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 CP

Business Information									
AMERISCAPE LAWN & LANDSCA	PE LLC				AMERISCAI	PE LAWN &	LANDSCAPE		
Merchant Legal Business Name			-	i	DBA Name				
411 E GLORIA SWITCH RD					411 E GLOF	RIA SWITCH	RD		
Mailing Address			_	i	DBA Address	(Physical, N	o PO Boxes)		
CARENCRO	Louisiana	70520			CARENCRO)		Louisiana 7	70520
City	State 2	Zip	-		City			State Zip	,
3373070095					3373070096				
Legal Phone #	Legal Fax #		-		DBA Phone #			DBA Fax #	
473290324	7.5 Yrs. 7	7.5 Mos. New b	ousiness New owner	Seasonal?	Yes N	o List mon	ths		
Federal Tax ID # (Must be 9 digits)	Length Ov					e Opened:	27 feb 2015		
			Business License	ADIANA CO		e Openea: .	AMED	ICCADE ACAD	IANA COM
Merchant State registration		E-mail Address:	DFFICE@AMERISCAPEAC	Web site	Address:		AMER	ISCAPEACAD	IANA.COM
Any prior No	Yes If yes:	Personal Busi	ness If yes, how long						
Type of Sole Prop	rietorshin ■ I I	C Partnershin	Ltd Partnership Corp	check one	e. Dublic	Private	Non	Other	
Type of	nctorship <u>—</u> EE	e T arthership	_ Ltd 1 di tile13iip Corp	, check one	c. T ublic	1 Hvate	IVOIT	Otrici	
Business Type									
Retail Restaurant Lodging	Service 🔲	Internet% N	Mail% _ Te	el	% Bus	-to-Bus	%		
Description of Business									
Detailed Description of Business (i		cts/services; card c	harging policies; delivery	methods; w	hether own/f	inance inve	ntoryprovide	e separate page	es if needed):
Mailing Address (select Le	egal 🗌 DBA 📗	Location Contact:	AMANDA MCCULLOUCH	1 p	Phone #		<u> </u>	3373070096	
Refund/Return Policy									
☐ No refund ☐ Refund in 30 days	or less Merc	chandise	Other:						
No retails Neturis in 30 days	OI ICSS III IVICIC	Siaidisc							
American Express Disclosure	e								
·									
The "NCR" party listed throughout	this Application	and the Merchant	Agreement is your acquir	er for Amer	ican Express	, or will con	vey American	Exper ss sales	on your behalf:
NCD Downsont Colutions III C									
NCR Payment Solutions, LLC 864 Spring Street, Atlanta, GA 303	808								
, 3,,									
DocuSigned by:								10/16/2	022
× Jeffrey "Mike"	' McCullo	wh.	IEEEDEV MO	HAEL MCC	II I OHCH I O	WNED		Oct 14 300	2
Mer@hab@BhagaE246A		V-000	JEFFREY MIC		JELOUCH / U	VVINER		Oct. 14, 202:	-
orgradus			i initivanic						

