



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

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

APPLICATION FOR MERCHANT AGREEMENT

Processor's Sales Rep Name: iBuxx Impact

Business Information

| | | | | | |
|--|--|--|--|----------------|--------------|
| <u>Walker Recovery Center</u> | | | <u>Walker Recovery Center</u> | | |
| Merchant Legal Business Name | | | DBA Name | | |
| <u>2195 N Airport Rd</u> | | | <u>2195 N Airport Rd</u> | | |
| Mailing Address | | | | | |
| <u>Jasper</u> | <u>Alabama</u> | <u>35504</u> | <u>Jasper</u> | <u>Alabama</u> | <u>35504</u> |
| City | State | Zip | City | State | Zip |
| <u>2052211799</u> | | | <u>2052211799</u> | | |
| Legal Phone # | Legal Fax # | | DBA Phone # | DBA Fax # | |
| <u>631046952</u> | <u>01</u> -Yrs. <u>01</u> -Mos. | <input type="checkbox"/> New business <input type="checkbox"/> New owner | | | |
| Federal Tax ID # (Must be 9 digits) | Length | Owned | Seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No | List months | |
| | | | Date Opened: <u>01 jan 1993</u> | | |
| Merchant State registration | E-mail Address: <u>Pjohn@myself.com</u> | Business License | Web site Address: | | |
| Any prior <input type="checkbox"/> No <input type="checkbox"/> Yes | If yes: <input type="checkbox"/> Personal <input type="checkbox"/> Business | If yes, how long | | | |
| Type of | <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd Partnership <input type="checkbox"/> Corp, check one: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Non <input type="checkbox"/> Other | | | | |

Business Type

Retail Restaurant Lodging Service Internet % Mail % Tel % Bus-to-Bus %

Description of Business

Detailed Description of Business (including products/services; card charging policies; delivery methods; whether own/finance inventory---provide separate pages if needed):
Drug Rehab Center

Mailing Address (select Legal DBA Location Contact: Pam John Phone #: 2052211799

Refund/Return Policy

No refund Refund in 30 days or less Merchandise Other: _____

American Express Disclosure

The "NCR" party listed throughout this Application and the Merchant Agreement is your acquirer for American Express, or will convey American Express sales on your behalf:

NCR Payment Solutions, LLC
864 Spring Street, Atlanta, GA 30308

DocuSigned by:
Patricia Waldrop
E0D336ADB52740E...
Merchant Signature

Patricia Waldrop / Owner
Print Name/Title

Jan. 14, 2022
Date:

| Section 1: Business Form of Identification | | | | | | | | Applicable Items Reviewed: | | Section II: Individual Form of Identification | | Applicable Items Reviewed: | | |
|---|-------|---------------|---------------------|---|--|---|---|----------------------------|------------------|---|-------------|----------------------------|-------|--|
| Govt Issued Business License | | | | <input checked="" type="checkbox"/> | Date and Place of Issuance: | | | | Drivers License: | 3231409 | Name: | Patricia Waldrop | | |
| Tax Return | | | | <input type="checkbox"/> | ID/Tax ID Number: | | 631046952 | Passport: | | DL/ID#: | 3231409 | | | |
| Corporate Resolution | | | | <input type="checkbox"/> | Expiration Date: | | | Military ID: | | Date of Issuance: | | | | |
| Entity Agencies | | | | <input type="checkbox"/> | Type Fin'l S't | | | Mexican Consulate ID: | | State of Issuance: | None | | | |
| Business financial Statement | | | | <input type="checkbox"/> | Resident Alien ID: | | | Expiration: | Jan 04, 2023 | | | | | |
| Partnership Agreement | | | | <input type="checkbox"/> | Address: | | 224 Co Rd 3989 | | | | | | | |
| Section III | | | | | | | | | | | | | | |
| <input type="checkbox"/> On site visit done by Sales Rep | | | | <input type="checkbox"/> Business Consistent with Application (including any e-Commerce addendums(s)) | | | | | | | | | | |
| <input type="checkbox"/> Address of location inspected: | | | | <input type="checkbox"/> DBA Address | <input type="checkbox"/> Legal Address | <input type="checkbox"/> URL listed in eCommerce addendum | <input type="checkbox"/> Other Address: | | | | | | | |
| Does name posted at business match name on application <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Does inventory volume appear to be sufficient? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| Does location have appropriate business signage <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Are store hours posted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Number of employees: /td> | | | | | | | | |
| Did you view merchant's inventory? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Get Samples? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Did you get Interior/exterior photos? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Comments: | | | | | | |
| Was inventory consistent with merchant's type of business? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | * Signature of Sales Representative: | | | | | | | | | Date: | |
| * By signing above you hereby acknowledge that the information listed herein is true and accurate and was personally observed on the indicated document, and at the indicated address and (in the case of information listed below in the e-Commerce addendum(s)) indicated URL(s) as applicable. | | | | | | | | | | | | | | |
| Principal Information | | | | | | | | | | | | | | |
| Principal's Name | Title | Date of Birth | Ownership % / Years | % of Time Spent in Business | Social Security # (Processor's privacy policy for collection and use of social security numbers can be found at www.securebancard.com) | Residential Address (City, State, Zip) | | Residential Phone # | | | | | | |
| Patricia Waldrop | Owner | | 50/01-01-1993 | | *****4586 | 224 Co Rd 3989, Jasper, AL, 35503 | | 2052752780 | | | | | | |
| Judson Smith | Owner | | 50/01-01-1993 | | *****6052 | 254 Fred Farley, Jasper, AL, 35503 | | 205-275-7347 | | | | | | |
| Bank Information | | | | | | | | | | | | | | |
| Name of Financial Institution | | | Account number | | Routing # | | Phone # | | Contact | | Date Opened | | | |
| Bank of Walker County | | | ***3911 | | 062206460 | | | | | | | | | |
| *AUTHORIZATION FOR AUTOMATIC FUNDS TRANSFER (ACH): The Merchant Bank (defined below) is authorized to initiate or transmit credit and/or debit and/or check entries to the account identified relating to the above account for the services contemplated under this Agreement. Said authority is granted to Merchant Bank's processor and their agents. REQUIRED: ATTACH VOIDED CHECK | | | | | | | | | | | | | | |
| Please select one for ACH account type listed above: <input type="checkbox"/> Checking account <input type="checkbox"/> Savings account <input type="checkbox"/> Bank GL account | | | | | | | | | | | | | | |
| Trade / Business References | | | | | | | | | | | | | | |
| Trade Name | | Account # | | Product Sold | | | | Phone #' (No 800 #s) | | | | | | |
| None | | None | | | | | | None None | | | | | | |
| None | | None | | | | | | None None | | | | | | |
| Other businesses in which merchant or a principal are now or previously have been involved as owner/operator/director: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

Processing Information

Card Types Accepted:

- | | |
|--|--|
| <input checked="" type="checkbox"/> All Visa/MasterCard/Discover Cards | <input type="checkbox"/> MasterCard Credit Cards and Business cards only |
| <input type="checkbox"/> All Discover Cards | <input type="checkbox"/> Visa Credit Cards and Business Cards only |
| <input type="checkbox"/> JCB** | <input type="checkbox"/> MasterCard Debit cards only |
| <input type="checkbox"/> American Express ** | <input type="checkbox"/> Visa Debit cards only |
| <input type="checkbox"/> Diners/Carte Blanche** | <input type="checkbox"/> PIN Based Debit/EBT Cards** |

Projected total annual sales \$ _____

Projected Visa/MC/DISC/Amex Sales
Monthly \$30000.00 Annual \$ _____

Projected Visa/MC/DISC/Amex High Ticket
\$238.00

Electronic card-swiped transactions 95 %
Electronic key-entered (with imprints) 5 %
Electronic card not present (w/out imprints) None %

OR

Touch-tone card not present (with imprints) _____ %
Touch-tone card not present (no imprints) _____ %
Mail/Telephone Order (card not present) None %
eCommerce (card not present) None %

Projected average

Visa/MC/DISC/Amex ticket size 17.00

Do you use a 3rd party fulfillment?

No Yes

If "yes"

Contact name and phone number:

Name: _____
Phone: _____

NOTE: TOTAL (must equal 100%)

If processing via mail, phone or Internet: supply copy of print advertising, catalogs and brochures. If applicable, provide: video (TV), audio tape (Radio or IVR), and Web-page screen prints/URL(Internet).

Do you authorize carrier to deliver w/o getting signature? No Yes

How do you advertise? Yellow pages Telemarketing Catalog Internet Word of mouth Publications Mass/Direct mail Other _____

Have you ever accepted credit cards before? Yes No If Yes: Processor Name _____ (Please provide the most recent 3 months of processing statements. If you are a MO/TO or e-Commerce merchant, please provide most recent 6 months of processing statements.)

