

Secure Bancard, LLC 1500 Abbey Court | Alpharetta, GA 30004 1-855-271-1500

APPLICATION FOR MERCHANT AGREEMENT

SYNOVUS BANK (Merchant Bank) 1125 First Avenue, Columbus, GA 31901 706-649-4900

Processor's Sales Rep Name: iBuxx Impact

Trup Partnership 2, Inc						
				Joe's Pizza and Pasta		
Merchant Legal Business Name				DBA Name		
115 E Jefferson				115 E Jefferson		
lailing Address			_	DBA Address (Physical, No PO Boxes))	
Effingham	Illinois	62401		Effingham	Illinois	62401
ity	State	Zip	-	City	State	Zip
217-347-5637				217-240-0831		
egal Phone #	Legal Fax #		-	DBA Phone #	DBA Fax #	
275100012	20 _{1Yrs.}	20 Mos. New b	usiness New owner Seasonal	? Yes No List months		
ederal Tax ID # (Must be 9 digits)	Length (Owned		Deta Opened. Dec. 7, 199	9	
			Business License	Date Opened:		_
erchant State registration		E-mail Address: jc	oespizzaeffingham@yahoo.com Web sit	e Address: orde	erjoes.com	
ny prior No 🔳 No 📗	Yes If yes	: Personal Busir	ness If yes, how long			
Retail Restaurant Lodging	g Service	Internet% N	fail%	%		
Food		lucts/services; card ch	narging policies; delivery methods;	whether own/finance inventoryprovi	de separate ¡	pages if needed
	egai 🔲 DBA I	Location Contact:	Joey Trupiano	Phone #	217-240-08	331
	egai DBA [Location Contact:	Joey Trupiano	Phone #	217-240-08	331
	едаі 🔲 ОВА [Location Contact: _	Joey Trupiano	Phone #	217-240-08	331
	egai 🔛 DBA [Location Contact:	Joey Trupiano	Phone #	217-240-08	331
fund/Return Policy			Joey Trupiano Other:	Phone #	217-240-08	331
fund/Return Policy No refund □ Refund in 30 days	s or less Me			Phone #	217-240-08	331
fund/Return Policy No refund ☐ Refund in 30 days nerican Express Disclosure the "JetPay" party listed througho	s or less	erchandise	Other:	Phone # merican Express, or will convey Ameri		
Interior of the "JetPay" party listed througho ehalf: etPay Merchant Services 361 Boyington Drive, Suite 180	s or less	erchandise	Other:			
efund/Return Policy No refund □ Refund in 30 days merican Express Disclosur	s or less	erchandise	Other:			s sales on your

