**IN THE SUPREME COURT OF THE STATE OF NEVADA**

***Supreme Court Case No. 82014***

IN RE: D.O.T. LITIGATION

Electronically Filed
Sep 29 2022 07:37 p.m.
Elizabeth A. Brown
Clerk of Supreme Court

TGIG, LLC; NEVADA HOLISTIC MEDICINE, LLC; GBS NEVADA PARTNERS, LLC; FIDELIS HOLDINGS, LLC; GRAVITAS NEVADA, LLC; NEVADA PURE, LLC; MEDIFARM, LLC; MEDIFARM IV LLC; THC NEVADA, LLC; HERBAL CHOICE, INC.; RED EARTH LLC; NEVCANN LLC, GREEN THERAPEUTICS LLC; AND GREEN LEAF FARMS HOLDINGS LLC,

*Appellants,*

v.

THE STATE OF NEVADA DEPARTMENT OF TAXATION; INTEGRAL ASSOCIATES, LLC D/B/A ESSENCE CANNABIS DISPENSARIES; ESSENCE TROPICANA, LLC; AND ESSENCE HENDERSON, LLC

*Respondents.*

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**THE ESSENCE ENTITIES' SUPPLEMENTAL APPENDIX**
**VOLUME 1 OF 16**

On appeal from the Eighth Judicial District Court, Clark County
The Honorable Elizabeth Gonzalez, Department XI
District Court Case No. A-19-787004-B and Consolidated Cases.

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Todd L. Bice, Esq., Bar No. 4534
Jordan T. Smith, Esq., Bar No. 12097
PISANELLI BICE PLLC
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Telephone: 702.214.2100

*Attorneys for Respondent Essence Entities*

Docket 82014 Document 2022-30765

**ALPHABETICAL INDEX TO THE ESSENCE ENTITIES' SUPPLEMENTAL APPENDIX**


| Document | Date | Vol. | Page Nos. |
|---|---|---|---|
| Applications (Redacted) | 09/2018 | 1-16 | SA000001-3829 |
| Business Court Order Scheduling a Supplemental Rule 16 Conference | 09/21/2020 | 16 | SA003924-3928 |
| Business Court Scheduling and Trial Order | 10/27/2020 | 16 | SA003929-3933 |
| Court Minute Order regarding All Pending Motions | 03/19/2020 | 16 | SA003871-3874 |
| Court Minute Order regarding Motion for Summary Judgment | 05/15/2020 | 16 | SA003888-3891 |
| Essence Entities' Brief in Support of Judgment on Partial Findings | 08/10/2020 | 16 | SA003892-3896 |
| Essence Entities' Motion for Summary Judgment | 03/27/2020 | 16 | SA003875-3887 |
| Essence Entities' Closing Power Point Presentation | 08/17/2020 | 16 | SA003897-3923 |
| Order Granting Integral's Motion to Intervene | 04/22/2019 | 16 | SA003852-3857 |
| Order Granting Joint Motion to Consolidate | 12/06/2019 | 16 | SA003858-3869 |
| Order Granting Motion to Certify | 08/04/2022 | 16 | SA003934-3954 |
| Order Granting Plaintiffs Leave to File Amended Complaints | 12/31/2019 | 16 | SA003870 |
| Plaintiff's Trial Exhibit 1142 – Applications Spreadsheet | 09/2018 | 16 | SA003830-3851 |

**CHRONOLOGICAL INDEX TO THE ESSENCE ENTITIES' SUPPLEMENTAL APPENDIX**


| No. | Document | Date | Vol. | Page Nos. |
|---|---|---|---|---|
| 1. | Applications (Redacted) | 09/2018 | 1-16 | SA000001-3829 |
| 2. | Plaintiff's Trial Exhibit 1142 – Applications Spreadsheet | 09/2018 | 16 | SA003830-3851 |
| 3. | Order Granting Integral's Motion to Intervene | 04/22/2019 | 16 | SA003852-3857 |
| 4. | Order Granting Joint Motion to Consolidate | 12/06/2019 | 16 | SA003858-3869 |
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| 9. | Essence Entities' Brief in Support of Judgment on Partial Findings | 08/10/2020 | 16 | SA003892-3896 |
| 10. | Essence Entities' Closing Power Point Presentation | 08/17/2020 | 16 | SA003897-3923 |
| 11. | Business Court Order Scheduling a Supplemental Rule 16 Conference | 09/21/2020 | 16 | SA003924-3928 |
| 12. | Business Court Scheduling and Trial Order | 10/27/2020 | 16 | SA003929-3933 |
| 13. | Order Granting Motion to Certify | 08/04/2022 | 16 | SA003934-3954 |

## CERTIFICATE OF SERVICE

I HEREBY CERTIFY that I am an employee of Pisanelli Bice PLLC, and pursuant to NRAP 25(b) and NEFR 9(d), that on this 29th day of September, 2022, I electronically filed and served the foregoing **THE ESSENCE ENTITIES' SUPPLEMENTAL APPENDIX** with the Clerk of the Court for the Nevada Supreme Court by using the Nevada Supreme Courts E-Filing system (Eflex), to all participants in the case who are registered with Eflex system.

/s/ Shannon Dinkel
An employee of PISANELLI BICE PLLC

# PART I – IDENTIFIED CRITERIA RESPONSE

## 5.2.1. TAB I – TITLE PAGE

| Part I – Identified Criteria Response | |
|---|---|
| **Application Title:** | **A Recreational Marijuana Establishment License** |
| **Applicant Name:** | ***GBS Nevada Partners, LLC dba ShowGrow*** ***(submitted by Hyperion Advisors)*** |
| **Address:** | ***4850 S. Fort Apache Road, #100*** ***Las Vegas, Nevada 89147*** |
| **Application Opening Date and Time:** | **September 7, 2018** |
| **Application Closing Date and Time:** | **September 20, 2018** |

# PART I – IDENTIFIED CRITERIA RESPONSE

## 5.2.2. TAB II – TABLE OF CONTENTS

# Part I – Table of Contents


| | |
|---|---|
| **Tab I** | **Title Page** |
| **Tab II** | **Table of Contents** |
| **Tab III** | **Applicant Information Sheet** |
| **Tab IV** | **Recreational Marijuana Establishment License Application (Attachment A)** |
| **Tab V** | **Multi-Establishment Limitation Form (Attachment F)** |
| **Tab VI** | **Identifier Legend (Attachment H)** |
| **Tab VII** | **Confirmation that the applicant has registered with the Secretary of State** |
| **Tab VIII** | **Documentation of Liquid Assets** |
| **Tab IX** | **Evidence of taxes paid; other beneficial financial contributions** |
| **Tab X** | **Organizational Structure and Owner, Officer or Board Member Information** |
| **Tab XI** | **Financial Plan** |
| **Tab XII** | **Name, signage and advertising plan (Attachment G)** |

# PART I – IDENTIFIED CRITERIA RESPONSE

## 5.2.3. TAB III – APPLICANT INFORMATION SHEET

STATE OF NEVADA
DEPARTMENT OF TAXATION
Web Site: https://tax.nv.gov
1550 College Parkway, Suite 115
Carson City, Nevada 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020

RENO OFFICE
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JAMES DEVOLLD
*Chair, Nevada Tax Commission*
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HENDERSON OFFICE
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Fax: (702) 486-3377

## APPLICANT INFORMATION

Provide all requested information in the space next to each numbered question. The information in Sections V1 through V10 will be used for application questions and updates. Type or print responses. **Include this applicant information sheet in Tab III of the Identified Criteria Response (Page 10).**

| | |
|---|---|
| V1 | Company Name:<br>GBS Nevada Partners, LLC |
| V2 | Street Address:<br>4850 S. Fort Apache Road, #100 |
| V3 | City, State, ZIP:<br>Las Vegas, NV 89147 |
| V4 | Telephone: ( 702 ) 405 - 2334 ext: |
| V5 | Email Address:<br>viellion@gmail.com |
| V6 | Toll Free Number: ( N/A ) - ext: |
| **Contact person who will provide information, sign, or ensure actions are taken pursuant to R092-17 & NRS 453D** | |
| V7 | Name:<br>Michael Viellion |
| | Title:<br>Manager |
| | Street Address:<br>4850 S. Fort Apache Road, #100 |
| | City, State, ZIP:<br>Las Vegas, NV 89147 |
| V8 | Email Address:<br>viellion@gmail.com |
| V9 | Telephone number for contact person: ( 702 ) 610 - 8999 ext: |
| V10 | Signature: Date: 09/06/2018 |

# PART I – IDENTIFIED CRITERIA RESPONSE

## 5.2.4. TAB IV – RECREATIONAL MARIJUANA ESTABLISHMENT LICENSE APPLICATION

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# ATTACHMENT A
# RECREATIONAL MARIJUANA ESTABLISHMENT APPLICATION

## GENERAL INFORMATION

Type of Marijuana Establishment: ☒ Recreational Retail Marijuana Store

Marijuana Establishment's proposed physical address if the applicant owns property or has secured a lease or other property agreement (this must be a Nevada address and cannot be a P.O. Box).

Horizon Ridge & Sandy Ridge

| City: | County: | State: | Zip Code: |
|---|---|---|---|
| Henderson | Clark | NV | 89052 |

Proposed Hours of Operation :

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|
| 7 am - 2 am | 7 am - 2 am | 7 am - 2 am | 7 am - 2 am | 7 am - 2 am | 7 am - 2 am | 7 am - 2 am |

## APPLYING ENTITY INFORMATION

Applying Entity's Name:
GBS Nevada Partners, LLC

Business Organization: ☐ Individual ☐ Corp. ☐ Partnership ☒ LLC ☐ Assoc. /Coop. ☐ Other specify:

| Telephone #: | E-Mail Address: |
|---|---|
| (702) 405-2334 | viellion@gmail.com |

| State Business License #: | Expiration Date: |
|---|---|
| NV20141227369 | 04/30/2019 |

Mailing Address:
4850 S. Fort Apache Road #100

| City: | State: | Zip Code: |
|---|---|---|
| Las Vegas | NV | 89147 |

## DESIGNEE INFORMATION

*Name of individual designated to manage agent registration card applications on behalf of the establishment.*

| Last Name: | First Name: | MI: |
|---|---|---|
| Viellion | Michael | B. |

## SUPPLEMENTAL REQUESTS

Does the applicant agree to allow the Nevada Department of Taxation (Department) to submit supplemental requests for information? ☒ Yes ☐ No

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## ATTACHMENT A (continued)

## Recreational Marijuana Establishment Owner (OR), Officer (OF), Board Member (BM) Names

*For each owner, officer and board member listed below, please fill out a corresponding Establishment Principal Officers and Board Members Information Form (Attachment C).*

| Last Name: | First Name: | MI: | OR | OF | BM |
|---|---|---|---|---|---|
| Hammer | James | D. | X | | |
| Last Name: | First Name: | MI: | OR | OF | BM |
| Meservey | James | M. | X | | |
| Last Name: | First Name: | MI: | OR | OF | BM |
| Meservey | Roz | | X | | |
| Last Name: | First Name: | MI: | OR | OF | BM |
| Beuchat | Melissa | L. | X | | |
| Last Name: | First Name: | MI: | OR | OF | BM |
| Viellion | Michael | B. | X | X | |
| Last Name: | First Name: | MI: | OR | OF | BM |
| Moore | William | | X | | |
| Last Name: | First Name: | MI: | OR | OF | BM |
| Moore | Brian | | X | | |
| Last Name: | First Name: | MI: | OR | OF | BM |
| Brown | Michael | A. | | X | |
| Last Name: | First Name: | MI: | OR | OF | BM |
| Hurtado-Hooker | Kira | | | X | |
| Last Name: | First Name: | MI: | OR | OF | BM |
| Hammer | James | M. | | X | |
| Last Name: | First Name: | MI: | OR | OF | BM |
| | | | | | |
| Last Name: | First Name: | MI: | OR | OF | BM |
| | | | | | |

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## ATTACHMENT A (continued)

A marijuana agent identification card or recreational marijuana establishment license issued by the Nevada Department of Taxation (Department) pursuant to R092-17, Sec. 95 does not protect the applicant from legal action by federal authorities, including possible criminal prosecution for violations of federal law for the sale, manufacture, distribution, use, dispensing, possession, etc. of marijuana.

The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing of "recreational" marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical & Recreational Marijuana Act(s) & Regulations (NAC- 453, NRS-453D, R092-17). Any failure to comply with these requirements may result in revocation of the marijuana agent identification card or Recreational Marijuana Establishment License issued by the Department.

The issuance of a license pursuant to section 80 of R092-17 of this regulation is conditional and not an approval to begin operations as a marijuana establishment until such time as all requirements in section 83 of R092-17 are completed and approved by the Department by means of a final inspection.

---

The State of Nevada, including but not limited to the employees of the Department, is not facilitating or participating in any way with my acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing of marijuana.

I attest that the information provided to the Department for this Recreational Marijuana Establishment License application is true and correct.

| | |
|---|---|
| James D. Hammer | Owner |
| Print Name | Title |
| James D Hammer | 09/06/2018 |
| Signature | Date Signed |
| James Meservey | Owner |
| Print Name | Title |
| | 09/06/2018 |
| Signature | Date Signed |

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## ATTACHMENT A (continued)

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| | |
|---|---|
| Rozanne "Roz" Meservey | Owner |
| Print Name | Title |
| Rozanne Meservey | 09/06/2018 |
| Signature | Date Signed |
| Michael Viellion | Owner/Manager |
| Print Name | Title |
| | 09/06/2018 |
| Signature | Date Signed |

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## ATTACHMENT A (continued)

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I attest that the information provided to the Department for this Recreational Marijuana Establishment License application is true and correct.

| | |
|---|---|
| Melissa L. Beuchat | Owner |
| Print Name | Title |
| | 09/06/2018 |
| Signature | Date Signed |
| | |
| Print Name | Title |
| | |
| Signature | Date Signed |

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I attest that the information provided to the Department for this Recreational Marijuana Establishment License application is true and correct.

| | |
|---|---|
| William Moore | Owner |
| Print Name | Title |
| William Moore | 09/16/2018 |
| Signature | Date Signed |
| Brian Moore | Owner |
| Print Name | Title |
| Brian Moore | 09/16/2018 |
| Signature | Date Signed |

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## ATTACHMENT A (continued)

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I attest that the information provided to the Department for this Recreational Marijuana Establishment License application is true and correct.

| | |
|---|---|
| Michael A. Brown | Officer |
| Print Name | Title |
| | 09/16/2018 |
| Signature | Date Signed |
| | |
| Print Name | Title |
| Signature | Date Signed |

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A marijuana agent identification card or recreational marijuana establishment license issued by the Nevada Department of Taxation (Department) pursuant to R092-17, Sec. 95 does not protect the applicant from legal action by federal authorities, including possible criminal prosecution for violations of federal law for the sale, manufacture, distribution, use, dispensing, possession, etc. of marijuana.

The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing of "recreational" marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical & Recreational Marijuana Act(s) & Regulations (NAC- 453, NRS-453D, R092-17). Any failure to comply with these requirements may result in revocation of the marijuana agent identification card or Recreational Marijuana Establishment License issued by the Department.

The issuance of a license pursuant to section 80 of R092-17 of this regulation is conditional and not an approval to begin operations as a marijuana establishment until such time as all requirements in section 83 of R092-17 are completed and approved by the Department by means of a final inspection.

---

The State of Nevada, including but not limited to the employees of the Department, is not facilitating or participating in any way with my acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing of marijuana.

I attest that the information provided to the Department for this Recreational Marijuana Establishment License application is true and correct.

| | |
|---|---|
| Kira Hurtado-Hooker | Officer/General Manager |
| Print Name | Title |
| | 09/16/2018 |
| Signature | Date Signed |
| James M. Hammer | Officer/General Manager |
| Print Name | Title |
| | 09/16/2018 |
| Signature | Date Signed |

# PART I – IDENTIFIED CRITERIA RESPONSE

## 5.2.5. TAB V – MULTI-ESTABLISHMENT LIMITATION FORM

STATE OF NEVADA
DEPARTMENT OF TAXATION
Web Site: https://tax.nv.gov
1550 College Parkway, Suite 115
Carson City, Nevada 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020

RENO OFFICE
4600 Kietzke Lane
Building L, Suite 235
Reno, Nevada 89502
Phone: (775) 687-9999
Fax: (775) 688-1303

BRIAN SANDOVAL
*Governor*
JAMES DEVOLD
*Chair, Nevada Tax Commission*
WILLIAM D. ANDERSON
*Executive Director*

LAS VEGAS OFFICE
Grant Sawyer Office Building, Suite1300
555 E. Washington Avenue
Las Vegas, Nevada 89101
Phone: (702) 486-2300 Fax: (702) 486-2373

HENDERSON OFFICE
2550 Paseo Verde Parkway, Suite 180
Henderson, Nevada 89074
Phone: (702) 486-2300
Fax: (702) 486-3377

## ATTACHMENT F
## MULTI-ESTABLISHMENT LIMITATIONS FORM

NRS 453D.210 places a limitation on the total number of Recreational Retail Marijuana Store licenses that can be issued within each county, and R092-17, Sec. 80 (5) places limitations on the number of recreational marijuana retail stores located in any one governmental jurisdiction and a limitation on the number of licenses issued to any one person, group or entity. Due to these limitations, please list below all applications submitted from this business organization and/or persons as identified in the recreational marijuana establishment owner, officer and board member names section of Attachment A in the 10-day window of **September 7, 2018 – September 20, 2018.**

| |
|---|
| If this business organization were to not receive approval on all applications submitted, would the applicant still want approval on the applications determined by the ranking below? ■ Yes ☐ No |

**Please list in order of preference for approval (use as many sheets as needed).**

| | | | |
|---|---|---|---|
| Type of Establishment: Recreational Retail Marijuana Store ■ | | | |
| Recreational Marijuana Establishment's Proposed Physical Address (Must be a Nevada address, not a P.O. Box.): 3999 S. Las Vegas Blvd. | | | |
| City: Las Vegas | County: Clark | State: NV | Zip Code: 89117 |

| | | | |
|---|---|---|---|
| Type of Establishment: Recreational Retail Marijuana Store ■ | | | |
| Recreational Marijuana Establishment's Proposed Physical Address (Must be a Nevada address, not a P.O. Box.): 6441 N. Durango Dr. | | | |
| City: Las Vegas | County: Clark | State: NV | Zip Code: 89149 |

| | | | |
|---|---|---|---|
| Type of Establishment: Recreational Retail Marijuana Store ■ | | | |
| Recreational Marijuana Establishment's Proposed Physical Address (Must be a Nevada address, not a P.O. Box.): 2131 Rock Springs Dr. | | | |
| City: Las Vegas | County: Clark | State: NV | Zip Code: 89128 |

| | | | |
|---|---|---|---|
| Type of Establishment: Recreational Retail Marijuana Store ■ | | | |
| Recreational Marijuana Establishment's Proposed Physical Address (Must be a Nevada address, not a P.O. Box.): Craig Rd. & N. 5th, APN 139-02-214-004 (vacant land) OR Horizon Ridge/Sandy Ridge, APN 178-30-401-012 (vacant land) | | | |
| City: N Las Vegas/Henderson | County: Clark | State: NV | Zip Code: 89081/89052 |

# PART I – IDENTIFIED CRITERIA RESPONSE

## 5.2.6. TAB VI – IDENTIFIER LEGEND

STATE OF NEVADA
DEPARTMENT OF TAXATION
Web Site: https://tax.nv.gov
1550 College Parkway, Suite 115
Carson City, Nevada 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020

RENO OFFICE
4600 Kietzke Lane
Building L, Suite 235
Reno, Nevada 89502
Phone: (775) 687-9999
Fax: (775) 688-1303

BRIAN SANDOVAL
*Governor*
JAMES DEVOLLD
*Chair, Nevada Tax Commission*
WILLIAM D. ANDERSON
*Executive Director*

LAS VEGAS OFFICE
Grant Sawyer Office Building, Suite1300
555 E. Washington Avenue
Las Vegas, Nevada 89101
Phone: (702) 486-2300 Fax: (702) 486-2373

HENDERSON OFFICE
2550 Paseo Verde Parkway, Suite 180
Henderson, Nevada 89074
Phone: (702) 486-2300
Fax: (702) 486-3377

## ATTACHMENT H
## IDENTIFIER LEGEND FORM

In a Non-Identified Criteria Response, when a specific person or company is referenced, the identity must remain confidential. A person may be addressed through their position, discipline or job title, or be assigned an identifier. Identifiers assigned to people or companies must be detailed in a legend (Attachment H) to be submitted in the Identified Criteria Response section (use as many sheets as needed).

| Criteria Response Identifier | Actual Person or Company (for Department verification outside the evaluation process) |
|---|---|
| *Example: Owner A* | *John Smith* |
| *Example: Owner B* | *John Doe* |
| *Example: Construction Company A* | *Acme Construction* |
| Company A | GBS Nevada Partners, LLC |
| | |
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# PART I – IDENTIFIED CRITERIA RESPONSE

## 5.2.7. TAB VII – CONFIRMATION THAT THE APPLICANT HAS REGISTERED WITH THE SECRETARY OF STATE

# GBS NEVADA PARTNERS LLC

## Business Entity Information

| | | | |
|---|---|---|---|
| Status: | Active | File Date: | 4/1/2014 |
| Type: | Domestic Limited-Liability Company | Entity Number: | E0172592014-6 |
| Qualifying State: | NV | List of Officers Due: | 4/30/2019 |
| Managed By: | Managers | Expiration Date: | |
| NV Business ID: | NV20141227369 | Business License Exp: | 4/30/2019 |

## Additional Information

| | |
|---|---|
| Central Index Key: | |

## Registered Agent Information

| | | | |
|---|---|---|---|
| Name: | MICHAEL B. VIELLION, ESQ | Address 1: | 10777 W. TWAIN AVE SUITE 120 |
| Address 2: | | City: | LAS VEGAS |
| State: | NV | Zip Code: | 89135 |
| Phone: | | Fax: | |
| Mailing Address 1: | | Mailing Address 2: | |
| Mailing City: | | Mailing State: | |
| Mailing Zip Code: | | | |
| Agent Type: | Noncommercial Registered Agent | | |

## Financial Information

| | | | |
|---|---|---|---|
| No Par Share Count: | 0 | Capital Amount: | $ 0 |

No stock records found for this company

## Officers

☐ Include Inactive Officers

Manager - MICHAEL VIELLION

| | | | |
|---|---|---|---|
| Address 1: | 6550 HINSON ST | Address 2: | |
| City: | LAS VEGAS | State: | NV |
| Zip Code: | 89117 | Country: | |
| Status: | Active | Email: | |

## Actions\Amendments

| | | | |
|---|---|---|---|
| Action Type: | Articles of Organization | | |
| Document Number: | 20140244508-00 | # of Pages: | 1 |
| File Date: | 4/1/2014 | Effective Date: | |

(No notes for this action)

| | | | |
|---|---|---|---|
| Action Type: | Initial List | | |
| Document Number: | 20140244513-76 | # of Pages: | 1 |

| | | | |
|---|---|---|---|
| File Date: | 4/1/2014 | Effective Date: | |
| (No notes for this action) | | | |
| Action Type: | Annual List | | |
| Document Number: | 20150182144-08 | # of Pages: | 1 |
| File Date: | 4/22/2015 | Effective Date: | |
| (No notes for this action) | | | |
| Action Type: | Annual List | | |
| Document Number: | 20160187530-03 | # of Pages: | 1 |
| File Date: | 4/26/2016 | Effective Date: | |
| (No notes for this action) | | | |
| Action Type: | Annual List | | |
| Document Number: | 20170180743-53 | # of Pages: | 1 |
| File Date: | 4/26/2017 | Effective Date: | |
| (No notes for this action) | | | |
| Action Type: | Annual List | | |
| Document Number: | 20180158897-59 | # of Pages: | 1 |
| File Date: | 4/6/2018 | Effective Date: | |
| (No notes for this action) | | | |

*050104*

ROSS MILLER
Secretary of State
204 North Carson Street, Suite 4
Carson City, Nevada 89701-4520
(775) 684-5708
Website: www.nvsos.gov

# Articles of Organization
# Limited-Liability Company
(PURSUANT TO NRS CHAPTER 86)

| Filed in the office of | Document Number |
|---|---|
| | 20140244508-00 |
| Ross Miller<br>Secretary of State<br>State of Nevada | Filing Date and Time<br>04/01/2014 4:39 PM |
| | Entity Number<br>E0172592014-6 |

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

**1. Name of Limited-Liability Company:** (must contain approved limited-liability company wording; see instructions)

GBS NEVADA PARTNERS LLC

Check box if a Series Limited-Liability Company ☐ Check box if a Restricted Limited-Liability Company ☐

**2. Registered Agent for Service of Process:** (check only one box)

☐ Commercial Registered Agent: Name

☒ Noncommercial Registered Agent (name and address below) **OR** ☐ Office or Position with Entity (name and address below)

MICHAEL B. VIELLION, ESQ
Name of Noncommercial Registered Agent **OR** Name of Title of Office or Other Position with Entity

10777 W. TWAIN AVE, STE 120 | LAS VEGAS | Nevada | 89135
Street Address | City | Zip Code

Mailing Address (if different from street address) | City | Nevada | Zip Code

**3. Dissolution Date:** (optional)

Latest date upon which the company is to dissolve (if existence is not perpetual):

**4. Management:** (required)

Company shall be managed by: ☒ Manager(s) **OR** ☐ Member(s) (check only one box)

**5. Name and Address of each Manager or Managing Member:** (attach additional page if more than 3)

1) JIM MESERVEY
Name
2990 S. DURANGO DRIVE | LAS VEGAS | NV | 89117
Street Address | City | State | Zip Code

2)
Name
Street Address | City | State | Zip Code

3)
Name
Street Address | City | State | Zip Code

**6. Effective Date and Time:** (optional)

Effective Date: Effective Time:

**7. Name, Address and Signature of Organizer:** (attach additional page if more than 1 organizer)

**I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.**

JIM MESERVEY
Name

X JIM MESERVEY
**Organizer Signature**

2990 S. DURANGO DR | LAS VEGAS | NV | 89117
Address | City | State | Zip Code

**8. Certificate of Acceptance of Appointment of Registered Agent:**

*I hereby accept appointment as Registered Agent for the above named Entity.*

X MICHAEL B. VIELLION, ESQ
**Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity**

4/1/2014
Date

*This form must be accompanied by appropriate fees.*

Nevada Secretary of State NRS 86 DLLC Articles
Revised: 7-26-13

SECRETARY OF STATE

STATE OF NEVADA

# LIMITED LIABILITY COMPANY CHARTER

I, ROSS MILLER, the Nevada Secretary of State, do hereby certify that **GBS NEVADA PARTNERS LLC** did on April 1, 2014, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 1, 2014.

ROSS MILLER
Secretary of State

Certified By: Electronic Filing
Certificate Number: C20140401-5371
You may verify this certificate online at **http://www.nvsos.gov/**

SECRETARY OF STATE

STATE OF NEVADA

# NEVADA STATE BUSINESS LICENSE

## GBS NEVADA PARTNERS LLC

**Nevada Business Identification # NV20141227369**

**Expiration Date: April 30, 2015**

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

This license shall be considered valid until the expiration date listed above unless suspended or revoked in accordance with Title 7 of Nevada Revised Statutes.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 1, 2014

ROSS MILLER
Secretary of State

This document is not transferable and is not issued in lieu of any locally-required business license, permit or registration.

*Please Post in a Conspicuous Location*

***You may verify this Nevada State Business License online at www.nvsos.gov under the Nevada Business Search.***

# Third Amended and Restated Operating Agreement

# of

# GBS NEVADA PARTNERS LLC

0018-00026

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**THIRD AMENDED AND RESTATED**

**OPERATING AGREEMENT OF**

**GBS NEVADA PARTNERS LLC**

This Third Amended and Restated Operating Agreement is made and entered into between the persons or entities executing **Exhibit A**, constituting all of the Members (as hereinafter defined), pursuant to the provisions of Chapter 86 of the Nevada Revised Statutes.

**Recitals**

A. GBS Nevada Partners LLC (the "Company") was organized under the laws of the State of Nevada on April 1, 2014 by the filing of its articles of organization with the Nevada Secretary of State.

B. The then current Members entered into the original Operating Agreement of the Company, dated April 14, 2014 ("First Agreement").

C. Thereafter, the then current Members entered into that certain Second Amended and Restated Operating Agreement for the Company, dated July 21, 2014 ("Second Amended and Restated Agreement").[1]

D. Thereafter, the then current Members entered into that certain Amendment to Operating Agreement of the Company, dated October 1, 2015, in order to amend the Second Amended and Restated Agreement ("Amendment" and together with the Second Amended and Restated Agreement and the First Amendment, collectively, the "Prior Operating Agreement").

NOW, THEREFORE, in consideration of the foregoing recitals, which are hereby incorporated herein by this reference, the mutual covenants and conditions contained herein, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the current Members of the Company hereby desire to fully amend and restated the Prior Operating Agreement and hereby agree as follows:

## 1. TERMS AND DEFINITIONS

Capitalized terms will have the meanings ascribed to them herein or in Article 14 (the definitions section) or as otherwise defined in this Agreement.

[1] There is no first amended and restated operating agreement.

## 2. THE COMPANY

a. Prior Operating Agreement. As of the Effective Date, this Agreement shall fully amend and restate the Prior Operating Agreement. On the Effective Date, the Prior Operating Agreement shall be null and void and this Agreement shall control.

b. Purpose. The Company was formed to engage in any lawful activity except banking and insurance. Without limiting the generality of the foregoing, the Company owns and operates a marijuana dispensary located at 4850 South Fort Apache Road, Suite 100, Las Vegas, Nevada 89147 ("Marijuana Establishment").

c. Registered Agent. The Company's registered agent for service of process shall be Michael B. Viellion, whose initial address is 10777 W. Twain Ave, Ste 115, Las Vegas, Nevada 89118.

d. Management. Management authority is vested in a Manager. If there is ever more than one Manager, they shall be collectively referred to herein as "Manager".

e. No Payments of Individual Obligations. The Members shall use the Company's credit and assets solely for the benefit of the Company. No asset of the Company may be transferred or encumbered for or in payment of any individual obligation of a Member.

f. Title to Property. All real and personal property owned by the Company shall be owned by the Company as an entity and no Member shall have any ownership interest in such property in the Member's individual name or right, and each Member's interest in the Company shall be personal property for all purposes.

g. Term. The term of the Company shall commence on the Effective Date and shall have perpetual existence unless sooner terminated as provided herein.

h. Indemnification. The Company shall indemnify and hold the Manager, Members, and respective family thereof, along with Manager or Member's respective officers, directors, members, managers, trustees, and employees harmless from any loss, liability or damage incurred or suffered by the indemnified parties by reason of any act or omission of them, or any of them, in connection with the business of the Company, said indemnification to include payment of reasonable attorneys' fees as incurred by them in connection with the defense of any claim or action based on any such act or omission, which attorneys' fees shall be paid as incurred; provided, however, that the foregoing indemnification and agreement to hold harmless shall be recoverable only out of Company assets and not from the Members; and further provided that no person whose act or omission caused the loss, liability or damage incurred or suffered may receive indemnification hereunder or avoid liability therefor pursuant to this Section unless such person determined in good faith that such conduct was in the best interest of the Company, and so long as such conduct did not constitute fraud or misconduct. Nothing contained herein shall prohibit the Company from purchasing and paying for any insurance naming the Manager as additional insured parties thereunder.

i. Company Expenses. The Company shall pay or reimburse the Manager and the Members for all ordinary and reasonable expenses of the Company incurred and paid for by the Manager or the Members.

j. Restrictive Covenants

i. Other Business Opportunities Allowed. The Manager and the Members shall only be required to devote a reasonable amount of their time and attention to the business of the Company. Subject to Section 2(j)(ii) below, the Manager and the Members may, without accountability to the Company or to any of the other Members, without written disclosure and consent of the Company, engage in any other business or businesses. Additional investment and business opportunities, of a similar or dissimilar nature, may from time to time be available to the Manager or the Members and each Member agrees that the Manager as well any of the Members shall be free to enter into any such other activities for their own account, either alone or with other persons, firms, or corporation, including one or more of the Members of this Company.

ii. Property of the Company. The Manager and the Members recognize that all documents, letters, computerized data and files, trade names, notebooks, reports, records, customers, customer files, financial information, lists of customers, lists of vendors, digital IP, lists of suppliers, compilations, and similar repositories of data and any other such information or asset used in the course and scope of operation are owned by the Company.

## 3. MEMBERS AND CAPITAL CONTRIBUTIONS

a. Members; Initial Capital Contributions. The names and Membership Interests of each Member are set forth in **Exhibit A** to this Agreement. The dollar amount noted in **Exhibit A** as the contributing Member's contribution constitutes the value which all Members agree and acknowledge to be the fair market value of the contributed properties or property interest as of the date of contribution. All Members acknowledge that any advances from any Member prior to execution of this Agreement are to be considered Initial Capital Contributions. Further, notwithstanding anything herein to the contrary, Limited Member as consideration for its admittance as a partner in the dispensary located at 4850 S. Fort Apache Rd (the "4850 Fort Apache Dispensary"), shall pay the sum of $872,727 to Original Members. Limited Member shall owe an additional $500,000 in consideration to Original Members in the event Company opens a dispensary at 921 Las Vegas Blvd, So (the "921 Las Vegas Blvd Dispensary").

b. Additional Capital Contributions. Additional Capital Contributions shall be made by the Members when, from time to time, in the amounts and within the time determined by the Members, when such additional Capital Contributions are determined necessary to accomplish the purposes and objectives of the Company; to reimburse Manager for expenses he, she or it has advanced; or to restore any deficit balance in the Members' Capital Account upon liquidation. Such additional Capital Contributions shall be payable in proportion to each Member's Interest in Profits and Losses of the Company. In the

event any Member fails to pay any such additional Capital Contribution within the time requested, or if no deadline is included, within 30 days of a request for payment, such Member shall be in breach of the obligations under this Agreement and subject to the default provisions below. The non-defaulting Members may be required to contribute additional cash in the form of a loan or an additional capital contribution in order to cover such deficiency. The Members acknowledge that their Membership Interests may change from time to time as a result of the exercise of one or more of the rights and options of the Members to make additional contributions, subject to a vote of the Members as required above and by Section 6 below. However, this section is not for the benefit of any creditors of the Company. No creditor of the Company may obtain any right under this paragraph to make any claim that a Member is obligated to contribute capital to the Company for the purpose of satisfying the Company's creditors.

c. Loans. Any Member may lend or advance money to the Company. If any Member makes a loan or loans to the Company, the amount of any such loan shall not be treated as a Capital Contribution of the Company but shall be a debt due from the Company. The amount of any such loan by a lending Member shall be repayable out of the Company's cash and shall bear interest at the rate equal to the most recent prime rate published by the Wall Street Journal plus three percent (3%), unless a higher rate is agreed upon by all of the Original Members. No Member shall be obligated to make any loan or advance to the Company.

d. Liability of Members. The liability of each Member shall be limited to the amount of Capital Contributions which each Member is required to make in accordance with the provisions of this Agreement. Except as provided herein, none of the Members shall have any further personal liability to contribute money to or in respect of liabilities or obligations of the Company, nor shall the Members be personally liable for any obligations of the Company.

e. No Interest on Contributions. Except as expressly provided herein, no Member shall be entitled to receive interest on Capital Contributions to the Company.

f. Withdrawal of Capital.

i. Except as otherwise provided in this Agreement, no Member shall demand or receive a return of Capital Contributions, or withdraw from the Company until all liabilities of the Company, except liabilities to Members on account of their Capital Contributions, have been paid or there remains property of the Company sufficient to pay them.

ii. No Member shall receive any interest, salary, or draw with respect to such Member's Capital Contributions or Capital Account or for services rendered on behalf of the Company or otherwise in such Member's capacity as Member, except as agreed in writing by the Members pursuant to a vote of the Members.

g. Waiver of Partition. No Member shall, either directly or indirectly, take any action to require partition or appraisement of the Company or of any of its assets or properties or

cause the sale of any Company Property, and notwithstanding any provisions of applicable law to the contrary, each Member (and each such Member's legal representatives, successors or assigns) irrevocably waives any and all right to maintain any action for partition or to compel any sale with respect to such Member's Membership Interest, or with respect to any assets or properties of the Company, except as expressly provided in this Agreement.

## 4. ACCOUNTING AND RECORDS

a. Books and Records. The Company shall maintain books of account for the Company which shall show a true and accurate record of all costs and expenses incurred, all charges made, all credits made and received, and all income derived in connection with the operation of the Company business. Each Member shall, at such Member's sole expense, have the right, upon reasonable notice to the Company, to examine, copy, and audit the Company's books and records during normal business hours at a location designated by the Manager, as long as such review does not unreasonably disrupt the Company's business.

b. Reports. Within a reasonable time after the end of each fiscal year, the Company shall provide each Member with a copy of the balance sheet of the Company as of the last day of such year and a statement of income or loss for the Company for such year, including a statement showing any item of income, deduction, credit, or loss allocable for federal income tax purposes pursuant to the terms of this Agreement. Such statements shall be reviewed by the Company's accountants.

c. Tax Returns. The Company shall furnish each Member with a copy of each income tax return filed by the Company, together with any schedules or other information which each Member may require in connection with such Member's own tax affairs.

d. Tax Matters Member. The Manager shall be the party designated to receive all notices from the Internal Revenue Service which pertain to the tax affairs of the Company and shall be the Tax Matters Member pursuant to the Code.

e. Fiscal Year. The fiscal year of the Company shall be the calendar year, unless otherwise approved by the Members. As used in this Agreement, a fiscal year shall include any partial fiscal year at the beginning and end of the Company term.

f. Banking.Only at which time the succeeding shall be federally permissible, all funds of the Company shall be deposited in the Company's name, in such account or accounts with such bank, banks, or financial institutions as the Manager shall determine, from time to time. Withdrawals of funds from the Company accounts shall be made on the Manager's signature.

## 5. MANAGEMENT RIGHTS AND DUTIES

a. In General. Subject to Section 6 below, the day-to-day operations of the Company and its business and affairs shall be conducted by one or more Managers.

b. Management Duties and Powers. The Manager shall manage the Company pursuant to the provisions of this Agreement. In connection with the management, but subject to Section 6 below, the Company may employ or contract with any other persons or entities to perform services for the Company, including a Member, persons employed by, affiliated with or related to any Member, and including any entity in which a Member may be a principal or for whom a Member may be employed, if the fees charged by such related person employed are reasonable.

c. Duties Regarding Bookkeeping and Records. In addition to the general day-to-day operation of the company, the Manager shall:

i. Maintain at the expense of the Company complete and accurate records of all rights and interests acquired for or disposed of by the Company, all correspondence relating to the Company business and records of all statements, bills and other instruments furnished by the Company in connection with its business, all of which shall be kept in the possession and control of the Company for not less than seven (7) years;

ii. Maintain at the expense of the Company adequate records and accounts of all operations and expenditures and furnish the Members with annual statements of account as of the end of each calendar year, together with all necessary tax reporting information; and

iii. Employ at the expense of the Company such public accounting firm as may be deemed desirable to maintain and prepare Company accounts, financial statements and all tax reporting information.

d. Right to Rely. Subject to Section 6 below, all persons shall be entitled to deal with any Manager as if the Manager was the sole representative of the Company, both legally and beneficially, and such persons shall be entitled to rely on the representations of the Manager as to its authority to enter into financing, sale or other arrangements or contracts, including, but not limited to:

i. Acquire by purchase, lease, or otherwise any Property which may be necessary, convenient, or incidental to the accomplishment of the purposes of the Company;

ii. Operate, maintain, finance, improve, construct, own, grant options with respect to, sell, convey, assign, mortgage, and lease any Property necessary, convenient, or incidental to the accomplishment of the purposes of the Company;

iii. Execute any and all agreements, contracts, documents, certifications, and instruments necessary or convenient in connection with the management, maintenance, and operation of Property, or in connection with managing the affairs of the Company;

iv. Borrow money and issue evidences of indebtedness necessary, convenient, or incidental to the accomplishment of the purposes of the Company, and secure the same by mortgage, pledge, or other lien on any Property;

v. Execute, in furtherance of any or all of the purposes of the Company, and deed, lease, mortgage, deed of trust, mortgage note, promissory note, bill of sale, contract, or other instrument purporting to convey or encumber any or all of the Property;

vi. Prepay in whole or in part, refinance, recast, increase, modify, or extend any liabilities affecting the Property and, in connection therewith, execute any extensions or renewals of encumbrances on any or all of the Property;

vii. Care for and distribute funds to the Manager and Members by way of cash, income, return of capital, or otherwise, all in accordance with the provisions of this Agreement, and perform all matters in furtherance of the objectives of the Company or this Agreement;

viii. Contract on behalf of the Company for the employment and services of employees and independent contractors, such as lawyers and accountants, and delegate to such Persons the duty to manage or supervise any of the assets or operations of the Company;

ix. Engage in any kind of activity and perform and carry out contracts of any kind (including contracts of insurance covering risks to Property and Manager liability) necessary or incidental to, or in connection with, the accomplishment of the purposes of the Company, as may be lawfully carried on or performed by a Company under the laws of each state in which the Company is then formed or qualified;

x. Make any and all elections for federal, state, and local tax purposes including, without limitation, any election, if permitted by applicable law: (i) to adjust the basis of Property pursuant to the Code in connection with transfers of Company interests and Company distributions; (ii) to extend the statute of limitations for assessments of tax deficiencies against the Members with respect to adjustments to the Company's federal, state, or local tax returns; and (iii) to represent the Company and the Members before taxing authorities or courts of competent jurisdiction in tax matters affecting the Company, the Members in their capacities as Members, and to execute any agreements or other documents relating to or affecting such tax matters, including agreements or other documents that bind the Members;

xi. Take, or refrain from taking, all actions not expressly proscribed or limited by this Agreement as may be necessary or appropriate to accomplish the purposes of the Company; and

xii. Institute, prosecute, defend, settle, compromise, and dismiss lawsuits or other judicial or administrative proceedings brought on or in behalf of, or against, the Company or the Members in connection with activities arising out of, connected with, or incidental to this Agreement, and to engage counsel or others in connection therewith.

e. Election and Removal of a Manager. If a Manager resigns or is unwilling to continue its Manager duties, a Member meeting shall be held and a Manager may be elected by vote provided herein. A Manager may be removed only for gross mismanagement or for any or no reason by the unanimous vote of the Members excluding a vote by an Member who's trustee, manager, or member is acting as the Manager of the Company.

