(If not a current member, copy of valid Government-issued ID required.)

<b>Disclosure and Agreement</b>	
<p>I (We) understand that this Agreement is not valid without my (our) signature(s). The words "we," "our," or "your" refer to either the Business Owner or the business entity. I understand that Navy Federal requires a \$100 minimum new business membership deposit in addition to the \$5 membership share. I (We) confirm that I (we) have received and agree with the Business Disclosure Packet. I (We) certify that I (we) do not participate in any activity that Navy Federal deems as prohibited, illegal, or possibly fraudulent, including, but not limited to Internet Gambling Services as defined in the Unlawful Internet Gambling Enforcement Act of 2006 and Regulation GG. I (We) further agree that such transactions are prohibited from being processed through the Navy Federal business account or any relationship with Navy Federal. I (We) also certify that I (we) do not conduct any financial transactions that are consistent with a Money Services Business (MSB). As defined by FinCen, MSBs are high-risk deposit entities that conduct transactions that include: Currency Dealer or</p>	<p>Exchanger, Check Casher, Issuer of Traveler's Checks, Issuer of Money Orders, Issuer of Stored Value, Seller or Redeemer of Traveler's Checks, Seller or Redeemer of Money Orders, Seller or Redeemer of Stored Value, Money Transmitter, and U.S. Postal Service. I (We) further understand that Navy Federal reserves the right to deny or restrict any high-risk deposit entities conducting any activity that Navy Federal deems as prohibited, illegal, or possibly fraudulent, including, but not limited to Internet gambling or MSB transactions, and Navy Federal may block or otherwise prevent such transactions and may close our business account and end the financial relationship if such transactions are detected. I (We) also understand that Navy Federal reserves the right to terminate the Company's privileges hereunder. All cards shall be canceled effective upon termination of this agreement, and the Company shall remain liable for all debits or other charges incurred or arising by virtue prior to termination. I (We) also understand that if I (we) should decide to</p>

Continue on next page →




**Disclosure and Agreement Continued**

expand our business entity to include any of these prohibited transactions, I (we) will notify Navy Federal in advance of such change. Membership at Navy Federal comes with certain ongoing responsibilities. By signing this document, I (we) agree to abide by the properly disclosed terms and conditions of all business accounts and services that I (we) may receive at Navy Federal. These terms and conditions will be disclosed in accordance with applicable state and federal laws. I (We) agree to accept communications from Navy Federal, including account statements, at the mailing address I (we) have provided in the "Business Information" section of this application, unless I (we) instruct Navy Federal otherwise in writing. I (We) also agree to notify Navy Federal of any change to this address. To help 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 you for your name(s), address(es), date(s) of birth, and other information that will allow us to identify you. We may also ask to see your driver's license(s) or other identifying documents. Property may be transferred to the appropriate state if there has been no activity within the time period specified by state law. If the Credit Union believes there is a conflict amongst the account owners, the Credit Union has the right to temporarily halt any activity on the account until such conflict is resolved to its satisfaction and to be held harmless for any resulting consequences. Navy Federal reserves the right to close this membership if any of the information or documentation provided is found to be inaccurate or misleading or if it is discovered that the activity on the account is not as generally described in Business Details.

By signing below, I (we) agree that I (we) have received all disclosures contained in this Account Application Packet. I (We) also certify that I (we) do not participate in any Internet Gambling Services or MSB transactions.

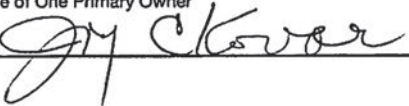
**Note:** All signatures must be hand-signed with wet ink.

Owner 1 Signature ▶ 	Printed Name Joy C. Kavar	Date (MM/DD/YY) 4-25-19
Owner 2 Signature ▶	Printed Name	Date (MM/DD/YY)
Owner 3 Signature ▶	Printed Name	Date (MM/DD/YY)
As Representative for Entity Owner 1 ▶	Printed Name	Date (MM/DD/YY)
As Representative for Entity Owner 2 ▶	Printed Name	Date (MM/DD/YY)

Authorized Signer 1 Signature ▶	Printed Name	Date (MM/DD/YY)
Authorized Signer 2 Signature ▶	Printed Name	Date (MM/DD/YY)
Authorized Signer 3 Signature ▶	Printed Name	Date (MM/DD/YY)

**Corporation or Limited Liability Company Information**

Please complete company name, date, and sign below.

Company Name Profit Connect	
Resolved, that the funds of Company are hereby authorized to be paid into the account(s) identified on the Account Application delivered to Navy Federal by the Company, and Navy Federal is hereby authorized to pay withdrawals signed in the name of the Company by any person whose signature appears as an Authorized Signer. Navy Federal further is authorized to accept pledges of all or any part of said account(s) as security for any loan made by it to the Company, which shall be executed in the name of the Company by any of the signatories. Navy Federal is authorized to supply any endorsement for the Company and any signatory on any check or other instrument tendered for said account(s), it is hereby relieved of any liability in connection with the collection of such items that are handled by Navy Federal without negligence, and it shall not be liable for the acts of its agents, subagents, or others or for any casualty. Withdrawals may	not be made on account of such items until collected; any amount not collected may be charged back to said account(s), including expenses incurred, and any other outside expenses relative to said account(s) may be charged to the Company. The Authorized Signatories are identified on this Account Application. I certify that I am the duly elected, qualified, and acting Secretary or Managing Member as the case may be of the above named Company, that the foregoing is a true and correct copy of a resolution adopted by the Company at a regular or duly called special meeting at which a quorum was present, that said resolution is recorded in its minutes, that the Company is authorized to take such action, and that the signatures contained in this document are the true signatures of the persons authorized to sign as indicated in connection with said account(s).
This 25 day of April, 2019	Signature of One Primary Owner ▶ 



Navy Federal®  
Certification Regarding Beneficial Owners of Legal Entity Customers

For Office Use Only
Business Access No.

I. General Instructions

What is this form?

To help the government fight financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

This form requires you to provide the name, address, date of birth, and Social Security Number (or passport number or other similar information, in the case of Non-U.S. Persons) for the following individuals (i.e., the **beneficial owners**):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances, the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

II. Certification of Beneficial Owner(s)

Persons opening an account on behalf of a legal entity must provide the following information:

A. Name and Title of Natural Person Opening Account <i>Joy C. Kovar CEO</i>	
B. Name, Type, and Address of Legal Entity for Which the Account Is Being Opened <i>Profit Connect 112 N. Curry St. Carson City NV 89703 corporation</i>	
C. The following information for <u>each</u> individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above. (If no individual meets this definition, please write "Not Applicable.")	

