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: Impact Vaulted CNP

| Business Information | | | | |
|---|------------------------------|--|----------------------------------|---|
| Bayou State Containers LLC | | Bayou State Containers | | |
| Merchant Legal Business Name | | DBA Name | | _ |
| 9265 Highway 182 | | 9265 Highway 182 | | |
| Mailing Address | | DBA Address (Physical, No PO Boxes) | | - |
| Opelousas Louisiana 70570 | | Opelousas | Louisiana 70570 | |
| City State Zip | | City | State Zip | _ |
| 3372901456 | | 3372901456 | | |
| Legal Phone # Legal Fax # | | DBA Phone # | DBA Fax # | _ |
| 842887559 4 yr _Y rs. 4 yr _{Mos} . New business | New owner Seasonal? | Yes No List months | | |
| Federal Tax ID # (Must be 9 digits) Length Owned Busin | ess License | Date Opened: 23 sep 2019 | | _ |
| | voustate net | The state of the s | state.net | |
| | | | | |
| Any prior No Yes If yes: Personal Business If y | _ | | | |
| Type of Sole Proprietorship ■ LLC □ Partnership □ Ltd Part | nership 🔲 Corp, check one | e: Public Private Non | Other | |
| Business Type | | | | |
| | | | | |
| Retail Restaurant Lodging Service Internet Mail | % | % Bus-to-Bus% | | |
| Description of Business | | | | |
| Detailed Description of Business (including products/services; card charging po Waste management and container rentals | olicies; delivery methods; w | hether own/finance inventoryprovide | separate pages if needed): | |
| Mailing Address (select Legal DBA Location Contact: Sherry N | Nidkiff [| Phone # | 3372901456 | Ī |
| | | | | |
| | | | | |
| | | | | - |
| Refund/Return Policy | | | | |
| | | | | |
| No vet and Defauld in 20 days or less Mayshandias | | | | |
| No refund Refund in 30 days or less Merchandise Other: | | | | |
| American Express Disclosure | | | | |
| The "NCD" porty listed throughout this Application and the March and Application | at in your aggins for A | ion Everon or will come American | Evper en colon en verm halt alle | |
| The "NCR" party listed throughout this Application and the Merchant Agreemer | it is your acquirer for Amer | ican Express, or will convey American | Exper ss sales on your benait: | • |
| NCR Payment Solutions, LLC 864 Spring Street, Atlanta, GA 30308 | | | | |
| DocuSigned by: | | | | |
| 132 Jolet X | | | 9/14/2023 | |
| X 61C28AE933904DA | Benjamin Jake Lavergne | Owner | Apr. 05, 2023 | |
| Merchant Signature | Print Name/Title | | Date: | |
| | | | | |



PATRIOT ACT / Site Survey PATRIOT ACT REQUIREMENTS - 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, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Complete Sections I and II and III. (*In Section II, Driver's License required — use other ID only if no Driver's License issued.) Section II: Individual Form of Identification Section 1: Business Form of Identification Applicable Items Reviewed: Applicable Items Reviewed: **Business Name:** Date and Place of Beniamin Jake 009136893 Govt Issued Business License Drivers License: Name: Lavergne Tax Return State ID: Date of Birth: 30 aug 1990 Corporate Resolution ID/Tax ID Number: 842887559 Passport: DL/ID#: 009136893 **Entity Agencies** Military ID Date of Issuance: Mexican Consulate **Business financial Statement** Expiration Date: State of Issuance: Partnership Agreement Expiration Aug 30, 2024 2710 HIGHWAY 743 Type Fin'l S't Resident Alien ID: Address: Section III On site visit done by Sales Rep Business Consistent with Application (including any e-Commerce addendums(s)) Address of location inspected: DBA Address Legal Address URL listed in eCommerce addendum Other Address: Does inventory volume appear to be sufficient? Yes No Does name posted at business match name on application Yes No Are store hours posted? <a> Yes No Number of employees:/td> Does location have appropriate business signage Yes No Did you view merchant's inventory? Yes No Get Samples? Tyes No Did you get Interior/exterior photos? Yes No Was inventory consistent with merchant's type of business? Tyes Comments: * 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 % of Time Social Security # (Processor's privacy Residential Address Residential % / Years policy for collection and use of social (City, State, Zip) Phone # Spent In Business security numbers can be found at www.securebancard.com) 2710 HIGHWAY 743, Opelousas, LA Benjamin Jake *****8728 30/4 yr 009136893 Owner avergne 70570 1724 Herman Dupuis, Breaux Bridge, Maxim Doucet 70/4 yr *****2773 337-277-2085 A, 70517

