

Page 1 of 2


STATE OF WASHINGTON
SECRETARY OF STATE
**Professional Limited
Liability Company**

See attached detailed instructions

☐ Filing Fee \$180.00☐ Filing Fee with Expedited Service \$230.00

This Box For Office Use Only

12/12/12 2315750-002

\$230.00 R

tid: 2440951

FILED
SECRETARY OF STATE
SAM REED
DECEMBER 12, 2012
STATE OF WASHINGTON

UBI Number: 603 260 109

CERTIFICATE OF FORMATION

Chapter 25.15.045 and 18.100 RCW

ARTICLE 1

NAME OF PROFESSIONAL LIMITED LIABILITY COMPANY:

Eric R Shibley MD PLLC

(Must contain one of the following designations: Professional Limited Liability Company, Professional Limited Liability Co or one of these abbreviations: P.L.L.C. or PLLC. If the designation is omitted, it will default to PLLC when processed)

ARTICLE 2

ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS:

 Street Address 4425 Meridian Ave. N, #6 City Tulalip State WA Zip 98271

PO Box _____ City _____ State _____ Zip _____

ARTICLE 3

EFFECTIVE DATE OF FORMATION: *(Please check one of the following)*
☒ Upon filing by the Secretary of State
☐ Specific Date: _____ *(Specified effective date must be within 90 days AFTER the Certificate of Formation has been filed by the Office of the Secretary of State)*

ARTICLE 4

TENURE: *(Please check one of the following and indicate the date if applicable)*
☒ Perpetual existence
☒ Specific term of existence _____ *(Number of years or date of termination)*

Washington PLLC - Formation

Washington Secretary of State

Revised 08/12

Page 2 of 2

ARTICLE 5

THE PROFESSIONAL LIMITED LIABILITY COMPANY IS MANAGED BY: ☒ Members or ☒ Managers
(see instructions)

ARTICLE 6**NAME AND ADDRESS OF THE WASHINGTON STATE REGISTERED AGENT:**

Name: Eric R. Shibley

Physical Location Address (required):

[REDACTED]

City Tulalip

WA Zip Code

Mailing or Postal Address (optional):

City _____ State _____ Zip Code _____

CONSENT TO SERVE AS REGISTERED AGENT:

I consent to serve as Registered Agent in the State of Washington for the above named Professional Limited Liability Company. I understand it will be my responsibility to accept Service of Process on behalf of the Professional Limited Liability Company; to forward mail to the Professional Limited Liability Company; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

X

Signature of Registered Agent

Eric R. Shibley

Printed Name

Date

11/30/2012

ARTICLE 7**NAME, ADDRESS AND SIGNATURE OF EACH EXECUTOR: (RCW 18.100.050)**

(If necessary, attach additional names, addresses and signatures)

Name: Eric R. Shibley

Address: [REDACTED] City Tulalip State WA Zip Code [REDACTED]

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X

Signature of Executor

Eric R. Shibley

Printed Name

Date

615-554-7156

Phone

11/30/2012

Name: _____

Address: _____ City _____ State _____ Zip Code _____

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X

Signature of Executor

Printed Name

Date

Phone

Additional Provisions to the Articles of Organization for

Eric R Shibley MD PLLC

Eric R Shibley MD PLLC, is incorporated as a professional limited liability company under the provisions of RWC of Washington Chapter 25.15.045 for the purposes of rendering Physician and Surgeon professional services.



Filed
Secretary of State
State of Washington
Date Filed: 03/31/2020
Effective Date: 03/31/2020
UBI #: 603 260 109

Annual Report

BUSINESS INFORMATION

Business Name:

ERIC R SHIBLEY MD PLLC

UBI Number:

603 260 109

Business Type:

WA PROFESSIONAL LIMITED LIABILITY COMPANY

Business Status:

ACTIVE

Principal Office Street Address:

4700 36TH AVE SW, SEATTLE, WA, 98126, UNITED STATES

Principal Office Mailing Address:

Expiration Date:

12/31/2020

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

12/12/2012

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

HEALTH CARE, SOCIAL ASSISTANCE & SERVICE ORGANIZATION

REGISTERED AGENT **RCW 23.95.410**

**Registered Agent
Name**

Street Address

Mailing Address

ERIC R SHIBLEY

**4700 36TH AVE SW, SEATTLE, WA, 98126-
2716, UNITED STATES**

**4700 36TH AVE SW, SEATTLE, WA, 98126-
2716, UNITED STATES**

PRINCIPAL OFFICE

Phone:

2069384291

Email:

SHIBLEENYC@YAHOO.COM

This document is a public record. For more information visit www.sos.wa.gov/corps

Work Order #: 2020033100184840 - 1
Received Date: 03/31/2020
Amount Received: \$170.00

DOJ-01-0000005745

Street Address:

4700 36TH AVE SW, SEATTLE, WA, 98126, USA

Mailing Address:

GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		ERIC	SHIBLEY

NATURE OF BUSINESS

- HEALTH CARE, SOCIAL ASSISTANCE & SERVICE ORGANIZATION

EFFECTIVE DATE

Effective Date:

03/31/2020

CONTROLLING INTEREST

1. Does your entity own real property such as land or buildings (including leasehold interests) in Washington?

NO

2. As of January 1, 2019, has there been a transfer of stock, other financial interest change, or an option agreement exercised that resulted in a transfer of at least 16? percent interest in the entity?

NO

a. If "yes", has the transfer of stock, other financial interest change, or an option agreement exercised resulted in a transfer of controlling interest (50 percent or greater)?

NO

3. As of January 1, 2019, has an option agreement been executed allowing for the future purchase or acquisition of the entity?

NO

You must report a Controlling Interest Transfer Return IF: you answered "yes" to questions 1 AND 2a.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of RCW 82.45.220.

For more information on **Controlling Interest**, visit www.dor.wa.gov/REET.

RETURN ADDRESS FOR THIS FILING

Attention:

ERIC SHIBLEY

Email:

SHIBLEYMEDICAL@OUTLOOK.COM

Address:

4700 36TH AVE SW, SEATTLE, WA, 98126-2716, USA

UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? No

EMAIL OPT-IN

This document is a public record. For more information visit www.sos.wa.gov/corps

Work Order #: 2020033100184840 - 1

Received Date: 03/31/2020

Amount Received: \$170.00

DOJ-01-0000005747

☐ By checking this box, I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

AUTHORIZED PERSON

☐ I am an authorized person.

Person Type:
INDIVIDUAL

First Name:
ERIC

Last Name:
SHIBLEY

Title:
MANAGER

☒ This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.

This document is a public record. For more information visit www.sos.wa.gov/corps

Work Order #: 2020033100184840 - 1
Received Date: 03/31/2020
Amount Received: \$170.00

DOJ-01-0000005749

DocuSign Envelope ID: 0668D1A6-6FBF-48CE-941E-5628B4F8E8F5

Page 1 of 2


SOS

 Office of the Secretary of State
 Corporations & Charities Division

Limited Liability Company

See attached detailed instructions

☐ Filing Fee \$180.00

☒ Filing Fee with Expedited Service \$230.00

This Box For Office Use Only

10/03/17 3564901-

002

\$230.00 R

tid: 3601151

 FILED
 OCTOBER 03, 2017
 SECRETARY OF STATE
 STATE OF WASHINGTON

UBI Number:

604 175 163

CERTIFICATE OF FORMATION

Chapter 25.15 RCW

ARTICLE 1
NAME OF LIMITED LIABILITY COMPANY:

SSI LLC

(Must contain one of the following designations: Limited Liability Company, Limited Liability Co or one of these abbreviations: L.L.C. or LLC. If the designation is omitted, it will default to LLC when processed)
ARTICLE 2
ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS:

 Street Address 4700 36th Ave. SW City Seattle State WA Zip 98126

PO Box _____ City _____ State _____ Zip _____

ARTICLE 3
EFFECTIVE DATE OF FORMATION: *(Please check one of the following)*
☒ Upon filing by the Secretary of State

☐ Specific Date: _____ *(Specified effective date must be within 90 days AFTER the Certificate of Formation has been filed by the Office of the Secretary of State)*
ARTICLE 4
TENURE: *(Please check one of the following and indicate the date if applicable)*
☒ Perpetual existence

☐ Specific term of existence _____ *(Number of years or date of termination)*

Washington LLC - Formation

Washington Secretary of State

Revised 11/11

DocuSign Envelope ID: 0668D1A6-6FBF-48CE-941E-5628B4F8E8F5

Page 2 of 2

ARTICLE 5

THE LIMITED LIABILITY COMPANY IS MANAGED BY: ☐ Members or ☒ Managers
(see instructions)

ARTICLE 6**NAME AND ADDRESS OF THE WASHINGTON STATE REGISTERED AGENT:**Name: Eric Ryan Shibley

Physical Location Address (required):

4700 36th Ave. SWCity Seattle State WA Zip Code 98126

Mailing or Postal Address (optional):

City _____ State _____ Zip Code _____

CONSENT TO SERVE AS REGISTERED AGENT:

I consent to serve as Registered Agent in the State of Washington for the above named Limited Liability Company. I understand it will be my responsibility to accept Service of Process on behalf of the Limited Liability Company; to forward mail to the Limited Liability Company; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

X Eric Shibley Eric Ryan Shibley 10/1/2017
Signature of Registered Agent Printed Name Date

ARTICLE 7**NAME, ADDRESS AND SIGNATURE OF EACH EXECUTOR:**

(If necessary, attach additional names, addresses and signatures)

Name: LegalZoom.com, Inc.Address: 101 N. Brand Blvd., 11th Floor City Glendale State CA Zip Code 91203

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X Cheyenne Moseley Cheyenne Moseley 10/1/17 323-962-8600, ext. 7625
Signature of Executor Printed Name Date Phone

Name: _____

Address: _____ City _____ State _____ Zip Code _____

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X _____
Signature of Executor Printed Name Date Phone

DocuSign Envelope ID: 0668D1A6-6F8F-48CE-941E-5628B4F8E8F5

Attachment to Articles of Organization

For

SSI LLC

The personal liability of the members of the Limited Liability Company for monetary damages for breach of fiduciary duty shall be eliminated to the fullest extent permissible under Washington law. The Limited Liability Company is authorized to indemnify its members and managers to the fullest extent permissible under Washington law.

DOJ-01-0000005853



Washington Secretary of State
Corporations and Charities Division
801 Capitol Way South
PO Box 40234
Olympia, WA 98504-0234
(360) 725-0377
corps@sos.wa.gov

03/03/2020

SS1 LLC
ERIC RYAN SHIBLEY
4700 36TH AVE SW
SEATTLE WA 98126-2716

ADMINISTRATIVE DISSOLUTION

Dear Sir/Madam,

UBI #: 604 175 163
Entity Name: SS1 LLC

The above listed entity has not filed its annual report that was due on 10/31/2019. As a result, the entity is no longer in active status.

In accordance with RCW23.95.605-610, the above entity is hereby administratively dissolved as of: **03/03/2020**.

This action was taken due to failure of the entity to file a required report within the time set forth by law.

Under RCW 23.95.615, a domestic entity that is administratively dissolved may apply for reinstatement no later than five (5) years after the effective date of administrative dissolution noted above. RCW 23.95.615 identifies the requirements for an application for reinstatement.

You can access the Washington Secretary of State, Corporations and Charities Filing System (CCFS) online to reactivate your entity using the following website <https://www.sos.wa.gov/corps>

Sincerely,

Washington Secretary of State
Corporations and Charities Division
corps@sos.wa.gov

Note: If your documents were recently submitted, please disregard this notice. If you have any questions concerning this matter please contact our office at the address or phone number shown above.



Filed
Secretary of State
State of Washington
Date Filed: 04/06/2020
Effective Date: 04/06/2020
UBI #: 604 175 163

STATEMENT OF REINSTATEMENT

BUSINESS INFORMATION

Business Name:

SSI LLC

UBI Number:

604 175 163

Business Type:

WA LIMITED LIABILITY COMPANY

Business Status:

ACTIVE

Principal Office Street Address:

4700 36TH AVE SW, SEATTLE, WA, 98126-2716, UNITED STATES

Principal Office Mailing Address:

4700 36TH AVE SW, SEATTLE, WA, 98126-2716, UNITED STATES

Expiration Date:

10/31/2020

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

10/03/2017

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

CONSTRUCTION, REAL ESTATE

BUSINESS NAME

Business Name

SSI LLC

REGISTERED AGENT

Registered Agent Name **Street Address**

Mailing Address

ERIC RYAN SHIBLEY 4700 36TH AVE SW, SEATTLE, WA, 98126-2716, UNITED STATES

REGISTERED AGENT CONSENT

This document is a public record. For more information visit www.sos.wa.gov/corps

Work Order #: 2020033100184822 - 1
Received Date: 03/31/2020
Amount Received: \$220.00

DOJ-01-0000005869

Customer provided Registered Agent consent? - **Yes**

PRINCIPAL OFFICE

Phone:

Email:

SHIBLEENYC@YAHOO.COM

Street Address:

4700 36TH AVE SW, SEATTLE, WA, 98126-2716, UNITED STATES

Mailing Address:

4700 36TH AVE SW, SEATTLE, WA, 98126-2716, UNITED STATES

GOVERNORS

Title	Governor Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		ERIC	SHIBLEY

NATURE OF BUSINESS

Nature of Business:

CONSTRUCTION, REAL ESTATE

ANNUAL FEE CALCULATIONS

Filing Name	Annual year	Fee
REINSTATEMENT		\$140.00
REINSTATEMENTS, FOREIGN REGISTRATIONS ANNUAL REPORT FEE	10/31/2019	\$60.00
PROCESSING		\$20.00
Total :		\$220.00

EFFECTIVE DATE

Effective Date:

04/06/2020

CONTROLLING INTEREST

1. Does your entity own real property such as land or buildings (including leasehold interests) in Washington?

NO

2. As of January 1, 2019, has there been a transfer of stock, other financial interest change, or an option agreement exercised that resulted in a transfer of at least 16⅔ percent interest in the entity?

NO

a. If "yes", has the transfer of stock, other financial interest change, or an option agreement exercised resulted in a transfer of controlling interest (50 percent or greater)?

NO

3. As of January 1, 2019, has an option agreement been executed allowing for the future purchase or acquisition of the entity?

NO

This document is a public record. For more information visit www.sos.wa.gov/corps

Work Order #: 2020033100184822 - 1

Received Date: 03/31/2020

Amount Received: \$220.00

DOJ-01-0000005871

You must report a Controlling Interest Transfer Return IF: you answered "yes" to questions 1 AND 2a.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of RCW 82.45.220.

For more information on **Controlling Interest**, visit www.dor.wa.gov/REET.

RETURN ADDRESS FOR THIS FILING

Attention:

ERIC SHIBLEY

Email:

SHIBLEENYC@YAHOO.COM

Address:

4700 36TH AVE SW, SEATTLE, WA, 98126-2716, UNITED STATES

UPLOAD ADDITIONAL DOCUMENTS

Name

Document Type

No Value Found.

EMAIL OPT-IN

☐ I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

AUTHORIZED PERSON - STAFF CONSOLE

☒ Document is signed.

Person Type:

INDIVIDUAL

First Name:

ERIC

Last Name:

SHIBLEY

Title:

This document is a public record. For more information visit www.sos.wa.gov/corps

Work Order #: 2020033100184822 - 1

Received Date: 03/31/2020

Amount Received: \$220.00

DOJ-01-0000005873



Office of the Secretary of State
Corporations & Charities Division

Statement of Correction

See attached detailed instruction

☒ Filing Fee \$30

☐ Filing Fee with Expedited Service \$80.00

This Box For Office Use Only

FILED

Secretary of State

State of Washington

Date Filed: 04/29/2020

Effective Date: 04/29/2020

UBI No: 604 175 163

UBI Number: 604-175-163

Statement of Correction

Pursuant to RCW 23.95.220, the undersigned entity hereby submits a Statement of Correction for the purpose of correcting a record filed in the Corporations & Charities Division of the Office of the Secretary of State.

SECTION 1 (required)
NAME OF ENTITY: (as currently recorded with the Office of the Secretary of State) <u>SSI LLC</u>
SECTION 2 (required)
The record to be corrected is: <u>Operating agreement</u>
SECTION 3 (required)
The record was filed on: <u>10/03/2017</u>
SECTION 4 (required)
Specify the inaccuracy or defect (see instructions): <u>Charles Henry Stewart was incorrectly listed as a member, owning 50%, Eric Ryan Shibley, in fact owns 100% of SSI LLC.</u>
SECTION 5 (required)
The corrected inaccuracy or defect of the record is as follows: <u>Corrected operating agreement is attached.</u>
SECTION 6 (required)
This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.
X <u>[Signature]</u> Signature <u>Eric Shibley</u> Printed Name and Title <u>04/17/2020</u> Date <u>206-938-4291</u> Phone

Statement of Correction - Profit Corporation

Washington Secretary of State

Revised 12/15

Work Order #: 2020042200222457 - 1

Received Date: 04/22/2020

Amount Received: \$30.00

10/22/2012 09:26 Good Sam, MT 1st Fl. Station 5

(FAX) 253 697 3230

P.002/004

Page 1 of 2

STATE OF WASHINGTON
SECRETARY OF STATE**Limited Liability Company**
See attached detailed instructions☐ Filing Fee \$180.00☒ Filing Fee with Expedited Service \$230.00

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FILED
SECRETARY OF STATE
SAM REED

OCTOBER 25, 2012

STATE OF WASHINGTON

UBI Number: 603 248 905

CERTIFICATE OF FORMATION

Chapter 25.15 RCW

ARTICLE 1

NAME OF LIMITED LIABILITY COMPANY:

ES1 LLC

*(Must contain one of the following designations: Limited Liability Company, Limited Liability Co or one of these abbreviations: L.L.C. or LLC)***ARTICLE 2**

ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS:

Street Address 4425 Meridian Ave. N. #6 City Marysville State WA Zip 98271

PO Box _____ City _____ State _____ Zip _____

ARTICLE 3EFFECTIVE DATE OF FORMATION: *(Please check one of the following)*☒ Upon filing by the Secretary of State☐ Specific Date: _____ *(Specified effective date must be within 90 days AFTER the Certificate of Formation has been filed by the Office of the Secretary of State)***ARTICLE 4**TENURE: *(Please check one of the following and indicate the date if applicable)*☒ Perpetual existence☐ Specific term of existence _____ *(Number of years or date of termination)*

Washington LLC - Formation

Washington Secretary of State

Revised 07/10

10/22/2012 09:26 Good Sam, MT 1st Fl, Station 5

(FAX) 253 697 3230

P.003/004

Page 2 of 2

ARTICLE 5

THE LIMITED LIABILITY COMPANY IS MANAGED BY: ☒ Members or ☐ Managers
(see instructions)

ARTICLE 6

NAME AND ADDRESS OF THE WASHINGTON STATE REGISTERED AGENT:

Name: Eric R. ShibleyPhysical Location Address (required):
[REDACTED]City MarysvilleWA Zip Code [REDACTED]Mailing or Postal Address (optional):

City _____ WA Zip Code _____

CONSENT TO SERVE AS REGISTERED AGENT:

I consent to serve as Registered Agent in the State of Washington for the above named Limited Liability Company. I understand it will be my responsibility to accept Service of Process on behalf of the Limited Liability Company; to forward mail to the Limited Liability Company; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

X

Signature of Registered Agent

Eric R. Shibley

Printed Name

10/22/2012

Date

ARTICLE 7

NAME, ADDRESS AND SIGNATURE OF EACH EXECUTOR:

(If necessary, attach additional names, addresses and signatures)

Name: Karla FigueroaAddress: [REDACTED] City Glendale State CA Zip Code [REDACTED]*This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.*

X

Signature of Executor

Karla Figueroa

Printed Name

10/23/2012

Date

323-962-8600, ext. 883

Phone

Name: _____

Address: _____ City _____ State _____ Zip Code _____

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X

Signature of Executor

Printed Name

Date

Phone

10/22/2012 09:27 Good Sam, MT 1st Fl. Station 5

(FAX)253 697 3230

P.004/004

Attachment to Articles of Organization

For

ES1 LLC

The personal liability of the members of the Limited Liability Company for monetary damages for breach of fiduciary duty shall be eliminated to the fullest extent permissible under Washington law. The Limited Liability Company is authorized to indemnify its members and managers to the fullest extent permissible under Washington law.

DOJ-01-0000005757



Washington Secretary of State
Corporations and Charities Division
801 Capitol Way South
PO Box 40234
Olympia, WA 98504-0234
(360) 725-0377
corps@sos.wa.gov

11/01/2019

ES1 LLC
ERIC R SHIBLEY
4700 36TH AVE SW
SEATTLE WA 98126-2716

DELINQUENT ANNUAL REPORT NOTICE

Dear Sir/Madam,

UBI #: 603 248 905
Entity Name: ES1 LLC

The above listed entity has not filed its annual report that was due on 10/31/2019. As a result, the above listed entity is no longer in active status.
Failure to file the necessary report by 02/29/2020 will result in administrative dissolution or termination of your registration.

You can file online using the Washington Secretary of State, Corporations and Charities Filing System (CCFS) using the following website <https://www.sos.wa.gov/corps>.

Sincerely,

Washington Secretary of State
Corporations and Charities Division
corps@sos.wa.gov

Note: If your documents were recently submitted, please disregard this notice. If you have any questions concerning this matter please contact our office at the address or phone number shown above.



Filed
Secretary of State
State of Washington
Date Filed: 02/04/2020
Effective Date: 02/04/2020
UBI #: 603 248 905

Annual Report

BUSINESS INFORMATION

Business Name:

ES1 LLC

UBI Number:

603 248 905

Business Type:

WA LIMITED LIABILITY COMPANY

Business Status:

ACTIVE

Principal Office Street Address:

4700 36TH AVE SW, SEATTLE, WA, 98126-2716, UNITED STATES

Principal Office Mailing Address:

4700 36TH AVE SW, SEATTLE, WA, 98126-2716, UNITED STATES

Expiration Date:

10/31/2020

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

10/25/2012

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

REAL ESTATE

REGISTERED AGENT RCW 23.95.410

Registered Agent Name	Street Address	Mailing Address
ERIC R SHIBLEY	4700 36TH AVE SW, SEATTLE, WA, 98126-2716, UNITED STATES	4700 36TH AVE SW, SEATTLE, WA, 98126-2716, UNITED STATES

PRINCIPAL OFFICE

Phone:

206-938-4291

Email:

This document is a public record. For more information visit www.sos.wa.gov/corps

Work Order #: 2020020400070242 - 1
Received Date: 02/04/2020
Amount Received: \$85.00

DOJ-01-0000005795

SHIBLEENYC@YAHOO.COM

Street Address:

4700 36TH AVE SW, SEATTLE, WA, 98126-2716, USA

Mailing Address:

4700 36TH AVE SW, SEATTLE, WA, 98126-2716, USA

GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		ERIC	SHIBLEY

NATURE OF BUSINESS

- REAL ESTATE

EFFECTIVE DATE

Effective Date:

02/04/2020

CONTROLLING INTEREST

1. Does your entity own real property such as land or buildings (including leasehold interests) in Washington?

NO

2. As of January 1, 2019, has there been a transfer of stock, other financial interest change, or an option agreement exercised that resulted in a transfer of at least 16? percent interest in the entity?

NO

a. If "yes", has the transfer of stock, other financial interest change, or an option agreement exercised resulted in a transfer of controlling interest (50 percent or greater)?

NO

3. As of January 1, 2019, has an option agreement been executed allowing for the future purchase or acquisition of the entity?

NO

You must report a Controlling Interest Transfer Return IF: you answered "yes" to questions 1 AND 2a.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of RCW 82.45.220.

For more information on **Controlling Interest**, visit www.dor.wa.gov/REET.

RETURN ADDRESS FOR THIS FILING

Attention:

ERIC SHIBLEY

Email:

SHIBLEENYC@YAHOO.COM

Address:

4700 36TH AVE SW, SEATTLE, WA, 98126-2716, USA

UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? **No**

This document is a public record. For more information visit www.sos.wa.gov/corps

Work Order #: 2020020400070242 - 1

Received Date: 02/04/2020

Amount Received: \$85.00

DOJ-01-0000005797

EMAIL OPT-IN

☐ By checking this box, I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

AUTHORIZED PERSON

☒ I am an authorized person.

Person Type:

INDIVIDUAL

First Name:

ERIC

Last Name:

SHIBLEY

Title:

MANGER

☒ This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.

10013 75 YAM

This document is a public record. For more information visit www.sos.wa.gov/corps

Work Order #: 2020020400070242 - 1
Received Date: 02/04/2020

Amount Received: \$85.00

DOJ-01-0000005799

DocuSign Envelope ID: 300B883B-4443-4FA9-BD19-0F7E2BA4B0C8

Page 1 of 2


SOS

 Office of the Secretary of State
 Corporations & Charities Division

Limited Liability Company

See attached detailed instructions

☐ Filing Fee \$180.00

☒ Filing Fee with Expedited Service \$230.00

This Box For Office Use Only

11/03/17 3590099-002

\$230.00 R

tid: 3624506

FILED

SECRETARY OF STATE

11/03/2017

STATE OF WASHINGTON

UBI# 604 183 433

UBI Number:

CERTIFICATE OF FORMATION

Chapter 25.15 RCW

ARTICLE 1
NAME OF LIMITED LIABILITY COMPANY:

SEATTLE'S FINEST CANNABIS, LLC

(Must contain one of the following designations: Limited Liability Company, Limited Liability Co or one of these abbreviations: L.L.C. or LLC. If the designation is omitted, it will default to LLC when processed)
ARTICLE 2
ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS:

 Street Address 4700 36th Ave. SW City Seattle State WA Zip 98126

PO Box _____ City _____ State _____ Zip _____

ARTICLE 3
EFFECTIVE DATE OF FORMATION: *(Please check one of the following)*
☒ Upon filing by the Secretary of State

☐ Specific Date: _____ *(Specified effective date must be within 90 days AFTER the Certificate of Formation has been filed by the Office of the Secretary of State)*
ARTICLE 4
TENURE: *(Please check one of the following and indicate the date if applicable)*
☒ Perpetual existence

☐ Specific term of existence _____ *(Number of years or date of termination)*

Washington LLC - Formation

Washington Secretary of State

Revised 11/11

 U.S. v. Shibley
 CR20-174 JCC
 Government Exhibit No. 74
 Admitted _____

DOJ-01-0000005803

DocuSign Envelope ID: 300B883B-4443-4FA9-BD19-0F7E2BA4B0C8

Page 2 of 2

ARTICLE 5

THE LIMITED LIABILITY COMPANY IS MANAGED BY: ☒ Members or ☐ Managers
(see instructions)

ARTICLE 6**NAME AND ADDRESS OF THE WASHINGTON STATE REGISTERED AGENT:**Name: Eric R Shibley**Physical Location Address (required):**4700 36th Ave. SWCity Seattle State WA Zip Code 98126**Mailing or Postal Address (optional):**

City _____ State _____ Zip Code _____

CONSENT TO SERVE AS REGISTERED AGENT:

I consent to serve as Registered Agent in the State of Washington for the above named Limited Liability Company. I understand it will be my responsibility to accept Service of Process on behalf of the Limited Liability Company; to forward mail to the Limited Liability Company; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

X Eric Shibley Eric R Shibley 10/31/2017
Signature of Registered Agent Printed Name Date

ARTICLE 7**NAME, ADDRESS AND SIGNATURE OF EACH EXECUTOR:**

(If necessary, attach additional names, addresses and signatures)

Name: LegalZoom.com, Inc.Address: 101 N. Brand Blvd., 11th Floor City Glendale State CA Zip Code 91203

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X Cheyenne Moseley Cheyenne Moseley 10/31/17 323-962-8600, ext. 7625
Signature of Executor Printed Name Date Phone

Name: _____

Address: _____ City _____ State _____ Zip Code _____

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X _____
Signature of Executor Printed Name Date Phone

DocuSign Envelope ID: 300B883B-4443-4FA9-BD19-0F7E2BA4B0C8

Attachment to Articles of Organization

For

SEATTLE'S FINEST CANNABIS, LLC

The personal liability of the members of the Limited Liability Company for monetary damages for breach of fiduciary duty shall be eliminated to the fullest extent permissible under Washington law. The Limited Liability Company is authorized to indemnify its members and managers to the fullest extent permissible under Washington law.

