ACCOUNT AGREEMENT

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

Account Number: 29068841

Account Owner(s) Name & Address
3801 JADE AVENUE LLC

2043 WEST FIRST ST
FORT MYERS FL 33901

Agreement Date: 04/30/2018 By: KRISTIN DIIORIO
☐ EXISTING Account - This agreement replaces previous agreement(s).
Account Description: INV PROP RENTAL INCOME

☒ Checking ☐ Savings ☐ NOW ☐ _____
Initial Deposit $ 100.00 Source: CHECK

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*
☐ _____
Business: RESIDENTIAL RENTAL INCOME PROPERTY

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

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

☒ **TIN:** 82-5300988 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 _____]
STEVEN D ADKINS
I.D. # A325-784-67-130-0 D.O.B. 04/10/1967

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

(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. _____

04/30/2018