

08/09/2007 14:34 12124335366

SHORELINE TRADING

PAGE 01/27

A. Your Introduced Account

Individuals, Multi-Parties and Custodianships Required

ACCOUNT NAME, NUMBER AND TYPE

Please provide the Account Name for the account you are opening with this New Account Application. Please also check the appropriate boxes to indicate Account Type. See previous page for definitions of account types.

Account Name MARGUERITE J. NADEL REVOCABLE TRUST		Account Number (for internal use only)
U/A/D 8/2/2007		
Check One Box:		
<input type="checkbox"/> Individual	<input type="checkbox"/> Tenants In Common*	<input checked="" type="checkbox"/> Revocable Trust
		<input type="checkbox"/> Custodianship: Minor's Date of Birth:
<input type="checkbox"/> IRA- Traditional	<input type="checkbox"/> JTWROS	<input type="checkbox"/> Estate
		Social Security No. of Minor:
<input type="checkbox"/> IRA- ROTH	<input type="checkbox"/> Other: _____	Custodian's Relationship to Minor:

*Additional Information for accounts held as Tenants in Common:

If you have checked the box for a joint account held as Tenants in Common, please provide each account holder name and % ownership:

Account Holder Name:

Percentage Ownership

_____	_____ %
_____	_____ %
_____	_____ %

BROKERAGE ACCOUNT INVESTMENT OBJECTIVES

Indicate your choice of investment objective based on the definitions of Capital Appreciation, Balanced and Conservative as defined below. PLEASE NOTE, YOU MUST CHOOSE ONE, AND ONLY ONE, OF THESE THREE INVESTMENT OBJECTIVES. Broker cannot guarantee that any particular investment or your investments generally will achieve your investment objective.

<input checked="" type="checkbox"/>	1. Capital Appreciation — Account primarily seeks long-term capital appreciation. Account may also include some short-term trading and margin (leverage). You are willing to assume a higher risk commensurate with your expected returns and understand that there is no guarantee that the investments, either individually or in the Account as a whole, will attain such returns.
<input checked="" type="checkbox"/>	Speculative Investments — Please check this box if in seeking Capital Appreciation you wish to make speculative investments, engage in opportunistic trades, including but not limited to uncovered option trading (both listed and over-the-counter), day trading and other short term trading, and purchase foreign exchange, commodities, futures and non-principal protected instruments. You understand and acknowledge that the foregoing investments involve a high degree of risk and are willing and able to bear the full risk of loss of principal invested in such investments. If you check Speculative Investments you must also check Capital Appreciation as your investment objective.
<input type="checkbox"/>	2. Balanced — Account primarily seeks long-term capital appreciation and current income. Account may also include a limited amount of short-term trading and margin (leverage). You are willing to assume moderate to high risk commensurate with your expected returns and understand that there is no guarantee that the investments, either individually or in the Account as a whole, will attain such returns.
<input type="checkbox"/>	3. Conservative — Account primarily seeks current income and, secondarily, moderate capital appreciation. You are willing to assume low to moderate risk commensurate with your expected returns and understand that there is no guarantee that the investments, either individually or in the Account as a whole, will attain such returns.

May 2007

A-2

Introduced Account IndMd App Version 4.0

EXHIBIT 7

B. Individuals, Multi-Parties and Custodianships

Personal Information

Required

ACCOUNT HOLDER NUMBER 1

First Name, M.I. Marguerite		Last Name Nadel	
<input checked="" type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss
<input type="checkbox"/> Sr.	<input type="checkbox"/> Jr.	<input type="checkbox"/> III	<input type="checkbox"/> IV
<input type="checkbox"/> Other _____			
Daytime Phone REDACTED		Evening Phone	
Fax Number REDACTED		Other Phone (please specify)	
Date of Birth REDACTED		Social Security No. (or Passport No. and Country of Issuance)	
E-Mail Address (please specify if case sensitive) ART@SCOOPMANAGEMENT.COM			

Marital Status and Citizenship:

<input type="checkbox"/> Single	<input type="checkbox"/> Other	Number of Dependents (if applicable):
<input checked="" type="checkbox"/> Married		
Country of Citizenship US		If not a U.S. citizen, are you a U.S. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No

Legal Residence: The address to be used for tax reporting purposes. (No P.O. boxes, please.)

Address Line 1 396 COUNTRY VIEW DRIVE	
Address Line 2 SARASOTA, FL 34233	
City	State
Postal Code	Country US

Mailing Address: Where you wish to receive any account communications in hard-copy form, if different from your legal address. Please note this must be your address and not that of a third party.

Address Line 1 1618 MAIN ST.	
Address Line 2 SARASOTA, FL 34230	
City	State
Postal Code	Country US

ACCOUNT HOLDER NUMBER 2* (if applicable)

First Name, M.I.		Last Name	
<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss
<input type="checkbox"/> Sr.	<input type="checkbox"/> Jr.	<input type="checkbox"/> III	<input type="checkbox"/> IV
<input type="checkbox"/> Other _____			
Daytime Phone		Evening Phone	
Fax Number		Other Phone (please specify)	
Date of Birth		Social Security No. (or Passport No. and Country of Issuance)	
E-Mail Address (please specify if case sensitive)			

Marital Status and Citizenship:

<input type="checkbox"/> Single	<input type="checkbox"/> Other	Number of Dependents (if applicable):
<input type="checkbox"/> Married		
Country of Citizenship		If not a U.S. citizen, are you a U.S. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No

Legal Residence: The address to be used for tax reporting purposes. (No P.O. boxes, please.)

Address Line 1	
Address Line 2	
City	State
Postal Code	Country

Mailing Address: Where you wish to receive any account communications in hard-copy form, if different from your legal address. Please note this must be your address and not that of a third party.

Address Line 1	
Address Line 2	
City	State
Postal Code	Country

*In the event that you are opening a joint account among more than two persons, please make copies of pages B-1 through C-1 and complete the information for each additional account holder.