DOJ-01-0000005807



Filed
Secretary of State
State of Washington
Date Filed: 03/31/2020
Effective Date: 03/31/2020
UBI #: 604 183 433

Annual Report

BUSINESS INFORMATION

Business Name:
SEATTLE'S FINEST CANNABIS, LLC

UBI Number:
604 183 433

Business Type:
WA LIMITED LIABILITY COMPANY

Business Status:
ACTIVE

Principal Office Street Address:
4700 36TH AVE SE, SEATTLE, WA, 98126, UNITED STATES

Principal Office Mailing Address:

Expiration Date:
11/30/2020

Jurisdiction:
UNITED STATES, WASHINGTON

Formation/Registration Date:
11/03/2017

Period of Duration:
PERPETUAL

Inactive Date:

Nature of Business:
ANY LAWFUL PURPOSE

REGISTERED AGENT RCW 23.95.410

Registered Agent Name	Street Address	Mailing Address
ERIC R SHIBLEY	4700 36TH AVE SW, SEATTLE, WA, 98126-2716, UNITED STATES	

PRINCIPAL OFFICE

Phone:
2069384291

Email:
SHIBLEENYC@YAHOO.COM

Street Address:
4700 36TH AVE SE, SEATTLE, WA, 98126, USA

This document is a public record. For more information visit www.sos.wa.gov/corps

Work Order #: 2020033100184840 - 2
Received Date: 03/31/2020
Amount Received: \$170.00

DOJ-01-0000005821



Filed
Secretary of State
State of Washington
Date Filed: 05/09/2020
Effective Date: 05/09/2020
UBI #: 604 183 433

Amended Annual Report

BUSINESS INFORMATION

Business Name:
SEATTLE'S FINEST CANNABIS, LLC

UBI Number:
604 183 433

Business Type:
WA LIMITED LIABILITY COMPANY

Business Status:
ACTIVE

Principal Office Street Address:
4700 36TH AVE SE, SEATTLE, WA, 98126, UNITED STATES

Principal Office Mailing Address:
4700 36TH AVE SE, SEATTLE, WA, 98126, UNITED STATES

Expiration Date:
11/30/2020

Jurisdiction:
UNITED STATES, WASHINGTON

Formation/Registration Date:
11/03/2017

Period of Duration:
PERPETUAL

Inactive Date:

Nature of Business:
ANY LAWFUL PURPOSE, CONSTRUCTION

REGISTERED AGENT RCW 23.95.410

Registered Agent Name	Street Address	Mailing Address
ERIC R SHIBLEY	4700 36TH AVE SW, SEATTLE, WA, 98126-2716, UNITED STATES	

PRINCIPAL OFFICE

Phone:
2069384291

Email:
SHIBLEY98271@GMAIL.COM

Street Address:

This document is a public record. For more information visit www.sos.wa.gov/corps

Work Order #: 2020050900251260 - 1
Received Date: 05/09/2020
Amount Received: \$10.00

DOJ-01-0000005823

4700 36TH AVE SE, SEATTLE, WA, 98126, USA

Mailing Address:

4700 36TH AVE SE, SEATTLE, WA, 98126, USA

GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		ERIC	SHIBLEY

NATURE OF BUSINESS

- ANY LAWFUL PURPOSE
- CONSTRUCTION

EFFECTIVE DATE

Effective Date:

05/09/2020

RETURN ADDRESS FOR THIS FILING

Attention:

ERIC SHIBLEY

Email:

SHIBLEY98271@GMAIL.COM

Address:

4700 36TH AVE SW, SEATTLE, WA, 98126-2716, USA

UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? No

EMAIL OPT-IN

☐ By checking this box, I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

AUTHORIZED PERSON

☒ I am an authorized person.

Person Type:

INDIVIDUAL

First Name:

ERIC

Last Name:

SHIBLEY

Title:

GOVERNOR

☒ This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.

This document is a public record. For more information visit www.sos.wa.gov/corps

Work Order #: 2020050900251260 - 1

Received Date: 05/09/2020

Amount Received: \$10.00

DOJ-01-0000005825



Filed
Secretary of State
State of Washington
Date Filed: 05/13/2020
Effective Date: 05/13/2020
UBI #: 604 183 433

AMENDED CERTIFICATE OF FORMATION

BUSINESS INFORMATION

Business Name:

SFC LLC

UBI Number:

604 183 433

Business Type:

WA LIMITED LIABILITY COMPANY

Business Status:

ACTIVE

Principal Office Street Address:

4700 36TH AVE SW, SEATTLE, WA, 98126-2716, UNITED STATES

Principal Office Mailing Address:

4700 36TH AVE SW, SEATTLE, WA, 98126-2716, UNITED STATES

Expiration Date:

11/30/2020

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

11/03/2017

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

BUSINESS NAME

Business Name:

SFC LLC

BUSINESS TYPE

Current Business Type:

WA LIMITED LIABILITY COMPANY

Amend Business Type:

REGISTERED AGENT

This document is a public record. For more information visit www.sos.wa.gov/corps

Work Order #: 2020051100255727 - 1
Received Date: 05/11/2020
Amount Received: \$50.00

DOJ-01-0000005827

Registered Agent Name	Street Address	Mailing Address
ERIC SHIBLEY	4700 36TH AVE SW, SEATTLE, WA, 98126-2716, UNITED STATES	4700 36TH AVE SW, SEATTLE, WA, 98126-2716, UNITED STATES

REGISTERED AGENT CONSENT

Customer provided Registered Agent consent? - **Yes**

PRINCIPAL OFFICE

Phone:

206-938-4291

Email:

SHIBLEY98271@GMAIL.COM

Confirm Email:

SHIBLEY98271@GMAIL.COM

Street Address:

4700 36TH AVE SW, SEATTLE, WA, 98126-2716, UNITED STATES

Mailing Address:

4700 36TH AVE SW, SEATTLE, WA, 98126-2716, UNITED STATES

DURATION

Duration:

PERPETUAL

EFFECTIVE DATE

Effective Date:

05/13/2020

RETURN ADDRESS FOR THIS FILING

Attention:

ERIC SHIBLEY

Email:

SHIBLEY98271@GMAIL.COM

Address:

4700 36TH AVE SW, SEATTLE, WA, 98126-2716, UNITED STATES

UPLOADED DOCUMENTS

Document Type	Source	Created By	Created Date
No Value Found.			

UPLOAD ADDITIONAL DOCUMENTS

Name	Document Type
No Value Found.	

This document is a public record. For more information visit www.sos.wa.gov/corps

Work Order #: 2020051100255727 - 1
Received Date: 05/11/2020
Amount Received: \$50.00

DOJ-01-0000005829

EMAIL OPT-IN

☒ I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

AUTHORIZED PERSON - STAFF CONSOLE

☒ Document is signed.

Person Type:
INDIVIDUAL

First Name:
ERIC

Last Name:
SHIBLEY

Title:
GOVERNOR

This document is a public record. For more information visit www.sos.wa.gov/corps

Work Order #: 2020051100255727 - 1
Received Date: 05/11/2020
Amount Received: \$50.00

DOJ-01-0000005831



Office of the Secretary of State
Corporations & Charities Division
(360) 725 - 0377 | www.sos.wa.gov/corps
801 Capitol Way S, Olympia, WA 98504-0234

This Box For Office Use Only

FILED
Secretary of State
State of Washington
Date Filed: 12/10/2018
Effective Date: 12/10/2018
UBI No: 604 330 288

- ☐ Filing Fee \$180
☒ Filing Fee with Expedited Service \$230

Certificate of Formation
Limited Liability Company
RCW 25.15

Do you already have a UBI Number? (Check one) ☐ Yes ☒ No If Yes, provide UBI # _____

If No, a new UBI# will be issued to you upon successful completion of the filing.

If you have previously filed with another state agency (for example, the Department of Revenue, the Department of Labor and Industries, or the Employment Security Department), you may already have a 9 digit UBI Number that you can enter above. Please do not enter the UBI Number of a Sole Proprietorship or General Partnership. If you do not have a UBI Number, please select "no" above and continue with the filing.

ENTITY NAME :

Does the entity have a name reserved? (Check one) ☐ Yes ☒ No

If Yes, provide the Name Reservation Number and Name If No, provide only the name

Reservation Number: _____

Name: The A Team Holdings LLC

For name requirements review the following RCW(s): Limited Liability Company - RCW 23.95.305 (5)

PERIOD OF DURATION : Please check ONE of the following

- ☒ This Company shall have a perpetual duration (default) ☐ This Company shall have a duration of _____ years.
☐ This Company shall expire on _____

EFFECTIVE DATE: Please check ONE of the following:

- ☒ Date of filing ☐ Specify a Date _____ cannot be more than 90 days following received date

REGISTERED AGENT:Is the Registered Agent a Commercial Registered Agent? ☐ Yes ☒ No

If Yes, provide the name of the Commercial Registered Agent: _____

A Commercial Registered Agent is an entity or individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent has the entities/individual's address on record with the office.

A Registered Agent consent is still required for a Commercial Registered Agent located below.

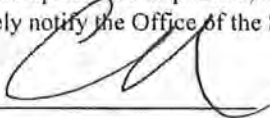
If No, please continue below

Please complete ONE type of Registered Agent below, be sure to include the name below the checked box.
Then continue to provide the required street address. Mailing address if needed.

☐ Individual	☒ Entity	☐ Office or Position
_____	United States Corporation Agents, Inc.	_____
First and last name of a Non-commercial Registered Agent. (Any person not registered as a Commercial Registered Agent.)	Name of a Non-commercial Registered Agent. (Any business not registered as a Commercial Registered Agent.)	List the Office or Position serves as agent. (Only if using the specific office or position as the registered agent, no matter who holds the position like: Secretary, Member or Treasurer.)
Phone: 866-698-0052		Email: ramanagement@legalzoom.com
Registered Agent Street Address (required) (Must be a physical address No PO Box or PMB) Country: <u>United States</u> State: <u>Washington</u> Address: <u>14205 SE 36th Street, Suite 100</u> Zip: <u>98006</u> City: <u>Bellevue</u>		Registered Agent Mailing Address (optional) ☐ Check if mailing address is the same as street address Country: <u>United States</u> State: <u>Washington</u> Address: <u>14205 SE 36th Street, Suite 100 - 288</u> Zip: <u>98006</u> City: <u>Bellevue</u>

CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES

I hereby consent to serve as Registered Agent in the State of Washington for the named entity. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

 _____
 Signature of Registered Agent Printed Name/Title Date
 Cheyenne Moseley, Assistant Secretary 12/05/2018

Principal Office Street Address (Must be a physical address; No PO Box or PMB) Address: <u>4700 36th Ave SW</u> Zip: <u>98126</u> City: <u>Seattle</u> State: <u>WA</u> Country: <u>USA</u>	Mailing Address (optional) ☐ Check if mailing address is the same as street address. Address: _____ Zip: _____ City: _____ State: _____ Country: _____
--	--

Phone: (optional) _____ Email: (optional) _____

RETURN ADDRESS FOR THIS FILING: (Optional)

This address will be sent document(s) regarding this specific filing in addition to document (s) being sent to the Registered Agent's street/mailling address.

Attention to: Cheyenne Moseley, Legalzoom.com, Inc.

Email: onlinefilings@legalzoom.com

Address: 101 N Brand Blvd., 11th Floor

City Glendale State CA Zip 91203

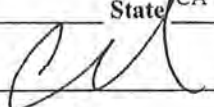
EXECUTOR INFORMATION:

Name, address, and signature required. Attach additional sheets if necessary.

This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

Address: 101 N. Brand Blvd., 11th Floor

City Glendale State CA Zip 91203

 Cheyenne Moseley
Assistant Secretary, LegalZoom.com, Inc. 12/05/2018

Signature of Executor	Printed Name/Title	Date
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Attachment to Articles of Organization

For

The A Team Holdings LLC

The personal liability of the members of the Limited Liability Company for monetary damages for breach of fiduciary duty shall be eliminated to the fullest extent permissible under Washington law. The Limited Liability Company is authorized to indemnify its members and managers to the fullest extent permissible under Washington law.

4

Work Order #: 2018120700583230 - 1

Received Date: 12/07/2018

Amount Received: \$230.00

Attachment to Articles of Organization

For

The A Team Holdings LLC

The personal liability of the members of the Limited Liability Company for monetary damages for breach of fiduciary duty shall be eliminated to the fullest extent permissible under Washington law. The Limited Liability Company is authorized to indemnify its members and managers to the fullest extent permissible under Washington law.

03/18/2018 11:11 AM

Work Order #: 2018120700583230 - 1

Received Date: 12/07/2018

Amount Received: \$230.00



Washington Secretary of State
Corporations and Charities Division
801 Capitol Way South
PO Box 40234
Olympia, WA 98504-0234
(360) 725-0377
corps@sos.wa.gov

01/01/2020

THE A TEAM HOLDINGS LLC
UNITED STATES CORPORATION AGENTS, INC
14205 SE 36TH ST STE 100-288
BELLEVUE WA 98006-1596

DELINQUENT ANNUAL REPORT NOTICE

Dear Sir/Madam,

UBI #: 604 330 288

Entity Name: THE A TEAM HOLDINGS LLC

The above listed entity has not filed its annual report that was due on 12/31/2019. As a result, the above listed entity is no longer in active status.

Failure to file the necessary report by 04/30/2020 will result in administrative dissolution or termination of your registration.

You can file online using the Washington Secretary of State, Corporations and Charities Filing System (CCFS) using the following website <https://www.sos.wa.gov/corps>.

Sincerely,

Washington Secretary of State
Corporations and Charities Division
corps@sos.wa.gov

Note: If your documents were recently submitted, please disregard this notice. If you have any questions concerning this matter please contact our office at the address or phone number shown above.



Filed
Secretary of State
State of Washington
Date Filed: 03/31/2020
Effective Date: 03/31/2020
UBI #: 604 330 288

Annual Report

BUSINESS INFORMATION

Business Name:
THE A TEAM HOLDINGS LLC

UBI Number:
604 330 288

Business Type:
WA LIMITED LIABILITY COMPANY

Business Status:
ACTIVE

Principal Office Street Address:
4700 36TH AVE SW, SEATTLE, WA, 98126, UNITED STATES

Principal Office Mailing Address:

Expiration Date:
12/31/2020

Jurisdiction:
UNITED STATES, WASHINGTON

Formation/Registration Date:
12/10/2018

Period of Duration:
PERPETUAL

Inactive Date:

Nature of Business:
REAL PROPERTY INVESTMENT

REGISTERED AGENT CONSENT

To change your Registered Agent, please delete the current Registered Agent below.

Registered Agent Consent (Check One):



I am the Registered Agent. Use my Contact Information.



I am not the Registered Agent. I declare under penalty of perjury that the WA Limited Liability Company has in its records a signed document containing the consent of the person or business named as registered agent to serve in that capacity. I understand the WA Limited Liability Company must keep the signed consent document in its records, and must produce the document on request.

RCW 23.95.415 requires that all businesses in Washington State have a Registered Agent.

This document is a public record. For more information visit www.sos.wa.gov/corps

Work Order #: 2020033100184835 - 1
Received Date: 03/31/2020
Amount Received: \$85.00

DOJ-01-0000005899

Some of this information is prepopulated from information previously provided. Please make changes as necessary to provide accurate information.

REGISTERED AGENT RCW 23.95.410

Registered Agent Name	Street Address	Mailing Address
ERIC SHIBLEY	4700 36TH AVE SW, SEATTLE, WA, 98126-2716, USA	4700 36TH AVE SW, SEATTLE, WA, 98126-2716, USA

PRINCIPAL OFFICE

Phone:
206-938-4291

Email:
ERS98126@GMAIL.COM

Street Address:
4700 36TH AVE SW, SEATTLE, WA, 98126, USA

Mailing Address:

GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		ERIC	SHIBLEY

NATURE OF BUSINESS

- REAL PROPERTY INVESTMENT

EFFECTIVE DATE

Effective Date:
03/31/2020

CONTROLLING INTEREST

- Does your entity own real property such as land or buildings (including leasehold interests) in Washington?
NO
- As of January 1, 2019, has there been a transfer of stock, other financial interest change, or an option agreement exercised that resulted in a transfer of at least 16% percent interest in the entity?
NO
 - If "yes", has the transfer of stock, other financial interest change, or an option agreement exercised resulted in a transfer of controlling interest (50 percent or greater)?
NO
- As of January 1, 2019, has an option agreement been executed allowing for the future purchase or acquisition of the entity?
NO

You must report a Controlling Interest Transfer Return IF: you answered "yes" to questions 1 AND 2a.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of RCW 82.45.220.

This document is a public record. For more information visit www.sos.wa.gov/corps

Work Order #: 2020033100184835 - 1
Received Date: 03/31/2020
Amount Received: \$85.00

DOJ-01-0000005901

For more information on **Controlling Interest**, visit www.dor.wa.gov/REET.

RETURN ADDRESS FOR THIS FILING

Attention:

ERIC SHIBLEY

Email:

ERS98126@GMAIL.COM

Address:

4700 36TH AVE SW, SEATTLE, WA, 98126-2716, USA

UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? **No**

EMAIL OPT-IN

☐ By checking this box, I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

AUTHORIZED PERSON

☒ I am an authorized person.

Person Type:

INDIVIDUAL

First Name:

ERIC

Last Name:

SHIBLEY

Title:

MANGER

☒ This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.

This document is a public record. For more information visit www.sos.wa.gov/corps

Work Order #: 2020033100184835 - 1

Received Date: 03/31/2020

Amount Received: \$85.00

DOJ-01-0000005903

Production


Customer
ERIC R SHIBLEY MD PLLC: 0109

[Menu](#)
[New Manager](#)

Customer: Limited Liability Company
[Explore](#)
[Structure](#)
[Expand](#)

Customer : 603-260-109 ERIC R SHIBLEY MD PLLC 4700 36TH AVE SW SEATTLE WA 98126-2716

[Registration](#)
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[Contacts⁺](#)
[NAICS⁺](#)
[Links⁺](#)
[Sites⁺](#)

Customer

UBI/CID : 603-260-109
Federal Employer ID : **-*9052
Legal : ERIC R SHIBLEY MD PLLC
Mailing : 4700 36TH AVE SW SEATTLE WA 98126-2716

Business Attributes
[Show History](#)

Business Attributes

Customer Subtype : Professional Limited Liability C
SSO Category Code : PLC
Country of Incorporation : USA FO ☐
State of Incorporation : WASHINGTON Year Inc (BLA) : 2012
Prior Business Name :

External Agency Account Status

[Get Agency Statuses](#)

Labor & Industries:
Active Closed Inactive

Employment Security:
Active Closed Inactive

DOR Tax Account
Active Closed Inactive

Important Dates

Cease Date : Application Month : DEC Date Inc (SOS) : Dec-12-2012

Insurance Information

Optional L&I for Owners/Officers? : Yes No
Optional L&I for Excluded? : Yes No

Governing People Info : SHIBLEY, ERIC R

Name	Address	Telephone Number	Percent Owned	Official
SHIBLEY, ERIC R			0	☒

Production

Activities

ETPID	Activity Type	Activity Category	Status	Commence	Cease
0029	Unemployment Insurance	Employment Security Department	Active	Sep-16-2014	
0135	Tax Registration	Department of Revenue	Active	Mar-17-2018	

2 Rows

Production

Identities

Profile	Account Type	Account	Id Type	Id	Cease	Valid		
001			FEIN	**_***9052		☒		
001			UBI/CID	603-260-109		☒		
002	Secretary of State	603260109-001-0000	License Account ID	603260109-001-0000		☒		
003	License	603260109-001-0001	License Account ID	603260109-001-0001		☒		
005	Excise Tax	603-260-109	Account ID	603-260-109		☒		

5 Rows

Production

Activity ID

Trade Name	Registration Date	Cancellation Date	Location ID	Original Application ID
SHIBLEY MEDICAL CLINIC	Sep-15-2014			142583884

Production

Names

Profile	Account Type	Account	Name Type	Name	Valid		
001			Legal	ERIC R SHIBLEY MD PLLC	☒		
003	License	603260109-001-0001	Primary Business	SHIBLEY MEDICAL CLINIC	☒		
005	Excise Tax	603-260-109	Doing Business As	SHIBLEY MEDICAL CLINIC	☒		

3 Rows

DOJ-01-0000005185

Production

Addresses

Profile	Account Type	Account	Address Type	Address	Valid		
001			Mailing	4700 36TH AVE SW SEATTLE WA 98126-2716	☒		
002	Secretary of State	603260109-001-0000	Location	4700 36TH AVE SW SEATTLE WA 98126-2716	☒		
002	Secretary of State	603260109-001-0000	Mailing	4700 36TH AVE SW SEATTLE WA 98126-2716	☒		
003	License	603260109-001-0001	Location	4700 36TH AVE SW SEATTLE WA 98126-2716	☒		
005	Excise Tax	603-260-109	Mailing	4700 36TH AVE SW SEATTLE WA 98126-2716	☒		

5 Rows

DOJ-01-0000005186

Production

Contacts

Account Type	Account	Contact Type	Contact	Phone Type	Phone	Email
Secretary of State	603260109-001-0000	Primary Contact		Business	(206) 938-4291	SHIBLEYMEDICAL@OUTLOOK.COM
License	603260109-001-0001	Primary Contact		Business	(206) 938-4291	SHIBLEENYC@YAHOO.COM
Excise Tax	603-260-109	Compliance Contact	BAL SINGH/EFILES	Home	(816) 671-1463	
Excise Tax	603-260-109	Compliance Contact		Business	(888) 855-0724	
Excise Tax	603-260-109	Compliance Contact	MBR ERIC SHIBLEY	ICT Best	(206) 938-4291	SHIBLEYMEDICAL@OUTLOOK.COM

5 Rows

Production


Account


Excise Tax: 603-260-109

[Menu](#)
[New Manager](#)

Account: Excise Tax
[Expand](#)

Account	: 603-260-109	SHIBLEY MEDICAL CLINIC	4700 36TH AVE SW SEATTLE WA 98126-2716
Customer	: 603-260-109	ERIC R SHIBLEY MD PLLC	4700 36TH AVE SW SEATTLE WA 98126-2716

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[CRM](#)
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Account
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[NAICS*](#)
[Links*](#)
[Sites*](#)
[Bank](#)
[Reseller](#)
[Linked Locations](#)

Account

Account ID	603-260-109
Doing Business As	SHIBLEY MEDICAL CLINIC
Mailing	4700 36TH AVE SW SEATTLE WA 98126-2716
Compliance Contact	MBR ERIC SHIBLEY
Compliance Contact	ICT Best
Compliance Contact	Business Phone
Compliance Contact	Home Phone
NAICS	621111

(206) 938-4291
(888) 855-0724
(816) 671-1463

Offices of Physicians (except Mental Health Specialists)

Excise Tax Attribute Doc
[Show History](#)

Flag Type	Flag Description	Start Date	End Date
-----------	------------------	------------	----------

Excise Tax	Forms	Filing
Temporary Registration ☐ Open Aug-01-2014 Reopen Close Status Active Closure Reason Other Info Company Web Site Primary Language	☐ Mail Tax Returns	Active Filing Frequency Quarterly Future Frequency Change Future Frequency Effective Filing Extensions ☐ Permanent Filing Extensions Efile/Epay Info ☒ Mandatory Efile/Epay Effective Period Sep-30-2014

Production

Periods 0.00

Period	Activity	Tax	Penalty	Interest	Other	Credit	Balance	Valid
Mar-31-2020		0.00	0.00	0.00	0.00	0.00	0.00	☒
Dec-31-2019	Jan-14-2020	0.00	0.00	0.00	0.00	0.00	0.00	☒
Sep-30-2019	Oct-08-2019	0.00	0.00	0.00	0.00	0.00	0.00	☒
Jun-30-2019	Oct-08-2019	0.00	0.00	0.00	0.00	0.00	0.00	☒
Mar-31-2019	May-29-2019	0.00	0.00	0.00	0.00	0.00	0.00	☒
Dec-31-2018	Feb-22-2019	0.00	0.00	0.00	0.00	0.00	0.00	☒
Sep-30-2018	Nov-01-2018	0.00	0.00	0.00	0.00	0.00	0.00	☒
Jun-30-2018	Nov-01-2018	0.00	0.00	0.00	0.00	0.00	0.00	☒
Mar-31-2018	Nov-01-2018	0.00	0.00	0.00	0.00	0.00	0.00	☒
Dec-31-2017	Nov-01-2018	0.00	0.00	0.00	0.00	0.00	0.00	☒
Sep-30-2017	Mar-17-2018	164.72	0.00	0.00	0.00	(164.72)	0.00	☒
Jun-30-2017	Mar-17-2018	114.76	33.28	0.00	0.00	(148.04)	0.00	☒
Mar-31-2017	Mar-17-2018	134.72	25.60	0.00	0.00	(160.32)	0.00	☒
13 Rows		414.20	58.88	0.00	0.00	(473.08)	0.00	

DOJ-01-0000005189

Production

Returns

Return	Period	Status	Due	Received	
Combined Excise Tax Return	Mar-31-2020	Outstanding	Jun-30-2020		
Combined Excise Tax Return	Dec-31-2019	Ontime-Prd	Jan-31-2020	Jan-14-2020	
Combined Excise Tax Return	Sep-30-2019	Ontime-Prd	Oct-31-2019	Oct-08-2019	
Combined Excise Tax Return	Jun-30-2019	Late-Prd	Jul-31-2019	Oct-08-2019	
Combined Excise Tax Return	Mar-31-2019	Late-Prd	Apr-30-2019	May-29-2019	
Combined Excise Tax Return	Dec-31-2018	Late-Prd	Jan-31-2019	Feb-22-2019	
Combined Excise Tax Return	Sep-30-2018	Late-Prd	Oct-31-2018	Nov-01-2018	
Combined Excise Tax Return	Jun-30-2018	Late-Prd	Jul-31-2018	Nov-01-2018	
Combined Excise Tax Return	Mar-31-2018	Late-Prd	May-08-2018	Nov-01-2018	
Combined Excise Tax Return	Dec-31-2017	Late-Prd	Jan-31-2018	Nov-01-2018	
Combined Excise Tax Return	Sep-30-2017	Ontime-Prd	Oct-31-2017	Oct-26-2017	
Combined Excise Tax Return	Jun-30-2017	Late-Prd	Jul-31-2017	Oct-26-2017	
Combined Excise Tax Return	Mar-31-2017	Late-Prd	May-01-2017	Jun-19-2017	

13 Rows

DOJ-01-0000005190

Production

Payments

Status	Trans Type	Source	Type	Period	Posted	Effective	Amount	Reversed
Posted	Converted Payment	Conversion	Converted Payment	Sep-30-2017	Mar-17-2018	Oct-31-2017	164.72	
	Converted Payment	Conversion	Converted Payment	Jun-30-2017	Mar-17-2018	Oct-30-2017	148.04	
	Converted Payment	Conversion	Converted Payment	Mar-31-2017	Mar-17-2018	Jun-20-2017	160.32	
	Converted Payment	Conversion	Converted Payment	Dec-31-2016	Mar-17-2018	Jun-20-2017	171.45	
4 Rows							644.53	

Production

Transactions: 0.00

Period	Posted	Effective	Trans Type	Impact	Amount	Balance
Dec-31-2019						
...	Jan-14-2020	Jan-31-2020	Return Tax	Tax	0.00	0.00
1 Rows					0.00	0.00
Sep-30-2019						
...	Oct-08-2019	Oct-31-2019	Return Tax	Tax	0.00	0.00
1 Rows					0.00	0.00
Jun-30-2019						
...	Oct-08-2019	Jul-31-2019	Return Tax	Tax	0.00	0.00
1 Rows					0.00	0.00
Mar-31-2019						
...	May-29-2019	Apr-30-2019	Return Tax	Tax	0.00	0.00
1 Rows					0.00	0.00
Dec-31-2018						
...	Feb-22-2019	Jan-31-2019	Return Tax	Tax	0.00	0.00
1 Rows					0.00	0.00
Sep-30-2018						
...	Nov-01-2018	Oct-31-2018	Return Tax	Tax	0.00	0.00
1 Rows					0.00	0.00
Jun-30-2018						
...	Nov-01-2018	Jul-31-2018	Return Tax	Tax	0.00	0.00
1 Rows					0.00	0.00
Mar-31-2018						
...	Nov-01-2018	May-08-2018	Return Tax	Tax	0.00	0.00
1 Rows					0.00	0.00
Dec-31-2017						
...	Nov-01-2018	Jan-31-2018	Return Tax	Tax	0.00	0.00
1 Rows					0.00	0.00
Sep-30-2017						
...	Mar-17-2018	Oct-31-2017	Converted Payment	Credit	(164.72)	0.00
...	Mar-17-2018	Oct-31-2017	Converted Return Tax	Tax	164.72	0.00
2 Rows					0.00	0.00
Jun-30-2017						
...	Mar-17-2018	Jul-31-2017	Converted Return Tax	Tax	114.76	0.00

DOJ-01-0000005192

Transactions: 0.00

<i>Period</i>	Posted	Effective	Trans Type	Impact	Amount	Balance
...	Mar-17-2018	Jul-31-2017	Converted Penalty	Penalty	33.28	0.00
...	Mar-17-2018	Oct-30-2017	Converted Payment	Credit	(148.04)	0.00
3 Rows					0.00	0.00
Mar-31-2017						
...	Mar-17-2018	May-01-2017	Converted Return Tax	Tax	134.72	0.00
...	Mar-17-2018	Jun-20-2017	Converted Payment	Credit	(160.32)	0.00
...	Mar-17-2018	May-01-2017	Converted Penalty	Penalty	25.60	0.00
3 Rows					0.00	0.00

Production

				Dimensions: LineCode		
				none	04 - Service and Other Activities	Totals
					Gambling Contests of Chance (less than \$50,000 a year)	
Year	Period	Source	Return Reason	Gross	Gross	Gross
2017	Mar-31-2017	Return - Combined Excise Tax Return	none	0.00	18,648.00	18,648.00
	Jun-30-2017		0.00	17,984.00	17,984.00	
	Sep-30-2017		0.00	19,648.00	19,648.00	
	Dec-31-2017		0.00	0.00	0.00	
			Actuals Received	0.00	8,790.00	8,790.00
2018	Mar-31-2018		none	0.00	0.00	0.00
			Actuals Received	0.00	8,450.00	8,450.00
	Jun-30-2018		none	0.00	0.00	0.00
			Actuals Received	0.00	8,340.00	8,340.00
	Sep-30-2018		none	0.00	8,635.00	8,635.00
	Dec-31-2018		0.00	0.00	0.00	
			Actuals Received	0.00	25,350.00	25,350.00
2019	Mar-31-2019		none	0.00	0.00	0.00
			Actuals Received	0.00	12,350.00	12,350.00
	Jun-30-2019		none	0.00	0.00	0.00
			Actuals Received	0.00	13,500.00	13,500.00
	Sep-30-2019		none	0.00	13,000.00	13,000.00
	Dec-31-2019		0.00	0.00	0.00	
Totals				0.00	154,695.00	154,695.00

19 Rows

Production

Notes

Collection	Oct-08-2019	1 (206) 938-4291 Unable to leave message (Unavailable- Misc.) Machine hung up
Collection	Sep-27-2019	1 (206) 938-4291 Left voicemail for authorized person to contact the ICT.
Collection	Sep-18-2019	1 (206) 938-4291 Left voicemail for authorized person to contact the ICT.
Collection	Sep-10-2019	1 (206) 938-4291: Left voicemail for authorized person to contact the ICT.
Collection	Aug-28-2019	8/27/2019 8:58:36 AM. 2069384291. Virtual agent played message to live voice.
Collection	May-29-2019	5/28/2019 8:41:22 AM. 2069384291. Virtual agent played message to live voice.
Collection	May-23-2019	5/22/2019 8:27:25 AM. 2069384291. Virtual agent detected that the answering party hung up before message was left.
Collection	Feb-20-2019	2/19/2019 11:44:22 AM. 2069384291. Virtual agent left message on voicemail.
Collection	Nov-01-2018	1 (206) 938-4291 Spoke with Eric and provided assistance in accessing the online tax account for Shibley Medical. Eric stated he will have the returns done within the hour.
Collection	Jun-27-2018	8888550724. Virtual agent reached a bad/disconnected phone number. Unable to leave message.
Collection	Jun-27-2018	8166711463. Virtual agent played message. virtual agent could not determine if answering party was a live voice or voicemail system.
Collection	Jun-25-2018	8888550724. Virtual agent detected that the answering party hung up before message was left.
Collection	Apr-12-2018	1 (816) 671-1463 SW EFILER Bal Singh who will contact Eric to file Q4-17.