**6. VOTING**

a. In General. Except as provided in subsection (c) below, the matters requiring a vote of the Members as set forth herein and the matters set forth in subsection (b) below, shall require the consent of a Majority of the Membership Interests.

b. Majority Approval: The following matters require a vote and approval by a Majority of the Membership Interests:

i. Any change to the fiscal year of the Company;

ii. Amendment of any provision of this Agreement or the Articles of Organization;

iii. The opening of any Company office outside Nevada;

iv. The termination of a Member's Membership Interest in the event that such Member is convicted of a felony or another crime involving moral turpitude, materially defaults under one of the terms or provisions of this Agreement, or otherwise fails to materially comply with his/its obligations hereunder.

v. Admission of additional Members;

vi. The decision to dissolve, wind up, and/or liquidate the Company;

vii. The sale of all or substantially all of the Company's assets or the dissolution of the Company;

viii. A management fee and the amount thereof to be paid to a Manager for his/its duties hereunder; and

ix. Institute, prosecute, defend, settle, compromise, and dismiss lawsuits or other judicial or administrative proceedings brought on or in behalf of, or against, the Company or the Members in connection with activities arising out of, connected with, or incidental to this Agreement, and to engage counsel or others in connection therewith.

c. Approval of the Original Members. Notwithstanding anything to the contrary contained herein: (i) no additional Capital Contributions shall be required of any Member except with the prior written vote or approval of the super-majority of the Members; and (ii) the Members shall annually elect the Manager by Majority vote (each Original Member shall be entitled to nominate itself as the Manager).

d. Method of Voting: Company Meetings.

i. General. Whenever a vote of Members is required by this Agreement for any decision, it shall be authorized by a Majority vote of the Members. There shall be a total of one hundred (100) votes, which votes shall be allocated among the Members in proportion to their Interests in Profits and Losses of the Company.

ii. Meetings. Any Member may call a meeting to consider approval of an action or decision under any provision of this Agreement by delivering to each other Member notice (email shall suffice) of the time and purpose of such meeting at least seventy-two hours before such meeting. A Member may waive the requirement of notice of a meeting by executing a written waiver of notice before or after such meeting or by attending such meeting unless such attendance is for the sole purpose of objecting to the holding of the meeting without the required notice. Unless all of the other Members consent in writing or by their attendance, the time and place of any such meeting shall be held during the Company's normal business hours at its principal place of business, via conference call, or via email.

iii. Action by Consent. In lieu of a meeting, any Member may propose that the Company authorize an action or decision pursuant to any provision of this Agreement by written consent of a Majority of the Membership Interests. A Member's written consent may be evidenced by such Member's signature on a counterpart of the proposal or by separate writing (including a fax, telex, telecopy, telegram, email/PDF, etc.) that identifies the proposal with reasonable specificity and states that such Member consents to such proposal.

iv. Vote by Proxy. A Member may vote (or execute a written consent) by proxy to any other Member. Any such proxy must be in writing and must identify the specific meeting or matter to which the proxy applies or state that it applies to all matters (subject to specified reservations, if any) coming before the Company for approval under any provision of this Agreement prior to a specific date (which shall not be later than the first anniversary date of the date on which such proxy is given). Any such proxy shall be revocable at any time and shall not be effective at any meeting at which the Member giving such proxy is in attendance.

v. Records. The Company shall maintain permanent records of all actions taken by the Members pursuant to any provision of this Agreement, including minutes of all Company meetings, copies of all actions taken by consent of the Members, and copies of all proxies pursuant to which one Member votes or executes a consent on behalf of another.

vi. Entity Members. In the event that any Member is other than a natural person, such Member shall designate one natural person to attend any meeting or vote on any matter presented ("Designee"). In the event that more than one natural person appears on behalf of any Member, only the vote of such Designee shall be binding on the Member, and in the event such Designee cannot immediately provide such

Member's vote, then such Member's vote on said matter shall be discarded by the Company and waived by the Member. In the event that the Designee dies or becomes unable or unwilling to represent such Member in Company affairs, such Member's vote shall be discarded by the Company and waived by the Member until such time that the Member provides to the Company a reasonably acceptable resolution authorizing another natural person to represent such Member as Designee

## 7. ADDITIONAL MEMBERS

a. Admission. The Company may, from time to time, upon the vote of the Members as provided above, admit additional Members. Generally, additional Members shall be admitted as of the first day of any month.

b. Capital Contributions. Upon the admission of an additional Member, the additional Member's initial Capital Contribution shall be an amount determined by the Members. Once admitted, such new Members shall also make additional Capital Contributions from time to time on the same basis as other Members.

c. Admission Mechanics. No Person shall be admitted as an additional Member unless such Person executes, acknowledges, and delivers to the Company such instruments as Manager may deem necessary or advisable to effect the admission of such Person as an additional Member, including (without limitation) the written acceptance and adoption by such Person of the provisions of this Agreement and attorney fees and costs necessitated by the admission of such additional Member. **Exhibit A** and **Exhibit B** shall also be revised to reflect the admission of the additional Member.

## 8. DISTRIBUTIONS OTHER THAN AT DISSOLUTION

a. Distributions. Subject only to Section 8(b) below, the Manager shall cause the Company not less than quarterly to distribute available cash from operations to the Members, in accordance with the following priority:

i. First, in an amount equal to Forty Percent (40%) of estimated 280E taxable income from Company operations for the previous quarter;

ii. Thereafter, the balance, if any after reasonable calculation by the Manager of amounts to be withheld to meet foreseeable cash requirements of the business, shall be distributed to the Members in the same manner that Profits and Losses are allocated between the Members pursuant to Section 13(a) herein.

b. Specific Distributions.

i. As set forth on Exhibit B, Greenlight District Holdings, Inc ("GLDH") owns a thirty percent (30%) Membership Interest in the Company (the "GLDH Membership Interest"). Notwithstanding anything to the contrary contained herein, the GLDH Membership Interest shall only be entitled to any distributions made from the Company

in accordance with this Agreement related to the 4850 Fort Apache Dispensary or, if applicable the 921 Las Vegas Blvd. Dispensary.

ii. As set forth on **Exhibit B**, 483 Management, LLC ("483") owns a ten percent (10%) Membership Interest in the Company (the "483 Membership Interest"). Notwithstanding anything to the contrary contained herein, the 483 Membership Interest shall not be entitled to any distributions from the Company, other than reimbursement of their actual tax liability in accordance with their final adjusted effective tax rate for the tax year. Distributions that would otherwise be paid to the Member owning the 483 Membership Interest shall instead be reallocated among the Original Members in proportion to their Membership Interests. The foregoing shall not affect the 483 Membership Interest for purposes of allocation of Interests in Profits and Losses. Upon approval by the Nevada Department of Taxation of the transfer of the 483 Membership Interest from 483 to the Original Members and the transfer thereof, this Section 8(b)(ii) shall be null and void and of no further force or effect whatsoever.

**9. BUY/SELL EVENT.**

In the event of the death, disability, incapacity, or divorce of a Member, this Agreement shall succeed to and be binding upon such Member's heirs and legal successors ("Successors"). Except for the Original Members, whose Successors shall succeed to all rights and obligations hereunder, such a Successor shall be deemed an unadmitted assignee, and shall have no rights hereunder, including, without limitation, voting or management rights, except for the right to receive distributions in accordance with Section 8 above. A "Buy/Sell Event" is defined herein as the failure of a Member to make a capital contribution, a Member Event of Bankruptcy, a Member is deemed unsuitable to be a Member of the Company by any authority having jurisdiction over the Company for purposes of the Marijuana Establishment, or other default by a Member. A Member who directly or indirectly causes a Buy/Sell Event shall be referred to herein as a "Terminating Member". The Company shall continue without dissolution. The Terminating Member or his or her personal representative shall cease to be a Member and shall have no further right to participate in the Company's business, Profits, Losses, or distributions, but shall have only the rights provided below. Each Member hereby grants and gives the Original Members first, the Company second, and the remaining Members third, the right and option to purchase the interest of the Terminating Member on the terms and conditions stated below. This right and option to purchase shall be effective from the date of the Terminating Event for a period of six (6) months at which time this right and option shall expire. This right and option may be exercised by giving notice of exercise thereof within said six-month period of time.

a. Failure to Make a Capital Contribution or Other Default. In the event that a Member fails to make a Capital Contribution or a Member otherwise defaults hereunder, which includes, without limitation, conviction of a felony or a crime of moral turpitude, in addition to (and not to the exclusion of) any and all other rights and remedies of the Company and the Members herein, the Company first and the Members second shall have the right and option, and each Member hereby grants to the Company the right and option, to take all of the following actions in the event that any Member (hereinafter also referred to as the "Defaulting Member", with the other Non-defaulting Members being

hereinafter referred to as the "Non-Defaulting Members") defaults under the provisions of this Agreement.

i. Right to Borrow Money. In the event of such default or failure to perform, the Members shall have the right, power and authority to have the Company borrow money up to the amount of the contribution deficiency. The Defaulting Member shall have thirty (30) days from the date when performance was due or from the date when the contribution was due to cure the default and pay to the Company the contribution deficiency together with interest thereon at the rate of ten percent (10%) per annum, whether or not the Company borrows money as a result of such failure to contribute.

ii. Failure of Defaulting Member to Repay Loan. Should the Defaulting Member fail to repay said loan when due, the Membership Interest of the Defaulting Member shall be automatically reduced upon expiration of said 30 days to a percentage computed by dividing (1) the cumulative amount of contributions actually made by the Defaulting Member by (2) the total cumulative amount of contributions which the Defaulting Member was required to make through said date, including interest and fees, and then multiplying the resultant quotient by the Defaulting Member's Membership Interest. This reduction in Membership Interest shall be allocated as follows:

(1) The Original Members first and the remaining Members second shall then be given the opportunity to voluntarily contribute funds in proportion to their respective Membership Interests necessary to eliminate the contribution deficiency. If they so contribute, the resulting percentage reduction of the Defaulting Member shall then be allocated to the Membership Interest of the Members who voluntarily contribute funds necessary to eliminate the contribution deficiency, such allocation to be in proportion to the respective amounts so contributed by them.

(2) Should the Members fail to voluntarily contribute sums necessary to eliminate any contribution deficiency, the Non-Defaulting Original Members may decide to require additional contributions from Non-Defaulting Members to cover said deficiency, with said required additional contributions to be allocated among the Non-Defaulting Members in percentages equal to their Percentage Shares of Additional Contributions.

iii. Right to Purchase Defaulting Member's Membership Interest. The Original Members first and the Company second shall have, and the Members hereby grant and give to the Company, the first right to purchase all of the Defaulting Member's Membership Interest in accordance with the Purchase Price and Payment Terms below.

iv. Consequences of Breach. Notwithstanding anything to the contrary in the law, if a Defaulting Member fails to make a Capital Contribution pursuant to the

provisions of this Agreement or attempts to (i) Transfer a Membership Interest in the Company, (ii) cause a partition, (iii) withdraw from the Company or dissolve the Company, or (iv) otherwise breaches the provisions of this Agreement, the Company shall continue and such Defaulting Member shall be subject to the provisions of this Paragraph. In such event the following shall occur:

(1) The Defaulting Member shall immediately cease to be a Member and shall have no further power to act for or bind the Company;

(2) The other Members shall continue to have the right to possess the Company's property and goodwill and to conduct its business and affairs;

(3) The Defaulting Member shall be liable in damages, without requirement of a prior accounting, to the Company for all costs and liabilities that the Company or any Member may incur as a result of such breach;

(4) The Company shall have no obligation to pay to the Defaulting Member such Defaulting Member's contributions, capital, or profits, but may, by notice to the Defaulting Member, elect to purchase the Defaulting Member's interest in the Company;

(5) The Company shall treat the Defaulting Member as if he, she or it were an unadmitted assignee of the interest of the Defaulting Member and shall make distributions to the Defaulting Member only of those amounts otherwise payable with respect to such interest after offset of any sums due to the Company from the Defaulting Member;

(6) The Company may apply any distributions otherwise payable with respect to such Membership Interest to satisfy any claims it may have against the Defaulting Member;

(7) The Defaulting Member shall have no right to inspect the Company's books or records or obtain other information concerning the Company's operations; and

(8) The Defaulting Member shall continue to be liable to the Company for any unpaid Capital Contributions required with respect to such interest and to be jointly and severally liable with the other Members for any debts and liabilities (whether actual or contingent, known or unknown) of the Company existing at the time of the default.

b. No Bonding. Notwithstanding anything to the contrary in the law, if the Company treats a Defaulting Member as an unadmitted assignee of an interest in the Company, and elects to purchase his Membership Interest, the Company shall not be obligated to secure the value of the Defaulting Member's interest by bond or otherwise; provided, however, that if a court of competent jurisdiction determines that, in order to continue the business of the Company, such value must be so secured, the Company may provide such security, but all Members hereby agree that no such court-ordered bond shall exceed five hundred

and no/100 dollars ($500.00). If the Company provides such security, the Defaulting Member shall not have any right to participate in Company profits or distributions during the term of the default.

## 10. PURCHASE PRICE AND PAYMENT TERMS

a. Purchase of Membership Interest. When a Buy-Sell Event occurs, the Terminating Member shall sell, and the Original Members may purchase, the total Membership Interest which the Terminating Member owns for the price and upon the terms herein provided. If the Original Members elect not to purchase said interest, the Company may purchase said interest. If the Original Members and the Company elect not to purchase said interest, the remaining Members have the option to purchase the Membership Interest based upon their respective Membership Interests in the Company on the date at which the Buy-Sell Event occurs. In determining the percentage interests in the Company, the Membership Interest of the Terminating Member shall be disregarded.

b. Purchase Price. The Purchase Price of the Terminating Member's Membership Interest shall be determined as set forth below:

i. In the event of a default or the voluntary withdrawal by a Member, the Purchase Price shall be the Company fair market value less liabilities multiplied by fifty percent (50%), the sum of which is multiplied by the Membership Interest of the Terminating Member.

ii. The Purchase Price of the Terminating Member's Membership Interest shall be determined by the consent of the Terminating Member and the Company or by appraisal, and if one party disagrees with an appraisal, such party shall have the right to obtain its own appraisal. If the parties still cannot agree, the two appraisers shall select a third appraisal, and the average of the three appraisals shall govern and control. All appraisers shall be licensed business appraisers in the State of Nevada. The Purchase Price shall be computed as of the last day of the month preceding the month during which the Buy/Sell Event occurs, less any Company distributions to the Member after such day and less any obligations of the Member owed to the Company. The Manager, if one is elected, otherwise the remaining Members shall give notice of the Purchase Price to the Company and the Member or his personal representative as soon as reasonably possible. The Purchase Price as so determined shall be final and binding on the Member or his personal representative.

c. Partial Purchase Prohibited. The purchaser (whether the Original Members, Company, or remaining Members) must purchase no less than all of the Terminating Member's Membership Interest.

d. Closing; Payment of Purchase Price, Etc.

i. Closing. Closing shall take place at the Company's principal office or such other place as the Company shall direct.

ii. Closing Date. The closing date shall be a date not later than ninety (90) days after: (i) the termination date set forth in the Terminating Member's notice; (ii) the date of death; or (iii) the date of the Terminating Member's voluntary termination.

iii. Payment of Purchase Price. The Purchase Price shall be paid as follows: 20% of the Purchase Price shall be paid in cash to the Terminating Member on or before the Closing Date. The balance of the Purchase Price shall be evidenced by a promissory note providing (i) five (5) yearly installments of principal and interest; (ii) interest to accrue at the rate of 6% per year; (iii) with payments commencing on the first annual anniversary date of the closing and continuing on each of the next annual anniversary dates of the closing date until fully paid; (iv) the privilege of prepayment at any time, without penalty; (v) attorneys' fees and costs if there is a default; and (vi) the acceleration of all remaining installments of principal and interest in the event any installment remains unpaid for twenty (20) calendar days after the date upon which any installment becomes due.

iv. Delivery of Instruments. On the closing date, the Terminating Member or his personal representative shall deliver to the Company appropriate, duly-executed instruments of transfer and assignment, assigning and transferring good and marketable title to the Membership Interest purchased, free from any liens or encumbrances or rights of others therein. The Terminating Member or his personal representative shall pay the cost (including the Company's attorneys' fees) of such transfer, and shall execute and deliver such other instruments as may reasonably be requested.

e. Right of First Refusal.

i. Irrespective of whether the Original Members, Company, or remaining Members have accepted or declined their option rights, if a Member wishes to sell any of such Member's Units or some other interest or rights of such Member in the Company or any portion thereof through a voluntary, bonafide sale (the "Selling Member"), the Selling Member shall first identify the proposed purchaser or purchasers, the interest in the Company proposed to be sold (the "Offered Interest"), and the proposed price and terms of sale. Once such notice is given, it is irrevocable. The Original Members first, Company second, and the remaining Members third shall thereupon have a right of first refusal to purchase the Offered Interest at the price and on the terms proposed to, or offered by, the proposed purchaser or purchasers.

ii. The Original Members shall give written notice to the Selling Member of their intention to exercise their right of first refusal within thirty (30) days following receipt of the notice from the Selling Member. If the Original Members do not exercise their right to purchase, the Original Members shall notify the Selling Member and the Company and other Members in writing, within such thirty (30) days, providing such other Members with a copy of the Selling Member's original notification and a copy of the Original Members' notice of intention with respect

to its right of first refusal. Thereafter, the Company or the Members shall have the right to purchase the Offered Interest at the same price and terms as were available to the Original Members. In order to exercise such purchase rights, the Company or a Member (the "Purchasing Member") shall, within thirty (30) days after receiving notice from the Original Members that they intend not to purchase the Offered Interest, deliver to the Company and the Selling Member a written notice of intention to exercise the right to purchase the Offered Interest. If there is more than one Purchasing Member, each of the Purchasing Members shall acquire a fractional part of the Offered Interest in which the numerator is the Membership Interest owned by a Purchasing Member and the denominator is the amount of the Membership Interest in the Company owned by all Purchasing Members. The Selling Member and all Purchasing Member(s) shall execute such documents and instruments as may be necessary or appropriate to effect the sale of the Offered Interest pursuant to the terms of this Section 10.

iii. If (i) the Original Members, the Company, or the other Members do not give written notice of an intention to exercise the right to purchase, within the time period provided herein, or (ii) the Original Members, the Company, or the other Members fail to close the purchase of the Offered Interest on the terms and conditions set forth in the notice, the Original Members, the Company, or the other Members shall not be entitled to purchase any of the Offered Interest and the Selling Member shall then be free for a period of ninety (90) days thereafter to sell the entire Offered Interest, to the same purchaser or purchasers, at the same price and on the same terms as set forth in the Selling Member's notice of intended sale, but subject to the other terms and conditions hereof, including, without limitation, the suitability of such purchaser as determined by the Nevada Department of Taxation. If such sale is not consummated within such ninety (90) days, the Offered Interest may not be sold by the Selling Member without again complying with the provisions of this Section 10.

iv. The decision of the Company to acquire an Offered Interest must be approved by the Members (other than the Selling Member). Except as provided herein, the Selling Member shall be bound by the restrictions and limitations imposed by this Agreement after any notice of an Offered Interest is given and whether or not any such sale actually occurs.

v. Notwithstanding any other provision contained in this Agreement and other than an existing Member exercising a Right of First Refusal as set forth in this Section 10(f), any transferee, including a Permitted Transferee of an Offered Interest, or any portion thereof is an assignee, but not a substitute Member. An assignee shall become a full substitute Member if approved as provided in Section 7(c)). Otherwise, an assignee shall have no right to participate in the management of the business and affairs of the Company, or to become a Member, or obtain any of the voting and other rights of Members described herein. The assignee is only entitled to receive the share of profits or other compensation by way of income, and the return of contributions to which the transferor Member would otherwise be entitled. An assignee, however, shall be subject to all of the

terms, conditions, restrictions and obligations of this Agreement. Any such transferee, whether an assignee, or approved substitute Member, shall execute and deliver to the Company a written assumption agreement in form satisfactory to the Company, which assumption agreement shall contain an agreement by the transferee to be bound by all the terms and conditions and to assume all obligations of the transferring Member under this Agreement.

## 11. TRANSFERS; WITHDRAWALS

a. Restrictions on Transfers. No Member shall voluntarily Transfer or be forced to involuntarily Transfer, all or any portion of a Membership Interest or any rights therein without the vote of the Members. Any Transfer or attempted Transfer by any Member in violation of the preceding sentence shall be null and void and of no effect whatsoever. Each Member acknowledges the reasonableness of the restrictions on Transfer imposed by this Agreement in view of the Company purposes and the relationship of the Members. Accordingly, the restrictions on Transfer contained in this Agreement shall be specifically enforceable with a bond, if required, not to exceed the sum of one hundred and no/100 dollars ($100.00). Each Member further agrees to hold the Company and each Member (and each Member's successors and assigns) wholly and completely harmless from any cost, liability, or damage (including, without limitation, liabilities for income taxes and costs of enforcing this indemnity) incurred by any of such indemnified Members as a result of a Transfer or an attempted Transfer in violation of this Agreement. Notwithstanding this restriction on transfer, any Member may transfer his or her Membership Interest to a family trust or other similar entity that is controlled by such transferring Member and only if such Transferring Member pays all reasonable costs and expenses, including attorneys' fees.

b. Covenant Not to Withdraw or Dissolve. Notwithstanding any provision herein or in the Act, each Member covenants and agrees that the Members have entered into this Agreement based on their mutual expectation that all Members will continue as Members until a Buy/Sell Event or a Liquidating Event (as hereinafter defined), and that all Members will carry out the duties and obligations undertaken by them pursuant to this Agreement. Therefore, except as otherwise expressly required or permitted, no Member shall withdraw or retire from the Company, be entitled to demand or receive a return of such Member's contributions or profits (or a bond or other security for the return of such contributions or profits), or exercise any power under the Nevada Revised Statutes to dissolve the Company without the vote of the Members as provided herein.

## 12. DISSOLUTION AND WINDING UP

a. Liquidating Events. The Members agree that the Company shall not dissolve prior to the occurrence of a Liquidating Event. If a court of competent jurisdiction determines that the Company has dissolved prior to the occurrence of a Liquidating Event, the Members agree to continue the business of the Company without a winding up or liquidation. The Company shall dissolve and commence winding up and liquidating upon the first to occur of any of the following "Liquidating Events":

i. The Majority vote of the Members to dissolve, wind up, and liquidate the Company; or

ii. The happening of any other event that makes it unlawful or impossible to carry on the business of the Company.

b. Winding Up. Upon the occurrence of a Liquidating Event, the Company shall continue solely for the purpose of winding up its affairs in an orderly manner. The Company shall liquidate its assets and satisfy the claims of its creditors and Members. No Member shall take any action that is inconsistent with, or not necessary to or appropriate for, winding up the Company's business and affairs. The Manager, or if none, the Members (or any Person elected for this purpose by the Members) shall be responsible for overseeing the winding up and liquidation of the Company, and shall take full account of the Company's liabilities and Property and the Property shall be liquidated as promptly as is consistent with obtaining the fair value of the Property, and the proceeds therefrom, to the extent sufficient therefor, shall be applied and distributed in the following order:

i. First, to the payment and discharge of all of the Company's debts and liabilities to creditors other than Members;

ii. Second, to the payment and discharge of all of the Company's debts and liabilities to Members;

iii. Third, to each partner in proportion to the amounts equal to the Member's unreturned Capital Contributions; and

iv. Thereafter, the balance to the Members in accordance with Section 8(a) above.

c. Compliance With Certain Requirements of Regulations. In the event the Company is liquidated within the meaning of Regulations Section 1.704-1(b)(2)(ii)(g), (a) distributions shall be made pursuant to this Article to the Members who have positive Capital Accounts in compliance with Regulations Section 1.704-1(b)(2)(ii)(b)(2), and (b) if any Member's Capital Account has a deficit balance (after giving effect to all contributions, distributions, and allocations for all taxable years, including the year during which such liquidation occurs), such Member shall contribute to the capital of the Company the amount necessary to restore such deficit balance to zero in compliance with Regulations Section 1.704-1(b)(2)(ii)(b)(3).

d. Deemed Distribution and Recontribution. Notwithstanding any other provision of this Article, in the event the Company is liquidated within the meaning of Regulations Section 1.704-1(b)(2)(ii)(g) but no Liquidating Event has occurred, the Property shall not be liquidated, the Company's liabilities shall not be paid or discharged, and the Company's affairs shall not be wound up. Instead, the Company shall be deemed to have distributed the Property in kind to the Members, who shall be deemed to have assumed and taken subject to all Company liabilities, all in accordance with their respective Capital Accounts. Immediately thereafter, the Members shall be deemed to have recontributed the Property in kind to the Company, which shall be deemed to have assumed and taken subject to all such liabilities.

e. Rights of Members. Except as otherwise provided in this Agreement, each Member shall look solely to the assets of the Company for the return of such Member's Capital Contributions and shall have no right or power to demand or receive property other than cash from the Company. Except as expressly provided in Section 8(b) above, no Member shall have priority over any other Member as to the return of such Member's Capital Contributions, distributions, or allocations.

f. Notice of Dissolution. In the event a Liquidating Event occurs, or an event occurs that would otherwise result in a dissolution of the Company, the Company shall, within 30 days thereafter, provide written notice thereof to each of the Members and to all other parties with whom the Company regularly conducts business.

**13. ALLOCATIONS**

a. Profits and Losses. Notwithstanding Section 8 above, Profits and Losses from operations for each fiscal year shall be allocated among the Members in the proportion their respective Membership Interests.

b. General.

i. Except as otherwise provided in this Agreement or required by the Internal Revenue Code, all items of Company income, gain, loss, deduction, and other allocations not otherwise provided for shall be divided among the Members in the same proportion as they share Profits or Losses, as the case may be, for the year.

ii. The Members are aware of the income tax consequences of the allocations made by this Agreement and agree to be bound by the provisions hereof in reporting their shares of Company income and loss for income tax purposes.

iii. As applicable, for purposes of determining the Profits, Losses, or any other items allocable to any period, Profits, Losses, and any such other items shall be determined on a daily, monthly, or other basis, as determined by the Members using any permissible method under Code Section 706 and the Regulations thereunder.

c. Special Allocations.

i. Code Section 754 Adjustment. To the extent an adjustment to the adjusted tax basis of any Company asset pursuant to Code Section 734(b) or Code Section 743(b) is required, pursuant to Regulations Section 1.704-1(b)(2)(iv)(m), to be taken into account in determining Capital Accounts, the amount of such adjustment to the Capital Accounts shall be treated as an item of gain (if the adjustment increases the basis of the asset) or loss (if the adjustment decreases such basis) and such gain or loss shall be specifically allocated to the Members in a manner consistent with the manner in which their Capital Accounts are required to be adjusted pursuant to such Section of the Regulations.

ii. Nonrecourse Deductions. Nonrecourse Deductions for any fiscal year or other period shall be specifically allocated among the Members in the same ratio as the Members share Profits and Losses.

iii. Curative Allocations. The allocations set forth in this Agreement (the "Regulatory Allocations") are intended to comply with certain requirements of Regulations Section 1.704-1(b). Notwithstanding any other provisions of this Agreement, the Regulatory Allocations shall be taken into account in allocating other Profits, Losses, and items of income, gain, loss, and deduction among the Members so that, to the extent possible, the net amount of such allocations of other Profits, Losses, and other items and the Regulatory Allocations to each Member shall be equal to the net amount that would have been allocated to each such Member if the Regulatory Allocations had not occurred. Notwithstanding the preceding sentence, Regulatory Allocations relating to (a) Nonrecourse Deductions shall not be taken into account except to the extent that there has been a reduction in Membership Minimum Gain, and (b) Member Loan Nonrecourse Deductions shall not be taken into account except to the extent that there would have been reduction in Membership Minimum Gain if the Loan to which such deductions are attributable were made or guaranteed by a Member within the meaning of Regulations Sections 1.704-1(b)(4)(iv).

d. Tax Allocations: Code Section 704(c). In accordance with Code Section 704(c) and the Regulations thereunder, income, gain, loss and deduction with respect to any property contributed to the capital of the Company shall, solely for tax purposes, be allocated among the Members so as to take account of any variation between the adjusted basis of such property to the Company for federal income tax purposes and its initial Gross Asset Value (computed in accordance with this Agreement). In the event the Gross Asset Value of any Company asset is adjusted pursuant to this Agreement, subsequent allocations of income, gain, loss, and deduction with respect to such asset shall take account of any variation between the adjusted basis of such asset for federal income tax purposes and its Gross Asset Value in the same manner as under Code Section 704(c) and the Regulations thereunder. Any elections or other decisions relating to such allocations shall be made by the Members in any manner that reasonably reflects the purpose and intention of this Agreement. Allocations pursuant to this Article are solely for purposes of federal, state, and local taxes and shall not affect, or in any way be taken into account in computing, any Person's Capital Account or Share of Profits, Losses, other items, or distributions pursuant to any provisions of this Agreement.

## 14. DEFINITIONS

Capitalized words and phrases used in this Agreement have the following meanings:

a. "Agreement" means this Third Amended and Restated Operating Agreement, as amended from time to time.

b. "Capital Account" means, with respect to any Member, the Capital Account maintained in accordance with the Code, Regulations and the following provisions:

i. Each Member's Capital Account shall be credited such Member's Capital Contributions, such Member's distributive share of Profits and any other items in the nature of income or gain which are specially allocated and the amount of any Company liabilities assumed by such Member or which are secured by any Property distributed to such Member.

ii. Each Member's Capital Account shall be debited the amount of cash and the Gross Asset Value of any Property distributed to such Member pursuant to any provision of this Agreement, such Member's distributive share of Losses and any items in the nature of such expenses or losses which are specially allocated and the amount of any liabilities of such Member assumed by the Company or which are secured by any property contributed by such Member to the Company.

iii. The foregoing provisions and the other provisions of this Agreement relating to the maintenance of Capital Accounts are intended to comply with Regulations Section 1.704-1(b), and shall be interpreted and applied in a manner consistent with such Regulations. In determining the amount of any such liability, there shall be taken into account Code Section 752 and any other applicable provisions of the Code and Regulations.

iv. In the event the Members shall determine that it is prudent to modify the manner in which the Capital Accounts, or any debits or credits thereto (including, without limitation, debits or credits relating to liabilities which are secured by contributed or distributed property or which are assumed by the Company or the Members), are computed in order to comply with such Regulations, the Members may make such modification, provided that it is not likely to have a material effect on the amounts distributable to any Member pursuant to this Agreement upon the dissolution of the Company. The Members also shall (i) make any adjustments that are necessary or appropriate to maintain equality between the Capital Accounts of the Members and the amount of Company capital reflected on the Company's balance sheet, as computed for book purposes in accordance with Regulations Section 1.704-1(b)(2)(iv)(g), and (ii) make any appropriate modifications in the event unanticipated events might otherwise cause this Agreement not to comply with Regulations Section 1.704-1(b).

c. "Capital Contributions" means, with respect to any Member, the amount of money and the initial Gross Asset Value of any property contributed to the Company with respect to the Company interest held by such Member pursuant to the terms of this Agreement.

d. "Code" means the Internal Revenue Code of 1986, as amended from time to time (or any corresponding provisions of succeeding law).

e. "Effective Date" means the date that 483 receives approval from the Nevada Department of Taxation to own the 483 Membership Interest.

f. "Event of Bankruptcy" means, with respect to any Member or the Company, any of the following:

i. Filing a voluntary petition in bankruptcy or for reorganization or for the adoption of and arrangement under the Bankruptcy Code (as now or in the future amended) or an admission seeking the relief therein provided;

ii. Making a general assignment for the benefit of creditors;

iii. Consenting to the appointment of a receiver for all or a substantial part of such Person's property;

iv. In the case of the filing of an involuntary petition in bankruptcy, an entry of an order for relief;

v. The entry of a court order appointing a receiver or trustee for all or a substantial part of such Person's property without the consent of such Person; or

vi. The assumption of custody or sequestration by a court of competent jurisdiction of all or substantially all of such Person's property.

g. "Gross Asset Value" means, with respect to any asset, the asset's adjusted basis for federal income tax purposes, except as follows:

i. The initial Gross Asset Value of any asset contributed by a Member to the Company shall be the gross fair market value of such asset, as determined by the contributing Member and the Company;

ii. The Gross Asset Values of all Company assets shall be adjusted to equal their respective gross fair market values as of the following times: (a) the admission of an additional Member; (b) the distribution by the Company to a Member of Payments pursuant to this Agreement as consideration for an interest in the Company; and (c) the liquidation of the Company within the meaning of Regulations Section 1.704-1(b)(2)(ii)(g);

iii. The Gross Asset Value of any Company asset distributed to any Member shall be the gross fair market value of such asset on the date of distribution; and

iv. The Gross Asset Values of Company assets shall be increased (or decreased) to reflect any adjustments to the adjusted basis of such assets pursuant to Code Section 734(b) or Code Section 743(b), but only to the extent that such adjustments are taken into account in determining Capital Accounts pursuant to Regulations Section 1.704-1(b)(2)(iv)(m) and this Agreement; provided, however, that Gross Asset Values shall not be adjusted pursuant to this Paragraph to the extent the Members determine that an adjustment is necessary or appropriate in connection with a transaction that would otherwise result in an adjustment pursuant to this Article. If the Gross Asset Value of an asset has been determined or adjusted pursuant to this Agreement, such Gross Asset Value shall thereafter be adjusted by the Depreciation taken into account with respect to such asset for purposes of computing Profits and Losses.

h. "Interest in Profits and Losses"Subject to Section 8(b), Each Member's interest in Profits and Losses from operations shall be calculated by using each Member's respective Membership Interest as set forth in Exhibit B.

i. "Limited Member" shall mean individually any of the following, and collectively all of the following, Green Light District Holdings, Inc and any of its current or former Directors, Officers or Owners.

j. "Majority" shall mean either: (a) in excess of fifty percent (50%) of the Members' Membership Interest entitled to vote;.

k. "Manager" is one or more the duly elected Managers, who currently is Michael B. Viellion.

l. "Member Loan Nonrecourse Deductions" means any Membership deductions that would be Nonrecourse Deductions if they were not attributable to a loan made or guaranteed by a Member within the meaning of Regulations Section 1.704-1(b)(4)(iv).

m. "Members" means those Persons executing this Agreement as Members. Member means any one of the Members.

n. "Membership" means the Company formed by this Agreement and the Members' interests herein.

o. "Membership Interest" means each Member's interest in Profits and Losses from operations as set forth in Exhibit B attached hereto.

p. "Nonrecourse Deductions" has the meaning set forth in Section 1.704-2(b)(3) of the Regulations. The amount of Nonrecourse Deductions for a Company fiscal year, equals the net increase, if any, in the amount of Membership Minimum Gain during that fiscal year, determined according to the provisions of Section 1.704-2(d) of the Regulations.

q. "Original Member(s)" mean, individually any of the following, and collectively, all of the following Members, The Hammer Family Trust, u/a/d 3/13/2000, The Meservey Family Trust u/a/d 12/19/1994, Trans-Sterling LLC, and MMJ Investment Facility LLC.

r. "Person" means any individual, partnership, corporation, trust, or other entity.

s. "Profits" and "Losses" means, for each fiscal year, an amount equal to the Company's taxable income or loss for such year, determined in accordance with Code Section 703(a) (for this purpose, all items of income, gain, loss, or deduction required to be stated separately pursuant to Code Section 703(a)(1) shall be included in taxable income or loss), with the following adjustments:

i. Any income of the Company that is exempt from federal income tax and not otherwise taken into account in computing Profits and Losses shall be added to such taxable income or loss;

ii. Any expenditures of the Company described in Code Section 705(a)(2)(B) or treated as Code Section 705(a)(2)(B) expenditures pursuant to Regulations Section 1.704-1(b)(2)(iv)(i), and not otherwise taken into account in computing Profits and Losses shall be subtracted from such taxable income or loss;

iii. In the event the Gross Asset Value of any Company asset is adjusted pursuant to this Agreement, the amount of such adjustment shall be taken into account as gain or loss from the disposition of such asset for purposes of computing Profits and Losses;

iv. Gain or loss resulting from any disposition of Property with respect to which gain or loss is recognized for federal income tax purposes shall be computed by reference to the Gross Asset Value of the Property disposed of, notwithstanding that the adjusted tax basis of such Property differs from its Gross Asset Value;

v. In lieu of the depreciation, amortization and other cost recovery deductions taken into account in computing such taxable income or loss, there shall be taken into account Depreciation for such fiscal year or other period, computed in accordance with this Agreement; and

vi. Notwithstanding any other provision of this Agreement, any items which are specifically allocated pursuant to this Agreement shall not be taken into account in computing Profits and Losses.

t. "Property" means all real and personal property acquired by the Company and any improvements thereto, and shall include both tangible and intangible property.

u. "Regulations" means the Income Tax Regulations promulgated under the Code, as such Regulations may be amended from time to time (including corresponding provisions of succeeding Regulations).

v. "Transfer" means, as a noun, any voluntary or involuntary transfer, sale, pledge, hypothecation, or other disposition, and, as a verb, voluntarily or involuntarily to transfer, sell, pledge, hypothecate, or otherwise dispose of.

v. "Super-Majority" shall mean in excess of sixty-six and two-thirds percent (66 2/3 %) of the Membership Interest in the Company

**15. MISCELLANEOUS**

a. Attorneys' Fees. In the event any legal action or proceeding is brought by the Company or any Member to enforce any provision of this Agreement by reason of any alleged breach hereunder, for a declaration of rights or obligations hereunder, or for any other remedy, the prevailing party shall be entitled to recover such amounts as a court of

competent jurisdiction may adjudge to be reasonable attorney fees and costs of such proceeding and such amount shall be included in any judgment rendered in any such action or proceeding.

b. Binding Effect. Except as otherwise provided in this Agreement, every covenant, term and provision of this Agreement shall be binding upon an inure to the benefit of the Company, Members and their respective heirs, legatees, legal representatives, successors, transferees, and assigns.

c. Construction. Every covenant, term, and provision of this Agreement shall be construed simply according to its fair meaning and not strictly for or against any Member.

d. Counterpart Execution. The Agreement may be executed in any number of counterparts with the same effects as if all of the Members had signed the same document. All counterparts may be distributed via fax or email/PDF and shall be construed together and shall constitute one agreement.

e. Entire Agreement. This Agreement constitutes the entire agreement between and among the Members. All negotiations, proposals, modifications and agreements prior to the date hereof are merged into this Agreement and hereby superseded. There are no other terms, conditions, promises, understandings, statements or representations, express or implied, concerning this Agreement unless set forth in writing and signed by the Members.

f. Further Action. Each Member agrees to perform all further acts and execute, acknowledge, and deliver any documents which may be reasonably necessary, appropriate, or desirable to carry out the provisions of this Agreement.

g. Governing Law. The laws of the State of Nevada shall exclusively govern the validity of this Agreement, the construction of its terms, and the interpretation of the rights and duties of the Members.

h. Headings. Paragraph and other headings contained in this Agreement are for reference purposes only and are not intended to describe, interpret, define, or limit the scope, extent, or intent of this Agreement or any provision of this Agreement.

i. Incorporation by Reference. Every exhibit, schedule, and other appendix attached to this Agreement and to which reference is made in this Agreement is incorporated in this Agreement by reference.

j. Mediation. If a dispute arises out of or relates to this Agreement, or a breach of this Agreement occurs, or if any dispute between or among the Members cannot be settled through negotiation, the Members agree to participate, in good faith, in mediation prior to filing any action in a court with competent jurisdiction.

k. Notices. Any notice, payment, demand, or communication required or permitted to be given by any provision of this Agreement shall be in writing. Wherever provision is made in this Agreement for the giving, service or delivery of any notice, statement, or other instrument, the same shall be deemed to have been duly given, served, and

delivered: (i) on the date personally delivered; (ii) on the second business day following the date on which mailed by United States registered or certified mail (return receipt requested), postage prepaid and faxed; (iii) on the first business day following the date on which mailed by United States Express Mail, postage prepaid, or delivered to a commercially-responsible overnight courier which provides service between the point of origin and the point of destination and faxed; or (iv) on the date upon which transmitted by facsimile transmitter or email, addressed as follows: If to the Company, to the Company at the address set forth in this Agreement, or to such other address as the Company may from time to time specify by notice to the Members; if to a Member, to such Member at the address on file with the Company, or to such other address as such Member may from time to time specify by notice to the Company.

l. Severability. Every provision of this Agreement is intended to be severable. If any term or provision of this Agreement is illegal or invalid for any reason whatsoever, such illegality or invalidity shall not affect the validity or legality of the remainder of this Agreement.

m. Time. Time is of the essence with respect to this Agreement.

n. Variation of Pronouns. All pronouns and any variations thereof shall be deemed to refer to masculine, feminine, or neuter, singular or plural, as the identity of the person or persons may require.

