EXHIBIT X

Business Account Application

WELLS FARGO

Bank Name:	Store Name:
WELLS FARGO BANK, N.A.	MERIDIAN HACIENDA

Banker Name:	Officer/Portfolio Number:	Date:
AMADEA SANCHEZ	CK556	09/06/2013

Banker Phone:	Store Number:	Banker AU:	Banker MAC:
408/448-5300	04126	0000220	A1504-010

To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individuals and businesses) who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

New Account Information

☒ New Deposit Account(s) Only ☐ New Deposit Account(s) and Business Credit Card

Account 1 Product Name:
Gold Business Services Package

COID:	Product:	Account Number:	Opening Deposit:	Type of Funds:
114	DDA	[redacted]7528	$100.00	CKS

Account 2 Product Name:
Business Market Rate Savings

COID:	Product:	Account Number:	Opening Deposit:	Type of Funds:
114	DDA	[redacted]6558	$100.00	CKS

New Account Kit:
Printed

Related Customer Information

Customer 1 Name:	Account Relationship:
ROSSWOOD LLC	Sole Owner

Enterprise Customer Number (ECN): [redacted]

Customer 2 Name:	Account Relationship:
CASSIE WILL-DARNALL	Signer

Enterprise Customer Number (ECN): [redacted]

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Checking/Savings Statement Mailing Information

Name(s) and Information Listed on Statement:	Statement Mailing Address:
ROSSWOOD LLC	5795 S SANDHILL RD STE F
	Address Line 2:
	City: LAS VEGAS — State: NV
	ZIP/Postal Code: 89120-2558 — Country: US

Customer 1 Information

Customer Name:	Street Address:
ROSSWOOD LLC	5795 S SANDHILL RD STE F
Account Relationship: Sole Owner	Address Line 2:
Taxpayer Identification Number (TIN): [redacted] — TIN Type: EIN	Address Line 3:
Business Type: Limited Liability Company	City: LAS VEGAS — State: NV
Business Sub-Type/Tax Classification: S Corporation — Non-Profit: No	ZIP/Postal Code: 89120-2558 — Country: US
Date Originally Established: 07/11/2012 — Current Ownership Since: — Number of Employees: 1	Business Phone: 408/596-1511 — Fax:
Annual Gross Sales: $100,000.00 — Year Sales Reported: 12/31/2012 — Fiscal Year End:	Cellular Phone: — Pager:
Primary Financial Institution: WLLSFRG — Number of Locations: 1	e-Mail Address:
Primary State 1: — Primary State 2: — Primary State 3:	Website:
Primary Country 1: — Primary Country 2: — Primary Country 3:	Sales Market: LOCAL

Industry: Real Estate, Rental and Leasing

Description of Business:

Major Suppliers/Customers:

Bank Use Only

Name/Entity Verification:	Address Verification:	BACC Reference Number:
Operating Agreement	VISUAL	6132490003748

Document Filing Number/Description:	Filing Country:	Filing State:	Filing Date:	Expiration Date:
249975	US	WY	07/11/2012	

Country of Registration:	State of Registration:	International Transactions:	Check Reporting:
US	WY		NO RECORD

Customer 1 Name: ROSSWOOD LLC — Internet Gambling Business?: No



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Owner/Key Individual 1 Information

Customer Name: CASSIE WILL-DARNALL	Residence Address: 111 BELWOOD GTWY
Position/Title: OWNER; Date of Birth: 12/[redacted]; Enterprise Customer Number (ECN):	Address Line 2:
Taxpayer Identification Number (TIN): [redacted]; TIN Type: SSN	Address Line 3:
Primary ID Type: DLIC; Primary ID Description: C6898922	City: LOS GATOS; State: CA
Primary ID St/Ctry/Prov: CA; Primary ID Issue Date: 03/13/2013; Primary ID Expiration Date: 12/27/2013	ZIP/Postal Code: 95032-5138; Country: US
Secondary ID Type: OTHR DC; Secondary ID Description: WFB DC VISA	Check Reporting: NO RECORD
Secondary ID State/Country: ; Secondary ID Issue Date: ; Secondary ID Expiration Date: 09/30/2016	
Country of Citizenship: US	

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Certificate of Authority

Each person who signs the "Certified/Agreed To" section of this Application certifies that:

A. The Customer's use of any Bank deposit account, product or service will confirm the Customer's receipt of, and agreement to be bound by, the Bank's applicable fee and information schedule and account agreement that includes the Arbitration Agreement under which any dispute between the Customer and the Bank relating to the Customer's use of any Bank deposit account, product or service will be decided in an arbitration proceeding before a neutral arbitrator as described in the Arbitration Agreement and not by a jury or court trial.