| Bank Information | | | | | |
|---|-------------------------------|-----------------------|----------------------|--------------------|---------------------------|
| Name of Financial Institution | Account number | Routing # | Phone # | Contact | Date Opened |
| Home Bank | *****0607 | 265270303 | | | |
| | | | | | |
| *ALITHODIZATION FOR ALITOMATIC FLINDS TRANS | CEED (ACH): The Merchant Bank | (defined helow) is au | thorized 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

☐ Checking account ☐ Savings account ☐ Bank GL account Please select one for ACH account type listed above:

| 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: | | | | | | |

| Sign Envelope ID: 093158F | -0-F971-4DD5-A422-B | 3 of 6 | | 1771 | Merchant initials | BL |
|--|---|---|---|--|--|-------------------------------------|
| Processing Information | | | | Diff May | | |
| ard Types Accepted: | All Visa/Master All Discover Ca JCB** American Expr Diners/Carte B | ress ** | Visa Maste | erCard Credit Cards Credit Cards and Bu erCard Debit cards o Debit cards only Based Debit/EBT Ca | only | |
| | | | | | | |
| Projected total annual sales \$. Projected Visa/MC/DISC/Ame: Monthly \$8000.00 Annual \$_ | x Sales Elec | ectronic card-swiped transaction ectronic key-entered (with imprir ectronic card not present (w/out OR uch-tone card not present (with | nts) :imprints) | 20 % 80 % None % | | |
| Projected Visa/MC/DISC/Ames \$10000.00 | Mai | uch-tone card not present (no in uil/Telephone Order (card not pro ommerce (card not present) | . , | % None% None% | Contact name a Name: Phone: | |
| | | NOTE: TOTA | AL (must equal 100 | 0%) | | |
| If processing via mail, phoi if applicable, provide: video (To Do you authorize carrier to deli | V), audio tape (Radio or IVF | of print advertising, catalogs ar R), and Web-page screen prints | nd brochures. ts/URL(Internet). | | Do you bill your customer poshipped? If yes, how many 3-30 days 31-60 days Over 90 days | days? 🔲 0-2 d |
| | | g Catalog Internet Word | | | | |
| | | lo If Yes: Processor Name nt, please provide most recent 6 | | | the most recent 3 months of | processing |
| Actual chargeback volume for | most recent 3 months \$ | 6 mc | onths \$ | | | |
| # of locations?None List the names of each of yo | • | an existing account, please pro | • | | nolder data: | |
| | | | | | | |
| Merchant Owns Leases L | ., | | How long at currer | t locations(s)?: | | |
| Name/address of mortgage hold Other significant Merchant Conta | | | | | | |
| orano organisana moronana coma | | | | | | |
| American Express | | | | | | |
| | | | | | | |
| Existing Accounts: If you currently accept AXP pa account. Existing AXP SE #: | | ume is less than \$1MM annually | y, you must submit | your existing AXP#. | We will assign you a new A | XP # for this |
| If you currently accept AXP pa account. Existing AXP SE #: | | | | - | | XP # for this |
| If you currently accept AXP pa account. Existing AXP SE #: | yments in excess of \$1MM | I annually, please provide your of annual volume is less than \$1M | existing AXP#, so s | so we can convey thi | is to AXP on your behalf. | |
| If you currently accept AXP paraccount. Existing AXP SE #: If you currently accept AXP parameters: If you do not currently accept AXP paraccepting AXP payments. AXP | yments in excess of \$1MM AXP # payments, and your a | I annually, please provide your of annual volume is less than \$1M | existing AXP#, so s | so we can convey th | is to AXP on your behalf. | |
| If you currently accept AXP pa account. Existing AXP SE #: If you currently accept AXP pa New Accounts: If you do not currently accept A accepting AXP payments. AXF If you do not currently have an In the event your volume exceptions of promotions of AXP pr | yments in excess of \$1MM AXP # payments, and your a P SE #: AXP #, and your annual vo eds more than \$1MM annual oducts or services from AX | annually, please provide your of annual volume is less than \$1M | existing AXP#, so s MM, if you request A will contact AXP on y to AXP. Opt out o (such as traditional | so we can convey the AXP, we will assign y your behalf. f AXP Offers and Pr mail and telephone) | is to AXP on your behalf. you an AXP # for this accour omotions: If you do not wish , please contact customer se | nt, so you can to receive futu |
| If you currently accept AXP pa account. Existing AXP SE #: If you currently accept AXP pa New Accounts: If you do not currently accept A accepting AXP payments. AXF If you do not currently have an In the event your volume exception of the payments of the event your volume exceptions of promotions of AXP principles. | AXP # payments, and your appropriate AXP #, and your annual voteds more than \$1MM annual oducts or services from AX ote that it may take some times. | annually, please provide your of annual volume is less than \$1M olume is more than \$1MM, we would you may be moved directly (P via offline or on-line means (sime, consistent with applicable less than \$1 means (sime). | existing AXP#, so s MM, if you request A will contact AXP on y to AXP. Opt out o (such as traditional | so we can convey the AXP, we will assign y your behalf. f AXP Offers and Pr mail and telephone) | is to AXP on your behalf. you an AXP # for this accour omotions: If you do not wish , please contact customer se | nt, so you can : to receive futu |