**IN WITNESS WHEREOF**, the Members have entered into this Third Amended and Restated Operating Agreement as of the Effective Date by executing **Exhibit A**, as applicable, or a copy thereof.

By: _____
Name: Michael B. Viellion
Title: Manager

LIST OF EXHIBITS

Exhibit A Members of GBS Nevada Partners LLC

Exhibit B Summary of Membership of GBS Nevada Partners LLC

**Exhibit A**

**Member of**

**GBS Nevada Partners LLC**

| Name and Signature of Member | Membership Interest |
|---|---|
| Hammermeister NV, LLC | 24.85% |

The signature below is an acknowledgment and representation that the undersigned has received a copy and has read the Third Amended and Restated Operating Agreement of GBS Nevada Partners LLC and agrees to be bound by its terms, conditions, and obligations including any amendments thereto.

**Member:**

Hammermeister NV LLC

By: James D Hammer
Name: James D. Hammer
Title: Manager

Dated: Sept 17, 2018

**Exhibit A**

**Member of**

**GBS Nevada Partners LLC**

| Name and Signature of Member | Membership Interest |
|---|---|
| The Meservey Family Trust u/a/d 12/19/1994 | 24.85% |

The signature below is an acknowledgment and representation that the undersigned has received a copy and has read the Third Amended and Restated Operating Agreement of GBS Nevada Partners LLC and agrees to be bound by its terms, conditions, and obligations including any amendments thereto.

**Member:**

By: _____
Name: James M. Meservey, Trustee of
The Meservey Family Trust u/a/d 12/19/1994

Dated: Sept 17, 2018

**Exhibit A**

**Member of**

**GBS Nevada Partners LLC**

| Name and Signature of Member | Membership Interest |
|---|---|
| Trans-Sterling LLC | 24.85% |

The signature below is an acknowledgment and representation that the undersigned has received a copy and has read the Third Amended and Restated Operating Agreement of GBS Nevada Partners LLC and agrees to be bound by its terms, conditions, and obligations including any amendments thereto.

**Member:**

Trans-Sterling LLC

By: _____
Name:
Title:

Dated: _____

Exhibit

**Exhibit A**

**Member of**

**GBS Nevada Partners LLC**

| Name and Signature of Member | Membership Interest |
|---|---|
| MMJ Investment Facility LLC | 15.45% |

The signature below is an acknowledgment and representation that the undersigned has received a copy and has read the Third Amended and Restated Operating Agreement of GBS Nevada Partners LLC and agrees to be bound by its terms, conditions, and obligations including any amendments thereto.

**Member:**

MMJ Investment Facility LLC

By: _____
Name: Michael Viellion
Title: Manager

Dated: 9/17/18

**Exhibit A**

**Member of**

**GBS Nevada Partners LLC**

| Name and Signature of Member | Membership Interest |
|---|---|
| 483 Management LLC | 10% |

The signature below is an acknowledgment and representation that the undersigned has received a copy and has read the Third Amended and Restated Operating Agreement of GBS Nevada Partners LLC and agrees to be bound by its terms, conditions, and obligations including any amendments thereto.

**Member:**

483 Management LLC

By: _____
Name: William Moore
Title: Managing Member
Dated: 9/19/19

**Exhibit B**

**Summary of**

**GBS Nevada Partners LLC**

| Name of Member | Membership Interest |
|---|---|
| Hammermeister NV LLC | 24.85% |
| The Meservey Family Trust u/a/d 12/19/1994 | 24.85% |
| Trans-Sterling LLC | 24.85% |
| MMJ Investment Facility, LLC | 15.45% |
| 483 Management LLC | 10% |

**Exhibit A**

**Member of**

**GBS Nevada Partners LLC**

| Name and Signature of Member | Membership Interest |
|---|---|
| Greenacre Trust | 24.85% |

The signature below is an acknowledgment and representation that the undersigned has received a copy and has read the Third Amended and Restated Operating Agreement of GBS Nevada Partners LLC and agrees to be bound by its terms, conditions, and obligations including any amendments thereto.

**Member:**

By: _____
Name: Melissa Beuchat, Trustee of
The Greenacre Trust

Dated:_____

# PART I – IDENTIFIED CRITERIA RESPONSE

## 5.2.8. TAB VIII – DOCUMENTATION OF LIQUID ASSETS

5.2.8. Tab VIII – Documentation of liquid assets

5.2.8.1. Liquid assets which are unencumbered and can be converted within 30 days after a request to liquidate such assets:

**The Applicant has $7,812,234.93 in available liquid assets to support its proposed new dispensary operations.**

[redacted]

| Financial institution | Amount |
|---|---|
| [redacted] | $1,480,000.00 |
| | $632,552.97 |
| | $489,493.00 |
| Subtotal | **$2,602,045.97** |

[redacted]

| Financial institution | Amount |
|---|---|
| [redacted] | $1,803,195.52 |
| | $91,498.06 |
| | $50,378.28 |
| Subtotal | **$1,945,071.86** |

[redacted]

| | Amount |
|---|---|
| [redacted] | $41,633.83 |
| | $1,810,681.70 |
| | $82,214.98 |
| | $195,094.05 |
| | $61,460.29 |
| Subtotal | **$2,191,084.85** |

[redacted]

| | Amount |
|---|---|
| [redacted] | $35,998.61 |
| | $319,736.50 |
| | **$355,735.11** |

[redacted]

| Financial institution | Amount |
|---|---|
| [redacted] | $563,532.54 |
| | $104,752.55 |
| | $50,012.05 |
| Subtotal | **$718,297.14** |

| | |
|---|---|
| **Total liquid assets** | **$7,812,234.93** |

5.2.8.2. The source of those liquid assets.

The sources of the liquid assets demonstrated above in 5.2.8.1 are indicated on the attached supporting documentation from the various financial institutions, and the financial statements included in 5.2.11. Tab XI. The applicant's members currently own and operate an existing dispensary and numerous other businesses including real estate development and construction, public storage, banking, and professional services.

**GBS Nevada Partners, LLC**

*GBS Nevada Partners, LLC dba ShowGrow*

[redacted]

*I [redacted] declare as follows:*

*1. I am a resident of Clark County, Nevada, and am the Managing Member of GBS Nevada Partners, LLC dba ShowGrow ("GBS").*

*2. I am competent to testify to the facts stated herein, which are based on personal knowledge, and if called upon to testify, I could and would testify competently to the following.*

*3. I make this Declaration in support of GBS' application to the Nevada Department of Taxation ("Department") for a Marijuana Establishment License ("License") to operate additional marijuana dispensaries.*

*4. In the event the Department issues a License(s) to the applicant, GBS, GBS unconditionally commits its cash on hand to the use of GBS' new License(s) in the total amount of One Million Four Hundred Eighty Thousand ($1,480,000).*

*5. The source of GBS' cash on hand is from its currently licensed dispensary operations located at 4850 S. Fort Apache Road, #100, Las Vegas, NV 89147.*

*I declare under penalty of perjury that the foregoing is true and correct.*

*EXECUTED this 19th day of* [redacted]

State of Nevada

County of Clark

Signed and sworn to (or affirmed) before me on September 19, 2018 by [redacted]

Notary Stamp

JACQUELINE BADILLO
Notary Public State of Nevada
No. 12-7336-1
My Appt. Exp. March 20, 2020

Signature of notarial officer

**GBS Nevada Partners**
**Consolidated Balance Sheets**
**(Unaudited)**

| | July 31, 2018 | June 30, 2018 |
|---|---|---|
| **ASSETS** | | |
| Current assets: | | |
| Cash | $ 924,955 | $ 741,693 |
| Due from related parties | 814,337 | 886,420 |
| Inventory | 489,493 | 552,361 |
| Other current assets | 107,491 | 120,316 |
| Total current assets | 2,336,277 | 2,300,790 |
| Other assets: | | |
| Fixed assets | | |
| Furniture | $ 8,591 | $ 8,591 |
| Machines | 49,891 | 49,891 |
| Leasehold improvements | 973,586 | 866,114 |
| | 1,032,069 | 924,597 |
| Accumulated depreciation | (253,560) | (241,668) |
| Fixed assets, net of accumulated depreciation | 778,509 | 682,929 |
| **TOTAL ASSETS** | **$ 3,114,786** | **$ 2,983,719** |
| **LIABILITIES AND MEMBERS' EQUITY** | | |
| Current liabilities: | | |
| Accounts payable | $ 91,483 | $ 73,216 |
| Due to related parties | 1,487,440 | 1,535,440 |
| Accrued liabilities | 114,137 | 119,461 |
| Total current liabilities | 1,693,060 | 1,728,117 |
| **Total liabilities** | **1,693,060** | **1,728,117** |
| Members' equity: | | |
| Distributions | (2,233,489) | (2,133,489) |
| Retained earnings | 3,655,215 | 3,389,092 |
| **Total members' equity** | **1,421,726** | **1,255,602** |
| **TOTAL LIABILITIES AND MEMBERS' EQUITY** | **$ 3,114,786** | **$ 2,983,719** |
| Working capital | **$ 643,217** | **$ 572,673** |

[redacted]

Explore products

Sign out

Accounts | Investments | Pay & transfer

BANK ACCOUNTS

Last signed in September 14, 2018 at 8:56 PM ET

PREMIER PLUS CK[redacted]

$1,803,195.52
Available balance

[redacted]

Things you can do

| Available balance | Present balance | Overdraft protection | Debit card coverage |
|---|---|---|---|
| $1,803,195.52 | $1,803,195.52 | Off<br>Set up > | Off<br>Set up > |

PRE[redacted]

$91,498.06
Available balance

Total $1,894,693.58

Statements | Paperless | Transfer money

No debit card? No problem

You can now use your mobile wallet at Chase ATMs and get cash quickly and securely.

Learn more >

CREDIT CARDS & PRODUCTS

[redacted]

$200.85
Current balance

LOANS & LINES OF CREDIT

[redacted]

$0.00
Payment amount due

Your credit score

Free score, updated weekly >

$225

For a new Chase savings customer

when you open a Chase Savings℠ account with qualifying activities

Open now >

SHOWING All transactions | Search >

| Date | Description | Type | Amount | Balance |
|---|---|---|---|---|
| Pending | [redacted] | | −$1,239.00 | — |
| Sep 13, 2018 | | | −$15.00 | $1,804,434.52 |
| Sep 13, 2018 | | | −$15.00 | $1,804,449.52 |
| Sep 13, 2018 | | | −$25.00 | $1,804,464.52 |
| Sep 13, 2018 | | | −$86.20 | $1,804,489.52 |
| Sep 13, 2018 | | | −$500.00 | $1,804,575.72 |
| Sep 13, 2018 | | | −$750.00 | $1,805,075.72 |
| Sep 13, 2018 | | | $505,067.70 | $1,805,825.72 |
| Sep 13, 2018 | | | $1,276,657.00 | $1,300,758.02 |
| Sep 11, 2018 | | | −$50.00 | $24,101.02 |
| Sep 11, 2018 | | | −$8,000.00 | $24,151.02 |

Explore products

Sign out

Accounts | Investments | Pay & transfer

BANK ACCOUNTS

[redacted]

$1,803,170.68
Available balance

[redacted]

$91,498.06
Available balance

Total $1,894,668.74

CREDIT CARDS & PRODUCTS

[redacted]

$657.20
Current balance

LOANS & LINES OF CREDIT

[redacted]

$0.00
Payment amount due

Your credit score
Free score, updated weekly >

Thanks = $500 Cash Back
Choose Chase for your mortgage — we'll thank you with $500 Cash Back.
Learn more >

Last signed in September 14, 2018 at 9:07 PM ET

[redacted]

Things you can do

| Available balance | Present balance | Overdraft protection | Debit card coverage |
|---|---|---|---|
| $91,498.06 | $91,498.06 | Off<br>Set up > | On<br>See details > |

Statements | Paperless | Transfer money

SELECTED FOR YOU
Earn $225
For a new Chase savings customer,
when you open a Chase Savings℠ account with qualifying activities
Open now >

SHOWING All transactions Search >

| Date | Description | Type | Amount | Balance |
|---|---|---|---|---|
| Sep 13, 2018 | [redacted] | | −$33,781.28 | $91,498.06 |
| Sep 12, 2018 | | | $52,773.97 | $125,279.34 |
| Sep 11, 2018 | | | −$3,000.00 | $72,505.37 |
| Sep 6, 2018 | | | $19,400.00 | $75,505.37 |
| Sep 5, 2018 | | | −$1,600.00 | $56,105.37 |
| Aug 15, 2018 | | | $0.15 | $57,705.37 |
| Aug 14, 2018 | | | $39,894.81 | $57,705.22 |
| Jul 17, 2018 | | | $0.07 | $17,810.41 |
| Jul 9, 2018 | | | −$1,500.00 | $17,810.34 |
| Jul 9, 2018 | | | $16,800.00 | $19,310.34 |
| Jun 22, 2018 | | | −$7,500.00 | $2,510.34 |
| Jun 18, 2018 | | | −$4,000.00 | $10,010.34 |
| Jun 15, 2018 | | | $0.08 | $14,010.34 |
| Jun 12, 2018 | | | −$35.00 | $14,010.26 |
| Jun 12, 2018 | | | −$2,200.00 | $14,045.26 |

WELLS FARGO

4 Sign Off Welcome

Accounts Brokerage Transfer & Pay Plan & Learn Security & Support

Account Summary

Switch Account Print Search

[redacted]

$50,378.28 Español
Available balance

Transfer Money Pay Bills Send Money View Statements Manage Alerts

Activity Summary

| | |
|---|---|
| Current posted balance | $50,378.28 |
| Pending withdrawals/debits | $0.00 |
| Pending deposits/credits | $0.00 |
| **Available balance** | **$50,378.28** |

Monthly Service Fee Summary | Debit Card Activity

Improve business cash flow

Explore convenient business deposit options

Order Checks and Deposit Tickets

Manage Travel Plans

Turn Card On or Off

View More Services

Hi-tech + Wells Fargo Advisors

Activity Interest Earned

Search Transactions Deposits Checks Withdrawals

Download Account Activity | Dispute a Transaction

Next ›

Show ending daily balance

| Date | Description | Deposits/Credits | Withdrawals/Debits |
|---|---|---|---|
| **Pending Transactions** | | | |
| No pending transactions to view. | | | |
| **Posted Transactions** | | | |
| 09/14/18 | [redacted] | $25,000.00 | |
| 08/14/18 | | | $10.00 |
| 07/23/18 | | | $25,000.00 |

[redacted]

usbank

# My Accounts

**Deposit checks faster.**
Skip the trip. Try free Mobile Check Deposit today. Learn more.

**I'd Like to...**

- Transfer Money
- Pay External Bills
- Pay My U.S. Bank Account
- Online Statements
- Get a Cash Advance
- Send Money with
- Set up cards for travel
- Learn About Mobile Banking
- Check My Credit Score for Free

Automated Investor

**Smart investing made easy with intuitive technology, combined with our experience and expertise.**

Learn more New

*Exclusively from U.S. Bancorp Investments*

Important Info

**Important update as of May, 2018:** Click here to review the changes being made to your Online and Mobile Financial Services Agreement

Deposit Accounts — Total Available Balance: $41,057.34

| Account Name | Available Balance |
|---|---|
| [redacted] | $39,866.14 |
| | $5.66 |
| | $1,185.54 |

Check Cards & ATM Cards

| Card Name | Card Type |
|---|---|
| [redacted] | Check Card |

Transfer Money

From Account

To Account

$ mm/dd/yyyy

Continue

Pay a U.S. Bank Account

Pay Bills

Send Money with

[redacted]

Connection Secured

Privacy Pledge Legal Agreements CoBrowse

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OLB: KS-MEC 4B 018.09.1738.1

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Equal Housing Lender. Deposit products offered by U.S. Bank National Association. Member FDIC
U.S. Bank is not responsible for and does not guarantee the products, services or performance of U.S. Bancorp Investments.

Answers

[redacted]

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# My Accounts

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**I'd Like to...**

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- Pay My U.S. Bank Account
- Online Statements
- Get a Cash Advance
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Learn more New

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Important Info

**Important update as of May, 2018:** Click here to review the changes being made to your Online and Mobile Financial Services Agreement

## Deposit Accounts

Total Available Balance: $1,317.28

| Account Name | Available Balance |
|---|---|
| [redacted] | $740.79 |
| | $576.49 |

Earn 50,000 bonus points worth $750 in travel. Learn more

## Credit Cards & Credit Lines

Total Current Bal. $643,758.36

| Account Name | Available Credit | Current Balance |
|---|---|---|
| [redacted] | $744.00 | $1,064.52 |
| | $360,641.33 | $642,693.84 |
| | $0.00 | $0.00 |

Request a Cardmember Agreement

## Loans & Leases

Total Current Balance: $825,314.84

| Account Name | Current Balance |
|---|---|
| [redacted] | $825,314.84 |

| Account Type | Mortgage |
|---|---|
| [redacted] | |
| Interest Rate | 3.50000% |
| Mortgage Payment | $5,605.09 |
| Payment Due Date | 10/01/2018 |
| Accrued Late Charges | $0.00 |

- Make a Payment

Note: The loan balance shown is not the current payoff amount. Please refer to your payoff statement for instructions on paying off your loan. For the current payoff amount, log in to the mortgage system or call 1-800-365-7772.

## Check Cards & ATM Cards

| Card Name | Card Type |
|---|---|
| [redacted] | Check Card |
| | Check Card |

Transfer Money

From Account

To Account

$ mm/dd/yyyy

Continue

- Pay a U.S. Bank Account
- Pay Bills
- Send Money with
- Get a Cash Advance

**Connection Secured**

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Answers

[redacted]

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Home | Accounts | Pay + Transfer | Markets + Research | Trade | Home Loans | Services

Total Assets
**$1,810,798.26**

Today's Change
**$78.55 / 0.00%**

Add External Accounts

As of 9/17/2018 12:14 PM ET | Refresh Market Data

Print Download Definitions

Overview | Available Funds (Cash + Loans) | Investment Details | Allocation | Projected Income

## Assets

Show $0.00 balances

| Group / Account | Prior Day Market Value ($) | Today's Change | Market Value ($) | Accrued Interest ($)* | Total Assets ($) |
|---|---|---|---|---|---|
| Total | 1,810,603.15 | +$78.55<br>0.00% | 1,810,681.70 | 116.55 | 1,810,798.26 |
| [redacted] | 1,752,019.92 | +$0.70<br>0.00% | 1,752,020.62 | 116.55 | 1,752,137.17 |
| | 25,744.11 | +$77.85<br>+0.30% | 25,821.96 | 0.01 | 25,821.97 |
| | 32,839.12 | - | 32,839.12 | 0.00 | 32,839.12 |

## Liabilities

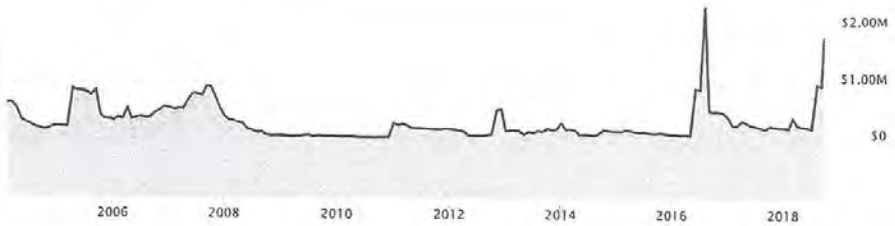
Are you buying a home, paying taxes, financing a college education, or covering a business expense? Ask your Financial Advisor about potential financing solutions for your personal or business needs.

I am interested

## Historical Value

View Details

September 14, 2018 | Net Invested Capital* $1,758,815.76 | Investment Earnings* $51,787.40 | Total Value** $1,810,603.16




Accrued Income $0.00

*Values reflect data Since Performance Inception; **Total Value represents the Market Value of the portfolio inclusive of Accrued Income. It does not include Performance Ineligible Assets. For Additional information, please refer to **Performance FAQs**

My Top Holdings | Today's Change ↑ | Today's Change ↓

Pay Bills | Transfer Funds

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Contact your Financial Advisor

[redacted]

Check the background of our Firm and Investment Professionals on FINRA's BrokerCheck >>

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Learn More

Morgan Stanley

CLIENT STATEMENT | For the Period August 1-31, 2018

STATEMENT PACKAGE FOR:
[redacted]

TOTAL VALUE OF YOUR ACCOUNTS (as of 8/31/18) $974,048.44
*Includes Accrued Interest*

*Morgan Stanley Smith Barney LLC. Member SIPC.*

Your Financial Advisor Team
[redacted]

Your Branch
[redacted]

[redacted]

[redacted]

Client Service Center (24 Hours a Day; 7 Days a Week): 800-869-3326

Access Your Accounts Online: www.morganstanley.com/online

[redacted]

# Consolidated Summary

## OVERVIEW OF YOUR ACCOUNTS (includes accrued interest)

Although only whole dollar amounts are displayed below, both dollars and cents are used to calculate all totals. Manually summing the individual line items may not equal the actual total displayed. Refer to Account Statements for details.

| Account Number | Beginning Value (8/1/18) | Funds Credited/(Debited) | Security/Currency Transfers Rcvd/(Dlvd) | Change in Value | Ending Value (8/31/18) | Income/Dist This Period/YTD | YTD Realized Gain/(Loss) (Total ST/LT) | Unrealized Gain/(Loss) (Total ST/LT) | Page |
|---|---|---|---|---|---|---|---|---|---|
| **TOTAL FOR ALL ACCOUNTS** | $996,397 | $(22,510) | — | $160 | $974,048 | $225<br>$2,370 | $8,428 | $(4,152) | |
| **Retirement Accounts** (The designation of short-term or long-term gain/(loss) is not applicable for these accounts.) | | | | | | | | | |
| [redacted] | 32,488 | — | — | 543 | 33,031 | —<br>49 | 91 | 6,943 | ** |
| | 26,568 | — | — | (601) | 25,967 | —<br>1,792 | — | (7,296) | ** |
| Total Retirement Accounts | $59,057 | — | — | $(57) | $58,999 | —<br>$1,842 | $91 | $(353) | |
| **Education Accounts** (The designation of short-term or long-term gain/(loss) is not applicable for these accounts.) | | | | | | | | | |
| [redacted] | 23,301 | (23,329) | — | 28 | — | 53<br>164 | 8,336 | — | *** |
| Total Education Accounts | $23,301 | $(23,329) | — | $28 | — | $28<br>$164 | $8,336 | — | |
| **Trust Accounts** | | | | | | | | | |
| [redacted] | 914,039 | 819 | — | 190 | 915,049 | 196<br>363 | —<br>— | —<br>(3,798) | 7<br>eDel |
| Total Trust Accounts | $914,039 | $819 | — | $190 | $915,049 | $196<br>$363 | —<br>— | —<br>$(3,798) | |

*This summary may include assets held in either brokerage and/or advisory accounts. Visit http://www.morganstanley.com/ourcommitment to understand the differences between brokerage and advisory accounts. Refer to individual Account Gain/(Loss) Summary and Expanded Disclosures for additional information. Accounts with no balances, holdings or activity year-to-date are not displayed on this page. **No statement was created for this period as the account had no eligible activity. A statement will be included at quarter end. ***This account only receives a statement at the end of each quarter. eDel: This account is enrolled in eDelivery.*

# Consolidated Summary

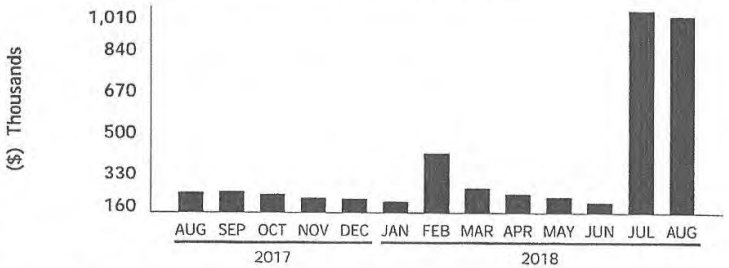
## CHANGE IN VALUE OF YOUR ACCOUNTS (includes accrued interest)

| | This Period (8/1/18-8/31/18) | This Year (1/1/18-8/31/18) |
|---|---|---|
| **TOTAL BEGINNING VALUE** | **$996,397.98** | **$219,267.22** |
| Credits | 47,395.46 | 1,276,502.46 |
| Debits | (69,905.85) | (525,576.46) |
| Security Transfers | — | — |
| **Net Credits/Debits/Transfers** | **$(22,510.39)** | **$750,926.00** |
| **Change in Value** | **160.85** | **3,855.22** |
| **TOTAL ENDING VALUE** | **$974,048.44** | **$974,048.44** |

*Net Credits / Debits include investment advisory fees as applicable. See Activity section for details.*

## MARKET VALUE OVER TIME

The below chart displays the most recent thirteen months of Market Value.

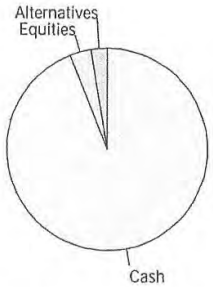



*This chart does not reflect corrections to Market Value made subsequent to the dates depicted. It may exclude transactions in Annuities or positions where we are not the custodian, which could delay the reporting of Market Value.*

## ASSET ALLOCATION (includes accrued interest)

| | Market Value | Percentage |
|---|---|---|
| Cash | $914,403.57 | 93.88 |
| Equities | 33,743.88 | 3.46 |
| Alternatives | 25,900.99 | 2.66 |
| **TOTAL VALUE** | **$974,048.44** | **100.00%** |

*FDIC rules apply and Bank Deposits are eligible for FDIC insurance but are not covered by SIPC. Cash and securities (including MMFs) are eligible for SIPC coverage. See Expanded Disclosures. Values may include assets externally held, which are provided to you as a courtesy, and may not be covered by SIPC. For additional information, refer to the corresponding section of this statement.*




*This asset allocation represents holdings on a trade date basis, and projected settled Cash/BDP and MMF balances. These classifications do not constitute a recommendation and may differ from the classification of instruments for regulatory or tax purposes.*

# Consolidated Summary

## BALANCE SHEET (^ includes accrued interest)

| | Last Period (as of 7/31/18) | This Period (as of 8/31/18) |
|---|---|---|
| Cash, BDP, MMFs | $936,688.71 | $914,403.57 |
| Stocks | 718.90 | 712.40 |
| ETFs & CEFs | 26,502.04 | 25,900.99 |
| TRAK - Advisory Service | 32,488.33 | 33,031.48 |
| **Total Assets** | **$996,397.98** | **$974,048.44** |
| **Total Liabilities** (outstanding balance) | — | — |
| **TOTAL VALUE** | **$996,397.98** | **$974,048.44** |

## CASH FLOW

| | This Period (8/1/18-8/31/18) | This Year (1/1/18-8/31/18) |
|---|---|---|
| **OPENING CASH, BDP, MMFs** | **$936,688.71** | **$114,547.91** |
| Dividend Reinvestments | (28.43) | (2,034.03) |
| Sales and Redemptions | 28.43 | 48,566.31 |
| Income and Distributions | 225.25 | 2,397.38 |
| **Total Investment Related Activity** | **$225.25** | **$48,929.66** |
| Checks Deposited | 12,066.00 | 272,507.00 |
| Electronic Transfers-Credits | 35,329.46 | 1,003,995.46 |
| Electronic Transfers-Debits | (23,329.46) | (48,329.46) |
| Other Debits | — | (336.85) |
| **Total Cash Related Activity** | **$24,066.00** | **$1,227,836.15** |
| Checks Written | (33,451.30) | (293,527.73) |
| Automated Payments | (13,125.09) | (183,382.42) |
| **Total Card/Check Activity** | **$(46,576.39)** | **$(476,910.15)** |
| **CLOSING CASH, BDP, MMFs** | **$914,403.57** | **$914,403.57** |
| *Including:* | | |
| Retirement Accounts | $66.76 | |
| Education Accounts | — | |
| Trust Accounts | $914,336.81 | |

[redacted]

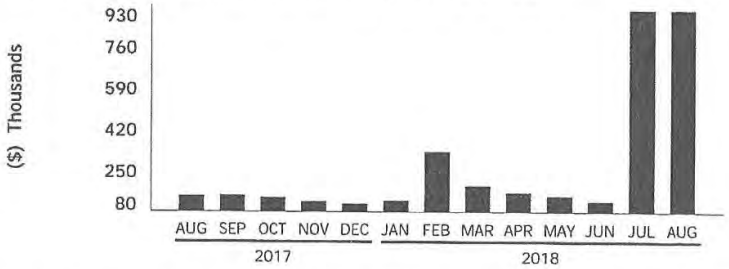
# Account Summary

## CHANGE IN VALUE OF YOUR ACCOUNTS (includes accrued interest)

| | This Period (8/1/18-8/31/18) | This Year (1/1/18-8/31/18) |
|---|---|---|
| **TOTAL BEGINNING VALUE** | **$914,039.83** | **$115,125.35** |
| Credits | 47,395.46 | 1,276,502.46 |
| Debits | (46,576.39) | (476,910.15) |
| Security Transfers | — | — |
| **Net Credits/Debits/Transfers** | **$819.07** | **$799,592.31** |
| **Change in Value** | **190.31** | **331.55** |
| **TOTAL ENDING VALUE** | **$915,049.21** | **$915,049.21** |

## MARKET VALUE OVER TIME

*The below chart displays the most recent thirteen months of Market Value.*

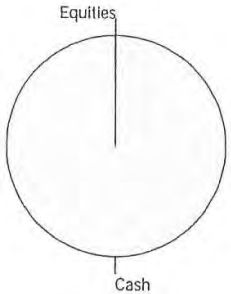



*This chart does not reflect corrections to Market Value made subsequent to the dates depicted. It may exclude transactions in Annuities or positions where we are not the custodian, which could delay the reporting of Market Value.*

## ASSET ALLOCATION (includes accrued interest)

| | Market Value | Percentage |
|---|---|---|
| Cash | $914,336.81 | 99.92 |
| Equities | 712.40 | 0.08 |
| **TOTAL VALUE** | **$915,049.21** | **100.00%** |

*FDIC rules apply and Bank Deposits are eligible for FDIC insurance but are not covered by SIPC. Cash and securities (including MMFs) are eligible for SIPC coverage. See Expanded Disclosures. Values may include assets externally held, which are provided to you as a courtesy, and may not be covered by SIPC. For additional information, refer to the corresponding section of this statement.*




*This asset allocation represents holdings on a trade date basis, and projected settled Cash/BDP and MMF balances. These classifications do not constitute a recommendation and may differ from the classification of instruments for regulatory or tax purposes.*

## Account Summary

[redacted]

### BALANCE SHEET (^ includes accrued interest)

| | Last Period (as of 7/31/18) | This Period (as of 8/31/18) |
|---|---|---|
| Cash, BDP, MMFs | $913,320.93 | $914,336.81 |
| Stocks | 718.90 | 712.40 |
| **Total Assets** | **$914,039.83** | **$915,049.21** |
| **Total Liabilities** (outstanding balance) | — | — |
| **TOTAL VALUE** | **$914,039.83** | **$915,049.21** |

### CASH FLOW

| | This Period (8/1/18-8/31/18) | This Year (1/1/18-8/31/18) |
|---|---|---|
| **OPENING CASH, BDP, MMFs** | **$913,320.93** | **$114,381.25** |
| Income and Distributions | 196.81 | 363.25 |
| **Total Investment Related Activity** | **$196.81** | **$363.25** |
| Checks Deposited | 12,066.00 | 272,507.00 |
| Electronic Transfers-Credits | 35,329.46 | 1,003,995.46 |
| **Total Cash Related Activity** | **$47,395.46** | **$1,276,502.46** |
| Checks Written | (33,451.30) | (293,527.73) |
| Automated Payments | (13,125.09) | (183,382.42) |
| **Total Card/Check Activity** | **$(46,576.39)** | **$(476,910.15)** |
| **CLOSING CASH, BDP, MMFs** | **$914,336.81** | **$914,336.81** |

### INCOME AND DISTRIBUTION SUMMARY

| | This Period (8/1/18-8/31/18) | This Year (1/1/18-8/31/18) |
|---|---|---|
| Qualified Dividends | $4.50 | $10.90 |
| Interest | 192.31 | 352.35 |
| **Income And Distributions** | **$196.81** | **$363.25** |
| **Tax-Exempt Income** | — | — |
| **TOTAL INCOME AND DISTRIBUTIONS** | **$196.81** | **$363.25** |

*Taxable and tax exempt income classifications are based on the characteristics of the underlying securities and not the taxable status of the account.*

### GAIN/(LOSS) SUMMARY

| | Realized This Period (8/1/18-8/31/18) | Realized This Year (1/1/18-8/31/18) | Unrealized Inception to Date (as of 8/31/18) |
|---|---|---|---|
| Long-Term (Loss) | — | — | $(3,798.94) |

*The Gain/(Loss) Summary, which may change due to basis adjustments, is provided for informational purposes and should not be used for tax preparation. Refer to Gain/(Loss) in the Expanded Disclosures.*

## Account Detail

[redacted]

**Investment Objectives (in order of priority)†:** Capital Appreciation, Income, Aggressive Income, Speculation

**Brokerage Account**

*† Inform us if your investment objectives, as defined in the Expanded Disclosures, change.*

## HOLDINGS

*This section reflects positions purchased/sold on a trade date basis. "Market Value" and "Unrealized Gain/(Loss)" may not reflect the value that could be obtained in the market. Fixed Income securities are sorted by maturity or pre-refunding date, and alphabetically within date. Estimated Annual Income a) is calculated on a pre-tax basis, b) does not include any reduction for applicable non-US withholding taxes, c) may include return of principal or capital gains which could overstate such estimates, and d) for securities that have a defined maturity date within the next 12 months, is reflected only through maturity date. Actual income or yield may be lower or higher than the estimates. Current yield reflects the income generated by an investment, and does not reflect changes in its price. Structured Investments, identified on the Position Description Details line as "Asset Class: Struct Inv," may appear in various statement product categories. When displayed, the accrued interest, annual income and current yield for those with a contingent income feature (e.g., Range Accrual Notes or Contingent Income Notes) are estimates and assume specified accrual conditions are met during the relevant period and payment in full of all contingent interest. For Floating Rate Securities, the accrued interest, annual income and current yield are estimates based on the current floating coupon rate and may not reflect historic rates within the accrual period.*

### CASH, BANK DEPOSIT PROGRAM AND MONEY MARKET FUNDS

*Cash, Bank Deposit Program, and Money Market Funds are generally displayed on a settlement date basis. You have the right to instruct us to liquidate your bank deposit balance(s) or shares of any money market fund balance(s) at any time and have the proceeds of such liquidation remitted to you. Estimated Annual Income, Accrued Interest, and APY% will only be displayed for fully settled positions.*

| Description | Market Value | 7-Day Current Yield % | Est Ann Income | APY % |
|---|---|---|---|---|
| [redacted] | $669,284.85 | — | $1,673.21 | 0.250 |
| | 245,051.96 | — | 612.63 | 0.250 |
| BANK DEPOSITS | $914,336.81 | | $2,285.84 | |

| | Percentage of Holdings | Market Value | Est Ann Income |
|---|---|---|---|
| CASH, BDP, AND MMFs | 99.92% | $914,336.81 | $2,285.84 |

*# Bank Deposits are held at Morgan Stanley Bank, N.A. and/or Morgan Stanley Private Bank, National Association, affiliates of Morgan Stanley Smith Barney LLC and each a national bank and FDIC member.*

## STOCKS

### COMMON STOCKS

*Morgan Stanley & Co. LLC (Morgan Stanley) and Morningstar, Inc.'s equity research ratings are shown for certain securities. These ratings represent the opinions of the research provider and are not representations or guarantees of performance. The applicable research report contains more information regarding the analyst's opinions, analysis, and rating, and you should read the entire research report and not infer its contents. For ease of comparison, Morgan Stanley and Morningstar, Inc.'s equity research ratings have been normalized to a 1 (Buy), 2 (Hold), and 3 (Sell). Refer to your June or December statement for a summary guide describing the ratings. We do not take responsibility for, nor guarantee the accuracy, completeness, or timeliness of research prepared for Morningstar, Inc.*

| Security Description | Trade Date | Quantity | Unit Cost | Share Price | Total Cost | Market Value | Unrealized Gain/(Loss) | Est Ann Income | Current Yield % |
|---|---|---|---|---|---|---|---|---|---|
| [redacted] | 10/12/01 | 10.000 | $451.134 | $71.240 | $4,511.34 | $712.40 | $(3,798.94) LT | $18.00 | 2.53 |
| *Rating: Morgan Stanley: 1, Morningstar: 2; Next Dividend Payable 11/2018; Asset Class: Equities* | | | | | | | | | |

## Account Detail

[redacted]

| | Percentage of Holdings | Total Cost | Market Value | Unrealized Gain/(Loss) | Est Ann Income | Current Yield % |
|---|---|---|---|---|---|---|
| STOCKS | 0.08% | $4,511.34 | $712.40 | $(3,798.94) LT | $18.00 | 2.53% |

| | Percentage of Holdings | Total Cost | Market Value | Unrealized Gain/(Loss) | Est Ann Income Accrued Interest | Current Yield % |
|---|---|---|---|---|---|---|
| TOTAL VALUE | 100.00% | $4,511.34 | $915,049.21 | $(3,798.94) LT | $2,303.84 — | 0.25% |

*Unrealized Gain/(Loss) totals only reflect positions that have both cost basis and market value information available. Cash, MMF, Deposits and positions stating 'Please Provide' or 'Pending Corporate Actions' are not included.*

### ALLOCATION OF ASSETS

| | Cash | Equities | Fixed Income & Preferred Securities | Alternatives | Structured Investments | Other |
|---|---|---|---|---|---|---|
| Cash, BDP, MMFs | $914,336.81 | — | — | — | — | — |
| Stocks | — | $712.40 | — | — | — | — |
| TOTAL ALLOCATION OF ASSETS | $914,336.81 | $712.40 | — | — | — | — |

## ACTIVITY

### CASH FLOW ACTIVITY BY DATE

| Activity Date | Settlement Date | Activity Type | Description | Comments | Quantity | Price | Credits/(Debits) |
|---|---|---|---|---|---|---|---|
| 8/1 | | [redacted] | | | | | $(32,598.00) |
| 8/2 | | | | | | | 23,301.03 |
| 8/3 | | | | | | | 6,000.00 |
| 8/6 | | | | | | | 28.43 |
| 8/6 | | | | | | | (6,000.00) |
| 8/6 | | | | | | | (5,605.09) |
| 8/10 | | | | | | | 12,066.00 |
| 8/24 | | | | | | | 4.50 |
| 8/31 | | | | | | | 6,000.00 |
| 8/31 | | | | | | | 140.35 |
| 8/31 | | | | | | | 51.96 |
| 8/31 | | | | | | | (1,520.00) |

[redacted]

## Account Detail

### CASH FLOW ACTIVITY BY DATE (CONTINUED)

| Activity Date | Settlement Date | Activity Type | Description | Comments | Quantity | Price | Credits/(Debits) |
|---|---|---|---|---|---|---|---|
| 8/31 | [redacted] | | | | | | (853.30) |
| NET CREDITS/(DEBITS) | | | | | | | $1,015.88 |

### DEBIT CARD & CHECKING ACTIVITY

#### CHECKS WRITTEN

| Date Written | Activity Date | Check Number | Activity Type | Payee | Expense Category | Credits/(Debits) |
|---|---|---|---|---|---|---|
| 7/16 | [redacted] | | | | | $(32,598.00) |
| 8/30 | | | | | | (853.30) |
| TOTAL CHECKS WRITTEN | | | | | | $(33,451.30) |

#### AUTOMATED PAYMENTS

*Bill pay and other electronic activity, which may include checks you wrote that were processed by Automated Clearing House processing.*

| Transaction Date | Activity Date | Activity Type | Payee | Credits/(Debits) |
|---|---|---|---|---|
| 8/6 | 8/6 | [redacted] | | $(6,000.00) |
| 8/6 | 8/6 | | | (5,605.09) |
| 8/31 | 8/31 | | | (1,520.00) |
| TOTAL AUTOMATED PAYMENTS | | | | $(13,125.09) |

### MONEY MARKET FUND (MMF) AND BANK DEPOSIT PROGRAM ACTIVITY

| Activity Date | Activity Type | Description | Credits/(Debits) |
|---|---|---|---|
| 8/1 | Automatic Redemption | BANK DEPOSIT PROGRAM | $(32,598.00) |
| 8/2 | Automatic Investment | BANK DEPOSIT PROGRAM | 23,301.03 |
| 8/3 | Automatic Investment | BANK DEPOSIT PROGRAM | 6,000.00 |
| 8/6 | Automatic Redemption | BANK DEPOSIT PROGRAM | (11,605.09) |
| 8/7 | Automatic Investment | BANK DEPOSIT PROGRAM | 28.43 |
| 8/13 | Automatic Investment | BANK DEPOSIT PROGRAM | 12,066.00 |
| 8/24 | Automatic Investment | BANK DEPOSIT PROGRAM | 4.50 |
| 8/31 | Automatic Investment | BANK DEPOSIT PROGRAM | 3,626.70 |
| 8/31 | Automatic Investment | BANK DEPOSIT PROGRAM | 140.35 |
| 8/31 | Automatic Investment | BANK DEPOSIT PROGRAM | 51.96 |
| NET ACTIVITY FOR PERIOD | | | $1,015.88 |

## MESSAGES

**Senior Investor Helpline**

For any inquiries or potential concerns, senior investors or someone acting on their behalf may contact our Firm by calling (800) 280-4534.