STATE OF WASHINGTON
DEPARTMENT OF REVENUE

ERIC R SHIBLEY MD PLLC
SHIBLEY MEDICAL CLINIC
4700 36TH AVE SW
SEATTLE WA 98126-2716

April 15, 2020
Letter ID: L0012983582
Account ID: 603-260-109
Account Type: Excise Tax
Quarter 1 period ending 03/31/2020

Dear SHIBLEY MEDICAL CLINIC:

The Department of Revenue recognizes the profound impact the COVID-19 virus is having on businesses across our nation. Your business is a vital part of Washington's economy and we are committed to helping keep businesses in business during this difficult time.

This letter is to notify you that your Quarterly March 31, 2020 tax return due date was recently extended.

Your new due date is: June 30, 2020

A few important reminders:

- This is an extension of tax due, not a waiver of taxes owed.
- It is important to remember that retail sales tax is collected on behalf of the state and is held in trust for the state of Washington. It should not be used for business expenses.
- All businesses that receive an extension should still file their tax return on time, if they are able.
- If you already filed your tax return and scheduled your payment for withdrawal, you must cancel your payment in your online My DOR account BEFORE the original due date to ensure the payment is not pulled from your bank account before the new due date. Taxes already paid will not be refunded.
- If you cannot pay your taxes in full by the new extended due date, please contact us at 1-800-631-4028 for assistance. You may qualify for a payment plan.

If you have the ability to pay earlier than your new due date, please do so. Your taxes fund important services in our state and local communities including K-12 schools, health and social services, and public safety.

If you have any questions regarding this please contact us at 360-705-6705.

Sincerely,

Department of Revenue
Taxpayer Account Administration

Taxpayer Account Administration Division
PO Box 47476 Olympia, WA 98504-7476

gaL0188

DOJ-01-0000005197

DETACH BEFORE POSTING

PREVIEW



STATE OF
WASHINGTON

Limited Liability Company

Unified Business ID #: 603260109
Business ID #: 001
Location: 0001

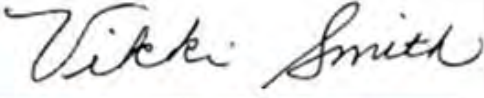
ERIC R SHIBLEY MD PLLC
SHIBLEY MEDICAL CLINIC
4700 36TH AVE SW
SEATTLE, WA 98126-2716

UNEMPLOYMENT INSURANCE - ACTIVE

TAX REGISTRATION - ACTIVE

REGISTERED TRADE NAMES:
SHIBLEY MEDICAL CLINIC

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

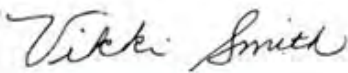


Director, Department of Revenue

UBI: 603260109 001 0001

ERIC R SHIBLEY MD PLLC
SHIBLEY MEDICAL CLINIC
4700 36TH AVE SW
SEATTLE, WA 98126-2716

UNEMPLOYMENT INSURANCE -
ACTIVE
TAX REGISTRATION - ACTIVE



Director, Department of Revenue

DETACH THIS SECTION FOR YOUR WALLET

DOJ-01-0000005198

State of Washington
Department of Revenue
PO Box 47464
Olympia, WA 98504-7464

Batch #: 8044

Serial #: 63

**January - March (Q1 2017)
Combined Excise Tax Return**

**603-260-109
SHIBLEY MEDICAL CLINIC
ERIC R SHIBLEY MD PLLC**

State Business and Occupation Section

Taxes

Line Code	Tax Classification	Gross Amount	Total Deductions	Taxable Amount	Rate	Tax Due
0004	Service and Other Activities; Gambling Contests of Chance (less than \$50,000 a year)	18,648.00	0.00	18,648.00	0.0150	279.72
		18,648.00	0.00	18,648.00		279.72

Credit Section

Code	Document Number	Credit	Amount
0720		Service & Other SBC	(145.00)
			145.00

Summary Section

	Amount
State Business and Occupation Tax Total	279.72
State Sales and Use Tax Total	0.00
Local and Regional Tax Total	0.00
Lodging Tax Total	0.00
Public Utilities Tax Total	0.00
E911 Tax Total	0.00
Other Tax Total	0.00
SubTotal	279.72
Less Total Credits	(145.00)
SubTotal	134.72
19% Penalty	25.60
Total	160.32
Amount Paid	160.32
Balance	0.00

Additional Information

Confirmation Number 20891961
Date and Time Submitted 6/19/2017 10:01:55 AM
Payment Type E-Check
Total Amount Paid 160.32
Date To Transfer Payment 6/20/2017
Person Authorizing Payment Eric Shibley

Date Printed 6/20/2017
Tax Registration Number 603-260-109
Person Completing Return Eric Shibley
Phone Number (206)938-4291
E-Mail Address ers98126@gmail.com

DOJ-01-0000005206

**This is a copy for your records.
Please DO NOT MAIL a copy to the Department of Revenue.**

State of Washington
Department of Revenue
PO Box 47464
Olympia, WA 98504-7464

Batch #: 8124

Serial #: 1220

April - June (Q2 2017)
Combined Excise Tax Return

603-260-109
SHIBLEY MEDICAL CLINIC
ERIC R SHIBLEY MD PLLC

State Business and Occupation Section

Taxes

Line Code	Tax Classification	Gross Amount	Total Deductions	Taxable Amount	Rate	Tax Due
0004	Service and Other Activities; Gambling Contests of Chance (less than \$50,000 a year)	17,984.00	0.00	17,984.00	0.0150	269.76
		17,984.00	0.00	17,984.00		269.76

Credit Section

Code	Document Number	Credit	Amount
0720		Service & Other SBC	(155.00)
			155.00

Summary Section

	Amount
State Business and Occupation Tax Total	269.76
State Sales and Use Tax Total	0.00
Local and Regional Tax Total	0.00
Lodging Tax Total	0.00
Public Utilities Tax Total	0.00
E911 Tax Total	0.00
Other Tax Total	0.00
SubTotal	269.76
Less Total Credits	(155.00)
SubTotal	114.76
29% Penalty	33.28
Total	148.04
Amount Paid	148.04
Balance	0.00

Additional Information

Confirmation Number 21875518
Date and Time Submitted 10/26/2017 7:53:38 PM
Payment Type E-Check
Total Amount Paid 148.04
Date To Transfer Payment 10/27/2017
Person Authorizing Payment Eric Shibley

Date Printed 10/30/2017
Tax Registration Number 603-260-109
Person Completing Return Eric Shibley
Phone Number (206)938-4291
E-Mail Address shibleenyc@yahoo.com

DOJ-01-0000005208

**This is a copy for your records.
Please DO NOT MAIL a copy to the Department of Revenue.**

State of Washington
Department of Revenue
PO Box 47464
Olympia, WA 98504-7464

Batch #: 8124

Serial #: 1226

**July - September (Q3 2017)
Combined Excise Tax Return**

**603-260-109
SHIBLEY MEDICAL CLINIC
ERIC R SHIBLEY MD PLLC**

State Business and Occupation Section

Taxes

Line Code	Tax Classification	Gross Amount	Total Deductions	Taxable Amount	Rate	Tax Due
0004	Service and Other Activities; Gambling Contests of Chance (less than \$50,000 a year)	19,648.00	0.00	19,648.00	0.0150	294.72
		19,648.00	0.00	19,648.00		294.72

Credit Section

Code	Document Number	Credit	Amount
0720		Service & Other SBC	(130.00)
			130.00

Summary Section

	Amount
State Business and Occupation Tax Total	294.72
State Sales and Use Tax Total	0.00
Local and Regional Tax Total	0.00
Lodging Tax Total	0.00
Public Utilities Tax Total	0.00
E911 Tax Total	0.00
Other Tax Total	0.00
SubTotal	294.72
Less Total Credits	(130.00)
Total	164.72
Amount Paid	164.72
Balance	0.00

Additional Information

Confirmation Number 21875525
Date and Time Submitted 10/26/2017 7:56:23 PM
Payment Type E-Check
Total Amount Paid 164.72
Date To Transfer Payment 11/1/2017
Person Authorizing Payment Eric Shibley

Date Printed 10/30/2017
Tax Registration Number 603-260-109
Person Completing Return Eric Shibley
Phone Number (206)938-4291
E-Mail Address shibleenyc@yahoo.com

This is a copy for your records.

DOJ-01-0000005210

Please DO NOT MAIL a copy to the Department of Revenue.

Production

You are viewing the most recent version of your return. If you would like to view what was submitted, please select the return under the Submission Tab.

**Washington State Department of Revenue
Combined Excise Tax Return**

603-260-109

SHIBLEY MEDICAL CLINIC

ERIC R SHIBLEY MD PLLC

Filing Period: December 31, 2017 **Filing Frequency:** Quarterly
Due Date: January 31, 2018

Business & Occupation

Tax Classification	Gross Amount	Deductions	Taxable Amount	Tax Rate	Tax Due
Service and Other Activities; Gambling Contests of Chance (less than \$50,000 a year)	8,790.00	Add Deduction	8,790.00	0.015000	131.85
Total Business & Occupation					131.85

Business & Occupation Credits

Service & Other SBC	131.85
Total B&O Credit	131.85

Return Totals

Total Tax	131.85
Less Credits	131.85
Total Amount	0.00

DOJ-01-0000005212

Production

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**Washington State Department of Revenue
Combined Excise Tax Return**

603-260-109

SHIBLEY MEDICAL CLINIC

ERIC R SHIBLEY MD PLLC

Filing Period: March 31, 2018**Filing Frequency:** Quarterly**Due Date:** May 8, 2018Business & Occupation

Tax Classification	Gross Amount	Deductions	Taxable Amount	Tax Rate	Tax Due
Service and Other Activities; Gambling Contests of Chance (less than \$50,000 a year)	8,450.00	Add Deduction	8,450.00	0.015000	126.75
Total Business & Occupation					126.75

Business & Occupation Credits

Service & Other SBC	126.75
Total B&O Credit	126.75

Return Totals

Total Tax	126.75
Less Credits	126.75
Total Amount	0.00

DOJ-01-0000005213

Production

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**Washington State Department of Revenue
Combined Excise Tax Return**

603-260-109

SHIBLEY MEDICAL CLINIC

ERIC R SHIBLEY MD PLLC

Filing Period: June 30, 2018**Filing Frequency:** Quarterly**Due Date:** July 31, 2018Business & Occupation

Tax Classification	Gross Amount	Deductions	Taxable Amount	Tax Rate	Tax Due
Service and Other Activities; Gambling Contests of Chance (less than \$50,000 a year)	8,340.00	Add Deduction	8,340.00	0.015000	125.10
Total Business & Occupation					125.10

Business & Occupation Credits

Service & Other SBC	125.10
Total B&O Credit	125.10

Return Totals

Total Tax	125.10
Less Credits	125.10
Total Amount	0.00

DOJ-01-0000005214

Production

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**Washington State Department of Revenue
Combined Excise Tax Return**

603-260-109

SHIBLEY MEDICAL CLINIC

ERIC R SHIBLEY MD PLLC

Filing Period: September 30, 2018 **Filing Frequency:** Quarterly
Due Date: October 31, 2018

Business & Occupation

Tax Classification	Gross Amount	Deductions	Taxable Amount	Tax Rate	Tax Due
Service and Other Activities; Gambling Contests of Chance (less than \$50,000 a year)	8,635.00	Add Deduction	8,635.00	0.015000	129.53
Total Business & Occupation					129.53

Business & Occupation Credits

Service & Other SBC	129.53
Total B&O Credit	129.53

Return Totals

Total Tax	129.53
Less Credits	129.53
Total Amount	0.00

DOJ-01-0000005215

Production

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**Washington State Department of Revenue
Combined Excise Tax Return**

603-260-109

SHIBLEY MEDICAL CLINIC

ERIC R SHIBLEY MD PLLC

Filing Period: December 31, 2018 **Filing Frequency:** Quarterly
Due Date: January 31, 2019

Business & Occupation

Tax Classification	Gross Amount	Deductions	Taxable Amount	Tax Rate	Tax Due
Service and Other Activities; Gambling Contests of Chance (less than \$50,000 a year)	25,350.00	14,500.00	10,850.00	0.015000	162.75
Total Business & Occupation					162.75

Business & Occupation Credits

Service & Other SBC	162.75
Total B&O Credit	162.75

Deductions

Line Code	Deduction	Amount Filed
Business & Occupation		
Service and Other Activities; Gambling Contests of Chance (less than \$50,000 a year) 	Interest on Certain Investments / Loans / Obligations	14,500.00

Return Totals

Total Tax	162.75
Less Credits	162.75
Total Amount	0.00

DOJ-01-0000005216

Production

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**Washington State Department of Revenue
Combined Excise Tax Return**

603-260-109

SHIBLEY MEDICAL CLINIC

ERIC R SHIBLEY MD PLLC

Filing Period: March 31, 2019**Filing Frequency:** Quarterly**Due Date:** April 30, 2019Business & Occupation

Tax Classification	Gross Amount	Deductions	Taxable Amount	Tax Rate	Tax Due
Service and Other Activities; Gambling Contests of Chance (less than \$50,000 a year)	12,350.00	Add Deduction	12,350.00	0.015000	185.25
Total Business & Occupation					185.25

Business & Occupation Credits

Service & Other SBC	185.25
Total B&O Credit	185.25

Return Totals

Total Tax	185.25
Less Credits	185.25
Total Amount	0.00

DOJ-01-0000005217

Production

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**Washington State Department of Revenue
Combined Excise Tax Return**

603-260-109

SHIBLEY MEDICAL CLINIC

ERIC R SHIBLEY MD PLLC

Filing Period: June 30, 2019**Filing Frequency:** Quarterly**Due Date:** July 31, 2019Business & Occupation

Tax Classification	Gross Amount	Deductions	Taxable Amount	Tax Rate	Tax Due
Service and Other Activities; Gambling Contests of Chance (less than \$50,000 a year)	13,500.00	Add Deduction	13,500.00	0.015000	202.50
Total Business & Occupation					202.50

Business & Occupation Credits

Service & Other SBC	202.50
Total B&O Credit	202.50

Return Totals

Total Tax	202.50
Less Credits	202.50
Total Amount	0.00

DOJ-01-0000005218

Production

You are viewing the most recent version of your return. If you would like to view what was submitted, please select the return under the Submission Tab.

**Washington State Department of Revenue
Combined Excise Tax Return**

603-260-109

SHIBLEY MEDICAL CLINIC

ERIC R SHIBLEY MD PLLC

Filing Period: September 30, 2019 **Filing Frequency:** Quarterly
Due Date: October 31, 2019

Business & Occupation

Tax Classification	Gross Amount	Deductions	Taxable Amount	Tax Rate	Tax Due
Service and Other Activities; Gambling Contests of Chance (less than \$50,000 a year)	13,000.00	Add Deduction	13,000.00	0.015000	195.00
Total Business & Occupation					195.00

Business & Occupation Credits

Service & Other SBC	195.00
Total B&O Credit	195.00

Return Totals

Total Tax	195.00
Less Credits	195.00
Total Amount	0.00

DOJ-01-0000005219

Production


Customer
ES1 LLC: 8905

[Menu](#)
[New Manager](#)

Customer: Limited Liability Company
[Explore](#)
[Structure](#)
[Expand](#)

Customer : 603-248-905 ES1 LLC 4700 36TH AVE SW SEATTLE WA 98126-2716

[Registration](#)
[CRM](#)
[Task](#)
[Investigation](#)
[Collection](#)
[Audit](#)
[Financial](#)
[Adjustment](#)
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[Other](#)

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[Trade Names¹](#)
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[Links⁺](#)
[Sites](#)

Customer

UBI/CID 603-248-905
 Federal Employer ID **-***5849
 Legal ES1 LLC
 Mailing 4700 36TH AVE SW SEATTLE WA 98126-2716
 Email

Business Attributes
[Show History](#)

Business Attributes

Customer Subtype
 SSO Category Code LLC
 Country of Incorporation USA FO ☐
 State of Incorporation WASHINGTON Year Inc (BLA) 2012
 Prior Business Name

External Agency Account Status

[Get Agency Statuses](#)

Labor & Industries:

Active	Closed	Inactive
--------	--------	-----------------

Employment Security:

Active	Closed	Inactive
--------	--------	-----------------

DOR Tax Account

Active	Closed	Inactive
---------------	--------	----------

Important Dates

Cease Date Application Month Date Inc (SOS)
 OCT Oct-25-2012

Insurance Information

Optional L&I for Owners/Officers? Yes No
 Optional L&I for Excluded? Yes No

Governing People Info SHIBLEY, ERIC

Name	Address	Telephone Number	Percent Owned	Official
SHIBLEY, ERIC			0	☒

Production

Identities

Profile	Account Type	Account	Id Type	Id	Cease	Valid		
001			FEIN	**_***5849		☒		
001			UBI/CID	603-248-905		☒		
002	Secretary of State	603248905-001-0000	License Account ID	603248905-001-0000		☒		
003	License	603248905-001-0001	License Account ID	603248905-001-0001		☒		
005	Excise Tax	603-248-905	Account ID	603-248-905		☒		

5 Rows

Production

Activity ID

Trade Name	Registration Date	Cancellation Date	Location ID	Original Application ID
SHIBLEY MEDICAL	May-06-2019		603248905-001-00C	501419138

Production

Names

Profile	Account Type	Account	Name Type	Name	Valid		
001			Legal	ES1 LLC	☒		
003	License	603248905-001-0001	Primary Business	ES1 LLC	☒		

2 Rows

DOJ-01-0000005095

Production

Addresses

Profile	Account Type	Account	Address Type	Address	Valid		
001			Mailing	4700 36TH AVE SW SEATTLE WA 98126-2716	☒		
001			Reg Agent Location	4700 36TH AVE SW SEATTLE WA 98126-2716	☐		
001			Reg Agent Mailing	4700 36TH AVE SW SEATTLE WA 98126-2716	☐		
002	Secretary of State	603248905-001-0000	Location	4700 36TH AVE SW SEATTLE WA 98126-2716	☒		
003	License	603248905-001-0001	Location	4700 36TH AVE SW SEATTLE WA 98126-2716	☒		
003	License	603248905-001-0001	Mailing	4700 36TH AVE SW SEATTLE WA 98126-2716	☒		
005	Excise Tax	603-248-905	Mailing	4700 36TH AVE SW SEATTLE WA 98126-2716	☒		

7 Rows

DOJ-01-0000005096

Production

Contacts

Account Type	Account	Contact Type	Contact	Phone Type	Phone	Email
		Email				ERS98126@GMAIL.COM
Secretary of State	603248905-001-0000	Primary Contact		Business	(206) 938-4291	
License	603248905-001-0001	Primary Contact		Business	(206) 938-4291	ERS98126@GMAIL.COM
Excise Tax	603-248-905	Excise Tax Contact		Business	(206) 938-4291	ERS98126@GMAIL.COM

4 Rows

Production

Payments

Status	Account	Trans Type	Account Type	Type	Period	Posted	Amount	Reversed
Posted	603248905-001-0000	BLS Payment	Secretary of State	Credit Card	Dec-13-2017	Dec-13-2017	96.00	
	603248905-001-0000	BLS Payment	Secretary of State	Credit Card	Jan-12-2017	Jan-12-2017	96.00	
	603248905-001-0001	BLS Payment	License	Credit Card	May-01-2019	May-06-2019	24.00	
3 Rows							216.00	

Production


Account


Excise Tax: 603-248-905

[Menu](#)
[New Manager](#)

Account: Excise Tax
[Expand](#)

 **NOT MANDATORY EFILE/EPAY**

Account	: 603-248-905	ES1 LLC	4700 36TH AVE SW SEATTLE WA 98126-2716
Customer	: 603-248-905	ES1 LLC	4700 36TH AVE SW SEATTLE WA 98126-2716

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[Reseller](#)
[Linked Locations](#)

Account

Account ID	603-248-905
Mailing	4700 36TH AVE SW SEATTLE WA 98126-2716
Excise Tax Contact	Business Phone (206) 938-4291
NAICS	237210 Land Subdivision

Excise Tax Attribute Doc
[Show History](#)

Flag Type	Flag Description	Start Date	End Date																								
Excise Tax <table> <tr> <td>Temporary Registration</td> <td>☐</td> <td> Forms ☐ Mail Tax Returns </td> <td> Filing Active Filing Frequency Annual </td> </tr> <tr> <td>Open</td> <td>☒ Dec-01-2012</td> <td></td> <td>Future Frequency Change</td> </tr> <tr> <td>Reopen</td> <td></td> <td></td> <td>Future Frequency Effective</td> </tr> <tr> <td>Close</td> <td></td> <td></td> <td> Filing Extensions ☐ Permanent Filing Extensions </td> </tr> <tr> <td>Status</td> <td>Active</td> <td></td> <td> Efile/Epap Info ☐ Mandatory Efile/Epap </td> </tr> <tr> <td>Closure Reason</td> <td></td> <td></td> <td></td> </tr> </table> Other Info Company Web Site Primary Language				Temporary Registration	☐	Forms ☐ Mail Tax Returns	Filing Active Filing Frequency Annual	Open	☒ Dec-01-2012		Future Frequency Change	Reopen			Future Frequency Effective	Close			Filing Extensions ☐ Permanent Filing Extensions	Status	Active		Efile/Epap Info ☐ Mandatory Efile/Epap	Closure Reason			
Temporary Registration	☐	Forms ☐ Mail Tax Returns	Filing Active Filing Frequency Annual																								
Open	☒ Dec-01-2012		Future Frequency Change																								
Reopen			Future Frequency Effective																								
Close			Filing Extensions ☐ Permanent Filing Extensions																								
Status	Active		Efile/Epap Info ☐ Mandatory Efile/Epap																								
Closure Reason																											

Production

Periods 0.00

Period	Activity	Tax	Penalty	Interest	Other	Credit	Balance	Valid
Dec-31-2019	Mar-31-2020	0.00	0.00	0.00	0.00	0.00	0.00	☒
Dec-31-2018	Oct-08-2019	0.00	0.00	0.00	0.00	0.00	0.00	☒
Dec-31-2017	Oct-08-2019	0.00	0.00	0.00	0.00	0.00	0.00	☒
3 Rows		0.00	0.00	0.00	0.00	0.00	0.00	

DOJ-01-0000005100

Production

Returns

Return	Period	Status	Due	Received	
Combined Excise Tax Return	Dec-31-2019	Ontime-Prd	Jun-15-2020	Jan-14-2020	
Combined Excise Tax Return	Dec-31-2018	Late-Prd	Jan-31-2019	Oct-08-2019	
Combined Excise Tax Return	Dec-31-2017	Late-Prd	Jan-31-2018	Oct-08-2019	

3 Rows

DOJ-01-0000005101

Production

Transactions: 0.00

<i>Period</i>	Posted	Effective	Trans Type	Impact	Amount	Balance
Dec-31-2019						
...	Mar-31-2020	Jun-15-2020	State Share Credit	Tax	0.00	0.00
...	Mar-31-2020	Jun-15-2020	Return Tax	Tax	0.00	0.00
...	Mar-31-2020	Jun-15-2020	State Share Debit	Tax	0.00	0.00
3 Rows					0.00	0.00
Dec-31-2018						
...	Oct-08-2019	Jan-31-2019	Return Tax	Tax	0.00	0.00
1 Rows					0.00	0.00
Dec-31-2017						
...	Oct-08-2019	Jan-31-2018	Return Tax	Tax	0.00	0.00
1 Rows					0.00	0.00

Production

Notes

Case	Oct-21-2019	(RSP) RSP application denied as the indicated business activity does not qualify. As a speculative builder, TP is the consumer of any goods or labor that go into the construction site and must pay sales tax on all materials or labor and TP does not have an LNI contractor's license.
Collection	Oct-09-2019	TP contacted Seattle FO on 10/8/19 and I assisted him with accessing his excise tax account via MYDOR so that he could file overdue returns.
Collection	Jun-20-2019	Per SOS governing person is Eric Shibley. Expires October 2019.
Mail	Jun-11-2019	Mailed Final Demand letter for annual OSR
Mail	May-09-2019	Mailed Initial Demand letter for annual OSRs



STATE OF WASHINGTON
DEPARTMENT OF REVENUE

ES1 LLC
4700 36TH AVE SW
SEATTLE WA 98126-2716

May 9, 2019
Letter ID: L0009081998
UBI: 603-248-905
Account ID: 603-248-905
Account Type: Excise Tax

Dear Business Representative:

You are being contacted because you have not filed or paid the liability listed below. In addition, interest and penalties continue to accrue on the unpaid amounts.

SUMMARY OF LIABILITY

Type	Filing Period	Total
Unfiled Return	Annual period ending Dec 31, 2015	
Unfiled Return	Annual period ending Dec 31, 2016	
Unfiled Return	Annual period ending Dec 31, 2017	
Unfiled Return	Annual period ending Dec 31, 2018	

Complete and submit any unfiled returns and remit payment in full for all your liability owed (electronically if required). To avoid further collection action, returns and full payment must be received by **May 20, 2019**.

You can pay by ACH debit/e-check via your online MyDOR account, by credit card by calling Official Payments Corporation at 1-800-272-9829 (and following instructions provided, additional fees may apply), or by mailing payment to the district office address below.

Please contact me at the number below if you have any questions.

Sincerely,

Elaine Steffens
Revenue Agent

DETACH BEFORE POSTING

PREVIEW



STATE OF
WASHINGTON

Limited Liability Company

Issue Date: May 10, 2019

Unified Business ID #: 603248905

Business ID #: 001

Location: 0001

ES1 LLC

4700 36TH AVE SW

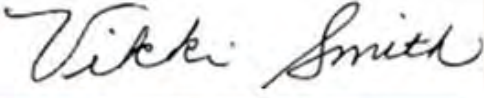
SEATTLE, WA 98126-2716

TAX REGISTRATION - ACTIVE

REGISTERED TRADE NAMES:

SHIBLEY MEDICAL

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

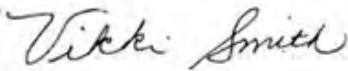


Director, Department of Revenue

UBI: 603248905 001 0001

ES1 LLC
4700 36TH AVE SW
SEATTLE, WA 98126-2716

TAX REGISTRATION - ACTIVE



Director, Department of Revenue

DETACH THIS SECTION FOR YOUR WALLET

DOJ-01-0000005105



STATE OF WASHINGTON
DEPARTMENT OF REVENUE

ES1 LLC
4700 36TH AVE SW
SEATTLE WA 98126-2716

October 21, 2019
Letter ID: L0010764475
Account ID: 603-248-905
Account Type: Excise Tax

Re: Your reseller permit application

Your application for a reseller permit, received on October 8, 2019, has been reviewed. The application was denied for the following reason(s):

- The business activity description reported on your application does not qualify you to make wholesale purchases.
- Department of Labor & Industries does not have an active Contractor License assigned to your UBI. Please contact L&I at (360) 902-5226 or lni.wa.gov on how to register as a contractor.

Other options

If you make retail or wholesale sales, you may simply take the "taxable amount for tax paid at source" deduction on your excise tax return or request a refund of the sales tax paid on qualified purchases for resale. For more information on these options, visit our website at dor.wa.gov/resellerpermit.

Appeal process

If you disagree with this decision, you have the right to appeal. You must file your appeal within 21 days of the date of this letter. An appeal form is available at dor.wa.gov/resellerpermit or by calling 1-800-647-7706.

If you have questions

If you have questions about your request or need assistance, please call (360) 705-6217.

Sincerely,

Reseller Permit Team
Taxpayer Account Administration Division

Taxpayer Account Administration Division
PO Box 47476 Olympia, WA 98504-7476

lmL0004

DOJ-01-0000005124

Production


Customer
SFC LLC: 3433

[Menu](#)
[New Manager](#)

Customer: Limited Liability Company
[Explore](#)
[Structure](#)
[Expand](#)

 **COLLECTION**

Customer : 604-183-433 SFC LLC 4700 36TH AVE SW SEATTLE WA 98126-2716

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Customer

UBI/CID 604-183-433
Legal SFC LLC
Mailing 4700 36TH AVE SW SEATTLE WA 98126-2716

Business Attributes
[Show History](#)

Business Attributes

Customer Subtype
SSO Category Code LLC
Country of Incorporation USA FO ☐
State of Incorporation WASHINGTON Year Inc (BLA) 2017
Prior Business Name

External Agency Account Status

[Get Agency Statuses](#)

Labor & Industries:
Active Closed **Inactive**

Employment Security:
Active Closed **Inactive**

DOR Tax Account
Active Closed Inactive

Important Dates

Cease Date Application Month Date Inc (SOS)
 NOV Nov-03-2017

Insurance Information

Optional L&I for Owners/Officers? Yes No
Optional L&I for Excluded? Yes No

Governing People Info SHIBLEY, ERIC

Name	Address	Telephone Number	Percent Owned	Official
SHIBLEY, ERIC			0	☒

Production

Activities

ETPID	Activity Type	Activity Category	Status	Commence	Cease
0001	Scale - Small	Department of Agriculture	Terminated	May-31-2018	May-31-2019
0135	Tax Registration	Department of Revenue	Withdrawn	May-11-2018	
0135	Tax Registration	Department of Revenue	Active	May-11-2018	
0393	Marijuana Processor	Liquor and Cannabis Board	Withdrawn	May-31-2018	May-31-2019

4 Rows

Production

Identities

Profile	Account Type	Account	Id Type	Id	Cease	Valid		
001			UBI/CID	604-183-433		☒		
002	Secretary of State	604183433-001-0000	License Account ID	604183433-001-0000		☒		
003	License	604183433-001-0001	License Account ID	604183433-001-0001		☒		
005	Excise Tax	604-183-433	Account ID	604-183-433		☒		

4 Rows

DOJ-01-0000005127

Production

Names

Profile	Account Type	Account	Name Type	Name	Valid		
001			Legal	SFC LLC	☒		
003	License	604183433-001-0001	Primary Business	SEATTLE'S FINEST CANNABIS	☒		
005	Excise Tax	604-183-433	Doing Business As	SEATTLE'S FINEST CANNABIS	☒		

3 Rows

DOJ-01-0000005128

Production

Addresses

Profile	Account Type	Account	Address Type	Address	Valid		
001			Mailing	4700 36TH AVE SW SEATTLE WA 98126-2716	☒		
001			Reg Agent Location	4700 36TH AVE SW SEATTLE WA 98126-2716	☐		
003	License	604183433-001-0001	Location	10847 1ST AVE S STE B SEATTLE WA 98168-1309	☒		
003	License	604183433-001-0001	Mailing	4700 36TH AVE SW SEATTLE WA 98126-2716	☒		
005	Excise Tax	604-183-433	Mailing	4700 36TH AVE SW SEATTLE WA 98126-2716	☒		

5 Rows

DOJ-01-0000005129

Production

Contacts

Account Type	Account	Contact Type	Contact	Phone Type	Phone	Email
License	604183433-001-0001	Primary Contact		Business	(206) 938-4191	
Excise Tax	604-183-433	Compliance Contact	MBR ERIC SHIBLEY	ICT Best	(206) 938-4291	
Excise Tax	604-183-433	Compliance Contact		ICT Best	(206) 938-4291	
Excise Tax	604-183-433	Compliance Contact	MBR ERIC SHIBLEY	ICT Best	(206) 938-4191	ERS98126@GMAIL.COM

4 Rows

Production

Payments

Status	Account	Trans Type	Account Type	Type	Period	Posted	Amount	Reversed
History	604183433-001-0001	BLS Payment	License	Check	May-07-2018	May-11-2018	269.00	Jun-01-2018
Posted	604183433-001-0001	BLS Payment	License	Check	May-23-2018	Jun-01-2018	10.00	
	604183433-001-0001	BLS Payment	License	Check	Jun-01-2018	Jun-01-2018	240.00	
	604183433-001-0001	BLS Payment	License	Check	May-07-2018	Jun-01-2018	19.00	
	604183433-001-0001	BLS Payment	License	Check	May-23-2018	May-31-2018	269.00	
5 Rows							807.00	

Production


Account


Excise Tax: 604-183-433

[Menu](#)
[New Manager](#)

Account: Excise Tax
[Expand](#)

 **COLLECTION**

Account	: 604-183-433	SEATTLE'S FINEST CANNABIS	4700 36TH AVE SW SEATTLE WA 98126-2716
Customer	: 604-183-433	SFC LLC	4700 36TH AVE SW SEATTLE WA 98126-2716

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Account

Account ID	604-183-433
Doing Business As	SEATTLE'S FINEST CANNABIS
Mailing	4700 36TH AVE SW SEATTLE WA 98126-2716
Compliance Contact	MBR ERIC SHIBLEY ICT Best (206) 938-4291
NAICS	111419 Other Food Crops Grown Under Cover
NAICS	325411 Medicinal and Botanical Manufacturing

Excise Tax Attribute Doc
[Show History](#)

Flag Type	Flag Description	Start Date	End Date
UNLICENSED MARIJUANA	Business does not have marijuana endorsements	Jul-01-2018	

Excise Tax

Forms

Filing

Temporary Registration	☐	☐ Mail Tax Returns	Active Filing Frequency	Monthly
Open	Jul-01-2018		Future Frequency Change	
Reopen			Future Frequency Effective	
Close				
Status	Active		Filing Extensions	
Closure Reason			☐ Permanent Filing Extensions	
Other Info			Efile/Epay Info	
Company Web Site			☒ Mandatory Efile/Epay	
Primary Language			Effective Period	Jul-01-2018

Production

Periods 0.00

Period	Activity	Tax	Penalty	Interest	Other	Credit	Balance	Valid
May-31-2020		0.00	0.00	0.00	0.00	0.00	0.00	☒
Apr-30-2020	May-27-2020	0.00	0.00	0.00	0.00	0.00	0.00	☒
Mar-31-2020	May-18-2020	0.00	0.00	0.00	0.00	0.00	0.00	☒
Feb-29-2020	Apr-27-2020	0.00	0.00	0.00	0.00	0.00	0.00	☒
Jan-31-2020	Feb-26-2020	0.00	0.00	0.00	0.00	0.00	0.00	☒
Dec-31-2019	Jan-28-2020	0.00	0.00	0.00	0.00	0.00	0.00	☒
Nov-30-2019	Dec-27-2019	0.00	0.00	0.00	0.00	0.00	0.00	☒
Oct-31-2019	Nov-26-2019	0.00	0.00	0.00	0.00	0.00	0.00	☒
Sep-30-2019	Oct-08-2019	0.00	0.00	0.00	0.00	0.00	0.00	☒
Aug-31-2019	Oct-08-2019	0.00	0.00	0.00	0.00	0.00	0.00	☒
Jul-31-2019	Oct-08-2019	0.00	0.00	0.00	0.00	0.00	0.00	☒
Jun-30-2019	Oct-08-2019	0.00	0.00	0.00	0.00	0.00	0.00	☒
May-31-2019	Oct-08-2019	0.00	0.00	0.00	0.00	0.00	0.00	☒
Apr-30-2019	May-01-2019	0.00	0.00	0.00	0.00	0.00	0.00	☒
Mar-31-2019	May-01-2019	0.00	0.00	0.00	0.00	0.00	0.00	☒
Feb-28-2019	May-01-2019	0.00	0.00	0.00	0.00	0.00	0.00	☒
Jan-31-2019	Feb-22-2019	0.00	0.00	0.00	0.00	0.00	0.00	☒
Dec-31-2018	Feb-22-2019	0.00	0.00	0.00	0.00	0.00	0.00	☒
Nov-30-2018	Dec-06-2018	0.00	0.00	0.00	0.00	0.00	0.00	☒
Oct-31-2018	Dec-06-2018	0.00	0.00	0.00	0.00	0.00	0.00	☒
Sep-30-2018	Dec-06-2018	0.00	0.00	0.00	0.00	0.00	0.00	☒
Aug-31-2018	Dec-06-2018	0.00	0.00	0.00	0.00	0.00	0.00	☒
Jul-31-2018	Dec-06-2018	0.00	0.00	0.00	0.00	0.00	0.00	☒
23 Rows		0.00	0.00	0.00	0.00	0.00	0.00	

DOJ-01-0000005133

Production

Returns

Return	Period	Status	Due	Received	
Combined Excise Tax Return	May-31-2020	Outstanding	Jun-25-2020		
Combined Excise Tax Return	Apr-30-2020	Estimated	May-26-2020		
Combined Excise Tax Return	Mar-31-2020	Estimated	Apr-27-2020		
Combined Excise Tax Return	Feb-29-2020	Estimated	Mar-25-2020		
Combined Excise Tax Return	Jan-31-2020	Estimated	Feb-25-2020		
Combined Excise Tax Return	Dec-31-2019	Estimated	Jan-27-2020		
Combined Excise Tax Return	Nov-30-2019	Estimated	Dec-26-2019		
Combined Excise Tax Return	Oct-31-2019	Estimated	Nov-25-2019		
Combined Excise Tax Return	Sep-30-2019	Ontime-Prd	Oct-25-2019	Oct-08-2019	
Combined Excise Tax Return	Aug-31-2019	Late-Prd	Sep-25-2019	Oct-08-2019	
Combined Excise Tax Return	Jul-31-2019	Late-Prd	Aug-26-2019	Oct-08-2019	
Combined Excise Tax Return	Jun-30-2019	Late-Prd	Jul-25-2019	Oct-08-2019	
Combined Excise Tax Return	May-31-2019	Late-Prd	Jun-25-2019	Oct-08-2019	
Combined Excise Tax Return	Apr-30-2019	Ontime-Prd	May-28-2019	May-01-2019	
Combined Excise Tax Return	Mar-31-2019	Late-Prd	Apr-25-2019	May-01-2019	
Combined Excise Tax Return	Feb-28-2019	Late-Prd	Mar-25-2019	May-01-2019	
Combined Excise Tax Return	Jan-31-2019	Ontime-Prd	Feb-25-2019	Feb-22-2019	
Combined Excise Tax Return	Dec-31-2018	Late-Prd	Jan-25-2019	Feb-22-2019	
Combined Excise Tax Return	Nov-30-2018	Ontime-Prd	Dec-26-2018	Dec-06-2018	
Combined Excise Tax Return	Oct-31-2018	Late-Prd	Nov-26-2018	Dec-06-2018	
Combined Excise Tax Return	Sep-30-2018	Late-Prd	Oct-25-2018	Dec-06-2018	
Combined Excise Tax Return	Aug-31-2018	Late-Prd	Sep-25-2018	Dec-06-2018	
Combined Excise Tax Return	Jul-31-2018	Late-Prd	Aug-27-2018	Dec-06-2018	

23 Rows

DOJ-01-0000005134

Production

Transactions: 0.00

Period	Posted	Effective	Trans Type	Impact	Amount	Balance
Sep-30-2019						
...	Oct-08-2019	Oct-25-2019	Return Tax	Tax	0.00	0.00
1 Rows					0.00	0.00
Aug-31-2019						
...	Oct-08-2019	Sep-25-2019	Return Tax	Tax	0.00	0.00
1 Rows					0.00	0.00
Jul-31-2019						
...	Oct-08-2019	Aug-25-2019	Return Tax	Tax	0.00	0.00
1 Rows					0.00	0.00
Jun-30-2019						
...	Oct-08-2019	Jul-25-2019	Return Tax	Tax	0.00	0.00
1 Rows					0.00	0.00
May-31-2019						
...	Oct-08-2019	Jun-25-2019	Return Tax	Tax	0.00	0.00
1 Rows					0.00	0.00
Apr-30-2019						
...	May-01-2019	May-25-2019	Return Tax	Tax	0.00	0.00
1 Rows					0.00	0.00
Mar-31-2019						
...	May-01-2019	Apr-25-2019	Return Tax	Tax	0.00	0.00
1 Rows					0.00	0.00
Feb-28-2019						
...	May-01-2019	Mar-25-2019	Return Tax	Tax	0.00	0.00
1 Rows					0.00	0.00
Jan-31-2019						
...	Feb-22-2019	Feb-25-2019	Return Tax	Tax	0.00	0.00
1 Rows					0.00	0.00
Dec-31-2018						
...	Feb-22-2019	Jan-25-2019	Return Tax	Tax	0.00	0.00
1 Rows					0.00	0.00
Nov-30-2018						
...	Dec-06-2018	Dec-25-2018	Return Tax	Tax	0.00	0.00
1 Rows					0.00	0.00

DOJ-01-0000005135

Transactions: 0.00

Period	Posted	Effective	Trans Type	Impact	Amount	Balance
Oct-31-2018						
...	Dec-06-2018	Nov-25-2018	Return Tax	Tax	0.00	0.00
1 Rows					0.00	0.00
Sep-30-2018						
...	Dec-06-2018	Oct-25-2018	Return Tax	Tax	0.00	0.00
1 Rows					0.00	0.00
Aug-31-2018						
...	Dec-06-2018	Sep-25-2018	Return Tax	Tax	0.00	0.00
1 Rows					0.00	0.00
Jul-31-2018						
...	Dec-06-2018	Aug-25-2018	Return Tax	Tax	0.00	0.00
1 Rows					0.00	0.00

Production

Notes

Collection	Apr-24-2020	1 (206) 938-4291 goes to dead air.
Collection	Jan-16-2020	Skiptrace : 604183433 Current phone: (206) 938-4291 Left voicemail for authorized person to contact the ICT. Disconnected phones: (206) 938-4191 disconnected Account notes: (206) 938-4291, (206) 938-4191 duplicate ATLAS (last return): 2069384291 Duplicate CWM (last return): none No work items ATLAS (web profile): 2069384291 Other phones (customer springboard) (206) 938-4291, (206) 938-4191 Duplicate ATLAS MBLA: 2069384291 Secretary of State: 2069384291 +1 search (google): business name + address none +1 search (google): business name + address + facebook none +1 search (google): tp name + address (206) 938-4291 Dr. Eric Shibley (Shibley Medical) Duplicate number.
Collection	Sep-04-2019	Sent Final Demand Letter.
Collection	Apr-26-2019	1 (206) 938-4291 Call type: Outbound Period: 02/19 & 03/19 Spoke with: ERIC SHIBLEY Title: Managing Member Mailing address valid: N/A- Monthly reporting Best phone number: 206 938 4291 Any business activity: NO Account resolution date: TODAY MyDOR Email sent:
Work	Mar-06-2019	loc 1 - withdrew etpid 0393 per LCB Incoming Interface Exceptions 0-003-496-576 - bls
Collection	Feb-13-2019	1 (206) 938-4291 Call type: Outbound Period: Dec 2018 Spoke with: Eric Shibley Title: Corporate Officer Mailing address valid: N/A- Monthly reporting Best phone number: 206-938 Any business activity: No Account resolution date: today as courtesy
Collection	Dec-12-2018	Received Cert mail return signed by Eric Shibley (GOV)
Collection	Dec-06-2018	1 (206) 938-4291 Spoke with Eric Shibley (GOV) and was able to provide him access to his excise tax account for Seattle's Finest Cannabis. He began filing his returns and stated he will have them done today.
Mail	Dec-06-2018	Published No Admin Letter
Collection	Dec-04-2018	Sent summons to 4700 36th ave sw address via cert and 1st class mail. Meeting date set for Jan 4th 2019 at 11:00AM.
Collection	Dec-03-2018	1 (206) 938-4191 Left VM in regards to the tax account for Seattle's Finest Cannabis with a callback needed by the end of the day today otherwise we will proceed with other contingency plans on this account.
Collection	Nov-21-2018	1 (206) 938-4291 Spoke with Eric Shibley (GOV) and he stated he will file and pay the returns over the holiday weekend. Asked if he needed further assistance to file these returns online and Eric stated he did not need any assistance. Provided my direct line in case Eric were to have questions when he goes to file.
Mail	Nov-21-2018	Sent Final Demand Letter
Mail	Nov-01-2018	Sent Initial Demand Letter

DOJ-01-0000005137

Notes

Collection	Oct-04-2018	Skiptrace Disconnected phones: 2069384191 Disconnected (Invalidated in ATLAS) Account notes: 2069384191 Disconnected (Invalidated in ATLAS) ATLAS (last return): NA No work items Efile (last return): NA No work items CWM (last return): NA No work items ATLAS (web profile): NA No contact information listed Efile (admin profile): NA No contact information listed ATLAS MBLA: 2069384291 Authorized person answered: see additional note below
Contact	Oct-04-2018	Spoke to Eric Shibley, who stated that he would talk with his accountant and have 07-18 through 09-18 filed and paid this weekend.
Collection	Sep-26-2018	Disconnected. 1 (206) 938-4191 Line Disconnected CWM No Records Web Logon - No Logon associated
Account	Sep-17-2018	1 (206) 938-4191 Call type: Outbound Period: July 2018 Spoke with: ERIC SHIBLEY Title: Managing Member Mailing address valid: Yes Best phone number: (206) 938-4191 Any business activity: No Account resolution date: 9-17-18 Emailed MY DOR set up instructions to ers98126@gmail.com. He has four delinquent accounts that he needs to set up. If he has problems he will call ICT.
Collection	Sep-11-2018	0 (206) 938-4191 Disconnected (Invalidated in ATLAS)
Refund	Jun-01-2018	Resubmitting previous refund request minus \$10 which were used for current BLA. -BLS
Refund	Jun-01-2018	Reversed refund per customer request to satisfy outstanding RFP on new BLA.
Account	Jun-01-2018	Spoke to Eric Shibley, GP, he gave approval to reverse the pending refund and use it to satisfy the \$10 RFP for the new application and then re-request the refund for the balance.
Refund	May-11-2018	over payment on 1523849. Submitted fees for MJ that is still pending. Will need to reapply. -BLS



STATE OF WASHINGTON
DEPARTMENT OF REVENUE

SEATTLE'S FINEST CANNABIS, LLC
SEATTLE'S FINEST CANNABIS
4700 36TH AVE SW
SEATTLE WA 98126-2716

November 21, 2018
Letter ID: L0007807019
UBI: 604-183-433
Account ID: 604-183-433
Account Type: Excise Tax

Dear Business Representative:

You are being contacted because you have not filed or paid the liability listed below. Delinquency beyond this date may require further enforcement action by the Department including, but not limited to, issuance of a tax warrant. When filed with a Superior Court, a tax warrant creates a lien authorizing the Department to enforce collection. Additional penalties also apply.

SUMMARY OF LIABILITY

Type	Filing Period	Total
Unfiled Return	Monthly period ending Jul 31, 2018	
Unfiled Return	Monthly period ending Aug 31, 2018	
Unfiled Return	Monthly period ending Sep 30, 2018	

Complete and submit any unfiled returns and remit payment in full for all your liability owed (electronically if required). To avoid further collection action, returns and full payment must be received by **December 3, 2018**.

You can pay by ACH debit/e-check via your online MyDOR account, by credit card by calling Official Payments Corporation at 1-800-272-9829 (and following instructions provided, additional fees may apply), or by mailing payment to the district office address below.

Please contact me at the number below if you have any questions.

Sincerely,

Jonathan Catlett
Revenue Agent



STATE OF WASHINGTON
DEPARTMENT OF REVENUE

SEATTLE'S FINEST CANNABIS, LLC
SEATTLE'S FINEST CANNABIS
4700 36TH AVE SW
SEATTLE WA 98126-2716

September 4, 2019
Letter ID: L0010231725
UBI: 604-183-433
Account ID: 604-183-433
Account Type: Excise Tax

Dear Business Representative:

You are being contacted because you have not filed or paid the liability listed below. Delinquency beyond this date may require further enforcement action by the Department including, but not limited to, issuance of a tax warrant. When filed with a Superior Court, a tax warrant creates a lien authorizing the Department to enforce collection. Additional penalties also apply.

SUMMARY OF LIABILITY

Type	Filing Period	Total
Unfiled Return	Monthly period ending May 31, 2019	
Unfiled Return	Monthly period ending Jun 30, 2019	

Complete and submit any unfiled returns and remit payment in full for all your liability owed (electronically if required). To avoid further collection action, returns and full payment must be received by **September 16, 2019**.

You can pay by ACH debit/e-check via your online MyDOR account, by credit card by calling Official Payments Corporation at 1-800-272-9829 (and following instructions provided, additional fees may apply), or by mailing payment to the district office address below.

Please contact me at the number below if you have any questions.

Sincerely,

Mike Helms
Revenue Agent

Compliance Division - Seattle
2101 4th Ave # Suite 1400 Seattle, WA 98121-2300 or visit dor.wa.gov
Phone (206) 727-5323 Fax (206) 727-5319 Email MikeH@DOR.WA.GOV

gbL0009

DOJ-01-0000005151



STATE OF WASHINGTON
DEPARTMENT OF REVENUE

SEATTLE'S FINEST CANNABIS, LLC
SEATTLE'S FINEST CANNABIS
4700 36TH AVE SW
SEATTLE WA 98126-2716

February 4, 2020
Letter ID: L0011928151
UBI: 604-183-433
Account ID: 604-183-433
Account Type: Excise Tax

Dear Business Representative:

You are being contacted because you have not filed or paid the liability listed below. Delinquency beyond this date may require further enforcement action by the Department including, but not limited to, issuance of a tax warrant. When filed with a Superior Court, a tax warrant creates a lien authorizing the Department to enforce collection. Additional penalties also apply.

SUMMARY OF LIABILITY

Type	Filing Period	Total
Unfiled Return	Monthly period ending Oct 31, 2019	
Unfiled Return	Monthly period ending Nov 30, 2019	

Complete and submit any unfiled returns and remit payment in full for all your liability owed (electronically if required). To avoid further collection action, returns and full payment must be received by **February 14, 2020**.

You can pay by ACH debit/e-check via your online MyDOR account, by credit card by calling Official Payments Corporation at 1-800-272-9829 (and following instructions provided, additional fees may apply), or by mailing payment to the district office address below.

Please contact me at the number below if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Ben Vandermeer".

Ben Vandermeer
Revenue Agent

Compliance Division - Seattle
2101 4th Ave # Suite 1400 Seattle, WA 98121-2300 or visit dor.wa.gov
Phone (206) 727-5378 Fax (206) 727-5319 Email BenV@DOR.WA.GOV

gbL0009

DOJ-01-0000005152

DETACH BEFORE POSTING

PREVIEW



STATE OF
WASHINGTON

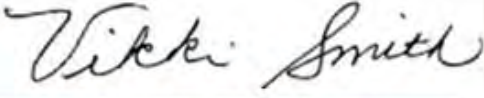
Limited Liability Company

SEATTLE'S FINEST CANNABIS, LLC
SEATTLE'S FINEST CANNABIS
10847 1ST AVE S STE B
SEATTLE, WA 98168-1309

TAX REGISTRATION - ACTIVE

Issue Date: Oct 04, 2019
Unified Business ID #: 604183433
Business ID #: 001
Location: 0001

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

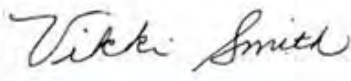


Director, Department of Revenue

UBI: 604183433 001 0001

SEATTLE'S FINEST CANNABIS, LLC TAX REGISTRATION - ACTIVE
SEATTLE'S FINEST CANNABIS
10847 1ST AVE S STE B
SEATTLE, WA 98168-1309

STATE OF WASHINGTON



Director, Department of Revenue

DETACH THIS SECTION FOR YOUR WALLET



Employment Security Department

WASHINGTON STATE
PO Box 9046 Olympia, WA 98507-9046

REQUEST ID: 20-018573-RDU-DE

ESD Use: Letters NoBill

May 28, 2020

US DEPARTMENT OF JUSTICE
ALEXANDRA FLORES
1400 NEW YORK AVENUE NW
ROOM 3201A
WASHINGTON DC DC 20530

RE: DITURI CONSTRUCTION
ID No: EIN [REDACTED] 8508

The records or information being provided is considered private and confidential under Chapter 50.13 RCW. Any misuse or unauthorized disclosure of the records may subject a person or organization to penalties as prescribed in the cited statute. The records or information provided here have been obtained from the unemployment insurance records maintained by the Employment Security Department.

From January 1, 2017 through March 31, 2020, our records fail to disclose any employer quarterly reports being submitted by the above named company.

ESD is unable to locate responsive records with the EIN provided

If I can be of further assistance, please contact me at (844) 766-8930.

Sincerely,

Dan Lockwood

Dan Lockwood

Assistant Records Officer



Employment Security Department

WASHINGTON STATE
PO Box 9046 Olympia, WA 98507-9046

REQUEST ID: 20-018559-RDU-D0

ESD Use: Letters NoBill

May 28, 2020

US DEPARTMENT OF JUSTICE
ALEXANDRA FLORES
1400 NEW YORK AVENUE NW
ROOM 3201A
WASHINGTON DC DC 20530

RE: SHIBLEY MEDICAL CLINIC
ESN: 000-046538-00

The records or information being provided is considered private and confidential under Chapter 50.13 RCW. Any misuse or unauthorized disclosure of the records may subject a person or organization to penalties as prescribed in the cited statute. The records or information provided here have been obtained from the unemployment insurance records maintained by the Employment Security Department.

From January 1, 2017 through March 31, 2020, enclosed are copies of the employer quarterly report(s) submitted by the above named business.

Unable to provide a signed records affidavit certifying the record under current working circumstances.

If I can be of further assistance, please contact me at (844) 766-8930.