Actual chargeback volume for most recent 3 months \$ _____ 6 months \$ _____

of locations? _____ If you are affiliated with an existing account, please provide existing merchant ID#: _____

List the names of each of your independent contractors or agents or merchant servicers that will have access to cardholder data:

Do you bill your customer prior to goods being shipped? If yes, how many days? 0-2 days 3-30 days 31-60 days 60-90 days Over 90 days

| | | |
|---|------------------------------------|--|
| Merchant <input type="checkbox"/> Owns <input type="checkbox"/> Leases Location(s)? | How long at current locations(s)?: | |
| Name/address of mortgage holder/landlord: | | |
| Other significant Merchant Contacts with third parties: | | |

American Express

Existing Accounts:

If you currently accept AXP payments, and your AXP volume is less than \$1MM annually, you must submit your existing AXP#. We will assign you a new AXP # for this account. Existing AXP SE #: _____

If you currently accept AXP payments in excess of \$1MM annually, please provide your existing AXP#, so so we can convey this to AXP on your behalf.

New Accounts:

If you do not currently accept AXP # payments, and your annual volume is less than \$1MM, if you request AXP, we will assign you an AXP # for this account, so you can start accepting AXP payments. **AXP SE #:** _____

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, NCR 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.

FEE SCHEDULE

**** Equipment Options**

| Model | Qty | Purchase New | Purchase Refurbished | Rent | Purchase Other Source | Merchant Owned | Price | |
|-----------|-----|---------------|----------------------|------|-----------------------|----------------|-------|--|
| Terminal | | | | | | | \$ | |
| Terminal | | | | | | | \$ | |
| Printer | | | | | | | \$ | |
| PIN Pad | | | | | | | \$ | |
| Imprinter | | Purchase Only | | | | | | |
| Other | | | | | | | \$ | |

Shipping, handling and tax will be billed in addition to the equipment price listed above.

Equipment Billing to: Merchant Agent Other

Ship Equipment to: DBA Legal Agent Other:

Send Welcome Kit to: DBA Legal Agent N/A

Merchant training provided by: Processor Agent Other:

SERVICE ACCEPTANCE AND FEE SCHEDULE

Discount Rates Interchange Pass Through Discount Rate % Per Item \$ Association Dues & Assessments Pass Through

| Rate 1 | % | Per Item \$ | Rate 2 | % | Per Item \$ | Rate 3 | % | Per Item \$ |
|---------------------------------------|------|-------------|---|---|-------------|---|---|---------------|
| Visa Qual Credit | 3.79 | | Visa Mid-Qual Credit | | | Visa Non-Qual Credit | | |
| Master Card Qual Credit | 3.79 | | Master Mid-Card Qual Credit | | | Master Non-Card Qual Credit | | |
| Discover Network - PayPal Qual Credit | 3.79 | | Discover Network - PayPal Mid-Qual Credit | | | Discover Network - PayPal Non-Qual Credit | | |
| American Express Qual Credit | 3.79 | | American Express Mid-Qual Credit | | | American Express Non-Qual Credit | | |
| Visa Qual Debit | 3.79 | | Visa Mid-Qual Debit | | | Visa Non-Qual Debit | | |
| Master Card Qual Debit | 3.79 | | Master Card Mid-Qual Debit | | | Master Card Non-Qual Debit | | |
| Discover Network - PayPal Qual Debit | 3.79 | | Discover Network - PayPal Mid-Qual Debit | | | Discover Network - PayPal Non-Qual Debit | | |
| Pin Debit | | | EBT | | | Star | | \$1 per month |

Rewards Pricing

| | |
|---|---|
| Visa Rewards (Discount Rate \$ 3.79 Per Item <input type="checkbox"/> | MC World Card (Discount Rate \$ 3.79 Per Item <input type="checkbox"/> |
| Amex Rewards (Discount Rate \$ 3.79 Per Item <input type="checkbox"/> | Discover Rewards (Discount Rate \$ 3.79 Per Item <input type="checkbox"/> |

Non-Bankcard Types Accepted

JCB Card % Diners Carte Blanche% American Express Discount rate% OR

Monthly Flat Fee: \$ Monthly Gross Pay Daily Gross Pay Retail \$ Trans Fee + % OR