B. Each person who signs the "Certified/Agreed To" section of this Application or whose name, any applicable title and specimen signature appear in the "Authorized Signers - Signature Capture" section of this Application is authorized on such terms as the Bank may require to:

(1) Enter into, modify, terminate and otherwise in any manner act with respect to accounts at the Bank and agreements with the Bank or its affiliates for accounts and/or services offered by the Bank or its affiliates (other than letters of credit or loan agreements);

(2) Authorize (by signing or otherwise) the payment of items from the Customer's account(s) listed on this Business Account Application (including without limitation any item payable to (a) the individual order of the person who authorized the item or (b) the Bank or any other person for the benefit of the person who authorized the item) and the endorsement of Deposited Items for deposit, cashing or collection (see the Bank's applicable account agreement for the definitions of "Item" and "Deposited Item");

(3) Give instructions to the Bank in writing (whether the instructions include the manual signature or a signature that purports to be the facsimile or other mechanical signature including a stamp of an Authorized Signer as the Customer's authorized signature without regard to when or by whom or by what means or in what ink color the signature may have been made or affixed), orally, by telephone or by any electronic means in regard to any Item and the transaction of any business relating to the Customer's account(s), agreements or services, and the Customer shall indemnify and hold the Bank harmless for acting in accordance with such instructions; and

(4) Delegate the person's authority to another person(s) or revoke such delegation, in a separate signed writing delivered to the Bank.

C. If a code must be communicated to the Bank in order to authorize an Item, and the code is communicated, the Item will be binding on the Customer regardless of who communicated the code.

D. Each transaction described in this Certificate of Authority conducted by or on behalf of the Customer prior to delivery of this Certificate is in all respects ratified.

E. If the Customer is a tribal government or tribal government agency, the Customer waives sovereign immunity from suit with respect to the Customer's use of any Bank account, product or service referred to in this Certificate.

F. The information provided in this Application is correct and complete, each person who signs the "Certified/Agreed To" section of this Application and each person whose name appears in the "Authorized Signers-Signature Capture" section of this Application holds any position indicated, and the signature appearing opposite the person's name is authentic.

G. The Customer has approved this Certificate of Authority or granted each person who signs the "Certified/Agreed To" section of this Application the authority to do so on the Customer's behalf by:

(1) resolution, agreement or other legally sufficient action of the governing body of the Customer, if the Customer is not a trust or a sole proprietor;
(2) the signature of each of the Customer's trustee(s), if the Customer is a trust; or
(3) the signature of the Customer, if the Customer is a sole proprietor.

Certified/Agreed To

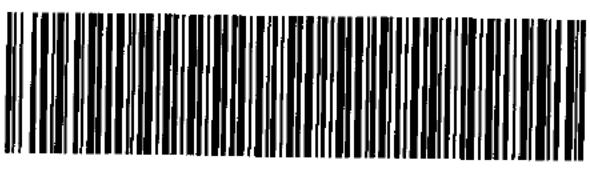
Owner/Key Individual 1 Name: CASSIE WILL-DARNALL

Position/Title: OWNER

Owner/Key Individual 1 Signature: Cassie Will-Darnall

☒ Submit manually
☐ Signature not required

Date: 09/06/2013



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Request for Taxpayer Identification Number and Certification

(Substitute Form W-9)

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. UNLESS I HAVE CHECKED ONE OF THE BOXES BELOW, I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to an Individual Retirement Arrangement (IRA), and payment other than interest and dividends).
3. I am a U.S. citizen or other U.S. person. ☐ I am subject to backup withholding ☐ I am exempt from backup withholding

Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Tax Responsible Customer Name: ROSSWOOD LLC

Taxpayer Identification Number (TIN): [redacted]

TIN Certification Signature: [signature]

☒ Submit manually
☐ Signature not required

Date: 8/9/13

Authorized Signers - Signature Capture

Authorized Signer 1 Name: CASSIE WILL-DARNALL

Position/Title: OWNER

Authorized Signer 1 Signature: [signature]

☒ Submit manually
☐ Signature not required

Date: 09/06/2013



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