Sincerely,

Dan Lockwood

Dan Lockwood
Assistant Records Officer

REPORT DATA

REPORT TYPE: Quarterly Tax Report - 5208A
 QUARTER/YEAR: 1/2017
 QED: 03/31/2017
 PROCESS DATE: 05/19/2017
 DUE DATE: 05/01/2017
 RECEIVED DATE: 04/30/2017
 REPORT GUID:

BUSINESS DATA

OWNER'S NAME:
 DBA:
 ESD NUMBER: 000-046538-00-6
 EIN: 9052
 UBI NUMBER: 603-260-109
 NAME: SHIBLEY MEDICAL CLINIC
 ADDRESS 1: 4700 36TH AVE SW
 ADDRESS 2:
 ADDRESS 3:
 CITY: SEATTLE
 STATE: WA
 ZIP: 981262716
 COUNTY:
 COUNTRY: United States
 PROVINCE:

PREPARER DATA

CONTACT TYPE: Preparer
 FIRST NAME: Susan
 MIDDLE NAME:
 LAST NAME: Boyd
 EAMS LOGON:
 S.A.W. LOGON:
 S.A.W. GUID: DV7ZW4QF8QL5Z-1TT1ZP0PM9-D1LW4VZ0FD-WQ4FZ0TV3
 PHONE NUMBER: 360-902-9227
 PHONE EXT:
 PHONE TYPE: Business
 EMAIL ADDRESS: sboyd2@esd.wa.gov
 TAX REPORT
 RECEIPT EMAIL:
 RELATED TO
 BUSINESS: None Specified
 STREET ADDRESS:
 ADDRESS 2:
 ADDRESS 3:
 CITY:
 STATE:
 ZIP:
 COUNTY:
 COUNTRY:
 PROVINCE:

TAX SPECIALIST DATA

CONTACT TYPE:
 FIRST NAME:
 LAST NAME:
 EMAIL ADDRESS:
 PHONE NUMBER:
 PHONE TYPE:
 PHONE EXT:

MISCELLANEOUS DATA

SUBMITTAL METHOD: EAMS Single
 CONFIRMATION NUMBER: E8QE055UG71GKHQ0
 EXCESS CHANGE REASON(S):

FILING DATAREPORTED

HAS PAYROLL:	No
TOTAL GROSS WAGES:	0.00
TOTAL EXCESS WAGES:	(Wage Base: 0.00) 0.00
OUT-OF-STATE-WAGES:	
TAXABLE WAGES:	0.00
UI TAX DUE:	(Tax Rate: 0.018000) 0.00
EAF TAX DUE:	(EAF Rate: 0.000300) 0.00
TAX DUE:	0.00
LATE PAYMENT PENALTY:	0.00
INTEREST:	0.00
LATE REPORT PENALTY:	0.00
PRIOR BALANCE OR CREDITS:	(-)0
AMOUNT DUE:	0.00
AMOUNT REMITTED:	0.00
 TOTAL EXERCISED STOCK OPTIONS:	 0.00
EXEMPT CORP OFF EARNINGS:	0.00
EXEMPT CORP OFFICERS:	0
EMPLOYEES 1st MONTH:	0
EMPLOYEES 2nd MONTH:	0
EMPLOYEES 3rd MONTH:	0

REPORT DATA

REPORT TYPE: Quarterly Wage Report - 5208B
QUARTER/YEAR: 1/2017
QED: 03/31/2017
PROCESS DATE: 05/19/2017
DUE DATE: 05/01/2017
RECEIVED DATE: 04/30/2017
REPORT GUID:

BUSINESS DATA

OWNER'S NAME:
DBA:
ESD NUMBER: 000-046538-00-6
EIN: 9052
UBI NUMBER: 603-260-109
NAME: SHIBLEY MEDICAL CLINIC
ADDRESS 1: 4700 36TH AVE SW
ADDRESS 2:
ADDRESS 3:
CITY: SEATTLE
STATE: WA
ZIP: 981262716
COUNTY:
COUNTRY: United States
PROVINCE:

PREPARER DATA

CONTACT TYPE: Preparer
FIRST NAME: Susan
MIDDLE NAME:
LAST NAME: Boyd
EAMS LOGON:
S.A.W. LOGON:
S.A.W. GUID: DV7ZW4QF8QL5Z-1TT1ZP0PM9-D1LW4VZ0FD-WQ4FZ0TV3
PHONE NUMBER: 360-902-9227
PHONE EXT:
PHONE TYPE: Business
EMAIL ADDRESS: sboyd2@esd.wa.gov
TAX REPORT
RECEIPT EMAIL:
RELATED TO
BUSINESS: None Specified
STREET ADDRESS:
ADDRESS 2:
ADDRESS 3:
CITY:
STATE:
ZIP:
COUNTY:
COUNTRY:
PROVINCE:

TAX SPECIALIST DATA

CONTACT TYPE:
FIRST NAME:
LAST NAME:
EMAIL ADDRESS:
PHONE NUMBER:
PHONE TYPE:
PHONE EXT:

MISCELLANEOUS DATA

SUBMITTAL METHOD: EAMS Single
CONFIRMATION NUMBER: E8QE055UG71GKHQ0
CHANGE REASON:

REPORT DATA

REPORT TYPE: Quarterly Tax Report - 5208A
 QUARTER/YEAR: 2/2017
 QED: 06/30/2017
 PROCESS DATE: 10/27/2017
 DUE DATE: 07/31/2017
 RECEIVED DATE: 07/31/2017
 REPORT GUID:

BUSINESS DATA

OWNER'S NAME:
 DBA:
 ESD NUMBER: 000-046538-00-6
 EIN: 9052
 UBI NUMBER: 603-260-109
 NAME: SHIBLEY MEDICAL CLINIC
 ADDRESS 1: 4700 36TH AVE SW
 ADDRESS 2:
 ADDRESS 3:
 CITY: SEATTLE
 STATE: WA
 ZIP: 981262716
 COUNTY:
 COUNTRY: United States
 PROVINCE:

PREPARER DATA

CONTACT TYPE: Preparer
 FIRST NAME: Eric
 MIDDLE NAME:
 LAST NAME: Shibley
 EAMS LOGON:
 S.A.W. LOGON:
 S.A.W. GUID: DQ5MV7QQ6TW5P-1FV0ZQ8QL4-D1LW4VZ0FD-DF0VT9VL8T
 PHONE NUMBER: 206-938-4291
 PHONE EXT:
 PHONE TYPE: Business
 EMAIL ADDRESS: shibleenyc@yahoo.com
 TAX REPORT
 RECEIPT EMAIL:
 RELATED TO
 BUSINESS: President
 STREET ADDRESS:
 ADDRESS 2: 4700 36th Ave SW
 ADDRESS 3:
 CITY: Seattle
 STATE: WA
 ZIP: 98126
 COUNTY:
 COUNTRY:
 PROVINCE:

TAX SPECIALIST DATA

CONTACT TYPE:
 FIRST NAME:
 LAST NAME:
 EMAIL ADDRESS:
 PHONE NUMBER:
 PHONE TYPE:
 PHONE EXT:

MISCELLANEOUS DATA

SUBMITTAL METHOD: EAMS Single
 CONFIRMATION NUMBER: E8BCJ4LXHP012HQ9
 EXCESS CHANGE REASON(S):

FILING DATAREPORTED

HAS PAYROLL:	No
TOTAL GROSS WAGES:	0.00
TOTAL EXCESS WAGES:	0.00
(Wage Base: 0.00)	
OUT-OF-STATE-WAGES:	
TAXABLE WAGES:	0.00
UI TAX DUE:	0.00
(Tax Rate: 0.018000)	
EAF TAX DUE:	0.00
(EAF Rate: 0.000300)	
TAX DUE:	0.00
LATE PAYMENT PENALTY:	0.00
INTEREST:	0.00
LATE REPORT PENALTY:	0.00
PRIOR BALANCE OR CREDITS:	(-)0
AMOUNT DUE:	0.00
AMOUNT REMITTED:	0.00
 TOTAL EXERCISED STOCK OPTIONS:	 0.00
EXEMPT CORP OFF EARNINGS:	0.00
EXEMPT CORP OFFICERS:	1
EMPLOYEES 1st MONTH:	0
EMPLOYEES 2nd MONTH:	0
EMPLOYEES 3rd MONTH:	0

REPORT DATA

REPORT TYPE: Quarterly Wage Report - 5208B
QUARTER/YEAR: 2/2017
QED: 06/30/2017
PROCESS DATE: 10/27/2017
DUE DATE: 07/31/2017
RECEIVED DATE: 07/31/2017
REPORT GUID:

BUSINESS DATA

OWNER'S NAME:
DBA:
ESD NUMBER: 000-046538-00-6
EIN: [REDACTED] 9052
UBI NUMBER: 603-260-109
NAME: SHIBLEY MEDICAL CLINIC
ADDRESS 1: 4700 36TH AVE SW
ADDRESS 2:
ADDRESS 3:
CITY: SEATTLE
STATE: WA
ZIP: 981262716
COUNTY:
COUNTRY: United States
PROVINCE:

PREPARER DATA

CONTACT TYPE: Preparer
FIRST NAME: Eric
MIDDLE NAME:
LAST NAME: Shibley
EAMS LOGON:
S.A.W. LOGON:
S.A.W. GUID: DQ5MV7QQ6TW5P-1FV0ZQ8QL4-D1LW4VZ0FD-DF0VT9VL8T
PHONE NUMBER: 206-938-4291
PHONE EXT:
PHONE TYPE: Business
EMAIL ADDRESS: shibleenyc@yahoo.com
TAX REPORT
RECEIPT EMAIL:
RELATED TO
BUSINESS: President
STREET ADDRESS:
ADDRESS 2: 4700 36th Ave SW
ADDRESS 3:
CITY: Seattle
STATE: WA
ZIP: 98126
COUNTY:
COUNTRY:
PROVINCE:

TAX SPECIALIST DATA

CONTACT TYPE:
FIRST NAME:
LAST NAME:
EMAIL ADDRESS:
PHONE NUMBER:
PHONE TYPE:
PHONE EXT:

MISCELLANEOUS DATA

SUBMITTAL METHOD: EAMS Single
CONFIRMATION NUMBER: E8BCJ4LXHP012HQ9
CHANGE REASON:

REPORT DATA

REPORT TYPE: Quarterly Tax Report - 5208A
 QUARTER/YEAR: 3/2017
 QED: 09/30/2017
 PROCESS DATE: 10/27/2017
 DUE DATE: 10/31/2017
 RECEIVED DATE: 10/26/2017
 REPORT GUID:

BUSINESS DATA

OWNER'S NAME:
 DBA:
 ESD NUMBER: 000-046538-00-6
 EIN: 0052
 UBI NUMBER: 603-260-109
 NAME: SHIBLEY MEDICAL CLINIC
 ADDRESS 1: 4700 36TH AVE SW
 ADDRESS 2:
 ADDRESS 3:
 CITY: SEATTLE
 STATE: WA
 ZIP: 981262716
 COUNTY:
 COUNTRY: United States
 PROVINCE:

PREPARER DATA

CONTACT TYPE: Preparer
 FIRST NAME: Eric
 MIDDLE NAME:
 LAST NAME: Shibley
 EAMS LOGON:
 S.A.W. LOGON:
 S.A.W. GUID: DQ5MV7QQ6TW5P-1FV0ZQ8QL4-D1LW4VZ0FD-DF0VT9VL8T
 PHONE NUMBER: 206-938-4291
 PHONE EXT:
 PHONE TYPE: Business
 EMAIL ADDRESS: shibleenyc@yahoo.com
 TAX REPORT
 RECEIPT EMAIL:
 RELATED TO
 BUSINESS: President
 STREET ADDRESS:
 ADDRESS 2: 4700 36th Ave SW
 ADDRESS 3:
 CITY: Seattle
 STATE: WA
 ZIP: 98126
 COUNTY:
 COUNTRY:
 PROVINCE:

TAX SPECIALIST DATA

CONTACT TYPE:
 FIRST NAME:
 LAST NAME:
 EMAIL ADDRESS:
 PHONE NUMBER:
 PHONE TYPE:
 PHONE EXT:

MISCELLANEOUS DATA

SUBMITTAL METHOD: EAMS Single
 CONFIRMATION NUMBER: EQSU3LMEHNNH12HQ1
 EXCESS CHANGE REASON(S):

FILING DATAREPORTED

HAS PAYROLL:		Yes
TOTAL GROSS WAGES:		2,000.00
TOTAL EXCESS WAGES:	(Wage Base: 0.00)	0.00
OUT-OF-STATE-WAGES:		
TAXABLE WAGES:		2,000.00
UI TAX DUE:	(Tax Rate: 0.018000)	36.00
EAF TAX DUE:	(EAF Rate: 0.000300)	0.60
TAX DUE:		36.60
LATE PAYMENT PENALTY:		0.00
INTEREST:		0.00
LATE REPORT PENALTY:		0.00
PRIOR BALANCE OR CREDITS:		(-)0
AMOUNT DUE:		36.60
AMOUNT REMITTED:		0.00
 TOTAL EXERCISED STOCK OPTIONS:		 0.00
EXEMPT CORP OFF EARNINGS:		0.00
EXEMPT CORP OFFICERS:		0
EMPLOYEES 1st MONTH:		1
EMPLOYEES 2nd MONTH:		1
EMPLOYEES 3rd MONTH:		1

REPORT DATA

REPORT TYPE: Quarterly Wage Report - 5208B
QUARTER/YEAR: 3/2017
QED: 09/30/2017
PROCESS DATE: 10/27/2017
DUE DATE: 10/31/2017
RECEIVED DATE: 10/26/2017
REPORT GUID:

BUSINESS DATA

OWNER'S NAME:
DBA:
ESD NUMBER: 000-046538-00-6
EIN: 9052
UBI NUMBER: 603-260-109
NAME: SHIBLEY MEDICAL CLINIC
ADDRESS 1: 4700 36TH AVE SW
ADDRESS 2:
ADDRESS 3:
CITY: SEATTLE
STATE: WA
ZIP: 981262716
COUNTY:
COUNTRY: United States
PROVINCE:

PREPARER DATA

CONTACT TYPE: Preparer
FIRST NAME: Eric
MIDDLE NAME:
LAST NAME: Shibley
EAMS LOGON:
S.A.W. LOGON:
S.A.W. GUID: DQ5MV7QQ6TW5P-1FV0ZQ8QL4-D1LW4VZ0FD-DF0VT9VL8T
PHONE NUMBER: 206-938-4291
PHONE EXT:
PHONE TYPE: Business
EMAIL ADDRESS: shibleenyc@yahoo.com
TAX REPORT
RECEIPT EMAIL:
RELATED TO
BUSINESS: President
STREET ADDRESS:
ADDRESS 2: 4700 36th Ave SW
ADDRESS 3:
CITY: Seattle
STATE: WA
ZIP: 98126
COUNTY:
COUNTRY:
PROVINCE:

TAX SPECIALIST DATA

CONTACT TYPE:
FIRST NAME:
LAST NAME:
EMAIL ADDRESS:
PHONE NUMBER:
PHONE TYPE:
PHONE EXT:

MISCELLANEOUS DATA

SUBMITTAL METHOD: EAMS Single
CONFIRMATION NUMBER: EQSU3LMEHNNH12HQ1
CHANGE REASON:

WAGE DATA

SSN	EMPLOYEE NAME	HOURS	TOTAL WAGES
5264	SHIBLEY, ERIC	180	2,000.00



Employment Security Department

WASHINGTON STATE
PO Box 9046 Olympia, WA 98507-9046

REQUEST ID: 20-018579-RDU-DE

ESD Use: Letters NoBill

May 28, 2020

US DEPARTMENT OF JUSTICE
ALEXANDRA FLORES
1400 NEW YORK AVENUE NW
ROOM 3201A
WASHINGTON DC DC 20530

RE: SS1
ID No: EIN [REDACTED] 7509

The records or information being provided is considered private and confidential under Chapter 50.13 RCW. Any misuse or unauthorized disclosure of the records may subject a person or organization to penalties as prescribed in the cited statute. The records or information provided here have been obtained from the unemployment insurance records maintained by the Employment Security Department.

From January 1, 2017 through March 31, 2020, our records fail to disclose any employer quarterly reports being submitted by the above named company.

ESD is unable to locate responsive records with the EIN provided

If I can be of further assistance, please contact me at (844) 766-8930.

Sincerely,

Dan Lockwood

Dan Lockwood
Assistant Records Officer

U.S. v. Shibley
CR20-174 JCC
Government Exhibit No. 82
Admitted _____

DOJ-01-0000005232



Employment Security Department

WASHINGTON STATE
PO Box 9046 Olympia, WA 98507-9046

REQUEST ID: 20-018580-RDU-DE

ESD Use: Letters NoBill

May 28, 2020

US DEPARTMENT OF JUSTICE
ALEXANDRA FLORES
1400 NEW YORK AVENUE NW
ROOM 3201A
WASHINGTON DC DC 20530

RE: SS1 LLC
ID No: EIN [REDACTED] 2134

The records or information being provided is considered private and confidential under Chapter 50.13 RCW. Any misuse or unauthorized disclosure of the records may subject a person or organization to penalties as prescribed in the cited statute. The records or information provided here have been obtained from the unemployment insurance records maintained by the Employment Security Department.

From January 1, 2017 through March 31, 2020, our records fail to disclose any employer quarterly reports being submitted by the above named company.

ESD is unable to locate responsive records with the EIN provided

If I can be of further assistance, please contact me at (844) 766-8930.

Sincerely,

Dan Lockwood

Dan Lockwood
Assistant Records Officer

DOJ-01-0000005233



Employment Security Department

WASHINGTON STATE
PO Box 9046 Olympia, WA 98507-9046

REQUEST ID: 20-018567-RDU-DE

ESD Use: Letters NoBill

May 28, 2020

US DEPARTMENT OF JUSTICE
ALEXANDRA FLORES
1400 NEW YORK AVENUE NW
ROOM 3201A
WASHINGTON DC DC 20530

RE: ES1 LLC
ID No: EIN [REDACTED] 5849

The records or information being provided is considered private and confidential under Chapter 50.13 RCW. Any misuse or unauthorized disclosure of the records may subject a person or organization to penalties as prescribed in the cited statute. The records or information provided here have been obtained from the unemployment insurance records maintained by the Employment Security Department.

From January 1, 2017 through March 31, 2020, our records fail to disclose any employer quarterly reports being submitted by the above named company.

ESD is unable to locate responsive records with the EIN provided

If I can be of further assistance, please contact me at (844) 766-8930.

Sincerely,

Dan Lockwood

Dan Lockwood
Assistant Records Officer



Employment Security Department

WASHINGTON STATE
PO Box 9046 Olympia, WA 98507-9046

REQUEST ID: 20-018568-RDU-DE

ESD Use: Letters NoBill

May 28, 2020

US DEPARTMENT OF JUSTICE
ALEXANDRA FLORES
1400 NEW YORK AVENUE NW
ROOM 3201A
WASHINGTON DC DC 20530

RE: SEATTLE'S FINEST CANNABIS LLC
ID No: EIN [REDACTED] 3580

The records or information being provided is considered private and confidential under Chapter 50.13 RCW. Any misuse or unauthorized disclosure of the records may subject a person or organization to penalties as prescribed in the cited statute. The records or information provided here have been obtained from the unemployment insurance records maintained by the Employment Security Department.

From January 1, 2017 through March 31, 2020, our records fail to disclose any employer quarterly reports being submitted by the above named company.

ESD is unable to locate responsive records with the EIN provided

If I can be of further assistance, please contact me at (844) 766-8930.

Sincerely,

Dan Lockwood

Dan Lockwood
Assistant Records Officer



Employment Security Department

WASHINGTON STATE
PO Box 9046 Olympia, WA 98507-9046

REQUEST ID: 20-018571-RDU-DE

ESD Use: Letters NoBill

May 28, 2020

US DEPARTMENT OF JUSTICE
ALEXANDRA FLORES
1400 NEW YORK AVENUE NW
ROOM 3201A
WASHINGTON DC DC 20530

RE: THE A TEAM HOLDINGS
ID No: EIN [REDACTED] 7088

The records or information being provided is considered private and confidential under Chapter 50.13 RCW. Any misuse or unauthorized disclosure of the records may subject a person or organization to penalties as prescribed in the cited statute. The records or information provided here have been obtained from the unemployment insurance records maintained by the Employment Security Department.

From January 1, 2017 through March 31, 2020, our records fail to disclose any employer quarterly reports being submitted by the above named company.

ESD is unable to locate responsive records with the EIN provided

If I can be of further assistance, please contact me at (844) 766-8930.

Sincerely,

Dan Lockwood

Dan Lockwood
Assistant Records Officer



Employment Security Department

WASHINGTON STATE
PO Box 9046 Olympia, WA 98507-9046

REQUEST ID: 20-018570-RDU-DE

ESD Use: Letters NoBill

May 28, 2020

US DEPARTMENT OF JUSTICE
ALEXANDRA FLORES
1400 NEW YORK AVENUE NW
ROOM 3201A
WASHINGTON DC DC 20530

RE: EIN [REDACTED] 8805
ID No: EIN [REDACTED] 8805

The records or information being provided is considered private and confidential under Chapter 50.13 RCW. Any misuse or unauthorized disclosure of the records may subject a person or organization to penalties as prescribed in the cited statute. The records or information provided here have been obtained from the unemployment insurance records maintained by the Employment Security Department.

From January 1, 2017 through March 31, 2020, our records fail to disclose any employer quarterly reports being submitted by the above named company.

ESD is unable to locate responsive records with the EIN provided

If I can be of further assistance, please contact me at (844) 766-8930.

Sincerely,

Dan Lockwood

Dan Lockwood
Assistant Records Officer

STATE OF WASHINGTON

Employment Security Department
Records Disclosure Unit

May 29, 2020
Page 1 of 1

**Wages reported by employers in the State of Washington from
1st Quarter of 2017 through the 1st Quarter of 2020.**

SUBJECT NAME: SHIBLEY, ERIC

SSN: XXX-XX-5264

***Most Recent Completed Quarter may not be reported as of this date.**

***Employer address may differ from actual employment location.**

Reported Employee Name: SHIBLEY ERIC

Employer Name: SHIBLEY MEDICAL CLINIC

Street: 4700 36TH AVE SW

City, State ZIP: SEATTLE WA 981262716

Year Quarter:	2017 3	Wages:	\$2,000.00	Hours:	180
Year Quarter:	2017 3	Wages:	\$0.00	Hours:	0

Completed by: Dan Lockwood

Phone: (844) 766-8930

Note: The information contained in this document is considered confidential and is subject to agency confidentiality statutes contained in Chapter 50.13 RCW. Any unauthorized use is prohibited and may be subject to penalties as prescribed in the cited statute.

Unemployment Payment History

STATE OF WASHINGTON

Employment Security Department
Records Disclosure Unit

May 29, 2020
Page 1 of 2

Unemployment payment history from January 1, 2017 through May 22, 2020.

SUBJECT NAME: ERIC SHIBLEY

SSN: XXX-XX-5264

Benefit History for Claim with BYE Date of **03-27-21**

On this report week claimed only shows if payment was issued for a given week. No weekly information will be shown if individual claimed for a given week but no payment was issued (i.e. wait week, disqualified, excess earning, or any other reason why payment not issued).

Benefit Year Ending (BYE) Date: **03-27-21**

Application Date: 04-01-20

Maximum Benefits Payable (MBP): \$0.00

Weekly Benefit Allowance (WBA): \$0.00

New Balance Available (NBA): \$0.00

Note: The information contained in this document is considered confidential and is subject to agency confidentiality statutes contained in Chapter 50.13 RCW. Any unauthorized use is prohibited and may be subject to penalties as prescribed in the cited statute.

Completed by: Dan Lockwood

Phone: (360) 725-9940

DOJ-01-0000005244

Unemployment Payment History

STATE OF WASHINGTON

Employment Security Department
Records Disclosure UnitMay 29, 2020
Page 2 of 2**Unemployment payment history from January 1, 2017 through May 22, 2020.****SUBJECT NAME:** ERIC SHIBLEY**SSN:** XXX-XX-5264**Benefit History for Claim with BYE Date of 12-26-20**

On this report week claimed only shows if payment was issued for a given week. No weekly information will be shown if individual claimed for a given week but no payment was issued (i.e. wait week, disqualified, excess earning, or any other reason why payment not issued).

Benefit Year Ending (BYE) Date: 12-26-20**Application Date:** 04-21-20**Maximum Benefits Payable (MBP):** \$9,165.00**Weekly Benefit Allowance (WBA):** \$235.00**New Balance Available (NBA):** \$6,580.00

Benefit Week Ending	Payment Issued	Date Issued
05-09-20	\$118.00	05-12-20
05-09-20	\$367.00	05-12-20
05-02-20	\$300.00	05-04-20
05-02-20	\$185.00	05-04-20
04-25-20	\$367.00	04-30-20
04-25-20	\$118.00	04-30-20
04-18-20	\$185.00	04-22-20
04-18-20	\$300.00	04-22-20
04-11-20	\$300.00	04-22-20
04-11-20	\$185.00	04-22-20
04-04-20	\$300.00	04-22-20
04-04-20	\$185.00	04-22-20
03-28-20	\$118.00	04-22-20
03-21-20	\$118.00	04-22-20
03-14-20	\$118.00	04-22-20
03-07-20	\$118.00	04-22-20

Note: The information contained in this document is considered confidential and is subject to agency confidentiality statutes contained in Chapter 50.13 RCW. Any unauthorized use is prohibited and may be subject to penalties as prescribed in the cited statute.

Completed by: Dan Lockwood**Phone:** (360) 725-9940

DOJ-01-0000005245

Claim Summary - System 4/1/2020 1:10:29 PM

Generated Jun 24 2020

than your mailing
address?

Correspondence

What is the best way to
contact you if we need
to talk about your
claim? Please note: If
we attempt to contact
you and you don't
respond, it could affect
your benefits or create
an overpayment.

Both email and phone

How do you want to
receive important
correspondence from
us?

Send by eServices

Email

email@example.com

shibleenyc@yahoo.com

Primary phone

Country Code

Area Code

Phone number

USA

206

9384291

Permission to leave a
detailed voicemail?

Yes

Do you want to provide
an additional number?

No

Your Employers

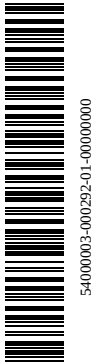
Table 5

Employer Name	Reason	Separation	Start Date	Separation Date
ERIC R SHIBLEY MD PLLC	Laid off	Company closed temporarily	6/1/2013	3/1/2020
ES1 LLC	Leave of absence		1/1/2015	1/3/2020

Claim Summary - System 4/1/2020 1:10:29 PM
Payment Option

Generated Jun 24 2020

Your selected payment Direct Deposit
method:



ERIC SHIBLEY
4700 36TH AVE SW
SEATTLE WA 98126-2716

Date: Apr 2 2020
Letter ID: L0014777045
Claimant ID: Q3RXDJ

Unemployment Claim Determination

We have determined:

- **You may receive up to \$0 each week you are eligible for unemployment benefits.**
- **The total amount you can receive for your benefit year is \$0.**
- **Your benefit year is Mar 29 2020 to Mar 27 2021.**
- **We may need to adjust the amount based on a number of factors.**

This notification is not an approval or denial of benefits. It is a statement of how much you may receive as long as you otherwise qualify.

The amount you may get each week (called your weekly benefit amount) and the total amount you can receive (called your maximum payable amount) are based on the hours you worked and wages you received between Jan 1 2019 to Dec 31 2019. This period is called your base year. Employers pay the entire cost of unemployment benefits.

How to request an adjustment

If any information looks wrong or is missing, refer to the "Benefit payments" section of the Handbook for Unemployed Workers or call the claims center between 8 a.m. and 4 p.m., Monday through Friday at 800-318-6022, if you need help.

If this information is correct and you aren't eligible for unemployment benefits, you can ask for an alternate base year (ABY) claim. This type of claim uses the last four completed calendar quarters. Call the claims center to request an ABY. For more information, refer to eServices or the "Benefits payments" section of the Handbook for Unemployed Workers.

Be sure to continue to file your weekly claims, even if you are waiting for an answer from us.

Anytime there is an adjustment to your determination, we will send you a *Redetermination of Unemployment* Search more than 60,000 Washington jobs on WorkSourceWA.com. Visit WorkSource for free employment workshops and expert job-hunting advice.

Read the Handbook for Unemployed Workers at esd.wa.gov to find everything you need to know about benefits, including training for a new career.



L0014777045
MONETARY DETERMINATION

Page: 1 of 3

DOJ-01-0000005300

Claim. We must issue a redetermination before you can file an appeal.

If you have a hearing or speech impairment and need to call us, use the Washington Relay Service at 711.



5400003-000292-02-00000000

Search more than 60,000 Washington jobs on WorkSourceWA.com. Visit WorkSource for free employment workshops and expert job-hunting advice.

Read the Handbook for Unemployed Workers at esd.wa.gov to find everything you need to know about benefits, including training for a new career.



L0014777045
MONETARY DETERMINATION

Page: 2 of 3

DOJ-01-0000005301

**Review your work history**

We received wage and hour information from the employer(s) listed below.

Employer	Jan to Mar 2019		Apr to Jun 2019		Jul to Sep 2019		Oct to Dec 2019	
	Wages	Hours	Wages	Hours	Wages	Hours	Wages	Hours
No Employers	0.00	0	0.00	0	0.00	0	0.00	0
Quarterly Totals	0.00	0	0.00	0	0.00	0	0.00	0

Total Wages 0.00

Total Hours 0

About Your Claim

We filed an Alternate Base Year claim using wages from Jan to Mar 2019, Apr to Jun 2019, Jul to Sep 2019, and Oct to Dec 2019. You aren't eligible for unemployment benefits because you did not work 680 hours during your alternate base year.

We will deduct \$350.00 from your weekly benefit amount. The Division of Child Support (DCS) deduction will continue until your debt is repaid. If you have questions, call DCS at 800-442-KIDS.



PUA Account Attributes - System 4/21/2020 6:23:40 PM

Generated Jun 24 2020

Claim Attributes

Disaster

COVID-19

Effective Date of Claim

2/2/2020

Benefit Year End

12/26/2020

Claim Filing Source

eServices

Max Standby Weeks

8

Claim Cancelled

No

Cancellation Reason

PUA Monetary Calculation - System 4/21/2020 6:23:41 PM

Generated Jun 24 2020

Estimated Benefits

Max Benefit Payable	9165.00
----------------------------	---------

ELIGIBLE

Weekly Benefit Amount	235.00
------------------------------	--------

Effective Date of Claim	2/2/2020
--------------------------------	----------

Benefit Year End	12/26/2020
-------------------------	------------

Wages By Employer

Jan, Feb, Mar 2019

Apr, May, Jun 2019

Jul, Aug, Sep 2019

Oct, Nov, Dec 2019

Wages

Employer**ESD #****CWC****Q1 Hours****Q1 Wages****Q2 Hours****Q2 Wages****Q3 Hours****Q3 Wages****Q4 Hours****Q4 Wages****Total Wages****Total Hours**

PUA Monetary Calculation - System 4/21/2020 6:23:41 PM

Generated Jun 24 2020

Weekly Benefit Amount Calculation**ELIGIBLE**

Total Base Wages	0.00
Effective Date of Claim	2/2/2020
Max Benefit Payable	9165.00
Pandemic Unemployment Assistance	
High Quarter Wage 1	0.00
High Quarter Wage 2	0.00
(	
)	
High Quarter Wage Avg.	0.00
+	
2	
=	
High Quarter Wage Avg.	0.00
State Multiplier from RCW	0.04
Weekly Benefit Amount	235.00

x

=

Minimum WBA

DUA Minimum WBA

235.00

COVID-19 PUA Eligibility - System 4/21/2020 6:23:38 PM

Generated Jun 24 2020

Are you unemployed, partially unemployed, unable or unavailable for work for one of the following reasons?

Your place of employment closed as a direct result of the COVID-19 public health emergency You are an independent contractor or self-employed individual and your ability to do your work has been affected or your place of business closed as a direct result of the COVID-19 public health emergency A child or other household member for which you have primary caregiving responsibilities is out of school, daycare, or other facility due to closure as a direct result of the COVID-19 public health emergency You cannot reach your place of employment because of quarantine imposed as a result of the COVID-19 public health emergency You are unable to reach your place of work because you have been advised by a health care provider to self-quarantine due to concerns related to COVID-19 You were scheduled to start a job but no longer have a job or are unable to reach the job as a direct result of the COVID-19 public health emergency You had to quit as a direct result of COVID-19 You were diagnosed with COVID-19 You have symptoms of COVID-19 and are seeking a medical diagnosis An individual in your household has been diagnosed with COVID-19 and you have been advised to self-isolate You are providing care for a family member or household member who has been diagnosed with COVID-19 You became the breadwinner or major support for a household because the head of household died as a direct result of COVID-19

Yes

Did your employer offer you the ability to telework your usual number of hours with pay during the COVID-19 public health emergency, or as a self-employed person, are you able to telework your usual number of hours for pay?

