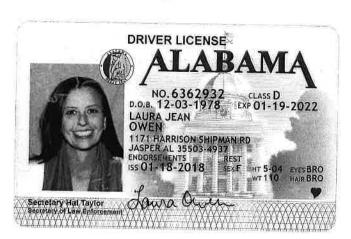
| Attached Required Document Checklist | [Fauta : 001 C01 | 2.0400 | |
|--|-----------------------|--|--------------------------|
| Voided Check | Fax to : 901-692 | 2-9499 | 25 |
| Business Verification Document | | email to: | PIAADACT |
| Copy of Drivers License | annlicatio | ons@impactpays.net | IMPACI |
| Managing Partner Name: | | ons@mpactpays.net | - PATHERI PARINERS - |
| Date Submitted: | | | |
| Merchant | t Application Submis | sion Form | |
| Merchant (Business) DBA Name: | 5 1000112 | by Inc. | |
| Business Legal Name: SAME | - Caro L | $\alpha x^{\dagger} ax$. | |
| | Ph Contact Phone I | Number: 205,425. | 3448 |
| Physical Address: 1171 Harrison Shipman | 21,3 | 1 000 | 35503 |
| Phone Number: | Fax Number: | 1 | 2.36.52 |
| Email Address: patriotiacks @ ama | id. Com | Website: | |
| Billing Address: SAME | | | City: |
| State: Zip: | | | |
| THE CHANGE THE PARTY OF THE PAR | Business Type | | |
| Corporation - circle one: Private or Public | | Business Start Date: \(\int \) | arch 2013 |
| LLC - circle one: C corp S corp P partner D disrega | rded entity | value change 20 | |
| | 117 | 1572091 | Refund Policy? Yes or No |
| 211177.0001 | 142 | X0 1.00 11 | Retund Policy: Tes or No |
| | | | |
| Ownership Information (Must I | | 7 7 | rs* |
| Officer/Owners Name: Louro Owen | Title: Pres | Sident Social Security: | 417-15-3992 |
| Home Address: 377 Harrison Shipman | Rd | City, State, Zip Code: | Sner, AL. 355503 |
| Drivers License#: (36 2932 | Expiration Date | : 1/19/2022 | State: ALABIAMA |
| DOB: Dec. 3,1978 | Home Phone N | umber: 265-435 | .3448 |
| % of Business Owned: 5\ % | Length of Owne | | 7110 |
| | Banking Information | | |
| | | | |
| A copy of a voided check or a signed verification | ation letter from the | bank is <u>required.</u> *No Starter | Checks Accepted* |
| Name of Bank Syhovus | | | |
| ABA Routing # 06 100606 | | | |
| Account# 1004171664 | | | |
| Estimated Sales Volume | DEFINE THE | Termin | al Questions |
| Estimated Annual Sales (All sales) | 5 a million | Batch Out Time: | |
| Estimated Annual Visa/MC/Discover/ AMEX Sales | \$ | Communication Method: IF | 1-10001000000 |
| Estimated Monthly Visa/MC/Discover/ AMEX Sales | \$ | Do you dial 9 for outside lin | e? Yes - (No) |
| Average Ticket | \$ | Terminal Type: | |
| High Ticket | Ş | Pin Pad Type: | Yes - No |
| First two sections must equal 100% respectively Card Swiped: % Card Keyed In: % = 100% | | Reprogram Terminal: Equipment Purchase: | Yes - No |
| Card Present: % Card Not Present % =100% | | Equipment Rental Program | |
| MOTO: % Internet: % | | PIN Debit Pin Pad: | Yes No |
| IBUXX or Traditional | | POS Software Integration: | Yes - No |
| Notes: | | Software Name & Version | |
| | | Next Day Funding: | Yes - No |
| | | Tip Edit: | Yes - No |
| | | | |
| | | | |
| | | | Version: 004 |



Ghost Sheet

In order to get our Merchants, set up seamlessly and effortlessly we need as much information as you can upfront. Please fill out all applicable fields.

| information as you can apriorit. Flease his out all applicable fleids. |
|--|
| □ How does the merchant process cards today? ₩ |
| ☐ Terminal: ☐ Yes ☐ No Make/ Model: |
| ☐ POS System? ☐ Yes ☐ No Name: |
| ☐ Payment Gateway or Online Shopping Cart? (such as Auth.net, USA ePay, |
| Shopify etc.) |
| ☐ Yes ☐ No Name: |
| ☐ Any other Software? |
| ☐ Does the Merchant want to keep their current equipment?☐ Yes ☐ No |
| , □ Front & Back picture of terminal attached Λ\\R |
| Line of communication: Is Merchant using IP (Internet wire connected to the internet |
| router) or Dial (phone line) for internet access? ☑ IP ☐ Dial |
| ☐ Does Merchant accept Gift Cards or want to accept them?☐ Yes ☑ No ☐ Wants |
| ☐ Does Merchant have a need for ACH recurring billing ☐ Yes ☐ No ☐ Wants |
| ☐ Does Merchant need Next Day Funding ☐ Yes ☐ No |
| ☐ Does Merchant want IBUXX Program or Traditional Pricing Program? |
| ☐ IBUXX Program ☐ Traditional Program ☐ Wants an analysis on both |
| Special Request: (ie: landing page, invoicing, dongle, pin debit, SwipeSimple, Retail Cloud POS, Clover etc.): |
| |
| |
| |
| □ Referred MP Name: |
| □ Referred RP Name: |
| ☐ Merchant Name: |



| | JACKS LAND WOR PH. 205-717-9273 | X INC | | | |
|---------------|---|-------|-------|---------|----------|
| 1171 | HARRISON SHIPMAN RD JASPER, AL 35503 | | | | 64-60/61 |
| ίγ | | 010 | DATE | | |
| THE DER OF | | | | \$ | |
| | ١ ١ | | | DOLLARS | |
| | SYNOVUS' | | . ~ , | | |
| | Synovus Bank, Member FDIC | 4 | , | | |
| R | | | | - 3 | |

7%

John H. Merrill Secretary of State P. O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

as appears on file and of record in this office, the pages hereto attached, contain a true, accurate, and literal copy of the Articles of Amendment filed on behalf of Patriot Jacks Land Worx, Inc., as received and filed in the Office of the Secretary of State on 01/11/2018.



20180301000009770

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

03/01/2018

Date

X W. Merill

John H. Merrill

Secretary of State