Name <i>Joy C Kovar</i>	Address (Residential or Business Street Address) <i>[Redacted] Las Vegas NV</i>	
Date of Birth (MM/DD/YY) <i>[Redacted] 35</i>	Address Line 2	
For U.S. Persons: Social Security Number <i>[Redacted] 7704</i>	Address Line 3	
For Non-U.S. Persons: Social Security Number, Passport Number, and Country of Issuance, or other similar identification number.*	City <i>Las Vegas</i>	State <i>NV</i>
	ZIP/Postal Code <i>[Redacted]</i>	Country <i>USA</i>

\*In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Name	Address (Residential or Business Street Address)	
Date of Birth (MM/DD/YY)	Address Line 2	
For U.S. Persons: Social Security Number	Address Line 3	
For Non-U.S. Persons: Social Security Number, Passport Number, and Country of Issuance, or other similar identification number.*	City	State
	ZIP/Postal Code	Country

\*In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.



Name	Address (Residential or Business Street Address)		
Date of Birth (MM/DD/YY)	Address Line 2		
For U.S. Persons: Social Security Number	Address Line 3		
For Non-U.S. Persons: Social Security Number, Passport Number, and Country of Issuance, or other similar identification number.*	City	State	
	ZIP/Postal Code	Country	

\*In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Name	Address (Residential or Business Street Address)		
Date of Birth (MM/DD/YY)	Address Line 2		
For U.S. Persons: Social Security Number	Address Line 3		
For Non-U.S. Persons: Social Security Number, Passport Number, and Country of Issuance, or other similar identification number.*	City	State	
	ZIP/Postal Code	Country	

\*In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

**D. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:**

- ☒ an executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- ☐ any other individual who regularly performs similar functions.

(If appropriate, an individual listed under section (C) above may also be listed in this section (D).)

Name/Title Joy C. Kovar CEO	Address (Residential or Business Street Address) [REDACTED] ST Las Vegas NV		
Date of Birth (MM/DD/YY) [REDACTED] 35	Address Line 2		
Driver's License or Government ID No. or State ID No. ID No. [REDACTED] State NV			
For U.S. Persons: Social Security Number [REDACTED] 7704	Address Line 3		
For Non-U.S. Persons: Social Security Number, Passport Number, and Country of Issuance, or other similar identification number.*	City Las Vegas	State NV	
	ZIP/Postal Code [REDACTED]	Country USA	

\*In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

I, <u>Joy C. Kovar</u> <u>Joy C. Kovar</u> (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.	
Signature <u>Joy C. Kovar</u>	Date (MM/DD/YY) 4-25-19
Legal Entity Identifier (optional)	

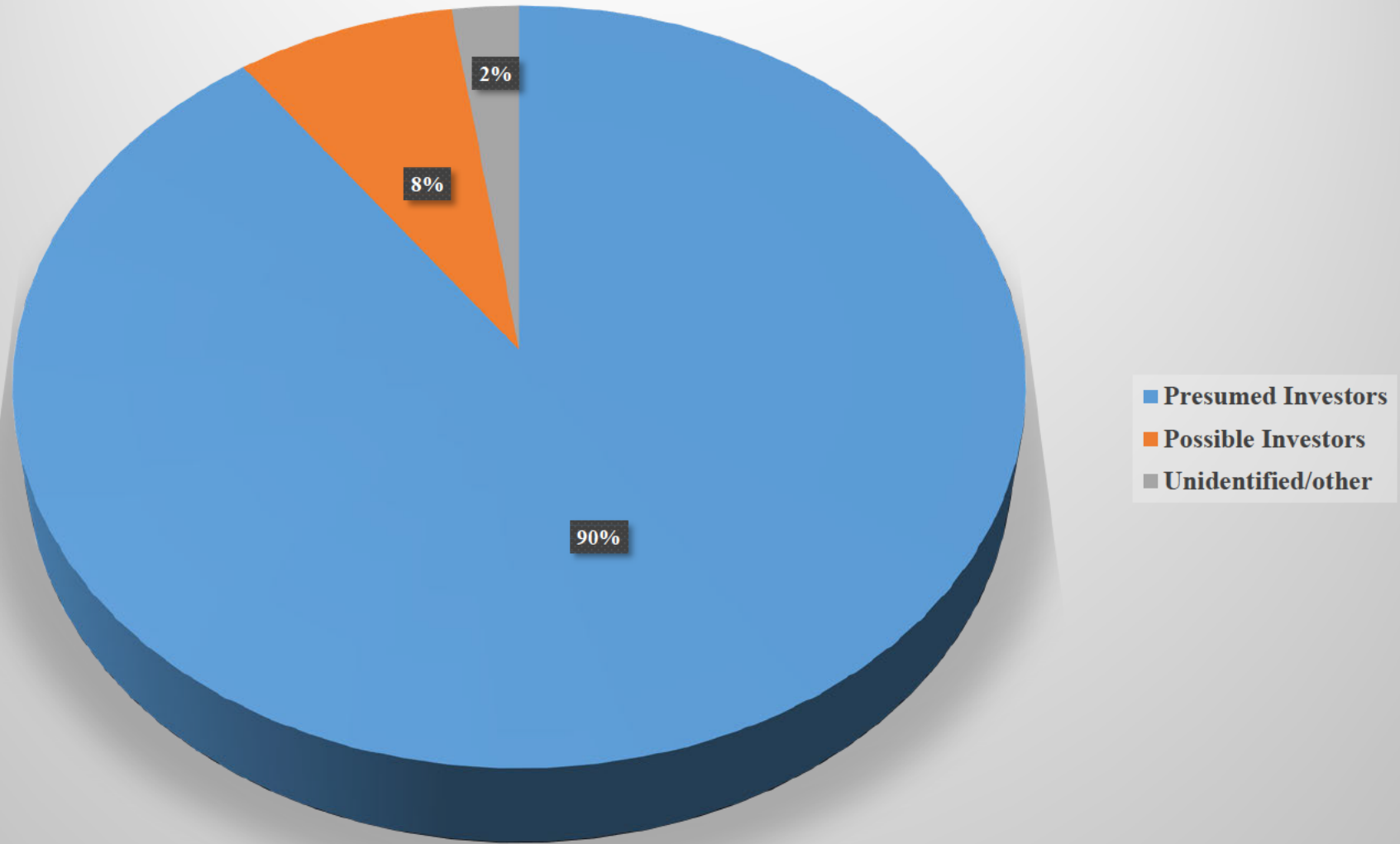
# Exhibit 8

**Profit Connect**  
**Sources of Cash Deposited in Account ended 8677**  
**May 16, 2018 through April 12, 2021**

Presumed Investors	\$ 12,305,393.48
Possible Investors	1,051,567.00
Unidentified/other	323,236.06
<b>Total</b>	<b>\$ 13,680,196.54</b>