No

On what date did your employment status change because of the COVID-19 public health emergency? This includes when you became unemployed, partially unemployed, unable or unavailable for work, or were prevented from starting new employment.

3/1/2020

Weekly Claim - System 4/21/2020 10:00:14 PM

Generated Jun 24 2020

For Sunday, 3/1/2020**12:00:00 AM to Saturday,****3/7/2020 12:00:00 AM:****Claim Source**

eServices

Tell the truth when you**answer questions.****Information you provide will
be verified through state and****federal databases. We****consider it fraud if you****intentionally fail to report
information on your claim.****This may include incorrectly
reporting your work, earnings
or availability for work.****Penalties for fraud include a****denial of benefits, paying****back benefits you already****received, paying a fine, and****even criminal charges.****I will answer all questions****I agree****truthfully to the best of my
abilities.**

Yes

Did you or will you receive

No

**paid time off or sick, vacation
or holiday pay?****Explain This****Are you getting paid for any**

No

period after you last worked,**such as severance pay, pay****in lieu of notice or****termination pay?****Did you work for any**

No

employer(s), whether you**have been paid yet or not?****Earnings for Sunday,****3/1/2020 12:00:00 AM to****Saturday, 3/7/2020****12:00:00 AM**

DOJ-01-0000005404

Weekly Claim - System 4/21/2020 10:00:14 PM

Generated Jun 24 2020

Employer	Hours worked	Gross Earnings:	What is the last day that you worked for .
ERIC R SHIBLEY MD PLLC	0.00	0.00	2/29/2020
ES1 LLC	0.00	0.00	2/29/2020
Did you work in self-employment or casual labor, whether you have been paid yet or not ?			
No			
Have you been or will you be paid for jury duty?			
No			
Did you apply for or receive workers' compensation for an on-the-job injury?			
No			
Other than Social Security, did you apply for or have a change in a retirement plan not previously reported?		Explain This	
No			
Did you begin attending a school or training program?			
No			
Were you physically able and available for work each day of the week?			
Yes			
Did you complete at least one job search activity and keep a written record as required?			
Yes			
You are required to look for work. You must also keep a separate log of your job search activities. We may ask to see your logs at any time. If you don't provide it when we ask, we may deny your benefits, and you may have to repay any benefits you			

DOJ-01-0000005405



Employment Security Department

WASHINGTON STATE
PO Box 9046 Olympia, WA 98507-9046

REQUEST ID: 20-022708-RDU-D5

June 25, 2020

US DEPARTMENT OF JUSTICE
CARLY RUSSELL
1400 NEW YORK AVENUE NW
ROOM 3206
WASHINGTON DC DC 20530

Receive a response within 1 business day by uploading and submitting your request on-line. Go to www.esd.wa.gov/newsroom/public-records

RE: Sarieck Hem
SSN: XXX-XX-9367

The records or information being provided is considered private and confidential under Chapter 50.13 RCW. Any misuse or unauthorized disclosure of the records may subject a person or organization to penalties as prescribed in the cited statute. The records or information provided here have been obtained from the unemployment insurance records maintained by the Employment Security Department.

From January 1, 2017 through June 19, 2020, enclosed are copies of document(s) on file with this office regarding the above named individual's unemployment compensation claim history.

From January 1, 2017 through March 31, 2020, enclosed are printouts showing wages reported by employers in the State of Washington for the above named individual. Records of reported wages are only as current as the date stated above.

Attached is a standard UI/Wage report. Please contact our office if further records are requested.

If I can be of further assistance, please contact me at (844) 766-8930.

Sincerely,

Dan Lockwood

Dan Lockwood
Assistant Records Officer

ESD Use: Response Letter Wage

U.S. v. Shibley
CR20-174 JCC
Government Exhibit No. 88
Admitted _____

DOJ-01-0000005599

STATE OF WASHINGTON

Employment Security Department
Records Disclosure UnitJune 25, 2020
Page 1 of 2**Wages reported by employers in the State of Washington from
1st Quarter of 2017 through the 1st Quarter of 2020.****SUBJECT NAME:** Hem, Sarieck**SSN:** XXX-XX-9367***Most Recent Completed Quarter may not be reported as of this date.*****Employer address may differ from actual employment location.**

Reported Employee Name: Hem Sarieck

Employer Name: METROPOLITAN PARK

Year Quarter: 2019 3 Wages:

Reported Employee Name: HEM SARIECK

Employer Name: B&I CONTRACTORS INC

Year Quarter: 2018 1 Wages:

Employer Name: GREENLEAF LANDSCAPING

Year Quarter: 2018 1 Wages:

Employer Name: PLANTSCAPES INC

Year Quarter: 2018 1 Wages:

Employer Name: LYNEER STAFFING SOLUTIONS, LLC

Year Quarter: 2018 2 Wages:

Employer Name: METROPOLITAN PARK

Year Quarter: 2018 4 Wages:

Year Quarter: 2018 3 Wages:

Year Quarter: 2018 2 Wages:

Completed by: Dan Lockwood**Phone: (844) 766-8930**

Note: The information contained in this document is considered confidential and is subject to agency confidentiality statutes contained in Chapter 50.13 RCW. Any unauthorized use is prohibited and may be subject to penalties as prescribed in the cited statute.

DOJ-01-0000005600

STATE OF WASHINGTON

Employment Security Department
Records Disclosure Unit

June 25, 2020
Page 2 of 2

**Wages reported by employers in the State of Washington from
1st Quarter of 2017 through the 1st Quarter of 2020.**

SUBJECT NAME: Hem, Sarieck

SSN: XXX-XX-9367

***Most Recent Completed Quarter may not be reported as of this date.**

***Employer address may differ from actual employment location.**

Reported Employee Name: HEM SARIECK

Employer Name: B&I CONTRACTORS INC

Year Quarter: 2017 3 Wages:

Year Quarter: 2017 2 Wages:

Year Quarter: 2017 1 Wages:

Employer Name: GREENLEAF LANDSCAPING

Year Quarter: 2017 4 Wages:

Year Quarter: 2017 3 Wages:

Completed by: Dan Lockwood

Phone: (844) 766-8930

Note: The information contained in this document is considered confidential and is subject to agency confidentiality statutes contained in Chapter 50.13 RCW. Any unauthorized use is prohibited and may be subject to penalties as prescribed in the cited statute.

DOJ-01-0000005601



Employment Security Department

WASHINGTON STATE
PO Box 9046 Olympia, WA 98507-9046

REQUEST ID: 20-022705-RDU-D5

June 25, 2020

US DEPARTMENT OF JUSTICE
CARLY RUSSLE
1400 NEW YORK AVENUE NW
ROOM 3206
WASHINGTON DC DC 20530

Receive a response within 1 business day by uploading and submitting your request on-line. Go to www.esd.wa.gov/newsroom/public-records

RE: CARLITA CHAVEZLOPEZ
SSN: XXX-XX-6676

The records or information being provided is considered private and confidential under Chapter 50.13 RCW. Any misuse or unauthorized disclosure of the records may subject a person or organization to penalties as prescribed in the cited statute. The records or information provided here have been obtained from the unemployment insurance records maintained by the Employment Security Department.

From January 1, 2017 through June 19, 2020, enclosed are copies of document(s) on file with this office regarding the above named individual's unemployment compensation claim history.

From January 1, 2017 through March 31, 2020, enclosed are printouts showing wages reported by employers in the State of Washington for the above named individual. Records of reported wages are only as current as the date stated above.

This is a standard UI/Wage report. Please contact our office if there are further records you require.

If I can be of further assistance, please contact me at (844) 766-8930.

Sincerely,

Dan Lockwood

Dan Lockwood
Assistant Records Officer

ESD Use: Response Letter Wage

U.S. v. Shibley
CR20-174 JCC
Government Exhibit No. 89
Admitted _____

DOJ-01-0000005603

STATE OF WASHINGTON

Employment Security Department
Records Disclosure Unit

June 25, 2020
Page 1 of 1

**Wages reported by employers in the State of Washington from
1st Quarter of 2017 through the 1st Quarter of 2020.**

SUBJECT NAME: CHAVEZLOPEZ, CARLITA

SSN: XXX-XX-6676

***Most Recent Completed Quarter may not be reported as of this date.**

***Employer address may differ from actual employment location.**

Reported Employee Name: CHAVEZLOPEZ CARLITA

Employer Name: WIRELESS AUTHORITY

Year Quarter: 2018 3 Wages:

Year Quarter: 2018 2 Wages:

Year Quarter: 2018 1 Wages:

Employer Name: ROK TELECOM #1, LLC

Year Quarter: 2018 4 Wages:

Completed by: Dan Lockwood

Phone: (844) 766-8930

Note: The information contained in this document is considered confidential and is subject to agency confidentiality statutes contained in Chapter 50.13 RCW. Any unauthorized use is prohibited and may be subject to penalties as prescribed in the cited statute.

DOJ-01-0000005604

Unemployment Payment History

STATE OF WASHINGTON

Employment Security Department
Records Disclosure Unit

June 25, 2020
Page 1 of 4

Unemployment payment history from January 1, 2017 through June 19, 2020.

SUBJECT NAME: CARLITA CHAVEZLOPEZ

SSN: XXX-XX-6676

Benefit History for Claim with BYE Date of **03-20-21**

On this report week claimed only shows if payment was issued for a given week. No weekly information will be shown if individual claimed for a given week but no payment was issued (i.e. wait week, disqualified, excess earning, or any other reason why payment not issued).

Benefit Year Ending (BYE) Date: **03-20-21**

Application Date: 04-13-20

Maximum Benefits Payable (MBP): \$0.00

Weekly Benefit Allowance (WBA): \$0.00

New Balance Available (NBA): \$0.00

Note: The information contained in this document is considered confidential and is subject to agency confidentiality statutes contained in Chapter 50.13 RCW. Any unauthorized use is prohibited and may be subject to penalties as prescribed in the cited statute.

Completed by: Dan Lockwood

Phone: (360) 725-9940

DOJ-01-0000005605

Unemployment Payment History

STATE OF WASHINGTON

Employment Security Department
Records Disclosure Unit

June 25, 2020
Page 2 of 4

Unemployment payment history from January 1, 2017 through June 19, 2020.

SUBJECT NAME: CARLITA CHAVEZLOPEZ

SSN: XXX-XX-6676

Benefit History for Claim with BYE Date of **12-26-20**

On this report week claimed only shows if payment was issued for a given week. No weekly information will be shown if individual claimed for a given week but no payment was issued (i.e. wait week, disqualified, excess earning, or any other reason why payment not issued).

Benefit Year Ending (BYE) Date: **12-26-20**

Application Date: 04-22-20

Maximum Benefits Payable (MBP): \$9,165.00

Weekly Benefit Allowance (WBA): \$235.00

New Balance Available (NBA): \$9,165.00

Note: The information contained in this document is considered confidential and is subject to agency confidentiality statutes contained in Chapter 50.13 RCW. Any unauthorized use is prohibited and may be subject to penalties as prescribed in the cited statute.

Completed by: Dan Lockwood

Phone: (360) 725-9940

DOJ-01-0000005606

Unemployment Payment History

STATE OF WASHINGTON

Employment Security Department
Records Disclosure Unit

June 25, 2020
Page 3 of 4

Unemployment payment history from January 1, 2017 through June 19, 2020.

SUBJECT NAME: CARLITA CHAVEZLOPEZ

SSN: XXX-XX-6676

Benefit History for Claim with BYE Date of 12-14-19

On this report week claimed only shows if payment was issued for a given week. No weekly information will be shown if individual claimed for a given week but no payment was issued (i.e. wait week, disqualified, excess earning, or any other reason why payment not issued).

Benefit Year Ending (BYE) Date: 12-14-19

Application Date:	12-19-18	Maximum Benefits Payable (MBP):	\$5,461.00
		Weekly Benefit Allowance (WBA):	\$268.00
		New Balance Available (NBA):	\$0.00
Application Date:	12-19-18	Maximum Benefits Payable (MBP):	\$3,484.00
		Weekly Benefit Allowance (WBA):	\$268.00
		New Balance Available (NBA):	\$3,484.00

Benefit Week Ending	Payment Issued	Date Issued
05-18-19	\$101.00	05-19-19
05-11-19	\$268.00	05-12-19
05-04-19	\$268.00	05-06-19
04-27-19	\$268.00	04-29-19
04-20-19	\$268.00	04-25-19
04-13-19	\$268.00	04-15-19
04-06-19	\$268.00	04-08-19
03-30-19	\$268.00	04-01-19
03-23-19	\$268.00	03-25-19
03-16-19	\$268.00	03-19-19
03-09-19	\$268.00	03-11-19
03-02-19	\$268.00	03-04-19
02-23-19	\$268.00	02-25-19
02-16-19	\$268.00	02-17-19
02-09-19	\$268.00	02-11-19

Note: The information contained in this document is considered confidential and is subject to agency confidentiality statutes contained in Chapter 50.13 RCW. Any unauthorized use is prohibited and may be subject to penalties as prescribed in the cited statute.

Completed by: Dan Lockwood

Phone: (360) 725-9940

DOJ-01-0000005607

Unemployment Payment History

STATE OF WASHINGTON

Employment Security Department
Records Disclosure Unit

June 25, 2020

Page 4 of 4

Unemployment payment history from January 1, 2017 through June 19, 2020.

SUBJECT NAME: CARLITA CHAVEZLOPEZ

SSN: XXX-XX-6676

Benefit History for Claim with BYE Date of 12-14-19

On this report week claimed only shows if payment was issued for a given week. No weekly information will be shown if individual claimed for a given week but no payment was issued (i.e. wait week, disqualified, excess earning, or any other reason why payment not issued).

02-02-19	\$268.00	02-04-19
01-26-19	\$268.00	01-28-19
01-19-19	\$268.00	01-21-19
01-12-19	\$268.00	01-14-19
01-05-19	\$268.00	01-11-19
12-29-18	\$268.00	01-10-19

Note: The information contained in this document is considered confidential and is subject to agency confidentiality statutes contained in Chapter 50.13 RCW. Any unauthorized use is prohibited and may be subject to penalties as prescribed in the cited statute.

Completed by: Dan Lockwood

Phone: (360) 725-9940

DOJ-01-0000005608



Employment Security Department

WASHINGTON STATE
PO Box 9046 Olympia, WA 98507-9046

REQUEST ID: 20-022701-RDU-D1

June 25, 2020

US DEPARTMENT OF JUSTICE
CARLY RUSSLE
1400 NEW YORK AVENUE NW
ROOM 3206
WASHINGTON DC DC 20530

Receive a response within 1 business day by uploading and submitting your request on-line. Go to www.esd.wa.gov/newsroom/public-records

RE: SAM MORGAN
SSN: XXX-XX-3218

The records or information being provided is considered private and confidential under Chapter 50.13 RCW. Any misuse or unauthorized disclosure of the records may subject a person or organization to penalties as prescribed in the cited statute. The records or information provided here have been obtained from the unemployment insurance records maintained by the Employment Security Department.

From January 1, 2017 through June 19, 2020, our records show the above named individual did not receive a payment for unemployment insurance benefits.

From January 1, 2017 through March 31, 2020, our records fail to show any wages being reported by employer(s) in the State of Washington for the above named individual. Records of reported wages are only as current as the date stated above.

If I can be of further assistance, please contact me at (844) 766-8930.

Sincerely,

Dan Lockwood

Dan Lockwood
Assistant Records Officer

ESD Use: Response Letter Wage

U.S. v. Shibley
CR20-174 JCC
Government Exhibit No. 90
Admitted _____

DOJ-01-0000005609

STATE OF WASHINGTON

Employment Security Department
Records Disclosure Unit

June 25, 2020
Page 1 of 1

**No wages reported for the
1st Quarter of 2017 through the 1st Quarter of 2020.**

SUBJECT NAME: MORGAN, SAM

SSN: XXX-XX-3218

***Most Recent Completed Quarter may not be reported as of this date.**

***Employer address may differ from actual employment location.**

Reported Employee Name:

Employer Name:

Street:

City, State ZIP:

Year Quarter:

Wages:

Hours:

Completed by: Dan Lockwood

Phone: (844) 766-8930

Note: The information contained in this document is considered confidential and is subject to agency confidentiality statutes contained in Chapter 50.13 RCW. Any unauthorized use is prohibited and may be subject to penalties as prescribed in the cited statute.

DOJ-01-0000005610

Unemployment Payment History

STATE OF WASHINGTON

Employment Security Department
Records Disclosure Unit

June 25, 2020
Page 1 of 1

Unemployment payment history from January 1, 2017 through June 19, 2020.

SUBJECT NAME: SAM MORGAN

SSN: XXX-XX-3218

Benefit History for Claim with BYE Date of

On this report week claimed only shows if payment was issued for a given week. No weekly information will be shown if individual claimed for a given week but no payment was issued (i.e. wait week, disqualified, excess earning, or any other reason why payment not issued).

Benefit Year Ending (BYE) Date:

Application Date:

Maximum Benefits Payable (MBP):

Weekly Benefit Allowance (WBA):

New Balance Available (NBA):

Note: The information contained in this document is considered confidential and is subject to agency confidentiality statutes contained in Chapter 50.13 RCW. Any unauthorized use is prohibited and may be subject to penalties as prescribed in the cited statute.

Completed by: Dan Lockwood

Phone: (360) 725-9940

DOJ-01-0000005611



Employment Security Department

WASHINGTON STATE
PO Box 9046 Olympia, WA 98507-9046

REQUEST ID: 20-022707-RDU-D5

June 25, 2020

US DEPARTMENT OF JUSTICE
CARLY RUSSLE
1400 NEW YORK AVENUE NW
ROOM 3206
WASHINGTON DC DC 20530

Receive a response within 1 business day by uploading and submitting your request on-line. Go to www.esd.wa.gov/newsroom/public-records

RE: JEROME MUNA
SSN: XXX-XX-3416

The records or information being provided is considered private and confidential under Chapter 50.13 RCW. Any misuse or unauthorized disclosure of the records may subject a person or organization to penalties as prescribed in the cited statute. The records or information provided here have been obtained from the unemployment insurance records maintained by the Employment Security Department.

From January 1, 2017 through June 19, 2020, enclosed are copies of document(s) on file with this office regarding the above named individual's unemployment compensation claim history.

From January 1, 2017 through March 31, 2020, enclosed are printouts showing wages reported by employers in the State of Washington for the above named individual. Records of reported wages are only as current as the date stated above.

Attached is a standard UI/Wage report. Please contact our office if further records are requested.

If I can be of further assistance, please contact me at (844) 766-8930.

Sincerely,

Dan Lockwood

Dan Lockwood
Assistant Records Officer

ESD Use: Response Letter Wage

STATE OF WASHINGTON

Employment Security Department
Records Disclosure Unit

June 25, 2020
Page 1 of 1

**Wages reported by employers in the State of Washington from
1st Quarter of 2017 through the 1st Quarter of 2020.**

SUBJECT NAME: MUNA, JEROME

SSN: XXX-XX-3416

***Most Recent Completed Quarter may not be reported as of this date.**

***Employer address may differ from actual employment location.**

Reported Employee Name: MUNA JEROME

Employer Name: TOKYO JAPANESE STEAK

Year Quarter: 2020 1 Wages:

Reported Employee Name: Muna Jerome

Employer Name: TOKYO JAPANESE STEAK

Year Quarter: 2019 4 Wages:

Year Quarter: 2019 3 Wages:

Year Quarter: 2019 2 Wages:

Year Quarter: 2019 1 Wages:

Reported Employee Name: Muna Jerome

Employer Name: TOKYO JAPANESE STEAK

Year Quarter: 2018 4 Wages:

Year Quarter: 2018 3 Wages:

Reported Employee Name: Muna Jerome

Employer Name: TOKYO JAPANESE STEAK

Year Quarter: 2017 3 Wages:

Year Quarter: 2017 2 Wages:

Year Quarter: 2017 1 Wages:

Completed by: Dan Lockwood

Phone: (844) 766-8930

Note: The information contained in this document is considered confidential and is subject to agency confidentiality statutes contained in Chapter 50.13 RCW. Any unauthorized use is prohibited and may be subject to penalties as prescribed in the cited statute.

DOJ-01-0000005613

Unemployment Payment History

STATE OF WASHINGTON

Employment Security Department
Records Disclosure Unit

June 25, 2020

Page 1 of 3

Unemployment payment history from January 1, 2017 through June 19, 2020.

SUBJECT NAME: JEROME MUNA

SSN: XXX-XX-3416

Benefit History for Claim with BYE Date of 04-10-21

On this report week claimed only shows if payment was issued for a given week. No weekly information will be shown if individual claimed for a given week but no payment was issued (i.e. wait week, disqualified, excess earning, or any other reason why payment not issued).

Benefit Year Ending (BYE) Date: 04-10-21

Application Date: 04-14-20

Maximum Benefits Payable (MBP): \$14,664.00

Weekly Benefit Allowance (WBA): \$564.00

New Balance Available (NBA): \$9,588.00

Benefit Week Ending	Payment Issued	Date Issued
06-13-20	\$564.00	06-17-20
06-13-20	\$600.00	06-17-20
06-06-20	\$600.00	06-11-20
06-06-20	\$564.00	06-11-20
05-30-20	\$600.00	06-11-20
05-30-20	\$564.00	06-11-20
05-23-20	\$600.00	06-11-20
05-23-20	\$564.00	06-11-20
05-16-20	\$600.00	06-11-20
05-16-20	\$564.00	06-11-20
05-09-20	\$564.00	05-10-20
05-09-20	\$600.00	05-10-20
05-02-20	\$600.00	05-06-20
05-02-20	\$564.00	05-06-20
04-25-20	\$600.00	05-01-20
04-25-20	\$564.00	05-01-20
04-18-20	\$564.00	04-22-20
04-18-20	\$600.00	04-22-20

Note: The information contained in this document is considered confidential and is subject to agency confidentiality statutes contained in Chapter 50.13 RCW. Any unauthorized use is prohibited and may be subject to penalties as prescribed in the cited statute.

Completed by: Dan Lockwood

Phone: (360) 725-9940

DOJ-01-0000005614



Employment Security Department

WASHINGTON STATE
PO Box 9046 Olympia, WA 98507-9046

REQUEST ID: 20-022698-RDU-D5

June 25, 2020

US DEPARTMENT OF JUSTICE
CARLY RUSSLE
1400 NEW YORK AVENUE NW
ROOM 3206
WASHINGTON DC DC 20530

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RE: ERIC PULA
SSN: XXX-XX-2825

The records or information being provided is considered private and confidential under Chapter 50.13 RCW. Any misuse or unauthorized disclosure of the records may subject a person or organization to penalties as prescribed in the cited statute. The records or information provided here have been obtained from the unemployment insurance records maintained by the Employment Security Department.

From January 1, 2017 through June 19, 2020, our records show the above named individual did not receive a payment for unemployment insurance benefits.

From January 1, 2017 through March 31, 2020, enclosed are printouts showing wages reported by employers in the State of Washington for the above named individual. Records of reported wages are only as current as the date stated above.

If I can be of further assistance, please contact me at (844) 766-8930.

Sincerely,

Dan Lockwood

Dan Lockwood
Assistant Records Officer

ESD Use: Response Letter Wage

U.S. v. Shibley
CR20-174 JCC
Government Exhibit No. 92
Admitted _____

DOJ-01-0000005617

STATE OF WASHINGTON

Employment Security Department
Records Disclosure Unit

June 25, 2020
Page 1 of 1

**Wages reported by employers in the State of Washington from
1st Quarter of 2017 through the 1st Quarter of 2020.**

SUBJECT NAME: PULA, ERIC

SSN: XXX-XX-2825

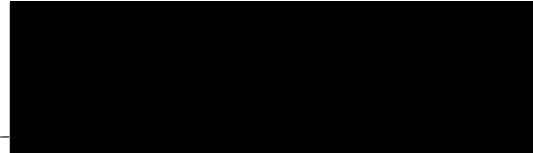
***Most Recent Completed Quarter may not be reported as of this date.**

***Employer address may differ from actual employment location.**

Reported Employee Name: PULA ERIC

Employer Name: HONG KONG SUPERMARKET

Year Quarter: 2017 4 Wages:



Completed by: Dan Lockwood

Phone: (844) 766-8930

Note: The information contained in this document is considered confidential and is subject to agency confidentiality statutes contained in Chapter 50.13 RCW. Any unauthorized use is prohibited and may be subject to penalties as prescribed in the cited statute.

Unemployment Payment History

STATE OF WASHINGTON

Employment Security Department
Records Disclosure Unit

June 25, 2020
Page 1 of 1

Unemployment payment history from January 1, 2017 through June 19, 2020.

SUBJECT NAME: ERIC PULA

SSN: XXX-XX-2825

Benefit History for Claim with BYE Date of

On this report week claimed only shows if payment was issued for a given week. No weekly information will be shown if individual claimed for a given week but no payment was issued (i.e. wait week, disqualified, excess earning, or any other reason why payment not issued).

Benefit Year Ending (BYE) Date:

Application Date:

Maximum Benefits Payable (MBP):

Weekly Benefit Allowance (WBA):

New Balance Available (NBA):

Note: The information contained in this document is considered confidential and is subject to agency confidentiality statutes contained in Chapter 50.13 RCW. Any unauthorized use is prohibited and may be subject to penalties as prescribed in the cited statute.

Completed by: Dan Lockwood

Phone: (360) 725-9940

DOJ-01-0000005619



Employment Security Department

WASHINGTON STATE
PO Box 9046 Olympia, WA 98507-9046

REQUEST ID: 20-022700-RDU-D5

June 25, 2020

US DEPARTMENT OF JUSTICE
CARLY RUSSLE
1400 NEW YORK AVENUE NW
ROOM 3206
WASHINGTON DC DC 20530

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RE: Ronald Reel
SSN: XXX-XX-2237

The records or information being provided is considered private and confidential under Chapter 50.13 RCW. Any misuse or unauthorized disclosure of the records may subject a person or organization to penalties as prescribed in the cited statute. The records or information provided here have been obtained from the unemployment insurance records maintained by the Employment Security Department.

From January 1, 2017 through June 19, 2020, our records show the above named individual did not receive a payment for unemployment insurance benefits.

From January 1, 2017 through March 31, 2020, enclosed are printouts showing wages reported by employers in the State of Washington for the above named individual. Records of reported wages are only as current as the date stated above.

If I can be of further assistance, please contact me at (844) 766-8930.

Sincerely,

Dan Lockwood

Dan Lockwood
Assistant Records Officer

ESD Use: Response Letter Wage

STATE OF WASHINGTON

Employment Security Department
Records Disclosure Unit

June 25, 2020
Page 1 of 2

**Wages reported by employers in the State of Washington from
1st Quarter of 2017 through the 1st Quarter of 2020.**

SUBJECT NAME: Reel, Ronald

SSN: XXX-XX-2237

***Most Recent Completed Quarter may not be reported as of this date.**

***Employer address may differ from actual employment location.**

Reported Employee Name: Reel Ronald

Employer Name: BARONA ENTERPRISES

Year Quarter: 2019 3 Wages:

Reported Employee Name: REEL RONALD

Employer Name: BURIEN GROCERY OUTLET

Year Quarter: 2018 3 Wages:

Employer Name: BOTHELL HEALTH CARE

Year Quarter: 2018 2 Wages:

Employer Name: THE LOOSE WHEEL PUYALLUPS PITST

Year Quarter: 2018 1 Wages:

Completed by: Dan Lockwood

Phone: (844) 766-8930

Note: The information contained in this document is considered confidential and is subject to agency confidentiality statutes contained in Chapter 50.13 RCW. Any unauthorized use is prohibited and may be subject to penalties as prescribed in the cited statute.

DOJ-01-0000005621

STATE OF WASHINGTON

Employment Security Department
Records Disclosure Unit

June 25, 2020
Page 2 of 2

**Wages reported by employers in the State of Washington from
1st Quarter of 2017 through the 1st Quarter of 2020.**

SUBJECT NAME: Reel, Ronald

SSN: XXX-XX-2237

***Most Recent Completed Quarter may not be reported as of this date.**

***Employer address may differ from actual employment location.**

Reported Employee Name: REEL RONALD

Employer Name: BIG LOTS

Year Quarter: 2017 3 Wages:

Employer Name: THE BUTCHER & THE BAKER

Year Quarter: 2017 3 Wages:

Employer Name: CLASSIC CATERING NW

Year Quarter: 2017 2 Wages:

Year Quarter: 2017 1 Wages:

Employer Name: TUKWILA SUPER SAVER FOODS

Year Quarter: 2017 4 Wages:

Completed by: Dan Lockwood

Phone: (844) 766-8930

Note: The information contained in this document is considered confidential and is subject to agency confidentiality statutes contained in Chapter 50.13 RCW. Any unauthorized use is prohibited and may be subject to penalties as prescribed in the cited statute.

DOJ-01-0000005622

Unemployment Payment History

STATE OF WASHINGTON

Employment Security Department
Records Disclosure Unit

June 25, 2020

Page 1 of 1

Unemployment payment history from January 1, 2017 through June 19, 2020.

SUBJECT NAME: RONALD REEL

SSN: XXX-XX-2237

Benefit History for Claim with BYE Date of

On this report week claimed only shows if payment was issued for a given week. No weekly information will be shown if individual claimed for a given week but no payment was issued (i.e. wait week, disqualified, excess earning, or any other reason why payment not issued).