Est. Annual Amex Volume: \$ None Est. Average Amex Ticket: \$ None

AMEX Pay Frequency 3 day 15 day 30 day Amex Fees disclosed in this section are billed by American Express

Miscellaneous Fees:

Monthly Statement Fee \$ 24.90 Application/Setup Fee \$ None ACH Reject/Change Fee \$ 25.00 Online Merchant Portal \$ None monthly

Chargeback/Retrieval Fee \$ 25.00/15.00 each Monthly Minimum: \$ None Voice Auth/ARU Fee \$ None ACH Batch Fee \$ None each

ACH Debit \$1.00 Upon Account Approval AVS Fee \$ None each CVV2 Fee \$ None each Tokenization Fee \$ None each Annual Fee \$ None

** Administrative Maintenance Fee \$ None monthly ** PCI Non Compliance Fee \$ None monthly ** Gateway Fee \$ None monthly

** Other \$ None per None Description ** Other \$ None per None Description

Early Termination Fee: \$ None ** PCI monthly Fee \$ 5.00

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

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.

| | | | | | |
|--|--|--|--------------|--|--|
| eCommerce Application Addendum | | | | | |
| Number of e-Commerce websites: | | (If more than 1, complete, initial and attach an additional copy of this page for each additional website) | | | |
| Website URL: | Website server IP Address: | None | Website DBA: | | |
| Customer Service: email address: | Pjohn@myself.com | Telephone: | 2052211799 | List all links to other websites: | |
| Web Hosting Service Name: | | Address: | | Contact Telephone: | |
| Fullfillment House Name: | | Address: | | Contact Telephone: | |
| How do you advertise: | (Attach samples; e.g., catalog/print/broadcast/telemarketing script) | | | | |
| Do you bill customer's card before shipping product or performing service? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, how many days before? | | | |
| What is your return/refund policy? | | Website Security Method: | | | |
| Digital Certificate Issuer: | | Digital Cert No(s)/Exp Date(s) | | Ownership <input type="checkbox"/> Shared <input type="checkbox"/> 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 other documents bearing Merchant's and Guarantor(s)'s signatures, and that any such copies or facsimiles shall be treated for all purposes as originals of the Application or other document; and (6) certifies that Merchant does not and will not provide, offer or facilitate gambling services, including offering or facilitating internet gambling services, or establishing quasi-cash, credits or monetary value of any type that may be used to conduct gambling.

AMERICAN EXPRESS - In the event I am not eligible for NCR 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 NCR, 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 protects 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 | |
|---|---------------|--|---------------|
|  | Jan. 14, 2022 |  | Jan. 14, 2022 |
| <small>(1) E0D336ADB52749E...</small> Principal/Owner for Merchant | Date | <small>(1) E0D336ADB52749E...</small> Guarantor Signature (No Titles) | Date |
| Print Name: Patricia Waldrop | Title: Owner | Print Name (No Titles): Patricia Waldrop | Title: Owner |
|  | 1/26/2022 |  | 1/26/2022 |
| <small>(2) 5DB5B5C03DEC402...</small> Principal/Owner for Merchant | Date | <small>(2) 5DB5B5C03DEC402...</small> Guarantor Signature (No Titles) | Date |
| Print Name: Judson Smith | Title: | Print Name (No Titles): Judson Smith | Title: |
| Print Name: | Title: | Print Name (No Titles): | Title: |
| <small>X 3</small> | | <small>X 3</small> | |
| Principal/Owner for Merchant | Date | Guarantor Signature (No Titles) | Date |
| Print Name: | Title: | Print Name (No Titles): | Title: |

| FOR INTERNAL USE ONLY | | | |
|-----------------------|--------|---------------------------|--------|
| <small>X 1</small> | | <small>X 1</small> | |
| Accepted by Processor | Date | Accepted by Merchant Bank | Date |
| Print Name: | Title: | Print Name: | Title: |

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 (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 identify you. We may also ask to see your driver's license or other identifying documents. In some instances we may use outside sources to confirm the information.** Secure Bancard's privacy policy can be found at <http://www.securebancard.com/Privacy%20Policy.pdf>

Section 1: Merchant Application Information (Must match information in Merchant Application): Date Application Signed (by Authorized Signer named below): Jan. 14, 2022

Merchant Legal Name: Patricia Waldrop Merchant Federal Tax ID (as it appears on income tax return): None Merchant State of formation/Incorporation: AL
 Merchant Address: 224 Co Rd 3989, Jasper, AL, 35503 Merchant Entity Type Corporation