^{**} 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.

ВL



| JSIGN Envelope ID: 093158FC | J-F971- 4 | DD5-A422 | -83D02F39FEDL | | CHEDULE | (137 | MD | | | |
|--|----------------------------|--------------|-------------------------------|---------------|-----------------|---------------------|-----------------------------|----------------|-------------|-------------|
| ** Equipment Options | | | | | | | | | | |
| | | | Purchase | | hase | | Purchase | Merchan | i i | |
| Model Terminal | | Qty | New | Refu | ırbished | Rent | Other Source | Owned | \$ | Price |
| Terminal | | | | | | | | | \$ | |
| Printer | | | | | | | | | \$ | |
| PIN Pad | | | Donah Oak | | | | | | \$ | |
| <u>Imprinter</u> Other | | | Purchase Only | _ | | | | | \$ | |
| Other | | | | | | | | | \$ | |
| | ı | · | | | | | | | 1.4 | |
| Shipping, handling and tax will be I | billed in ac | | | | | | | | | |
| Equipment Billing to: Ship Equipment to: | | | Merchant Agent DBA Legal Ager | | ar: | | | | | |
| Send Welcome Kit to: | | | BA Legal Ager | | 31. | | | | | |
| Merchant training provided by: | | | Processor Agent | | | | | | | |
| | == 00U= | | | | | | | | | |
| SERVICE ACCEPTANCE AND F | EE SCHE | DULE | | | | | | | | |
| Discount Rates Interchange Pa | ss Through | Discount Rat | e % Per Item | \$ | Associa | tion Dues & Ass | essments Pass Through | | | |
| Rate 1 | % | Per Item \$ | Rate 2 | | % | Per Item \$ | Rate 3 | | % | Per Item \$ |
| Visa Qual Credit | 3.84 | 0.00 | Visa Mid-Qual Credit | | | | Visa Non-Qual Credit | | | |
| Master Card Qual Credit | 3.84 | 0.00 | Master Mid-Card Qual Cred | dit | | | Master Non-Card Qual Cred | lit | | |
| Discover Network - PayPal Qual Credit | 3.84 | 0.00 | Discover Netword - PayPal | | redit | | Discover Network - PayPal I | | | |
| American Express Qual Credit | 3.84 | 0.00 | American Express Mid-Qua | | | | American Express Non-Qua | | | |
| Visa Qual Debit | 3.84 | 0.00 | Visa Mid-Qual Debit | | | | Visa Non-Qual Debit | | | |
| Master Card Qual Debit | 3.84 | 0.00 | Master Card Mid-Qual Deb | it | | | Master Card Non-Qual Debi | it | | |
| Discover Network - PayPal Qual Debit | 3.84 | 0.00 | Discover Network - PayPal | | achit | | Discover Network - PayPal I | | | |
| Pin Debit | 3.04 | 0.00 | EBT | Wild-Qual L | ebit | | Star | Non-Quai Debit | \$1 per mon | th |
| FIII DEDIL | | | EBI | | | | Stai | | φ± per mon | uii |
| Visa Rewards (Discount Rate \$ 3.8. Amex Rewards (Discount Rate \$ | | em 0.00 | | | MC World Car | | | | | |
| JCB Card % Monthly Flat Fee: \$ | | s Carte Blan | che% | Gross P | American Exp | | | DR | | |
| N | one | , | | | | lone | | _ | | |
| Est. Annual Amex Volume: \$ AMEX Pay Frequency 3 d | lav | 15 day | | • | mex Ticket: \$_ | | nilled by American Exp | oress | | |
| | ., | | , | | | | , | | | |
| Miscellaneous Fees: | | | | | | | | | | |
| Monthly Statement Fee \$ | Applica | tion/Setup F | ee \$ ACH Re | eject/Cha | inge Fee \$ | Online M | erchant Portal \$ | monthly | | |
| Chargeback/Retrieval Fee \$ 25. | <u>00/15</u> . €ach | Monthly N | linimum: \$ <u>0.00</u> | Voice A | uth/ARU Fee \$ | None ACH | Batch Fee \$ 0.00 | each | | |
| ACH Debit \$1.00 Upon Accoun | t Approv | al AVS Fee S | each CVV2 | Fee \$ 0.0 | each Tokeni | 0. zation Fee \$ | 00 each Annual Fee \$ | 0.00 | | |
| ** Administrative Maintenance | Fee \$ 25.0 | monthly | / ** PCI Non Compli | ance Fe | e \$mon | thly ** Gatewa | 0.00 ay Fee \$ montl | hly | | |
| Monthly bill minimum: None | | | | | | | | | | |
| ** Other \$ per | Descrip | tion | , | ** Other | None \$per | None Desc | ription | | | |
| None month | Descrip | tion | | ** Other | None \$per | nonthDesc | ription | | | |
| Early Termination Fee: \$ | ** PC | I monthly Fe | 0.00 ee \$ | | | | | | | |
| Authorization Fees: \$ | America | n Express \$ | 0.00 MasterCar | 0.00 rd \$ | 0.00 Visa \$ | Discover | · \$ | | | |

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.

| | | | 5 of 6 |
|-----------------|--------------------|-----------------|--------------|
| DocuSian Envelo | ope ID: 093158F0-F | 971-4DD5-A422-F | 33D62F39FFDD |

| ps | DS |
|-------|----|
| 15.71 | MD |

| Merc | hant | initial |
|------|------|---------|

Owenership Shared Individual

| ·Ciara Eravalara ID. (| 1014E0E0 E074 | 4DDE 4400 | , DADAAFA | | | | * O | mor or idente in | | |
|-------------------------------|--------------------|-------------------------------|----------------------------------|-------------|-----------------|-----------------------|-----------------|------------------|------------|----------|
| uSign Envelope ID: (| J93158FU-F971 | -4DD5-A4Z | 2-83062F3 | 9FEDD | | 17/1 | MI) | | | |
| eCommerce Application | on Addendum | | | | | | | | | |
| Number of e-Commer | ce websites: | | (If more than 1, complete, initi | | | an additional copy of | this page for e | each additiona | l website) | |
| Website URL: | Bayoustate.net | Website server IP Address: | | Website [| DBA: | | | | | |
| Customer Service: em | nail address: | Sherry@bay | oustate.net | Telephone: | 33729014 | 56 List al | ll links to oth | er websites: | | |
| Web Hosting Service | Name: | | | Address: | | Conta | ct Telephone | : | | |
| Fullfillment House Na | me: | | | Address: | | Conta | ct Telephone | : | | |
| How do you advertise | : | | | | (Attach sampl | les; e.g., catalog/p | rint/broadcas | t/telemarketi | ng script) | |
| Do you bill customer's Yes No | s card before ship | oping product | or performi | ng service? | If Yes, how ma | any days | | | | |
| What is your return/re | fund policy? | | | | Website Secu | rity Method: | | | | • |
| Digital Certificate Issu | ier: | | | | Digital Cart No | o(c)/Evn Dato(c) | | | 0 | onorobin |

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

Digital Cert No(s)/Exp Date(s)

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 representthat 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 Accep-tance 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 inthis 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 Bancardand American Express and American Express's agents and Affiliates to inform me directly, or inform the entity above, about the contents of reports about methat 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 andunderstand the English language. Please read the American Express Privacy Statement at http://www.americanexpress.com/privacy to learn more about howAmerican Express protects your privacy and how American Express uses your information. I understand that I may opt out of marketing communications byvisiting this website or contacting American Express at 1-800-528-5200. I understand that upon American Express' approval of

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.

the application, the entity will be provided with the American Express Agreement and materials welcoming it to American Express' Card acceptance program.

| MERCHANT SIGNATURES | | GUARANTOR SIGNATURES | |
|---|--------------------|--|---------------|
| DocuSigned by: | 9/14/2023 | DocuSigned by: | 9/14/2023 |
| X 1) By John & | Apr. 05, 2023 | X 1 Bay Jolet 8 | Apr. 05, 2023 |
| Principal/Owner for Merchant | Date | Guarantor Signature (No Titles) | Date |
| Benjamin Jake Lavergne | Owner | Benjamin Jake Lavergne | |
| Print Name | Title 9/14/2023 | Print Name (No Titles) | 9/14/2023 |
| (X 2) Maxim Downt | 9/ 14/ 2023 | Occusioned by: X 2 Marxim Days # | 9/ 14/ 2023 |
| Principal/Owner for Merchant Maxim Doucet | Date | Guaration Signature (No Titles) Maxim Doucet | Date |
| Max IIII Doucet | 9/14/2023 | Max IIII Doucec | |
| 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 MD)

Merchant Beneficial Owner(s), of the Merchant 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 including any Patriot Activatomer identification forms and taxpayer identification/withholding forms included therein or prescribed forms of Merchant Application including any Patriot Activatomer identification forms and taxpayer identification 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 Activatomer 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): Apr. 05, 2023 Benjamin Jake Merchant Legal Name: Lavergne Merchant Federal Tax ID (as it appears on income tax return): None Merchant State of formation/Incorporation: LA Merchant Address: 2710 HIGHWAY 743, Opelousas, LA, 70570 Merchant Entity Type

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.

| Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? Yes No No | Beneficial Owner Legal Name Benjamin Jake Lavergne | Title Owner | | | % of Legal Entity OwnerShip: 30 % |
|--|--|---|--------------------|--------|--|
| Number issued by US Government? | | | | | |
| Passport Resident Alien ID Other ID ± Other ID ± | | (SSN)/Individual Taxpayer Ide ******8728 | entification No. (| ITIN): | |
| Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? Yes No Id Type:* Driver's License Other State photo ID showing residence LA State/Country of Issuance LA State Issued La In nov 2017 In nov 2023 Number on ID: 005733529 Beneficial Owner Legal Name Title State/Country of Issuance La In nov 2017 In nov 2023 Number on ID: 005733529 Individual's Home (Street) Address (No P.O. Box) Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? Yes No Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? Title State/Country of Issuance Date Issued None Number on ID: None State/Country of Issuance None State/Country of Issuance None State/Country of Issuance None Expiration Date Number on ID: Number on ID: None Number on ID: None Number on ID: None None Number on ID: None State/Country of Issuance None State/Country of Issuance None Expiration Date None Number on ID: None None | | | | | |
| Number issued by US Government? Yes No Id Type:* Driver's License Other State photo ID showing residence | Beneficial Owner Legal Name | Title | | | % of Legal Entity OwnerShip: None % |
| Passport Resident Alien ID Other ID ± LA 15 nov 2017 11 nov 2023 005733529 Beneficial Owner Legal Name Title % of Legal Entit OwnerShip: Not Individual's Home (Street) Address (No P.O. Box) Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? Yes Not None Number issued by US Government? Yes Not None Number issued Date Issued None Number on ID: Number on ID: Number ID: Other ID ± Title % of Legal Entit OwnerShip: Not None Number issued by US Government? None Number or Individual Taxpayer Identification No. (ITIN): Control Prong? Individual's Home (Street) Address (No P.O. Box) Individual has a Social Security Number or Individual Taxpayer Identification No. (ITIN): Control Prong? Individual has a Social Security Number or Individual Taxpayer Identification No. (ISN)/Individual Taxpayer Identification No. (ITIN): Control Prong? Identification No. (ITIN): Control Prong? Identification None Number issued by US Government? Yes No None Number Issued Date of birth None Number on ID: Number issued Date of birth None Number on ID: Number issued Date of birth None Number on ID: Number issued Date of birth None Number on ID: Number on ID: Number issued Date of birth None Number on ID: Number issued Date of birth None Number on ID: Number issued Date of birth None Number on ID: Number issued Date of birth None Number on ID: Number on ID: Number on ID: Number issued None Number on ID: Num | | (SSN)/Individual Taxpayer Ide | entification No. (| ITIN): | Control Prong? |
| Individual's Home (Street) Address (No P.O. Box) Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? Number or Individual Taxpayer Identification Individual has a Social Security Number or Individual Taxpayer Identification Id Type: Driver's License Other State photo ID showing residence Passport Resident Alien ID Other ID ± Beneficial Owner Legal Name Title State/Country of Issuance Title State/Country of Issuance Title State/Country of Issuance Number on ID: Number on ID: Number of Legal Entity OwnerShip: Not Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? Yes Not Id Type: Driver's License Other State photo ID showing residence Passport Resident Alien ID Other ID ± State/Country of Issuance State/Country of Issuance Date Issued Expiration Date None Number on ID: Control Prong? Individual Taxpayer Identification No. (ITIN): Control Prong (and/or additional Beneficial Owner) Legal Name Title | | State/Country of Issuance LA | | | |
| Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? Yes No Id Type:* Driver's License Other State photo ID showing residence State/Country of Issuance None State/Country of Issuance Number on ID: None Number on ID: None Title % of Legal Entity OwnerShip: None Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? Yes No Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? Yes No Id Type:* Driver's License Other State photo ID showing residence State/Country of Issuance None State/Country of Issuance None State/Country of Issuance Number on ID: | Beneficial Owner Legal Name | Title | | | % of Legal Entity OwnerShip: None % |
| Number issued by US Government? Yes No Id Type:* Driver's License Other State photo ID showing residence State/Country of Issuance None State/Country of Issuance Date Issued None Number on ID: None Number on ID: None Number on ID: None Title Gity, State, Zip Opelousas, , Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? Yes No Id Type:* Driver's License Other State photo ID showing residence Passport Resident Alien ID Other ID ± Control Prong (and/or additional Beneficial Owner) Legal Name Title State/Country of Issuance Date Issued None Number on ID: Number on ID: Number of Individual Taxpayer Identification No. (ITIN): Control Prong? Title | Individual's Home (Street) Address (No P.O. Box) | | | | |
| Passport Resident Alien ID Other ID ± Beneficial Owner Legal Name Title We of Legal Entity OwnerShip: Not OwnerShip: Not OwnerShip: Not None Title Control Prong (and/or additional Beneficial Owner) Legal Name Title None Title State/Country of Issuance None No | | (SSN)/Individual Taxpayer Ide | entification No. (| ITIN): | Control Prong? |
| Individual's Home (Street) Address (No P.O. Box) City, State, Zip Opelousas, , Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? Yes No Id Type: Driver's License Other State photo ID showing residence Passport Resident Alien ID Other ID ± Control Prong (and/or additional Beneficial Owner) Legal Name City, State, Zip Opelousas, , (SSN)/Individual Taxpayer Identification No. (ITIN): Control Prong? State/Country of Issuance None Title | | State/Country of Issuance | | | Number on ID: |
| Opelousas, , None Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? Yes No Id Type:* Driver's License Other State photo ID showing residence State/Country of Issuance Passport Resident Alien ID Other ID ± Control Prong (and/or additional Beneficial Owner) Legal Name Opelousas, , None (SSN)/Individual Taxpayer Identification No. (ITIN): Control Prong? State/Country of Issuance Number on ID: None Title | Beneficial Owner Legal Name | Title | 1 | 1 | % of Legal Entity OwnerShip: None % |
| Number issued by US Government? Yes No Id Type:* Driver's License Other State photo ID showing residence State/Country of Issuance None State/Country of Issuance Date Issued None None Number on ID: Control Prong (and/or additional Beneficial Owner) Legal Name Title | Individual's Home (Street) Address (No P.O. Box) | | | | |
| Passport Resident Alien ID Other ID ± Control Prong (and/or additional Beneficial Owner) Legal Name Title None None None None None | | (SSN)/Individual Taxpayer Ide | entification No. (| TIN): | Control Prong? |
| W of edgi Fatty | | State/Country of Issuance | | | Number on ID: |
| Benjamin Jake Lavergne Owner Ship: 30 to | Control Prong (and/or additional Beneficial Owner) Legal Name Benjamin Jake Lavergne | Title Owner | • | | % of Legal Entity OwnerShip: 30 % |
| Individual's Home (Street) Address (No P.O. Box) 2710 HIGHWAY 743 City, State, Zip Opelousas, LA, 70570 Date of birth 30 aug 1990 | Individual's Home (Street) Address (No P.O. Box) 2710 HIGHWAY 743 | City, State, Zip Opelousas, LA, 70570 | | | |
| Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? Yes No (SSN)/Individual Taxpayer Identification No. (ITIN): ********8728 | , | | entification No. (| TIN): | |
| Id Type:* Driver's License Other State photo ID showing residence Assport Resident Alien ID Other ID ± State/Country of Issuance LA Date Issued 20 sep 2018 Support State Power State Photo ID Showing residence Output ID: 009136893 | | | | | |