**Profit Connect**  
**Sources of Cash Deposited in Account ended 8677**  
**May 16, 2018 through April 12, 2021**



# Exhibit 9

APN 124-21-116-010  
ESCROW NO.: 145002-003457  
Recording Requested by:  
LENNAR TITLE, INC. F/K/A CALATLANTIC TITLE,  
INC.  
Please mail tax statements to:  
When recorded please mail to:  
Profit Connect Nevada C Corp.  
[REDACTED]  
North Las Vegas, NV 89084

Inst #: 20210127-0000702  
Fees: \$42.00  
01/27/2021 08:27:09 AM  
Receipt #: 4376577  
Requestor:  
Lennar Title fka CalAtlan  
Recorded By: BGN Pgs: 3  
Debbie Conway  
CLARK COUNTY RECORDER  
Src: ERECORD  
Ofc: ERECORD

## **ANNEXATION**

The recordation of this Annexation shall further constitute and effectuate the annexation of the property described in Exhibit A (the "Subject Property") into the "Property" and the "Project" as set forth in that certain Declaration of Covenants, Conditions, and Restrictions, and Grant and Reservation of Easements for Village at Tule Springs Village 3-Parcel 3.04, Unit 2 recorded on December May 1, 2017 in Book 20170501 Document 03018, (as may be supplanted, revised and/or amended from time to time, the "Declaration") and the Subject Property shall be subject to all provisions of the Declaration, which provisions shall fully apply to the Subject Property, and subject to the functions, powers and jurisdiction of the Stone Creek North Homeowners Assoc., Tule Springs Village 3 and Villages at Tule Springs SW Village 3 Community HOA as and to the extent provided in the Declaration.

See Exhibit "A" attached hereto and by reference made a part hereof for the complete legal description

See signature page attached hereto and made a part hereof

**GREYSTONE NEVADA LLC, a Delaware Limited Liability Company**

**BY: Lennar Pacific Properties Management, Inc., a Delaware corporation, its sole member and manager**

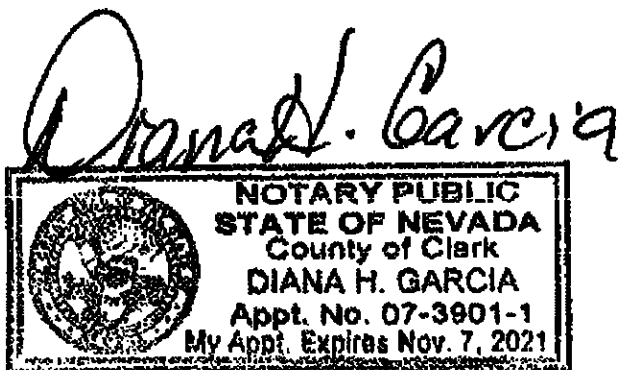
Christina Juarez

By: Christina Juarez, Authorized Agent

State of Nevada

County of Clark

On 1-26-21 before me, the undersigned, a Notary Public in and for said County and State, personally appeared Christina Juarez, AUTHORIZED AGENT FOR GREYSTONE Nevada, LLC, A DELAWARE CORPORATION personally known to me (or proved to me on the basis of satisfactory evidence) to be the person (s) whose name (s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that be his/her/their signature(s) on the instrument the person (s), or WITNESS my and official seal



[Signature]  
Notary Public

07-3901-1  
1-7-21

My Commission Expires:

11/7/2021

## **EXHIBIT "A"**

Real Property in the City of North Las Vegas, County of Clark, State of Nevada, described as follows:

LOT 30, AS SHOWN ON THE FINAL MAP OF TULE SPRINGS VILLAGE 3 - PARCEL 3.04 - UNIT 2, IN BOOK 156 OF PLATS, PAGE 69, CLARK COUNTY RECORDS.

APN: 124-21-116-010  
ESCROW NO.: 145002-003457  
Recording Requested by:  
LENNAR TITLE, INC. F/K/A CALATLANTIC TITLE, INC.  
Please mail tax statements to:  
When recorded please mail to:  
Greystone Nevada, LLC, a Delaware limited liability  
company  
9275 W. Russell Road, Suite 400  
Las Vegas, NV 89148

Inst #: 20210127-0000703  
Fees: \$42.00  
01/27/2021 08:27:09 AM  
Receipt #: 4376577  
Requestor:  
Lennar Title fka CalAtlan  
Recorded By: BGN Pgs: 3  
Debbie Conway  
CLARK COUNTY RECORDER  
Src: ERECORD  
Ofc: ERECORD

### **NOTICE OF COMPLETION**

Must be filed within 15 days after completion, NRS 108.228  
Individual or Corporation

#### **NOTICE IS HEREBY GIVEN:**

1. That the interest or estate stated in paragraph 3 below in the real property hereinafter described is owned by the following:

Greystone Nevada, LLC, a Delaware limited liability company, 9275 W. Russell Road, Suite 400, Las Vegas, NV 89148

2. That the full name and address of the owner of said interest or estate, if there is only one owner, and the full names and address of the co-owners who own said interest or estate as joint tenants, as tenants in common or otherwise, if there is more than one owner, are set forth in preceding paragraph.
3. That the nature of the title of said owner, or if more than one, then of said owner and co-owners is: NONE
4. That on the January 26, 2021 a work of improvement on the real property hereinafter described was completed.
5. That the name of the original contractor, if any, for such work of improvement was Greystone Nevada, LLC, a Delaware limited liability company.
6. That the real property herein referred to is situated in the City of North Las Vegas, County of Clark, State of Nevada and is described as follows:

See attached Exhibit "A" for Legal description

Commonly known as: [REDACTED], North Las Vegas, NV 89084

See signature page attached hereto and made a part hereof



**GREYSTONE NEVADA LLC, a Delaware Limited Liability Company**

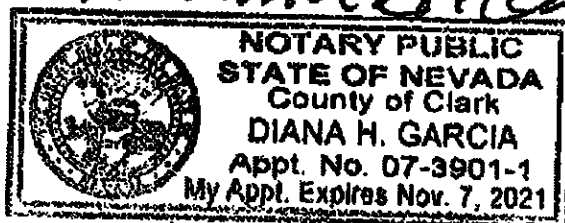
**BY: Lennar Pacific Properties Management, Inc., a Delaware corporation, its sole member and manager**

Christina Juarez  
By: Christina Juarez, Authorized Agent

State of Nevada

County of Clark

On 1-26-21 before me, the undersigned, a Notary Public in and for said County and State, personally appeared Christina Juarez, AUTHORIZED AGENT FOR GREYSTONE Nevada, LLC, A DELAWARE CORPORATION personally known to me (or proved to me on the basis of satisfactory evidence) to be the person (s) whose name (s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that be his/her/their signature(s) on the instrument the person (s), or WITNESS my and official seal



[Signature]  
Notary Public

My Commission Expires:

07-3901-1  
11-7-21

11/7/21

## **EXHIBIT "A"**

LOT 30, AS SHOWN ON THE FINAL MAP OF TULE SPRINGS VILLAGE 3 - PARCEL 3.04 - UNIT 2, IN BOOK 156 OF PLATS, PAGE 69, CLARK COUNTY RECORDS.