Benefit Year Ending (BYE) Date:

Application Date:

Maximum Benefits Payable (MBP):

Weekly Benefit Allowance (WBA):

New Balance Available (NBA):

Note: The information contained in this document is considered confidential and is subject to agency confidentiality statutes contained in Chapter 50.13 RCW. Any unauthorized use is prohibited and may be subject to penalties as prescribed in the cited statute.

Completed by: Dan Lockwood

Phone: (360) 725-9940

DOJ-01-0000005623



Employment Security Department

WASHINGTON STATE
PO Box 9046 Olympia, WA 98507-9046

REQUEST ID: 20-022699-RDU-D4

June 25, 2020

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CARLY RUSSELL
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ROOM 3206
WASHINGTON DC DC 20530

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RE: David Sandoval
SSN: XXX-XX-0074

The records or information being provided is considered private and confidential under Chapter 50.13 RCW. Any misuse or unauthorized disclosure of the records may subject a person or organization to penalties as prescribed in the cited statute. The records or information provided here have been obtained from the unemployment insurance records maintained by the Employment Security Department.

From January 1, 2017 through June 19, 2020, our records show the above named individual did not receive a payment for unemployment insurance benefits.

From January 1, 2017 through March 31, 2020, enclosed are printouts showing wages reported by employers in the State of Washington for the above named individual. Records of reported wages are only as current as the date stated above.

Unable to provide a signed records affidavit certifying the record under current working circumstances.

If I can be of further assistance, please contact me at (844) 766-8930.

Sincerely,

Dan Lockwood

Dan Lockwood
Assistant Records Officer

ESD Use: Response Letter Wage

U.S. v. Shibley
CR20-174 JCC
Government Exhibit No. 94
Admitted _____

DOJ-01-0000005624

STATE OF WASHINGTON

Employment Security Department
Records Disclosure Unit

June 25, 2020
Page 1 of 1

**Wages reported by employers in the State of Washington from
1st Quarter of 2017 through the 1st Quarter of 2020.**

SUBJECT NAME: Sandoval, David

SSN: XXX-XX-0074

***Most Recent Completed Quarter may not be reported as of this date.**

***Employer address may differ from actual employment location.**

Reported Employee Name: Sandoval David

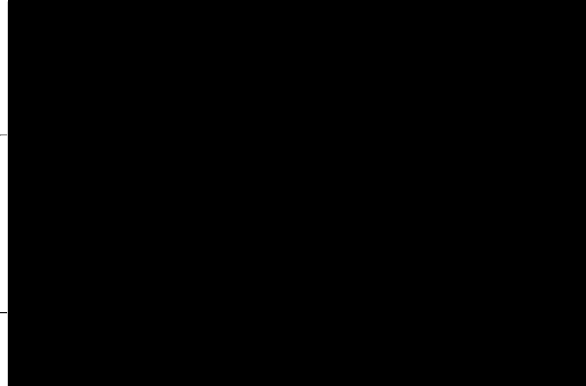
Employer Name: IMPERIAL FORCES INC

Year Quarter: 2018 2 Wages:

Reported Employee Name: Sandoval David

Employer Name: IMPERIAL FORCES INC

Year Quarter: 2017 1 Wages:



Completed by: Dan Lockwood

Phone: (844) 766-8930

Note: The information contained in this document is considered confidential and is subject to agency confidentiality statutes contained in Chapter 50.13 RCW. Any unauthorized use is prohibited and may be subject to penalties as prescribed in the cited statute.

Unemployment Payment History

STATE OF WASHINGTON

Employment Security Department
Records Disclosure Unit

June 25, 2020
Page 1 of 1

Unemployment payment history from January 1, 2017 through June 19, 2020.

SUBJECT NAME: DAVID SANDOVAL

SSN: XXX-XX-0074

Benefit History for Claim with BYE Date of

On this report week claimed only shows if payment was issued for a given week. No weekly information will be shown if individual claimed for a given week but no payment was issued (i.e. wait week, disqualified, excess earning, or any other reason why payment not issued).

Benefit Year Ending (BYE) Date:

Application Date:

Maximum Benefits Payable (MBP):

Weekly Benefit Allowance (WBA):

New Balance Available (NBA):

Note: The information contained in this document is considered confidential and is subject to agency confidentiality statutes contained in Chapter 50.13 RCW. Any unauthorized use is prohibited and may be subject to penalties as prescribed in the cited statute.

Completed by: Dan Lockwood

Phone: (360) 725-9940

DOJ-01-0000005626



Employment Security Department

WASHINGTON STATE
PO Box 9046 Olympia, WA 98507-9046

REQUEST ID: 20-022709-RDU-D5

June 25, 2020

US DEPARTMENT OF JUSTICE
CARLY RUSSELL
1400 NEW YORK AVENUE NW
ROOM 3206
WASHINGTON DC DC 20530

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RE: RONISHA SMITH
SSN: XXX-XX-0350

The records or information being provided is considered private and confidential under Chapter 50.13 RCW. Any misuse or unauthorized disclosure of the records may subject a person or organization to penalties as prescribed in the cited statute. The records or information provided here have been obtained from the unemployment insurance records maintained by the Employment Security Department.

From January 1, 2017 through June 19, 2020, our records show the above named individual did not receive a payment for unemployment insurance benefits.

From January 1, 2017 through March 31, 2020, our records fail to show any wages being reported by employer(s) in the State of Washington for the above named individual. Records of reported wages are only as current as the date stated above.

Unable to provide a signed records affidavit certifying the record under current working circumstances.

If I can be of further assistance, please contact me at (844) 766-8930.

Sincerely,

Dan Lockwood

Dan Lockwood
Assistant Records Officer

ESD Use: Response Letter Wage

U.S. v. Shibley
CR20-174 JCC
Government Exhibit No. 95
Admitted _____

DOJ-01-0000005627

STATE OF WASHINGTON

Employment Security Department
Records Disclosure Unit

June 25, 2020
Page 1 of 1

**No wages reported for the
1st Quarter of 2017 through the 1st Quarter of 2020.**

SUBJECT NAME: SMITH, RONISHA

SSN: XXX-XX-0350

***Most Recent Completed Quarter may not be reported as of this date.**

***Employer address may differ from actual employment location.**

Reported Employee Name:

Employer Name:

Street:

City, State ZIP:

Year Quarter:

Wages:

Hours:

Completed by: Dan Lockwood

Phone: (844) 766-8930

Note: The information contained in this document is considered confidential and is subject to agency confidentiality statutes contained in Chapter 50.13 RCW. Any unauthorized use is prohibited and may be subject to penalties as prescribed in the cited statute.

Unemployment Payment History

STATE OF WASHINGTON

Employment Security Department
Records Disclosure Unit

June 25, 2020
Page 1 of 1

Unemployment payment history from January 1, 2017 through June 19, 2020.

SUBJECT NAME: RONISHA SMITH

SSN: XXX-XX-0350

Benefit History for Claim with BYE Date of

On this report week claimed only shows if payment was issued for a given week. No weekly information will be shown if individual claimed for a given week but no payment was issued (i.e. wait week, disqualified, excess earning, or any other reason why payment not issued).

Benefit Year Ending (BYE) Date:

Application Date:

Maximum Benefits Payable (MBP):

Weekly Benefit Allowance (WBA):

New Balance Available (NBA):

Note: The information contained in this document is considered confidential and is subject to agency confidentiality statutes contained in Chapter 50.13 RCW. Any unauthorized use is prohibited and may be subject to penalties as prescribed in the cited statute.

Completed by: Dan Lockwood

Phone: (360) 725-9940

DOJ-01-0000005629



Employment Security Department

WASHINGTON STATE
PO Box 9046 Olympia, WA 98507-9046

REQUEST ID: 20-022697-RDU-D5

June 25, 2020

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CARLY RUSSLE
1400 NEW YORK AVENUE NW
ROOM 3206
WASHINGTON DC DC 20530

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RE: MATAESE TELA
SSN: XXX-XX-9664

The records or information being provided is considered private and confidential under Chapter 50.13 RCW. Any misuse or unauthorized disclosure of the records may subject a person or organization to penalties as prescribed in the cited statute. The records or information provided here have been obtained from the unemployment insurance records maintained by the Employment Security Department.

From January 1, 2017 through June 19, 2020, our records show the above named individual did not receive a payment for unemployment insurance benefits.

From January 1, 2017 through March 31, 2020, our records fail to show any wages being reported by employer(s) in the State of Washington for the above named individual. Records of reported wages are only as current as the date stated above.

Unable to provide a signed records affidavit certifying the record under current working circumstances.

If I can be of further assistance, please contact me at (844) 766-8930.

Sincerely,

Dan Lockwood

Dan Lockwood
Assistant Records Officer

ESD Use: Response Letter Wage

U.S. v. Shibley
CR20-174 JCC
Government Exhibit No. 96
Admitted _____

DOJ-01-0000005630

STATE OF WASHINGTON

Employment Security Department
Records Disclosure Unit

June 25, 2020
Page 1 of 1

**No wages reported for the
1st Quarter of 2017 through the 1st Quarter of 2020.**

SUBJECT NAME: TELA. MATAESE

SSN: XXX-XX-9664

***Most Recent Completed Quarter may not be reported as of this date.**

***Employer address may differ from actual employment location.**

Reported Employee Name:

Employer Name:

Street:

City, State ZIP:

Year Quarter:

Wages:

Hours:

Completed by: Dan Lockwood

Phone: (844) 766-8930

Note: The information contained in this document is considered confidential and is subject to agency confidentiality statutes contained in Chapter 50.13 RCW. Any unauthorized use is prohibited and may be subject to penalties as prescribed in the cited statute.

DOJ-01-0000005631

Unemployment Payment History

STATE OF WASHINGTON

Employment Security Department
Records Disclosure Unit

June 25, 2020

Page 1 of 1

Unemployment payment history from January 1, 2017 through June 19, 2020.

SUBJECT NAME: MATAESE TELA

SSN: XXX-XX-9664

Benefit History for Claim with BYE Date of

On this report week claimed only shows if payment was issued for a given week. No weekly information will be shown if individual claimed for a given week but no payment was issued (i.e. wait week, disqualified, excess earning, or any other reason why payment not issued).

Benefit Year Ending (BYE) Date:

Application Date:

Maximum Benefits Payable (MBP):

Weekly Benefit Allowance (WBA):

New Balance Available (NBA):

Note: The information contained in this document is considered confidential and is subject to agency confidentiality statutes contained in Chapter 50.13 RCW. Any unauthorized use is prohibited and may be subject to penalties as prescribed in the cited statute.

Completed by: Dan Lockwood

Phone: (360) 725-9940

DOJ-01-0000005632



Employment Security Department

WASHINGTON STATE
PO Box 9046 Olympia, WA 98507-9046

REQUEST ID: 20-022706-RDU-D5

June 25, 2020

US DEPARTMENT OF JUSTICE
CARLY RUSSELL
1400 NEW YORK AVENUE NW
ROOM 3206
WASHINGTON DC DC 20530

Receive a response within 1 business day by uploading and submitting your request on-line. Go to www.esd.wa.gov/newsroom/public-records

RE: LISA VELOTTA
SSN: XXX-XX-0046

The records or information being provided is considered private and confidential under Chapter 50.13 RCW. Any misuse or unauthorized disclosure of the records may subject a person or organization to penalties as prescribed in the cited statute. The records or information provided here have been obtained from the unemployment insurance records maintained by the Employment Security Department.

From January 1, 2017 through June 19, 2020, enclosed are copies of document(s) on file with this office regarding the above named individual's unemployment compensation claim history.

From January 1, 2017 through March 31, 2020, enclosed are printouts showing wages reported by employers in the State of Washington for the above named individual. Records of reported wages are only as current as the date stated above.

Attached is a standard UI/Wage report. Please contact our office if further records are requested.

If I can be of further assistance, please contact me at (844) 766-8930.

Sincerely,

Dan Lockwood

Dan Lockwood
Assistant Records Officer

ESD Use: Response Letter Wage

STATE OF WASHINGTON

Employment Security Department
Records Disclosure Unit

June 25, 2020
Page 1 of 2

**Wages reported by employers in the State of Washington from
1st Quarter of 2017 through the 1st Quarter of 2020.**

SUBJECT NAME: VELOTTA, LISA

SSN: XXX-XX-0046

***Most Recent Completed Quarter may not be reported as of this date.**

***Employer address may differ from actual employment location.**

Reported Employee Name: VELOTTA LISA

Employer Name: PACIFIC MEDICAL CENTERS-PUYALLUP

Year Quarter: 2020 1 Wages:

Reported Employee Name: VELOTTA LISA

Employer Name: PACIFIC MEDICAL CENTERS-PUYALLUP

Year Quarter: 2019 4 Wages:

Year Quarter: 2019 3 Wages:

Year Quarter: 2019 2 Wages:

Year Quarter: 2019 1 Wages:

Employer Name: STEEB VS OVERLAKE HOSPITAL MEDIC

Year Quarter: 2019 2 Wages:

Reported Employee Name: VELOTTA LISA

Employer Name: PACIFIC MEDICAL CENTERS-PUYALLUP

Year Quarter: 2018 4 Wages:

Year Quarter: 2018 3 Wages:

Year Quarter: 2018 2 Wages:

Year Quarter: 2018 1 Wages:

Completed by: Dan Lockwood

Phone: (844) 766-8930

Note: The information contained in this document is considered confidential and is subject to agency confidentiality statutes contained in Chapter 50.13 RCW. Any unauthorized use is prohibited and may be subject to penalties as prescribed in the cited statute.

DOJ-01-0000005634

STATE OF WASHINGTON

Employment Security Department
Records Disclosure Unit

June 25, 2020
Page 2 of 2

**Wages reported by employers in the State of Washington from
1st Quarter of 2017 through the 1st Quarter of 2020.**

SUBJECT NAME: VELOTTA, LISA

SSN: XXX-XX-0046

***Most Recent Completed Quarter may not be reported as of this date.**

***Employer address may differ from actual employment location.**

Reported Employee Name: Velotta Lisa

Employer Name: PACIFIC MEDICAL CENTERS-PUYALLUP

Year Quarter: 2017 4 Wages:

Employer Name: OVERLAKE HOSPITAL

Year Quarter: 2017 3 Wages:

Year Quarter: 2017 2 Wages:

Year Quarter: 2017 1 Wages:

Completed by: Dan Lockwood

Phone: (844) 766-8930

Note: The information contained in this document is considered confidential and is subject to agency confidentiality statutes contained in Chapter 50.13 RCW. Any unauthorized use is prohibited and may be subject to penalties as prescribed in the cited statute.

DOJ-01-0000005635

**Employment Security Department**

WASHINGTON STATE

P.O. Box 9046, Olympia, WA 98507

33188

Date: Apr 2 2020

Letter ID: L0014697878

ESI LLC
4700 36TH AVE SW
SEATTLE WA 98126-2716

Re: ERIC SHIBLEY

SSN: [REDACTED]-5264

URGENT DATA REQUEST

Your current or former employee has applied for unemployment benefits. We need the wage information described to determine his/her eligibility as soon as possible. Your prompt and accurate reply will help the Department make a timely eligibility decision.

We will compare the figures to your quarterly wage report due later this quarter.

Current or Former Employee: ERIC SHIBLEY

ES Reference #:

Correct ES Reference # here: _____

Social Security Number: [REDACTED] 5264

Corrected SSN, if number at left is wrong _____

First Quarter Wages
Jan, Feb, Mar 2020

\$ 20,500
Gross Wages paid to this person from
Jan, Feb, Mar 2020
(this should match your quarterly wage report)

First Quarter Hours
To be listed on this quarterly report

680 hrs
Hours worked by this person

Will the wages above be reported to the State of Washington for Unemployment Insurance Tax purposes?

Yes ☒ No ☐

If not, which state will these wages be reported? _____

Sign in to esd.wa.gov to submit wage reports, pay unemployment taxes and manage your account.
Find your next employee at WorkSourceWA.com. Explore other useful employer resources at esd.wa.gov.

ALTERNATE BASE WAGE REQUEST

Page: 1 of 2

U.S. v. Shibley
CR20-174 JCC
Government Exhibit No. 98
Admitted _____

DOJ-01-0000005325

<u>Erik Shibley</u> Your Name	<u>Manager</u> Title
<u>206-938-4291</u> Telephone #	<u>4/7/2020</u> Date

URGENT:

Please provide the wage information requested and return form as soon as possible.

Fax to 1-800-794-7657 OR mail to:

Unemployment Insurance Tax & Wage
Administration
P.O. Box 9046
Olympia, WA, 98507-9046.

Employment Security Use Only

Date ABY Wages Keyed: _____ **Staff ID:** _____

Sign in to esd.wa.gov to submit wage reports, pay unemployment taxes and manage your account.
Find your next employee at WorkSourceWA.com. Explore other useful employer resources at esd.wa.gov.

ALTERNATE BASE WAGE REQUEST

Page: 2 of 2

DOJ-01-0000005326

81

From,
ESI LLC
4700 36th Ave SW
Seattle WA 98126

SEATTLE WA 980

03 APR 2020 PM 6 L



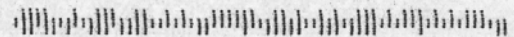
Celebrating the
50th Anniversary
Earth Day
1970-2020

USA Forever

To,
Unemployment Insurance
Tax & Wage Admin.
PO Box 9046
Olympia, WA 98507
-9046

0502201027_129

98507-904646



DOJ-01-0000005327

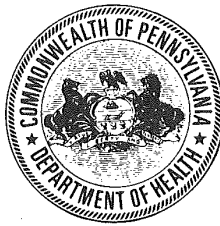


U.S. v. Shibley
CR20-174 JCC
Government Exhibit No. 100
Admitted _____

H105.905 REV.(5/17)

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with the Vital Statistics Law of 1953, as amended.

WARNING: It is illegal to duplicate this copy by photostat or photograph.



Audrey C. Marrocco

Audrey C. Marrocco
State Registrar

10846110

No.

July 23, 2020

Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL RECORDS
CERTIFICATE OF DEATH
(Physician)

078522

STATE FILE NO.

1. Name of decedent (First) Samuel (Middle) S. (Last) Morgan Sr.		2. Sex M	3. Date of death (Mo., Day, Yr.) August 23, 1987
4. Race - (e.g., White, Black, American Indian, etc.) White	5A. Age last birth-day 65	5B. If under 1 yr. Mos. Days	5C. If under 1 day Hours Min.
6A. Date of birth (Mo., Day, Yr.) 12/13/21	6B. State or foreign country of birth N.J.	6C. County of birth Camden	6D. City, Boro, or Twp. of birth Camden
7A. County of death Montg.	7B. City, Boro, or Twp. of death Pennsburg	7C. Hospital or Institution (If not either, give address) Pennsburg, PA	7D. If hosp. or inst. indicate OOA, OP/ER, or inpatient (specify) Outpatient
8. Decedent's Mailing Address (Street or RFD No.) (City or Town) Pennsburg, PA (State) (Zip Code)		9. Marital Status g. W	10. Surviving Spouse (If wife, give maiden name)
11. Citizen of what country? U.S.A.	12. Was decedent ever in U.S. Armed Forces? Yes No	13. Social Security Number -3218	14. Usual Occupation (Kind of work done during most of working life) Welder - Firestone Co
15. Where did decedent actually live? 15A. State Pennsylvania 15B. County Montgomery	16. Did decedent live in township? Yes No	17. No, decedent lived within actual limits of Pennsburg	18. Kind of business or industry Tire Company
19. Father's name (First) Jesse (Middle) Morgan Sr. (Last)		20. Mother's maiden name (First) Adelaide (Middle) (Last) (Sharp) Morgan	
21. Informant's name (Type or Print) Samuel Morgan Jr.		22. Informant's Mailing address (Street or RFD No.) (City or Town) (State) (Zip Code) Hereford, PA	
23. Burial Removal Date of burial, etc. 8/28/87	24. Name of cemetery or crematory Longswamp Union Cemetery		25. Location (City, boro, twp.) (State) Longswamp Twp., PA
26. Signature of funeral director and license number		27. Name and address of funeral establishment Falk Funeral Home Inc. 163 Main St. Pennsburg, PA 18073	
28. Registrar's Signature Jean B. Reister		29. Date received by registrar 8/25/87	
30. Signature of Physician (To be completed by certifying physician only) M.D. or D.O. 8/24/87		31. Date of Death 12:42 P.M.	
32. Name and Address of Coroner (Physician, Medical Examiner or Coroner) (Print and type) Um. Siegel, MD Rockhill Med. Arts Bldg. Sellersville, Pa.		33. Name of Attending Physician	
34. IMMEDIATE CAUSE: Enter only one cause per line for (A) (B) and (C) (A) Hepatic failure (B) Met adenoca to liver (C)		35. Interval between onset and death 3 wks	
36. PART I Other Significant Conditions - Conditions contributing to death but not related to cause given in Part I (a)		37. Autopsy Yes No	
38. Was case referred to Medical Examiner or Coroner? Yes No		39. 28. Yes No	
40. If Acc., Suicide, Hom., Undet. or Pending Investigation (Specify)	41. Date of Injury (Mo., Day, Yr.)	42. Hour of Injury A.M. P.M.	43. Describe how injury occurred:
44. Injury at work? Yes No	45. Place of Injury (At home, farm, street, etc.)	46. Location (Street or RFD No.) (City, Boro, or Twp.) (State)	47. 29. Yes No

U.S. v. Shibley
CR20-174 JCC
Government Exhibit No. 103
Admitted

DOJ-02-0000008313

Wells Fargo Simple Business Checking

May 31, 2020 ■ Page 1 of 4



THE A TEAM HOLDINGS, LLC
4700 36TH AVE SW
SEATTLE WA 98126-2716

Questions?

Available by phone 24 hours a day, 7 days a week:
Telecommunications Relay Services calls accepted

1-800-CALL-WELLS (1-800-225-5935)

TTY: 1-800-877-4833

En español: 1-877-337-7454

Online: wellsfargo.com/biz

Write: Wells Fargo Bank, N.A. (120)
P.O. Box 8995
Portland, OR 97228-8995

Your Business and Wells Fargo

Visit wellsfargoworks.com to explore videos, articles, infographics, interactive tools, and other resources on the topics of business growth, credit, cash flow management, business planning, technology, marketing, and more.

Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wellsfargo.com/biz or call the number above if you have questions or if you would like to add new services.

Business Online Banking	☐
Online Statements	☐
Business Bill Pay	☐
Business Spending Report	☐
Overdraft Protection	☐

Statement period activity summary

Beginning balance on 5/1	\$429.53
Deposits/Credits	968,248.59
Withdrawals/Debits	- 968,183.47
Ending balance on 5/31	\$494.65
Average ledger balance this period	\$1,226.46

Account number: **7621559116**

THE A TEAM HOLDINGS, LLC

Washington account terms and conditions apply

For Direct Deposit use

Routing Number (RTN): 125008547

For Wire Transfers use

Routing Number (RTN): 121000248

Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo branch.

U.S. v. Shibley
CR20-174 JCC
Government Exhibit No. 104
Admitted _____

DOJ-01-0000006565

May 31, 2020 ■ Page 2 of 4



Transaction history

Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
5/1		Purchase authorized on 04/29 Pabla Indian Cuisi Renton WA S380121038090306 Card 5124		25.61	
5/1		Purchase authorized on 04/29 Arco#07155Arco #07 Seattle WA S300121050024361 Card 5124		25.28	378.64
5/4		Customers Bank Ppp Funds 200504 App-1120098 The A Team Holdings LI	960,000.00		
5/4		Purchase authorized on 05/01 Super Deli Mart Seattle WA S380122706097007 Card 5124		27.54	
5/4		Purchase authorized on 05/02 Practice Fusion 415-346-7700 CA S580123329318844 Card 5124		109.00	
5/4		Online Transfer to The A Team Holdings, LLC Business Market Rate Savings xxxxxx3536 Ref #1b083Gmd3F on 05/04/20		960,000.00	242.10
5/6		Online Transfer From Eric R Shibley MD Plc Business Checking xxxxxx7262 Ref #1b083Tzgyv on 05/06/20	600.00		842.10
5/7		Purchase authorized on 05/06 Advancedmd Https://WWW.A UT S460127484961853 Card 5124		334.50	507.60
5/11		Online Transfer From The A Team Holdings, LLC Business Market Rate Savings xxxxxx3536 Ref #1b084Ln24P on 05/11/20	7,648.59		8,156.19
5/14		Fay Servicing ACH Pmts 051220 0888006560 Eric Shleby		7,648.59	507.60
5/26		Recurring Payment authorized on 05/24 J2 *Metrofax 888-929-4141 CA S460145586761960 Card 5124		12.95	494.65
Ending balance on 5/31					494.65
Totals			\$968,248.59	\$960,183.47	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Monthly service fee summary

For a complete list of fees and detailed account information, see the Wells Fargo Account Fee and Information Schedule and Account Agreement applicable to your account (EasyPay Card Terms and Conditions for prepaid cards) or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 05/01/2020 - 05/31/2020	Standard monthly service fee \$10.00	You paid \$0.00
How to avoid the monthly service fee	Minimum required	This fee period
Have any ONE of the following account requirements		
· Average ledger balance	\$500.00	\$1,226.00 ☒
The Monthly service fee summary fee period ending date shown above includes a Saturday, Sunday, or holiday which are non-business days. Transactions occurring after the last business day of the month will be included in your next fee period.		

C1K1

Account transaction fees summary

Service charge description	Units used	Units included	Excess units	Service charge per excess units (\$)	Total service charge (\$)
Cash Deposited (\$)	0	3,000	0	0.0030	0.00
Transactions	2	50	0	0.50	0.00
Total service charges					\$0.00

May 31, 2020 ■ Page 3 of 4



IMPORTANT ACCOUNT INFORMATION

Effective June 20, 2020, we are updating the Funds Availability Policy in our Deposit Account Agreement as follows:

In the "Longer delays may apply" section, when a longer delay applies, we are making the following changes:

- The amount of your deposit that may be available on the first business day after the day of your deposit is increasing from \$200 to \$225.
- We are changing the check deposit amount exception that may lead to a delay of generally no more than seven business days from "You deposit checks totaling more than \$5,000 on any one day" to "You deposit checks totaling more than \$5,525 on any one day."

In the "Special rules for new accounts" section, setting forth special rules that apply during the first 30 days your account is open, we are updating the amounts in the two bullets in the second paragraph from \$5,000 to \$5,525 and from \$200 to \$225 as follows:

- The first \$5,525 of a day's total deposits of cashier's, certified, teller's, traveler's, and federal, state, and local government checks and U.S. Postal Service money orders made payable to you will be available on the first business day after the day of your deposit.
 - The excess over \$5,525 and funds from all other check deposits will be available on the seventh business day after the day of your deposit. The first \$225 of a day's total deposit of funds from all other check deposits, however, may be available on the first business day after the day of your deposit.
-

To provide you with additional flexibility to access accounts, we have increased the daily ATM withdrawal limit on your Wells Fargo Debit, ATM, or EasyPay Card(s) to \$710. Any card that already has a daily ATM withdrawal limit of \$710 or more remains the same. To view your card limits any time, sign on at wellsfargo.com/cardcontrol and click on Open Card Details.

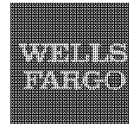


You must describe the specific information that is inaccurate or in dispute and the basis for any dispute with supporting documentation. In the case of information that relates to an identity theft, you will need to provide us with an identity theft report.

[illegible]

Business Market Rate Savings

May 31, 2020 ■ Page 1 of 4



THE A TEAM HOLDINGS, LLC
4700 36TH AVE SW
SEATTLE WA 98126-2716

Questions?

Available by phone 24 hours a day, 7 days a week:

Telecommunications Relay Services calls accepted

1-800-CALL-WELLS (1-800-225-5935)

TTY: 1-800-877-4833

En español: 1-877-337-7454

Online: wells Fargo.com/biz

Write: Wells Fargo Bank, N.A. (120)

P.O. Box 8995

Portland, OR 97228-8995

Your Business and Wells Fargo

Visit wells Fargo.com/biz to explore videos, articles, infographics, interactive tools, and other resources on the topics of business growth, credit, cash flow management, business planning, technology, marketing, and more.

Statement period activity summary

Beginning balance on 5/1	\$6,892.22
Deposits/Credits	960,006.01
Withdrawals/Debits	- 966,892.22
Ending balance on 5/31	\$6.01
 Average ledger balance this period	 \$707,395.78

Account number: **3365593536**

THE A TEAM HOLDINGS, LLC

Washington account terms and conditions apply

For Direct Deposit use

Routing Number (RTN): 125008547

For Wire Transfers use

Routing Number (RTN): 121000248

Interest summary

Interest paid this statement	\$6.01
Average collected balance	\$707,395.78
Annual percentage yield earned	0.01%
Interest earned this statement period	\$6.01
Interest paid this year	\$6.23

U.S. v. Shibley
CR20-174 JCC
Government Exhibit No. 105
Admitted _____

DOJ-01-0000006493

May 31, 2020 ■ Page 2 of 4



Transaction history

Date	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
5/4	Online Transfer From The A Team Holdings, LLC Business Checking xxxxxx9116 Ref #lb083Gmd3F on 05/04/20	960,000.00		966,892.22
5/11	* Online Transfer to The A Team Holdings, LLC Business Checking xxxxxx9116 Ref #lb084Ln24P on 05/11/20		7,648.59	959,243.63
5/14	Withdrawal Made In A Branch/Store		4,427.00	954,816.63
5/26	Withdrawal Made In A Branch/Store		150,000.00	804,816.63
5/27	Legal Order Debit - Contact Wells Fargo Bank (480) 724-2000 - Case# 34391920		804,816.63	0.00
5/29	Interest Payment	6.01		6.01
Ending balance on 5/31				6.01
Totals		\$960,006.01	\$966,892.22	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

* Indicates transaction counts toward the Regulation D and Wells Fargo savings withdrawal and transfer limit. Except outgoing wire transfers, there is no limit on the number of withdrawals or transfers made in person at an ATM or Wells Fargo location or on any types of deposits. For more information, please refer to your Account Agreement.