*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.

Leruncations 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 there is no 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.

9/14/2023 Benjamin Jake Lavergenen by: 9/14/2023 Anna Bourgeois 61C28AE933904DA Benjanin Jake Lavergne Authorized Signer Date Signed Authorized Signer Printed Name Processor's Rep. Date Signed

Anna Bourgeois

Apr. 05, 2023

VISA DISCLOSURE PAGE
DocuSign Envelope ID: 093158F0-F971-4DD5-A422-B3D62F39FEDD

Member Bank (Acquirer) Information:

Acquirer Name: Synovus Bank

Acquirer Address: 1125 First Avenue, Columbus, GA 31901

(706) 649-4900 Acquirer Phone:

Important Member Bank (Acquirer) Responsabilities:

- 1. A Visa Member is the only entity approved to extend acceptance of Visa products directly to a Merchant.
- A Visa Member must be a principal (signatory) to the Merchant Agreement.
- The Visa Member is responsible for and must provide settlement funds to the Merchant.
- The Visa Member is responsible for all funds held in reserve that are derived from settlement. 4.
- 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.
- 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: | 9/14/2023 |
| 61C28AE933904DA | Apr. 05, 2023 |
| Merchant's Signature | Date |
| | |
| Benjamin Jake Lavergne | Owner |
| Merchant's Printed Name | Title |