Merchant initials JT

	CT / Site Survey	To help t	the governme	ent fight the	funding of te	rrorism an	d monev laun	dering a	ctivities, the	e USA Pa	atriot Act requires	s all financial	institutions to
obtain, verify ask for your n license or oth	T REQUIREMENTS - and record information ame, physical address er identifying docume	n that ider s, date of nts. Comp	ntifies each p birth, taxpay plete Sections	erson (inclu er identifica s I and II an	ding busines tion number a d III. (*In Se	s entities) and other ection II, D	who opens a information th river's License	accou at will al	nt. What this llow us to ided use oth	s means entify you er ID on	for you: When you. We may also ally if no Driver's L	ou open an a ask to see yo icense issue	ccount, we will our driver's d.)
					,								
Busines	Section 1: ss Form of Identificat	tion		Applica Items Rev	able /iewed:			Section ividual Identific	Form of		Ite	Applicable ems Review	red:
			Business N	lame:									
Govt Issued E	Business License		Date and P Issuance:	Place of			Drivers Licens	e:	T615-4808-	-1209	Name:		/ Trupiano
Tax Return							State ID:				Date of Birth:		23, 1981
Corporate Re	solution		ID/Tax ID N	Number:	275100012	F	Passport:				DL/ID#:	T61	5-4808-1209
Entity Agencie	es						Military ID:				Date of Issuan	ice:	
	ncial Statement		Expiration I	Date:		N I	Лехісап Cons D:	ulate			State of Issuar		
Partnership A	greement										Expiration:		23, 2023
			Type Fin'l S	S't		F	Resident Alien	ID:			Address:		28 Augusta onal Drive
Section III			ı								1	IVau	onai Diive
On site vis	it done by Sales Rep		E	Business Co	nsistent with	Application	n (including a	ny e-Co	mmerce ad	dendums	s(s))		
Address of	location inspected:		DBA Address	Leg	al Address	URI	listed in eCo	mmerce	e addendum	1	Other Addres	SS:	
Does name p	osted at business mat	ch name	on applicatio	n Yes	No	Doe	es inventory v	olume a	ppear to be	sufficien	t? Yes No		
Does location	have appropriate bus	iness sigi	nage 🔲 Yes	No No		Are	store hours p	osted?	Yes	No Numb	er of employees:	/td>	
	merchant's inventory?			t Samples?	Yes N	o Did y	ou get Interio	/exterio	r photos?	Yes	No		
Was inventor	y consistent with merc	hant's typ	e of busines	s? Yes			Commen	ts:					
	Sales Representative						Date:						
* By signing a address and (bove you hereby ackr in the case of informa	nowledge tion listed	that the infor I below in the	mation liste e-Commer	d herein is tr ce addendun	ue and aco n(s)) indica	curate and wa ated URL(s) a	s perso s applic	nally observ able.	ed on th	e indicated docur	ment, and at	the indicated
Principal Info	ormation												
Principal's	Title	Date of I	Birth	Ownership	% of Time	Social Se	curity # (Proc	essor's p	orivacy		Residential Addre	ess	Residential
Name				% / Years	Spent In	policy for	collection an	d use of	social		(City, State, Zip	o)	Phone #
					Business	security	numbers can b	e found	at				
						www.sec	urebancard.co	m)					
Joey Trupiano	Owner			50/20 years		******9476	5			13328 Au IL, 62401	gusta National Driv	e, Effingham,	217-240-0831
Manny Trupiano	Officer			50/20 years		******8562	2				Cambridge Lane, E	Effingham,	2172400833
, ,										Illinois, 62	401		
Bank Informa	ation												
Name of Finar	ncial Institution			Account no	umber		Routing #		Phone #		Contact	Date Open	ed
Midland States E	Bank			*****0170			081204540						
*AUTHORI	ZATION FOR AUTON	ATIC FU	INDS TRANS	SFER (ACH): The Merci	hant Rank	(defined held	w) is a	uthorized to	initiate d	or transmit credit	and/or dehi	t and/or check
	ne account identified re			•	•		`	,					
	. REQUIRED: ATTACH	-						.5		,	9		
Please sele	ect one for ACH acco	ount type	listed above	e: 🔲 C	Checking ac	count 🔲 S	Savings acco	unt 🔲 E	Bank GL ac	count			
Trade / Busi	ness References												
Trade Name		Acco	unt #		Product	Sold			Phone #'	(No 800	#s)		
Tauc Name		ACCO	ω. ετ. π		1 Todact	Join			1 Hone #	,,40 000			
Other busi	nesses in which mer	chant or	a principal a	are now or	previously h	nave been	involved as	owner/	operator/di	rector:			

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Processing Information		
Card Types Accepted:	_	y
Projected total annual sales \$ Projected Visa/MC/DISC/Amex Sales Monthly \$125000_00Annual \$ Projected Visa/MC/DISC/Amex High T \$2500.00	Electronic key-entered (with imprints) Electronic card not present (w/out imprints) OR Touch-tone card not present (with imprints)	Projected avarage % Visa/MC/DISC/Amex ticket size 40.00 % Do you use a 3rd party fulfillment? No Yes If "yes" Contact name and phone number: Name: Phone:
If applicable, provide: video (TV), audic Do you authorize carrier to deliver w/o How do you advertise? Yellow page Have you ever accepted credit cards b statements. If you are a MO/TO or e-C Actual chargeback volume for most rec # of locations? If you Yes	ernet: supply copy of print advertising, catalogs and brochures. o tape (Radio or IVR), and Web-page screen prints/URL(Internet). getting signature? No Yes s Telemarketing Catalog Internet Word of mouth Publications Mass efore? Yes No If Yes: Processor Name (Please pro ommerce merchant, please provide most recent 6 months of processing statements event 3 months \$ 6 months \$ are affiliated with an existing account, please provide existing merchant ID#: pendent contractors or agents or merchant servicers that will have access to the	ovide the most recent 3 months of processing (5.)
Merchant Owns Leases Location(s)? How long at current locations(s)?	
Name/address of mortgage holder/landlo		
Other significant Merchant Contacts with	third parties:	
account. Existing AXP SE #: If you currently accept AXP payments New Accounts:	and your AXP volume is less than \$1MM annually, you must submit your existing A in excess of \$1MM annually, please provide your existing AXP#, so so we can convayments, and your annual volume is less than \$1MM, if you request AXP, we will as	rey this to AXP on your behalf.