PATRIOT ACT / Site	Survey										
PATRIOT ACT REQU obtain, verify and reco ask for your name, phy license or other identif	rd information ysical address	To help that ide , date of	the governme ntifies each per f birth, taxpaye	ent fight the erson (inc er identific	e funding o luding busi cation numb	f terrorism a ness entities per and other	nd money laundering) who opens an acco information that will	activities, the USA F unt. What this means allow us to identify yo	Patriot Act requires s for you: When you. you. We may also a	s all financial ins ou open an acco ask to see your	stitutions to ount, we will driver's
license or other identifi	ying documen	is. Com	piete Sections	s i anu ii a	ına III. (<u>*I</u> I	i Section II, t	onver's License requi	rea use other ID of	IIV II 110 Driver'S L	icerise issued.)	
Section Section Business Form		on		Appli Items Re	cable eviewed:		Individua	on II: I Form of ication	Ite	Applicable Items Reviewed:	
			Business N	ame:							
Govt Issued Business	License		Date and P Issuance:	lace of			Drivers License:	010932747	Name:	JEFFR MICHA MCCUI	EY .EL LLOUCH
Tax Return							State ID:		Date of Birth:	29 apr	1985
Corporate Resolution			ID/Tax ID N	lumber:	47329032	24	Passport:		DL/ID#:	010932	2747
Entity Agencies							Military ID:		Date of Issuar	ice:	
Business financial Sta	tement		Expiration [Date:			Mexican Consulate ID:		State of Issuar	nce: None	
Partnership Agreemen	nt						10.		Expiration:	Apr 29,	2028
<u> </u>			Type Fin'l S	S't			Resident Alien ID:		Address:	1135 N	PORTAGE
Section III			турстипте	, ,			TCSIdent Allen ID.		Addicss.	LOT 64	
Section iii											
On site visit done by	y Sales Rep		■ B	usiness C	Consistent v	vith Applicat	on (including any e-C	ommerce addendum	ıs(s))		
Address of location	inspected:		DBA Address	Le	egal Addres	s UF	RL listed in eCommerc	ce addendum	Other Addres	SS:	
Does name posted at	business matc	h name	on application	n Yes	No	Do	oes inventory volume	appear to be sufficie	nt? Yes No		
Does location have ap	propriate busi	ness sig	ınage 🗌 Yes 🏻	No		Ar	e store hours posted'	P 🔳 Yes 🔲 No Num	ber of employees:	/td>	
Did you view merchan Was inventory consists				Samples Yes		No Did	you get Interior/exteri	or photos? Yes	No		
* Signature of Sales R	epresentative:						Date:				
* By signing above you address and (in the ca	u hereby ackno	owledge	that the infor	mation list	ted herein i	s true and a	ccurate and was pers	onally observed on t	ne indicated docu	ment, and at the	e indicated
address and (in the ca	se of informati		d halow in tha								
address and (in the ed		ion iistet	a below iii tile	e-Comme	erce adden	dum(s)) indi	cated URL(s) as appl	cable.	1		
		ion iistet	a below in the	e-Comme	erce adden	dum(s)) indi	cated URL(s) as appl	cablė.			
Principal Information		ion listet	I	e-Comme	erce adden	dum(s)) indi	cated URL(s) as appli	cablė.			
		ion listet	Date of Birth		Ownership	dum(s)) indi	cated URL(s) as appli		Residentia		Residential
Principal Information		ion lister						ocessor's privacy		Address	
Principal Information		on iistet			Ownership	% of Time	Social Security # (Pro	ocessor's privacy and use of social	Residentia	Address	Residential
Principal Information		on istec			Ownership	% of Time Spent In	Social Security # (Propolicy for collection a	ocessor's privacy and use of social n be found at	Residentia	Address	Residential
