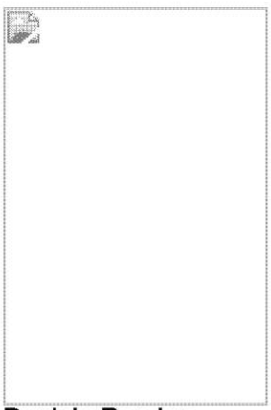
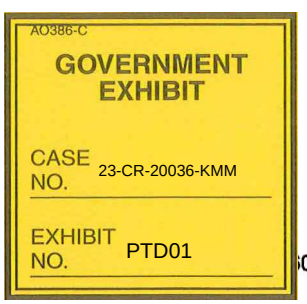
[No Subject]

From: Daniela Rendon <daniela@danielarendon.com>
To: reyesaviation@gmail.com
Date: Fri, 15 Jan 2021 19:57:21 -0500
Attachments: reyes aviation.pdf (5.62 MB); December 31.pdf (190.55 kB); November 30.pdf (189.4 kB)

Warm Regards,



Daniela Rendon
Real Estate Agent
Mobile 7868997656
Daniela@DanielaRendon.com
Www.DanielaRendon.com



Paycheck Protection Program
Borrower Application Form Revised January 8, 2021

OMB Control No.: 3245-0407
Expiration Date: 7/31/2021

Check One:	DBA or Tradename (if applicable)	Year of Establishment (if applicable)
☐ Sole Proprietor ☐ Partnership ☑ C-Corp ☐ S-Corp ☐ LLC ☐ Independent Contractor ☐ Self-Employed Individual ☐ 501(c)(3) nonprofit ☐ 501(c)(6) organization ☐ 501(c)(19) veterans organization ☐ Housing cooperative ☐ Tribal Business ☐ Other		2018.

Business Legal Name	NAICS Code	Applicant (including affiliates, if applicable) Meets Size Standard (check one):
Reyes Aviation		☒ No more than 500 employees (or 300 employees, if applicable) ☐ SBA industry size standards ☐ SBA alternative size standard

Business Address (Street, City, State, Zip Code - No P.O. Box addresses allowed)	Business TIN (EIN, SSN)	Business Phone
232 Choptank Middletown Delaware 19709	[redacted]	9783350714.
	Primary Contact: Elias Reyes	Email Address: reyesaviation@gmail.com

Average Monthly Payroll:	$30,000	x 2.5 + EIDL (Do Not Include Any EIDL Advance) equals Loan Request Amount:	$500,000	Number of Employees:	10.

Purpose of the loan (select all that apply):			
☑ Payroll Costs	☑ Rent / Mortgage Interest	☑ Utilities	☑ Covered Operations Expenditures
☑ Covered Property Damage	☐ Covered Supplier Costs	☐ Covered Worker Protection Expenditures	☐ Other (explain):

Applicant Ownership

List all owners of 20% or more of the equity of the Applicant. Attach a separate sheet if necessary.

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address

If questions (1), (2), (5), or (6) are answered "Yes," the loan will not be approved.

Question	Yes	No
1. Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?		X
2. Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, ever obtained a direct or guaranteed loan from SBA or any other Federal agency that is (a) currently delinquent, or (b) has defaulted in the last 7 years and caused a loss to the government?		X
3. Is the Applicant or any owner of the Applicant an owner of any other business, or have common management (including a management agreement) with any other business? If yes, list all such businesses (including their TINs if available) and describe the relationship on a separate sheet identified as addendum A.		X
4. Did the Applicant receive an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yes, provide details on a separate sheet identified as addendum B.	X	
5. Is the Applicant (if an individual) or any individual owning 20% or more of the equity of the Applicant presently incarcerated or, for any felony, presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? Initial here to confirm your response to question 5 → _____		X
6. Within the last 5 years, for any felony involving fraud, bribery, embezzlement, or a false statement in a loan application or an application for federal financial assistance, or within the last year, for any other felony, has the Applicant (if an individual) or any owner of the Applicant 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; or 4) commenced any form of parole or probation (including probation before judgment)? Initial here to confirm your response to question 6 → _____		X
7. Is the United States the principal place of residence for all employees included in the Applicant's payroll calculation above?	X	
8. Is the Applicant a franchise?		X
9. Is the franchise listed in the SBA's Franchise Directory? If yes, enter the SBA Franchise Identifier Code here: _____		X

