

8479709498

10:48:11 a.m. 11-19-2014

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DEPOSIT ACCOUNT RESOLUTION
(Retail & Private Bank Use Only)



ACCOUNT NAME ERI AMERICA INC ACCOUNT NUMBER [REDACTED] 9420 TIN: 20-0163524

Check One:

- Corporation / Non-Profit Corporation
- Unincorporated Association / Organization
- Partnership / Limited Liability Partnership
- Non-Profit Organization
- Sole Proprietorship
- Limited Liability Company (Check the tax classification you elected with the IRS or your default classification, if no election was made.)
 - Disregarded Entity
 - Corporation
 - Partnership

RESOLVED, that Fifth Third Bank ("Bank") is designated a depository of the Company, with full authority to accept deposits made at any time, by any person, and in any form to the credit of this Company in accounts with Bank, in accordance with the written or verbal instructions of the person(s) presenting the funds for deposit or of any document accompanying said deposits and subject to the rules and regulations of Bank.

RESOLVED FURTHER, that Bank is authorized to pay or otherwise honor or apply without inquiry and without regard to the application of the proceeds all checks, drafts, and other orders for the payment, transfer and withdrawal of money from any and all accounts maintained by this Company with Bank, including those drawn to the individual order of a signer, when signed, accepted or endorsed by any of the following officers or employees of this Company:

FOR ALL BUSINESSES:

PRINTED OR TYPED NAME	TITLE	SIGNATURE
<u>FRANK J FULLONE</u>	<u>PRESIDENT</u>	<u>[Signature]</u>
<u>MARIA G FULLONE</u>	<u>OFFICE MANAGER</u>	<u>[Signature]</u>

RESOLVED FURTHER, that any of the above named officer(s), person(s), member(s), or partner(s) is/are hereby authorized on behalf of this Company to (i) execute the necessary documents to conduct, if applicable, wire transfer services, automated cleaning house transactions, electronic data interchange, sweep services, deposit management services, and lockbox services, and (ii) authorize outgoing wire transfer requests and transfer to and from the accounts of this Company using the funds transfer system of the automated clearing house.

RESOLVED FURTHER, that a facsimile signature of any or all of the above-named signers shall constitute the signature of said signer, regardless of by whom or by what means the actual or purported facsimile signature may have been affixed, if such facsimile signature resembles the facsimile specimen(s) (if any) filed with Bank by the secretary or other officer of this Company.

RESOLVED FURTHER, that the Bank is authorized to rely upon the foregoing resolution until receipt by Bank of written notice of any change or revocation.

FOR CORPORATIONS:

The undersigned certifies that they are the Secretary of ERI AMERICA INC
(Name of corporation)

("Company") and at a meeting of the Board of Directors held on the 19 day of NOV, yr 2014 at which a quorum was present these resolutions were duly adopted. The undersigned certifies that the foregoing is a true copy of the resolutions so adopted; that such resolutions are still in full force and effect an unrevoked as of this date; and that such resolutions do not violate any charter or bylaw provision of this Company.

IN WITNESS WHEREOF the undersigned has set his/her hand on the 19 day of NOV, yr 2014.
[Signature]
Secretary

FOR ALL OTHER BUSINESSES:

The undersigned certify(ies) that _____
(Name of company)

("Company") is the name used in the conduct of an unincorporated business and in order to establish a deposit account in the name of the company, the undersigned adopts these resolutions.

The undersigned agree(s) to notify Bank promptly in writing should any change of ownership occur, should other persons become interested in said business as partners, should the business become incorporated or should the relationship of the undersigned be altered in any manner.

Owner, Partner or Member _____ Date _____

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SIGNATURE CARD



5/3 BANK (CHICAGO)

(HEREAFTER REFERRED TO AS "BANK")

Name (Primary Owner) ERI AMERICA INC		Account No. 9420	
Street Address 550 E IL ROUTE 22		Type BUS ADV CKG	
City and State LAKE ZURICH IL		Zip 60047	
PHONE NUMBER 847-650-9710	DATE OF BIRTH 07/27/1965	MOTHER'S MAIDEN NAME	
Employer		Work Phone	
Taxpayer Identification Number 20-0163524		<input type="checkbox"/> NEW <input checked="" type="checkbox"/> ADD <input type="checkbox"/> REPL	
Ownership* CORPORATE	Opened by CHARLIE RUBIO	BC No. 02486	Date 11/19/2014
*Joint accounts shall be owned as joint tenants with rights of survivorship, not as tenancy by the entireties			
PLEASE CHECK THE APPROPRIATE BOX FOR FEDERAL TAX CLASSIFICATION:			
<input type="checkbox"/> Individual/Sole Proprietor		<input type="checkbox"/> Trust/Estate	
<input type="checkbox"/> LLC - Enter tax classification (C=C Corporation, S=S Corporation, P=Partnership)		<input type="checkbox"/> Partnership	
<input type="checkbox"/> C Corporation		<input checked="" type="checkbox"/> S Corporation	
		<input type="checkbox"/> Other	
		<input type="checkbox"/> Non Resident Alien	
THE UNDERSIGNED AGREES TO THE TERMS AND CONDITIONS AT THE RIGHT.			