Principal Information	Title	on istec			Ownership % / Years	% of Time Spent In	Social Security # (Propolicy for collection a security numbers car www.securebancard.	ocessor's privacy and use of social n be found at	Residentia	l Address ate, Zip)	Residential Phone #
Principal Information Principal's Name		orristec			Ownership	% of Time Spent In	Social Security # (Propolicy for collection a security numbers can	ocessor's privacy and use of social n be found at	Residential (City, Sta	I Address ate, Zip)	Residential
Principal Information Principal's Name JEFFREY MICHAEL	Title	orristee			Ownership % / Years	% of Time Spent In	Social Security # (Propolicy for collection a security numbers car www.securebancard.	ocessor's privacy and use of social n be found at	Residential (City, Sta 1135 N PORTAGE	I Address ate, Zip)	Residential Phone #
Principal Information Principal's Name JEFFREY MICHAEL MCCULLOUCH	Title	on iste			Ownership % / Years	% of Time Spent In	Social Security # (Propolicy for collection a security numbers car www.securebancard.	ocessor's privacy and use of social n be found at	Residential (City, Sta 1135 N PORTAGE	I Address ate, Zip)	Residential Phone #
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Principal Information Principal's Name JEFFREY MICHAEL MCCULLOUCH Bank Information Name of Financial Insti	Title OWNER	UIT IISLEC		Account	Ownership % / Years	% of Time Spent In	Social Security # (Propolicy for collection a security numbers can www.securebancard.	ocessor's privacy and use of social a be found at com)	Residential (City, Sta 1135 N PORTAGE ARNAUDVILLE, La	Address ate, Zip) E LOT 64, A, 70512	Residential Phone #
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		A160-7E231952A4E4				
Processing Information		a/MasterCard/Discover Cards		terCard Credit Cards a	nd Business cards only	
		can Express ** b/Carte Blanche**	☐ Mas	terCard Debit cards on Debit cards only Based Debit/EBT Card	ly	
Projected total annual sales \$ _		Electronic card-swiped transa	ctions	<u>75 </u>	Projected avarage Visa/MC/DISC/Amex	ticket size <u>80.0</u>
Projected Visa/MC/DISC/Amex Monthly \$10000.00 Annual \$_	Sales	Electronic key-entered (with ir Electronic card not present (w OR	out imprints)	25% None%		Yes
Projected Visa/MC/DISC/Amex \$5000.00	: High Ticket	Touch-tone card not present (Touch-tone card not present (Mail/Telephone Order (card not present)	no imprints) ot present)	% % None%	Contact name a Name: Phone:	·
		NOTE: T	OTAL (must equal 10	00%)		
If proposition via mail - b	oo or Intornet:	ally convert print advantages and the	yo and brock		Oo you bill your quotomes as	ior to goods b
If applicable, provide: video (TV	V), audio tape (Rai	oly copy of print advertising, catalog dio or IVR), and Web-page screen		S	oo you bill your customer pr hipped? If yes, how many o 3-30 days 31-60 days	lays? 🔲 0-2 d
Do you authorize carrier to deliv					Over 90 days	
How do you advertise? Yello	ow pages 🔲 Telen	narketing Catalog Internet	Word of mouth Pub	lications Mass/Direc	t mail Other	
•		merchant, please provide most receiths \$	·	ssing statements.)		