PPP Borrower Demographic Information Form (Optional)

Instructions

1. **Purpose**. Veteran/gender/race/ethnicity data is collected for program reporting purposes only.
2. **Description**. This form requests information about each of the Borrower's Principals. Add additional sheets if necessary.
3. **Definition of Principal**. The term "Principal" means:
   - For a self-employed individual, independent contractor, or a sole proprietor, the self-employed individual, independent contractor, or sole proprietor.
   - For a partnership, all general partners and all limited partners owning 20% or more of the equity of the Borrower, or any partner that is involved in the management of the Borrower's business.
   - For a corporation, all owners of 20% or more of the Borrower, and each officer and director.
   - For a limited liability company, all members owning 20% or more of the Borrower, and each officer and director.
   - Any individual hired by the Borrower to manage the day-to-day operations of the Borrower ("key employee").
   - Any trustor (if the Borrower is owned by a trust).
   - For a nonprofit organization, the officers and directors of the Borrower.
4. **Principal Name**. Insert the full name of the Principal.
5. **Position**. Identify the Principal's position; for example, self-employed individual; independent contractor; sole proprietor; general partner; owner; officer; director; member; or key employee.

Principal Name	Elias Reyes	Position	Owner

Veteran	1=Non-Veteran; 2=Veteran; 3=Service-Disabled Veteran; 4=Spouse of Veteran; X=Not Disclosed	1
Gender	M=Male; F=Female; X=Not Disclosed	M
Race (more than 1 may be selected)	1=American Indian or Alaska Native; 2=Asian; 3=Black or African-American; 4=Native Hawaiian or Pacific Islander; 5=White; X=Not Disclosed	5
Ethnicity	H=Hispanic or Latino; N=Not Hispanic or Latino; X=Not Disclosed	H

Disclosure is voluntary and will have no bearing on the loan application decision

Paycheck Protection Program
Borrower Application Form Revised January 8, 2021

By Signing Below, You Make the Following Representations, Authorizations, and Certifications

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) and the Department of the Treasury (Treasury) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) and the Economic Aid to Hard-Hit Small Businesses, Nonprofits, and Venues Act (the Paycheck Protection Program Rules).
- The Applicant, together with its affiliates (if applicable), (1) is an independent contractor, self-employed individual, or sole proprietor with no employees; (2) if not a housing cooperative, eligible 501(c)(6) organization, or eligible destination marketing organization, employs no more than the greater of 500 employees or, if applicable, the size standard in number of employees established by SBA in 13 C.F.R. 121.201 for the Applicant's industry; (3) if a housing cooperative, eligible 501(c)(6) organization, or eligible destination marketing organization, employs no more than 300 employees; (4) if NAICS 72, employs no more than 500 employees per physical location; (5) if a news organization that is majority owned or controlled by a NAICS code 511110 or 5151 business or a nonprofit public broadcasting entity with a trade or business under NAICS code 511110 or 5151, employs no more than 500 employees (or, if applicable, the size standard in number of employees established by SBA in 13 C.F.R. 121.201 for the Applicant's industry) per location; or (6) is a small business under the applicable revenue-based size standard established by SBA in 13 C.F.R. 121.201 for the Applicant's industry or under the SBA alternative size standard.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rules including the prohibition on using loan proceeds for lobbying activities and expenditures. If Applicant is a news organization that became eligible for a loan under Section 317 of the Economic Aid to Hard-Hit Small Businesses, Nonprofits, and Venues Act, proceeds of the loan will be used to support expenses at the component of the business concern that produces or distributes locally focused or emergency information.
- I understand that SBA encourages the purchase, to the extent feasible, of American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any EIDL loan received by the Applicant (Section 7(b)(2) of the Small Business Act) between January 31, 2020 and April 3, 2020 was for a purpose other than paying payroll costs and other allowable uses for loans under the Paycheck Protection Program Rules.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

The authorized representative of the Applicant must certify in good faith to all of the below by **initialing** next to each one:

EL The Applicant was in operation on February 15, 2020, has not permanently closed, and was either an eligible self-employed individual, independent contractor, or sole proprietorship with no employees, or had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC.

EL Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant.