B.**Personal Information****Individuals, Multi-Parties and Custodianships****Required**

Securities regulations require us to ask about your employment status. If you are associated with a broker/dealer other than Broker, you must submit, along with your New Account Information Form, a letter of account approval (i.e., a "407" letter) from an authorized party within your firm, such as your compliance officer. Please include your employer's name and address as well as information as to where to send required duplicate account statements. If you work in the brokerage industry, your account cannot be opened until we receive the 407 letter.

ACCOUNT HOLDER NUMBER 1

<input type="checkbox"/> Employed	<input checked="" type="checkbox"/> Self-Employed	<input type="checkbox"/> Student
<input type="checkbox"/> Not Employed	<input type="checkbox"/> Retired	

Employer and Industry: If employed, please state the name of your employer and the nature of the business. If you are self-employed, provide the name of your business and industry.

Employer	SELF
Nature of Business	TRADING; MANAGEMENT
Position/Title (if self-employed, please provide occupation)	11
Address of Employer (city, state and country)	1618 MAIN ST. SEASIDE, FL 34236

Check all applicable boxes and provide an explanation in the space provided if you or if an immediate family member (spouse, brother, sister, parent, child, mother-in-law, father-in-law, sister-in-law, brother-in-law, daughter-in-law, son-in-law), or other person who supports you to a material extent, is a person described below.

- ☐ (i) A member of any Securities Exchange.
- ☐ (ii) An employee, associated person, or agent of any broker-dealer or an ASD member firm.
- ☐ (iii) A senior officer of a bank, savings and loan institution, insurance company, investment company, or investment advisory firm, or other institutional type account.
- ☐ (iv) A person in the securities department of any of the entities listed in (iii) above, or a person in a position to influence, or whose activities directly or indirectly involve, or are related to the function of buying or selling securities for any such entities.
- ☐ (v) A person who owns, directly, at least 10% of a broker/dealer (other than a limited purpose broker/dealer) or at least 25% of an entity that owns at least 10% of a broker/dealer (other than a limited purpose broker/dealer).

Explanation:

Relationship to Broker or its affiliates:

Are you an employee of Broker or its affiliates or related to an employee of Broker or its affiliates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If you are related to an employee of Broker or its affiliates, what is the name of this person?	
What is the nature of your relationship with this employee? (e.g., spouse, sibling, cousin, etc.)	

ACCOUNT HOLDER NUMBER 2 (if applicable)

<input type="checkbox"/> Employed	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Student
<input type="checkbox"/> Not Employed	<input type="checkbox"/> Retired	

Employer and Industry: If employed, please state the name of your employer and the nature of the business. If you are self-employed, provide the name of your business and industry.

Employer	
Nature of Business	
Position/Title (if self-employed, please provide occupation)	
Address of Employer (city, state and country)	

Check all applicable boxes and provide an explanation in the space provided if you or if an immediate family member (spouse, brother, sister, parent, child, mother-in-law, father-in-law, sister-in-law, brother-in-law, daughter-in-law, son-in-law), or other person who supports you to a material extent, is a person described below.

- ☐ (i) A member of any Securities Exchange.
- ☐ (ii) An employee, associated person, or agent of any broker-dealer or an NASD member firm.
- ☐ (iii) A senior officer of a bank, savings and loan institution, insurance company, investment company, or investment advisory firm, or other institutional type account.
- ☐ (iv) A person in the securities department of any of the entities listed in (iii) above, or a person in a position to influence, or whose activities directly or indirectly involve, or are related to the function of buying or selling securities for any such entities.
- ☐ (v) A person who owns, directly, at least 10% of a broker/dealer (other than a limited purpose broker/dealer) or at least 25% of an entity that owns at least 10% of a broker/dealer (other than a limited purpose broker/dealer).

Explanation:

Relationship to Broker or its affiliates:

Are you an employee of Broker or its affiliates or related to an employee of Broker or its affiliates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are related to an employee of Broker or its affiliates, what is the name of this person?	
What is the nature of your relationship with this employee? (e.g., spouse, sibling, cousin, etc.)	

B.

Individuals, Multi-Parties and Custodianships

Personal Information

Required

ACCOUNT HOLDER NUMBER 1**ACCOUNT HOLDER NUMBER 2 (if applicable)****Interest in a Public Company**

☐ Please check here if you are a director, 10% shareholder or policy-making officer of a publicly owned company and indicate ticker symbol(s) below.

Ticker symbol(s):

☐ Please check here if you are a 5% shareholder of a publicly owned company and indicate ticker symbol(s) below.

Ticker symbol(s):

Interest in a Public Company

☐ Please check here if you are a director, 10% shareholder or policy-making officer of a publicly owned company and indicate ticker symbol(s) below.

Ticker symbol(s):

☐ Please check here if you are a 5% shareholder of a publicly owned company and indicate ticker symbol(s) below.

Ticker symbol(s):

Account Affiliation

Do you have the authority to trade or make investment decisions for any other accounts at Broker? ☒ Yes ☐ No

Do you materially influence, directly or indirectly, the actions of any person who makes investment decisions for any other accounts at Broker? ☐ Yes ☒ No

Do you hold an ownership interest of 10% or more in another account at Broker or share in 10% or more of the profits and/or losses of another account at Broker? ☒ Yes ☐ No

Do you have common directors or management with any other account at Broker? ☒ Yes ☐ No

If yes for any of the above, please list the accounts:

45AF 75YG 4C8L
75LA 75YK ~~75LA~~
75LB 78A1 4K2B
75KO 78H6 45SV

Account Affiliation

Do you have the authority to trade or make investment decisions for any other accounts at Broker? ☐ Yes ☐ No

Do you materially influence, directly or indirectly, the actions of any person who makes investment decisions for any other accounts at Broker? ☐ Yes ☐ No

Do you hold an ownership interest of 10% or more in another account at Broker or share in 10% or more of the profits and/or losses of another account at Broker? ☐ Yes ☐ No

Do you have common directors or management with any other account at Broker? ☐ Yes ☐ No

If yes for any of the above, please list the accounts:

Senior Political Figure:

Are you or an immediate family member (spouse, brother, sister, parent, child, mother-in-law, father-in-law, sister-in-law, brother-in-law, daughter-in-law, son-in-law), a senior political figure, defined as a current or former senior official in the executive, legislative, administrative, military, or judicial branches of a government (whether elected or not), a senior official of a political party, a senior executive of a government-owned commercial enterprise, corporation, business or other entity formed by or for the benefit of such individual?

☐ Yes ☒ No If Yes, please explain:

Senior Political Figure:

Are you or an immediate family member (spouse, brother, sister, parent, child, mother-in-law, father-in-law, sister-in-law, brother-in-law, daughter-in-law, son-in-law), a senior political figure, defined as a current or former senior official in the executive, legislative, administrative, military, or judicial branches of a government (whether elected or not), a senior official of a political party, a senior executive of a government-owned commercial enterprise, corporation, business or other entity formed by or for the benefit of such individual?

☐ Yes ☐ No If Yes, please explain:

Investment Experience and Financial Information

C.

Individuals, Multi-Parties and Custodianships

Required

ACCOUNT HOLDER NUMBER 1

How many years of experience do you have investing in the following types of securities?

Type of Security	Years of Experience			
	Less than 1 yr.	1-5 yrs.	6-10 yrs.	10+ yrs.
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

How many years of experience do you have investing in the following options strategies?

Options Strategy	Years of Experience			
	Less than 1 yr.	1-5 yrs.	6-10 yrs.	10+ yrs.
Covered Writing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buying Options	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spreading Strategies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uncovered Writing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Annual Income from All Sources in U.S. Dollars: Exclude income from spouse or joint account holder. TAX RATE (%)

\$ 2,000,000.00 + 35%

Liquid Net Worth in U.S. Dollars: Exclude the value of your residence, private partnerships and other illiquid assets.

\$ 5,000,000.00 +

Total Net Worth in U.S. Dollars: Assets minus total liabilities excluding the value of your primary residence.

\$ 8,000,000.00 +

Please provide the source of your wealth (check all applicable boxes):

<input type="checkbox"/> Alimony/Divorce	<input type="checkbox"/> Lawsuit Settlement
<input type="checkbox"/> Employment	<input checked="" type="checkbox"/> Real Estate
<input type="checkbox"/> Inheritance	<input type="checkbox"/> Retirement benefits
<input checked="" type="checkbox"/> Investments	<input type="checkbox"/> Sale of business
<input type="checkbox"/> Other _____	

If your source of Investable Funds (for this account) is different from your source of wealth above, please provide the source:

ACCOUNT HOLDER NUMBER 2 (if applicable)

How many years of experience do you have investing in the following types of securities?

Type of Security	Years of Experience			
	Less than 1 yr.	1-5 yrs.	6-10 yrs.	10+ yrs.
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many years of experience do you have investing in the following options strategies?

Options Strategy	Years of Experience			
	Less than 1 yr.	1-5 yrs.	6-10 yrs.	10+ yrs.
Covered Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buying Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spreading Strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uncovered Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Annual Income from All Sources in U.S. Dollars: Exclude income from spouse or joint account holder. TAX RATE (%)

\$ _____, _____, _____ %

Liquid Net Worth in U.S. Dollars: Exclude the value of your residence, private partnerships and other illiquid assets.

\$ _____, _____, _____

Total Net Worth in U.S. Dollars: Assets minus total liabilities excluding the value of your primary residence.

\$ _____, _____, _____

Please provide the source of your wealth (check all applicable boxes):

<input type="checkbox"/> Alimony/Divorce	<input type="checkbox"/> Lawsuit Settlement
<input type="checkbox"/> Employment	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Inheritance	<input type="checkbox"/> Retirement benefits
<input type="checkbox"/> Investments	<input type="checkbox"/> Sale of business
<input type="checkbox"/> Other _____	

If your source of Investable Funds (for this account) is different from your source of wealth above, please provide the source:

D.**Account Services Information**

Individuals, Multi-Parties and Custodianships

Optional

DISCLOSURE TO ISSUERS

Please check one or both boxes below if you do NOT consent to the stated disclosure.

Disclosure to Issuers. In certain circumstances, Clearing Firm is required to disclose to an issuer the name, address, and position of its customers who are beneficial owners of that issuer's securities unless the customer objects. If you object to such disclosure, please check the box below:

☐ I/We OBJECT to disclosure to issuers.

Disclosure to Non-U.S. Taxation Authorities. Unless you object, Clearing Firm may disclose certain information about you to non-U.S. taxation authorities from time to time in an effort to reduce your withholding tax liability on certain non-U.S. source income payments. The information disclosed may consist of, among other things, your name, address, tax identification number, tax domicile and the quantity of the subject foreign security(ies) you may hold. Additionally, unless you object, you agree to cooperate with any request for additional information or documentation about you by a Non-U.S. Taxation Authority seeking to verify the eligibility for the reduced withholding rate. If you object, please check the box below:

☐ I/We OBJECT to disclosure to non-U.S. taxation authorities. We acknowledge that by objecting I/we may subject myself/ourselves to higher withholding tax liability on certain non-U.S. source income payments.

WEBSITE ACCESS

Please check the appropriate box below to indicate if you want access to Broker's or Clearing Firm's website to view your account information and if you want to give such access to a third party. You must provide all the information requested below in order for any third party, including any agent for whom you have provided authorization pursuant to Part F on page F-1, to access to these services.