If you do not currently have an AXP #, and your annual volume is more than \$1MM, we will contact AXP on your behalf.

In the event your volume exceeds more than \$1MM annually, you may be moved directly to AXP. Opt out of AXP Offers and Promotions: If you do not wish to receive future offers or promotions of AXP products or services from AXP via offline or on-line means (such as traditional mail and telephone), please contact customer service at the phone number listed below. Please note that it may take some time, consistent with applicable law, for us to process your opt-out request.

Call Secure Bancard, LLC Customer Service at: 1-855-271-1500

Merchant has the right not to accept all Card Association card types. Some Point Of Sale software and programs cannot prohibit the acceptance of specific types of payment cards; therefore, it is the merchant's responsibility to enforce this. If you request AXP and qualify, JetPay as processor, and not Merchant Bank, will settle American Express.

^{**} Denotes Services and Programs listed above or below in this Application, which are provided by Processor and its contractors and not by Merchant Bank. Merchant Bank has no responsibility or liability therefor.

					F	EE S	CHEDULE											
** Equipment Option	ic																	
Ечиртен Орион	5				Purchase	Purc	hasa				Du	rch	ase	Mor	chan	t	H	
Model			o	ty	New		rbished	F	Rent				Source	Owr				Price
Terminal																	\$	
Terminal																	\$	
Printer								4									\$	
PIN Pad																	\$	
Imprinter	COETIVADE				Purchase Only			_		1					_			
Other	SOFTWARE							+			-				_		\$	
														<u> </u>			Ф	
Shipping, handling ar	nd tax will be l	billed in ad	ddition to t	he eq	uipment price listed a	bove.												
Equipment Billing to:					chant Agent Ot													
Ship Equipment to:				DBA	A Legal Agent	Othe	er:											
Send Welcome Kit to	:			DBA	A Legal Agent	N/A												
Merchant training pro	vided by:			Pro	cessor Agent O	ther:												
CEDVICE ACCEPT	ANCE AND E	EE COUE	חווה															
SERVICE ACCEPTA	ANCE AND F	EE SCHEI	DULE															
Disservet Dates	Interchance De	aa Thuai ah	Discount F	lete o	on 0/ Day Itams C		■ Associatio	D	0	۸		ata [Daga Thuasanh					
Discount Rates	interchange Pa	ss mrougn	i Discourit i	tale <u>u</u>	.08 % Per Item \$ _	J.U6	Associatio	ט וונ	ues &	ASSE	ssmer	IIIS F	ass mrough					
Rate 1		%	Per Item \$	Rat	e 2		%		Per Iter	n \$	Rate 3	3				%		Per Item \$
Visa Qual Credit				Vis	a Mid-Qual Credit						Visa N	Von-0	Qual Credit				Ħ	
		0.08	0.06	_				+								_	\dashv	
Master Card Qual Credit	Ovel Candit	0.06	0.00		ster Mid-Card Qual Credit	0	un alia	_					n-Card Qual Credit	ual Cana	114	_	-	
Discover Network - PayPal (_	cover Netword - PayPal Mic		realt						letwork - PayPal Non-Q		IT		_	
American Express Qual Cre	dit	0.27	0.40	_	erican Express Mid-Qual Cı	edit						_	Express Non-Qual Cred	it			4	
Visa Qual Debit				Vis	a Mid-Qual Debit						Visa N	Non-(Qual Debit					
Master Card Qual Debit				Ma	ster Card Mid-Qual Debit						Maste	er Ca	rd Non-Qual Debit					
Discover Network - PayPal 0	Qual Debit			Dis	cover Network - PayPal Mid	-Qual D	ebit				Discov	ver N	letwork - PayPal Non-Q	ual Debi	t			
Pin Debit				EB	Т						Star					\$1 per m	ionth	1
			•	•														
Rewards Pricing																		