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MassMutual

*Policyowner Annual Statement*

[redacted]

"007655"

[redacted]

Anniversary Date: June 23, 2018
Date Prepared: 06-19-2018

This statement assumes all premiums have been paid in cash to the anniversary date.

Policy Number:
Insured's Name:
Plan of Insurance:
Issue Date:
Dividend Option:

[redacted]

## *Insurance Summary*

| | 2018 Anniversary | 2017 Anniversary |
|---|---|---|
| Basic Policy | $ 166,667.00 | $ 166,667.00 |
| Fully Paid Additional Insurance | 57,118.00 | 51,912.00 |
| Settlement Dividend | 2,636.67 | 2,490.00 |
| **Total Insurance Coverage** | $ 226,421.67 | $ 221,069.00 |

## *Cash Value Summary*

| | | |
|---|---|---|
| Basic Policy | $ 52,720.11 | $ 49,785.10 |
| Fully Paid Additional Insurance | 26,858.20 | 23,701.50 |
| Settlement Dividend | 2,636.67 | 2,490.00 |
| **Total Cash Value** | $ 82,214.98 | $ 75,976.60 |

***Your MassMutual Representative***

[redacted]

***Your Servicing Agency***

[redacted]

***MassMutual Customer Service Center***

***1-800-272-2216***

**- See reverse side for Additional Facts -**

MassMutual

*Policyowner Annual Statement*

[redacted]

[redacted]

Anniversary Date: November 18, 2017
Date Prepared: 11-16-2017

This statement assumes all premiums have been paid in cash to the anniversary date.

Policy Number: [redacted]
Insured's Name:
Plan of Insurance
Issue Date:
Dividend Option:

| *Insurance Summary* | 2017 Anniversary | 2016 Anniversary |
|---|---|---|
| Basic Policy | $ 83,221.00 | $ 83,221.00 |
| Fully Paid Additional Insurance | 106,449.00 | 101,244.00 |
| Settlement Dividend | 1,664.42 | 1,664.42 |
| **Total Insurance Coverage** | $ 191,334.42 | $ 186,129.42 |

| *Cash Value Summary* | | |
|---|---|---|
| Basic Policy | $ 41,047.93 | $ 39,951.91 |
| Fully Paid Additional Insurance | 52,504.88 | 48,604.35 |
| Settlement Dividend | 1,664.42 | 1,664.42 |
| **Total Cash Value** | $ 95,217.23 | $ 90,220.68 |

***Your MassMutual Representative***

[redacted]

***Your Servicing Agency***

[redacted]

***MassMutual Customer Service Center***

***1-800-272-2216***

**- See reverse side for Additional Facts -**

MY ACCOUNTS

# Policies and Accounts

Notifications Hide

Claims View current claims activity

Please note that it can take up to 24 hours for a new claim to appear.

Insurance Mutual Funds

## Accounts

| | |
|---|---|
| [redacted] | $7,225.53 |
| Total account value | $7,225.53 |
| [redacted] | $7,225.53 |
| Total account value | $7,225.53 |
| **Total portfolio value as of 9/14/2018** | **$14,451.06** |

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Tools

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Resources

Community Offers

Add/View an Insurance Policy

Add/View a Mutual Fund

Add/View a Bank Account

Add/View a State Farm Bank® Credit Card

Additional account logins

Get a **Quote**

Auto

ZIP Code Go

Continue a saved quote

Items needed for an auto quote

[redacted]

# Life Policy Information

| | |
|---|---|
| **Policy number** | [redacted] |
| **Principal Insured** | |
| **Plan** | |
| **Policy record status** | |
| **Policy date** | |
| **Address** | |

Show all | Hide all

## Coverage

### Basic Plan

| | |
|---|---|
| Basic amount | $500,000.00 |
| Current basic amount | $525,000.00 |
| Effective date | [redacted] |
| Plan | Variable Universal Life-Option 1 |

**Base Increases (included in the Current Basic Amount)**

**No Benefits Present**

**No Riders Present**

**Customer**

**Billing**

## Values

### UL Account Value

| | |
|---|---|
| Total account value | $111,799.73 as of Sep 12, 2018 |

**Premium**

**Interest**

**Expenses**

[redacted]

# Life Policy Information

| | |
|---|---|
| Policy number | [redacted] |
| Principal Insured | |
| Plan | |
| Policy record status | |
| Policy date | |
| Address | |

Show all | Hide all

## Coverage

### Basic Plan

| | |
|---|---|
| Basic amount | $1,000,000.00 |
| Effective date | [redacted] |
| Plan | |

### Benefits

No Riders Present

## Customer

## Billing

## Values

### UL Account Value

| | |
|---|---|
| Total account value | $34,684.35 as of Sep 12, 2018 |
| Total surrender charge | $240.00 |

### Premium

### Interest

### Expenses

### Loan

## Beneficiary

[redacted]

# Life Policy Information

| | |
|---|---|
| Policy number | [redacted] |
| Principal Insured | |
| Plan | |
| Policy record status | |
| Policy date | |
| Address | |

Show all | Hide all

## Coverage

### Basic Plan

| | |
|---|---|
| Basic amount | $1,000,000.00 |
| Effective date | [redacted] |
| Plan | Universal Life-Option 2 |

### Benefits

### No Riders Present

## Customer

## Billing

## Values

### UL Account Value

| | |
|---|---|
| Total account value | $34,158.91 as of Sep 12, 2018 |
| Total surrender charge | $240.00 |

### Premium

### Interest

### Expenses

### Loan

## Beneficiary

[redacted]

NETWORK 1 FINANCIAL
SECURITIES, INC.
2 BRIDGE AVE., SUITE 241, RED BANK, NJ 07701
Member FINRA & SIPC

# PREMIER ACCOUNT STATEMENT

[redacted]

T62 P2-4 0144

[redacted]

## ASSET VALUE

| | |
|---|---|
| Net Cash Equivalents | $0.00 |
| Net Portfolio Assets held at COR ** | $61,390.29 |
| Net Portfolio Assets not held at COR | $70.00 |
| **Total Net Portfolio Value as of July 31, 2018** | **$61,460.29** |
| Total Net Portfolio Value end of June 2018 | $83,589.64 |

** Unpriced securities may be included

[redacted]

## FROM YOUR INTRODUCING BROKER

[redacted]

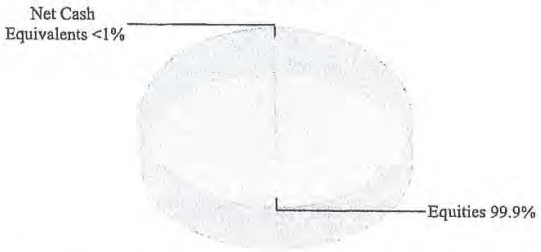
[redacted]

## PRIMARY INVESTMENT OBJECTIVE

Your Primary Investment Objective is Balanced

If you have any questions concerning your investment objective, or cost basis accounting method please contact your Introducing Broker

## ASSET ALLOCATION




CLEARED THROUGH: COR Clearing LLC (COR) • 1200 Landmark Center • Suite 800 • Omaha, NE 68102 • 402-384-6100 • www.corclearing.com
Member FINRA & SIPC

## ASSET DETAILS

This section shows the cash equivalents and/or securities in your account. It reflects market values as of the close of business, July 31, 2018.

## NET CASH EQUIVALENTS

| | | Current value | Anticipated annualized income | Current yield % |
|---|---|---|---|---|
| COR INSURED DEPOSITS | # | 70.00 | | 0.010% |
| **Total Net Cash Equivalents** | | **$70.00** | **$0.00** | **0.010%** |

# Assets not held at COR

o Paragraph (j)(2)(ii)(B)(2) of Rule 15c3-3 requires a broker-dealer to provide notice to a customer, as part of the customer's quarterly statement of account, that the balances in the bank deposit account or shares of the money market mutual fund in which you have a beneficial interest can be liquidated at your request and the proceeds returned to your securities account or remitted to you.

## PORTFOLIO ASSETS

| EQUITIES | Symbol | C/N° | Quantity | Current price** | Average unit cost | Current value | Cost | Unrealized gain/(-)loss* | Anticipated annualized income | Current yield % |
|---|---|---|---|---|---|---|---|---|---|---|
| [redacted] | | C | 10,000 | 0.1835 | N/A | 1,835.00 | N/A | N/A | N/A | |
| | [redacted] | C | 177,777 | 0.3350 | N/A | 59,555.29 | N/A | N/A | N/A | |
| | | C | 177,777 | N/A | N/A | N/A | N/A | N/A | N/A | |
| **Total Equities** | | | | | | **$61,390.29** | **$0.00** | **$0.00** | **$0.00** | **0.000%** |
| **Total Portfolio Assets** | | | | | | **$61,390.29** | **$0.00** | **$0.00** | **$0.00** | **0.000%** |
| **Total Net Portfolio Value** | | | | | | **$61,460.29** | **$0.00** | **$0.00** | **$0.00** | **0.000%** |

C "Covered" security - COR will report required cost basis information to the IRS once the asset is sold. Information that will be reported - proceeds, adjusted cost, gain/loss, and holding period(i.e. long-term or short-term)

* Please note "unrealized gain/(-)loss" does not equal the total current value minus the total cost if any value or cost amounts are missing. Unrealized gains or losses are provided for your information only and should not be used for tax purposes

° The IRS considers a security as "covered" for cost basis tax reporting purposes if it is acquired for cash after the following effective dates: January 1, 2011 Common stock, Preferred Securities, REITs, ETFs and ADRs. January 1, 2012 Mutual Funds, UITs and Dividend Reinvestment Plans. January 1, 2013 other securities including Bonds and Options. A non-covered security is any security that does not meet the criteria defined above or transferred to COR without proper cost basis information.

** If this statement contains an estimated value, you should be aware that this value may be based on a limited number of trades or quotes. Therefore, you may not be able to sell these securities at a price equal or near to the value shown. However, the broker-dealer furnishing this statement may not refuse to accept your order to sell these securities. Also, the amount you receive from a sale generally will be reduced by the amount of any commissions or similar charges. If an estimated value is not shown for a security, a value could not be determined because of a lack of information.

## INSURED BANK DEPOSITS (Continued)

| *Description* | *Month End Closing Balance* |
|---|---|
| [redacted] | $70.00 |
| **Total COR Insured Deposits** | **$70.00** |

Each of the respective banks hold the Insured Bank Deposits, they are not held at COR. Balances in the COR Insured Deposit bank are not covered by SIPC. They are included on this statement solely as a service to our customers. All information is provided to COR by the banks and each bank is responsible for the accuracy of this information. Balances are insured in each bank through FDIC coverage, subject to the combined total of all your deposits at a specific bank, including those outside this account. Please refer to the insured portion of the terms and conditions provided you for more details concerning the insurance coverage. Should you wish a copy of the terms and conditions please contact your introducing firm or COR. For any questions concerning your bank balances please call your introducing broker, on page one of this statement, or COR clearing at 1-402-384-6100.

## EMERGENCY CONTACT

Thank you for allowing your Investment Firm to serve you. If you have any questions regarding your account or this statement, please contact your Investment Firm.
All contact information appears on page one of your statement. Terms and conditions are provided with your account statement on a periodic basis or may be obtained upon request.

[redacted]

WELLS FARGO THE PRIVATE BANK

[redacted]

September 18, 2018

To Whom It May Concern:

Re: [redacted]

[redacted]s a client of Wells Fargo and I have known [redacted] personally for 20 years. [redacted] accounts as expected.

| | |
|---|---|
| Checking account number ending [redacted] | $35,998.61 |
| Savings account number ending [redacted] | $319,736.50 |

Please contact me directly should you have any additional questions.

Sincerely,

[redacted]

[redacted]

[redacted]

FIRST SECURITY BANK OF NEVADA

Accounts | Transfers | Bill Payment | Administration | Customer Service | Remote Deposit Capture

## Account Summary

View account details for the selected account.

Account:
[redacted]

| | |
|---|---|
| As of Date: | 9/14/2018 |
| Current Balance: | $248,532.54 |
| Available Balance: | $563,532.54 |
| Accrued Interest: | $0.00 |
| YTD Interest: | $0.00 |
| Interest Rate: | 0% |
| Last Deposit Amount: | $211,371.40 |

To see account transaction activity, go to the Account Details page.

How Do I...

Member FDIC

[redacted]

WELLS FARGO

Sig

Accounts | Brokerage | Transfer & Pay | Plan & Lea

Account Summary

Switch Account

PREFERRED CHECKING

[redacted]

$104,752.55

Available balance

Español

Transfer Money | Pay Bills | Send Money | View Statements | Manage Alerts

**Activity Summary**

| | |
|---|---|
| Current posted balance | $104,840.66 |
| Pending withdrawals/debits | -$88.11 |
| Pending deposits/credits | $0.00 |
| **Available balance** | **$104,752.55** |

Monthly Service Fee Summary

[redacted]

WELLS FARGO

Sig

Accounts | Brokerage | Transfer & Pay | Plan & Lea

Account Summary

Switch Account

WAY2SAVE® SAVINGS

[redacted]

$50,012.05 Español

Available balance

Transfer Money | Pay Bills | Send Money | View Statements | Manage Alerts

**Activity Summary**

| | |
|---|---|
| Current posted balance | $50,012.05 |
| Pending withdrawals/debits | $0.00 |
| Pending deposits/credits | $0.00 |
| **Available balance** | **$50,012.05** |

Monthly Service Fee Summary

# PART I – IDENTIFIED CRITERIA RESPONSE

## 5.2.9. TAB IX– EVIDENCE OF TAXES PAID; OTHER BENEFICIAL FINANCIAL CONTRIBUTIONS

5.2.9. Tab IX – Evidence of taxes paid; other beneficial contributions

**The Applicant has paid approximately <u>$9,408,495.15</u> in taxes and other contributions over the last five years.**

[redacted]

Amount
**$3,235,918.11**

[redacted]

Amount
**$1,790,150.00**

[redacted]

Amount
**$1,845,802.80**

[redacted]

Amount
**$28,707.15 e**

[redacted]

Amount
**$2,507,917.09**

**Approximate total taxes paid and other contributions $9,408,495.15**

**Please see the attached evidence of tax accounts, statements and payments.*

[redacted]

Clark County Business

[redacted]

| Date | Amount | Date | Amount | Date | Amount | Date | Amount | |
|---|---|---|---|---|---|---|---|---|
| 16-Jul | 1,826.87 | 2016 | 5,226.00 | | | 2016 | 10,253.00 | 17,305.87 |
| 16-Aug | 13,263.21 | 2017 | 11,260.00 | | | | | 24,523.21 |
| 16-Sep | 16,167.39 | | | 2018 | 20,987.70 | | | 37,155.09 |
| 16-Oct | 20,848.89 | | | | | | | 20,848.89 |
| 16-Nov | 21,869.23 | | | | | | | 21,869.23 |
| 16-Dec | 23,246.58 | | | | | | | 23,246.58 |
| | | | | | | | | 144,948.87 |
| 17-Jan | 15,921.00 | | | 2017 | 6,572.93 | 2017 | 132,301.70 | 154,795.63 |
| 17-Feb | 21,709.00 | | | | | | | 21,709.00 |
| 17-Mar | 22,747.00 | | | | | | | 22,747.00 |
| 17-Apr | 27,767.00 | | | | | | | 27,767.00 |
| 17-May | 30,690.00 | | | | | | | 30,690.00 |
| 17-Jun | 30,895.00 | | | | | | | 30,895.00 |
| 17-Jul | 156,750.00 | | | | | | | 156,750.00 |
| 17-Aug | 188,038.60 | | | | | | | 188,038.60 |
| 17-Sep | 191,765.00 | | | | | | | 191,765.00 |
| 17-Oct | 196,244.00 | | | | | | | 196,244.00 |
| 17-Nov | 204,000.00 | | | | | | | 204,000.00 |
| 17-Dec | 217,470.94 | | | | | | | 217,470.94 |
| | | | | | | | | 1,442,872.17 |
| 18-Jan | 174,100.00 | | | | | 2018 | 278,468.74 | 452,568.74 |
| 18-Feb | 176,525.00 | | | | | | | 176,525.00 |
| 18-Mar | 194,835.00 | | | | | | | 194,835.00 |
| 18-Apr | 199,387.19 | | | | | | | 199,387.19 |
| 18-May | 212,866.90 | | | | | | | 212,866.90 |
| 18-Jun | 207,293.00 | | | | | | | 207,293.00 |
| 18-Jul | 204,621.24 | | | | | | | 204,621.24 |
| | | | | | | | | - |
| | 2,770,848.04 | | 16,486.00 | | 27,560.63 | | 421,023.44 | 1,648,097.07 |
| | | | | | | | | 3,235,918.11 |

NEVADA DEPARTMENT OF TAXATION

Sales/Use Tax Return
TXR-01.01c
Revised 03/23/2016

# COMBINED SALES AND USE TAX RETURN

TID No:001-TX-[redacted]

This return is for use by sellers of tangible personal property. If you are not a seller or no longer sell, you must notify the Department of Taxation.

MAIL ORIGINAL TO: STATE OF NEVADA - SALES/USE
PO BOX 7165
SAN FRANCISCO, CA 94120-7165

For Department Use Only

[redacted]

Return for month Ending 07/31/18

Due on or before 08/31/18

Date paid 08/29/18

If the name or address as shown is incorrect, if the ownership or business location has changed, or if you are out of business, you must notify a Nevada Department of Taxation District Office immediately.

**IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY**

**A RETURN MUST BE FILED EVEN IF NO SALES AND/OR USE TAX LIABILITY EXISTS**

| | SALES TAX | | | | | USE TAX | | |
|---|---|---|---|---|---|---|---|---|
| ENTER AMOUNTS IN COUNTY OF SALES/USE (OR COUNTY OF DELIVERY) | TOTAL SALES | EXEMPT SALES | TAXABLE SALES | TAX RATE | CALCULATED TAX | AMOUNT SUBJECT TO USE TAX | TAX RATE | CALCULATED TAX |
| TAX CALCULATION FORMULA | COLUMN A | - COLUMN B | = COLUMN C | x COLUMN D | = COLUMN E | COLUMN F | x COLUMN G | = COLUMN H |
| 01 CHURCHILL | | | | 7.600% | | | 7.600% | |
| 02 CLARK | 1,211,859.37 | | 1,211,859.37 | 8.250% | 99,978.40 | | 8.250% | |
| 03 DOUGLAS | | | | 7.100% | | | 7.100% | |
| 04 ELKO | | | | 7.100% | | | 7.100% | |
| 05 ESMERALDA | | | | 6.850% | | | 6.850% | |
| 06 EUREKA | | | | 6.850% | | | 6.850% | |
| 07 HUMBOLDT | | | | 6.850% | | | 6.850% | |
| 08 LANDER | | | | 7.100% | | | 7.100% | |
| 09 LINCOLN | | | | 7.100% | | | 7.100% | |
| 10 LYON | | | | 7.100% | | | 7.100% | |
| 11 MINERAL | | | | 6.850% | | | 6.850% | |
| 12 NYE | | | | 7.600% | | | 7.600% | |
| 13 CARSON CITY | | | | 7.600% | | | 7.600% | |
| 14 PERSHING | | | | 7.100% | | | 7.100% | |
| 15 STOREY | | | | 7.600% | | | 7.600% | |
| 16 WASHOE | | | | 8.265% | | | 8.265% | |
| 17 WHITE PINE | | | | 7.725% | | | 7.725% | |
| TOTALS | 1,211,859.37 | | 1,211,859.37 | | | | | |

| | | |
|---|---|---|
| 18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX — SUM OF COLUMN E | 18a. | 99,978.40 |
| SUM OF COLUMN H | 18b. | |
| 19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25% or 0.0025) | 19. | 249.95 |
| 20. NET SALES TAX (LINE 18a - LINE 19) | 20. | 99,728.45 |

COLLECTION ALLOWANCE IS FOR SALES TAX ONLY
THERE IS NO COLLECTION ALLOWANCE FOR USE TAX

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. **RETURN MUST BE SIGNED.**

[redacted]

| | | |
|---|---|---|
| 21. NET SALES AND USE TAX (LINE 20 + LINE 18b) | 21. | 99,728.45 |
| 22. PENALTY (LINE 21 x 0%) | 22. | |
| 23. INTEREST (See instructions for current rate and calculation) | 23. | |
| 24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT | 24. | |
| 25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT | 25. | |
| 26. TOTAL AMOUNT DUE AND PAYABLE | 26. | 99,728.45 |
| 27. TOTAL AMOUNT REMITTED WITH RETURN | 27. | 99,728.45 |

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

To e-mail, save this form to your computer and e-mail the attachment to:
nevadaolt@tax.state.nv.us
with the subject of 'Sales/Use Tax Return'

NEVADA DEPARTMENT OF TAXATION

[redacted]

# COMBINED SALES AND USE TAX RETURN

This return is for use by sellers of tangible personal property. If you are not a seller or no longer sell, please notify the Department of Taxation.

MAIL ORIGINAL TO: STATE OF NEVADA - SALES/USE
PO BOX 7165
SAN FRANCISCO, CA 94120-7165

For Department Use Only

For Month Ending : 7/31/2017

**Due on or before:** 8/31/2017

Date paid:

If the name or address as shown is incorrect, if the ownership or business location has changed, or if you are out of business, notify a Nevada Department of Taxation District Office immediately.

**IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY**

**A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS**

| ENTER AMOUNTS IN COUNTY OF SALES/USE (OR COUNTY OF DELIVERY) | SALES TAX: TOTAL SALES | EXEMPT SALES | TAXABLE SALES | TAX RATE | CALCULATED TAX | USE TAX: AMOUNT SUBJECT TO USE TAX | TAX RATE | CALCULATED TAX |
|---|---|---|---|---|---|---|---|---|
| TAX CALCULATION FORMULA | COLUMN A | - COLUMN B | = COLUMN C | x COLUMN D | = COLUMN E | COLUMN F | x COLUMN G | = COLUMN H |
| 01 CHURCHILL | | | | 7.600% | | | 7.600% | |
| 02 CLARK | 859,879.91 | | 859,879.91 | 8.250% | 70,940.09 | | 8.250% | |
| 03 DOUGLAS | | | | 7.100% | | | 7.100% | |
| 04 ELKO | | | | 7.100% | | | 7.100% | |
| 05 ESMERALDA | | | | 6.850% | | | 6.850% | |
| 06 EUREKA | | | | 6.850% | | | 6.850% | |
| 07 HUMBOLDT | | | | 6.850% | | | 6.850% | |
| 08 LANDER | | | | 7.100% | | | 7.100% | |
| 09 LINCOLN | | | | 7.100% | | | 7.100% | |
| 10 LYON | | | | 7.100% | | | 7.100% | |
| 11 MINERAL | | | | 6.850% | | | 6.850% | |
| 12 NYE | | | | 7.600% | | | 7.600% | |
| 13 CARSON CITY | | | | 7.600% | | | 7.600% | |
| 14 PERSHING | | | | 7.100% | | | 7.100% | |
| 15 STOREY | | | | 7.600% | | | 7.600% | |
| 16 WASHOE | | | | 8.265% | | | 8.265% | |
| 17 WHITE PINE | | | | 7.725% | | | 7.725% | |
| TOTALS | 859,879.91 | | 859,879.91 | | | | | |

18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX — SUM OF COLUMN E → 18a. 70,940.09 — SUM OF COLUMN H → 18b.

19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25%) — 19. 177.35

COLLECTION ALLOWANCE IS FOR SALES TAX ONLY THERE IS NO COLLECTION ALLOWANCE FOR USE TAX

20. NET SALES TAX (LINE 18a - LINE 19) — 20. 70,762.74

21. NET SALES AND USE TAX (LINE 20 + LINE 18b) — 21. 70,762.74

22. PENALTY (LINE 21 x 10%) — 22.

23. INTEREST (See Instructions for current rate & calculation) — 23.

24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT — 24.

25. [redacted] DEPARTMENT — 25.

26. [redacted] — 26. 70,762.74

27. [redacted] TURN — 27.

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN.

**RETURN MUST BE SIGNED**

[redacted]

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

SALES/USE TAX RETURN
TXR-01.01
11/19/2015

NEVADA DEPARTMENT OF TAXATION

Sales/Use Tax Return
TXR-01.01c
Revised 03/23/2016

# COMBINED SALES AND USE TAX RETURN

TID No:001-TX-[redacted]

This return is for use by sellers of tangible personal property. If you are not a seller or no longer sell, you must notify the Department of Taxation.

MAIL ORIGINAL TO: STATE OF NEVADA - SALES/USE
PO BOX 7165
SAN FRANCISCO, CA 94120-7165

For Department Use Only

[redacted]

Return for month Ending 07/31/18

Due on or before 08/31/18

Date paid 08/29/18

If the name or address as shown is incorrect, if the ownership or business location has changed, or if you are out of business, you must notify a Nevada Department of Taxation District Office immediately.

**IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY**

**A RETURN MUST BE FILED EVEN IF NO SALES AND/OR USE TAX LIABILITY EXISTS**

| ENTER AMOUNTS IN COUNTY OF SALES/USE (OR COUNTY OF DELIVERY) | SALES TAX: TOTAL SALES | EXEMPT SALES | TAXABLE SALES | TAX RATE | CALCULATED TAX | USE TAX: AMOUNT SUBJECT TO USE TAX | TAX RATE | CALCULATED TAX |
|---|---|---|---|---|---|---|---|---|
| TAX CALCULATION FORMULA | COLUMN A | - COLUMN B | = COLUMN C | x COLUMN D | = COLUMN E | COLUMN F | x COLUMN G | = COLUMN H |
| 01 CHURCHILL | | | | 7.600% | | | 7.600% | |
| 02 CLARK | 1,211,859.37 | | 1,211,859.37 | 8.250% | 99,978.40 | | 8.250% | |
| 03 DOUGLAS | | | | 7.100% | | | 7.100% | |
| 04 ELKO | | | | 7.100% | | | 7.100% | |
| 05 ESMERALDA | | | | 6.850% | | | 6.850% | |
| 06 EUREKA | | | | 6.850% | | | 6.850% | |
| 07 HUMBOLDT | | | | 6.850% | | | 6.850% | |
| 08 LANDER | | | | 7.100% | | | 7.100% | |
| 09 LINCOLN | | | | 7.100% | | | 7.100% | |
| 10 LYON | | | | 7.100% | | | 7.100% | |
| 11 MINERAL | | | | 6.850% | | | 6.850% | |
| 12 NYE | | | | 7.600% | | | 7.600% | |
| 13 CARSON CITY | | | | 7.600% | | | 7.600% | |
| 14 PERSHING | | | | 7.100% | | | 7.100% | |
| 15 STOREY | | | | 7.600% | | | 7.600% | |
| 16 WASHOE | | | | 8.265% | | | 8.265% | |
| 17 WHITE PINE | | | | 7.725% | | | 7.725% | |
| TOTALS | 1,211,859.37 | | 1,211,859.37 | | | | | |

18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX — SUM OF COLUMN E 18a. 99,978.40 — SUM OF COLUMN H 18b.

19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25% or 0.0025) 19. 249.95

COLLECTION ALLOWANCE IS FOR SALES TAX ONLY THERE IS NO COLLECTION ALLOWANCE FOR USE TAX

20. NET SALES TAX (LINE 18a - LINE 19) 20. 99,728.45

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. **RETURN MUST BE SIGNED.**

ENTER NAME OF PERSON

[redacted]

FEDERAL TAX ID NUMBER (EIN OR SSN) DATE

| | | |
|---|---|---|
| 21. NET SALES AND USE TAX (LINE 20 + LINE 18b) | 21. | 99,728.45 |
| 22. PENALTY (LINE 21 x 0%) | 22. | |
| 23. INTEREST (See instructions for current rate and calculation) | 23. | |
| 24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT | 24. | |
| 25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT | 25. | |
| 26. TOTAL AMOUNT DUE AND PAYABLE | 26. | 99,728.45 |
| 27. TOTAL AMOUNT REMITTED WITH RETURN | 27. | 99,728.45 |

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

To e-mail, save this form to your computer and e-mail the attachment to:
nevadaolt@tax.state.nv.us
with the subject of 'Sales/Use Tax Return'

TXR-020.05
MBT-GB
Revised 02/03/16

NEVADA DEPARTMENT OF TAXATION

# MODIFIED BUSINESS TAX RETURN
# GENERAL BUSINESS (Effective July 1, 2016)

Mail Original To: NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO CA 94120-7165

[redacted]

FOR DEPARTMENT USE ONLY

| | |
|---|---|
| PERIOD ENDING: | 06/30/18 |
| DUE BY: | 07/31/18 |
| DATE PAID: | 07/31/18 |

[redacted]

**IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY.** If your business name or address has changed, please contact the Call Center at (866) 962-3707 as soon as possible to update your account with the Department.

NTF 2582012 **8 NV20041**

| | | |
|---|---|---|
| 1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER | 1. | 285906.55 |
| 2a. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH BENEFITS PLAN | 2a. | 0.00 |
| 2b. ENTER DEDUCTION FOR QUALIFIED VETERANS WAGES (See Instructions) | 2b. | 0.00 |
| 3. Line 1 minus Line 2a and Line 2b | 3. | 285906.55 |
| 4. Offset Carried Forward from Previous Quarter | 4. | 0.00 |
| 5. Line 3 minus Line 4 | 5. | 285906.55 |
| 6. TAXABLE WAGES (If Line 5 is greater than zero enter amount here, if less than zero enter on Line 18) | 6. | 285906.55 |
| 7. ENTER THRESHOLD OF $50,000. | 7. | 50000.00 |
| 8. TAXABLE WAGES (Line 5 minus Line 7, but not less than $0) | 8. | 235906.55 |
| 9. CALCULATED TAX (Line 8 x 1.475%) | 9. | 3479.62 |
| 10. COMMERCE TAX CREDIT | 10. | 0.00 |
| 11. OTHER CREDITS (Overpayments or other approved credits, see instructions) | 11. | 0.00 |
| 12. NET TAX DUE (Line 9 minus Line 10 minus Line 11) | 12. | 3479.62 |
| 13. PENALTY (LINE 12 x % see instructions) | 13. | 0.00 |
| 14. INTEREST (See instructions for current rate and calculation) | 14. | 0.00 |
| 15. PREVIOUS DEBITS (Outstanding liabilities) | 15. | 0.00 |
| 16. TOTAL AMOUNT DUE (Line 12 + Line 13 + Line 14 + Line 15) | 16. | 3479.62 |
| 17. AMOUNT PAID | 17. | 3479.62 |
| 18. CARRY FORWARD (If Line 5 is less than zero (0) enter amount here. This Offset will be carried forward for the next quarter) | 18. | 0.00 |

**MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION -- A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS**

ENTER NAME OF PERSON SIGNING RETURN

Signature Client Copy, For Reference Only Phone Date 07/10/18

Title FEIN of Business [redacted]

I hereby certify that this return, including any accompanying schedules & statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.
**THIS RETURN MUST BE SIGNED**

To e-mail, save this form to your computer and e-mail the attachment to:
nevadaolt@tax.state.nv.us
with the subject of 'Modified Business Tax Return'

DO NOT STAPLE THIS FORM



# EMPLOYER'S QUARTERLY CONTRIBUTION AND WAGE REPORT

State of Nevada
Department of Employment, Training & Rehabilitation
EMPLOYMENT SECURITY DIVISION
500 E. Third St., Carson City, NV 89713-0030
Telephone (775) 684-6300

**PLEASE CORRECT ANY NAME/ADDRESS INFORMATION BELOW.**

1a. EMPLOYER ACCOUNT NUMBER

[redacted]

1b. FOR QUARTER ENDING: 06/30/18

1c. DELINQUENT AFTER: 07/31/18

1d. YOUR RATES: 0.0295 0.0005

1e. FEDERAL I.D. NO.: [redacted]

**IMPORTANT**

FOR YOUR PROTECTION, VERIFY YOUR FEDERAL I.D. NO. ABOVE. IF IT IS IN ERROR, PLEASE ENTER THE CORRECT NUMBER HERE:

**A REPORT MUST BE FILED**

SEE INSTRUCTIONS

| | Dollars | Cents |
|---|---|---|
| 3. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER (If you paid no wages, write "NONE," sign report and return.) (See Instructions) | 285906 | 55 |
| 4. LESS WAGES IN EXCESS OF 30500 PER INDIVIDUAL (Cannot exceed amount in Item 3.) (See Instructions) | 32927 | 25 |
| 5. TAXABLE WAGES PAID THIS QUARTER (Item 3 less Item 4.) | 252979 | 30 |
| 6. UI AMOUNT DUE THIS QUARTER (Item 5 x your UI Rate shown in Item 1d.) | 7462 | 89 |
| 7. CEP AMOUNT DUE THIS QUARTER (Item 5 x the CEP Rate in Item 1d.) (Add) (Do not include the CEP amount on federal unemployment tax return Form 940.) | 126 | 49 |
| 8. PRIOR CREDIT (Attach "Statement of Employer Account") (Subtract) | | |
| 9. CHARGE FOR LATE FILING OF THIS REPORT (One or more days late add $5.00 forfeit.) (Add) | | |
| 10. ADDITIONAL CHARGE FOR LATE FILING, AFTER 10 DAYS (Item 5 x 1/10% (.001) for each month or part of month delinquent.) (Add) | | |
| 11. INTEREST ON PAST DUE UI CONTRIBUTIONS (Add) (Item 6 x 1% (.01) for each month or part of month delinquent.) (See Instructions) | | |
| 12. TOTAL PAYMENT DUE (Total Items 6 through 11.) MAKE PAYABLE TO NEVADA EMPLOYMENT SECURITY DIVISION. Please enter Employer Account Number on check. | 7589 | 38 |

**2. REPORT OF CHANGES**

If any of the following changes have occurred, please check the appropriate box and provide details on page 2.

- [ ] Business Discontinued
- [ ] Ownership Change
  - [ ] Entire Business Sold
  - [ ] Part of Business Sold
  - [ ] Legal Ownership Change
- [ ] Business Added

(FOR DIVISION USE ONLY)

| 13. SOCIAL SECURITY NUMBER | 14. EMPLOYEE NAME Do not make adjustments to prior quarters. | 15. TOTAL TIPS REPORTED Dollars | Cents | 16. TOTAL GROSS WAGES INCLUDING TIPS Dollars | Cents |
|---|---|---|---|---|---|
| | SEE ATTACHED | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 19. TOTAL PAGES THIS REPORT [ ] | 20. TOTAL TIPS AND TOTAL WAGES THIS PAGE → | $ 0 | 00 | $ | |

17. NUMBER OF WORKERS LISTED ON THIS REPORT: 45

18. FOR EACH MONTH, REPORT THE NUMBER OF WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH.

| 1 MO | 2 MO | 3 MO |
|---|---|---|
| 40 | 44 | 40 |

21. I certify that the information contained on this report and the attachments is true and correct.

Client Copy, For Reference Only

Signed/Title

Name of Preparer if Other Than Employer

Area Code Fax Number | Area Code Telephone Number | Area Code Telephone Number | Date: 07/10/18

 Copyright 2006 Greatland/Nelco – Forms Software Only

# NOTICE OF RENEWAL
# FOR BUSINESS LICENSE
# THIS IS NOT A LICENSE

Clark County Business License
500 S Grand Central Pkwy 3rd Fl
Box 551810
Las Vegas, NV 89155-1810
(702) 455-4252 (800) 328-4813
http://www.clarkcountynv.gov/businesslicense

| LICENSE NUMBER | DUE DATE |
|---|---|
| 2000090-MMR-301 | 06/30/2018 |

NOTICE WILL BE SENT BEFORE DUE DATE, HOWEVER THE FAILURE TO NOTIFY SHALL NOT BE HELD TO WAIVE THE PAYMENT AND PROVIDED FURTHER, THAT THE ACTUAL RECEIPT OF SUCH NOTICE IS IN NO CASE REQUIRED.

**THIS IS A RENEWAL FOR THE LICENSING PERIOD 07/01/2018 THRU 09/30/2018**

**ShowGrow**
**John T. Moran**
**4850 S Fort Apache Rd Ste 100**
**Las Vegas NV 89147**

**LOCATION ADDRESS:**
**4850 S Fort Apache Rd**
**Las Vegas NV 89147**

**Marijuana Master License**

**Enter gross revenue for the period:** **04/01/2018 - 06/30/2018**

| Gross Revenue Breakdown *** | Gross Revenue Amount | License Fee |
|---|---|---|
| Cultivation | | |
| Production | | |
| Dispensary Medical | 535,123.60 | 10,553.71 |
| Retail Store | 3,157,043.77 | 89,211.31 |

**Subtotal:** 99,765.02

**SEE REVERSE SIDE FOR FEE CALCULATION**

| | |
|---|---|
| **Cultivation Transfer Fee** | 0.00 |
| **Production Transfer Fee** | |
| **Retail Distributor Fee** | 0.00 |
| **Total License Fees** | 99,765.02 |
| **Penalty *** | |
| **Previous Fees Due** | 0.00 |
| **Previous Credit** | 0.00 |
| **Total Amount Due** | 99,765.02 |

**Control ID: 17025360**

*** Penalty - If payment is received after:**

| | |
|---|---|
| 07/16/2018 | **10% of total fees due** |
| 07/30/2018 | **25% of total fees due** |
| 08/29/2018 | **100% of total fees due**** |

** License renewals greater than 60 days past due may only be renewed with permission of the Director and penalty of 100% of fees due. If reinstatement does not take place within ninety days following the calendar quarter, the license is deemed terminated and any application for licensure shall be processed as a new license application rather than as a reinstatement and the licensee shall remain liable for the delinquent fees, including the double license fee penalty charge.

*****Each marijuana establishment licensee, other than an independent testing laboratory licensee, shall pay:**

(1) a quarterly license fee of: (A) One percent of the gross revenue that does not exceed one hundred fifty thousand dollars per calendar quarter year; *and* also (B)Two percent of the gross revenue that exceeds one hundred fifty thousand dollars per calendar quarter year and does not exceed four hundred thousand dollars per calendar quarter year; *and* also (C)Three percent of the gross revenue that exceeds four hundred thousand dollars per calendar quarter year; and

(2) a quarterly fee of two hundred fifty dollars, if the marijuana establishment transfers or delivers marijuana, edible marijuana products or marijuana-infused products to another marijuana establishment with common ownership and no sales transaction occurs between the two marijuana establishments.