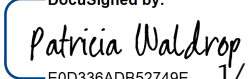
Section 2: Beneficial Ownership and Management Information. Provide the information below on each individual who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the Merchant legal entity identified above. If the total ownership of those individuals does not exceed 50% of the equity interests of the Merchant, provide the information below on additional beneficial owners so that the total ownership interests of individuals for which information is provided below exceeds 50%. (Use extra copies if needed.) Information must be provided for one individual with significant responsibility for managing the legal entity listed in Section 1, a "Control Prong". Examples of a Control Prong include, but are not limited to: Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer. If no other Beneficial Owner identified below is identified in the right column as the Control Prong, the Control Prong section below must be completed.

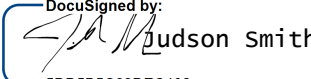
| | | | | | |
|--|---|----------------------------|--------------------------------|---|--|
| Beneficial Owner Legal Name Patricia Waldrop | Title Owner | | | | % of Legal Entity Ownership: 50 % |
| Individual's Home (Street) Address (No P.O. Box) 224 Co Rd 3989 | City, State, Zip Jasper, AL, 35503 | | | | Date of birth 08 sep 1948 |
| Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | (SSN)/Individual Taxpayer Identification No. (ITIN): *****4586 | | | Control Prong? <input checked="" type="checkbox"/> | |
| Id Type:* <input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID ± _____ | State/Country of Issuance AL | Date Issued 07 mar 2019 | Expiration Date 04 jan 2023 | Number on ID: 3231409 | |
| Beneficial Owner Legal Name Judson Smith | Title Owner | | | | % of Legal Entity Ownership: 50 % |
| Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | (SSN)/Individual Taxpayer Identification No. (ITIN): *****6052 | | | Control Prong? <input checked="" type="checkbox"/> | |
| Id Type:* <input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID ± _____ | State/Country of Issuance AL | Date Issued 17 dec 2019 | Expiration Date 28 sep 2023 | Number on ID: 9227905 | |
| Beneficial Owner Legal Name | Title | | | | % of Legal Entity Ownership: None % |
| Individual's Home (Street) Address (No P.O. Box) | City, State, Zip , , | | | | Date of birth None |
| Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (SSN)/Individual Taxpayer Identification No. (ITIN): | | | Control Prong? <input type="checkbox"/> | |
| Id Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID ± _____ | State/Country of Issuance | Date Issued None | Expiration Date None | Number on ID: | |
| Beneficial Owner Legal Name | Title | | | | % of Legal Entity Ownership: None % |
| Individual's Home (Street) Address (No P.O. Box) | City, State, Zip Jasper, , | | | | Date of birth None |
| Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (SSN)/Individual Taxpayer Identification No. (ITIN): | | | Control Prong? <input type="checkbox"/> | |
| Id Type:* <input type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID ± _____ | State/Country of Issuance | Date Issued None | Expiration Date None | Number on ID: | |
| Control Prong (and/or additional Beneficial Owner) Legal Name Patricia Waldrop | Title Owner | | | | % of Legal Entity Ownership: 50 % |
| Individual's Home (Street) Address (No P.O. Box) 224 Co Rd 3989 | City, State, Zip Jasper, AL, 35503 | | | | Date of birth 08 sep 1948 |
| Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | (SSN)/Individual Taxpayer Identification No. (ITIN): *****4586 | | | Control Prong? <input checked="" type="checkbox"/> | |
| Id Type:* <input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Other State photo ID showing residence <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID <input type="checkbox"/> Other ID ± _____ | State/Country of Issuance AL | Date Issued 07 mar 2019 | Expiration Date 04 jan 2023 | Number on ID: 3231409 | |

*For US persons provide unexpired Driver's License unless there is none; for non-US persons ID Type may be unexpired Resident Alien ID, or Passport/Other ID± and Country of issuance. ± Specify type of "Other ID", which may be any other unexpired government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Certifications and Signatures:

The undersigned Authorized Signer, listed above as a Beneficial Owner or Control Prong, who has signed the Merchant Application on behalf of the Merchant, hereby certifies that he/she is authorized to open accounts for the Merchant at financial institutions, that all information provided above about the Merchant legal entity is complete and correct and that, to the best of his/her knowledge, all information provided above about each individual listed above is complete and correct and there is no individual who directly or indirectly owns 25% or more of the Merchant legal entity's equity interests whose information is not provided above. The Authorized Signer and the Processor's Representative, each hereby certify that the information listed above regarding the identity and the identification document of each individual listed above, is complete and correct and was personally observed on the indicated document.