Monthly service fee summary

For a complete list of fees and detailed account information, see the Wells Fargo Account Fee and Information Schedule and Account Agreement applicable to your account (EasyPay Card Terms and Conditions for prepaid cards) or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 05/01/2020 - 05/31/2020	Standard monthly service fee \$6.00	You paid \$0.00
How to avoid the monthly service fee	Minimum required	This fee period
Have any ONE of the following account requirements		
· Average collected balance	\$500.00	\$707,396.00 ☒
· Total automatic transfers from an eligible Wells Fargo business checking account	\$25.00	\$0.00 ☐
The Monthly service fee summary fee period ending date shown above includes a Saturday, Sunday, or holiday which are non-business days. Transactions occurring after the last business day of the month will be included in your next fee period.		
YCYC		



IMPORTANT ACCOUNT INFORMATION

Effective June 20, 2020, we are updating the Funds Availability Policy in our Deposit Account Agreement as follows:

In the "Longer delays may apply" section, when a longer delay applies, we are making the following changes:

- The amount of your deposit that may be available on the first business day after the day of your deposit is increasing from \$200 to \$225.
- We are changing the check deposit amount exception that may lead to a delay of generally no more than seven business days from "You deposit checks totaling more than \$5,000 on any one day" to "You deposit checks totaling more than \$5,525 on any one day."

In the "Special rules for new accounts" section, setting forth special rules that apply during the first 30 days your account is open, we are updating the amounts in the two bullets in the second paragraph from \$5,000 to \$5,525 and from \$200 to \$225 as follows:

- The first \$5,525 of a day's total deposits of cashier's, certified, teller's, traveler's, and federal, state, and local government checks and U.S. Postal Service money orders made payable to you will be available on the first business day after the day of your deposit.

May 31, 2020 ■ Page 3 of 4



- The excess over \$5,525 and funds from all other check deposits will be available on the seventh business day after the day of your deposit. The first \$225 of a day's total deposit of funds from all other check deposits, however, may be available on the first business day after the day of your deposit.

May 31, 2020 ■ Page 4 of 4



General statement policies for Wells Fargo Bank

■ **Notice:** Wells Fargo Bank, N.A. may furnish information about accounts belonging to individuals, including sole proprietorships, to consumer reporting agencies. If this applies to you, you have the right to dispute the accuracy of information that we have reported by writing to us at: Overdraft Collections and Recovery, P.O. Box 5058, Portland, OR 97208-5058.

Account Balance Calculation Worksheet

1. Use the following worksheet to calculate your overall account balance.
2. Go through your register and mark each check, withdrawal, ATM transaction, payment, deposit or other credit listed on your statement. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.
3. Use the chart to the right to list any deposits, transfers to your account, outstanding checks, ATM withdrawals, ATM payments or any other withdrawals (including any from previous months) which are listed in your register but not shown on your statement.

ENTER

A. The ending balance
shown on your statement\$

ADD

B. Any deposits listed in your	\$	_____
register or transfers into	\$	_____
your account which are not	\$	_____
shown on your statement.	+	\$ _____
..... TOTAL \$		_____

CALCULATE THE SUBTOTAL

(Add Parts A and B)

.....TOTAL \$

SUBTRACT

C. The total outstanding checks and withdrawals from the chart above - \$

CALCULATE THE ENDING BALANCE

(Part A + Part B - Part C)

This amount should be the same

as the current balance shown in

your check register\$

[illegible]

STATEMENT OF ACCOUNTS



DITURI CONSTRUCTION LLC
4700 36th Ave SW
Seattle, WA 98126-2716

000000

Statement Period: 05/07/2020 - 05/31/2020

3299813

Summary of Deposit Account Activity

	Account #	Beginning Balance	Withdrawals/ Fees*	Deposits	Dividends/ Interest	Ending Balance
Business Member Share Savings	3615467219	0.00	(563,500.00)	563,500.00		0.00
Business Basic Checking	3615467277	0.00	(1,127,000.00)	1,127,000.00		0.00
*Including the following Fees		Statement Period Total		2020 Year-to-Date Total		
Overdraft Fees		0.00		0.00		
Non-sufficient Funds (NSF) Fees		0.00		0.00		

Deposit Account Activity

Business Member Share Savings - 3615467219

0.00% Annual Percentage Yield Earned for 25 day period
Average Daily Balance: \$0.00
Year-to-date dividends: \$0.00

0.02% dividends from 05/07/20

Deposits

Date	Amount	Transaction Description
05/07	563,500.00	Deposit Online Banking Transfer from 3615467277 CK

Withdrawals

Date	Amount	Transaction Description
05/07	(563,500.00)	Eff. 05-07 Descriptive Withdrawal Transfer to 7277 Acct for ACH Return R06 - CELTIC BANK

Business Basic Checking - 3615467277

Deposits

Date	Amount	Transaction Description
05/06	563,500.00	External Deposit CELTIC BANK - PPP LOAN 124084805
05/07	563,500.00	Eff. 05-07 Descriptive Deposit Transfer from 7219 Acct for ACH Return R06 - CELTIC BANK

Withdrawals

Date	Amount	Transaction Description
05/07	(563,500.00)	Withdrawal Online Banking Transfer To 3615467219 SAV
05/06	(563,500.00)	Eff. 05-06 Descriptive Withdrawal ACH Return R06 -CELTIC BANK - PPP LOAN 124084805

Page 1 of 2

800.233.2328
becu.org

PO Box 97050
Seattle, WA 98124-9750

Please direct inquiries to:
Boeing Employees' Credit Union
PO Box 97050, Seattle, Washington 98124-9750
206-439-5700 | 800-233-2328 | becu.org

STATEMENT OF ACCOUNTS

**** DO NOT MAIL ****
 DITURI CONSTRUCTION LLC
 4700 36th Ave SW
 Seattle, WA 98126-2716

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Statement Period: 06/01/2020 - 06/30/2020

3299813

Summary of Deposit Account Activity

	Account #	Beginning Balance	Withdrawals/ Fees*	Deposits	Dividends/ Interest	Ending Balance
Business Member Share Savings	3615467219	0.00				0.00
Business Basic Checking	3615467277	0.00				0.00

*Including the following Fees	Statement Period Total	2020 Year-to-Date Total
Overdraft Fees	0.00	0.00
Non-sufficient Funds (NSF) Fees	0.00	0.00

Deposit Account Activity**Business Member Share Savings - 3615467219**

0.00% Annual Percentage Yield Earned for 3 day period
 Average Daily Balance: \$0.00
 Year-to-date dividends: \$0.00

0.02% dividends from 06/01/20

Business Basic Checking - 3615467277**Computation of Annual Percentage Yield Earned (APYE) and Interest/Dividend Paid**

APYE is the annualized rate calculation based on the amount of interest/dividends earned (not credited) and the average daily balance in the account during the statement period. Interest/dividends are credited at the end of the account's crediting period as reflected in the activity column on the periodic statement.

Negative Information Reporting Notice; and Address for Disputing Information on Consumer Reports

We may report information about your account(s) to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

If you think information about your BECU account in a credit report or other consumer report is wrong, then please write to BECU - Credit Report Disputes, Mailstop 1082-2, P.O. Box 97050, Seattle WA 98124. Please provide your full name and mailing address, the account number of the account being disputed, the specific information that you dispute, the name of the credit bureau or other consumer reporting agency from which the information came, and any supporting documentation that might substantiate your dispute.

STATEMENT OF ACCOUNTS

SS1 LLC
4700 36th Ave SW
Seattle, WA 98126-2716

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Statement Period: 05/01/2020 - 05/31/2020

3298085

Summary of Deposit Account Activity

	Account #	Beginning Balance	Withdrawals/ Fees*	Deposits	Dividends/ Interest	Ending Balance
Business Member Share Savings	3615409683	300.00	(820,000.00)	820,000.00	3.59	303.59
Business Basic Checking	3615409724	0.00	(1,640,000.00)	1,640,000.00		0.00
*Including the following Fees						
		Statement Period Total	2020 Year-to-Date Total			
Overdraft Fees		0.00	0.00			
Non-sufficient Funds (NSF) Fees		0.00	0.00			

Deposit Account Activity**Business Member Share Savings - 3615409683**

0.02% Annual Percentage Yield Earned for 31 day period
Average Daily Balance: \$211,912.90
Year-to-date dividends: \$3.59

0.05% dividends from 05/01/20 up to 05/05/20
0.02% dividends from 05/05/20

Deposits

Date	Amount	Transaction Description
05/19	820,000.00	Deposit Online Banking Transfer from 3615409724 CK
05/31	3.59	Dividend/Interest

Withdrawals

Date	Amount	Transaction Description
05/27	(820,000.00)	Descriptive Withdrawal Transfer to 9724 for reversal of external deposit

Business Basic Checking - 3615409724**Deposits**

Date	Amount	Transaction Description
05/19	820,000.00	External Deposit Harvest Small Bu - PPPFunding SS1 LLC
05/27	820,000.00	External Withdrawal Harvest Small Bu - REVERSAL SS1 LLC (Rejected)
05/27	820,000.00	Descriptive Deposit Transfer from 9683 for reversal of external deposit

Page 1 of 2

800.233.2328
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PO Box 97050
Seattle, WA 98124-9750

Please direct inquiries to:
Boeing Employees' Credit Union
PO Box 97050, Seattle, Washington 98124-9750
206-439-5700 | 800-233-2328 | becu.org

U.S. v. Shibley
CR20-174 JCC
Government Exhibit No. 107
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DOJ-02-0000006923

SS1 LLC

Statement Period: 05/01/2020 - 05/31/2020

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Deposit Account Activity (continued)**Withdrawals**

Date	Amount	Transaction Description
05/19	(820,000.00)	Withdrawal Online Banking Transfer To 3615409683 SAV
05/27	(820,000.00)	External Withdrawal Harvest Small Bu - REVERSAL SS1 LLC
05/27	(820,000.00)	External Withdrawal Harvest Small Bu - REVERSAL SS1 LLC

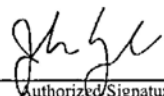
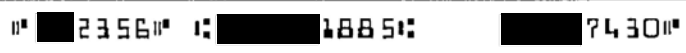
Computation of Annual Percentage Yield Earned (APYE) and Interest/Dividend Paid

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 VERITY CREDIT UNION 11027 MERIDIAN AVE. N., SUITE 200 SEATTLE, WA 98133 (206) 440-9000 veritycu.com	32-8188 3250	No. 122356 Date: June 22, 2020
Pay to the Order of Eric Shibley Amount \$ *****20,000.00		
Twenty Thousand and 00/100***** DOLLARS		
CASHIERS CHECK		
Memo _____		 Authorized Signature This Check VOID After 90 Days
		

Security Features Chemical Protection Embossing Security Screen Authentic Watermark Results of document alteration: • Stains or spots appear with chemical alteration • White mark appears when erased • White mark appears when document is heated • White mark appears when document is heated • Authentic watermark not visible when held to light RS-12	NAVY FCU 256074974 0001 0418 6/22/2020 4 122 2 0247A5190	ENDORSE HERE  DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE RESERVED FOR FINANCIAL INSTITUTION USE
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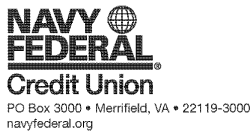
Electronic Endorsements:
>256074974< 6/22/2020 17082880 BOFD

>256074974< 6/22/2020 17082880
>061000146< 6/23/2020 2639347620

U.S. v. Shibley
 CR20-174 JCC
 Government Exhibit No. 109
 Admitted _____

DOJ-01-0000005032





Statement of Account
For ES1 LLC

Statement Period
06/01/20 - 06/30/20

Access No. 6812798

Business Checking - 7096277053

(Continued from previous page)

Date	Transaction Detail	Amount(\$)	Balance(\$)
06-01	Business Debit Card Overdraft Fee 05-30-20 Chevron 0301816	29.00-	64.91-
06-22	eDeposit-Scan/Mobile 000000100579786	301.80	236.89
06-22	eDeposit-Scan/Mobile 000000100579690	3,761.36	3,998.25
06-22	POS Debit- Business Debit Card 3287 06-21-20 T-Mobile Store # 2 Seattle WA	11.00-	3,987.25
06-22	POS Debit- Business Debit Card 3287 06-20-20 Nikos Gyros Seattle WA	19.27-	3,967.98
06-22	POS Debit- Business Debit Card 3287 06-20-20 The Home Depot #89 Seattle WA	37.75-	3,930.23
06-24	POS Debit- Business Debit Card 3287 06-22-20 Taco Time West Sea Seattle WA	15.93-	3,914.30
06-25	POS Debit- Business Debit Card 3287 06-23-20 Opc WA Dept. Of Re 925-855-5000 WA	0.60-	3,913.70
06-25	POS Debit- Business Debit Card 3287 06-23-20 WA Dept. Of Revenue 925-855-5000 WA	24.00-	3,889.70
06-25	Transfer To Shares Es1 LLC	2,515.00-	1,374.70
06-26	POS Debit- Business Debit Card 3287 06-25-20 Netflix.Com Netflix.Com CA	17.60-	1,357.10
06-29	POS Debit- Business Debit Card 3287 06-27-20 Adobe Acropo Subs 408-536-6000 CA	16.50-	1,340.60
06-30	Dividend	0.03	1,340.63
06-30	Ending Balance		1,340.63

Average Daily Balance - Current Cycle: \$617.96

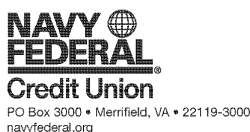
Items Paid

Date	Item	Amount(\$)	Date	Item	Amount(\$)
06-22	POS	11.00	06-25	POS	0.60
06-22	POS	19.27	06-25	POS	24.00
06-22	POS	37.75	06-26	POS	17.60
06-24	POS	15.93	06-29	POS	16.50

CHANGE OF ADDRESS

PLEASE PRINT. USE BLUE OR BLACK BALL POINT PEN.

RANK/RATE	NAME (FIRST	MI	LAST)	ACCOUNT NUMBERS AFFECTED
ADDRESS (NO. STREET)				
CITY				STATE ZIP CODE
SIGNATURE OF NAVY FEDERAL MEMBER				
EFFECTIVE DATE (MO., DAY, YR.)	HOMETELEPHONE NUMBER			DAYTIME TELEPHONE NUMBER



Statement Period
06/01/20 - 06/30/20

Access No. 6812798

Statement of Account
For ES1 LLC

Savings

Business Savings - 3126944507

Date	Transaction Detail	Amount(\$)	Balance(\$)
06-01	Beginning Balance		0.00
06-22	Deposit	20,000.00	20,000.00
06-22	Transfer To Checking	2,500.00-	17,500.00
06-24	Sav Adjustment - DR	15.00-	17,485.00
06-24	Sav Adjustment - DR	20,000.00-	2,515.00-
06-25	Transfer From Chk/MMSA Es1 LLC	2,515.00	0.00
06-30	eDeposit-Scan/Mobile 000000101083720	1,000.00	1,000.00
06-30	Dividend	0.25	1,000.25
06-30	Ending Balance		1,000.25

Disclosure Information

- The interest charge on the Checking Line of Credit advances begins to accrue on the date an advance is posted to your account and continues to accrue daily on the unpaid principal balance.
- We calculate the interest charge on your account by applying the daily periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new advances or fees, and subtract any payments, credits, or unpaid interest charges.
- You may also determine the amount of interest charges by multiplying the "Balance Subject to Interest Rate" by the number of days in the billing cycle and the daily periodic rate. The "Balance Subject to Interest Rate" disclosed in the Interest Charge Calculation table is the "average daily balance." To calculate the "average daily balance" add up all the "daily balances" for the billing cycle and divide the total by the number of days in the billing cycle.
- If there are two or more daily periodic rates imposed during the billing cycle, you may determine the amount of interest charges by multiplying each of the "Balances Subject to Interest Rate" by the number of days the applicable rate was in effect and multiplying each of the results by the applicable daily periodic rate and adding the results together.

What to Do if You Think You Find a Mistake on Your Statement

Errors Related to a Checking Line of Credit Advance

If you think there is an error on your statement, write to us at:

Navy Federal Credit Union, PO Box 3000, Merrifield, VA 22119-3000; or by fax, 1-703-206-4244.

You may also contact us on the Web: navyfederal.org.

In your letter, give us the following information:

- Account information:** Your name and account number.
- Dollar amount:** The dollar amount of the suspected error.
- Description of problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.

You must notify us of any potential errors in writing (or electronically). You may call us, but if you do, we are not required to investigate any potential error, and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

If we take more than 10 days in resolving an electronic transfer inquiry, we will provisionally credit your account for the amount in question so that you will have access to the funds during the time of our investigation.

Errors Within Your Checking Account, Money Market Savings Account, or Savings Account

In case of errors or questions about your electronic transfers telephone us at 1-888-842-6328, write us at the address provided above, or through Navy Federal Online Banking as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appeared.

- Tell us your name and account number (if any).
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Payments

Your check must be payable to Navy Federal Credit Union and include your Checking Line of Credit account number. Include the voucher found at the bottom of your statement and mail the enclosed envelope to: Navy Federal Credit Union, PO Box 3100, Merrifield, VA 22119-3100. Payments received by 5:00 pm Eastern Time at the mail address above will be credited the same day. Mailed payments for your Checking Line of Credit account may not be commingled with funds designated for credit to other Navy Federal Credit Union accounts.

DOJ-01-0000002831

DOJ-01-0000002832

LARGE CASH REQUEST



NAME Eric Shibley (DITURI CONSTRUCTION LLC)		MEMBERSHIP ☐ Primary Member ☒ Joint Member
ACCOUNT NUMBER 3615467219		
TIER ☐ A ☐ B ☐ C ☐ E		
DATE OF MEMBERSHIP 05/01/2020		ENGAGED MEMBER ☒ Yes ☐ No
AMOUNT REQUESTED \$ 563,500.00	PICK UP LOCATION ☒ TFC ☐ EFC	DATE MEMBER EXPECTS FUNDS 05/20/2020
WHERE FUNDS CAME FROM External Deposit - CELTIC BANK - PPP LOAN 124084805		
HOW LONG FUNDS HAVE BEEN ON DEPOSIT 7 days		
USE OF FUNDS Paying Payroll of Workers		
BEST CONTACT PHONE NUMBER (206) 771-7868		
EMPLOYEE SUBMITTING REQUEST Tyler Cummings		DATE 05/13/2020

It may take 7 to 10 days before the cash is available, if the cash has to be ordered from the Federal Reserve Bank. Vault cashiers will call the member to confirm date of pick up and cash amount.

Please submit form to either TFC or EFC, depending on your location.

U.S. v. Shibley
CR20-174 JCC
Government Exhibit No. 112
Admitted _____



Page: 1 of 1

Account: 7000012489

CLOSING STATEMENT

Date: Sep 30, 2020

Period: Sep 01, 2020 to Sep 30, 2020
(30 Days)

Enclosures: 0

DITURI CONSTRUCTION LLC
4700 36TH AVE SW
SEATTLE, WA 98126**Business Checking****ACCOUNT : DDA - 7000012489****Business Checking****Account Summary**

Beginning Balance	
as of 09/01/20	0.00
Deposits & Other Credits	100.00
Charges & Fees	0.00
Checks & Other Debits	100.00
Average Balance	100.00
Ending Balance	
as of 09/30/20	0.00
Charges and Fees Related to Overdrafts and Returned Items	

	Total For This Period	Total Year-to-Date
Total Overdraft Fees:	0.00	0.00
Total Returned Items Fees:	0.00	0.00

Deposits and Withdrawals Transaction Information

<u>Date</u>	<u>Number</u>	<u>Transaction Description</u>	<u>Credit Amount</u>	<u>Debit Amount</u>
09/01		Deposit	100.00	
09/30		Closing WD/Redept by Check		100.00

Daily Balance Information

<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
09/01	100.00	09/30	0.00

COMMENCEMENT BANK**7000012489**

Account Purpose: Non Consumer

Account Holder Name(s): Dituri Construction LLC

Reporting SSN/TIN: [REDACTED] 8508

Street Location: 4700 36th Ave SW, Seattle, WA 98126

Telephone Number: (206) 938-4291 Work #:

Number of Signatures Required: 1 CIF Number:

ACCOUNT TYPE Business Checking		ACCOUNT NUMBER 7000012489	
Date Opened 09-01-20	Date Revised	Opened By AJONES	Verified By ChexSystems

BUSINESS TYPE: Limited Liability Company

Signatures of Authorized Individuals. This Agreement is subject to all terms below.

X

Eric R Shibley, Manager of Dituri Construction LLC

(Signatures and printed names of each account signer)

The authorized Agent(s) signing above agree(s), that the Account Holder's Account(s) will be governed by the terms set forth in the Deposit Account Agreement and Disclosure, the Time Certificate of Deposit or Confirmation of Time Deposit Agreement (if applicable), the Rate and Fee Schedule, the Funds Availability Policy Disclosure, the Substitute Check Policy Disclosure, the Electronic Funds Transfer Agreement and Disclosure, (if applicable), and acknowledge receipt of our privacy policy (if applicable), as amended by the Financial Institution from time to time. The authorized Agent(s) also acknowledge that they have received at least one copy of these deposit account documents. The Authorized Signer(s) understand(s) accounts opened after 7:00 PM are dated effective the next business day.

TIN/BACKUP WITHHOLDING

Reporting TIN: [REDACTED] 8508

Important: Under penalties of perjury, I certify that 1) the number shown above is the Limited Liability Company's correct taxpayer identification number, 2) I am a U.S. citizen or other U.S. person (defined in the instructions), 3) I am exempt from reporting under the Foreign Account Tax Compliance Act (FATCA), and 4) that (check appropriate box):

☒ The Limited Liability Company is not subject to backup withholding, because the Limited Liability Company is exempt from backup withholding, or because the Limited Liability Company has not been notified by the IRS that the Limited Liability Company is subject to backup withholding as a result of failure to report all interest or dividends, or because the IRS has notified the Limited Liability Company that the Limited Liability Company is no longer subject to backup withholding.

☐ The Limited Liability Company is subject to backup withholding.

Signature of Authorized Individual: X

Date

The following information may be used to further identify individual(s) for telephone instructions, large transactions, or if a signature varies.

MMN=Mother's Maiden Name

Name: Eric R Shibley	SSN: [REDACTED]-5264	
Street: 4700 36th Ave SW, Seattle, WA 98126		
Mailing:		
Phone: (H): (206) 938-4291	(W):	(C):
Job: Owner, SS1 LLC/Dituri Construction		
DOB: [REDACTED] 1978	MMN: Kamruz Jahan	
ID: Drivers License [REDACTED]	Exp Date: 12-10-2025 Country: USA	St: WA
	Exp Date:	Country: St:

U.S. v. Shibley
CR20-174 JCC
Government Exhibit No. 114
Admitted _____

Dituri Construction Llc
4700 36TH AVE SW
Seattle WA 98126

----- History Account Number 7435380 -----
06-01-2020 to 06-29-2020

Post Date	Eff Date	Check Nbr	Description	Amount	Running Bal	Status
06-03-2020	06-03-2020		New Account Deposit	5.00	5.00	Completed
06-03-2020	06-03-2020		Verity Membership Fee	(5.00)	0.00	Completed

U.S. v. Shibley
CR20-174 JCC
Government Exhibit No. 115
Admitted _____

DOJ-02-0000009416



P.O. BOX 75974 • SEATTLE, WA 98175-0974
 (206) 440-9000 • (800) 444-4589
 TELEPHONE TELLER (206) 440-9090

STATEMENT OF ACCOUNT

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Dituri Construction LLC
 4700 36th Ave. SW
 Seattle, WA 98126-2716

1319 *

Page: 1 of 2
 Prime Share Number: 7435380
 Statement Date: 07-01-2020 to 07-31-2020

As a Verity member, you help us help more people in our communities. Consider inviting a friend or loved one to join the credit union movement.

Special referral and new member offers on now! veritycu.com/refer

Statement Summary

Account Number	Description	Balance
7435380	Business Membership Savings	\$0.00
7435390	Business Savings Savings	\$6.70
7435400	Business Opportunity Checking	\$500.00

Savings

Account Summary for Business Membership Savings - 7435380

Starting Balance	+	Deposits	+	Interest Paid	-	Withdrawals	-	Service Charges	=	Ending Balance
\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00

There is no activity for this account.

Account Summary for Business Savings Savings - 7435390

Starting Balance	+	Deposits	+	Interest Paid	-	Withdrawals	-	Service Charges	=	Ending Balance
\$6.70		\$0.00		\$0.00		\$0.00		\$0.00		\$6.70

Interest Summary for Business Savings Savings - 7435390

The Annual Percentage Yield Earned for this account is 0.00%.
 Interest Paid YTD \$1.70.

Interest Detail for Business Savings Savings - 7435390

Effective Date	Interest Rate	Inactive Date
07-01-2020	0.10%	

There is no activity for this account.

DOJ-02-0000009396



(206) 440-9000 • (800) 444-4589
TELEPHONE TELLER (206) 440-9090

Page: 2 of 2
Prime Share Number: 7435380
Statement Date: 07-01-2020 to 07-31-2020

Checking

Account Summary for Business Opportunity Checking - 7435400

Starting Balance	+	Deposits		Interest + Paid	-	Withdrawals	-	Service Charges	=	Ending Balance
\$500.00		\$0.00		\$0.00		\$0.00		\$0.00		\$500.00

DOJ-02-0000009397



P.O. BOX 75974 • SEATTLE, WA 98175-0974
 (206) 440-9000 • (800) 444-4589
 TELEPHONE TELLER (206) 440-9090

STATEMENT OF ACCOUNT

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page: 1 of 2

Prime Share Number: 7435380

Statement Date: 06-03-2020 to 06-30-2020

Dituri Construction LLC
 4700 36th Ave. SW
 Seattle, WA 98126-2716

985 *

If you are facing financial hardship,
 we are here to help.

Contact us at (800) 444-4589 to
 discuss options that work best
 for your situation.

Statement Summary

Account Number	Description	Balance
7435380	Business Membership Savings	\$0.00
7435390	Business Savings Savings	\$6.70
7435400	Business Opportunity Checking	\$500.00

Savings

Account Summary for Business Membership Savings - 7435380

Starting Balance	+	Deposits	Interest + Paid	-	Withdrawals	-	Service Charges	=	Ending Balance
\$0.00		\$5.00	\$0.00		\$0.00		\$5.00		\$0.00

Transaction Detail for Business Membership Savings - 7435380

Post Date	Description	Debits	Credits	Balance
06-03	New Account Deposit		5.00	\$5.00
06-03	Verity Membership Fee	-5.00		\$0.00

Account Summary for Business Savings Savings - 7435390

Starting Balance	+	Deposits	Interest + Paid	-	Withdrawals	-	Service Charges	=	Ending Balance
\$0.00		\$194,445.00	\$1.70		\$194,448.00		\$-8.00		\$6.70

Interest Summary for Business Savings Savings - 7435390

The Annual Percentage Yield Earned for this account is 0.10%.
 Interest Paid YTD \$1.70.

Interest Detail for Business Savings Savings - 7435390

Effective Date	Interest Rate	Inactive Date
06-03-2020	0.10%	

DOJ-02-0000009423



(206) 440-9000 • (800) 444-4589
TELEPHONE TELLER (206) 440-9090

Page: 2 of 2
Prime Share Number: 7435380
Statement Date: 06-03-2020 to 06-30-2020

Business Savings Savings - 7435390 - CONTINUED

Transaction Detail for Business Savings Savings - 7435390

Post Date	Description	Debits	Credits	Balance
06-03	New Account Deposit		5.00	\$5.00
06-19	Deposit		114,440.00	\$114,445.00
06-22	Withdrawal	-80,000.00		\$34,445.00
06-22	Withdrawal	-8.00		\$34,437.00
06-30	Eff. 06-22 Official Check Fee Reversal		8.00	\$34,445.00
06-30	Descriptive Deposit Cashiers check reversals		80,000.00	\$114,445.00
06-30	Withdrawal	-114,440.00		\$5.00
06-30	Credit Interest		1.70	\$6.70

Checking

Account Summary for Business Opportunity Checking - 7435400

Starting Balance	+	Deposits	Interest + Paid	-	Withdrawals	-	Service Charges	=	Ending Balance
\$0.00		\$114,940.00	\$0.00		\$114,440.00		\$0.00		\$500.00

Transaction Detail for Business Opportunity Checking - 7435400

Post Date	Description	Debits	Credits	Balance
06-03	New Account Deposit		40.00	\$40.00
06-19	External Deposit SBAD TREAS 310 - MISC PAY RMT*CT*7947867903 200 97773 F8120*****\ 794786790373000		114,900.00	\$114,940.00
06-19	Withdrawal	-114,440.00		\$500.00

DOJ-02-0000009424