EL The funds will be used to retain workers and maintain payroll; or make payments for mortgage interest, rent, utilities, covered operations expenditures, covered property damage costs, covered supplier costs, and covered worker protection expenditures as specified under the Paycheck Protection Program Rules; I understand that if the funds are knowingly used for unauthorized purposes, the federal government may hold me legally liable, such as for charges of fraud.

EL I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, covered utilities, covered operations expenditures, covered property damage costs, covered supplier costs, and covered worker protection expenditures, and not more than 40% of the forgiven amount may be for non-payroll costs. If required, the Applicant will provide to the Lender and/or SBA documentation verifying the number of full-time equivalent employees on the Applicant's payroll as well as the dollar amounts of eligible expenses for the covered period following this loan.

EL The Applicant has not and will not receive another loan under the Paycheck Protection Program, section 7(a)(36) of the Small Business Act (15 U.S.C. 636(a)(36)) (this does not include Paycheck Protection Program second draw loans, section 7(a)(37) of the Small Business Act (15 U.S.C. 636(a)(37)).

EL The Applicant has not and will not receive a Shuttered Venue Operator grant from SBA.

EL The President, the Vice President, the head of an Executive department, or a Member of Congress, or the spouse of such person as determined under applicable common law, does not directly or indirectly hold a controlling interest in the Applicant, with such terms having the meanings provided in Section 322 of the Economic Aid to Hard-Hit Small Businesses, Nonprofits, and Venues Act.

EL The Applicant is not an issuer, the securities of which are listed on an exchange registered as a national securities exchange under section 6 of the Securities Exchange Act of 1934 (15 U.S.C. 78f).

EL I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under the law, including under 18 U.S.C. 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to $250,000; under 15 U.S.C. 645 by imprisonment of not more than two years and/or a fine of not more than $5,000; and, if submitted to a federally insured institution, under 18 U.S.C. 1014 by imprisonment of not more than thirty years and/or a fine of not more than $1,000,000.

EL I acknowledge that the Lender will confirm the eligible loan amount using required documents submitted. I understand, acknowledge, and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

EL

Signature of Authorized Representative of Applicant

01/15/21
Date

Elizabeth Reyes

Print Name

Owner

Title

GSW-000060649

Paycheck Protection Program
Borrower Application Form Revised January 8, 2021

Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles) – SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice, or (6) take other action permitted in the loan instruments.

Right to Financial Privacy Act of 1978 (12 U.S.C. 3401) – The Right to Financial Privacy Act of 1978, grants SBA access rights to financial records held by financial institutions that are or have been doing business with you or your business including any financial institutions participating in a loan or loan guaranty. SBA is only required provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records. SBA's access rights continue for the term of any approved loan guaranty agreement. SBA is also authorized to transfer to another Government authority any financial records concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

Freedom of Information Act (5 U.S.C. 552) – This law provides, with some exceptions, that SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that is generally released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers, the amount of the loan, and the type of the loan. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

Occupational Safety and Health Act (15 U.S.C. 651 et seq.) – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined and required to abate the hazards in their workplaces. They may also be ordered to cease operations posing an imminent danger of death or serious injury until employees can be protected. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

Civil Rights (13 C.F.R. 112, 113, 117) – All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. All borrowers must display the "Equal Employment Opportunity Poster" prescribed by SBA.

Equal Credit Opportunity Act (15 U.S.C. 1691) – Creditors are prohibited from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

Debarment and Suspension Executive Order 12549 (2 C.F.R. Part 180 and Part 2700) – By submitting this loan application, you certify that neither the Applicant or any owner of the Applicant have within the past three years been: (a) debarred, suspended, declared ineligible or voluntarily excluded from participation in a transaction by any Federal Agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the regulations or (d) delinquent on any amounts owed to the U.S. Government or its instrumentalities as of the date of execution of this certification.

Addendum B

SBA $48,600 08/11/2020

SBA $39,900 07/21/2020

ID# 9101036151

Form **941 for 2020: Employer's QUARTERLY Federal Tax Return** 950120
(Rev. July 2020) Department of the Treasury — Internal Revenue Service OMB No. 1545-0029

Employer identification number (EIN) [redacted]

Name (not your trade name) Reyes Aviation

Trade name (if any)

Address 1232 Choptank Road
Number Street Suite or room number

Middletown DL 19709
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2020 (Check one.)
- ☐ 1: January, February, March
- ☐ 2: April, May, June
- ☑ 3: July, August, September
- ☐ 4: October, November, December

Go to *www.irs.gov/Form941* for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: *Sept. 12* (Quarter 3) or *Dec. 12* (Quarter 4)	1	0
2	Wages, tips, and other compensation	2	0.0
3	Federal income tax withheld from wages, tips, and other compensation	3	0.0
4	If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.		