Inst #: 20210127-0000704  
Fees: \$42.00  
RPTT: \$2170.05 Ex #:  
01/27/2021 08:27:10 AM  
Receipt #: 4376577  
Requestor:  
Lennar Title fka CalAtlas  
Recorded By: BGN Pgs: 10  
Debbie Conway  
CLARK COUNTY RECORDER  
Src: ERECORD  
Ofc: ERECORD

**A.P.N.:** 124-21-116-010

**R.P.T.T.:** \$2,170.05

**WHEN RECORDED MAIL TO and  
MAIL TAX STATEMENTS TO:**

Profit Connect Nevada C Corp.

North Las Vegas, NV 89084

**GRANT, BARGAIN, SALE DEED**

THIS INDENTURE WITNESSETH: That **Greystone Nevada, LLC, a Delaware limited liability company** as the "Grantor,"

In consideration of \$10.00 and other valuable consideration, the receipt of which are hereby acknowledged, does hereby Grant, Bargain, Sell and

Convey to:

**Profit Connect Nevada C Corp.,** as the "Grantee,"

all that real property situated in the County of Clark, State of Nevada, bounded and described as follows:

See Exhibit "A" attached hereto and by reference made a part hereof for the complete legal description.

See Exhibit "B" attached hereto and by reference made a part hereof for the Acceptance by the Grantee.

- Subject to:
1. Taxes for the current fiscal year.
  2. Conditions, covenants, restrictions, reservations, rights, rights of way and easements now of record, if any, and all other matters of record or apparent.
  3. The arbitration provision referred to on Exhibit "C" attached hereto (the "Arbitration Provision") and made a part hereof.

Together with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

**See signature page attached hereto and made a part hereof.**

**GREYSTONE NEVADA LLC, a Delaware Limited Liability Company**

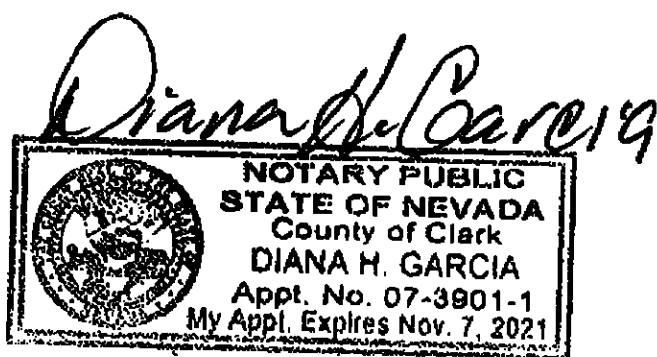
**BY: Lennar Pacific Properties Management, Inc., a Delaware corporation, its sole member and manager**

Christina Juarez  
By: Christina Juarez, Authorized Agent

State of Nevada

County of Clark

On 1-26-21 before me, the undersigned, a Notary Public in and for said County and State, personally appeared Christina Juarez, AUTHORIZED AGENT FOR GREYSTONE Nevada, LLC, A DELAWARE CORPORATION personally known to me (or proved to me on the basis of satisfactory evidence) to be the person (s) whose name (s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that be his/her/their signature(s) on the instrument the person (s), or WITNESS my and official seal



[Signature]  
Notary Public

My Commission Expires:

07-3901-1  
11-7-21

11/7/2021

**EXHIBIT "A"**

**LEGAL DESCRIPTION**

Real Property in the City of North Las Vegas, County of Clark, State of Nevada, described as follows:

LOT 30, AS SHOWN ON THE FINAL MAP OF TULE SPRINGS VILLAGE 3 - PARCEL 3.04 - UNIT 2, IN BOOK 156 OF PLATS, PAGE 69, CLARK COUNTY RECORDS.

EXHIBIT "B"

ACCEPTANCE BY GRANTEE

Grantee, by acceptance and recordation of this Deed, expressly accepts, covenants, and agrees to be bound by and to assume performance of all the provisions and requirements set forth in the Stone Creek North Homeowners Assoc., Tule Springs Village 3 and Villages at Tule Springs SW Village 3 Community HOA Homeowner's Association, which provisions and requirements are incorporated herein by this reference thereto.

The agreements of Grantee herein contained shall be covenants running with the real property granted hereby and shall be binding upon Grantee and Grantee's successors and assigns.

ACCEPTED AND AGREED:

Date: 1-25-21

"GRANTEE"

Profit Connect Nevada C Corp.

BY: [Signature]

Brent Kovar, Director

Profit Connect  
Nevada C Corp

Brent Kovar

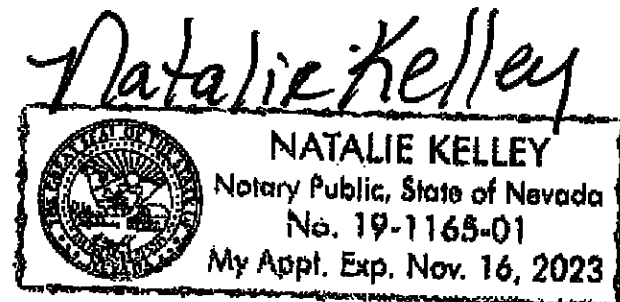
STATE OF NEVADA  
COUNTY OF CLARK

On Jan. 25, 2021 before me, the undersigned a Notary Public in and for said County and State, personally appeared of Profit Connect Nevada C Corp. personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature: [Signature]  
Notary Public

My Commission expires: Nov 16, 2023



19-1165-01  
11-16-23



**EXHIBIT C**  
**ARBITRATION PROVISION**

A. Grantor and Grantee specifically agree that this transaction involves interstate commerce and that any Dispute (as hereinafter defined) shall first be submitted to mediation and, if not settled during mediation, shall thereafter be submitted to binding arbitration as provided by the Federal Arbitration Act (9 U.S.C. §§1 et seq.) and not by or in a court of law or equity (the "Arbitration Provision"). "Disputes" (whether contract, warranty, tort, statutory or otherwise) shall include, but are not limited to, any and all controversies, disputes or claims (1) arising under, or related to, this Deed, the underlying purchase agreement for the sale and conveyance of the real property described on Exhibit "A" attached hereto, together with the structure(s) and all other appurtenances located on such real property (collectively, the "Property"), the Property, the community in which the Property is located, or any dealings between Grantee and Grantor; (2) arising by virtue of any representations, promises or warranties alleged to have been made by Grantor or Grantor's representative; and (3) relating to personal injury or property damage alleged to have been sustained by Grantee, Grantee's children or other occupants of the Property, or in the community in which the Property is located. Grantee has accepted this Deed on behalf of his or her children and other occupants of the Property with the intent that all such parties be bound hereby. Any Dispute shall be submitted for binding arbitration within a reasonable time after such Dispute has arisen. Nothing herein shall extend the time period by which a claim or cause of action may be asserted under the applicable statute of limitations or statute of repose, and in no event shall the Dispute be submitted for arbitration after the date when institution of a legal or equitable proceeding based on the underlying claims in such Dispute would be barred by the applicable statute of limitations or statute of repose. Grantor and Grantee hereby agree that the resolution of all Disputes shall be subject to the following terms:

(1) Any and all mediations commenced by Grantor or Grantee shall be filed with and administered by the American Arbitration Association or any successor thereto ("AAA") in accordance with the AAA's Home Construction Mediation Procedures in effect on the date of the request. If there are no Home Construction Mediation Procedures currently in effect, then the AAA's Construction Industry Mediation Rules in effect on the date of such request shall be utilized. Any party who will be relying upon an expert report or repair estimate at the mediation shall provide the mediator and the other parties with a copy of the reports. If one or more issues directly or indirectly relate to alleged deficiencies in design, materials or construction, then all parties and their experts shall be allowed to inspect, document (by photograph, videotape or otherwise) and test the alleged deficiencies prior to mediation. Unless mutually waived in writing by the Grantor and Grantee, submission to mediation is a condition precedent to either party taking further action with regard to any matter covered hereunder.

(2) If the Dispute is not fully resolved by mediation, the Dispute shall be submitted to binding arbitration and administered by the AAA in accordance with the AAA's Home Construction Arbitration Rules in effect on the date of the request. If there are no Home Construction Arbitration Rules currently in effect, then the AAA's Construction Industry Arbitration Rules in effect on the date of such request shall be utilized. Any judgment upon the award rendered by the arbitrator may be entered in and enforced by any court having jurisdiction over such Dispute. If the claimed amount exceeds \$250,000.00 or includes a demand for punitive damages, the Dispute shall be heard and determined by three arbitrators; however, if mutually agreed to by the parties, then the Dispute shall be heard and determined by one arbitrator. Arbitrators shall have expertise in the area(s) of Dispute, which may include legal expertise if legal issues are involved. All decisions respecting the arbitrability of any Dispute shall be decided by the arbitrator(s). At the request of any party, the award of the arbitrator(s) shall be accompanied by detailed written findings of fact and conclusions of law. Except as may be required by law or for confirmation of

an award, neither a party nor an arbitrator may disclose the existence, content, or results of any arbitration hereunder without the prior written consent of both Grantor and Grantee.

(3) The waiver or invalidity of any portion of this Exhibit "C" shall not affect the validity or enforceability of the remaining portions of Exhibit "C" of the Deed. Grantee and Grantor further agree (1) that any Dispute involving Grantor's affiliates, directors, officers, employees and agents shall also be subject to mediation and arbitration as set forth herein, and shall not be pursued in a court of law or equity; (2) that Grantor may, at its sole election, include Grantor's contractors, subcontractors and suppliers, as well as any warranty company and insurer, as parties in the mediation and arbitration; and (3) that the mediation and arbitration will be limited to the parties specified herein.

(4) To the fullest extent permitted by applicable law, Grantor and Grantee agree that no finding or stipulation of fact, no conclusion of law, and no arbitration award in any other arbitration, judicial, or similar proceeding shall be given preclusive or collateral estoppel effect in any arbitration hereunder unless there is mutuality of parties. In addition, Grantor and Grantee further agree that no finding or stipulation of fact, no conclusion of law, and no arbitration award in any arbitration hereunder shall be given preclusive or collateral estoppel effect in any other arbitration, judicial, or similar proceeding unless there is mutuality of parties.

(5) Unless otherwise recoverable by law or statute, each party shall bear its own costs and expenses, including attorneys' fees and paraprofessional fees, for any mediation and arbitration. Notwithstanding the foregoing, if a party unsuccessfully contests the validity or scope of arbitration in a court of law or equity, the non-contesting party shall be awarded reasonable attorneys' fees, paraprofessional fees and expenses incurred in defending such contest, including such fees and costs associated with any appellate proceedings. In addition, if a party fails to abide by the terms of a mediation settlement or arbitration award, the other party shall be awarded reasonable attorneys' fees, paraprofessional fees and expenses incurred in enforcing such settlement or award.

(6) Grantee may obtain additional information concerning the rules of the AAA by visiting its website at [www.adr.org](http://www.adr.org) or by writing the AAA at 335 Madison Avenue, New York, New York 10017.

(7) Grantor supports the principles set forth in the Consumer Due Process Protocol developed by the National Consumer Dispute Advisory Committee and agrees to the following:

(i) Notwithstanding the requirements of arbitration stated in this Section of this Deed, Grantee shall have the option, after pursuing mediation as provided herein, to seek relief in a small claims court for disputes or claims within the scope of the court's jurisdiction in lieu of proceeding to arbitration. This option does not apply to any appeal from a decision by a small claims court.

(ii) Grantor agrees to pay for one (1) day of mediation (mediator fees plus any administrative fees relating to the mediation). Any mediator and associated administrative fees incurred thereafter shall be shared equally by Grantor and Grantee. **THE COSTS OF MEDIATION CAN BE SUBSTANTIAL. IF YOU HAVE QUESTIONS ABOUT MEDIATION COSTS OR SERVICES, VISIT THE AAA WEBSITE AT [WWW.ADR.ORG](http://WWW.ADR.ORG) OR CONTACT THE AAA OFFICE AT AAA AT 335 MADISON AVENUE, NEW YORK, NEW YORK 10017.**

(iii) The fees for any claim pursued via arbitration shall be apportioned as provided in the Home Construction Arbitration Rules of the AAA or other applicable rules. **THE COSTS OF ARBITRATION CAN BE SUBSTANTIAL AND THE COST OF TO FILE AN ARBITRATION IS**

**SUBSTANTIALLY HIGHER THAN FILING FEES FOR COURT SUITS FILED UNDER NEVADA LAW. IF YOU HAVE QUESTIONS ABOUT ARBITRATION COSTS OR SERVICES, VISIT THE AAA WEBSITE AT WWW.ADR.ORG OR CONTACT THE AAA OFFICE AT AAA AT 335 MADISON AVENUE, NEW YORK, NEW YORK 10017.**

(8) Notwithstanding the foregoing, if either Grantor or Grantee seeks injunctive relief, and not monetary damages, from a court because irreparable damage or harm would otherwise be suffered by either party before mediation or arbitration could be conducted, such actions shall not be interpreted to indicate that either party has waived the right to mediate or arbitrate. The right to mediate and arbitrate should also not be considered waived by the filing of a counterclaim by either party once a claim for injunctive relief had been filed with a court.