								<i>.</i>			_							
Visa Rewards (Disco	unt Rate \$	Per It	em				MC World Card	(Dis	scour	it Rat	e \$		Per Item				—	
Amov Dowarda (Dica	ount Data ¢	Dor	Itom				Diagover Dower	do (Dioor	ount F	Doto d	τ.	Dor Itom					
Amex Rewards (Disc	ount Rate \$	Pei	Item				Discover Reward	us (DISCO	Juill	Raie i	Ρ	Per Item				_	
Non-Bankcard Type	s Accepted																	
rion Baimeara Type	στισσορίσα														_		_	
JCB Card %		Diners	s Carte Bl	anch	e%		American Expre	ess	Disc	ount	rate	%	OR					
Monthly Flat Fe	e: \$		Monthly C	ross	Pay Daily Gr	oss Pa	ay 🗌 Retail \$_		Tran	ıs Fe	e +	9	6 OR 🗌					
	N	one					No	ne										
Est. Annual Amex	Volume: \$_				Est. Aver	age A	mex Ticket: \$											
AMEX Pay Freque		ı [15 day		20 day Amay 5	d:		4	.:	h:	ما ام ما ام							
AMEX Pay Freque	ency 🔲 3 c	iay	■ 15 day		30 day Amex F	ees ai	sciosea in this s	eci	uon a	re bi	nea c) у Р	imerican Express	ž				
Miscellaneous Fees																		
Miscellaneous rees		_														·		
	12.00				None		25.00						None					
Monthly Statemen	nt Fee \$	- Applica	tion/Setu	p Fee	\$ ACH Reject	t/Cha	nge Fee \$	_	Onlin	е Ме	rchai	nt P		nthly				
Chargeback/Retrie	eval Fee \$ <u>25.</u>	<u>00/15</u> . @ach	Monthly	/ Mini	mum: \$ None Vo	ice Aı	uth/ARU Fee \$ 1.9	95	A	CH F	ee \$_	Non	each_					
ACH Debit \$1.00 L	Inon Accoun	t Annrova	al AVS Ea	e \$ No	each CVV2 Fe	Nor	<u>ne</u> ─each Tokeniza	tio	n Eee	No	ne	-h /	None None \$	Э				
7011 DODIE \$1.00 C	Pon Accoun	" Yhhiovo	A 4 3 F C	υΨ	CUCH CVV2 FE	Ψ	Cucii i UNCIIIZA			Ψ		-11 F	uu i ee ψ					
		None	ne			_	None				_	N	one					
** Administrative l	Maintenance	Fee \$	mont	nly **	PCI Non Complian	ce Fee	month	ıly *	** Gat	tewa	y Fee	\$_	monthly					
							None											
None ** Other \$	None per	Descript	tion		** (Other	None No \$per	one	C	escr	iptio	n			-			
	None				10.95						•							
Early Termination	Fee: \$	** PC	I monthly	Fee	\$													

See Sections 13.b.iv and 18 of the Agreement for other fees that may be assessed due to the action or inaction of Merchant.

Authorization Fees: \$ None American Express \$ MasterCard \$ None Visa \$ Discover \$

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eCommerce Application	on Addendum								
Number of e-Commer	ce websites:		(If more than 1, comple	te, ir	nitial and atta	ch an additional copy	of this page for each additiona	al website)	
Website URL:	orderjoes.com	Website serv	er IP Address:			Website DBA:			
Customer Service: em	nail address:	joespizzaeffi	ngham@yahoo.com	Tel	ephone:	217-347-5637	List all links to other webs	ites:	
Web Hosting Service	Name:			Add	dress:		Contact Telephone:		
Fullfillment House Na	me:			Add	dress:		Contact Telephone:		
How do you advertise	:				(Attach sai	mples; e.g., catalog	/print/broadcast/telemarket	ing script)	
Do you bill customer's Yes No	s card before ship	oping product	or performing service	e?	If Yes, how before?	<i>ı</i> many days			
What is your return/re	fund policy?				Website Se	ecurity Method:			
Digital Certificate Issu	ier:				Digital Cer	t No(s)/Exp Date(s)			venership ed Individual

For purposes of this application, "Processor" is Secure Bancard, LLC, 1500 Abbey Court, Alpharetta, GA 30004 and can be contacted at 1-855-271-1500 and "Merchant Bank" is Synovus Bank, 1125 First Avenue, Columbus, GA 31901, 706-649-4900.

Merchant Signatures and Guarantor Signatures

Agreement Signature: By signing below, each of the Merchant and Guarantor(s) and Merchant principal(s) and owner(s) (1) certifies, under penalty of perjury, that all information and documents submitted with this Application are true and complete; (2) authorizes Merchant Bank, Processor and their respective agents to verify any of the information given, including credit references, and to obtain individual and/or business credit reports, including requesting reports from consumer reporting agencies on persons signing below as a principal or owner of Merchant or as a Guarantor (if such person asks Merchant Bank or Processor whether or not a consumer report was requested, Merchant Bank or Processor will tell such person, and if Merchant Bank or Processor received a report, Merchant Bank or Processor will give such person the name and address of the agency that furnished it); (3). acknowledges receipt of the Merchant Card Processing Agreement ("Agreement") including the Continuing Guaranty ("Guaranty") contained within the Agreement, and of the CNP Addendum, Special Services Addendum and the Merchant Use and Disclosure of BIN Information Addendum (each, an "Addendum"), each of which documents is incorporated herein by this reference, and agrees to be bound by and perform in accordance with all provisions, terms and conditions of the Agreement, the Guaranty, and each such Addendum; (4) agrees to be bound by and perform in accordance with all terms, conditions and provisions of any Merchant Card Processing Agreement between any Merchant Affiliate of Merchant and Processor and its agents and Merchant Bank ("Merchant Affiliate Agreement"), regardless of whether such Merchant Affiliate Agreement currently exists or is executed, amended, or supplemented at some future date; (5) agrees that Processor and its agents and Merchant Bank may rely upon copies or facsimiles of this Application bearing Merchant's and Guarantor(s)'s signatures, or on copies or facsimiles of ther documents bearing Merchant's and Guarantor(s)'s sign

AMERICAN EXPRESS - In the event I am not eligible for JetPay and Secure Bancard's OptBlue program for American Express, by signing below, I represent that I have read and am authorized to sign and submit this application for the above entity, which agrees to be bound by the American Express® Card Acceptance Agreement ("American Express Agreement"), and that all information provided herein is true, complete, and accurate. I authorize JetPay, Secure Bancard, and American Express Travel Related Services Company, Inc. ("American Express") and American Express's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies from time to time, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct Secure Bancard and American Express and American Express's agents and Affiliates to inform me directly, or inform the entity above, about the contents of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize American Express to use the reports on me from consumer reporting agencies for marketing and administrative purposes. I am able to read and understand the English language. Please read the American Express Privacy Statement at http://www.americanexpress.com/privacy to learn more about how American Express your privacy and how American Express uses your information. I understand that I may opt out of marketing communications by visiting this website or contacting American Express at 1-800-528-5200. I understand that upon American Express' approval of the application, the entity will be provided with the American Express Agreement and materials welcoming it to American Express' Card acceptance program.

Guaranty: The undersigned Guarantor(s), individually and severally, guarantee the full and faithful performance and payment by the Merchant (identified above in the portion of this Application which precedes this Guaranty) of each and all of Merchant's duties and obligations to Merchant Bank and Processor, as provided in Section 25 of the Merchant Card Processing Agreement, which Merchant Card Processing Agreement, and this Application and the Addendums mentioned above, are incorporated into this Guaranty by this reference.