☐ I/We hereby request access to Broker's or Clearing Firm's website on behalf of myself/ourselves and my/our agents so that we may view my/our account information and download it to the extent such access is available. In addition to other applicable agreements and supplements set forth herein, I/we acknowledge that I/we have read and agree to abide by the Electronic Services Supplement, which has important information regarding online viewing of account information. I/We understand that any restrictions I/we place on any of my/our agents, now or anytime hereafter, to view less than all present and future accounts shall have no limitation on the agent's actual or apparent authority.

ARTHUR NADEL
Name

Name

Same as above
Address Line 1

Address Line 1

Address Line 2

Address Line 2

Phone

Phone

E-mail (please specify if case sensitive)

E-mail (please specify if case sensitive)

Name

Name

Address Line 1

Address Line 1

Address Line 2

Address Line 2

Phone

Phone

E-mail (please specify if case sensitive)

E-mail (please specify if case sensitive)

D. Account Services Information
Individuals, Multi-Parties and Custodianships Optional**DUPLICATE STATEMENTS**

If you would like duplicate statements relating to your account sent to someone else, such as your accountant or lawyer, please provide the information requested below.

Name	
Relationship to Account	
Address Line 1	
Address Line 2	
City	State
Postal Code	Country

Name	
Relationship to Account	
Address Line 1	
Address Line 2	
City	State
Postal Code	Country

If you would like duplicate statements delivered electronically when such delivery is available, please provide the e-mail address for the person(s) you would like to receive duplicate statements below.

E-mail address (please specify if case sensitive)

E-mail address (please specify if case sensitive)

E. Brokerage Account Information

Individuals, Multi-Parties and Custodianships Optional

MARGIN ACCOUNT AND OPTION TRANSACTIONS

Please check the boxes below to indicate that you want the ability to use margin (i.e., the ability to borrow money from Broker's Clearing Firm to purchase securities or to make other purchases) and the ability to engage in option transactions.

☒ I/We want to be able to borrow for investments or other purposes in connection with my/our account and hereby apply for a margin account. In addition to other applicable agreements and supplements set forth herein, I/we agree to abide by the Margin Supplement. By checking this box, I/we represent that I/we have received and read and understand the enclosed Margin Risk Disclosure Statement and the Interest Charges Disclosure Statement in the Account Agreement and acknowledge that Clearing Firm may use, rehypothecate or transfer securities and other property held in my/our margin account in accordance with the attached Introduced Account Agreement. I/we acknowledge and agree neither Broker, Clearing Firm nor their respective affiliates have provided advice relating to the tax consequences of the Margin Account. By transacting in the margin account, I/we, and any fiduciary acting on my/our behalf, agree that there is no applicable law, rule or regulation that would limit Clearing Firm's or Broker's ability to exercise their rights in connection with the Margin Account. (Not applicable for IRA or custodian accounts.)

☐ I/We want to be able to engage in option transactions in connection with my/our account and hereby apply for an option account. In addition to other applicable agreements and supplements set forth herein, I/we agree to abide by the Option Supplement. By checking this box, I/we represent that I/we have received and read and understand the Uncovered Option Disclosure Statement in the Account Agreement and the current OCC options disclosure documents, including the material on the risks of buying and selling listed options and the exercise and settlement of listed options. If I/we want to engage in uncovered option transactions, I/we represent that I/we have an annual income over \$100,000 and a net worth over \$250,000 or such other minimum amounts as may be required by Broker or Clearing Firm.

I/We plan to use the following options strategies:

- | | |
|--|--|
| <input type="checkbox"/> Covered Call Writing | <input type="checkbox"/> Spreading Calls and Puts (Not applicable for IRA or custodian accounts) |
| <input type="checkbox"/> Purchasing Calls and Puts | <input type="checkbox"/> Uncovered Call and Put Writing (Not applicable for IRA or custodian accounts; if this box is checked, you must also check Speculative Investments under the Investment Objective section on page A-2) |

I/We plan to trade the following option products:

- | | |
|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Equity | <input type="checkbox"/> Index |
| <input type="checkbox"/> Other: _____ | |

F. Third Party Agent Authorization

Individuals, Multi-Parties and Custodianships

Optional

ORDERS PLACED BY OTHERS

If you are authorizing someone to place orders on your behalf in connection with your account, please complete the following form and have your signature notarized. Please note that the delegation of authority on fiduciary accounts (estates, guardianships, etc.) may raise issues under state law. Please consider your particular circumstances prior to delegating such authority. The agent must also complete a separate package entitled Third Party Agent Information Form and Agreement.

I hereby appoint and authorize the third party listed below as my/our agent with respect to my/our account to take such action as is described in the Third Party Agent Supplement and Authorization, including to purchase, invest in, or otherwise acquire, exchange, transfer, borrow, lend, sell or otherwise dispose of and generally deal in and with, any and all forms of securities, security futures, swap agreements and/or security-based swap agreements, foreign currency, and all other products or transactions described in the Third Party Agent Supplement and Authorization. In addition to other applicable agreements and supplements set forth herein, I/we agree to abide by the Third Party Agent Supplement and Authorization. If the third party agent is an entity, you may not find your authorization for trading to specific individuals who act on behalf of the third party agent, but must instead authorize the entity itself for trading.

Name of Agent

Arthur Nadel

Please note that the AGENT MUST SIGN A SEPARATE PACKAGE ENTITLED THIRD PARTY AGENT INFORMATION FORM AND AGREEMENTS ACCEPTING THIS AUTHORIZATION.

SIGNATURE

First Agent Name Marguerite Nadel Rev Trust VBO 8-2-07			
Signature - Account Holder Number 1 Marguerite Nadel	Date 8-8-07	Signature - Account Holder Number 2 X	Date
Print Name Marguerite Nadel		Print Name	
Print Title (if applicable)		Print Title (if applicable)	

*In the event that you are opening a joint account among more than two persons, please make a copy of this Third Party Agent Authorization and have it executed by each additional account holder and notarized.