(9) GRANTEE AND GRANTOR AGREE THAT THE PARTIES MAY BRING CLAIMS AGAINST THE OTHER ONLY ON AN INDIVIDUAL BASIS AND NOT AS A MEMBER IN ANY PURPORTED CLASS OR REPRESENTATIVE ACTION OR COLLECTIVE PROCEEDING. THE ARBITRATOR(S) MAY NOT CONSOLIDATE OR JOIN CLAIMS REGARDING MORE THAN ONE PROPERTY AND MAY NOT OTHERWISE PRESIDE OVER ANY FORM OF A CONSOLIDATED, REPRESENTATIVE, OR CLASS PROCEEDING. ALSO, THE ARBITRATOR(S) MAY AWARD RELIEF (INCLUDING MONETARY, INJUNCTIVE, AND DECLARATORY RELIEF) ONLY IN FAVOR OF THE INDIVIDUAL PARTY SEEKING RELIEF AND ONLY TO THE EXTENT NECESSARY TO PROVIDE RELIEF NECESSITATED BY THAT PARTY'S INDIVIDUAL CLAIM(S). ANY RELIEF AWARDED CANNOT BE AWARDED ON CLASS-WIDE OR MASS-PARTY BASIS OR OTHERWISE AFFECT PARTIES WHO ARE NOT A PARTY TO THE ARBITRATION. NOTHING IN THE FOREGOING PREVENTS GRANTOR FROM EXERCISING ITS RIGHT TO INCLUDE IN THE MEDIATION AND ARBITRATION THOSE PERSONS OR ENTITIES REFERRED TO IN SECTION a (3) ABOVE.

(10) Notwithstanding the Grantor and Grantee's obligation to submit any Dispute to mediation and arbitration, in the event that a particular dispute is not subject to the mediation or the arbitration provisions of Exhibit "C" of this Deed, then the Grantor and Grantee agree to the following provisions: **GRANTEE ACKNOWLEDGES THAT JUSTICE WILL BEST BE SERVED IF ISSUES REGARDING THIS DEED ARE HEARD BY A JUDGE IN A COURT PROCEEDING, AND NOT A JURY. GRANTEE AND GRANTOR AGREE THAT ANY DISPUTE, CLAIM, DEMAND, ACTION, OR CAUSE OF ACTION SHALL BE HEARD BY A JUDGE IN A COURT PROCEEDING AND NOT A JURY. GRANTEE AND GRANTOR HEREBY KNOWINGLY, INTENTIONALLY AND VOLUNTARILY WAIVE THEIR RESPECTIVE RIGHT TO A JURY TRIAL.**

(11) The term "Grantee" used in this Deed (including all Exhibits and attachments to this Deed) shall include the initially identified Grantee, together with Grantee's heirs, personal representatives, subsequent grantees and purchasers, successors and assigns.

(12) **THESE COVENANTS AND RESTRICTIONS ("DEED RESTRICTIONS") REQUIRING ARBITRATION AND RESOLUTION OF DISPUTES ARE INCORPORATED INTO THE DEED TO GRANTEE AND ARE MADE COVENANTS RUNNING WITH THE LAND IN PERPETUITY, BINDING UPON ALL SUBSEQUENT GRANTEES, PURCHASERS, SUCCESSORS AND ASSIGNS. GRANTEE UNDERSTANDS AND AGREES THAT IMPORTANT PROCEDURAL AND SUBSTANTIVE RIGHTS AND REMEDIES ARE BEING WAIVED AND/OR MODIFIED BY THESE DEED RESTRICTIONS.**

ACCEPTED AND AGREED:

DATE: 1-25-21

Profit Connect  
Nevada C Corp

Profit Connect Nevada C Corp.

BY: [Signature]

Brent Kovar, Director

Brent Kovar

STATE OF NEVADA  
COUNTY OF CLARK

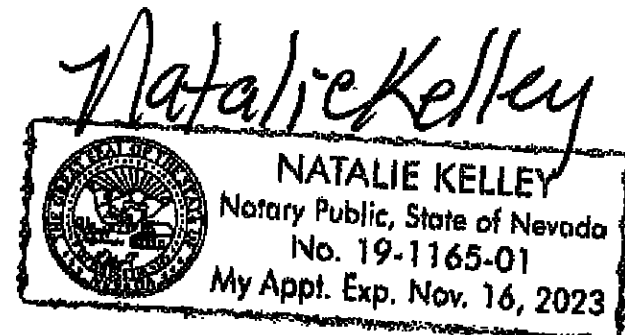
On Jan. 25, 2021 before me, the undersigned a Notary Public <sup>Brent Kovar</sup> in and for said County and State, personally appeared of Profit Connect Nevada C Corp. personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature: [Signature]

Notary Public

My Commission expires: Nov. 16, 2023



19-1165-01  
11/16/23

**GREYSTONE NEVADA LLC, a Delaware Limited Liability Company**

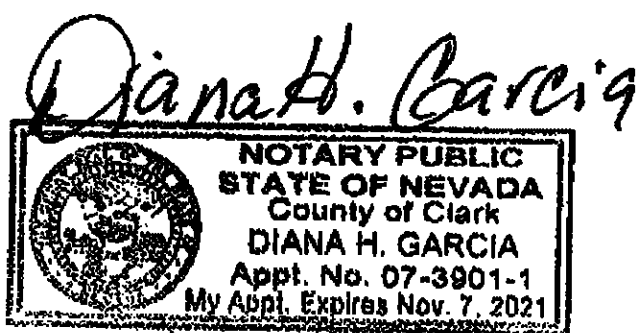
**BY: Lennar Pacific Properties Management, Inc., a Delaware corporation, its sole member and manager**

Christina Juarez  
By: Christina Juarez, Authorized Agent

State of Nevada

County of Clark

On 1-26-21 before me, the undersigned, a Notary Public in and for said County and State, personally appeared Christina Juarez, AUTHORIZED AGENT FOR GREYSTONE Nevada, LLC, A DELAWARE CORPORATION personally known to me (or proved to me on the basis of satisfactory evidence) to be the person (s) whose name (s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that be his/her/their signature(s) on the instrument the person (s), or WITNESS my and official seal



[Signature]  
Notary Public

07-3901-1  
11-7-21

My Commission Expires:

11-7-2021

**STATE OF NEVADA  
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)

a) 124-21-116-010

b)

c)

d)