**PLEASE COMPLETE THIS FORM AND RETURN WITH PAYMENT.**
**ONLINE PAYMENT IS NOT AVAILABLE FOR THIS LICENSE CATEGORY**
**TO PAY BY MAIL, PLEASE MAKE A CHECK PAYABLE TO: CLARK COUNTY BUSINESS LICENSE**
**FOR CASH PAYMENTS IN EXCESS OF $10,000.00, YOU ARE REQUIRED TO MAKE AN APPOINTMENT.**
**Please schedule an appointment 24 hours in advance by calling 702-455-3557 or by emailing PaymentInfo@ClarkCountyNV.gov.**
**RETAIN A COPY OF THIS FORM FOR YOUR RECORDS**

MMR301 (Green) - PRINTED: 6/1/2018

[redacted]

# Nevada Taxes Paid 2013 to 2015

[redacted]

[redacted] OF STATE OF NV TAX PAYMENTS 2013 TO 2018

| YEAR | Real Estate Taxes | Nevada SUI | Sales & Use Tax | Personal Property Tax | Modified BUS TAX | TOTAL |
|---|---|---|---|---|---|---|
| [redacted] | | | | | | |
| 2013 | 37,550.60 | 0.00 | 601.64 | 0.00 | 0.00 | **38,152.24** |
| 2014 | 38,393.23 | 0.00 | 838.05 | 706.64 | 0.00 | **39,937.92** |
| 2015 | 32,912.22 | 0.00 | 811.04 | 0.00 | 0.00 | **33,723.26** |
| 2016 | 29,096.33 | 0.00 | 1,032.99 | 300.14 | 0.00 | **30,429.46** |
| 2017 | 29,024.23 | 0.00 | 662.87 | 503.92 | 0.00 | **30,191.02** |
| 2018 | 7,301.87 | 0.00 | 333.15 | 0.00 | 0.00 | **7,635.02** |
| [redacted] | | | | | | |
| 2013 | 3,880.00 | 0.00 | 0.00 | 0.00 | 0.00 | **3,880.00** |
| 2014 | 6,557.22 | 0.00 | 0.00 | 0.00 | 0.00 | **6,557.22** |
| 2015 | 5,441.12 | 0.00 | 0.00 | 0.00 | 0.00 | **5,441.12** |
| 2016 | 5,491.03 | 0.00 | 0.00 | 0.00 | 0.00 | **5,491.03** |
| 2017 | 5,600.94 | 0.00 | 0.00 | 0.00 | 0.00 | **5,600.94** |
| 2018 | 2,895.00 | 0.00 | 0.00 | 0.00 | 0.00 | **2,895.00** |
| [redacted] | | | | | | |
| 2013 | 34,501.77 | 0.00 | 1,630.98 | 267.70 | 0.00 | **36,400.45** |
| 2014 | 34,581.11 | 0.00 | 1,242.69 | 495.98 | 0.00 | **36,319.78** |
| 2015 | 32,729.78 | 0.00 | 1,147.25 | 0.00 | 0.00 | **33,877.03** |
| 2016 | 32,142.26 | 0.00 | 1,557.33 | 219.28 | 0.00 | **33,918.87** |
| 2017 | 32,785.36 | 0.00 | 1,421.42 | 186.84 | 0.00 | **34,393.62** |
| 2018 | 16,844.47 | 0.00 | 1,179.15 | 179.38 | 0.00 | **18,203.00** |
| [redacted] | | | | | | |
| 2013 | 31,522.36 | 0.00 | 838.74 | 1,156.66 | 0.00 | **33,517.76** |
| 2014 | 31,520.15 | 0.00 | 963.91 | 2,023.34 | 0.00 | **34,507.40** |
| 2015 | 32,282.20 | 0.00 | 818.03 | 0.00 | 0.00 | **33,100.23** |
| 2016 | 32,562.77 | 0.00 | 855.82 | 870.98 | 0.00 | **34,289.57** |
| 2017 | 33,214.26 | 0.00 | 1,109.55 | 1,425.82 | 0.00 | **35,749.63** |
| 2018 | 17,064.85 | 0.00 | 765.31 | 0.00 | 0.00 | **17,830.16** |

[redacted] OF STATE OF NV TAX PAYMENTS 2013 TO 2018

| YEAR | Real Estate Taxes | Nevada SUI | Sales & Use Tax | Personal Property Tax | Modified BUS TAX | TOTAL |
|---|---|---|---|---|---|---|
| [redacted] | | | | | | |
| 2013 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2014 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2015 | 8,840.67 | 0.00 | 0.00 | 0.00 | 0.00 | **8,840.67** |
| 2016 | 8,985.50 | 0.00 | 65.48 | 0.00 | 0.00 | **9,050.98** |
| 2017 | 87,904.21 | 0.00 | 1,455.36 | 0.00 | 0.00 | **89,359.57** |
| 2018 | 34,276.11 | 0.00 | 996.89 | 988.40 | 0.00 | **36,261.40** |
| [redacted] | | | | | | |
| 2013 | 32,599.66 | 0.00 | 740.73 | 280.76 | 0.00 | **33,621.15** |
| 2014 | 32,597.04 | 0.00 | 577.19 | 274.52 | 0.00 | **33,448.75** |
| 2015 | 28,302.59 | 0.00 | 658.60 | 238.44 | 0.00 | **29,199.63** |
| 2016 | 8,188.40 | 0.00 | 302.37 | 211.50 | 0.00 | **8,702.27** |
| 2017 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2018 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| [redacted] | | | | | | |
| 2013 | 38,993.16 | 0.00 | 826.28 | 0.00 | 0.00 | **39,819.44** |
| 2014 | 38,594.48 | 0.00 | 926.23 | 513.44 | 0.00 | **40,034.15** |
| 2015 | 38,695.85 | 0.00 | 529.43 | 447.00 | 0.00 | **39,672.28** |
| 2016 | 9,677.07 | 0.00 | 252.21 | 399.58 | 0.00 | **10,328.86** |
| 2017 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2018 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| [redacted] | | | | | | |
| 2013 | 8,751.17 | 0.00 | 420.80 | 0.00 | 0.00 | **9,171.97** |
| 2014 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2017 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2018 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

[redacted] OF NV TAX PAYMENTS 2013 TO 2018

| YEAR | Real Estate Taxes | Nevada SUI | Sales & Use Tax | Personal Property Tax | Modified BUS TAX | TOTAL |
|---|---|---|---|---|---|---|
| [redacted] | | | | | | |
| 2013 | 42,200.38 | 0.00 | 578.81 | 0.00 | 0.00 | **42,779.19** |
| 2014 | 39,567.41 | 0.00 | 714.98 | 185.28 | 0.00 | **40,467.67** |
| 2015 | 39,341.33 | 0.00 | 758.07 | 176.08 | 0.00 | **40,275.48** |
| 2016 | 39,578.61 | 0.00 | 702.20 | 191.54 | 0.00 | **40,472.35** |
| 2017 | 40,370.49 | 0.00 | 619.09 | 164.48 | 0.00 | **41,154.06** |
| 2018 | 20,479.20 | 0.00 | 407.31 | 161.64 | 0.00 | **21,048.15** |
| [redacted] | | | | | | |
| 2013 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2014 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2015 | 342.03 | 0.00 | 0.00 | 0.00 | 0.00 | **342.03** |
| 2016 | 6,308.23 | 0.00 | 0.00 | 0.00 | 0.00 | **6,308.23** |
| 2017 | 13,420.93 | 0.00 | 56.85 | 0.00 | 0.00 | **13,477.78** |
| 2018 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| [redacted] | | | | | | |
| 2013 | 39,885.63 | 0.00 | 1,197.58 | 0.00 | 0.00 | **41,083.21** |
| 2014 | 37,371.83 | 0.00 | 1,020.19 | 757.42 | 0.00 | **39,149.44** |
| 2015 | 38,091.64 | 0.00 | 856.34 | 662.22 | 0.00 | **39,610.20** |
| 2016 | 10,602.94 | 0.00 | 663.21 | 590.58 | 0.00 | **11,856.73** |
| 2017 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2018 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| [redacted] | | | | | | |
| 2013 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2014 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2016 | 689.41 | 0.00 | 0.00 | 0.00 | 0.00 | **689.41** |
| 2017 | 5,099.22 | 0.00 | 0.00 | 0.00 | 0.00 | **5,099.22** |
| 2018 | 5,021.44 | 0.00 | 0.00 | 0.00 | 0.00 | **5,021.44** |

[redacted]F STATE OF NV TAX PAYMENTS 2013 TO 2018

| YEAR | Real Estate Taxes | Nevada SUI | Sales & Use Tax | Personal Property Tax | Modified BUS TAX | TOTAL |
|---|---|---|---|---|---|---|
| [redacted] | | | | | | |
| 2013 | 46,365.94 | 0.00 | 1,270.68 | 0.00 | 0.00 | **47,636.62** |
| 2014 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2017 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2018 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| [redacted] | | | | | | |
| 2013 | 0.00 | 44,444.67 | 0.00 | 1,231.78 | 18,871.97 | **64,548.42** |
| 2014 | 0.00 | 38,519.94 | 0.00 | 1,262.60 | 12,569.29 | **52,351.83** |
| 2015 | 0.00 | 51,646.22 | 0.00 | 1,026.50 | 14,942.26 | **67,614.98** |
| 2016 | 0.00 | 46,783.73 | 0.00 | 1,026.50 | 18,073.40 | **65,883.63** |
| 2017 | 0.00 | 45,881.51 | 0.00 | 1,199.34 | 15,571.81 | **62,652.66** |
| 2018 | 0.00 | 25,380.99 | 0.00 | 1,026.50 | 11,686.38 | **38,093.87** |
| [redacted] | | | | | | |
| 2013 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2014 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2016 | 0.00 | 3,283.00 | 0.00 | 0.00 | 0.00 | **3,283.00** |
| 2017 | 0.00 | 13,132.00 | 0.00 | 0.00 | 0.00 | **13,132.00** |
| 2018 | 0.00 | 6,566.00 | 0.00 | 0.00 | 0.00 | **6,566.00** |
| **TOTAL** | **$1,367,038** | **$275,638** | **$34,407** | **$21,353** | **$91,715** | **$1,790,150** |

All State & County Taxes Paid to Nevada/Clark Co. (5 yrs)

[redacted]

| | R/E TAXES | NV SUI | SALES & USE TAX | PERSONAL PROPERTY | MODIFIED BUS TAX | Total |
|---|---|---|---|---|---|---|
| [redacted] | | | | | | |
| 2013 | 37,550.60 | 0.00 | 601.64 | 0.00 | 0.00 | **38,152.24** |
| 2014 | 38,393.23 | 0.00 | 838.05 | 706.64 | 0.00 | **39,937.92** |
| 2015 | 32,912.22 | 0.00 | 811.04 | 0.00 | 0.00 | **33,723.26** |
| 2016 | 29,096.33 | 0.00 | 1,032.99 | 300.14 | 0.00 | **30,429.46** |
| 2017 | 29,024.23 | 0.00 | 662.87 | 503.92 | 0.00 | **30,191.02** |
| 2018 | 7,301.87 | 0.00 | 333.15 | 0.00 | 0.00 | **7,635.02** |
| [redacted] | | | | | | |
| 2013 | 34,501.77 | 0.00 | 1,630.98 | 267.70 | 0.00 | **36,400.45** |
| 2014 | 34,581.11 | 0.00 | 1,242.69 | 495.98 | 0.00 | **36,319.78** |
| 2015 | 32,729.78 | 0.00 | 1,147.25 | 0.00 | 0.00 | **33,877.03** |
| 2016 | 32,142.26 | 0.00 | 1,557.33 | 219.28 | 0.00 | **33,918.87** |
| 2017 | 32,785.36 | 0.00 | 1,421.42 | 186.84 | 0.00 | **34,393.62** |
| 2018 | 16,844.47 | 0.00 | 1,179.15 | 179.38 | 0.00 | **18,203.00** |
| [redacted] | | | | | | |
| 2013 | 31,522.36 | 0.00 | 838.74 | 1,156.66 | 0.00 | **33,517.76** |
| 2014 | 31,520.15 | 0.00 | 963.91 | 2,023.34 | 0.00 | **34,507.40** |
| 2015 | 32,282.20 | 0.00 | 818.03 | 0.00 | 0.00 | **33,100.23** |
| 2016 | 32,562.77 | 0.00 | 855.82 | 870.98 | 0.00 | **34,289.57** |
| 2017 | 33,214.26 | 0.00 | 1,109.55 | 1,425.82 | 0.00 | **35,749.63** |
| 2018 | 17,064.85 | 0.00 | 765.31 | 0.00 | 0.00 | **17,830.16** |
| [redacted] | | | | | | |
| 2013 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2014 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2015 | 8,840.67 | 0.00 | 0.00 | 0.00 | 0.00 | **8,840.67** |
| 2016 | 8,985.50 | 0.00 | 65.48 | 0.00 | 0.00 | **9,050.98** |
| 2017 | 87,904.21 | 0.00 | 1,455.36 | 0.00 | 0.00 | **89,359.57** |
| 2018 | 34,276.11 | 0.00 | 996.89 | 988.40 | 0.00 | **36,261.40** |

All State & County Taxes Paid to Nevada/Clark Co. (5 yrs)

[redacted]

| | R/E TAXES | NV SUI | SALES & USE TAX | PERSONAL PROPERTY | MODIFIED BUS TAX | Total |
|---|---|---|---|---|---|---|
| [redacted] | | | | | | |
| 2013 | 32,599.66 | 0.00 | 740.73 | 280.76 | 0.00 | **33,621.15** |
| 2014 | 32,597.04 | 0.00 | 577.19 | 274.52 | 0.00 | **33,448.75** |
| 2015 | 28,302.59 | 0.00 | 658.60 | 238.44 | 0.00 | **29,199.63** |
| 2016 | 8,188.40 | 0.00 | 302.37 | 211.50 | 0.00 | **8,702.27** |
| 2017 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2018 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| [redacted] | | | | | | |
| 2013 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2014 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2017 | 5,678.70 | 0.00 | 0.00 | 0.00 | 0.00 | **5,678.70** |
| 2018 | 2,888.96 | 0.00 | 0.00 | 0.00 | 0.00 | **2,888.96** |
| [redacted] | | | | | | |
| 2013 | 38,993.16 | 0.00 | 826.28 | 0.00 | 0.00 | **39,819.44** |
| 2014 | 38,594.48 | 0.00 | 926.23 | 513.44 | 0.00 | **40,034.15** |
| 2015 | 38,695.85 | 0.00 | 529.43 | 447.00 | 0.00 | **39,672.28** |
| 2016 | 9,677.07 | 0.00 | 252.21 | 399.58 | 0.00 | **10,328.86** |
| 2017 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2018 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| [redacted] | | | | | | |
| 2013 | 8,751.17 | 0.00 | 420.80 | 0.00 | 0.00 | **9,171.97** |
| 2014 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2017 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2018 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |

All State & County Taxes Paid to Nevada/Clark Co. (5 yrs)

[redacted]

| | R/E TAXES | NV SUI | SALES & USE TAX | PERSONAL PROPERTY | MODIFIED BUS TAX | Total |
|---|---|---|---|---|---|---|
| [redacted] | | | | | | |
| 2013 | 42,200.38 | 0.00 | 578.81 | 0.00 | 0.00 | **42,779.19** |
| 2014 | 39,567.41 | 0.00 | 714.98 | 185.28 | 0.00 | **40,467.67** |
| 2015 | 39,341.33 | 0.00 | 758.07 | 176.08 | 0.00 | **40,275.48** |
| 2016 | 39,578.61 | 0.00 | 702.20 | 191.54 | 0.00 | **40,472.35** |
| 2017 | 40,370.49 | 0.00 | 619.09 | 164.48 | 0.00 | **41,154.06** |
| 2018 | 20,479.20 | 0.00 | 407.31 | 161.64 | 0.00 | **21,048.15** |
| [redacted] | | | | | | |
| 2013 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2014 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2015 | 342.03 | 0.00 | 0.00 | 0.00 | 0.00 | **342.03** |
| 2016 | 6,308.23 | 0.00 | 0.00 | 0.00 | 0.00 | **6,308.23** |
| 2017 | 13,420.93 | 0.00 | 56.85 | 0.00 | 0.00 | **13,477.78** |
| 2018 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| [redacted] | | | | | | |
| 2013 | 39,885.63 | 0.00 | 1,197.58 | 0.00 | 0.00 | **41,083.21** |
| 2014 | 37,371.83 | 0.00 | 1,020.19 | 757.42 | 0.00 | **39,149.44** |
| 2015 | 38,091.64 | 0.00 | 856.34 | 662.22 | 0.00 | **39,610.20** |
| 2016 | 10,602.94 | 0.00 | 663.21 | 590.58 | 0.00 | **11,856.73** |
| 2017 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2018 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| [redacted] | | | | | | |
| 2013 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2014 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2016 | 689.41 | 0.00 | 0.00 | 0.00 | 0.00 | **689.41** |
| 2017 | 5,099.22 | 0.00 | 0.00 | 0.00 | 0.00 | **5,099.22** |
| 2018 | 5,021.44 | 0.00 | 0.00 | 0.00 | 0.00 | **5,021.44** |

All State & County Taxes Paid to Nevada/Clark Co. (5 yrs)

[redacted]

| | R/E TAXES | NV SUI | SALES & USE TAX | PERSONAL PROPERTY | MODIFIED BUS TAX | Total |
|---|---|---|---|---|---|---|
| [redacted] | | | | | | |
| 2013 | 46,365.94 | 0.00 | 1,270.68 | 0.00 | 0.00 | **47,636.62** |
| 2014 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2016 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2017 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| 2018 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| [redacted] | | | | | | |
| 2013 | 0.00 | 44,444.67 | 0.00 | 1,231.78 | 18,871.97 | **64,548.42** |
| 2014 | 0.00 | 38,519.94 | 0.00 | 1,262.60 | 12,569.29 | **52,351.83** |
| 2015 | 0.00 | 51,646.22 | 0.00 | 1,026.50 | 14,942.26 | **67,614.98** |
| 2016 | 0.00 | 46,783.73 | 0.00 | 1,026.50 | 18,073.40 | **65,883.63** |
| 2017 | 0.00 | 45,881.51 | 0.00 | 1,199.34 | 15,571.81 | **62,652.66** |
| 2018 | 0.00 | 25,380.99 | 0.00 | 1,026.50 | 11,686.38 | **38,093.87** |
| [redacted] | | | | | | |
| 2013 | 15,949.00 | 0.00 | 0.00 | 0.00 | 0.00 | **15,949.00** |
| 2014 | 16,426.00 | 0.00 | 0.00 | 0.00 | 0.00 | **16,426.00** |
| 2015 | 16,672.00 | 0.00 | 0.00 | 0.00 | 0.00 | **16,672.00** |
| 2016 | 17,176.00 | 0.00 | 0.00 | 0.00 | 0.00 | **17,176.00** |
| 2017 | 17,417.00 | 0.00 | 0.00 | 0.00 | 0.00 | **17,417.00** |
| 2018 | 13,363.00 | 0.00 | 0.00 | 0.00 | 0.00 | **13,363.00** |
| [redacted] | | | | | | |
| 2013 | 557.00 | 0.00 | 0.00 | 0.00 | 0.00 | **557.00** |
| 2014 | 574.00 | 0.00 | 0.00 | 0.00 | 0.00 | **574.00** |
| 2015 | 592.00 | 0.00 | 0.00 | 0.00 | 0.00 | **592.00** |
| 2016 | 595.00 | 0.00 | 0.00 | 0.00 | 0.00 | **595.00** |
| 2017 | 610.00 | 0.00 | 0.00 | 0.00 | 0.00 | **610.00** |
| 2018 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | **0.00** |
| **TOTAL** | **1,445,671.05** | **252,657.06** | **34,406.80** | **21,352.78** | **91,715.11** | **1,845,802.80** |

[redacted]

# Property Account Inquiry - Summary Screen

New Search | Recorder | Treasurer | Assessor | Clark County Home

| Parcel ID | [redacted] | Tax Year | 2019 | District | [redacted] | Rate | 2.9328 |
|---|---|---|---|---|---|---|---|

Situs Address: [redacted]

Legal Description: [redacted]

| Status: |
|---|
| Active |
| Taxable |

| Property Characteristics | |
|---|---|
| Tax Cap Increase Pct. | 4.2 |
| Tax Cap Limit Amount | 5741.43 |
| Tax Cap Reduction | 1090.79 |
| Land Use | 1-10 Single Family Residential |
| Cap Type | OTHER |
| Acreage | 0.1600 |
| Exemption Amount | 0.00 |

| Property Values | |
|---|---|
| Land | 75950 |
| Improvements | 157009 |
| Total Assessed Value | 232959 |
| Net Assessed Value | 232959 |
| Exemption Value New Construction | 0 |
| New Construction - Supp Value | 0 |

Property Documents

[redacted]

| Role | Name | Address | Since | To |
|---|---|---|---|---|
| Owner | [redacted] | | | Current |
| Owner | [redacted] | | | Current |

**Summary**

| Item | Amount |
|---|---|
| Taxes as Assessed | $6,832.22 |
| Less Cap Reduction | $1,090.79 |
| Net Taxes | $5,741.43 |

**PAST AND CURRENT CHARGES DUE TODAY**

| Tax Year | Charge Category | Amount Due Today |
|---|---|---|
| **THERE IS NO PAST OR CURRENT AMOUNT DUE as of 8/9/2018** | | $0.00 |

**NEXT INSTALLMENT AMOUNTS**

| Tax Year | Charge Category | Installment Amount Due |
|---|---|---|
| 2019 | Property Tax Principal | $1,435.35 |
| 2019 | Las Vegas Artesian Basin | $1.78 |
| **NEXT INSTALLMENT DUE AMOUNT due on 8/20/2018** | | $1,437.13 |

**TOTAL AMOUNTS DUE FOR ENTIRE TAX YEAR**

| Tax Year | Charge Category | Remaining Balance Due |
|---|---|---|
| 2019 | Property Tax Principal | $5,741.43 |
| 2019 | Las Vegas Artesian Basin | $1.78 |
| **TAX YEAR TOTAL AMOUNTS DUE as of 8/9/2018** | | $5,743.21 |

**PAYMENT HISTORY**

| | |
|---|---|
| Last Payment Amount | $1,377.50 |

| | |
|---|---|
| Last Payment Date | 3/5/2018 |
| Fiscal Tax Year Payments | $0.00 |
| Prior Calendar Year Payments | $4,099.41 |
| Current Calendar Year Payments | $2,755.00 |

[redacted]

NV Department of Taxation Payments

| | Sales / Use Tax | Payroll Taxes | Licenses and Permits | Property Taxes | Total |
|---|---|---|---|---|---|
| 2013 | 505,393.12 | 45,570.95 | 15,751.75 | 8,908.57 | 575,624.39 |
| 2014 | 506,134.59 | 39,995.68 | 14,819.78 | 57,986.22 | 618,936.27 |
| 2015 | 451,190.16 | 31,660.45 | 12,774.50 | 59,027.13 | 554,652.24 |
| 2016 | 293,089.75 | 40,231.63 | 14,147.64 | 58,577.48 | 406,046.50 |
| 2017 | 157,868.47 | 28,167.06 | 5,974.02 | 58,492.72 | 250,502.27 |
| 2018 | 85,097.26 | 3,112.09 | 1,600.40 | 12,345.67 | 102,155.42 |
| | 1,998,773.35 | 188,737.86 | 65,068.09 | 255,337.79 | 2,507,917.09 |

NV Department of Taxation Payments - Payroll Taxes

| Date | Amount | Date | Amount | Date | Amount | Date | Amount |
|---|---|---|---|---|---|---|---|
| Payroll Taxes | | | | | | | |
| 2013 | 9,147.73 | 2013 | 8,984.86 | 2013 | 10,627.81 | 2013 | 6,915.14 |
| 2014 | 7,344.29 | 2014 | 7,412.76 | 2014 | 8,822.73 | 2014 | 5,363.13 |
| 2015 | 3,744.70 | 2015 | 3,577.88 | 2015 | 7,073.86 | 2015 | 3,936.53 |
| 2016 | 755.69 | 2016 | 5,657.20 | 2016 | 105.06 | 2016 | 1,221.58 |
| | 20,992.41 | | 25,632.70 | | 26,629.46 | | 17,436.38 |

[redacted]

| Date | Amount | Date | Amount | Date | Amount | |
|---|---|---|---|---|---|---|
| 2013 | 9,895.41 | 2013 | | 2013 | | 45,570.95 |
| 2014 | 11,052.77 | 2014 | | 2014 | | 39,995.68 |
| 2015 | 11,322.58 | 2015 | | 2015 | 2,004.90 | 31,660.45 |
| 2016 | 13,195.24 | 2016 | 12,931.84 | 2016 | 6,365.02 | 40,231.63 |
| 2017 | 9,827.37 | 2017 | 10,551.96 | 2017 | 7,787.73 | 28,167.06 |
| | | | | 2018 | 3,112.09 | 3,112.09 |
| | 55,293.37 | | 23,483.80 | | 17,264.84 | 188,737.86 |

NV Department of Taxation Payments Licensing and Permits

[redacted]

| Date | Amount | Date | Amount | Date | Amount | Date | Amount |
|---|---|---|---|---|---|---|---|
| Licenses and Permits | | | | | | | |
| 2013 | 2,617.07 | 2013 | 2,571.00 | 2013 | 2,571.00 | 2013 | 2,571.00 |
| 2014 | 3,378.33 | 2014 | 3,083.08 | 2014 | 2,800.44 | 2014 | 2,228.50 |
| 2015 | 1,359.57 | 2015 | 2,396.00 | 2015 | 1,313.50 | 2015 | 1,834.75 |
| 2016 | 240.40 | 2016 | 2,582.61 | 2016 | 222.56 | 2016 | |
| | 7,595.37 | | 10,632.69 | | 6,907.50 | | 6,634.25 |

[redacted]

| Date | Amount | Date | Amount | Date | Amount | Date | Amount |
|---|---|---|---|---|---|---|---|
| 2013 | 3,171.00 | 2013 | | 2013 | | 2013 | 4,867.75 |
| 2014 | 3,248.50 | 2014 | | 2014 | 2,125.00 | 2014 | 786.26 |
| 2015 | 3,526.00 | 2015 | | 2015 | 3,211.00 | 2015 | 125.00 |
| 2016 | 3,522.25 | 2016 | 1,495.00 | 2016 | 4,980.00 | 2016 | 493.73 |
| 2017 | 1,691.00 | 2017 | 871.79 | 2017 | 1,381.05 | 2017 | 893.18 |
| | | | | 2018 | 350.00 | 2018 | |
| | 15,158.75 | | 2,366.79 | | 6,711.05 | | 1,386.91 |

[redacted]

| Date | Amount | Date | Amount | Date | Amount | |
|---|---|---|---|---|---|---|
| 2013 | | 2013 | | 2013 | | 15,751.75 |
| 2014 | | 2014 | | 2014 | 548.00 | 14,819.78 |
| 2015 | | 2015 | | 2015 | 368.25 | 12,774.50 |
| 2016 | | 2016 | | 2016 | 851.49 | 14,147.64 |
| 2017 | 350.00 | 2017 | | 2017 | 787.00 | 5,974.02 |
| 2018 | 350.00 | 2018 | 350.00 | 2018 | 550.40 | 1,600.40 |
| | | | | | | - |
| | 700.00 | | 350.00 | | 2,188.89 | |
| | | | | | | 65,068.09 |

NV Department of Taxation Payments - Property Taxes

| | [redacted] | | | | | | |
|---|---|---|---|---|---|---|---|
| Date | Amount | Date | Amount | Date | Amount | Date | Amount |
| Property Taxes | | | | | | | |
| 2013 | | 2013 | | 2013 | 1,319.39 | 2013 | |
| 2014 | | 2014 | | 2014 | 1,355.21 | 2014 | 8,778.73 |
| 2015 | | 2015 | | 2015 | 2,096.71 | 2015 | 9,574.65 |
| 2016 | | 2016 | | 2016 | 1,407.09 | 2016 | 4,870.38 |
| | | | | 2017 | 1,457.74 | 2017 | 3,397.22 |
| | | | | 2018 | 1,504.16 | | |
| | - | | - | | 9,140.30 | | 26,620.98 |

[redacted]

| Date | Amount | Date | Amount | Date | Amount | Date | Amount |
|---|---|---|---|---|---|---|---|
| 2013 | 2,836.91 | 2013 | | 2013 | | 2013 | 4,752.27 |
| 2014 | 2,070.00 | 2014 | | 2014 | | 2014 | 10,774.28 |
| 2015 | 1,876.20 | 2015 | | 2015 | | 2015 | 11,098.81 |
| 2016 | 2,217.06 | 2016 | 12,141.62 | 2016 | 9,593.20 | 2016 | 11,190.68 |
| 2017 | 1,271.74 | 2017 | 10,773.24 | 2017 | 9,781.25 | 2017 | 14,213.18 |
| | | | | 2018 | 4,976.21 | 2018 | 5,865.30 |
| | 10,271.91 | | 22,914.86 | | 24,350.66 | | 57,894.52 |

[redacted]

| Date | Amount | |
|---|---|---|
| 2013 | | 8,908.57 |
| 2014 | 35,008.00 | 57,986.22 |
| 2015 | 34,380.76 | 59,027.13 |
| 2016 | 17,157.45 | 58,577.48 |
| 2017 | 17,598.35 | 58,492.72 |
| 2018 | | 12,345.67 |
| | 104,144.56 | |
| | | 255,337.79 |

[redacted]

NV Department of Taxation Payments Sales and Use Tax

[redacted]

| Date | Amount | Date | Amount | Date | Amount | Date | Amount | Date | Amount | Date | Amount | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Sales / Use Tax | | | | | | | | | | | | |
| Jan-13 | 5,888.52 | Jan-13 | 4,649.66 | Jan-13 | 8,320.29 | Jan-13 | 3,263.90 | Jan-13 | 5,038.85 | Jan-13 | | |
| Feb-13 | 6,683.33 | Feb-13 | 5,874.79 | Feb-13 | 6,841.61 | Feb-13 | 4,067.43 | Feb-13 | 7,572.75 | Feb-13 | | |
| 13-Mar | 9,518.75 | 13-Mar | 9,747.33 | 13-Mar | 10,355.01 | 13-Mar | 7,630.68 | 13-Mar | 13,914.06 | 13-Mar | | |
| 13-Apr | 6,839.02 | 13-Apr | 8,392.20 | 13-Apr | 15,924.62 | 13-Apr | 6,036.62 | 13-Apr | 11,105.30 | 13-Apr | | |
| 13-May | 9,083.65 | 13-May | 8,084.85 | 13-May | 11,695.60 | 13-May | 6,241.13 | 13-May | 12,408.20 | 13-May | | |
| 13-Jun | 10,527.27 | 13-Jun | 8,731.95 | 13-Jun | 14,442.45 | 13-Jun | 5,737.27 | 13-Jun | 11,611.09 | 13-Jun | | |
| 13-Jul | 11,069.64 | 13-Jul | 9,314.43 | 13-Jul | 14,860.69 | 13-Jul | 6,455.86 | 13-Jul | 9,906.18 | 13-Jul | | |
| 13-Aug | 10,365.68 | 13-Aug | 7,074.66 | 13-Aug | 13,246.25 | 13-Aug | 6,342.36 | 13-Aug | 10,095.93 | 13-Aug | | |
| 13-Sep | 10,273.23 | 13-Sep | 6,253.07 | 13-Sep | 12,556.24 | 13-Sep | 4,773.05 | 13-Sep | 8,469.67 | 13-Sep | | |
| 13-Oct | 9,192.32 | 13-Oct | 5,232.28 | 13-Oct | 10,868.72 | 13-Oct | 4,473.01 | 13-Oct | 7,571.94 | 13-Oct | | |
| 13-Nov | 9,768.66 | 13-Nov | 6,466.45 | 13-Nov | 10,207.53 | 13-Nov | 4,204.77 | 13-Nov | 9,137.38 | 13-Nov | | |
| 13-Dec | 6,514.38 | 13-Dec | 5,701.45 | 13-Dec | 8,606.15 | 13-Dec | 3,064.55 | 13-Dec | 7,098.41 | 13-Dec | | |
| | 105,724.45 | | 85,523.12 | | 137,925.16 | | 62,290.63 | | 113,929.76 | | | 505,393.12 |
| 14-Jan | 7,715.61 | 14-Jan | 4,642.08 | 14-Jan | 7,997.21 | 14-Jan | 3,025.51 | 14-Jan | 7,413.08 | 14-Jan | | |
| 14-Feb | 9,134.41 | 14-Feb | 6,275.35 | 14-Feb | 7,394.88 | 14-Feb | 3,968.78 | 14-Feb | 9,578.27 | 14-Feb | | |
| 14-Mar | 11,547.34 | 14-Mar | 8,282.43 | 14-Mar | 8,730.58 | 14-Mar | 5,716.48 | 14-Mar | 14,488.67 | 14-Mar | | |
| 14-Apr | 9,684.39 | 14-Apr | 7,052.34 | 14-Apr | 12,379.71 | 14-Apr | 4,631.98 | 14-Apr | 12,432.89 | 14-Apr | | |
| 14-May | 9,604.26 | 14-May | 7,895.16 | 14-May | 12,969.60 | 14-May | 4,949.02 | 14-May | 13,196.67 | 14-May | | |
| 14-Jun | 9,706.97 | 14-Jun | 7,902.61 | 14-Jun | 13,115.97 | 14-Jun | 4,433.98 | 14-Jun | 13,049.90 | 14-Jun | | |
| 14-Jul | 8,914.08 | 14-Jul | 7,488.22 | 14-Jul | 13,872.17 | 14-Jul | 6,279.52 | 14-Jul | 12,414.56 | 14-Jul | | |
| 14-Aug | 9,878.53 | 14-Aug | 6,635.53 | 14-Aug | 13,049.03 | 14-Aug | 6,696.66 | 14-Aug | 12,539.02 | 14-Aug | | |
| 14-Sep | 8,918.85 | 14-Sep | 5,513.07 | 14-Sep | 11,736.27 | 14-Sep | 4,754.67 | 14-Sep | 10,049.91 | 14-Sep | | |
| 14-Oct | 9,039.57 | 14-Oct | 5,485.58 | 14-Oct | 10,436.14 | 14-Oct | 5,355.76 | 14-Oct | 9,171.14 | 14-Oct | | |
| 14-Nov | 7,318.93 | 14-Nov | 5,641.96 | 14-Nov | 9,509.22 | 14-Nov | 4,344.51 | 14-Nov | 7,900.44 | 14-Nov | | |
| 14-Dec | 9,260.18 | 14-Dec | 5,506.55 | 14-Dec | 9,609.90 | 14-Dec | 3,258.74 | 14-Dec | 6,649.80 | 14-Dec | | |
| | 110,718.07 | | 78,320.88 | | 130,800.68 | | 57,410.61 | | 128,884.35 | | | 506,134.59 |
| 15-Jan | 8,622.78 | 15-Jan | 4,573.25 | 15-Jan | 7,958.12 | 15-Jan | 3,433.73 | 15-Jan | 6,722.60 | 15-Jan | | |
| 15-Feb | 7,705.34 | 15-Feb | 6,241.81 | 15-Feb | 9,560.87 | 15-Feb | 3,522.42 | 15-Feb | 8,871.48 | 15-Feb | | |
| 15-Mar | 10,066.44 | 15-Mar | 7,720.39 | 15-Mar | 14,173.32 | 15-Mar | 5,484.15 | 15-Mar | 12,534.81 | 15-Mar | | |
| 15-Apr | 9,472.17 | 15-Apr | 7,300.08 | 15-Apr | 12,149.80 | 15-Apr | 5,661.16 | 15-Apr | 10,922.83 | 15-Apr | | |
| 15-May | 9,931.81 | 15-May | 9,320.62 | 15-May | 14,032.93 | 15-May | 5,714.47 | 15-May | 13,458.40 | 15-May | | |
| 15-Jun | 8,543.45 | 15-Jun | 8,486.49 | 15-Jun | 15,360.86 | 15-Jun | 4,120.10 | 15-Jun | 12,334.49 | 15-Jun | | |
| 15-Jul | 9,786.66 | 15-Jul | 11,040.62 | 15-Jul | 14,236.64 | 15-Jul | 5,124.92 | 15-Jul | 11,689.00 | 15-Jul | | |
| 15-Aug | 8,870.60 | 15-Aug | 9,219.22 | 15-Aug | 12,730.72 | 15-Aug | 5,318.93 | 15-Aug | 10,956.70 | 15-Aug | | |
| 15-Sep | 8,996.51 | 15-Sep | 6,257.51 | 15-Sep | 11,571.93 | 15-Sep | 4,289.47 | 15-Sep | 9,639.62 | 15-Sep | | |
| | | 15-Oct | 5,950.37 | | | 15-Oct | 3,828.58 | 15-Oct | 8,758.31 | 15-Oct | | |
| | | 15-Nov | 6,208.03 | | | 15-Nov | 3,845.68 | 15-Nov | 6,181.21 | 15-Nov | | |
| | | 15-Dec | 5,930.64 | | | | | 15-Dec | 6,757.12 | 15-Dec | | |
| | 81,995.76 | | 88,249.03 | | 111,775.19 | | 50,343.61 | | 118,826.57 | | | 451,190.16 |
| | | 16-Jan | 4,828.11 | | | | | 16-Jan | 6,577.67 | 16-Jan | | |
| | | 16-Feb | 5,753.35 | | | | | 16-Feb | 9,572.42 | 16-Feb | | |
| | | 16-Mar | 5,710.42 | | | | | 16-Mar | 12,828.49 | 16-Mar | | |
| | | 16-Apr | 6,920.09 | | | | | 16-Apr | 12,985.15 | 16-Apr | | |
| | | 16-May | 7,902.66 | | | | | 16-May | 13,210.22 | 16-May | 10,111.57 | |
| | | 16-Jun | 9,681.40 | | | | | 16-Jun | 14,071.15 | 16-Jun | 12,066.20 | |
| | | 16-Jul | 8,032.98 | | | | | 16-Jul | 14,635.81 | 16-Jul | 13,417.43 | |
| | | 16-Aug | 5,805.57 | | | | | 16-Aug | 11,802.31 | 16-Aug | 11,382.26 | |
| | | 16-Sep | 6,498.64 | | | | | 16-Sep | 11,796.14 | 16-Sep | 11,989.47 | |
| | | 16-Oct | 5,569.97 | | | | | 16-Oct | 10,179.98 | 16-Oct | 9,868.03 | |
| | | 16-Nov | 5,991.70 | | | | | 16-Nov | 9,503.99 | 16-Nov | 6,854.16 | |
| | | 16-Dec | 4,152.92 | | | | | 16-Dec | 7,678.51 | 16-Dec | 5,710.98 | |
| | | | 76,847.81 | | | | | | 134,841.84 | | 81,400.10 | 293,089.75 |
| | | 17-Jan | 5,660.41 | | | | | 17-Jan | 5,980.62 | 17-Jan | 2,965.24 | |
| | | 17-Feb | 4,778.84 | | | | | 17-Feb | 7,794.54 | 17-Feb | 5,103.14 | |
| | | | | | | | | 17-Mar | 12,732.80 | 17-Mar | 9,198.64 | |
| | | | | | | | | 17-Apr | 12,117.92 | 17-Apr | 10,745.91 | |
| | | | | | | | | 17-May | 12,481.30 | 17-May | 10,699.85 | |
| | | | | | | | | 17-Jun | 12,694.72 | 17-Jun | 8,641.84 | |
| | | | | | | | | | 63,801.90 | | 47,354.62 | 111,156.52 |
| | | | | | | | | 17-Jul | 12,049.86 | 17-Jul | 7,586.10 | |
| | | | | | | | | 17-Aug | 12,174.16 | 17-Aug | 7,731.53 | |
| | | | | | | | | 17-Sep | 17,735.08 | 17-Sep | 7,403.84 | |
| | | | | | | | | 17-Oct | 13,326.92 | 17-Oct | 6,344.76 | |
| | | | | | | | | 17-Nov | 11,394.36 | 17-Nov | 4,263.16 | |
| | | | | | | | | 17-Dec | 9,944.32 | 17-Dec | 6,825.78 | |
| | | | | | | | | | 76,624.70 | | 40,155.17 | |
| | | | | | | | | 40% | 30,649.88 | - | 16,062.07 | 46,711.95 |
| | | | | | | | | | | | | 157,868.47 |
| | | | | | | | | 18-Jan | 8,147.04 | 18-Jan | 8,018.18 | |
| | | | | | | | | 18-Feb | 10,563.37 | 18-Feb | 11,058.08 | |
| | | | | | | | | 18-Mar | 16,419.34 | 18-Mar | 17,365.34 | |
| | | | | | | | | 18-Apr | 15,409.99 | 18-Apr | 17,799.40 | |
| | | | | | | | | 18-May | 20,140.75 | 18-May | 22,777.46 | |
| | | | | | | | | 18-Jun | 16,373.30 | 18-Jun | 16,989.76 | |
| | | | | | | | | 18-Jul | 15,607.00 | 18-Jul | 16,074.15 | |
| | | | | | | | | | 102,660.79 | | 110,082.37 | |
| | | | | | | | | 40% | 41,064.32 | | 44,032.95 | 85,097.26 |

NEVADA DEPARTMENT OF TAXATION

# COMBINED SALES AND USE TAX RETURN

TID No:001-TX-[redacted]

This return is for use by sellers of tangible personal property. If you are not a seller or no longer sell, you must notify the Department of Taxation.