# of locations?	most recent 3 mon		6 months \$	chant ID#:	older data:	
# of locations?	most recent 3 mon	ths \$ed with an existing account, please	6 months \$	chant ID#:	older data:	
# of locations? None List the names of each of you	most recent 3 mon If you are affiliat ur independent c	ths \$ed with an existing account, please	6 months \$ e provide existing mercet servicers that will h	chant ID#: ave access to cardho	older data:	
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# of locations? Werchant Owns Leases Locate Dame/address of mortgage holde Other significant Merchant Contact Existing Accounts: If you currently accept AXP pay account. Existing AXP SE #: If you do not currently accept AXP pay New Accounts: If you do not currently accept AXP accepting AXP payments. AXP	If you are affiliate ur independent concentration(s)? er/landlord: lets with third particular with third part	ed with an existing account, please contractors or agents or merchanters: AXP volume is less than \$1MM annually, please provide your annual volume is less than	6 months \$ e provide existing merce at servicers that will h How long at curre ually, you must submit our existing AXP#, so \$1MM, if you request	t your existing AXP#. V so we can convey this	Ve will assign you a new A	
# of locations? # of locations? None List the names of each of you Merchant Owns Leases Locate Name/address of mortgage holde Other significant Merchant Contact American Express Existing Accounts: If you currently accept AXP pay account. Existing AXP SE #: If you currently accept AXP pay New Accounts: If you do not currently accept A accepting AXP payments. AXP If you do not currently have an accepting AXP ports of the event your volume exceet offers or promotions of AXP process.	If you are affiliate ur independent control ocation(s)? er/landlord: cotto with third particular with third	ed with an existing account, please contractors or agents or merchanters: AXP volume is less than \$1MM annually, please provide your annual volume is less than	6 months \$ e provide existing merce t servicers that will h How long at curre ually, you must submit our existing AXP#, so \$1MM, if you request we will contact AXP of eactly to AXP. Opt out ons (such as traditional	t your existing AXP#. V so we can convey this AXP, we will assign your your behalf. of AXP Offers and Proil mail and telephone), p	We will assign you a new AX to AXP on your behalf. Ou an AXP # for this account motions: If you do not wish olease contact customer see	t, so you can s to receive futu
# of locations? # of locations? None List the names of each of you Merchant Owns Leases Locate Name/address of mortgage holde Other significant Merchant Contact American Express Existing Accounts: If you currently accept AXP pay account. Existing AXP SE #: If you currently accept AXP pay New Accounts: If you do not currently accept A accepting AXP payments. AXP If you do not currently have an accepting AXP ports of the event your volume exceet offers or promotions of AXP process.	If you are affiliate or independent control of the process of the	eed with an existing account, please contractors or agents or merchant ess: AXP volume is less than \$1MM annot \$1MM annually, please provide year annual volume is less than \$1MM, annually, you may be moved directly from AXP via offline or on-line means some time, consistent with applications.	6 months \$ e provide existing merce t servicers that will h How long at curre ually, you must submit our existing AXP#, so \$1MM, if you request we will contact AXP of eactly to AXP. Opt out ons (such as traditional	t your existing AXP#. V so we can convey this AXP, we will assign your your behalf. of AXP Offers and Proil mail and telephone), p	We will assign you a new AX to AXP on your behalf. Ou an AXP # for this account motions: If you do not wish olease contact customer see	t, so you can s to receive futur