MERCHANT SIGNATURES		GUARANTOR SIGNATURES	
x1) \) bly [Mar. 15, 2021	XI) John /	Mar. 15, 2021
Principal/Owner for Merchant	Date	Guarantor Signature (No Titles)	Date
Joey Trupiano	Owner	Joey Trupiano	
Print Name	Title	Print Name (No Titles)	
X 2)		X 2)	
Principal/Owner for Merchant	Date	Guarantor Signature (No Titles)	Date
Print Name	Title	Print Name (No Titles)	
X 3)		X 3)	
Principal/Owner for Merchant	Date	Guarantor Signature (No Titles)	Date
Print Name	Title	Print Name (No Titles)	
FOR INTERNAL USE ONLY			
X)		X)	
Accepted by Processor	Date	Accepted by Merchant Bank	Date
Print Name	Title	Print Name	Title

Merchant initials

Merchant Beneficial Ownership and Management Information Certification: The following information and certifications concerning beneficial ownership, and the identification of beneficial owner(s), of the Merchant identified in the Merchant Application referenced below, must be provided for the Merchant if a legal entity includes a corporation, limited liability company or other entity that is formed by 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). (This form need not be used for a Merchant identified in the Merchant Application as a "sole proprietor" or "sole proprietorship", provided the prescribed forms of Merchant Application including any Patriot Act/customer identification forms and taxpayer identification/withholding forms included therein or prescribed for use therewith reflect such sole proprietorship status and are completed and executed by such sole proprietor and the Processor's representative.) The beneficial ownership/management information and certification in this form is in addition to, not a substitute for, the information and certifications regarding the Merchant legal entity required elsewhere in the prescribed form of Merchant Application including any other Patriot Act/customer identification forms and taxpayer identification/withholding forms included therein or prescribed for use therewith. Notice: To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person (including business entities) who opens an account. What this means for you: When you open an account we will ask for your name, address, date of birth, and other information that will allow us to identity you. We may also ask to see your driver's license or other identifying documents. In some instances we may use outside sources to