2. Type of Property:

a) ☐ Vacant Land

b) ☒ Single Fam. Res.

c) ☐ Condo/Twnhse

d) ☐ 2-4 plex

e) ☐ Apt. Bldg

f) ☐ Comm'l/Ind'l

g) ☐ Agricultural

h) ☐ Mobile Home

☐ Other: \_\_\_\_\_

**FOR RECORDERS USE ONLY**

Document/Instrument #: \_\_\_\_\_

Book \_\_\_\_\_ Page \_\_\_\_\_

Date of Recording: \_\_\_\_\_

Notes: \_\_\_\_\_

3. a. Total Value/Sales Price of Property

\$ 425,151.00

b. Deed in Lieu of Foreclosure Only (value of property)

\$ ( 0.00)

c. Transfer Tax Value:

\$ 425,151.00

d. REAL PROPERTY TRANSFER TAX DUE

\$ 2,170.05

4. IF EXEMPTION CLAIMED:

a) Transfer tax exemption per NRS 375.090, Section

b) Explain reason for exemption: \_\_\_\_\_

5. Partial Interest: Percentage being transferred: 100%

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature [Signature] Capacity \_\_\_\_\_

Signature [Signature] Capacity Grantee

**SELLER (GRANTOR) INFORMATION (Required) BUYER (GRANTEE) INFORMATION (Required)**

Greystone Nevada, LLC, a Delaware limited liability company

Profit Connect Nevada C Corp.

Print Name

Print Name

9275 W. Russell Road, Suite 400

[Redacted]

Address

Address

Las Vegas

North Las Vegas

City

City

Nevada

Nevada

89148

89084

State

State

Zip

Zip

**COMPANY/PERSON REQUESTING RECORDING (Required if not seller or buyer)**

Lennar Title, Inc. f/k/a CalAtlantic Title, Inc.

Escrow# 145002-003457

Company's/Person Name

8485 W. Sunset Road, Suite 208

Las Vegas, NV 89113

Address

(AS A PUBLIC RECORD - THIS FORM MAY BE RECORDED/MICROFILMED)

Declaration of Value

145002-003457

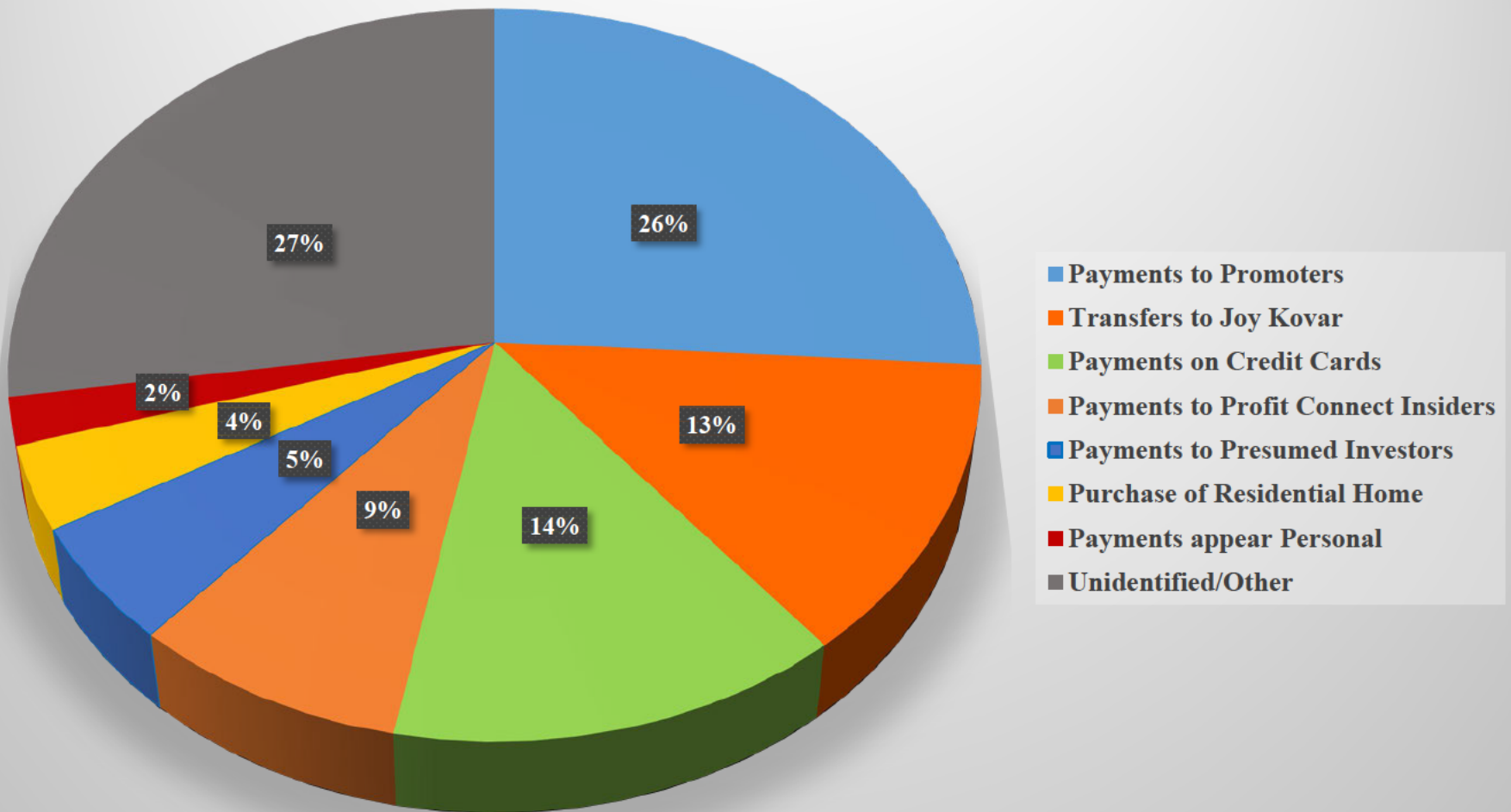


# Exhibit 10

**Profit Connect**  
**Use of Cash Deposited in Account ended 8677**  
**May 16, 2018 through April 12, 2021**

Payments to Promoters	\$ 3,094,306.53
Transfers to Joy Kovar	1,563,480.79
Payments on Credit Cards	1,662,454.60
Payments to Profit Connect Insiders	1,007,112.28
Payments to Presumed Investors	629,729.53
Purchase of Residential Home	444,413.82
Payments appear Personal	250,035.47
Unidentified/Other	3,260,473.60
<b>Total</b>	<b>\$ 11,912,006.62</b>