^{**} 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 SCHED	JLE					
** Equipment Options										
Man del		0.1	Purchase	Purchase		D	Purchase	Merchan	t	D
Model Terminal		Qty	y New	Refurbished	1	Rent	Other Source	Owned	\$	Price
Terminal									\$	
Printer									\$	
PIN Pad			Donah a a a Out						\$	5
<u>Imprinter</u> Other			Purchase Only						\$:
Guici									\$	
	1		•		i i		<u> </u>			
Shipping, handling and tax will be	billed in a									
Equipment Billing to: Ship Equipment to:			Merchant Agent DBA Legal Age							
Send Welcome Kit to:			DBA Legal Age							
Merchant training provided by:			Processor Agent	Other:						
SERVICE ACCEPTANCE AND E	EE SCUE	DUE								
SERVICE ACCEPTANCE AND F	EE SCHE	DULE								
Discount Rates Interchange Pa	ass Through	h Discount Ra	ate% Per Iter	m \$	Association	Dues & Ass	essments Pass Through			
Rate 1	%	Per Item \$	Rate 2		%	Per Item \$	Rate 3		%	Per Item \$
Visa Qual Credit	2.88	0.00	Visa Mid-Qual Credit				Visa Non-Qual Credit			
Master Card Qual Credit	2.88	0.00	Master Mid-Card Qual Cr	edit			Master Non-Card Qual Cred	lit		
Discover Network - PayPal Qual Credit	2.88	0.00	Discover Netword - PayP				Discover Network - PayPal			
American Express Qual Credit	2.88	0.00	American Express Mid-Q				American Express Non-Qua			
Visa Qual Debit	2.88	0.00	Visa Mid-Qual Debit				Visa Non-Qual Debit			
Master Card Qual Debit	2.88	0.00	Master Card Mid-Qual De	ebit			Master Card Non-Qual Debi	t		
Discover Network - PayPal Qual Debit	2.88	0.00	Discover Network - PayP				Discover Network - PayPal Non-Qual Debit			
Pin Debit			EBT	`			Star	\$1 per mon	ith	
							L			
Rewards Pricing										
Visa Rewards (Discount Rate \$ 2.8	8 Per I	tem ^{0.00}		MC W	orld Card (D	Discount Ra	ate \$ ^{2.88} Per Item ^{0.}	00		
		Item 0.00			•					
Amex Rewards (Discount Rate \$ 2	_ Per	item _s.ss		DISCOV	er Rewards	DISCOUNT	Rate \$ Per item	0.00		
Non-Bankcard Types Accepted										
JCB Card %	Diner	s Carte Bla	nche%	Δmeri	can Expres	e Diecoun	t rate%	OR .		
JOB Card 70	Dille	3 Curte Dia	iletie 70	Amen	cuii Expics	os Discouri	1. rate 70	21 (
Monthly Flat Fee: \$		Monthly Gr	oss Pay 📗 Daily	v Gross Pav	Retail \$	Trans Fo	ee + % OR			
		,		,,				<u>.</u>		
Fot Annual Amou Valumo C	lone		Fat /	A	None	е				
Est. Annual Amex Volume: \$_		_		Average Amex Ti	·					
AMEX Pay Frequency 3	day	■ 15 day	30 day Ame	ex Fees disclose	d in this se	ction are b	illed by American Ex	oress		
Miscellaneous Fees:										
			0.00							
Monthly Statement Fee \$ 0.00	Applica	ation/Setup	Fee \$ ACH R	Reject/Change Fe	e \$ 0.00	Online M	erchant Portal \$	monthly		
Chargeback/Retrieval Fee \$ 15	.00/12. @ac ł	n Monthly	Minimum: \$ <u>_0.00</u>	Voice Auth/ARU	J Fee \$ None	ACH	Batch Fee \$_0.00	each		
-		-								
ACH Debit \$1.00 Upon Accour					Tokenizati	on Fee \$_	00 each Annual Fee \$			
** Administrative Maintenance	Fee \$ 10.	month	ly ** PCI Non Comp	liance Fee \$	•	** Gatewa	ny Fee \$ mont	hly		
None None ** Other \$per	_ Descrip	ntion		None	per Non	le Deco	ription			
0.00			0.00	Outel #	μει	Desc	i ipalon			
Early Termination Fee: \$	** PC	CI monthly I	Fee \$	0.00	0.00					
0.00 Authorization Fees: \$ American Express \$ MasterCard \$ 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.