ACKNOWLEDGEMENT BY NOTARY

Notary: Please complete state, county, date and names of all persons signing and affix notarial seal.

State of North Carolina	County of Durham	Notary Public Signature 	Date Commission Expires 2/18/2011
On this day, 8/7/07, before me personally appeared Marguerite Nadel and		(Seal)	
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to or who executes the foregoing instrument in his/her personal or authorized capacity, and who duly acknowledged to me that execution of the same is his/her own free act and deed and made with appropriate authority.			

08/10/2007 12:28 12124335366
08/09/2007 11:32 318-536-8677

SHORELINE TRADING

PAGE 01/01
PAGE 02/01

08/09/2007 14:24 12124335366
Aug 08 2007 9:14AM Scoop Management, Inc. 828-628-4771
08/08/2007 10:44 12124335366

SHORELINE TRADING

PAGE 03/03
P. 4
PAGE 04/04

Signature Page
Indicate, Multi-Party and Custodianship Required

Terms and Conditions

By signing below, you agree to be bound by the attached Intended Account Agreement and all applicable Supplemental (such as but not limited to) amendments, which are incorporated by reference herein, and represent to Dealer that all information provided in this New Account Application is accurate and complete and you agree to notify Dealer immediately of any changes in the information or any documentation provided to Dealer.

By signing below, you further represent and warrant that you are introducing Customer's account to the New Account by providing the Account to the Dealer.

A copy of the Intended Account Agreement is attached to page A-1 in Section II of the Intended Account Agreement and shall apply to all transactions conducted.

TERMINAL

by sign →

Name of the Account	
Margarite J. Nadel Revocable Trust	
U/A/D 8-7-2007	
Signature - Customer	Date
KM Marguerite Nadel	8-8-07
Name	Address
Margarite Nadel	
City/State/Zip	Phone (if applicable)

In the event that you are opening a joint account with one or more persons, please make a copy of this signature page and have it executed by each additional account holder.

For use of all parties

Bank or Reproducing Account

Date 8-8-07

Approved by

Date 8/9/07

Check all that apply for the following types of option transactions:

Option Type	Covered Writing	Purchase Only	Uncovered Writing
Equity Call			
Equity Put			
Index			
Other			

Rule 6C: Business Documents provided in client:

WFOC: Signature

Date

Page

Aug 08 2007 8:44AM Scoop Management, Inc. 828-628-4771

p.2

08/09/2007 08:44 12124335366

SHORELINE TRADING

PAGE 02/04

Third Party Agent Information

Required

ACCOUNT NAME AND NUMBER

Account Name	Marguerite J. Nadel	Account Number (if known)	
Account Type	Rev. Trust	Account Number	8-2-07

AGENT INFORMATION

Name of Agent	Arthur Nadel	Tax ID (or, for any non-US Agent, any government issued ID number and Country of Issuance)	REDACTED
Legal Name (no P.O. Boxes please)	3966 Country View Ar	Date of Birth (if applicable)	REDACTED
City, State, Country and Postal Code	Sarasota FL 34233	Relationship to Client	Husband
Display e-mail	REDACTED	Residential Address (please specify if different)	
Display e-mail	REDACTED	Agent is Organized under the Laws of (State/Country)	
Display e-mail	REDACTED	Agent's Principal Place of Business (State/Country)	
Check one of the following:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company
	<input type="checkbox"/> Government Entity	<input checked="" type="checkbox"/> Other (Please specify)	IND
Is Agent a United States registered broker-dealer?	NO	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Agent a United States registered investment adviser?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Client a corporate retirement plan or its assets are "plan assets"?			
Is Agent a Qualified Professional Asset Manager as defined in Department of Labor Prohibited Transaction Class Exemption 84-14, as amended?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

How many years of experience do you have investing in stocks?

☐ Less than 1 yr. ☐ 1-5 yrs. ☐ 6-10 yrs. ☒ 10+ yrs.

How many years of experience do you have investing in bonds?

☐ Less than 1 yr. ☐ 1-5 yrs. ☐ 6-10 yrs. ☒ 10+ yrs.

How many years of experience do you have investing in the following options strategies?

Options Strategy	Years of Experience			
	Less than 1 yr.	1-5 yrs.	6-10 yrs.	10+ yrs.
Covered Call Writing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buying Options	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selling Options	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uncovered Call Writing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate which options strategies you plan to use:

<input type="checkbox"/> Covered Call Writing
<input type="checkbox"/> Purchasing Calls and Puts
<input type="checkbox"/> Selling Calls and Puts (Not applicable for IRA or custodial accounts)
<input type="checkbox"/> Uncovered Call and Put Writing (Not applicable for IRA or custodial accounts)

Please indicate which option products you desire to trade:

<input type="checkbox"/> Equity
<input type="checkbox"/> Index
<input type="checkbox"/> Other:

SIGNATURE

I hereby appoint you as Agent and agree to be bound by the Agent Underwriting, Agent Electronic Services Supplement, the attached Introduction Agreement and all applicable Supplements as well as the enclosed Supplemental Documents (which I hereby acknowledge receiving), which are incorporated by reference herein. Agent represents that all information provided herein or otherwise is accurate and complete and agrees to notify Broker immediately of any changes to this information. A dispute resolution clause is contained on page A-8 in Section 10 of the Introduction Agreement and Agent hereby acknowledges receipt thereof.

Signature of Agent	Arthur Nadel	Date	8-9-07
Print Name of Agent	Arthur Nadel	Print Title (if applicable)	

May 2007

A-1

Introduction Third Party Agent
Agent Version 4.0

Form **W-9**
(Rev. November 1, 2005)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Name (as shown on your income tax return)
MARGUERITE J. NADEL REVOCABLE TRUST U/A/D 8/2/2007

Business name, if different from above

Check appropriate box: ☐ Individual/
Sole proprietor ☐ Corporation ☐ Partnership ☒ Other **REV. TRUST** ☐ Exempt from backup
withholding

Address (number, street, and apt. or suite no.)
1618 MAIN ST.