**Profit Connect**  
**Use of Cash Deposited in Account ended 8677**  
**May 16, 2018 through April 12, 2021**



# Exhibit 11

Sequence Number: 2752474980

Capture Date: 03/16/2020

Check Number: 1302223848

Notice to Purchaser - In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Cashier's Check - CREDIT COPY

No. 1302223848

**Void After 90 Days**

91-1701221  
NAZ

Date 03/16/20 11:40:30 AM

## WARM SPRINGS/DURANGO

0001      0008789      0084

## Pay



**BANK OF AMERICA** 10000000 CTCTCT

**\*\*\$100,000.00\*\***

**\*\*One Hundred Thousand and 00/100 Dollars\*\***

To The ALLSTATE SERVICE GROUP  
Order Of PROFIT CONNECT- CONSTRUCTION

Not-Negotiable  
Credit Copy

Remitter (Purchased By): PROFIT CONNECT

Bank of America, N.A.  
PHOENIX, AZ

C. J. Kover

11 302223848 11 540860108 1720

063316519

05/22  
 \*\*\*\*\*  
 CXCNHU\*\*\*\*\*  
 N INQ: INTERACT FSE AUTH  
 05/22

Seq: 52  
Batch: 491179  
Date: 03/14/20

Seq:00052 03/14/29  
BAT:491179 CC:3360008769  
WT:01 LTPS:Dallas PT  
BC:Warm Springs & Durango BC NV1-175

Electronic Endorsements:

Date	Sequence	Bank #	Endrs Type	TRN	RRC	Bank Name
03/16/2020	2752474980	122000661	Rtn Loc/BOFD	Y		BANK OF AMERICA, NA



Amount: \$100,000.00

Sequence Number: 2752474981

Account: [REDACTED] 8677

Capture Date: 03/16/2020

Bank Number: 54088013

Check Number: 0

**Bank of America**

**Checking Savings Withdrawal NV**  
**Retiro de cuenta de cheques Ahorro NV** **DEBIT**

Not Negotiable - Withdrawals are permitted only through payment to the depositor

Date / Fecha march. 14. 2020

No negociable: Se permiten retiros sólo a través de pago al depositario

Name Profit Connect  
Nombre Profit Connect  
Address 4262 Blue Diamond  
Dirección Rd #102 Las Vegas, NV 89129  
Telephone No. N.P.  
Nº de teléfono ( ) N.P.

One Hundred Thousand — Dollars /  
Dólares

[Signature]  
Customer Signature / Firma del cliente

Account Number / Número de cuenta

[REDACTED] 8677

Total Withdrawal / Retiro total

\$ 100,000. -

⑆540880133⑆

Seq: 53

Batch: 491179

Date: 03/14/20

Seq: 00053 03/14/20  
BAT: 491179 CC: 3360008789  
WT: 01 LTPS: Dallas PT  
BC: Warm Springs & Durango BC NV1-175

Tran 00084 03/16/2020 11:39  
Entity NNV CC 0008789 T1r 00001  
Account [REDACTED] 8677  
R/TH 540880133  
Official Check Sale \$100,000.00  
CKCHNV\*\*\*\*\* 05/22  
N IMG INTERACT F2F AUTH

Electronic Endorsements:

Date	Sequence	Bank #	Endrs Type	TRN	RRC	Bank Name
03/16/2020	2752474981	122000661	Rtn Loc/BOFD	Y		BANK OF AMERICA, NA

Amount: \$100,000.00 Sequence Number: 4552224909  
Account: 1720 Capture Date: 06/12/2020  
Bank Number: 54086010 Check Number: 1600811363

*Wesley D. Dineen*  
VOID OF PURCHASER - In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Cashier's Check - CREDIT COPY

No. 1600811363

Date 06/12/20 11:34:32 AM

RED ROCK

Void After 90 Days

91-170/1221  
NAZ

0002 3368800 0044

Pay



BANK OF AMERICA

ONE ZERO ZERO ZERO ZERO ZERO CTSCS

\*\*One Hundred Thousand and 00/100 Dollars\*\*

**\*\*\$100,000.00\*\***

To The Order Of ALLSTATE SERVICE GROUP  
PROFIT CONNECTION- CONSTRUCTION

Not-Negotiable  
Credit Copy

Remitter (Purchased By): PROFIT CONNECT

Bank of America, N.A.  
PHOENIX, AZ

⑈ 1600811363 ⑈ ⑆540860108⑆ ⑈ 1720 ⑈

066670238

Seq: 60  
Batch: 948083  
Date: 06/12/20

Seq: 00000 06/12/20  
BAT: 948083 CC: 3363368800  
WT: 01 LTPS: Dallas PT  
BC: Red Rock BC NV1-162

Tran 00044 06/12/2020 11:35 NNV  
R/T# 540880133 CC 3368800 Tlr 00002  
Account 3677  
Document # 1600811363  
Official Check Sale \$100,000.00  
N CKCHNV\*\*\*\*\* 05/22  
N ING INTERACT F2F AUTH

Electronic Endorsements:

Date	Sequence	Bank #	Endrs Type	TRN	RRC	Bank Name
06/12/2020	4552224909	122000661	Rtn Loc/BOFD	Y		BANK OF AMERICA, NA

Amount: \$100,000.00 Sequence Number: 4552224910  
Account: 3677 Capture Date: 06/12/2020  
Bank Number: 54088013 Check Number: 0

**Bank of America**  
Name: PROFA Conner  
Address: 4262 Blue Diamond  
Las Vegas NV 89139  
Telephone No.: 212  
No de teléfono: 212

**Checking Savings Withdrawal**  
**Retiro de cuenta de cheque Ahorro** **DEBIT**  
Not Negotiable - Withdrawals are permitted only through payment to the depositor  
No negociable: Se permiten retiros sólo a través de pago al depositario  
Date / Fecha: 6/12/20  
One hundred thousand — Dollars / Dólares  
X [Signature]  
Customer Signature / Firma del cliente  
Account Number / Número de cuenta: 8677  
Total Withdrawal / Retiro total: \$ 100,000.00

⑆540880133⑆

Seq: 61  
Batch: 948083  
Date: 06/12/20

Seq: 00061 06/12/20  
BAT: 948083 CC: 3363368800  
WT: 01 LPS: Dallas PT  
CO: 00000000 BC NV1-162  
For Purchase of Cashier's Check  
# 1600811363

Tran 00044 06/12/2020 11:33  
Entity NMV CC 3368800 Tlr 00002  
Account: 3677  
R/T# 540880133  
Official Check Sale \$100,000.00  
N CKCHNV\*\*\*\*\* 05/22  
N IMG INTERACT F2F AUTH

Electronic Endorsements:

Date	Sequence	Bank #	Endrs Type	TRN	RRC	Bank Name
06/12/2020	4552224910	122000661	Rtn Loc/BOFD	Y		BANK OF AMERICA, NA