From: Kristin DiIorio
To: Casey Crowther
Subject: New Account
Date: Friday, April 10, 2020 3:49:00 PM
Attachments: 1661_001.pdf

Hi Casey,

Please sign where highlighted on the new account. I have updated your SBA file to indicate for the funds to go in this account.

Let me know if you need anything else.

Thank you,

Sanibel Captiva COMMUNITY BANK

Kristin Dilorio
Vice President & Office Manager
1533 Hendry St Ste 100
Fort Myers, FL 33901
ph (239) 274-6205
fx (239) 210-2373
Kdiiorio@sancapbank.com

Apply Online: www.mortgage.sancapbank.com

U.S. District Court
Middle District of Florida
Fort Myers Division

GOVERNMENT EXHIBIT

Exhibit No.: 26

Case No.: 2:S20-cr-114-FtM-JES-MRM

UNITED STATES OF AMERICA

vs.

CASEY DAVID CROWTHER

Date Identified:_____

Date Admitted:_____

ACCOUNT AGREEMENT

SANIBEL CAPTIVA COMMUNITY BANK
1533 HENDRY STREET SUITE 100
FORT MYERS FL 33901

Account Number: 29086781

Account Owner(s) Name & Address
TARGET ROOFING AND SHEET METAL INC

1841 ORTIZ AVE
FORT MYERS FL 33905

Agreement Date: 04/10/2020 By: Kristin Dilorio

☐ EXISTING Account - This agreement replaces previous agreement(s).

Account Description: PPP LOAN

☒ Checking ☐ Savings ☐ NOW ☐ _____

Initial Deposit $ 1,480,722.00 Source: LN PROCEEDS

Additional Information:

Ownership of Account - CONSUMER (Select One and Initial)

☐ Single-Party Account _____ ☐ Trust-Separate Agreement _____
☐ Multiple-Party Account _____
☐ Multiple-Party Account - Tenancy by the Entireties _____
☐ Other _____ _____

Rights at Death (Select One and Initial)

☐ Single-Party Account _____
☐ Multiple-Party Account With Right of Survivorship _____
☐ Multiple-Party Account Without Right of Survivorship _____
☐ Single-Party Account With Pay On Death _____
☐ Multiple-Party Account With Right of Survivorship and Pay On Death _____

Pay-On-Death Beneficiaries. To Add Pay-On-Death Beneficiaries Name One or More:

Ownership of Account - BUSINESS Purpose

☐ Sole Proprietorship ☐ Single-Member LLC ☐ Partnership
☐ LLC *(LLC tax classification:* ☐ *C Corp* ☐ *S Corp* ☐ *Partnership)*
☐ C Corporation ☐ S Corporation ☐ *Non-Profit*
☒ CORPORATION
Business: ROOFING CONTRACTOR

Backup Withholding Certifications *(Non-"U.S. Persons" - Use separate Form W-8)*

☒ By signing at right, I, CASEY D CROWTHER, certify under penalties of perjury that the statements made in this section are true.

☒ **TIN:** 47-4767409 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

☒ **Not Subject to Backup Withholding.** I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☐ **Exempt Recipient.** I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

☒ Terms & Conditions ☒ Truth in Savings ☒ Funds Availability
☒ Electronic Fund Transfers ☒ Privacy ☒ Substitute Checks
☐ Common Features ☐ _____

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1): [X]
CASEY D CROWTHER
I.D. # C636-104-85-322-0 D.O.B. 09/02/1985

(2): [X]
I.D. # _____ D.O.B. _____

(3): [X]
I.D. # _____ D.O.B. _____

(4): [X]
I.D. # _____ D.O.B. _____

☐ Convenience Account Agent (Single-Party Accounts Only)

[X]
I.D. # _____ D.O.B. _____

04/10/2020

Corporate Authorization Resolution

SANIBEL CAPTIVA COMMUNITY BANK

1533 HENDRY STREET SUITE 100
FORT MYERS FL 33901

Referred to in this document as "Financial Institution"

By: TARGET ROOFING AND SHEET METAL INC
PPP LOAN

1841 ORTIZ AVE
FORT MYERS, FL 33905

Referred to in this document as "Corporation"

I, CASEY CROWTHER , certify that I am Secretary (clerk) of the above named corporation organized under the laws of Florida , Federal Employer I.D. Number 47-4767409 , engaged in business under the trade name of TARGET ROOFING AND SHEET METAL INC , and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Board of Directors of the Corporation duly and properly called and held on 04/10/2020 (*date*). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

Agents. Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature *(if used)*
A. CASEY D CROWTHER-PRES	X _____	X _____
B.	X _____	X _____
C.	X _____	X _____
D.	X _____	X _____
E.	X _____	X _____
F.	X _____	X _____

(5) The Corporation agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Corporation. The Corporation authorizes the Financial Institution, at any time, to charge the Corporation for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.

(6) The Corporation acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Corporation to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.

(7) The Corporation acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Corporation with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Corporation authorizes each Agent to have custody of the Corporation's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

Effect on Previous Resolutions. This resolution supersedes resolution dated N/A . If not completed, all resolutions remain in effect.

Certification of Authority

I further certify that the Board of Directors of the Corporation has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions stated above and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

☐ If checked, the Corporation is a non-profit corporation.

In Witness Whereof, I have subscribed my name to this document and affixed the seal of the Corporation on 04/10/2020 *(date)*.

Secretary	*Attest by One Other Officer*
CASEY CROWTHER	CASEY CROWTHER

For Financial Institution Use Only

Acknowledged and received on *(date)* by _____ *(initials)*

☐ This resolution is superseded by resolution dated .

Comments: