EXHIBIT 54

From: Maria Cole <mcole@chainbridgebank.com>
Sent on: Thursday, March 26, 2020 12:10:55 PM
To: John Thomas <John@blueflame.agency>
CC: Mike Gula <mike@blueflame.agency>; Mike Richardson <mrichardson@chainbridgebank.com>
Subject: Wire Request Form
Attachments: Wire_Domestic_Form.pdf (100.92 KB)

Hi John,

We are still working on the Wire Module on your TM platform. In the meantime please use this wire request form to send wires. Once completed please send it to me.

Thanks,

Maria Cole
Assistant Vice President &
Commercial Relationship Manager
Chain Bridge Bank, N.A.
(703) 748-3432 Direct
(571) 405-0600 Cell
(703) 748-2005 Main
(703) 748-2007 Fax

1445-A Laughlin Avenue
McLean, VA 22101

CHAIN BRIDGE BANK, N.A.

DOMESTIC WIRE TRANSFER REQUEST

ORIGINATOR ACCOUNT INFORMATION

Originator Name: _____ Date: _____ Time: _____

Originator Address: _____ City: _____ ST: _____ Zip: _____

Account Number: _____ Telephone Number: _____

OUTGOING WIRE TRANSFER INFORMATION

Dollar Amount of Wire:	
Receiving Bank Name:	
Receiving Bank Address:	
Receiving Bank ABA Routing #:	
Intermediary Bank or Account:	
Intermediary Bank ABA# or Acct. #:	
Receiving Beneficiary Name:	
Receiving Beneficiary Address:	
Receiving Beneficiary Account Number:	
Special Instructions:	

CUSTOMER AUTHORIZATION

Chain Bridge Bank, N.A. is hereby authorized to execute the above wire transfer of funds from my Chain Bridge Bank, N.A. account referenced above and to charge my account for any applicable fees. I understand that by signing this authorization the bank will make every effort to effect this transfer in a timely manner, but cannot guarantee completion within a definite time period due to system failures, third party responsibilities, and other acts beyond the bank's control. I understand that if I have described the beneficiary of this wire transfer order inconsistently by name, account or other identifying number payment might be made by the beneficiary's bank on the basis of the number which I have furnished even if it identifies a person different from the named beneficiary, and such circumstances will not excuse me from my obligation to pay the amount to the wire payment order. I also understand that the bank will only complete this wire transfer authorization based upon the successful completion of the security procedure to verify authenticity and proper authorization. The security procedure utilized by the bank is a call back to the authorized signer to verify the request, utilizing a telephone number already on file in the bank. In signing this form, I agree to the use of this security procedure and agree to hold the bank harmless for any damage.

Client's Authorized Signature: _____

BANK USE INFORMATION

Service Charge: _____ Employee: _____

Method requested: In Person: _____ Fax: _____ Email: _____

AUTHORIZATION:

Authorized by: _____ Sender confirmed: _____ Dormant: _____

Collected funds: _____ Collected funds balance: _____

VERIFICATION:

Verified by: _____ Wire verified with (Authorized party): _____

Method of verification: Callback & PIN: _____ ID: _____ ID Presented: _____

Notes: _____

APPROVAL:

Approved by name: _____ Approved by signature: _____

OPERATIONS PROCESS

Entered in 20/20 by: _____ Time: _____ OFAC Pass: _____

Entered / saved by: _____ Time: _____

Verified by: _____ Time: _____