City, stat., and ZIP code
SARASOTA, FL 34236

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

--	--	--	--	--	--	--	--	--	--

OR

Employer identification number

REDACTED

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign
Here

Signature of
U.S. person

Marguerite J. Nadel, Trustee

Date **8/3/07**

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States.
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

REVOCABLE TRUST AGREEMENT

GRANTOR: MARGUERITE J. NADEL

TRUSTEE: MARGUERITE J. NADEL

DATE OF AGREEMENT: August 1, 2007

E. JOHN LOPEZ, ESQ.
NORTON, HAMMERSLEY, LOPEZ & SKOKOS, P.A.
1819 Main Street, Suite 610
Sarasota, FL 34236
(941) 954-4691

TABLE OF CONTENTS

ARTICLE 1. - Introduction	1
ARTICLE 2. - Revocation	1
ARTICLE 3. - Trustee	2
ARTICLE 4. - Grantor's Family	3
ARTICLE 5. - Grantor's Lifetime	3
ARTICLE 6. - Beneficiary Provisions	3
ARTICLE 7. - Litigation Involving Trust	4
ARTICLE 8. - Administrative Provisions	4
ARTICLE 9. - Definitions.	7

REVOCABLE TRUST AGREEMENT

MARGUERITE J. NADEL, a citizen of the United States and a resident of the State of Florida, hereinafter referred to as the "Grantor", having certain assets as set forth on Schedule "A" attached, transfers all such assets to the trustee in trust on the following terms and conditions:

ARTICLE 1. - Introduction

The trust assets shall consist of the foregoing and such other assets as the Grantor may transfer to the trustee, or which the trustee shall receive and accept from other sources, including the Grantor's estate, and any other assets substituted therefor or added thereto. If an addition is made by will, the trustee shall accept the statement of the personal representative that the assets delivered to the trustee constitute all of the property to which the trustee is entitled without inquiring into the personal representative's administration or accounting. This trust may be referred to as the "MARGUERITE J. NADEL REVOCABLE TRUST UNDER AGREEMENT DATED August 2, 2007."

ARTICLE 2. - Revocation

2.1) The Grantor reserves the right to revoke this agreement at any time without anyone's consent and without providing any reason. Revocation shall be by notice in writing to the trustee specifying the date of revocation.

2.2) The Grantor reserves the right to alter or amend this agreement at any time, in whole or in part, without anyone's consent, except that this agreement shall not be amended to increase the duties or responsibilities of any trustee then serving without such trustee's consent.

2.3) The rights herein reserved to the Grantor to revoke and amend this agreement are declared to be personal rights exercisable by the Grantor alone and not by any other person, including an attorney-in-fact or court appointed guardian. Notwithstanding the foregoing, an attorney-in-fact may withdraw funds from the trust for the purpose of making gifts on behalf of the Grantor to the Grantor's lineal descendants so long as the trustee deems the gifts to be in the best interests of the Grantor.

ARTICLE 3. - Trustee

3.1) The trustee of this trust shall be the Grantor. If the Grantor shall become incapacitated or die or for any reason cease to serve as trustee, Grantor appoints Grantor's spouse, ARTHUR NADEL, as alternate or successor trustee hereunder. If the Grantor's spouse shall refuse or fail to qualify or for any reason cease to serve as trustee, Grantor appoints MICHAEL ZUCKER, or its successor by merger or otherwise, as second alternate or successor trustee.

3.2) Any trustee may resign at any time by written notice to each beneficiary then entitled to receive or have the benefit of the income from the trust. If any trustee acting or appointed to act hereunder shall refuse or fail to qualify or for any reason cease to serve as trustee, and no trustee in paragraph 3.1 above is willing and able to serve, the beneficiary or a majority in interest of the beneficiaries then entitled to receive or have the benefit of the income from the trust may appoint a successor trustee.

3.3) Except as provided in paragraph 2.3, the guardian or conservator of the estate of a beneficiary under legal disability, or the parents or surviving parent of a minor beneficiary for whose estate no guardian has been appointed, may act for such beneficiary in making any appointment and giving direction under this trust.

3.4) Every successor trustee shall have all the powers given the originally named trustee. No successor trustee shall be personally liable for any act or omission of any predecessor. With the approval of the beneficiary or a majority in interest of the beneficiaries then entitled to receive or have the benefit of the income from the trust, a successor trustee may accept the account rendered and the property received as a full and complete discharge to the predecessor trustee without incurring any liability for so doing.

3.5) No trustee wherever acting shall be required to give bond or surety or be appointed by or account for the administration of any trust to any court. No statute with respect to unproductive property shall apply to any trust under this agreement.

3.6) The trustee may have duties and responsibilities in addition to those described in this agreement. If a trustee has any questions concerning such fiduciary duties and responsibilities, the trustee should obtain legal advice.

ARTICLE 4. - Grantor's Family

The name of the Grantor's spouse is ARTHUR NADEL. The Grantor has two children now living, namely: GEOFFREY QUISENBERRY and ALEXANDRA QUISENBERRY.

ARTICLE 5. - Payments on Grantor's Death

Upon Grantor's death, the trustee shall pay to the trustee of the MARGUERITE J. NADEL REVOCABLE TRUST, under agreement dated November 3, 2004, an amount of money equal to the proportionate share of Grantor's estate tax liability (both federal and state) based on the value of the assets in this trust in proportion to the value of the Grantor's taxable estate. For example, if the assets in this trust total 10% of the Grantor's total taxable estate, the trustee shall pay to the trustee of the MARGUERITE J. NADEL REVOCABLE TRUST 10% of the Grantor's total estate tax liability.