MAIL ORIGINAL TO: STATE OF NEVADA - SALES/USE
PO BOX 52609
PHOENIX AZ 85072-2609

For Department Use Only

[redacted]

Return for month Ending 09/30/15

Due on or before 11/02/15

Date paid 10/9/15

If the name or address as shown is incorrect, if the ownership or business location has changed, or if you are out of business, you must notify a Nevada Department of Taxation District Office immediately.

**IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY**

**A RETURN MUST BE FILED EVEN IF NO SALES AND/OR USE TAX LIABILITY EXISTS**

| ENTER AMOUNTS IN COUNTY OF SALES/USE (OR COUNTY OF DELIVERY) | SALES TAX: TOTAL SALES | EXEMPT SALES | TAXABLE SALES | TAX RATE | CALCULATED TAX | USE TAX: AMOUNT SUBJECT TO USE TAX | TAX RATE | CALCULATED TAX |
|---|---|---|---|---|---|---|---|---|
| TAX CALCULATION FORMULA | COLUMN A | - COLUMN B | = COLUMN C | x COLUMN D | = COLUMN E | COLUMN F | x COLUMN G | = COLUMN H |
| 01 CHURCHILL | | | | 7.600% | | | 7.600% | |
| 02 CLARK | 111,346.43 | | 111,346.43 | 8.100% | 9,019.06 | | 8.100% | |
| 03 DOUGLAS | | | | 7.100% | | | 7.100% | |
| 04 ELKO | | | | 6.850% | | | 6.850% | |
| 05 ESMERALDA | | | | 6.850% | | | 6.850% | |
| 06 EUREKA | | | | 6.850% | | | 6.850% | |
| 07 HUMBOLDT | | | | 6.850% | | | 6.850% | |
| 08 LANDER | | | | 7.100% | | | 7.100% | |
| 09 LINCOLN | | | | 7.100% | | | 7.100% | |
| 10 LYON | | | | 7.100% | | | 7.100% | |
| 11 MINERAL | | | | 6.850% | | | 6.850% | |
| 12 NYE | | | | 7.600% | | | 7.600% | |
| 13 CARSON CITY | | | | 7.600% | | | 7.600% | |
| 14 PERSHING | | | | 7.100% | | | 7.100% | |
| 15 STOREY | | | | 7.600% | | | 7.600% | |
| 16 WASHOE | | | | 7.725% | | | 7.725% | |
| 17 WHITE PINE | | | | 7.725% | | | 7.725% | |
| TOTALS | 111,346.43 | | 111,346.43 | | | | | |

| | | |
|---|---|---|
| 18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX — SUM OF COLUMN E | 18a. | 9,019.06 |
| 19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25% or 0.0025) | 19. | 22.55 |
| 20. NET SALES TAX (LINE 18a - LINE 19) | 20. | 8,996.51 |

SUM OF COLUMN H 18b.

COLLECTION ALLOWANCE IS FOR SALES TAX ONLY
THERE IS NO COLLECTION ALLOWANCE FOR USE TAX

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. **RETURN MUST BE SIGNED.**

[redacted]

| | | |
|---|---|---|
| 21. NET SALES AND USE TAX (LINE 20 + LINE 18b) | 21. | 8,996.51 |
| 22. PENALTY (LINE 21 x 0%) | 22. | |
| 23. INTEREST (See instructions for current rate and calculation) | 23. | |
| 24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT | 24. | |
| 25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT | 25. | |
| 26. TOTAL AMOUNT DUE AND PAYABLE | 26. | 8,996.51 |
| 27. TOTAL AMOUNT REMITTED WITH RETURN | 27. | 8,996.51 |

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

Sales/Use Tax Return
TXR-01.01c
Revised 01/07/2015

NEVADA DEPARTMENT OF TAXATION

Sales/Use Tax Return
TXR-01.016
(Revised 03.20.2016)

# COMBINED SALES AND USE TAX RETURN

[redacted]

This return is for use by sellers of tangible personal property. If you are not a seller or no longer sell, you must notify the Department of Taxation.

MAIL ORIGINAL TO: STATE OF NEVADA - SALES/USE
PO BOX 7165
SAN FRANCISCO, CA 94120-7165

For Department Use Only

[redacted]

Return for month Ending 03/31/17

Due on or before 05/01/17

Date paid 4/28/17

If the name or address as shown is incorrect, if the ownership or business location has changed, or if you are out of business, you must notify a Nevada Department of Taxation District Office immediately.

**IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY**

**A RETURN MUST BE FILED EVEN IF NO SALES AND/OR USE TAX LIABILITY EXISTS**

| ENTER AMOUNTS IN COUNTY OF SALES/USE (OR COUNTY OF DELIVERY) | SALES TAX: TOTAL SALES | EXEMPT SALES | TAXABLE SALES | TAX RATE | CALCULATED TAX | USE TAX: AMOUNT SUBJECT TO USE TAX | TAX RATE | CALCULATED TAX |
|---|---|---|---|---|---|---|---|---|
| TAX CALCULATION FORMULA | COLUMN A | - COLUMN B | = COLUMN C | x COLUMN D | = COLUMN E | COLUMN F | x COLUMN G | = COLUMN H |
| 01 CHURCHILL | | | | 7.600% | | | 7.600% | |
| 02 CLARK | 69,626.94 | | 69,626.94 | 8.150% | 5,674.60 | | 8.150% | |
| 03 DOUGLAS | | | | 7.100% | | | 7.100% | |
| 04 ELKO | | | | 7.100% | | | 7.100% | |
| 05 ESMERALDA | | | | 6.850% | | | 6.850% | |
| 06 EUREKA | | | | 6.850% | | | 6.850% | |
| 07 HUMBOLDT | | | | 6.850% | | | 6.850% | |
| 08 LANDER | | | | 7.100% | | | 7.100% | |
| 09 LINCOLN | | | | 7.100% | | | 7.100% | |
| 10 LYON | | | | 7.100% | | | 7.100% | |
| 11 MINERAL | | | | 6.850% | | | 6.850% | |
| 12 NYE | | | | 7.600% | | | 7.600% | |
| 13 CARSON CITY | | | | 7.600% | | | 7.600% | |
| 14 PERSHING | | | | 7.100% | | | 7.100% | |
| 15 STOREY | | | | 7.600% | | | 7.600% | |
| 16 WASHOE | | | | 7.725% | | | 7.725% | |
| 17 WHITE PINE | | | | 7.725% | | | 7.725% | |
| TOTALS | 69,626.94 | | 69,626.94 | | | | | |

| | | |
|---|---|---|
| 18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX | SUM OF COLUMN E 18a. | 5,674.60 |
| 19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25% or 0.0025) | 19. | 14.19 |
| 20. NET SALES TAX (LINE 18a - LINE 19) | 20. | 5,660.41 |

SUM OF COLUMN H 18b.

COLLECTION ALLOWANCE IS FOR SALES TAX ONLY
THERE IS NO COLLECTION ALLOWANCE FOR USE TAX

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. **RETURN MUST BE SIGNED.**

[redacted]

| | | |
|---|---|---|
| 21. NET SALES AND USE TAX (LINE 20 + LINE 18b) | 21. | 5,660.41 |
| 22. PENALTY (LINE 21 x 0%) | 22. | |
| 23. INTEREST (See instructions for current rate and calculation) | 23. | |
| 24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT | 24. | |
| 25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT | 25. | |
| 26. TOTAL AMOUNT DUE AND PAYABLE | 26. | 5,660.41 |
| 27. TOTAL AMOUNT REMITTED WITH RETURN | 27. | 5,660.41 |

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

To e-mail, save this form to your computer and e-mail the attachment to:
nevadaolt@tax.state.nv.us
with the subject of 'Sales/Use Tax Return'

NEVADA DEPARTMENT OF TAXATION

# COMBINED SALES AND USE TAX RETURN

TID No:001-TX-[redacted]

This return is for use by sellers of tangible personal property. If you are not a seller or no longer sell, you must notify the Department of Taxation.

MAIL ORIGINAL TO: STATE OF NEVADA - SALES/USE
PO BOX 52609
PHOENIX AZ 85072-2609

For Department Use Only

[redacted]

Return for month Ending 09/30/15

Due on or before 11/02/15

Date paid 9/30/15

If the name or address as shown is incorrect, if the ownership or business location has changed, or if you are out of business, you must notify a Nevada Department of Taxation District Office immediately.

**IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY**

**A RETURN MUST BE FILED EVEN IF NO SALES AND/OR USE TAX LIABILITY EXISTS**

| ENTER AMOUNTS IN COUNTY OF SALES/USE (OR COUNTY OF DELIVERY) | SALES TAX: TOTAL SALES | EXEMPT SALES | TAXABLE SALES | TAX RATE | CALCULATED TAX | USE TAX: AMOUNT SUBJECT TO USE TAX | TAX RATE | CALCULATED TAX |
|---|---|---|---|---|---|---|---|---|
| TAX CALCULATION FORMULA | COLUMN A | - COLUMN B | = COLUMN C | x COLUMN D | = COLUMN E | COLUMN F | x COLUMN G | = COLUMN H |
| 01 CHURCHILL | | | | 7.600% | | | 7.600% | |
| 02 CLARK | 143,221.38 | | 143,221.38 | 8.100% | 11,600.93 | | 8.100% | |
| 03 DOUGLAS | | | | 7.100% | | | 7.100% | |
| 04 ELKO | | | | 6.850% | | | 6.850% | |
| 05 ESMERALDA | | | | 6.850% | | | 6.850% | |
| 06 EUREKA | | | | 6.850% | | | 6.850% | |
| 07 HUMBOLDT | | | | 6.850% | | | 6.850% | |
| 08 LANDER | | | | 7.100% | | | 7.100% | |
| 09 LINCOLN | | | | 7.100% | | | 7.100% | |
| 10 LYON | | | | 7.100% | | | 7.100% | |
| 11 MINERAL | | | | 6.850% | | | 6.850% | |
| 12 NYE | | | | 7.600% | | | 7.600% | |
| 13 CARSON CITY | | | | 7.600% | | | 7.600% | |
| 14 PERSHING | | | | 7.100% | | | 7.100% | |
| 15 STOREY | | | | 7.600% | | | 7.600% | |
| 16 WASHOE | | | | 7.725% | | | 7.725% | |
| 17 WHITE PINE | | | | 7.725% | | | 7.725% | |
| TOTALS | 143,221.38 | | 143,221.38 | | | | | |

18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX — SUM OF COLUMN E 18a. 11,600.93 — SUM OF COLUMN H 18b.

19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25% or 0.0025) 19. 29.00

20. NET SALES TAX (LINE 18a - LINE 19) 20. 11,571.93

COLLECTION ALLOWANCE IS FOR SALES TAX ONLY
THERE IS NO COLLECTION ALLOWANCE FOR USE TAX

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. **RETURN MUST BE SIGNED.**

[redacted]

| | | |
|---|---|---|
| 21. NET SALES AND USE TAX (LINE 20 + LINE 18b) | 21. | 11,571.93 |
| 22. PENALTY (LINE 21 x 0%) | 22. | |
| 23. INTEREST (See instructions for current rate and calculation) | 23. | |
| 24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT | 24. | |
| 25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT | 25. | |
| 26. TOTAL AMOUNT DUE AND PAYABLE | 26. | 11,571.93 |
| 27. TOTAL AMOUNT REMITTED WITH RETURN | 27. | 11,571.93 |

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

Sales/Use Tax Return
TXR-01.01c
Revised 01/07/2015

NEVADA DEPARTMENT OF TAXATION

# COMBINED SALES AND USE TAX RETURN

TID No:001-T[redacted]

This return is for use by sellers of tangible personal property. If you are not a seller or no longer sell, you must notify the Department of Taxation.

MAIL ORIGINAL TO: STATE OF NEVADA - SALES/USE
PO BOX 52609
PHOENIX AZ 85072-2609

For Department Use Only

[redacted]

Return for month Ending 11/30/15

Due on or before 12/31/15

Date paid 12/11/15

If the name or address as shown is incorrect, if the ownership or business location has changed, or if you are out of business, you must notify a Nevada Department of Taxation District Office immediately.

**IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY**

**A RETURN MUST BE FILED EVEN IF NO SALES AND/OR USE TAX LIABILITY EXISTS**

| ENTER AMOUNTS IN COUNTY OF SALES/USE (OR COUNTY OF DELIVERY) | SALES TAX: TOTAL SALES | EXEMPT SALES | TAXABLE SALES | TAX RATE | CALCULATED TAX | USE TAX: AMOUNT SUBJECT TO USE TAX | TAX RATE | CALCULATED TAX |
|---|---|---|---|---|---|---|---|---|
| TAX CALCULATION FORMULA | COLUMN A | - COLUMN B | = COLUMN C | x COLUMN D | = COLUMN E | COLUMN F | x COLUMN G | = COLUMN H |
| 01 CHURCHILL | | | | 7.600% | | | 7.600% | |
| 02 CLARK | 47,596.56 | | 47,596.56 | 8.100% | 3,855.32 | | 8.100% | |
| 03 DOUGLAS | | | | 7.100% | | | 7.100% | |
| 04 ELKO | | | | 6.850% | | | 6.850% | |
| 05 ESMERALDA | | | | 6.850% | | | 6.850% | |
| 06 EUREKA | | | | 6.850% | | | 6.850% | |
| 07 HUMBOLDT | | | | 6.850% | | | 6.850% | |
| 08 LANDER | | | | 7.100% | | | 7.100% | |
| 09 LINCOLN | | | | 7.100% | | | 7.100% | |
| 10 LYON | | | | 7.100% | | | 7.100% | |
| 11 MINERAL | | | | 6.850% | | | 6.850% | |
| 12 NYE | | | | 7.600% | | | 7.600% | |
| 13 CARSON CITY | | | | 7.600% | | | 7.600% | |
| 14 PERSHING | | | | 7.100% | | | 7.100% | |
| 15 STOREY | | | | 7.600% | | | 7.600% | |
| 16 WASHOE | | | | 7.725% | | | 7.725% | |
| 17 WHITE PINE | | | | 7.725% | | | 7.725% | |
| TOTALS | 47,596.56 | | 47,596.56 | | | | | |

| | | |
|---|---|---|
| 18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX — SUM OF COLUMN E | 18a. | 3,855.32 |
| 19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25% or 0.0025) | 19. | 9.64 |
| 20. NET SALES TAX (LINE 18a - LINE 19) | 20. | 3,845.68 |

SUM OF COLUMN H 18b.

COLLECTION ALLOWANCE IS FOR SALES TAX ONLY
THERE IS NO COLLECTION ALLOWANCE FOR USE TAX

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY ACCOMPANYING SCHEDULE AND STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. **RETURN MUST BE SIGNED.**

[redacted]

| | | |
|---|---|---|
| 21. NET SALES AND USE TAX (LINE 20 + LINE 18b) | 21. | 3,845.68 |
| 22. PENALTY (LINE 21 x 0%) | 22. | |
| 23. INTEREST (See instructions for current rate and calculation) | 23. | |
| 24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT | 24. | |
| 25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT | 25. | |
| 26. TOTAL AMOUNT DUE AND PAYABLE | 26. | 3,845.68 |
| 27. TOTAL AMOUNT REMITTED WITH RETURN | 27. | 3,845.68 |

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

Sales/Use Tax Return
TXR-01.01c
Revised 01/07/2015

[redacted]

NEVADA DEPARTMENT OF TAXATION

# COMBINED SALES AND USE TAX RETURN

If not paid electronically, Send Payment with copy of return to:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

[redacted]

For Department Use Only

Return for Month ending 7/31/2018
Due on or before 8/31/2018

**IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY**

If the name or address as shown is incorrect, if the ownership has changed, or if you are out of business, **notify a Department of Taxation District Office immediately.**

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

| ENTER AMOUNTS IN COUNTY OF SALES/USE (OR COUNTY OF DELIVERY) | SALES TAX | | | | | USE TAX | | |
|---|---|---|---|---|---|---|---|---|
| | TOTAL SALES | EXEMPT SALES | TAXABLE SALES | TAX RATE | CALCULATED TAX | AMOUNT SUBJECT TO USE TAX | TAX RATE | CALCULATED TAX |
| TAX CALCULATION FORMULA | COLUMN A | - COLUMN B | = COLUMN C | x COLUMN D | = COLUMN E | COLUMN F | x COLUMN G | = COLUMN H |
| 01 CHURCHILL | | | | | | | | |
| 02 CLARK | $189,649.88 | $0.00 | $189,649.88 | 8.250% | $15,646.12 | $0.00 | 8.250% | $0.00 |
| 03 DOUGLAS | | | | | | | | |
| 04 ELKO | | | | | | | | |
| 05 ESMERALDA | | | | | | | | |
| 06 EUREKA | | | | | | | | |
| 07 HUMBOLDT | | | | | | | | |
| 08 LANDER | | | | | | | | |
| 09 LINCOLN | | | | | | | | |
| 10 LYON | | | | | | | | |
| 11 MINERAL | | | | | | | | |
| 12 NYE | | | | | | | | |
| 13 CARSON CITY | | | | | | | | |
| 14 PERSHING | | | | | | | | |
| 15 STOREY | | | | | | | | |
| 16 WASHOE | | | | | | | | |
| 17 WHITE PINE | | | | | | | | |
| TOTALS | | | | | | | | |

| | | |
|---|---|---|
| 18. TOTAL CALCULATED SALES (18a) AND USE (18b) TAX — SUM OF COLUMN E → | 18a. | $15,646.12 |
| 19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25% ) | 19. | $39.12 |
| 20. NET SALES TAX (LINE 18a - LINE 19) | 20. | $15,607.00 |

SUM OF COLUMN H → 18b. $0.00

COLLECTION ALLOWANCE IS FOR SALES TAX ONLY THERE IS NO COLLECTION ALLOWANCE FOR USE TAX

| | | |
|---|---|---|
| 21. NET SALES AND USE TAX (LINE 20 + LINE 18b) | 21. | $15,607.00 |
| 22. PENALTY (LINE 21 x %) SEE FAQs FOR RATES; MAX 10% | 22. | $0.00 |
| 23. INTEREST (SEE FAQs FOR CURRENT RATE AND CALCULATION) | 23. | $0.00 |
| 24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT | 24. | $0.00 |
| 25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT | 25. | $0.00 |
| 26. TOTAL AMOUNT DUE AND PAYABLE | 26. | $15,607.00 |
| 27. TOTAL AMOUNT REMITTED WITH RETURN | 27. | |

[redacted]

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

Sales/Use Tax Return
OLT SUT-1

[redacted]

NEVADA DEPARTMENT OF TAXATION

# COMBINED SALES AND USE TAX RETURN

If not paid electronically, Send Payment with copy of return to:
NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO, CA, 94120-7165

For Department Use Only

[redacted]

Return for Month ending 7/31/2018
Due on or before 8/31/2018

**IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY**

If the name or address as shown is incorrect, if the ownership has changed, or if you are out of business, **notify a Department of Taxation District Office immediately.**

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

| ENTER AMOUNTS IN COUNTY OF SALE/USE (OR COUNTY OF DELIVERY) | SALES TAX | | | | | USE TAX | | |
|---|---|---|---|---|---|---|---|---|
| | TOTAL SALES | EXEMPT SALES | TAXABLE SALES | TAX RATE | CALCULATED TAX | AMOUNT SUBJECT TO USE TAX | TAX RATE | CALCULATED TAX |
| TAX CALCULATION FORMULA | COLUMN A | - COLUMN B | = COLUMN C | x COLUMN D | = COLUMN E | COLUMN F | x COLUMN G | = COLUMN H |
| 01 CHURCHILL | | | | | | | | |
| 02 CLARK | $195,326.56 | $0.00 | $195,326.56 | 8.250% | $16,114.44 | $0.00 | 8.250% | $0.00 |
| 03 DOUGLAS | | | | | | | | |
| 04 ELKO | | | | | | | | |
| 05 ESMERALDA | | | | | | | | |
| 06 EUREKA | | | | | | | | |
| 07 HUMBOLDT | | | | | | | | |
| 08 LANDER | | | | | | | | |
| 09 LINCOLN | | | | | | | | |
| 10 LYON | | | | | | | | |
| 11 MINERAL | | | | | | | | |
| 12 NYE | | | | | | | | |
| 13 CARSON CITY | | | | | | | | |
| 14 PERSHING | | | | | | | | |
| 15 STOREY | | | | | | | | |
| 16 WASHOE | | | | | | | | |
| 17 WHITE PINE | | | | | | | | |
| TOTALS | | | | | | | | |

18. TOTAL CALCULATED SALES (16e) AND USE (16h) TAX — SUM OF COLUMN E → 18a. $16,114.44 — SUM OF COLUMN H → 18b. $0.00
19. ENTER COLLECTION ALLOWANCE FOR TIMELY FILING (LINE 18a x 0.25% ) — 19. $40.29
20. NET SALES TAX (LINE 18a - LINE 19) — 20. $16,074.15

COLLECTION ALLOWANCE IS FOR SALES TAX ONLY THERE IS NO COLLECTION ALLOWANCE FOR USE TAX

| | | |
|---|---|---|
| 21. NET SALES AND USE TAX (LINE 20 + LINE 18b) | 21. | $16,074.15 |
| 22. PENALTY (LINE 21 x %) SEE FAQs FOR RATES; MAX 10% | 22. | $0.00 |
| 23. INTEREST (SEE FAQs FOR CURRENT RATE AND CALCULATION) | 23. | $0.00 |
| 24. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT | 24. | $0.00 |
| 25. LESS CREDIT(S) APPROVED BY THE DEPARTMENT | 25. | $0.00 |
| 26. TOTAL AMOUNT DUE AND PAYABLE | 26. | $16,074.15 |
| 27. TOTAL AMOUNT REMITTED WITH RETURN | 27. | |

I HEREBY CERTIFY THAT THIS RETURN INCLUDING ANY

[redacted]

MAKE CHECKS PAYABLE TO:
NEVADA DEPARTMENT OF TAXATION

Sales/Use Tax Return
OLT SUT-1

DO NOT STAPLE THIS FORM



# EMPLOYER'S QUARTERLY CONTRIBUTION AND WAGE REPORT

State of Nevada
Department of Employment, Training & Rehabilitation
EMPLOYMENT SECURITY DIVISION
500 E. Third St., Carson City, NV 89713-0030
Telephone (775) 684-6300

PLEASE CORRECT ANY NAME/ADDRESS INFORMATION BELOW

1a. EMPLOYER ACCOUNT [redacted]

1b. FOR QUARTER ENDING 12/31/2015

1c. DELINQUENT AFTER 02/01/2016

1d. YOUR RATES 0.0085 0.0005

1e. FEDERAL I.D. NO. [redacted]

**IMPORTANT**

FOR YOUR PROTECTION, VERIFY YOUR FEDERAL I.D. NO. ABOVE. IF IT IS IN ERROR, PLEASE ENTER THE CORRECT NUMBER HERE:

A REPORT MUST BE FILED

SEE INSTRUCTIONS

| | Dollars | Cents |
|---|---|---|
| 3. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER (If you paid no wages, write "NONE," sign report and return.) (See Instructions) | 42,673 | 39 |
| 4. LESS WAGES IN EXCESS OF 27800.00 PER INDIVIDUAL (Cannot exceed amount in Item 3.) (See Instructions) | 14,198 | 00 |
| 5. TAXABLE WAGES PAID THIS QUARTER (Item 3 less Item 4.) | 28,475 | 39 |
| 6. UI AMOUNT DUE THIS QUARTER (Item 5 x your UI Rate shown in Item 1d.) | 242 | 04 |
| 7. CEP AMOUNT DUE THIS QUARTER (Item 5 x the CEP Rate in Item 1d.) (Add) (Do not include the CEP amount on federal unemployment tax return Form 940.) | 14 | 24 |
| 8. PRIOR CREDIT (Attach "Statement of Employer Account") (Subtract) | 0 | 00 |
| 9. CHARGE FOR LATE FILING OF THIS REPORT (One or more days late add $5.00 forfeit.) (Add) | 0 | 00 |
| 10. ADDITIONAL CHARGE FOR LATE FILING, AFTER 10 DAYS (Item 5 x 1/10% (.001) for each month or part of month delinquent.) (Add) | 0 | 00 |
| 11. INTEREST ON PAST DUE UI CONTRIBUTIONS (Add) (Item 6 x 1% (.01) for each month or part of month delinquent.) (See Instructions) | 0 | 00 |
| 12. TOTAL PAYMENT DUE (Total Items 6 through 11.) MAKE PAYABLE TO NEVADA EMPLOYMENT SECURITY DIVISION. Please enter Employer Account Number on check. | 256 | 28 |

2. REPORT OF CHANGES

If any of the following changes have occurred, please check the appropriate box and provide details on page 2.

- ☐ Business Discontinued
- ☐ Ownership Change
  - ☐ Entire Business Sold
  - ☐ Part of Business Sold
  - ☐ Legal Ownership Change
- ☐ Business Added

(FOR DIVISION USE ONLY)

| 13. SOCIAL SECURITY NUMBER | 14. EMPLOYEE NAME Do not make adjustments to prior quarters. | 15. TOTAL TIPS REPORTED Dollars | Cents | 16. TOTAL GROSS WAGES INCLUDING TIPS Dollars | Cents |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 19. TOTAL PAGES THIS REPORT 2 | 20. TOTAL TIPS AND TOTAL WAGES THIS PAGE → | $ | | $ | |

17. NUMBER OF WORKERS LISTED ON THIS REPORT: 14

18. FOR EACH MONTH, REPORT THE NUMBER OF WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH.

| 1 MO | 2 MO | 3 MO |
|---|---|---|
| 2 | 0 | 0 |

[redacted]

Employment Security Division

Contributions Section
500 E. Third Street
Carson City, NV 89713-0030
**https://uitax.nvdetr.org**
**(775) 684-6330**

Quarter:
Quarter Ending:
Employer Account
Delinquent After:
Federal ID Numbe
**BOND FACTOR:**

[redacted]

# Quarterly Bond Contributions Report

Quarterly bond contributions are due by law in addition to quarterly unemployment insurance (UI) taxes. Bond contributions will continue to be collected quarterly until the bonds issued to pay federal loans for unemployment benefits are fully repaid in late 2017 or early 2018.

Please complete this report to determine the **Bond Contributions Amount Due** for the quarter stated **above.**

| | | |
|---|---|---|
| **1. ENTER** TAXABLE WAGES PAID THIS QUARTER (Same as LINE 5 on Employer's Quarterly Report) **If LINE 5 on Report is ZERO (no taxable wages) write "NONE" and return without payment.** | | 28,475.39 |
| **2. MULTIPLY** BY BOND FACTOR (Your assigned Bond Factor written as a decimal) | x | 0 0 2 6 |
| **3. BOND CONTRIBUTIONS AMOUNT DUE** | = | 74.04 |
| **3a. SUBTRACT** CREDIT AMOUNT SHOWN ON BOND BILLING STATEMENT (If applicable) | - | 0.00 |
| **4. ADD** $5.00 FOR ONE OR MORE DAYS LATE FILING THIS REPORT | + | 0.00 |
| **5. ADD** ADDITIONAL CHARGE AFTER 10 DAYS (LINE 1 X .001) FOR EACH MONTH/PART OF MONTH LATE | + | 0.00 |
| **6. ADD** INTEREST ON AMOUNT DUE (LINE 3 X .01) FOR EACH MONTH/PART OF MONTH LATE | + | 0.00 |
| **7. PAY** TOTAL BOND CONTRIBUTIONS AMOUNT DUE (Total LINES 3 through 6) | = | 74.04 |

- Return the completed report, along with a separate check for the Total Bond Contributions Amount Due. **Do not combine UI taxes and bond contributions in the same check. UI taxes and bond contributions must be kept separate.**
- Make check payable to Employment Security Division. Include your Employer Account Number and "Bond" on the check memo line. NOTE: Electronic payments are not available for bond contributions.
- Use the enclosed return envelope with blue markings. Otherwise, indicate BOND on the envelope.

[redacted]

NEVADA DEPARTMENT OF TAXATION

# MODIFIED BUSINESS TAX RETURN
# GENERAL BUSINESS (Effective July 1, 2015)

Mail Original To: NEVADA DEPARTMENT OF TAXATION
PO BOX 52609
PHOENIX AZ 85072-2609

[redacted]

| | |
|---|---|
| PERIOD ENDING: | 12/31/15 |
| DUE BY: | 02/01/16 |
| DATE PAID: | 01/29/16 |

[redacted]

**IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY.** If your business name or address has changed, please contact the Call Center at (866) 962-3707 as soon as possible to update your account with the Department.

| | | |
|---|---|---|
| 1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER | 1. | 42,673.99 |
| 2a. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH BENEFITS PLAN): | 2a. | .00 |
| 2b. ENTER DEDUCTION FOR QUALIFIED VETERANS WAGES (See Instructions) | 2b. | |
| 3. Line 1 minus Line 2a and Line 2b | 3. | 42,673.99 |
| 4. Offset Carried Forward from Previous Quarter | 4. | |
| 5. Line 3 minus Line 4 | 5. | 42,673.99 |
| NET WAGES (If line 5 is greater than zero enter amount here, if less than zero enter on Line 17) | 6. | 42,673.99 |
| 7. IF LINE 6 IS GREATER THAN $50,000, ENTER THRESHOLD OF $50,000. | 7. | |
| 8. TAXABLE WAGES (If Line 6 is greater than $50,000, then subtract Line 7 from Line 6) | 8. | .00 |
| 9. CALCULATED TAX (Line 8 x .01475) | 9. | .00 |
| 10. CREDITS (Overpayments or other approved credits, see instructions) | 10. | |
| 11. NET TAX DUE (Line 9 minus Line 10) | 11. | .00 |
| 12. PENALTY (LINE 11 x 0% see instructions) | 12. | |
| 13. INTEREST (See instructions for current rate and calculation) | 13. | |
| 14. PREVIOUS DEBITS (Outstanding liabilities) | 14. | |
| 15. TOTAL AMOUNT DUE (Line 11 + Line 12 + Line 13 + Line 14) | 15. | .00 |
| 16. AMOUNT PAID | 16. | .00 |
| 17. CARRY FORWARD (If Line 5 is less than zero (0) enter amount here. This Offset will be carried forward for the next quarter) | 17. | |

**MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS**

[redacted]

I hereby certify that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return. **THIS RETURN MUST BE SIGNED**

To e-mail, save this form to your computer and e-mail the attachment to:
nevadaolt@tax.state.nv.us
with the subject of 'Modified Business Tax Return'

TXR-020.04
MBT-GB
Revised 10/20/15

**Employment Security Division**
Contributions Section
500 East Third Street
Carson City, NV 89713-0030
(775)684-6300

[redacted]
0
https://uitax.nvdetr.org

# Employer's Quarterly Report

**Use BLACK INK only. Instructions on separate page.**

Please report any changes on the enclosed Employer's Report of Changes

[redacted]

| 1. EMPLOYER ACCOUNT NO. | FEDERAL I.D. NO. | YOUR RATES | |
|---|---|---|---|
| [redacted] | | UI .85 | % |
| | | CEP .05 | % |
| QUARTER ENDING DATE 12-31-2016 | DELINQUENT AFTER 01-31-2017 | | |

| | MONTH 1 | MONTH 2 | MONTH 3 |
|---|---|---|---|
| 2. LABOR MARKET STATISTICS<br>Enter for each month, the number of workers who worked during or received pay for the payroll period that includes the 12th of the month. | 10 | 11 | 10 |

**PAYMENT CALCULATION** (Line 3 through Line 12)
If no wages were paid in this quarter, enter 0.00 on Line 3. Sign report and return.

| | | DOLLARS | CENTS |
|---|---|---|---|
| 3. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER<br>Enter Grand Total amount from Wage Report. | | 80064 | 80 |
| 4. LESS WAGES IN EXCESS OF 28,200 PER INDIVIDUAL<br>(Cannot exceed amount on Line 3. See instructions on separate page.) | - | 52859 | 10 |
| 5. TAXABLE WAGES PAID THIS QUARTER<br>Line 3 less Line 4. | | 27205 | 70 |
| 6. UI AMOUNT DUE THIS QUARTER<br>Line 5 x the UI Rate shown above in "Your Rates." | + | 231 | 25 |
| 7. CEP AMOUNT DUE THIS QUARTER<br>Line 5 x the CEP Rate shown above. | + | 13 | 60 |
| 8. PRIOR CREDIT<br>(If applicable.) | - | | 00 |
| 9. CHARGE FOR LATE FILING OF THIS REPORT<br>(One or more days late add $5.00 forfeit.) | + | | |
| 10. ADDITIONAL CHARGE FOR LATE FILING, AFTER 10 DAYS.<br>Line 5 x 1/10% (.001) for each month or part of month delinquent. | + | | |
| 11. INTEREST ON PAST DUE UI CONTRIBUTIONS<br>Line 6 x 1% (.01) for each month or part of month delinquent. | + | | |
| 12. **TOTAL PAYMENT DUE**<br>Total Line 6 through Line 11. | | 244 | 85 |

☐ **Pay online** at https://uitax.nvdetr.org then select Employer Self Service (ESS).

☐ **Enclosing check** payable to NEVADA EMPLOYMENT SECURITY DIVISION
(Include Employer Account Number on check.)

I certify that no part of the contribution was deducted from an employee's wages.

(FOR DIVISION USE ONLY)

[redacted]

NOTE: Information collected may also be provided to various federal and state agencies as required or permitted by federal and state law.

Report suspected UI Fraud online at https://uifraud.nvdetr.org or call (775) 684-0475

RPT3795

1122

TXR-020.05
MBT-GB

NEVADA DEPARTMENT OF TAXATION

# MODIFIED BUSINESS TAX RETURN
# GENERAL BUSINESS (Effective July 1, 2016)

Mail Original To: NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO CA 94120-7165

[redacted]

| | |
|---|---|
| PERIOD ENDING: | 12/31/16 |
| DUE BY: | 01/31/17 |
| DATE PAID: | |

[redacted]

**IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY.** If your business name or address has changed, please contact the Call Center at (866) 962-3707 as soon as possible to update your account with the Department.

| | | |
|---|---|---|
| 1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER | 1. | 80064.80 |
| 2a. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH BENEFITS PLAN): | 2a. | .00 |
| 2b. ENTER DEDUCTION FOR QUALIFIED VETERANS WAGES (See Instructions) | 2b. | .00 |
| 3. Line 1 minus Line 2a and Line 2b | 3. | 80064.80 |
| 4. Offset Carried Forward from Previous Quarter | 4. | .00 |
| 5. Line 3 minus Line 4 | 5. | 80064.80 |
| 6. TAXABLE WAGES (If line 5 is greater than zero enter amount here, if less than zero enter on Line 18) | 6. | 80064.80 |
| 7. ENTER THRESHOLD OF $50,000. | 7. | 50000.00 |
| 8. TAXABLE WAGES (Line 5 minus Line 7, but not less than $0) | 8. | 30064.80 |
| 9. CALCULATED TAX (Line 8 x .01475) | 9. | 443.46 |
| 10. COMMERCE TAX CREDIT | 10. | .00 |
| 11. OTHER CREDITS (Overpayments or other approved credits, see instructions) | 11. | .00 |
| 12. NET TAX DUE (Line 9 minus Line 10 minus Line 11) | 12. | 443.46 |
| 13. PENALTY (LINE 12 x 0% see instructions) | 13. | |
| 14. INTEREST (See instructions for current rate and calculation) | 14. | |
| 15. PREVIOUS DEBITS (Outstanding liabilities) | 15. | |
| 16. TOTAL AMOUNT DUE (Line 12 + Line 13 + Line 14 + Line 15) | 16. | 443.46 |
| 17. AMOUNT PAID | 17. | 443.46 |
| 18. CARRY FORWARD (If Line 5 is less than zero (0) enter amount here. This Offset will be carried forward for the next quarter) | 18. | |

**MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS**

[redacted]

hereby certify that this return, cluding any accompanying hedules and statements, has been amined by me and to the best of y knowledge and belief is a true, rrect and complete return. **THIS ETURN MUST BE SIGNED**

m to your computer
ent to:
.us
with the subject of "Modified Business Tax Return"

0007197558 07-Jan-2017 10:44 31626464 1122

Employment Security Division

Contributions Section
500 E. Third Street
Carson City, NV 89713-0030
**https://uitax.nvdetr.org**
**(775) 684-6330**

Quarter:
Quarter End
Employer Ac
Delinquent A
Federal ID N
**BOND FA**

Employer/DBA/Mailing Address

# Quarterly Bond Contributions Report

Quarterly bond contributions are due by law in addition to quarterly unemployment insurances (UI) taxes. Bond contributions will continue to be collected quarterly until the bonds issued to pay federal loans for unemployment benefits are fully repaid in late 2017 or early 2018.

Please complete this report to determine the **Bond Contributions Amount Due** for the quarter stated **above.**

| | | |
|---|---|---|
| 1. **ENTER** TAXABLE WAGES PAID THIS QUARTER (Same as LINE 5 on Employer's Quarterly Report) **If LINE 5 on Report is ZERO (no taxable wages) write "NONE" and return without payment.** | | 27,205.70 |
| 2. **MULTIPLY** BY BOND FACTOR (Your assigned Bond Factor written as a decimal) | x | .0029 |
| 3. **BOND CONTRIBUTIONS AMOUNT DUE** | = | 78.90 |
| 3a. **SUBTRACT** CREDIT AMOUNT SHOWN ON BOND BILLING STATEMENT (If applicable) | – | 0.00 |
| 4. **ADD** $5.00 FOR ONE OR MORE DAYS LATE FILING THIS REPORT | + | |
| 5. **ADD** ADDITIONAL CHARGE AFTER 10 DAYS (LINE 1 X .001) FOR EACH MONTH/ PART OF MONTH LATE | + | |
| 6. **ADD** INTEREST ON AMOUNT DUE (LINE 3 X .01) FOR EACH MONTH/ PART OF MONTH LATE | + | |
| 7. **PAY** TOTAL BOND CONTRIBUTIONS AMOUNT DUE (Total LINES 3 through 6) | = | 78.90 |

- Return the completed report, along with a separate check for the Total Bond Contributions Amount Due. **Do not combine UI taxes and bond contributions in the same check. UI taxes and bond contributions must be kept separate.**
- Make check payable to Employment Security Division. Include your Employer Account Number and "Bond" on the check memo line. NOTE: Electronic payments are not available for bond contributions.
- Use the enclosed return envelope with blue markings. Otherwise, indicate BOND on the envelope.