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will allow us to identity	you. We may also	is means for you: When you open a b ask to see your driver's license o s privacy policy can be found at http:/	r other identifying documents. Ir	n some instanc	date of birth, and es we may use ou	other information that tside sources to
Section 1: Merchant Ap Mar. 15, 2021	plication Informa	tion (Must match information in Merc	chant Application): Date Application	Signed (by Auth	orized Signer nam	ed below):
Merchant Legal Name: _	Joey Trupiano	Merchant Federal Tax ID (as it a	appears on income tax return):	7 <u>5100012</u> Me	rchant State of forr	nation/Incorporation:
IL Merchant Address:	13328 Augusta	National Drive, Effingham, IL, 62401		Merchar	t Entity Type	
Corporation						
arrangement, understand individuals does not exce individuals for which infor managing the legal entity Chief Operating Officer, N	ling, relationship o ed 50% of the equ mation is provided listed in Section 1 Managing Member	nagement Information. Provide the is a therwise, owns 25% or more of the ity interests of the Merchant, provide below exceeds 50%. (Use extra cop., a "Control Prong". Examples of a Cop., General Partner, President, Vice Prong section below must be complete	e equity interests of the Merchant le the information below on additiona ies if needed.) Information must be ontrol Prong include, but are not lin esident or Treasurer. If no other Be	gal entity identif I beneficial own provided for on	ed above. If the tot ers so that the total e individual with sic	al ownership of those ownership interests of Inificant responsibility f
Beneficial Owner Lega Joey Trupiano	l Name		Title Owner			% of Legal Entity OwnerShip: 50 %
Individual's Home (Stree 13328 Augusta National		D. Box)	City, State, Zip Effingham, IL, 62401			Date of birth July 23, 1981
Individual has a Social S Number issued by US G	•	Individual Taxpayer Identification	(SSN)/Individual Taxpayer Id	entification No. (ITIN):	Control Prong?
Id Type:* ■ Driver's Lice Passport ■ Resident Al	_	te photo ID showing residence	State/Country of Issuance	Date Issued May 7, 2019	Expiration Date July 23, 2023	Number on ID: T615-4808-1209
Beneficial Owner Lega Manny Trupiano	l Name		Title Officer			% of Legal Entity OwnerShip: 50 %
Individual has a Social S Number issued by US G	•	Individual Taxpayer Identification es No	(SSN)/Individual Taxpayer Id	entification No. (ITIN):	Control Prong?
Id Type:* Driver's Lice Passport Resident Al		te photo ID showing residence	State/Country of Issuance Illinois	Date Issued Jan. 8, 2021	Expiration Date Dec. 5, 2024	Number on ID: T615-2007-6346
Beneficial Owner Lega	l Name		Title	-1		% of Legal Entity OwnerShip: None 9
Individual's Home (Stree	t) Address (No P.0	D. Box)	City, State, Zip			Date of birth None
Individual has a Social S Number issued by US G		Individual Taxpayer Identification es No	(SSN)/Individual Taxpayer Id	entification No. (ITIN):	Control Prong?
Id Type:* Driver's Lice Passport Resident Al		te photo ID showing residence	State/Country of Issuance	Date Issued None	Expiration Date None	Number on ID:
Beneficial Owner Lega	l Name		Title	l .		% of Legal Entity OwnerShip: None 9
Individual's Home (Stree	t) Address (No P.0	D. Box)	City, State, Zip Effingham, ,			Date of birth None
Individual has a Social S Number issued by US G	_	Individual Taxpayer Identification es No	(SSN)/Individual Taxpayer Id	entification No. (ITIN):	Control Prong?
Id Type:* Driver's Lice Passport Resident Al		te photo ID showing residence	State/Country of Issuance	Date Issued None	Expiration Date None	Number on ID:
Control Prong (and/or Joey Trupiano	additional Ber	eficial Owner) Legal Name	Title Owner			% of Legal Entity OwnerShip: 50 %
Individual's Home (Stree 13328 Augusta National	t) Address (No P.0 Drive	D. Box)	City, State, Zip Effingham, IL, 62401			Date of birth July 23, 1981
Individual has a Social S Number issued by US G	•	Individual Taxpayer Identification es No	(SSN)/Individual Taxpayer Id	entification No. (ITIN):	Control Prong?
Id Type:* Driver's Lice Passport Resident Al	_	te photo ID showing residence	State/Country of Issuance	Date Issued May 7, 2019	Expiration Date July 23, 2023	Number on ID: T615-4808-1209
*For US persons provide Country of issuance. ± Sp photograph or similar saf	pecify type of "Oth	License unless there is none; for nor er ID", which may be any other unexp	n-US persons ID Type may be uner pired government-issued document	xpired Resident evidencing natio	Alien ID, or Passpo onality or residence	ort/Other ID± and and bearing a
that he/she is authorized and that, to the best of hi indirectly owns 25% or m	zed Signer, listed a to open accounts s/her knowledge, a ore of the Merchal reby certify that the	above as a Beneficial Owner or Controportion the Merchant at financial institution all information provided above about entegal entity's equity interests whose information listed above regarding the indicated document.	ns, that all information provided abo each individual listed above is comp e information is not provided above.	ove about the Mo plete and correct . The Authorized	erchant legal entity and there is no ind Signer and the Pro	is complete and correctividual who directly or occessor's
John 1) Man 45	No. of Tamaian				
/ /	Mar. 15, 2021	Joey Trupiano Authorized Signer Date	Signed Authorized Signer Drieted	Name Presses	or's Den	Date Signed
		Authorized Signer Date Signature	Signed Authorized Signer Printed	Name Process Signatu		Date Signed

Processor's Rep. Printed Name

VISA DISCLOSURE PAGE

Member Bank (Acquirer) Information:

Acquirer Name: Synovus Bank

Acquirer Address: 1125 First Avenue, Columbus, GA 31901

Acquirer Phone: (706) 649-4900

Important Member Bank (Acquirer) Responsabilities:

- 1. A Visa Member is the only entity approved to extend acceptance of Visa products directly to a Merchant.
- 2. A Visa Member must be a principal (signatory) to the Merchant Agreement.
- 3. The Visa Member is responsible for and must provide settlement funds to the Merchant.
- 4. The Visa Member is responsible for all funds held in reserve that are derived from settlement.
- 5. The Visa Member is responsible for educating Merchants on any Visa International Operating Regulations with which Merchants must comply during the course of operation.

Important Merchant Responsibilities:

- 1. Ensure compliance with cardholder data security and storage requirements.
- 2. Maintain fraud and chargebacks below thresholds.
- 3. Review and understand the terms of the Merchant Agreement.
- 4. Comply with Visa International Operating Regulations.

The responsibilities listed above do not supersede terms of the Merchant Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the Visa Member (Acquirer) is the ultimate authority should the Merchant have any problems.

Merchant Signature	
John ;	Mar. 15, 2021
Merchant's Signature	Date
Joey Trupiano	Owner
Merchant's Printed Name	Title