		Column 1		Column 2
5a	Taxable social security wages	.	× 0.124 =	.
5a	(i) Qualified sick leave wages	.	× 0.062 =	.
5a	(ii) Qualified family leave wages	.	× 0.062 =	.
5b	Taxable social security tips	.	× 0.124 =	.
5c	Taxable Medicare wages & tips	.	× 0.029 =	.
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	.	× 0.009 =	.

5e	**Total social security and Medicare taxes.** Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	0.6
5f	**Section 3121(q) Notice and Demand—Tax due on unreported tips** (see instructions)	5f	0.0
6	**Total taxes before adjustments.** Add lines 3, 5e, and 5f	6	0.6
7	**Current quarter's adjustment for fractions of cents**	7	0.0
8	**Current quarter's adjustment for sick pay**	8	0.0
9	**Current quarter's adjustments for tips and group-term life insurance**	9	0.0
10	**Total taxes after adjustments.** Combine lines 6 through 9	10	0.0
11a	**Qualified small business payroll tax credit for increasing research activities.** Attach Form 8974	11a	0.0
11b	**Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1**	11b	0.0
11c	**Nonrefundable portion of employee retention credit from Worksheet 1**	11c	0.0

Next ▶

▶ **You MUST complete all three pages of Form 941 and SIGN it.** Voucher. Cat. No. 17001Z Form **941** (Rev. 7-2020)

GSW-000060651

Reyes Aviation

Name (not your trade name)

[redacted] 950220

Employer identification number (EIN)

Part 1: Answer these questions for this quarter. *(continued)*

11d	**Total nonrefundable credits.** Add lines 11a, 11b, and 11c	11d	0.
12	**Total taxes after adjustments and nonrefundable credits.** Subtract line 11d from line 10	12	0.
13a	**Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter**	13a	0.
13b	**Deferred amount of social security tax**	13b	0.
13c	**Refundable portion of credit for qualified sick and family leave wages from Worksheet 1**	13c	0.
13d	**Refundable portion of employee retention credit from Worksheet 1**	13d	0.
13e	**Total deposits, deferrals, and refundable credits.** Add lines 13a, 13b, 13c, and 13d	13e	0.
13f	**Total advances received from filing Form(s) 7200 for the quarter**	13f	0.
13g	**Total deposits, deferrals, and refundable credits less advances.** Subtract line 13f from line 13e	13g	0.
14	**Balance due.** If line 12 is more than line 13g, enter the difference and see instructions	14	0.
15	**Overpayment.** If line 13g is more than line 12, enter the difference	.	Check one: ☐ Apply to next return. ☐ Send a refund.

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one:

☐ **Line 12 on this return is less than $2,500 or line 12 on the return for the prior quarter was less than $2,500, and you didn't incur a $100,000 next-day deposit obligation during the current quarter.** If line 12 for the prior quarter was less than $2,500 but line 12 on this return is $100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☐ **You were a monthly schedule depositor for the entire quarter.** Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability:	**Month 1**	.
	Month 2	.
	Month 3	.
Total liability for quarter		. **Total must equal line 12.**

☐ **You were a semiweekly schedule depositor for any part of this quarter.** Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

▶ **You MUST complete all three pages of Form 941 and SIGN it.**

GSW-000060652

Reyes Aviation

Name (not your trade name)

85212 9088 952920

Employer identification number (EIN)

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 **If your business has closed or you stopped paying wages** . . . . . ☐ Check here, and enter the final date you paid wages / / ; also attach a statement to your return. See instructions.

18 **If you're a seasonal employer and you don't have to file a return for every quarter of the year** . . . ☐ Check here.