1122 0007197558 07-Jan-2017 10:44 31626464

## Company Tax Profile

[redacted]

For Quarter Ending: December 31, 2016

| Tax Code | Tax Description | EIN | Rate (%) | Frequency | Payment Method |
|---|---|---|---|---|---|
| FE0000-001 | EE FWH | [redacted] | 0 | Semi-Weekly | EFT Credit |
| FE0000-003 | EE FICA OASDI | | 6.2 | | |
| FE0000-004 | ER FICA OASDI | | 6.2 | | |
| FE0000-005 | EE FICA Med | | 1.45 | | |
| FE0000-006 | ER FICA Med | | 1.45 | | |
| FE0000-010 | ER Fed Unemp | | .6 | Annual Due 01-31 | EFT Credit |
| FE0000-015 | EE Addtl Med | | .9 | | |
| FE0000-122 | EE OASDI Tips | | 6.2 | | |
| FE0000-142 | ER OASDI Tips | | 6.2 | | |
| NV0000-010 | ER State Unemp | | .85 | Quarterly | EFT Credit |
| NV0000-017 | Health Ins (GB) | | 0 | | |
| NV0000-131 | ER CEP | | .05 | | |
| NV0000-134 | NV Gen Bus | | 0 | Quarterly | Check |
| NV0000-150 | NV ER Bond Cont | | .29 | Quarterly | Check |

[redacted]

## Reconciliation Detail

[redacted]

For Quarter Ending: December 31, 2016

| Tax Code/Description | Tax | Taxable | Gross | YTD Tax | YTD Taxable | YTD Gross |
|---|---|---|---|---|---|---|
| FE0000-001 - EE FWH | 8,574.06 | 80,064.80 | 80,064.80 | 40,482.16 | 363,477.70 | 363,477.70 |
| FE0000-003 - EE FICA OASDI | 4,597.04 | 74,145.80 | 74,145.80 | 20,416.52 | 329,298.70 | 329,298.70 |
| FE0000-004 - ER FICA OASDI | 4,597.04 | 74,145.80 | 74,145.80 | 20,416.52 | 329,298.70 | 329,298.70 |
| FE0000-005 - EE FICA Med | 1,160.94 | 80,064.80 | 80,064.80 | 5,270.43 | 363,477.70 | 363,477.70 |
| FE0000-006 - ER FICA Med | 1,160.94 | 80,064.80 | 80,064.80 | 5,270.43 | 363,477.70 | 363,477.70 |
| FE0000-010 - ER Fed Unemp | 8.05 | 1,341.80 | 80,064.80 | 601.17 | 100,194.80 | 363,477.70 |
| FE0000-015 - EE Addtl Med | .00 | .00 | 80,064.80 | .00 | .00 | 363,477.70 |
| FE0000-122 - EE OASDI Tips | 366.98 | 5,919.00 | 5,919.00 | 2,119.10 | 34,179.00 | 34,179.00 |
| FE0000-142 - ER OASDI Tips | 366.98 | 5,919.00 | 5,919.00 | 2,119.10 | 34,179.00 | 34,179.00 |
| NV0000-010 - ER State Unemp | 231.25 | 27,205.70 | 80,064.80 | 2,630.54 | 309,475.20 | 363,477.70 |
| NV0000-017 - Health Ins (GB) | .00 | .00 | .00 | .00 | .00 | .00 |
| NV0000-131 - ER CEP | 13.60 | 27,205.70 | 80,064.80 | 154.74 | 309,475.20 | 363,477.70 |
| NV0000-134 - NV Gen Bus | 443.46 | 80,064.80 | 80,064.80 | 3,148.81 | 166,177.00 | 166,177.00 |
| NV0000-150 - NV ER Bond Cont | 78.90 | 27,205.70 | 80,064.80 | 897.48 | 309,475.20 | 363,477.70 |

[redacted]

Employment Security Division

Contributions Section
500 E. Third Street
Carson City, NV 89713-0030
**https://uitax.nvdetr.org**
**(775) 684-6330**

Quarter:
Quarter Ending:
Employer Account:
Delinquent After:
Federal ID Number:
**BOND FACTOR:**

[redacted]

# Quarterly Bond Contributions Report

Quarterly bond contributions are due by law in addition to quarterly unemployment insurance (UI) taxes. Bond contributions will continue to be collected quarterly until the bonds issued to pay federal loans for unemployment benefits are fully repaid in late 2017 or early 2018.

Please complete this report to determine the **Bond Contributions Amount Due** for the quarter stated **above.**

| | | |
|---|---|---|
| **1. ENTER** TAXABLE WAGES PAID THIS QUARTER (Same as LINE 5 on Employer's Quarterly Report) **If LINE 5 on Report is ZERO (no taxable wages) write "NONE" and return without payment.** | | 12,864.00 |
| **2. MULTIPLY** BY BOND FACTOR (Your assigned Bond Factor written as a decimal) | × | 0 0 6 0 |
| **3. BOND CONTRIBUTIONS AMOUNT DUE** | = | 77.18 |
| **3a. SUBTRACT** CREDIT AMOUNT SHOWN ON BOND BILLING STATEMENT (If applicable) | - | 0.00 |
| **4. ADD** $5.00 FOR ONE OR MORE DAYS LATE FILING THIS REPORT | + | 0.00 |
| **5. ADD** ADDITIONAL CHARGE AFTER 10 DAYS (LINE 1 X .001) FOR EACH MONTH/PART OF MONTH LATE | + | 0.00 |
| **6. ADD** INTEREST ON AMOUNT DUE (LINE 3 X .01) FOR EACH MONTH/PART OF MONTH LATE | + | 0.00 |
| **7. PAY** TOTAL BOND CONTRIBUTIONS AMOUNT DUE (Total LINES 3 through 6) | = | 77.18 |

- Return the completed report, along with a separate check for the Total Bond Contributions Amount Due. **Do not combine UI taxes and bond contributions in the same check. UI taxes and bond contributions must be kept separate.**
- Make check payable to Employment Security Division. Include your Employer Account Number and "Bond" on the check memo line. NOTE: Electronic payments are not available for bond contributions.
- Use the enclosed return envelope with blue markings. Otherwise, indicate BOND on the envelope.

[redacted]

DO NOT STAPLE THIS FORM

# EMPLOYER'S QUARTERLY CONTRIBUTION AND WAGE REPORT

State of Nevada
Department of Employment, Training & Rehabilitation
EMPLOYMENT SECURITY DIVISION
500 E. Third St., Carson City, NV 89713-0030
Telephone (775) 684-6300

PLEASE CORRECT ANY NAME/ADDRESS INFORMATION BELOW.
[redacted]

1b. FOR QUARTER ENDING 12/31/2015

1c. DELINQUENT AFTER 02/01/2016

1d. YOUR RATES 0.0085 0.0005

1e. FEDERAL I.D. NO. [redacted]

**IMPORTANT**
FOR YOUR PROTECTION, VERIFY YOUR FEDERAL I.D. NO. ABOVE. IF IT IS IN ERROR, PLEASE ENTER THE CORRECT NUMBER HERE:

A REPORT MUST BE FILED
SEE INSTRUCTIONS

| | Dollars | Cents |
|---|---|---|
| 3. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER (If you paid no wages, write "NONE," sign report and return.) (See Instructions) | 46,464 | 20 |
| 4. LESS WAGES IN EXCESS OF 27800.00 PER INDIVIDUAL (Cannot exceed amount in Item 3.) (See Instructions) | 33,600 | 20 |
| 5. TAXABLE WAGES PAID THIS QUARTER (Item 3 less Item 4.) | 12,864 | 00 |
| 6. UI AMOUNT DUE THIS QUARTER (Item 5 x your UI Rate shown in Item 1d.) | 109 | 34 |
| 7. CEP AMOUNT DUE THIS QUARTER (Item 5 x the CEP Rate in Item 1d.) (Add) (Do not include the CEP amount on federal unemployment tax return Form 940.) | 6 | 43 |
| 8. PRIOR CREDIT (Attach "Statement of Employer Account") (Subtract) | 0 | 00 |
| 9. CHARGE FOR LATE FILING OF THIS REPORT (One or more days late add $5.00 forfeit.) (Add) | 0 | 00 |
| 10. ADDITIONAL CHARGE FOR LATE FILING, AFTER 10 DAYS (Item 5 x 1/10% (.001) for each month or part of month delinquent.) (Add) | 0 | 00 |
| 11. INTEREST ON PAST DUE UI CONTRIBUTIONS (Add) (Item 6 x 1% (.01) for each month or part of month delinquent.) (See Instructions) | 0 | 00 |
| 12. TOTAL PAYMENT DUE (Total Items 6 through 11.) MAKE PAYABLE TO NEVADA EMPLOYMENT SECURITY DIVISION. Please enter Employer Account Number on check. | 115 | 78 |

2. REPORT OF CHANGES
If any of the following changes have occurred, please check the appropriate box and provide details on page 2.

- ☐ Business Discontinued
- ☐ Ownership Change
  - ☐ Entire Business Sold
  - ☐ Part of Business Sold
  - ☐ Legal Ownership Change
- ☐ Business Added

(FOR DIVISION USE ONLY)

| 13. SOCIAL SECURITY NUMBER | 14. EMPLOYEE NAME Do not make adjustments to prior quarters. | 15. TOTAL TIPS REPORTED Dollars | Cents | 16. TOTAL GROSS WAGES INCLUDING TIPS Dollars | Cents |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 19. TOTAL PAGES THIS REPORT 2 | 20. TOTAL TIPS AND TOTAL WAGES THIS PAGE → | $ | | $ | |

17. NUMBER OF WORKERS LISTED ON THIS REPORT: 13

18. FOR EACH MONTH, REPORT THE NUMBER OF WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH.

| 1 MO | 2 MO | 3 MO |
|---|---|---|
| 2 | 0 | 0 |

[redacted]

Client Copy

NEVADA DEPARTMENT OF TAXATION

# MODIFIED BUSINESS TAX RETURN
# GENERAL BUSINESS (Effective July 1, 2015)

Mail Original To: NEVADA DEPARTMENT OF TAXATION
PO BOX 52609
PHOENIX AZ 85072-2609

[redacted]

| | |
|---|---|
| PERIOD ENDING: | 12/31/15 |
| DUE BY: | 02/01/16 |
| DATE PAID: | 01/29/16 |

[redacted]

**IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY.** If your business name or address has changed, please contact the Call Center at (866) 962-3707 as soon as possible to update your account with the Department.

| | | |
|---|---|---|
| 1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER | 1. | 46,464.20 |
| 2a. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH BENEFITS PLAN): | 2a. | .00 |
| 2b. ENTER DEDUCTION FOR QUALIFIED VETERANS WAGES (See Instructions) | 2b. | |
| 3. Line 1 minus Line 2a and Line 2b | 3. | 46,464.20 |
| 4. Offset Carried Forward from Previous Quarter | 4. | |
| 5. Line 3 minus Line 4 | 5. | 46,464.20 |
| 6. NET WAGES (If line 5 is greater than zero enter amount here, if less than zero enter on Line 17) | 6. | 46,464.20 |
| 7. IF LINE 6 IS GREATER THAN $50,000, ENTER THRESHOLD OF $50,000. | 7. | |
| 8. TAXABLE WAGES (If Line 6 is greater than $50,000, then subtract Line 7 from Line 6) | 8. | .00 |
| 9. CALCULATED TAX (Line 8 x .01475) | 9. | .00 |
| 10. CREDITS (Overpayments or other approved credits, see instructions) | 10. | |
| 11. NET TAX DUE (Line 9 minus Line 10) | 11. | .00 |
| 12. PENALTY (LINE 11 x 0% see instructions) | 12. | |
| 13. INTEREST (See instructions for current rate and calculation) | 13. | |
| 14. PREVIOUS DEBITS (Outstanding liabilities) | 14. | |
| 15. TOTAL AMOUNT DUE (Line 11 + Line 12 + Line 13 + Line 14) | 15. | .00 |
| 16. AMOUNT PAID | 16. | .00 |
| 17. CARRY FORWARD (If Line 5 is less than zero (0) enter amount here. This Offset will be carried forward for the next quarter) | 17. | |

**MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS**

[redacted]

with the subject of 'Modified Business Tax Return'

DO NOT STAPLE THIS FORM

# EMPLOYER'S QUARTERLY CONTRIBUTION AND WAGE REPORT

State of Nevada
Department of Employment, Training & Rehabilitation
EMPLOYMENT SECURITY DIVISION
500 E. Third St., Carson City, NV 89713-0030
Telephone (775) 684-6300

PLEASE CORRECT ANY NAME/ADDRESS INFORMATION BELOW
1a. EMPLOYER ACCOUNT NU[redacted]

1b. FOR QUARTER ENDING 12/31/2015

1c. DELINQUENT AFTER 02/01/2016

1d. YOUR RATES 0.0115 0.0005

1e. FEDERAL I.D. NO. [redacted]

**IMPORTANT**
FOR YOUR PROTECTION, VERIFY YOUR FEDERAL I.D. NO. ABOVE. IF IT IS IN ERROR, PLEASE ENTER THE CORRECT NUMBER HERE:

A REPORT MUST BE FILED
SEE INSTRUCTIONS

| | Dollars | Cents |
|---|---|---|
| 3. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER (If you paid no wages, write "NONE," sign report and return.) (See Instructions) | 63,982 | 78 |
| 4. LESS WAGES IN EXCESS OF 27800.00 PER INDIVIDUAL (Cannot exceed amount in Item 3.) (See Instructions) | 19,114 | 20 |
| 5. TAXABLE WAGES PAID THIS QUARTER (Item 3 less Item 4.) | 44,868 | 58 |
| 6. UI AMOUNT DUE THIS QUARTER (Item 5 x your UI Rate shown in Item 1d.) | 515 | 99 |
| 7. CEP AMOUNT DUE THIS QUARTER (Item 5 x the CEP Rate in Item 1d.) (Add) (Do not include the CEP amount on federal unemployment tax return Form 940.) | 22 | 43 |
| 8. PRIOR CREDIT (Attach "Statement of Employer Account") (Subtract) | 0 | 00 |
| 9. CHARGE FOR LATE FILING OF THIS REPORT (One or more days late add $5.00 forfeit.) (Add) | 0 | 00 |
| 10. ADDITIONAL CHARGE FOR LATE FILING, AFTER 10 DAYS (Item 5 x 1/10% (.001) for each month or part of month delinquent.) (Add) | 0 | 00 |
| 11. INTEREST ON PAST DUE UI CONTRIBUTIONS (Item 6 x 1% (.01) for each month or part of month delinquent.) (See Instructions) (Add) | 0 | 00 |
| 12. TOTAL PAYMENT DUE (Total Items 6 through 11.) MAKE PAYABLE TO NEVADA EMPLOYMENT SECURITY DIVISION. Please enter Employer Account Number on check. | 538 | 42 |

2. REPORT OF CHANGES
If any of the following changes have occurred, please check the appropriate box and provide details on page 2.
- [ ] Business Discontinued
- [ ] Ownership Change
  - [ ] Entire Business Sold
  - [ ] Part of Business Sold
  - [ ] Legal Ownership Change
- [ ] Business Added

(FOR DIVISION USE ONLY)

| 13. SOCIAL SECURITY NUMBER | 14. EMPLOYEE NAME Do not make adjustments to prior quarters. | 15. TOTAL TIPS REPORTED Dollars | Cents | 16. TOTAL GROSS WAGES INCLUDING TIPS Dollars | Cents |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 19. TOTAL PAGES THIS REPORT 2 | 20. TOTAL TIPS AND TOTAL WAGES THIS PAGE → | $ | | $ | |

17. NUMBER OF WORKERS LISTED ON THIS REPORT: 10

18. FOR EACH MONTH, REPORT THE NUMBER OF WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH.

| 1 MO | 2 MO | 3 MO |
|---|---|---|
| 9 | 7 | 0 |

[redacted]

Client Copy

NEVADA DEPARTMENT OF TAXATION

# MODIFIED BUSINESS TAX RETURN
# GENERAL BUSINESS (Effective July 1, 2015)

Mail Original To: NEVADA DEPARTMENT OF TAXATION
PO BOX 52609
PHOENIX AZ 85072-2609

[redacted]

| | |
|---|---|
| PERIOD ENDING: | 12/31/15 |
| DUE BY: | 02/01/16 |
| DATE PAID: | 01/29/16 |

[redacted]

**IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY.** If your business name or address has changed, please contact the Call Center at (866) 962-3707 as soon as possible to update your account with the Department.

| | | |
|---|---|---|
| 1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER | 1. | 63,982.78 |
| 2a. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH BENEFITS PLAN): | 2a. | 15,890.55 |
| 2b. ENTER DEDUCTION FOR QUALIFIED VETERANS WAGES (See Instructions) | 2b. | |
| 3. Line 1 minus Line 2a and Line 2b | 3. | 48,092.23 |
| 4. Offset Carried Forward from Previous Quarter | 4. | |
| 5. Line 3 minus Line 4 | 5. | 48,092.23 |
| 6. NET WAGES (If line 5 is greater than zero enter amount here, if less than zero enter on Line 17) | 6. | 48,092.23 |
| 7. IF LINE 6 IS GREATER THAN $50,000, ENTER THRESHOLD OF $50,000. | 7. | |
| 8. TAXABLE WAGES (If Line 6 is greater than $50,000, then subtract Line 7 from Line 6) | 8. | .00 |
| 9. CALCULATED TAX (Line 8 x .01475) | 9. | .00 |
| 10. CREDITS (Overpayments or other approved credits, see instructions) | 10. | |
| 11. NET TAX DUE (Line 9 minus Line 10) | 11. | .00 |
| 12. PENALTY (LINE 11 x 0% see instructions) | 12. | |
| 13. INTEREST (See instructions for current rate and calculation) | 13. | |
| 14. PREVIOUS DEBITS (Outstanding liabilities) | 14. | |
| 15. TOTAL AMOUNT DUE (Line 11 + Line 12 + Line 13 + Line 14) | 15. | .00 |
| 16. AMOUNT PAID | 16. | .00 |
| 17. CARRY FORWARD (If Line 5 is less than zero (0) enter amount here. This Offset will be carried forward for the next quarter) | 17. | |

**MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS**

I hereby certify that this return, including any accompanying schedules and statements, has been

[redacted]

**Employment Security Division**
Contributions Section
500 East Third Street
Carson City, NV 89713-0030
(775)684-6300

[redacted]

# Employer's Quarterly Report

**Use BLACK INK only. Instructions on separate page.**

Please report any changes on the enclosed Employer's Report of Changes

[redacted]

| 1. EMPLOYER ACCOUNT NO. | FEDERAL I.D. NO. | YOUR RATES |
|---|---|---|
| [redacted] | [redacted] | UI 2.05 % |
| | | CEP .05 % |
| QUARTER ENDING DATE 12-31-2017 | DELINQUENT AFTER 01-31-2018 | |

| | MONTH 1 | MONTH 2 | MONTH 3 |
|---|---|---|---|
| 2. LABOR MARKET STATISTICS<br>Enter for each month, the number of workers who worked during or received pay for the payroll period that includes the 12th of the month. | 0 | 0 | 0 |

**PAYMENT CALCULATION** *(Line 3 through Line 12)*
If no wages were paid in this quarter, enter 0.00 on Line 3. Sign report and return.

| | | DOLLARS | CENTS |
|---|---|---|---|
| 3. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER<br>Enter Grand Total amount from Wage Report. | | 0 | 00 |
| 4. LESS WAGES IN EXCESS OF 29,500 PER INDIVIDUAL<br>(Cannot exceed amount on Line 3. See instructions on separate page.) | - | | 00 |
| 5. TAXABLE WAGES PAID THIS QUARTER<br>Line 3 less Line 4. | | | 00 |
| 6. UI AMOUNT DUE THIS QUARTER<br>Line 5 x the UI Rate shown above in "Your Rates." | + | | 00 |
| 7. CEP AMOUNT DUE THIS QUARTER<br>Line 5 x the CEP Rate shown above. | + | | 00 |
| 8. PRIOR CREDIT<br>(If applicable.) | - | | 00 |
| 9. CHARGE FOR LATE FILING OF THIS REPORT<br>(One or more days late add $5.00 forfeit.) | + | | |
| 10. ADDITIONAL CHARGE FOR LATE FILING, AFTER 10 DAYS.<br>Line 5 x 1/10% (.001) for each month or part of month delinquent. | + | | |
| 11. INTEREST ON PAST DUE UI CONTRIBUTIONS<br>Line 6 x 1% (.01) for each month or part of month delinquent. | + | | |
| 12. **TOTAL PAYMENT DUE**<br>Total Line 6 through Line 11. | | | 00 |

☐ **Pay online** at https://uitax.nvdetr.org then select Employer Self Service (ESS).

☐ **Enclosing check** payable to NEVADA EMPLOYMENT SECURITY DIVISION
(Include Employer Account Number on check.)

(FOR DIVISION USE ONLY)

[redacted]

Report suspected [redacted]
call (775) 684-0475

RP13795

0007197563 28-Feb-2018 13:35 40344827 1122

TXR-020.05
MBT-GB
Revised 02/03/16

NEVADA DEPARTMENT OF TAXATION

# MODIFIED BUSINESS TAX RETURN
# GENERAL BUSINESS (Effective July 1, 2016)

Mail Original To: NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO CA 94120-7165

[redacted]

| | |
|---|---|
| PERIOD ENDING: | 12/31/17 |
| DUE BY: | 01/31/18 |
| DATE PAID: | |

[redacted]

**IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY.** If your business name or address has changed, please contact the Call Center at (866) 962-3707 as soon as possible to update your account with the Department.

| | | |
|---|---|---|
| 1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER | 1. | .00 |
| 2a. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH BENEFITS PLAN): | 2a. | .00 |
| 2b. ENTER DEDUCTION FOR QUALIFIED VETERANS WAGES (See Instructions) | 2b. | .00 |
| 3. Line 1 minus Line 2a and Line 2b | 3. | .00 |
| 4. Offset Carried Forward from Previous Quarter | 4. | .00 |
| 5. Line 3 minus Line 4 | 5. | .00 |
| 6. TAXABLE WAGES (If line 5 is greater than zero enter amount here, if less than zero enter on Line 18) | 6. | .00 |
| 7. ENTER THRESHOLD OF $50,000. | 7. | .00 |
| 8. TAXABLE WAGES (Line 5 minus Line 7, but not less than $0) | 8. | .00 |
| 9. CALCULATED TAX (Line 8 x .01475) | 9. | .00 |
| 10. COMMERCE TAX CREDIT | 10. | .00 |
| 11. OTHER CREDITS (Overpayments or other approved credits, see instructions) | 11. | .00 |
| 12. NET TAX DUE (Line 9 minus Line 10 minus Line 11) | 12. | .00 |
| 13. PENALTY (LINE 12 x 0% see instructions) | 13. | |
| 14. INTEREST (See instructions for current rate and calculation) | 14. | |
| 15. PREVIOUS DEBITS (Outstanding liabilities) | 15. | |
| 16. TOTAL AMOUNT DUE (Line 12 + Line 13 + Line 14 + Line 15) | 16. | .00 |
| 17. AMOUNT PAID | 17. | |
| 18. CARRY FORWARD (If Line 5 is less than zero (0) enter amount here. This Offset will be carried forward for the next quarter) | 18. | |

**MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS**

[redacted]

## Company Tax Profile

[redacted]

**For Quarter Ending: December 31, 2017**

| Tax Code | Tax Description | EIN | Rate (%) | Frequency | Payment Method |
|---|---|---|---|---|---|
| FE0000-001 | EE FWH | [redacted] | 0 | Semi-Weekly | EFT Credit |
| FE0000-003 | EE FICA OASDI | | 6.2 | | |
| FE0000-004 | ER FICA OASDI | | 6.2 | | |
| FE0000-005 | EE FICA Med | | 1.45 | | |
| FE0000-006 | ER FICA Med | | 1.45 | | |
| FE0000-010 | ER Fed Unemp | | .6 | Annual Due 01-31 | EFT Credit |
| FE0000-015 | EE Addtl Med | | .9 | | |
| FE0000-122 | EE OASDI Tips | | 6.2 | | |
| FE0000-142 | ER OASDI Tips | | 6.2 | | |
| NV0000-010 | ER State Unemp | | 2.05 | Quarterly | EFT Credit |
| NV0000-017 | Health Ins (GB) | | 0 | | |
| NV0000-131 | ER CEP | | .05 | | |
| NV0000-134 | NV Gen Bus | | 0 | Quarterly | Check |
| NV0000-150 | NV ER Bond Cont | | 0 | Quarterly | Check |

[redacted]

## Reconciliation Detail

[redacted]

For Quarter Ending: December 31, 2017

| Tax Code/Description | Tax | Taxable | Gross | YTD Tax | YTD Taxable | YTD Gross |
|---|---|---|---|---|---|---|
| FE0000-001- EE FWH | .00 | .00 | .00 | 32,546.70 | 268,357.00 | 268,357.00 |
| FE0000-003- EE FICA OASDI | .00 | .00 | .00 | 15,811.74 | 255,028.00 | 255,028.00 |
| FE0000-004- ER FICA OASDI | .00 | .00 | .00 | 15,811.74 | 255,028.00 | 255,028.00 |
| FE0000-005- EE FICA Med | .00 | .00 | .00 | 3,891.18 | 268,357.00 | 268,357.00 |
| FE0000-006- ER FICA Med | .00 | .00 | .00 | 3,891.18 | 268,357.00 | 268,357.00 |
| FE0000-010- ER Fed Unemp | .00 | .00 | .00 | 657.96 | 109,659.50 | 268,357.00 |
| FE0000-015- EE Addtl Med | .00 | .00 | .00 | .00 | .00 | 268,357.00 |
| FE0000-122- EE OASDI Tips | .00 | .00 | .00 | 826.40 | 13,329.00 | 13,329.00 |
| FE0000-142- ER OASDI Tips | .00 | .00 | .00 | 826.40 | 13,329.00 | 13,329.00 |
| NV0000-010- ER State Unemp | .00 | .00 | .00 | 5,255.32 | 256,357.00 | 268,357.00 |
| NV0000-131- ER CEP | .00 | .00 | .00 | 128.18 | 256,357.00 | 268,357.00 |
| NV0000-134- NV Gen Bus | .00 | .00 | .00 | 1,916.81 | .00 | .00 |
| NV0000-150- NV ER Bond Cont | .00 | .00 | .00 | 1,794.50 | .00 | .00 |

[redacted]

**Employment Security Division**
Contributions Section
500 East Third Street
Carson City, NV 89713-0030
(775)684-6300

[redacted]

# Employer's Quarterly Report

**Use BLACK INK only. Instructions on separate page.**

Please report any changes on the enclosed Employer's Report of Changes

[redacted]

| EMPLOYER ACCOUNT NO. | FEDERAL I.D. NO. | YOUR RATES | |
|---|---|---|---|
| [redacted] | [redacted] | UI 2.95 | % |
| | | EP .05 | % |
| QUARTER ENDING DATE 12-31-2017 | DELINQUENT AFTER 01-31-2018 | | |

| | MONTH 1 | MONTH 2 | MONTH 3 |
|---|---|---|---|
| 2. LABOR MARKET STATISTICS<br>Enter for each month, the number of workers who worked during or received pay for the payroll period that includes the 12th of the month. | 0 | 0 | 0 |

**PAYMENT CALCULATION** *(Line 3 through Line 12)*
If no wages were paid in this quarter, enter 0.00 on Line 3. Sign report and return.

| | | DOLLARS | CENTS |
|---|---|---|---|
| 3. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER<br>Enter Grand Total amount from Wage Report. | | | 0 00 |
| 4. LESS WAGES IN EXCESS OF 29,500 PER INDIVIDUAL<br>(Cannot exceed amount on Line 3. See instructions on separate page.) | - | | 00 |
| 5. TAXABLE WAGES PAID THIS QUARTER<br>Line 3 less Line 4. | | | 00 |
| 6. UI AMOUNT DUE THIS QUARTER<br>Line 5 x the UI Rate shown above in "Your Rates." | + | | 00 |
| 7. CEP AMOUNT DUE THIS QUARTER<br>Line 5 x the CEP Rate shown above. | + | | 00 |
| 8. PRIOR CREDIT<br>(If applicable.) | - | | |
| 9. CHARGE FOR LATE FILING OF THIS REPORT<br>(One or more days late add $5.00 forfeit.) | + | | |
| 10. ADDITIONAL CHARGE FOR LATE FILING, AFTER 10 DAYS.<br>Line 5 x 1/10% (.001) for each month or part of month delinquent. | + | | |
| 11. INTEREST ON PAST DUE UI CONTRIBUTIONS<br>Line 6 x 1% (.01) for each month or part of month delinquent. | + | | |
| 12. **TOTAL PAYMENT DUE**<br>Total Line 6 through Line 11. | | | 00 |

☐ **Pay online** at https://uitax.nvdetr.org then select Employer Self Service (ESS).

☐ **Enclosing check** payable to NEVADA EMPLOYMENT SECURITY DIVISION
(Include Employer Account Number on check.)

(FOR DIVISION USE ONLY)

I certify that no part of the contribution was deducted from an employee's wages.

[redacted]

0007197515 12-Feb-2018 12:04

TXR-020.05

NEVADA DEPARTMENT OF TAXATION

# MODIFIED BUSINESS TAX RETURN
# GENERAL BUSINESS (Effective July 1, 2016)

Mail Original To: NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO CA 94120-7165

[redacted]

| | |
|---|---|
| PERIOD ENDING: | 12/31/17 |
| DUE BY: | 01/31/18 |
| DATE PAID: | |

[redacted]

**IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY.** If your business name or address has changed, please contact the Call Center at (866) 962-3707 as soon as possible to update your account with the Department.

| | | |
|---|---|---|
| 1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER | 1. | .00 |
| 2a. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH BENEFITS PLAN): | 2a. | .00 |
| 2b. ENTER DEDUCTION FOR QUALIFIED VETERANS WAGES (See instructions) | 2b. | .00 |
| 3. Line 1 minus Line 2a and Line 2b | 3. | .00 |
| 4. Offset Carried Forward from Previous Quarter | 4. | .00 |
| 5. Line 3 minus Line 4 | 5. | .00 |
| 6. TAXABLE WAGES (If line 5 is greater than zero enter amount here, if less than zero enter on Line 18) | 6. | .00 |
| 7. ENTER THRESHOLD OF $50,000. | 7. | .00 |
| 8. TAXABLE WAGES (Line 5 minus Line 7, but not less than $0) | 8. | .00 |
| 9. CALCULATED TAX (Line 8 x .01475) | 9. | .00 |
| 10. COMMERCE TAX CREDIT | 10. | .00 |
| 11. OTHER CREDITS (Overpayments or other approved credits, see instructions) | 11. | .00 |
| 12. NET TAX DUE (Line 9 minus Line 10 minus Line 11) | 12. | .00 |
| 13. PENALTY (LINE 12 x 0% see instructions) | 13. | |
| 14. INTEREST (See instructions for current rate and calculation) | 14. | |
| 15. PREVIOUS DEBITS (Outstanding liabilities) | 15. | |
| 16. TOTAL AMOUNT DUE (Line 12 + Line 13 + Line 14 + Line 15) | 16. | .00 |
| 17. AMOUNT PAID | 17. | |
| 18. CARRY FORWARD (If Line 5 is less than zero (0) enter amount here. This Offset will be carried forward for the next quarter) | 18. | |

**MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS**

I hereby certify that this return,

[redacted]

## Company Tax Profile

[redacted]

**For Quarter Ending: December 31, 2017**

| Tax Code | Tax Description | EIN | Rate (%) | Frequency | Payment Method |
|---|---|---|---|---|---|
| FE0000-001 | EE FWH | [redacted] | 0 | Monthly Due 15th | EFT Credit |
| FE0000-003 | EE FICA OASDI | | 6.2 | | |
| FE0000-004 | ER FICA OASDI | | 6.2 | | |
| FE0000-005 | EE FICA Med | | 1.45 | | |
| FE0000-006 | ER FICA Med | | 1.45 | | |
| FE0000-010 | ER Fed Unemp | | .6 | Annual Due 01-31 | EFT Credit |
| FE0000-015 | EE Addtl Med | | .9 | | |
| FE0000-122 | EE OASDI Tips | | 6.2 | | |
| FE0000-142 | ER OASDI Tips | | 6.2 | | |
| NV0000-010 | ER State Unemp | | 2.95 | Quarterly | EFT Credit |
| NV0000-017 | Health Ins (GB) | | 0 | | |
| NV0000-131 | ER CEP | | .05 | | |
| NV0000-134 | NV Gen Bus | | 0 | Quarterly | Check |
| NV0000-150 | NV ER Bond Cont | | 0 | Quarterly | Check |

[redacted]

## Reconciliation Detail

[redacted]

For Quarter Ending: December 31, 2017

| Tax Code/Description | Tax | Taxable | Gross | YTD Tax | YTD Taxable | YTD Gross |
|---|---|---|---|---|---|---|
| FE0000-001- EE FWH | .00 | .00 | .00 | 27,338.16 | 232,942.00 | 232,942.00 |
| FE0000-003- EE FICA OASDI | .00 | .00 | .00 | 13,164.27 | 212,327.00 | 212,327.00 |
| FE0000-004- ER FICA OASDI | .00 | .00 | .00 | 13,164.27 | 212,327.00 | 212,327.00 |
| FE0000-005- EE FICA Med | .00 | .00 | .00 | 3,377.66 | 232,942.00 | 232,942.00 |
| FE0000-006- ER FICA Med | .00 | .00 | .00 | 3,377.66 | 232,942.00 | 232,942.00 |
| FE0000-010- ER Fed Unemp | .00 | .00 | .00 | 639.57 | 106,595.50 | 232,942.00 |
| FE0000-015- EE Addtl Med | .00 | .00 | .00 | .00 | .00 | 232,942.00 |
| FE0000-122- EE OASDI Tips | .00 | .00 | .00 | 1,278.13 | 20,615.00 | 20,615.00 |
| FE0000-142- ER OASDI Tips | .00 | .00 | .00 | 1,278.13 | 20,615.00 | 20,615.00 |
| NV0000-010- ER State Unemp | .00 | .00 | .00 | 6,857.04 | 232,442.00 | 232,942.00 |
| NV0000-131- ER CEP | .00 | .00 | .00 | 116.22 | 232,442.00 | 232,942.00 |
| NV0000-134- NV Gen Bus | .00 | .00 | .00 | 1,509.99 | .00 | .00 |
| NV0000-150- NV ER Bond Cont | .00 | .00 | .00 | 2,068.73 | .00 | .00 |

[redacted]

**Employment Security Division**
Contributions Section
500 East Third Street
Carson City, NV 89713-0030
(775)684-6300

[redacted]

# Employer's Quarterly Report

**Use BLACK INK only. Instructions on separate page.**

Please report any changes on the enclosed Employer's Report of Changes

[redacted]

| 1. EMPLOYER ACCOUNT NO. | FEDERAL I.D. NO. | YOUR RATES | |
|---|---|---|---|
| [redacted] | | UI 2.95 | % |
| | | CEP .05 | % |
| QUARTER ENDING DATE 06-30-2018 | DELINQUENT AFTER 07-31-2018 | | |

| | MONTH 1 | MONTH 2 | MONTH 3 |
|---|---|---|---|
| 2. LABOR MARKET STATISTICS<br>Enter for each month, the number of workers who worked during or received pay for the payroll period that includes the 12th of the month. | 5 | 5 | 3 |

**PAYMENT CALCULATION** *(Line 3 through Line 12)*
If no wages were paid in this quarter, enter 0.00 on Line 3. Sign report and return.

| | | DOLLARS | CENTS |
|---|---|---|---|
| 3. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER<br>Enter Grand Total amount from Wage Report. | | 32800 | 00 |
| 4. LESS WAGES IN EXCESS OF 30,500 PER INDIVIDUAL<br>(Cannot exceed amount on Line 3. See instructions on separate page.) | - | | 00 |
| 5. TAXABLE WAGES PAID THIS QUARTER<br>Line 3 less Line 4. | | 32800 | 00 |
| 6. UI AMOUNT DUE THIS QUARTER<br>Line 5 x the UI Rate shown above in "Your Rates." | + | 967 | 60 |
| 7. CEP AMOUNT DUE THIS QUARTER<br>Line 5 x the CEP Rate shown above. | + | 16 | 40 |
| 8. PRIOR CREDIT<br>(If applicable.) | - | | 00 |
| 9. CHARGE FOR LATE FILING OF THIS REPORT<br>(One or more days late add $5.00 forfeit.) | + | | |
| 10. ADDITIONAL CHARGE FOR LATE FILING, AFTER 10 DAYS.<br>Line 5 x 1/10% (.001) for each month or part of month delinquent. | + | | |
| 11. INTEREST ON PAST DUE UI CONTRIBUTIONS<br>Line 6 x 1% (.01) for each month or part of month delinquent. | + | | |
| 12. **TOTAL PAYMENT DUE**<br>Total Line 6 through Line 11. | | 984 | 00 |

☐ **Pay online** at https://uitax.nvdetr.org then select Employer Self Service (ESS).

☐ **Enclosing check** payable to NEVADA EMPLOYMENT SECURITY DIVISION
(Include Employer Account Number on check.)

(FOR DIVISION USE ONLY)

I certify that no part of the contribution was deducted from an employee's wages.

[redacted]

TXR-020.05

NEVADA DEPARTMENT OF TAXATION

# MODIFIED BUSINESS TAX RETURN
# GENERAL BUSINESS (Effective July 1, 2016)

Mail Original To: NEVADA DEPARTMENT OF TAXATION
PO BOX 7165
SAN FRANCISCO CA 94120-7165

T[redacted]

| | |
|---|---|
| PERIOD ENDING: | 06/30/18 |
| DUE BY: | 07/31/18 |
| DATE PAID: | |

[redacted]

**IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY.** If your business name or address has changed, please contact the Call Center at (866) 962-3707 as soon as possible to update your account with the Department.

| | | |
|---|---|---|
| 1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER | 1. | 32800.00 |
| 2a. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH BENEFITS PLAN): | 2a. | .00 |
| 2b. ENTER DEDUCTION FOR QUALIFIED VETERANS WAGES (See Instructions) | 2b. | .00 |
| 3. Line 1 minus Line 2a and Line 2b | 3. | 32800.00 |
| 4. Offset Carried Forward from Previous Quarter | 4. | .00 |
| 5. Line 3 minus Line 4 | 5. | 32800.00 |
| 6. TAXABLE WAGES (If line 5 is greater than zero enter amount here, if less than zero enter on Line 18) | 6. | 32800.00 |
| 7. ENTER THRESHOLD OF $50,000. | 7. | .00 |
| 8. TAXABLE WAGES (Line 5 minus Line 7, but not less than $0) | 8. | .00 |
| 9. CALCULATED TAX (Line 8 x .01475) | 9. | .00 |
| 10. COMMERCE TAX CREDIT | 10. | .00 |
| 11. OTHER CREDITS (Overpayments or other approved credits, see instructions) | 11. | .00 |
| 12. NET TAX DUE (Line 9 minus Line 10 minus Line 11) | 12. | .00 |
| 13. PENALTY (LINE 12 x 0% see instructions) | 13. | |
| 14. INTEREST (See instructions for current rate and calculation) | 14. | |
| 15. PREVIOUS DEBITS (Outstanding liabilities) | 15. | |
| 16. TOTAL AMOUNT DUE (Line 12 + Line 13 + Line 14 + Line 15) | 16. | .00 |
| 17. AMOUNT PAID | 17. | |
| 18. CARRY FORWARD (If Line 5 is less than zero (0) enter amount here. This Offset will be carried forward for the next quarter) | 18. | |

**MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS**

[redacted]

## Company Tax Profile

[redacted]

**For Quarter Ending: June 30, 2018**

| Tax Code | Tax Description | EIN | Rate (%) | Frequency | Payment Method |
|---|---|---|---|---|---|
| FE0000-001 | EE FWH | [redacted] | | Semi-Weekly | EFT Credit |
| FE0000-003 | EE FICA OASDI | | 6.2 | | |
| FE0000-004 | ER FICA OASDI | | 6.2 | | |
| FE0000-005 | EE FICA Med | | 1.45 | | |
| FE0000-006 | ER FICA Med | | 1.45 | | |
| FE0000-010 | ER Fed Unemp | | .6 | Annual Due 01-31 | EFT Credit |
| FE0000-015 | EE Addtl Med | | .9 | | |
| NV0000-010 | ER State Unemp | | 2.95 | Quarterly | EFT Credit |
| NV0000-017 | Health Ins (GB) | | | | |
| NV0000-131 | ER CEP | | .05 | | |
| NV0000-134 | NV Gen Bus | | | Quarterly | Check |
| NV0000-150 | NV ER Bond Cont | | | Quarterly | Check |

[redacted]

## Reconciliation Detail

[redacted]

For Quarter Ending: June 30, 2018

| Tax Code/Description | Tax | Taxable | Gross | YTD Tax | YTD Taxable | YTD Gross |
|---|---|---|---|---|---|---|
| FE0000-001- EE FWH | 2,679.66 | 32,800.00 | 32,800.00 | 7,066.42 | 80,400.00 | 80,400.00 |
| FE0000-003- EE FICA OASDI | 2,033.60 | 32,800.00 | 32,800.00 | 4,984.80 | 80,400.00 | 80,400.00 |
| FE0000-004- ER FICA OASDI | 2,033.60 | 32,800.00 | 32,800.00 | 4,984.80 | 80,400.00 | 80,400.00 |
| FE0000-005- EE FICA Med | 475.60 | 32,800.00 | 32,800.00 | 1,165.80 | 80,400.00 | 80,400.00 |
| FE0000-006- ER FICA Med | 475.60 | 32,800.00 | 32,800.00 | 1,165.80 | 80,400.00 | 80,400.00 |
| FE0000-010- ER Fed Unemp | 14.40 | 2,400.00 | 32,800.00 | 199.20 | 33,200.00 | 80,400.00 |
| FE0000-015- EE Addtl Med | .00 | .00 | 32,800.00 | .00 | .00 | 80,400.00 |
| NV0000-010- ER State Unemp | 967.60 | 32,800.00 | 32,800.00 | 2,371.80 | 80,400.00 | 80,400.00 |
| NV0000-017- Health Ins (GB) | .00 | .00 | .00 | .00 | .00 | .00 |
| NV0000-131- ER CEP | 16.40 | 32,800.00 | 32,800.00 | 40.20 | 80,400.00 | 80,400.00 |
| NV0000-134- NV Gen Bus | .00 | 32,800.00 | 32,800.00 | .00 | 80,400.00 | 80,400.00 |

[redacted]

Clark County / Assessor / Property Records

# Assessor

| CURRENT PARCEL NO. | CURRENT OWNER | % | RECORDED DOCUMENT NO. | RECORDED DATE | VESTING | TAX DIST | EST SIZE | C |
|---|---|---|---|---|---|---|---|---|
| [redacted] | | | [redacted] | 4/12/2017 | NS | [redacted] | 3.95 AC | |

| PARCEL NO. | PRIOR OWNER(S) | % | RECORDED | RECORDED DATE | VESTING | TAX DIST | EST SIZE | COMMEN |
|---|---|---|---|---|---|---|---|---|
| [redacted] | | | [redacted] | 02/03/2014 | NS | 417 | 3.9500 AC | [redacted] |
| | | | | 01/31/2014 | NS | 417 | 5.0000 AC | |
| | | | | 01/31/2014 | NS | 417 | 5.0000 AC | |
| | | | | 02/16/2011 | NS | 417 | 5.0000 AC | |
| | | | | 05/27/2005 | NS | 417 | 5.0000 AC | |
| | | | | 06/01/2004 | NS | 417 | 5.0000 AC | |
| | | | | 06/01/2004 | NS | 417 | 5.0000 AC | |
| | | | | 02/24/1994 | NS | 417 | 5.0000 AC | |
| | | 2/3 NS<br>1/3 NS | | 03/10/1992 | NS | 417 | 5.0000 AC | |
| | | | | 03/22/1991 | NS | 417 | 5.0000 AC | |
| | | 50%<br>50% | | 11/30/1990 | JJ | 417 | 5.00 AC | |
| | | | | 11/19/1979 | NS | 417 | 5.00 AC | |
| | | | | | | 120 | 5.00 AC | |

Click the following link to view the parcel geneology
Parcel Tree

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Manufactured Homes
Parcel Info & Maps
Real Property
Tax Rates

WERE YOU OR SOMEONE YOU LOVE AFFECTED BY 1 OCTOBER?
LEARN MORE
VEGAS STRONG
RESILIENCY CENTER



[redacted]

[redacted]

[redacted]

[redacted]

MET/ [redacted]

Jun/01/2017

| Lease Id | Item | |
|---|---|---|
| [redacted] | Base Rent - Retail* | 37,619.00 |
| | Common Area | 1,582.94 |
| | Real Estate Tax | 1,795.54 |

40,997.48

[redacted]

[redacted]

Clark County / Assessor / Property Records

**Assessor**

# Michele W. Shafe, Assessor

## REAL PROPERTY PARCEL RECORD

Click Here for a Print Friendly Version

Assessor Map | Aerial View | Building Sketch | Ownership History | Neighborhood Sales | New Search

| GENERAL INFORMATION | |
|---|---|
| PARCEL NO. | [redacted] |
| OWNER AND MAILING ADDRESS | |
| LOCATION ADDRESS CITY/UNINCORPORATED TOWN | [redacted] |
| ASSESSOR DESCRIPTION | |
| RECORDED DOCUMENT NO. | |
| RECORDED DATE | Jul 28 2014 |
| VESTING | NS |

*Note: Only documents from September 15, 1999 through present are available for viewing.