DocuSigned by:

 E0D336ADB52749E... 1/26/2022
 Patricia Waldrop

DocuSigned by:

 5DD5B5C63DEC402...
 Judson Smith

Jan. 14, 2022

Authorized Signer Signature

Date Signed

Authorized Signer Printed Name

Processor's Rep. Signature

Date Signed

Processor's Rep. Printed Name

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) Responsibilities:

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

DocuSigned by:
Patricia Waldrop
E0D336ADB52749E...

Merchant's Signature

Jan. 14, 2022

Date

Patricia Waldrop

Merchant's Printed Name

Owner

Title

Certificate Of Completion

| | |
|---|-----------------------------|
| Envelope Id: FBB830A336AA47588E5ADB3FC4CC8A91 | Status: Completed |
| Subject: Impact PaySystem Application.pdf | |
| Source Envelope: | |
| Document Pages: 7 | Signatures: 8 |
| Certificate Pages: 5 | Initials: 0 |
| AutoNav: Enabled | Envelope Originator: |
| Enveloped Stamping: Enabled | Morgan Withee |
| Time Zone: (UTC-08:00) Pacific Time (US & Canada) | 1164 Vickery Lane |
| | Suite 200 |
| | Cordova, TN 38016 |
| | registration@impactpays.net |
| | IP Address: 173.166.215.126 |

Record Tracking

| | | |
|-----------------------|-----------------------------|--------------------|
| Status: Original | Holder: Morgan Withee | Location: DocuSign |
| 1/24/2022 12:13:07 PM | registration@impactpays.net | |

Signer Events

Patricia Waldrop
dusty3989@aol.com
Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

E0D336ADB52749E...
Signature Adoption: Pre-selected Style
Using IP Address: 47.13.213.121

Timestamp

Sent: 1/24/2022 12:23:46 PM
Resent: 1/25/2022 6:17:49 AM
Resent: 1/25/2022 2:57:19 PM
Viewed: 1/26/2022 7:17:27 AM
Signed: 1/26/2022 7:18:07 AM

Electronic Record and Signature Disclosure:

Accepted: 1/26/2022 7:17:27 AM
ID: 30834e8c-d327-43bc-9427-de51649894e4

Judson Smith
judsmith67@gmail.com
MD
Security Level: Email, Account Authentication (None)

DocuSigned by:

5DD5B5C63DEC402...
Signature Adoption: Drawn on Device
Using IP Address: 107.77.233.215
Signed using mobile

Sent: 1/26/2022 7:18:08 AM
Viewed: 1/26/2022 1:24:20 PM
Signed: 1/26/2022 1:25:39 PM

Electronic Record and Signature Disclosure:

Accepted: 1/26/2022 1:24:20 PM
ID: e63f3fd3-25fb-44ad-9fcb-1e21873998e9

| In Person Signer Events | Signature | Timestamp |
|------------------------------|------------------|-----------------------|
| Editor Delivery Events | Status | Timestamp |
| Agent Delivery Events | Status | Timestamp |
| Intermediary Delivery Events | Status | Timestamp |
| Certified Delivery Events | Status | Timestamp |
| Carbon Copy Events | Status | Timestamp |
| Witness Events | Signature | Timestamp |
| Notary Events | Signature | Timestamp |
| Envelope Summary Events | Status | Timestamps |
| Envelope Sent | Hashed/Encrypted | 1/24/2022 12:23:46 PM |

| Envelope Summary Events | Status | Timestamps |
|--------------------------------|------------------|----------------------|
| Certified Delivered | Security Checked | 1/26/2022 1:24:20 PM |
| Signing Complete | Security Checked | 1/26/2022 1:25:39 PM |
| Completed | Security Checked | 1/26/2022 1:25:39 PM |

| Payment Events | Status | Timestamps |
|-----------------------|---------------|-------------------|
|-----------------------|---------------|-------------------|

Electronic Record and Signature Disclosure

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If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Impact PaySystem:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: morgan@impactpays.com

To advise Impact PaySystem of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at morgan@impactpays.com and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

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To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to morgan@impactpays.com and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

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To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to morgan@impactpays.com and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

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To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

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- Until or unless you notify Impact PaySystem as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Impact PaySystem during the course of your relationship with Impact PaySystem.