ARTICLE 6. - Beneficiary Provisions

6.1) The trustee may pay so much or all of the income and principal of the trust to any one or more of the Grantor's descendants from time to time living, in equal or unequal portions and at such times as the trustee deems best, considering the needs, other income and means of support, and best interests of the beneficiaries, individually and as a group, and any other circumstances and factors which the trustee deems pertinent. Any income not paid shall be added to principal. Upon the death of the Grantor, the trustee shall distribute the balance of the trust to the Grantor's children, in equal shares, per stirpes.

6.2) Each share created for a living child shall be distributed to such child, outright and free of trust. Each share created for the descendants of a deceased child shall be distributed per stirpes to such descendants, subject to postponement of possession as provided below.

6.3) Each share of this trust which is distributable to a descendant of a deceased child who has not reached the age of 35 years shall immediately vest in the descendant, but the trustee shall retain possession of the share as a separate trust to be managed and distributed as follows: The trustee shall pay to or apply for the use and benefit of the beneficiary such portion of the income or principal of the trust as the trustee, in the trustee's sole discretion, shall deem necessary to provide for the health, maintenance, support and education of the beneficiary, taking into consideration all other assets and income known by the

trustee to be available to the beneficiary for such purposes. Any income not distributed shall be added to principal. Upon the beneficiary attaining 25 years of age, the trustee shall distribute fifty percent (50%) of the then principal of the trust to the beneficiary outright and free of trust. Upon the beneficiary attaining 35 years of age, the trustee shall distribute the balance of the trust to the beneficiary outright and free of trust. If the beneficiary shall die before attaining any requested distribution age, upon the death of the beneficiary, the principal and any undistributed net income shall be distributed to the lineal descendants of the beneficiary, if any, per stirpes, or if there is no lineal descendant of the beneficiary then living, then to the Grantor's then living lineal descendants, per stirpes, subject to postponement of possession as provided below, except that each portion otherwise distributable to a descendant of the Grantor for whom a share of the Family Trust is then held hereunder shall be added to that share.

ARTICLE 7. - Litigation Involving Trust

The beneficiaries under this agreement and Grantor's Last Will and Testament are people the Grantor loved, appreciated and trusted. If any one of them genuinely believes this agreement or Grantor's Last Will and Testament is not as the Grantor intended or that the trustee or personal representative is not administering the trust or estate properly, or, for any other reason feels that litigation involving the trust or estate should be pursued, if, having commenced litigation, such beneficiary is unsuccessful, meaning he or she has not benefited the trust or estate, then that beneficiary's share of the trust shall be the first used to pay the prevailing litigant's attorney's fees and costs. This will avoid some of the penalty that the other beneficiaries might otherwise incur as a result of the well-meaning efforts of the petitioner/devisee.

ARTICLE 8. - Administrative Provisions

8.1) The provisions which follow shall apply to each trust under this agreement unless contrary to more specific provisions elsewhere provided.

8.2) If income or discretionary amounts of principal become payable to a minor or to a person under legal disability or to a person not adjudicated incompetent but who, by reason of illness or mental or physical disability, is in the opinion of the trustee unable properly to manage his or her affairs, then such income or principal shall be paid or expended only in such of the following

ways as the trustee deems best: (a) to the beneficiary directly; (b) to the legally appointed guardian of the beneficiary; (c) to a custodian for the beneficiary under a Uniform Transfers or Gifts to Minors Act; (d) by the trustee directly for the benefit of the beneficiary; or (e) to an adult relative or friend in reimbursement for amounts properly advanced for the benefit of the beneficiary.

8.3) The interests of beneficiaries, other than the Grantor, in principal or income shall not be subject to the claims of any creditor, any spouse for alimony or support, or others, or to legal process, and may not be voluntarily or involuntarily alienated or encumbered.

8.4) Except as otherwise provided, income received after the last income payment date and undistributed at the termination of any interest shall, together with any accrued income, be paid by the trustee as income to the persons entitled to the next successive interest in the proportions in which they take that interest.

8.5) For convenience of administration or investment, and for the reduction of fees, the trustee may hold the several trusts as a common fund, dividing the income proportionately among them, assign undivided interests to the several trusts, and make joint investments of the funds belonging to them. Furthermore, the trustee may merge any trust established hereunder with any trust established by the Grantor, or any other person, provided the beneficiary or beneficiaries and their respective interests under the trusts to be merged are substantially the same and notwithstanding the fact that the administrative provisions of the various trusts and the trustees may be different.

8.6) The trustee shall hold, manage, care for and protect the trust property and shall have the following powers and except to the extent inconsistent herewith, those now or hereafter conferred by law:

A) To sell, mortgage, purchase or grant or acquire options to purchase and convey any security or property, real or personal, held in this trust, at public or private sale, and at a time and price and upon terms and conditions (including credit) as the trustee may determine. The trustee shall also have every power granted to a trustee under §737.402 and Chapter 738 of the Florida Statutes and every power granted to a personal representative under §733.612 of the Florida Statutes and all power and authority contained in any deed conveying real property into this trust as that power or authority applies to that real property. The trustee is authorized to open and maintain an account or accounts for the

purchase and sale of securities, whether in cash or on margin, and to hold securities in the name of a nominee.

B) To make distributions in satisfaction of any pecuniary or fractional share gift by distributing cash or specific property, real or personal, or in undivided interests, or partly in cash and partly in property, and to do so without regard to the income tax basis of specific property allocated to any beneficiary or any share and without making pro rata distributions of specific assets. The trustee is authorized, but not required, to make equitable adjustments for differing financial effects of tax elections or distributions. If any distribution is to be made to a minor with no legal guardian, rather than deferring that distribution, the trustee may (but need not) make this distribution to a parent of the minor as custodian under the Florida Transfers to Minors Act.

C) To retain legal counsel to furnish legal advice to the trustee on all matters relating to administration of this trust, preparation of any tax returns required, or settlement of Grantor's estate. The trustee is specifically authorized, without court approval, to pay fees to the attorney for these services in an amount presumed reasonable for an individual sole trustee under the provisions of Florida Statute §737.2041(4) for an attorney retained to advise the trustee generally concerning the trustee's duties in the initial trust administration, or to contract with the attorney regarding fees on any other basis the trustee deems reasonable.

8.7) Grantor directs that any distributions, bequests and devises in this agreement shall be construed under the rules of construction relating to devises under a will as found in Part VI of Chapter 732, Florida Statutes, and the provisions of sections 733.805 (abatement), 733.806 (advancements), 732.507 (effect of subsequent marriage, birth, etc.), Chapter 739 (disclaimer), 731.201 (general definitions), 733.809 (right of retainer) and 733.812 (improper distribution) shall similarly apply.

8.8) After the death or incapacity of the Grantor, the trustee shall render an account of its receipts and disbursements at least annually to each adult beneficiary, as defined in Fla. Stat. §737.303. The trustee shall be entitled to reasonable fees and shall be reimbursed for all reasonable expenses incurred in the management and protection of the trust. The trustee's regular compensation shall be charged against income during Grantor's lifetime and, thereafter, half against income and half against principal, except that the trustee shall have full discretion at any time or times to charge a larger portion or all against income.

8.9) A trustee, in its discretion, may terminate and distribute any trust hereunder if the trustee determines that the cost of continuance thereof will substantially impair accomplishment of the purposes of the trust. The trustee shall terminate and forthwith distribute any trust created hereby, or by exercise of a power of appointment hereunder, and still held 360 years after the date of this agreement. Distribution under this paragraph shall be made to the persons then entitled to receive or have the benefit of the income from the trust in the proportions in which they are entitled thereto, or if their interests are indefinite, then in equal shares.

8.10) Notwithstanding any law to the contrary, if any beneficiary shall die within 30 days after the Grantor's death, such beneficiary shall be deemed to have predeceased Grantor for all purposes under this agreement.

8.11) This agreement shall be construed under the laws of the State of Florida.

ARTICLE 9. - Definitions

Whenever used in this agreement, unless the context of any passage thereof requires otherwise:

A) The term "trustee" means the singular or multiple trustees appointed herein, as well as their substitutes and successors.

B) The term "education" shall be construed to mean all levels of education in the customary sense, including private tutorials and professional and advanced education, and also spiritual education, musical instruction and physical education, including summer camps for minor beneficiaries.

C) The term "health" shall be construed to include medical, dental, hospital, drug and nursing costs, as well as all expenses of invalidism and costs of medically prescribed equipment and travel.

D) The terms "maintenance" and "support" shall mean the maintenance and support of the income beneficiaries in accordance with their accustomed manner of living.

E) Legally adopted children shall be deemed to be natural children of their adoptive parents, providing they were adopted

prior to attaining the age of 21 years, and terms of kinship or descent used herein shall be construed accordingly.

F) The singular includes the plural and the plural includes the singular.

G) The terms "incapacitated" and "incapacity" shall mean the mental or physical inability of the Grantor, individually, to manage the affairs of the Grantor prudently, or the mental or physical inability of an individual trustee (including the Grantor as trustee) to manage the affairs of the trust prudently. Such incapacity of the Grantor, individually, or an individual trustee (including the Grantor as trustee) shall be determined by a court of competent jurisdiction or certified in writing by two medical doctors to the then serving trustee, or if the Grantor, as trustee, is incapacitated, to the named successor trustee. One medical doctor shall be the doctor currently serving the incapacitated Grantor or trustee if there is one so serving.

IN WITNESS WHEREOF, the Grantor and trustee has signed this instrument on August 2, 2007.

Marguerite J. Nadel
MARGUERITE J. NADEL
Grantor and trustee

We certify that the above instrument was on the date thereof signed and declared by MARGUERITE J. NADEL as her revocable trust agreement in our presence and that we, in her presence and in the presence of each other have signed our names as witnesses thereto, believing her to be of sound mind at the time of signing.

Karen R Shori residing at Sarasota, Florida

James H. Galt residing at Sarasota, Florida

STATE OF FLORIDA
COUNTY OF SARASOTA:

We, MARGUERITE J. NADEL, KAREN R. SHORI, and SUZANNE M. YODER, the Grantor and trustee, and the witnesses, respectively, whose names are signed to the foregoing instrument, having been sworn, declared to the undersigned officer that the Grantor and trustee, in the presence of witnesses, signed the instrument as her revocable trust, that she signed, and that each of the witnesses, in the presence of the Grantor and trustee and in the presence of each other, signed the revocable trust as a witness.

Marguerite J. Nadel
MARGUERITE J. NADEL
Grantor and trustee

Karen R Shori
Witness

Suzanne M. Yoder
Witness

SUBSCRIBED AND SWORN TO BEFORE ME by MARGUERITE J. NADEL, the Grantor and trustee, who is (Notary choose one) ☒ personally known to me, or ☐ who has produced as identification, and by KAREN R. SHORI, a witness, and SUZANNE M. YODER, a witness, who are (Notary choose one) ☒ personally known to me, or ☐ who have produced as identification, on August 7, 2007.

Sarah R. Wakefield
Notary Public
Commission Expiration Date:

THIS INSTRUMENT PREPARED BY:

E. JOHN LOPEZ, ESQ.

Norton, Hammersley, Lopez & Skokos, P.A.

1819 Main Street, Suite 610

Sarasota, FL 34236

Telephone: (941) 954-4691



Sarah R. Wakefield
Commission # DD456571
Expires August 7, 2009
Revised Two Pages of Notarization, 1/05 800-285-7419

SCHEDULE "A"
TO
REVOCABLE TRUST AGREEMENT
OF
MARGUERITE J. NADEL

\$10.00