19	**Qualified health plan expenses allocable to qualified sick leave wages**	19	0.
20	**Qualified health plan expenses allocable to qualified family leave wages**	20	0.
21	**Qualified wages for the employee retention credit**	21	0.
22	**Qualified health plan expenses allocable to wages reported on line 21**	22	0.
23	**Credit from Form 5884-C, line 11, for this quarter**	23	0.
24	**Deferred amount of the employee share of social security tax included on line 13b**	24	0.
25	**Reserved for future use**	25	

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS. ☐☐☐☐☐

☒ No.

Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X **Sign your name here** [signature]

Print your name here: Eliasib Reyes

Print your title here:

Date 01/15/21

Best daytime phone

Paid Preparer Use Only

Check if you're self-employed . . . ☐

Preparer's name

PTIN

Preparer's signature

Date / /

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

Citibank CBO Services 041
P.O. Box 6201
Sioux Falls, SD 57117-6201

001/R1/04F016

000
CITIBANK, N. A.
Account [redacted]

Statement Period
Dec 1 - Dec 31, 2020
Relationship Manager
Citibusiness Service Center
(877) 528-0990

REYES AVIATION INC
1232 CHOPTANK RD
MIDDLETOWN DE 19709

CitiBusiness® ACCOUNT AS OF DECEMBER 31, 2020

Relationship Summary:

Checking	**$978.00**
Savings	**-----**
Checking Plus	**-----**

SUGGESTIONS AND RECOMMENDATIONS

Currently, Citibank does not impose an extended delay on the redeposit of check(s) returned unpaid. Therefore, effective immediately, the "Exceptions to Citibank's Standard Funds Availability Policy" section of the CitiBusiness Client Manual and the U.S. Citi Commercial Bank Master Account Service and Terms Agreement is amended as follows: The subsection titled "Redeposit of Check(s) Returned Unpaid" is deleted in its entirety.

SERVICE CHARGE SUMMARY FROM NOVEMBER 1, 2020 THRU NOVEMBER 30, 2020

Type of Charge	No./Units	Price/Unit	Amount
STREAMLINED CHECKING # [redacted]			
Average Daily Collected Balance			$600.00
DEPOSIT SERVICES			
MONTHLY MAINTENANCE FEE	1	15.0000	15.00
CHECKS, DEP ITEMS/TICKETS, ACH	1	.4500	0.45
**WAIVE			
Total Charges for Services			**$15.00**
Net Service Charge			**$15.00**

Charges debited from account # [redacted]

CHECKING ACTIVITY

CitiBusiness Streamlined Checking
9147930641

Beginning Balance: $1,000.00
Ending Balance: $978.00

Date	Description	Debits	Credits	Balance
12/08	SERVICE CHARGE ACCT ANALYSIS DIRECT DB	15.00		985.00
12/21	SERVICE CHARGES	7.00		978.00
	Total Debits/Credits	**22.00**	**0.00**	

CUSTOMER SERVICE INFORMATION

IF YOU HAVE QUESTIONS ON:	YOU CAN CALL:	YOU CAN WRITE:
Checking	877-528-0990 (For Speech and Hearing Impaired Customers Only TTY: 800-945-0258)	CitiBusiness 100 Citibank Drive San Antonio, TX 78245-9966

For change in address, call your account officer or visit your branch.

Citibank CBO Services 041
P.O. Box 6201
Sioux Falls, SD 57117-6201

001/R1/04F016
000
CITIBANK, N. A.
Account [redacted]

REYES AVIATION INC
1232 CHOPTANK RD
MIDDLETOWN DE 19709

Statement Period
Nov 1 - Nov 30, 2020

CitiBusiness® ACCOUNT AS OF NOVEMBER 30, 2020

Relationship Summary:

Checking	**$1,000.00**
Savings	**-----**
Checking Plus	**-----**

CHECKING ACTIVITY

CitiBusiness Streamlined Checking

[redacted]

Beginning Balance:		$0.00
Ending Balance:		$1,000.00

Date	Description	Debits	Credits	Balance
11/13	ELECTRONIC CREDIT FIS_Prepaid Card Funds Trf Swift Card Nov 13		1,000.00	1,000.00

CUSTOMER SERVICE INFORMATION

IF YOU HAVE QUESTIONS ON:	YOU CAN CALL:	YOU CAN WRITE:
Checking	877-528-0990 (For Speech and Hearing Impaired Customers Only TTY: 800-945-0258)	CitiBusiness 100 Citibank Drive San Antonio, TX 78245-9966

For change in address, call your account officer or visit your branch.