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J M

eCommerce Appli	eCommerce Application Addendum									
Number of e-Commerce websites: (If more that				(If more than 1,	, complete, initial	and attach an	additional copy	of this page for ea	ch additional	website)
Website URL:	AMERISCAPEACADI	ANA.COM	Website serv	Website server IP Address:			Website DBA:			
Customer Service	e: email address:		OFFICE@AM	IERISCAPEAC	CADIANA.COM	Telephone:	3373070095	List all links to websites:	other	
Web Hosting Serv	/ice Name:				Address:		Contact Telephone:			
Fullfillment House	Name:				Address:		Contact Telephone:			
How do you adve	rtise:				(Attach sample	les; e.g., cata	log/print/broad	dcast/telemarketi	ing script)	
Do you bill custor Yes No	mer's card before ship	ping produ	ct or perform	ing service?	If Yes, how many days before?					
What is your return/refund policy?			Website Security Method:							
Digital Certificate	Issuer:				Digital Cert No	o(s)/Exp Date	(s)			venership

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, on on copies or facsimiles of other documents bearing Merchant's and Guarantor(s)'s sig

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 alsoauthorize 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 beprovided with the American Express Agreement and materials welcoming it to American Express' Card acceptance program.

MERCHANT SIGNATURES	10/16/2022	GUARANTOR SIGNATURES	10/16/2022
DocuSigned by:	10/10/2022	DocuSigned by:	10/10/2022
× 1) Jeffrey "Mike" McCullouch	Oct. 14, 2022	X 1) Deffrey "Mike" McCullouch	Oct. 14, 2022
Principal/Owner for Merchant	Date	Guarantor Signature (No Titles)	Date
JEFFREY MICHAEL MCCULLOUCH	OWNER	JEFFREY MICHAEL MCCULLOUCH	
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 Beneficial Owner(s), of the Merchant Information Certification: The following information and certifications concerning 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 Activation forms and taxpayer identification/withholding forms included therein or prescribed forms of Merchant Application including any Patriot Activation in the substitute for, the information and certifications reparative.) 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 Activatorner 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	n Information (Must match i	nformation in Merchant A	pplication): Date Application	Signed (by Authorized S	Signer named below):
Oct. 14, 2022		•	7 1	3 11 (1)	,

Merchant Legal Name: M	JEFFREY MICHAEL CCULLOUCH Merchant Federal Tax ID (as it appears on inco	come tax return): None Merchant State of formation/Incorporation
LA Merchant Address:	1135 N PORTAGE LOT 64, ARNAUDVILLE, LA, 70512	Merchant Entity Type
LLC		

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 JEFFREY MICHAEL MCCULLOUCH	Title OWNER			% of Legal Entity OwnerShip: 100 %
Individual's Home (Street) Address (No P.O. Box) 1135 N PORTAGE LOT 64	City, State, Zip ARNAUDVILLE, LA, 70512			
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ■ Yes □ No	(SSN)/Individual Taxpayer Identification No. (ITIN): *****4159			Control Prong?
Id Type:* ■ Driver's License □ Other State photo ID showing residence □ Passport □ Resident Alien ID □ Other ID ±	State/Country of Issuance LA	Date Issued 29 apr 1985	Expiration Date 29 apr 2028	Number on ID: 010932747
Beneficial Owner Legal Name	Title	Title		
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ☐ Yes ■ No	(SSN)/Individual Taxpayer Id	(SSN)/Individual Taxpayer Identification No. (ITIN):		
Id Type:* Driver's License Other State photo ID showing residence Passport Resident Alien ID 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			Date of birth None
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ☐ Yes ■ No	(SSN)/Individual Taxpayer Identification No. (ITIN):			Control Prong?
Id Type:* Driver's License Other State photo ID showing residence Passport Resident Alien ID 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 ARNAUDVILLE, ,			Date of birth None
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ☐ Yes ■ No	(SSN)/Individual Taxpayer Id	entification No. ((ITIN):	Control Prong?
Id Type:* Driver's License Other State photo ID showing residence Passport Resident Alien ID Other ID ±	State/Country of Issuance	Date Issued None	Expiration Date None	Number on ID:
Control Prong (and/or additional Beneficial Owner) Legal Name JEFFREY MICHAEL MCCULLOUCH	Title OWNER	•		% of Legal Entity OwnerShip: 100 %
Individual's Home (Street) Address (No P.O. Box) 1135 N PORTAGE LOT 64	City, State, Zip ARNAUDVILLE, LA, 70512			Date of birth 29 apr 1985
Individual has a Social Security Number or Individual Taxpayer Identification Number issued by US Government? ■ Yes □ No	(SSN)/Individual Taxpayer Id *****4159	entification No. ((ITIN):	Control Prong?
Id Type:* ■ Driver's License □ Other State photo ID showing residence □ Passport □ Resident Alien ID □ Other ID ±	State/Country of Issuance LA	Date Issued 29 apr 1985	Expiration Date 29 apr 2028	Number on ID: 010932747

*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 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.

JEFFREY MICHAEL **MCCULLOUCH**

Jeffrey "Mike" McCullouch Authorized Signer 10/16/2022

Jeffrey "Mike" McCullouch

Signature

Date Signed Authorized Signer Printed Name Processor's Rep. Date Signed Signature

anna Bourgeois

10/14/2022

VISA DISCLOSURE PAGE

DocuSign Envelope ID: 87AD5464-2A52-4932-A160-7E231952A4E4

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.
- 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	
Jeffry "Mike" McCullowlu 3F4008FAC3E246A Merchant's Signature	10/16/2022 Oct. 14, 2022 Date
JEFFREY MICHAEL MCCULLOUCH	OWNER
Merchant's Printed Name	Title