EXHIBIT 124

Certification of Beneficial Owners of Legal Entities

The information contained in this Certification is sought pursuant to Section 1020.230 of Title 31 of the United States Code of Federal Regulations (31 CFR 1020.230).

Financial Institution Name:	Financial Institution Location:
CHAIN BRIDGE BANK, N.A.	1445-A LAUGHLIN AVE MCLEAN, VA 22101

Financial Institution Contact Person:	Contact Phone Number:	Customer Portfolio/Identifier:
Mariano Castagnello	(703) 748-2005	[redacted]

I. General Instructions

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

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What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of Non-U.S. persons) for the following individuals (*i.e.*, the **beneficial owners**):

(i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (*e.g.*, each natural person that owns 25 percent or more of the shares of a corporation); **and**

(ii) An individual with significant responsibility for managing the legal entity customer (*e.g.*, a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (*e.g.*, the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (*i.e.*, one individual under section (ii) and four 25 percent equity holders under section (i)). The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

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II. Certification of Beneficial Owner(s)

Persons opening an account on behalf of a legal entity must provide the following information:

Full Name of Natural Person Opening Account: Michael C Gula	**Title of Natural Person Opening Account:** CEO
Type of Legal Entity for Which the Account is Being Opened: LLC	**Legal Entity Identifier (Optional):**
Name of Legal Entity for Which the Account is Being Opened: Blue Flame Medical LLC	
Physical Address of Legal Entity for Which the Account is Being Opened: 499 S Capitol St, SW, Ste 420 Washington DC 20003	
Account Type (Optional): Easy Business Ck	**Account Number (Optional):** [redacted]

Provide the following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

Full Name (Beneficial Owner)	Date of Birth / Percent of Ownership (Optional)	Address (Residential or Business Street Address)	*For U.S. Persons:* Social Security Number	*For Non-U.S. Persons:* Social Security Number, Passport Number and country of issuance, or other similar identification number[1]
First: John M.I.: Last: Thomas Suffix:	06/22/85 50.00 %	Street: 1415 Edgehill PL City: Pasadena State & Zip: CA 91103	[redacted]	Number: Country of Issuance:
First: Michael M.I.: Last: Gula Suffix:	06/24/80 50.00 %	Street: 6128 Edgewood Terrace City: Alexandria State & Zip: VA 22307	[redacted]	Number: Country of Issuance:
First: M.I.: Last: Suffix:	%	Street: City: State & Zip:		Number: Country of Issuance:
First: M.I.: Last: Suffix:	%	Street: City: State & Zip:		Number: Country of Issuance:

☐ **If checked, Beneficial Owner listing requirement is Not Applicable**

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II. Certification of Beneficial Owner(s), Continued

Provide the following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- **An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or**
- **Any other individual who regularly performs similar functions.**

(If appropriate, an individual listed under the ownership section above may also be listed in the section below).

Full Name/Title (of Person with Control)	Date of Birth	Address (Residential or Business Street Address)	*For U.S. Persons:* Social Security Number	*For Non-U.S. Persons:* Social Security Number, Passport Number and country of issuance, or other similar identification number[1]
First M.I. Michael Last Suffix Gula Title CEO	06/24/80	Street 6128 Edgewood Terrace City Alexandria State & Zip VA 22307	[redacted]	Number Country of Issuance

[1] In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

I, Michael C Gula ***(name of natural person opening account),*** **hereby certify, to the best of my knowledge, that the information provided above is complete and correct. Also, the Legal Entity named above agrees to notify the Financial Institution of any change in the beneficial ownership information on this Certification.**

Signature: DocuSigned by: DC4777004F7547D... **Date:** 3/25/2020

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For Institution Use Only:

Name of Beneficial Owner	Type of Document	Document ID Number	Place of Issuance	Date of Issuance	Expiration Date
John Thomas	TAXID ☐DL OTHER	[redacted]		08/15/2019	06/22/2024
Michael Gula	TAXID ☐DL OTHER	[redacted]		03/27/2017	06/24/2025
	☐				
	☐				
Michael Gula	TAXID ☐DL OTHER	[redacted]		03/27/2017	06/24/2025

Certification of Beneficial Owners with Verification
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II. Certification of Beneficial Owner(s), Continued

Additional Information:

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