TERMS AND CONDITIONS

- The terms and conditions stated herein, together with resolutions or authorizations which accompany this signature card, if applicable, and the Rules, Regulations, Agreements, and Disclosures of Bank constitute the Deposit Agreement for the individual(s) or entity(ies) named hereon ("Depositor") and the Bank.
- This Agreement incorporates the Rules, Regulations, Agreements, and Disclosures established by Bank from time to time, clearing house rules and regulations, state and federal laws, recognized banking practices and customs, service charges as may be established from time to time and is subject to laws regulating transfers at death and other taxes.
- All signers hereby agree that the above named bank is authorized to act as a depository under the terms and conditions of the Agreement.
- Bank is authorized to recognize the signatures executed hereon in such numbers as indicated, for the withdrawal of funds or transactions of any other business regarding this account until written notice to the contrary is received by Bank.
- In the case of overdraft or overpayment on this account, whether by error, mistake, inadvertence or otherwise, the amount of such overdraft or overpayment shall be immediately paid to the Bank.
- Depositor acknowledges and agrees that Bank, for itself and as agent for any affiliate of Fifth Third Bancorp, is granted a security interest in, and, unless otherwise prohibited by law, may, at any time, set off, against any balance in this account, any debt owed to Bank by any person having the right of withdrawal or any debt owed to Bank by any entity listed under the Account Title. A debt includes, but is not limited to, an obligation owing to Bank, whether now existing or hereafter acquired by Bank whenever payable and without regard to whether arising as maker, drawer, endorser, or guarantor.
- All signers agree to the Terms and Conditions set forth hereon and acknowledge receipt of a copy of the Rules and Regulations, Agreements, and Disclosures of Bank and agree to the terms set forth therein.

Title ERI AMERICA INC	Sig.(s) # Req'd 01	Account No. 9420	Non-US Person*	Senior Foreign Official**
FRANK J FULLONE X <i>Frank J Fullone</i>			Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>
MARIA G FULLONE X <i>Maria G Fullone</i>			Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>
X			Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
X			Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
Payable on Death Beneficiary	Statement Address 550 E IL ROUTE 22 LAKE ZURICH IL 60047			

USA PATRIOT ACT REQUIREMENTS:

- *1. Are you a Non-U.S. person with more than \$500,000 on deposit or invested with Fifth Third?
- **2. Are you a Senior Foreign Official of a government branch, military branch, political party, foreign government-owned company, or a close personal or professional associate of one of these

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),
 - 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 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. citizen or other U.S. person.
 - I am exempt from FATCA Reporting.
- 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 of underreporting interest or dividends on your tax return.

Sign: *Frank J Fullone*

Date: 11-19-14

Verification - Internal Use Only:

I.D. (Make Copy & File) *NA*
 Run Customer in Qualifile *NA*
 Verify Opening Deposit *NA*
 Reg CC Hold (If Needed) *NA*
 Verify Phone Numbers *2*
 Verify Address *2*
 Thank You Card/Follow Up *2*



Statement Period Date: 9/1/2017 - 9/30/2017
 Account Type: 5/3 BUS PREMIUM CKG
 Account Number: [REDACTED] 9420

ERI AMERICA INC
 353 ENTERPRISE PKWY
 LAKE ZURICH IL 60047-6733

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 11049

Banking Center: Mundelein
 Banking Center Phone: 847-970-5010
 Business Banking Support: 877-534-2264

Account Summary - [REDACTED] 9420

09/01	Beginning Balance	\$862.10	Number of Days in Period	30
	Checks			
1	Withdrawals / Debits	\$(222.14)		
2	Deposits / Credits	\$80.85		
09/30	Ending Balance	\$720.81		

Analysis Period: 08/01/17 - 08/31/17

Standard Monthly Service Charge	\$25.00
Standard Monthly Service Charge Waived (see below)	\$0.00
BANKING CENTER CASH ORDERS	\$0.14
MISCELLANEOUS	\$10.00
NEGATIVE COLLECTED FEE ⁹	\$18.00
INFO REPORTING	\$30.00
INTERNATIONAL	\$42.50
WIRE INCOMING STRUCTURED	\$46.50
ELECTRONIC DEPOSIT ⁴	\$50.00
Service Charge withdrawn on 09/13/17	\$222.14

⁴Charges for Electronic Deposit Manager (EDM) include the EDM Monthly Service Fee.

⁹Collected balance is the cash balance minus checks drawn on other banks deposited in the last 2-5 days. Negative collected balance occurs when you draw upon those funds before the deposited checks are cleared.

Standard Monthly Service Charge waived if:

Your business maintains a total monthly average balance of \$10,000 across its business checking, savings, and certificate of deposit accounts.

OR your business has a business loan or line of credit.

OR your business spends at least \$500 per month on its business credit card **AND** your business has Merchant Services.

Current Relationship Overview:

Balance Criteria Met? **No**
 Total Combined Monthly Average Balance \$5,684.41

Business Loan or Line of Credit? **No**

Other Criteria Met? **No**
 \$500 Business Credit Card Spend? **No**
 Merchant Services? **Yes**

Withdrawals / Debits **1 item totaling \$222.14**

Date	Amount	Description
09/13	222.14	SERVICE CHARGE

Deposits / Credits **2 items totaling \$80.85**

Date	Amount	Description
09/01	45.86	VISA/MC DEP 4445011703827 ERI AMERICA ERI AMERICA 090117
09/06	34.99	BLACKHAWK INDUST PAYMENT 109442 ERI AMERICA 090617