**ASSESSMENT INFORMATION AND VALUE EXCLUDED FROM PARTIAL ABATEMENT**

Quick Look-up

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Tax Rates

WERE YOU OR SOMEONE YOU LOVE AFFECTED BY 1 OCTOBER?
LEARN MORE
VEGAS STRONG
RESILIENCY CENTER

CARSON CITY
Capital of Nevada

## Carson City Assessor's Parcel Records - Select and View or Download

8/31/18

Click a row for detail on that parcel. Click a column header to sort by that column, and/or use your mouse to resize the columns.

| Parcel # | Property Location | Town | Assessed Owner | Land Use Code | Land Value | Improvement Value | Personal Property Value | Acreage |
|---|---|---|---|---|---|---|---|---|
| [redacted] | | [redacted] | | | 220,228 | | | 5.350 |
| | | | | | 486,561 | | | 11.820 |
| | | | | | 256,041 | | | 6.220 |
| | | | | | 47,220 | | | .890 |
| | | | | | 38,731 | | | .730 |
| | | | | | 38,731 | | | .730 |
| | | | | | 221,463 | | | 5.380 |
| | | | | | 417,528 | | | 10.143 |
| | | | | | 225,945 | | | 2.470 |

[redacted]

| GENERAL INFORMATION | |
|---|---|
| PARCEL NO. | [redacted] |
| OWNER AND MAILING ADDRESS | |
| LOCATION ADDRESS<br>CITY/UNINCORPORATED TOWN | |
| ASSESSOR DESCRIPTION | |
| RECORDED DOCUMENT NO. | |
| RECORDED DATE | Jun 27 2016 |
| VESTING | NS |

*Note: Only documents from September 15, 1999 through present are available for viewing.

| ASSESSMENT INFORMATION AND VALUE EXCLUDED FROM PARTIAL ABATEMENT | |
|---|---|
| TAX DISTRICT | [redacted] |
| APPRAISAL YEAR | 2017 |
| FISCAL YEAR | 2018-19 |
| SUPPLEMENTAL IMPROVEMENT VALUE | 0 |
| INCREMENTAL LAND | 0 |
| INCREMENTAL IMPROVEMENTS | 0 |

| REAL PROPERTY ASSESSED VALUE | | |
|---|---|---|
| FISCAL YEAR | 2017-18 | 2018-19 |
| LAND | 129500 | 93100 |
| IMPROVEMENTS | 410550 | 405318 |
| PERSONAL PROPERTY | 0 | 0 |
| EXEMPT | 0 | 0 |
| GROSS ASSESSED (SUBTOTAL) | 540050 | 498418 |
| TAXABLE LAND+IMP (SUBTOTAL) | 1543000 | 1424051 |
| COMMON ELEMENT ALLOCATION ASSD | 298 | 0 |
| TOTAL ASSESSED VALUE | 540348 | 498418 |
| TOTAL TAXABLE VALUE | 1543851 | 1424051 |

| ESTIMATED LOT SIZE AND APPRAISAL INFORMATION | |
|---|---|
| ESTIMATED SIZE | 0.41 Acres |
| ORIGINAL CONST. YEAR | 2012 |
| LAST SALE PRICE<br>MONTH/YEAR<br>SALE TYPE | [redacted] |
| LAND USE | 20.110 - Single Family Residential |
| DWELLING UNITS | 1 |

| PRIMARY RESIDENTIAL STRUCTURE | | | | | |
|---|---|---|---|---|---|
| 1ST FLOOR SQ. FT. | 2516 | CASITA SQ. FT. | 743 | ADDN/CONV | |
| 2ND FLOOR SQ. FT. | 2232 | CARPORT SQ. FT. | 0 | POOL | YES |

| | | | | | |
|---|---|---|---|---|---|
| **3RD FLOOR SQ. FT.** | 0 | **STYLE** | Two Story | **SPA** | YES |
| **UNFINISHED BASEMENT SQ. FT.** | 0 | **BEDROOMS** | 3 | **TYPE OF CONSTRUCTION** | Frame-Stucco |
| **FINISHED BASEMENT SQ. FT.** | 0 | **BATHROOMS** | 3 FULL /1 HALF | **ROOF TYPE** | Concrete Tile |
| **BASEMENT GARAGE SQ. FT.** | 0 | **FIREPLACE** | 2 | | |
| **TOTAL GARAGE SQ. FT.** | 1172 | | | | |

Treasurer

# Laura B. Fitzpatrick
## Clark County Treasurer

Print

# Property Account Inquiry - Summary Screen

New Search | Recorder | Treasurer | Assessor | Clark County Home

| Parcel ID | [redacted] | Tax Year | 2019 | District | [redacted] | Rate | 2.9328 |
|---|---|---|---|---|---|---|---|

| | |
|---|---|
| Situs Address: | [redacted] |
| Legal Description: | [redacted] |

| Status: |
|---|
| Active |
| Taxable |

| Property Characteristics | |
|---|---|
| Tax Cap Increase Pct. | 4.2 |
| Tax Cap Limit Amount | 11967.91 |
| Tax Cap Reduction | 2649.69 |
| Land Use | 1-10 Single Family Residential |
| Cap Type | OTHER |
| Acreage | 0.4100 |
| Exemption Amount | 0.00 |

| Property Values | |
|---|---|
| Land | 93100 |
| Improvements | 405318 |
| Total Assessed Value | 498418 |
| Net Assessed Value | 498418 |
| Exemption Value New Construction | 0 |
| New Construction - Supp Value | 0 |

| Property Documents |
|---|
| [redacted] |
| 6/27/2016 |
| 11/25/2014 |
| 7/28/2011 |
| 6/8/2011 |
| 2/10/2005 |
| 6/29/2004 |
| 6/21/2004 |
| 9/29/1997 |

| Role | Name | Address | Since | To |
|---|---|---|---|---|
| [redacted] | | | 7/6/2016 | Current |

**Summary**

| Item | Amount |
|---|---|
| Taxes as Assessed | $14,617.60 |
| Less Cap Reduction | $2,649.69 |
| Net Taxes | $11,967.91 |

**PAST AND CURRENT CHARGES DUE TODAY**

| Tax Year | Charge Category | Amount Due Today |
|---|---|---|
| **THERE IS NO PAST OR CURRENT AMOUNT DUE as of 8/31/2018** | | $0.00 |

**NEXT INSTALLMENT AMOUNTS**

| Tax Year | Charge Category | Installment Amount Due |
|---|---|---|
| 2019 | Property Tax Principal | $2,991.98 |
| **NEXT INSTALLMENT DUE AMOUNT due on 10/1/2018** | | $2,991.98 |

**TOTAL AMOUNTS DUE FOR ENTIRE TAX YEAR**

| Tax Year | Charge Category | Remaining Balance Due |
|---|---|---|
| 2019 | Property Tax Principal | $8,975.94 |
| 2019 | Las Vegas Artesian Basin | $0.00 |

[redacted]

| TAX YEAR TOTAL AMOUNTS DUE as of 8/31/2018 | $8,975.94 |
|---|---|

**PAYMENT HISTORY**

| | |
|---|---|
| Last Payment Amount | $2,993.75 |
| Last Payment Date | 8/14/2018 |
| Fiscal Tax Year Payments | $2,993.75 |
| Prior Calendar Year Payments | $14,213.18 |
| Current Calendar Year Payments | $5,865.13 |

Printable Page

**Click Here for Printable Page!**

| New Search | Recorder | Treasurer | Assessor | Clark County Home |
|---|---|---|---|---|

Return to Home

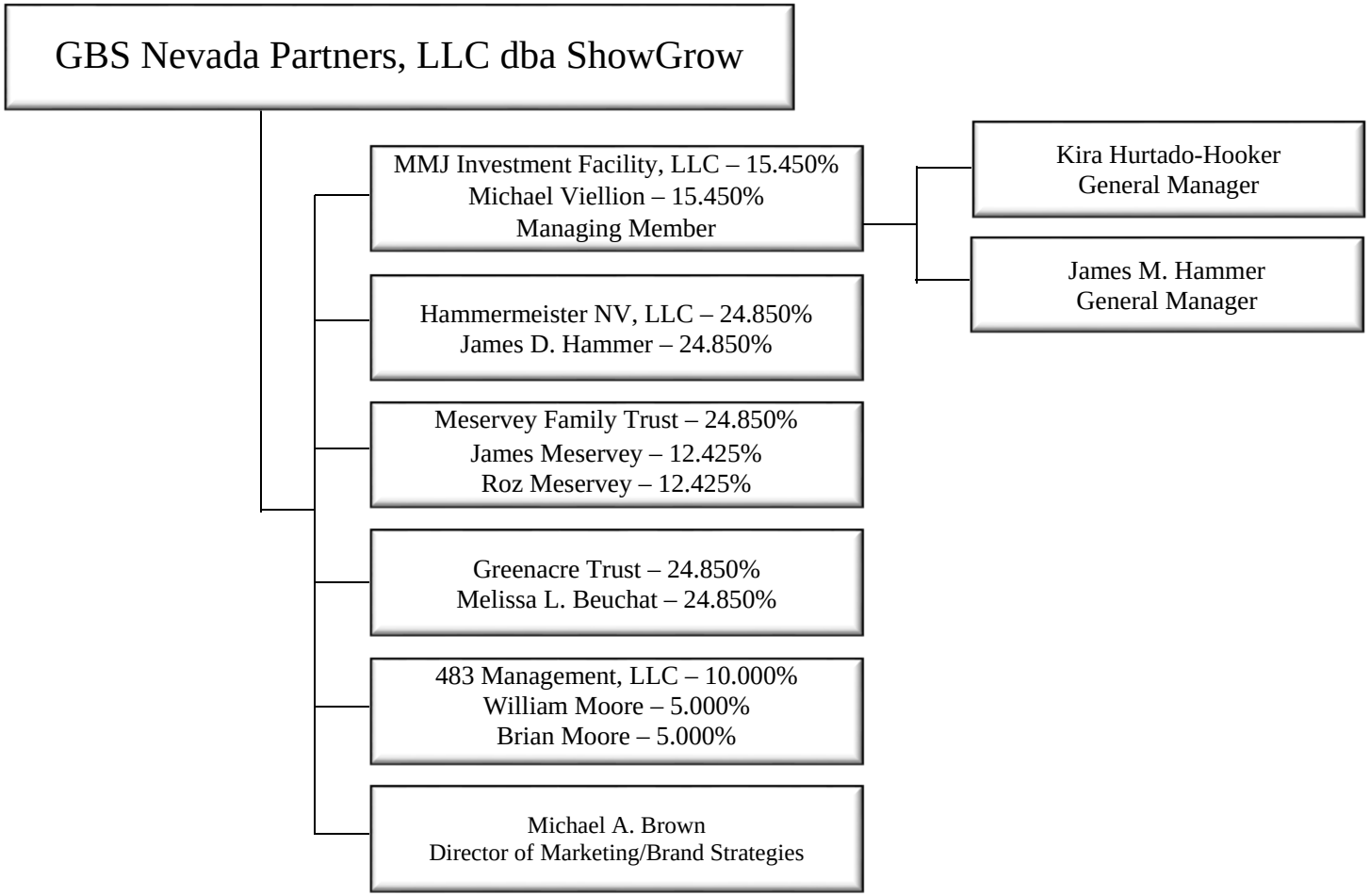
[redacted]

# PART I – IDENTIFIED CRITERIA RESPONSE

## 5.2.10. TAB X –ORGANIZATIONAL STRUCTURE AND OWNER, OFFICER OR BOARD MEMBER INFORMATION

**5.2.10.1. AN ORGANIZATIONAL CHART SHOWING ALL OWNERS, OFFICERS, AND BOARD MEMBERS OF THE RECREATIONAL MARIJUANA ESTABLISHMENT, INCLUDING PERCENTAGE OF OWNERSHIP FOR EACH INDIVIDUAL**

# Organizational Chart




Notes:

1. A Notice of Transfer of Interest was submitted on August 8, 2018 to transfer 16.550% ownership from Trans-Sterling, LLC (John Beuchat) to his daughter's trust, Greenacre Trust (Melissa L. Beuchat).
2. Pursuant to discussions with the Deputy Director and confirming letter dated September 18, 2018 (attached), Green Light District Holdings, Inc. was never admitted as a member and a Notice of Transfer of Interest is being submitted to transfer the 30.000% proposed ownership from Green Light District Holdings, Inc. back to the other owners.
3. Upon vesting, a Notice of Transfer of Interest will be submitted to transfer 3.000% ownership to Michael A. Brown.

HYPERION
ADVISORS

3960 Howard Hughes Parkway, Suite 500
Las Vegas, Nevada 89169
702.990.3901

D. Neal Tomlinson, Esq.
Direct: 702.327.6859
neal@hyperionlegal.com

September 18, 2018

Jorge Pupo
Deputy Director
Nevada Department of Taxation
1550 College Parkway, Suite 115
Carson City, NV 89706

*via email*: JPupo@tax.state.nv.us

Re: GBS Nevada Partners LLC – D015; 30914996098749071147
*Notice of Litigation involving Green Light District Holdings, Inc./David Barakett*

Dear Deputy Director Pupo:

As we discussed, GBS Nevada Partners LLC ("GBS") recently became aware of litigation involving one of its proposed Members, Green Light District Holdings, Inc. and David Barakett ("GLDH"). Although GLDH was approved by the Department on June 28, 2018 to become a Member of GBS (*see* enclosed CHOW approval), GLDH did not sign GBS' Operating Agreement and therefore it never became effective and GLDH was never admitted as a member. Even though GBS is not a party to the litigation, we believe you should be fully apprised of the pending litigation.

Our understanding is that GLDH is the Plaintiff in an action against previous GLDH shareholders. The action is currently pending in Clark County District Court, Case No. A-18-776927-B. Also enclosed please find an Order from the District Court along with exhibits that were provided to GBS by GLDH's attorneys. We will certainly keep you informed as we learn more.

Thank you very much for your assistance and please contact me if you have any questions or require additional information.

Very truly yours,
Hyperion Advisors

D. Neal Tomlinson, Esq.

Enclosures as stated

## 5.2.10.2. OWNER, OFFICER AND BOARD MEMBER ATTESTATION FORM (ATTACHMENT B)

STATE OF NEVADA
DEPARTMENT OF TAXATION
Web Site: https://tax.nv.gov
1550 College Parkway, Suite 115
Carson City, Nevada 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020

RENO OFFICE
4600 Kietzke Lane
Building L, Suite 235
Reno, Nevada 89502
Phone: (775) 687-9999
Fax: (775) 688-1303

BRIAN SANDOVAL
*Governor*
JAMES DEVOLLD
*Chair, Nevada Tax Commission*
WILLIAM D. ANDERSON
*Executive Director*

LAS VEGAS OFFICE
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Las Vegas, Nevada 89101
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HENDERSON OFFICE
2550 Paseo Verde Parkway, Suite 180
Henderson, Nevada 89074
Phone: (702) 486-2300
Fax: (702) 486-3377

## ATTACHMENT B

## OWNER, OFFICER AND BOARD MEMBER ATTESTATION FORM

I, James D. Hammer (PRINT NAME)

Attest that:

I have not been convicted of an excluded felony offense as defined in NRS 453D; and

I agree that the Department may investigate my background information by any means feasible to the Department; and

I will not divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to R092-17, Sec. 94 and 453D of the NRS; and

All information provided is true and correct.

James D Hammer — 09/06/2018

Signature of Owner, Officer or Board Member — Date Signed

State of Nevada

County of Clark

Signed and sworn to (or affirmed) before me on September 6, 2018 (date)

By James D. Hammer (name(s) of person(s) making statement)

JACQUELINE BADILLO
Notary Public State of Nevada
No. 12-7336-1
My Appt. Exp. March 20, 2020

Notary Stamp

Signature of notarial officer

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DEPARTMENT OF TAXATION
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## ATTACHMENT B

## OWNER, OFFICER AND BOARD MEMBER ATTESTATION FORM

I, James Meservey (PRINT NAME)

Attest that:

I have not been convicted of an excluded felony offense as defined in NRS 453D; and

I agree that the Department may investigate my background information by any means feasible to the Department; and

I will not divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to R092-17, Sec. 94 and 453D of the NRS; and

All information provided is true and correct.

Signature of Owner, Officer or Board Member — Date Signed: 09/06/2018

State of Nevada

County of Clark

Signed and sworn to (or affirmed) before me on September 6, 2018 (date)

By James Matthew Meservey (name(s) of person(s) making statement)

JACQUELINE BADILLO
Notary Public State of Nevada
No. 12-7336-1
My Appt. Exp. March 20, 2020

Notary Stamp

Signature of notarial officer

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## ATTACHMENT B

## OWNER, OFFICER AND BOARD MEMBER ATTESTATION FORM

I, Rozanne "Roz" Meservey (PRINT NAME)

Attest that:

I have not been convicted of an excluded felony offense as defined in NRS 453D; and

I agree that the Department may investigate my background information by any means feasible to the Department; and

I will not divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to R092-17, Sec. 94 and 453D of the NRS; and

All information provided is true and correct.

Rozanne Meservey — 09/06/2018

Signature of Owner, Officer or Board Member — Date Signed

State of Nevada

County of Clark

Signed and sworn to (or affirmed) before me on September 6, 2018 (date)

By Rozanne Meservey (name(s) of person(s) making statement)

JACQUELINE BADILLO
Notary Public State of Nevada
No. 12-7336-1
My Appt. Exp. March 20, 2020

Notary Stamp — Signature of notarial officer

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## ATTACHMENT B

## OWNER, OFFICER AND BOARD MEMBER ATTESTATION FORM

I, Melissa L. Beuchat (PRINT NAME)

Attest that:

I have not been convicted of an excluded felony offense as defined in NRS 453D; and

I agree that the Department may investigate my background information by any means feasible to the Department; and

I will not divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to R092-17, Sec. 94 and 453D of the NRS; and

All information provided is true and correct.

Signature of Owner, Officer or Board Member — Date Signed: 09/06/2018

State of Nevada

County of Clark

Signed and sworn to (or affirmed) before me on September 6, 2018 (date)

By Melissa L. Beuchat (name(s) of person(s) making statement)

JACQUELINE BADILLO
Notary Public State of Nevada
No. 12-7336-1
My Appt. Exp. March 20, 2020

Notary Stamp

Signature of notarial officer

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## ATTACHMENT B

## OWNER, OFFICER AND BOARD MEMBER ATTESTATION FORM

I, Michael Viellion (PRINT NAME)

Attest that:

I have not been convicted of an excluded felony offense as defined in NRS 453D; and

I agree that the Department may investigate my background information by any means feasible to the Department; and

I will not divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to R092-17, Sec. 94 and 453D of the NRS; and

All information provided is true and correct.

Signature of Owner, Officer or Board Member — Date Signed: 09/06/2018

State of Nevada

County of Clark

Signed and sworn to (or affirmed) before me on September 6, 2018 (date)

By Michael Viellion (name(s) of person(s) making statement)

JACQUELINE BADILLO
Notary Public State of Nevada
No. 12-7336-1
My Appt. Exp. March 20, 2020

Notary Stamp

Signature of notarial officer

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## ATTACHMENT B

## OWNER, OFFICER AND BOARD MEMBER ATTESTATION FORM

I, William Moore (PRINT NAME)

Attest that:

I have not been convicted of an excluded felony offense as defined in NRS 453D; and

I agree that the Department may investigate my background information by any means feasible to the Department; and

I will not divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to R092-17, Sec. 94 and 453D of the NRS; and

All information provided is true and correct.

Signature of Owner, Officer or Board Member — Date Signed: 09/16/2018

State of Nevada

County of Clark

Signed and sworn to (or affirmed) before me on September 17, 2018 (date)

By William Moore (name(s) of person(s) making statement)

JEFF DONATO
STATE OF NEVADA
NOTARY PUBLIC
APPT. NO. 04-85917-1
MY APPT. EXPIRES 12-19-2019

Notary Stamp

Signature of notarial officer

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## ATTACHMENT B

## OWNER, OFFICER AND BOARD MEMBER ATTESTATION FORM

I, Brian Moore (PRINT NAME)

Attest that:

I have not been convicted of an excluded felony offense as defined in NRS 453D; and

I agree that the Department may investigate my background information by any means feasible to the Department; and

I will not divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to R092-17, Sec. 94 and 453D of the NRS; and

All information provided is true and correct.

Signature of Owner, Officer or Board Member — Date Signed: 09/16/2018

State of Nevada

County of Clark

Signed and sworn to (or affirmed) before me on September 16, 2018 (date)

By Brian Moore (name(s) of person(s) making statement)

JEFF DONATO
STATE OF NEVADA
NOTARY PUBLIC
APPT. NO. 04-85917-1
MY APPT. EXPIRES 12-19-2019

Notary Stamp

Signature of notarial officer

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## ATTACHMENT B

## OWNER, OFFICER AND BOARD MEMBER ATTESTATION FORM

I, Michael A. Brown (PRINT NAME)

Attest that:

I have not been convicted of an excluded felony offense as defined in NRS 453D; and

I agree that the Department may investigate my background information by any means feasible to the Department; and

I will not divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to R092-17, Sec. 94 and 453D of the NRS; and

All information provided is true and correct.

09/16/2018

Signature of Owner, Officer or Board Member — Date Signed

State of Nevada
County of Clark
Signed and sworn to (or affirmed) before me on Sept 16 2018 (date)
By Michael A. Brown (name(s) of person(s) making statement)

LYNETTE A. JONES
Notary Public
State of Nevada
Appt. No. 05-97849-1
My Appt. Expires May 1, 2021

Notary Stamp — Signature of notarial officer

STATE OF NEVADA
DEPARTMENT OF TAXATION
Web Site: https://tax.nv.gov
1550 College Parkway, Suite 115
Carson City, Nevada 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020

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*Chair, Nevada Tax Commission*
WILLIAM D. ANDERSON
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## ATTACHMENT B

## OWNER, OFFICER AND BOARD MEMBER ATTESTATION FORM

I, Kira Hurtado-Hooker (PRINT NAME)

Attest that:

I have not been convicted of an excluded felony offense as defined in NRS 453D; and

I agree that the Department may investigate my background information by any means feasible to the Department; and

I will not divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to R092-17, Sec. 94 and 453D of the NRS; and

All information provided is true and correct.

Signature of Owner, Officer or Board Member — Date Signed: 09/16/2018

State of Nevada

County of Clark

Signed and sworn to (or affirmed) before me on Sept 17, 2018 (date)

By Kira Hurtado Hooker (name(s) of person(s) making statement)

JACQUELINE BADILLO
Notary Public State of Nevada
No. 12-7336-1
My Appt. Exp. March 20, 2020

Notary Stamp

Signature of notarial officer

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## ATTACHMENT B

## OWNER, OFFICER AND BOARD MEMBER ATTESTATION FORM

I, James M. Hammer (PRINT NAME)

Attest that:

I have not been convicted of an excluded felony offense as defined in NRS 453D; and

I agree that the Department may investigate my background information by any means feasible to the Department; and

I will not divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to R092-17, Sec. 94 and 453D of the NRS; and

All information provided is true and correct.

Signature of Owner, Officer or Board Member — Date Signed: 09/16/2018

State of Nevada

County of Clark

Signed and sworn to (or affirmed) before me on Sept 17 2018 (date)

By James M. Hammer (name(s) of person(s) making statement)

JACQUELINE BADILLO
Notary Public State of Nevada
No. 12-7336-1
My Appt. Exp. March 20, 2020

Notary Stamp

Signature of notarial officer

## 5.2.10.3. THE SUPPLEMENTAL OWNER, OFFICER AND BOARD MEMBER INFORMATION FORM (ATTACHMENT C)

STATE OF NEVADA
DEPARTMENT OF TAXATION
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## ATTACHMENT C
## OWNER, OFFICER AND BOARD MEMBER INFORMATION FORM

Provide the following information for each owner, officer and board member listed on the Recreational Marijuana Establishment Application. Use as many sheets as needed.

| Last Name: | First Name: | MI: | ■ OR ☐ OF ☐ BM |
|---|---|---|---|
| Hammer | James | D. | |

Date of Birth: [redacted] Race: [redacted] Ethnicity: [redacted]
Gender: [redacted]

Residence Address: [redacted]

| City: | County: | State: | Zip: |
|---|---|---|---|
| Las Vegas | Clark | NV | [redacted] |

Describe the individual's title, role in the organization and the responsibilities of the position of the individual:

James D. Hammer is an Owner through his entity HAMMERMEISTER NV, LLC. Mr. Hammer participates in the overall management of the business to include business and financial planning, budget approval, and key employee performance.

Has this individual served as a principal officer or board member for a marijuana establishment that has had their establishment license or certificate revoked? ☐ Yes ■ No

Has this individual previously had a medical marijuana establishment agent registration card or marijuana establishment agent registration card revoked ☐ Yes ■ No

Is this individual an attending provider of health care currently providing written documentation for the issuance of registry identification cards or letters of approval? ☐ Yes ■ No

Is this individual employed by or a contractor of the Department? ☐ Yes ■ No

Has a copy of this individual's signed and dated Recreational Retail Marijuana Store Principal Officer or Board Member Attestation Form been submitted with this application? ■ Yes ☐ No

Is this individual a law enforcement officer? ☐ Yes ■ No

Has a copy of this individual's fingerprints on a fingerprint card been submitted to the Nevada Department of Public Safety? ■ Yes ☐ No

Has a copy of the Request and Consent to Release Application Form been submitted with this application? ■ Yes ☐ No

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## ATTACHMENT C
## OWNER, OFFICER AND BOARD MEMBER INFORMATION FORM

Provide the following information for each owner, officer and board member listed on the Recreational Marijuana Establishment Application. Use as many sheets as needed.

| Last Name: | First Name: | MI: | ■ OR ☐ OF ☐ BM |
|---|---|---|---|
| Meservey | James | M. | |

Date of Birth: [redacted] Race: [redacted] Ethnicity: [redacted]
Gender: [redacted]

Residence Address: [redacted]

| City: | County: | State: | Zip: |
|---|---|---|---|
| Las Vegas | Clark | NV | [redacted] |

Describe the individual's title, role in the organization and the responsibilities of the position of the individual:

James Meservey is an Owner through his entity MESERVEY FAMILY TRUST. Mr. Meservey participates in the overall management of the business to include business and financial planning, budget approval, and key employee performance.

Has this individual served as a principal officer or board member for a marijuana establishment that has had their establishment license or certificate revoked? ☐ Yes ■ No

Has this individual previously had a medical marijuana establishment agent registration card or marijuana establishment agent registration card revoked ☐ Yes ■ No

Is this individual an attending provider of health care currently providing written documentation for the issuance of registry identification cards or letters of approval? ☐ Yes ■ No

Is this individual employed by or a contractor of the Department? ☐ Yes ■ No

Has a copy of this individual's signed and dated Recreational Retail Marijuana Store Principal Officer or Board Member Attestation Form been submitted with this application? ■ Yes ☐ No

Is this individual a law enforcement officer? ☐ Yes ■ No

Has a copy of this individual's fingerprints on a fingerprint card been submitted to the Nevada Department of Public Safety? ■ Yes ☐ No

Has a copy of the Request and Consent to Release Application Form been submitted with this application? ■ Yes ☐ No

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## ATTACHMENT C
## OWNER, OFFICER AND BOARD MEMBER INFORMATION FORM

Provide the following information for each owner, officer and board member listed on the Recreational Marijuana Establishment Application. Use as many sheets as needed.

| Last Name: | First Name: | MI: | ■ OR<br>☐ OF<br>☐ BM |
|---|---|---|---|
| Meservey | Rozanne "Roz" | | |

Date of Birth: [redacted] Race: [redacted] Ethnicity: [redacted]
Gender: [redacted]

Residence Address:
[redacted]

| City: | County: | State: | Zip: |
|---|---|---|---|
| Las Vegas | Clark | NV | [redacted] |

Describe the individual's title, role in the organization and the responsibilities of the position of the individual:

Rozanne "Roz" Meservey is an Owner through her entity MESERVEY FAMILY TRUST. Mrs. Meservey participates in the overall management of the business to include business and financial planning, budget approval, and key employee performance.

Has this individual served as a principal officer or board member for a marijuana establishment that has had their establishment license or certificate revoked? ☐ Yes ■ No

Has this individual previously had a medical marijuana establishment agent registration card or marijuana establishment agent registration card revoked ☐ Yes ■ No

Is this individual an attending provider of health care currently providing written documentation for the issuance of registry identification cards or letters of approval? ☐ Yes ■ No

Is this individual employed by or a contractor of the Department? ☐ Yes ■ No

Has a copy of this individual's signed and dated Recreational Retail Marijuana Store Principal Officer or Board Member Attestation Form been submitted with this application? ■ Yes ☐ No

Is this individual a law enforcement officer? ☐ Yes ■ No

Has a copy of this individual's fingerprints on a fingerprint card been submitted to the Nevada Department of Public Safety? ■ Yes ☐ No

Has a copy of the Request and Consent to Release Application Form been submitted with this application? ■ Yes ☐ No

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Henderson, Nevada 89074
Phone: (702) 486-2300
Fax: (702) 486-3377

## ATTACHMENT C
## OWNER, OFFICER AND BOARD MEMBER INFORMATION FORM

Provide the following information for each owner, officer and board member listed on the Recreational Marijuana Establishment Application. Use as many sheets as needed.

| Last Name: | First Name: | MI: | ■ OR ☐ OF ☐ BM |
|---|---|---|---|
| Beuchat | Melissa | L. | |

Date of Birth: [redacted] Race: [redacted] Ethnicity: [redacted]
Gender: [redacted]

Residence Address:
[redacted]

| City: | County: | State: | Zip: |
|---|---|---|---|
| Las Vegas | Clark | NV | [redacted] |

Describe the individual's title, role in the organization and the responsibilities of the position of the individual:

Melissa L. Beuchat is an Owner through her entity GREENACRE TRUST. Ms. Beuchat participates in the overall management of the business to include business and financial planning, budget approval, and key employee performance.

Has this individual served as a principal officer or board member for a marijuana establishment that has had their establishment license or certificate revoked? ☐ Yes ■ No

Has this individual previously had a medical marijuana establishment agent registration card or marijuana establishment agent registration card revoked ☐ Yes ■ No

Is this individual an attending provider of health care currently providing written documentation for the issuance of registry identification cards or letters of approval? ☐ Yes ■ No

Is this individual employed by or a contractor of the Department? ☐ Yes ■ No

Has a copy of this individual's signed and dated Recreational Retail Marijuana Store Principal Officer or Board Member Attestation Form been submitted with this application? ■ Yes ☐ No

Is this individual a law enforcement officer? ☐ Yes ■ No

Has a copy of this individual's fingerprints on a fingerprint card been submitted to the Nevada Department of Public Safety? ■ Yes ☐ No

Has a copy of the Request and Consent to Release Application Form been submitted with this application? ■ Yes ☐ No

STATE OF NEVADA
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## ATTACHMENT C
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Provide the following information for each owner, officer and board member listed on the Recreational Marijuana Establishment Application. Use as many sheets as needed.

| Last Name: | First Name: | MI: | ■ OR<br>☐ OF<br>☐ BM |
|---|---|---|---|
| Viellion | Michael | B. | |

Date of Birth: [redacted] Race: [redacted] Ethnicity: [redacted]
Gender: [redacted]

Residence Address:
[redacted]

| City: | County: | State: | Zip: |
|---|---|---|---|
| Las Vegas | Clark | NV | [redacted] |

Describe the individual's title, role in the organization and the responsibilities of the position of the individual:

Michael Viellion is an Owner through his entity MJ INVESTMENT FACILITY, LLC. Mr. Viellion is the Manager and Designee for GBS Nevada Partners, LLC, and participates in the overall management of the business to include business and financial planning, budget approval, and key employee performance.

Has this individual served as a principal officer or board member for a marijuana establishment that has had their establishment license or certificate revoked? ☐ Yes ■ No

Has this individual previously had a medical marijuana establishment agent registration card or marijuana establishment agent registration card revoked ☐ Yes ■ No

Is this individual an attending provider of health care currently providing written documentation for the issuance of registry identification cards or letters of approval? ☐ Yes ■ No

Is this individual employed by or a contractor of the Department? ☐ Yes ■ No

Has a copy of this individual's signed and dated Recreational Retail Marijuana Store Principal Officer or Board Member Attestation Form been submitted with this application? ■ Yes ☐ No

Is this individual a law enforcement officer? ☐ Yes ■ No

Has a copy of this individual's fingerprints on a fingerprint card been submitted to the Nevada Department of Public Safety? ■ Yes ☐ No

Has a copy of the Request and Consent to Release Application Form been submitted with this application? ■ Yes ☐ No

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## ATTACHMENT C
## OWNER, OFFICER AND BOARD MEMBER INFORMATION FORM

Provide the following information for each owner, officer and board member listed on the Recreational Marijuana Establishment Application. Use as many sheets as needed.

| Last Name: | First Name: | MI: | ■ OR<br>☐ OF<br>☐ BM |
|---|---|---|---|
| Moore | William | | |

Date of Birth: [redacted]
Gender:
Race: [redacted]
Ethnicity: [redacted]

Residence Address:
[redacted]

| City: | County: | State: | Zip: |
|---|---|---|---|
| Las Vegas | Clark | NV | [redacted] |

Describe the individual's title, role in the organization and the responsibilities of the position of the individual:

William Moore is an Owner through his entity 483 MANAGEMENT, LLC. Mr. Moore participates in the overall management of the business to include business and financial planning.

Has this individual served as a principal officer or board member for a marijuana establishment that has had their establishment license or certificate revoked? ☐ Yes ■ No

Has this individual previously had a medical marijuana establishment agent registration card or marijuana establishment agent registration card revoked ☐ Yes ■ No

Is this individual an attending provider of health care currently providing written documentation for the issuance of registry identification cards or letters of approval? ☐ Yes ■ No

Is this individual employed by or a contractor of the Department? ☐ Yes ■ No

Has a copy of this individual's signed and dated Recreational Retail Marijuana Store Principal Officer or Board Member Attestation Form been submitted with this application? ■ Yes ☐ No

Is this individual a law enforcement officer? ☐ Yes ■ No

Has a copy of this individual's fingerprints on a fingerprint card been submitted to the Nevada Department of Public Safety? ■ Yes ☐ No

Has a copy of the Request and Consent to Release Application Form been submitted with this application? ■ Yes ☐ No

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# ATTACHMENT C
## OWNER, OFFICER AND BOARD MEMBER INFORMATION FORM

Provide the following information for each owner, officer and board member listed on the Recreational Marijuana Establishment Application. Use as many sheets as needed.

| Last Name: | First Name: | MI: | ■ OR ☐ OF ☐ BM |
|---|---|---|---|
| Moore | Brian | | |

Date of Birth: [redacted] Race: [redacted] Ethnicity: [redacted]
Gender: [redacted]

Residence Address: [redacted]

| City: | County: | State: | Zip: |
|---|---|---|---|
| Las Vegas | Clark | NV | [redacted] |

Describe the individual's title, role in the organization and the responsibilities of the position of the individual:

Brian Moore is an Owner through his entity 483 MANAGEMENT, LLC. Mr. Moore participates in the overall management of the business to include business and financial planning.

Has this individual served as a principal officer or board member for a marijuana establishment that has had their establishment license or certificate revoked? ☐ Yes ■ No

Has this individual previously had a medical marijuana establishment agent registration card or marijuana establishment agent registration card revoked ☐ Yes ■ No

Is this individual an attending provider of health care currently providing written documentation for the issuance of registry identification cards or letters of approval? ☐ Yes ■ No

Is this individual employed by or a contractor of the Department? ☐ Yes ■ No

Has a copy of this individual's signed and dated Recreational Retail Marijuana Store Principal Officer or Board Member Attestation Form been submitted with this application? ■ Yes ☐ No

Is this individual a law enforcement officer? ☐ Yes ■ No

Has a copy of this individual's fingerprints on a fingerprint card been submitted to the Nevada Department of Public Safety? ■ Yes ☐ No

Has a copy of the Request and Consent to Release Application Form been submitted with this application? ■ Yes ☐ No

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## ATTACHMENT C
## OWNER, OFFICER AND BOARD MEMBER INFORMATION FORM

Provide the following information for each owner, officer and board member listed on the Recreational Marijuana Establishment Application. Use as many sheets as needed.

| Last Name: | First Name: | MI: | ☐ OR ■ OF ☐ BM |
|---|---|---|---|
| Brown | Michael | A. | |

Date of Birth: [redacted] Race: [redacted] Ethnicity: [redacted]
Gender: [redacted]

Residence Address: [redacted]

| City: | County: | State: | Zip: |
|---|---|---|---|
| Las Vegas | Clark | NV | [redacted] |

Describe the individual's title, role in the organization and the responsibilities of the position of the individual:

Michael Brown is currently the Director of Marketing and will become a 3.000% owner if GBS Nevada Partners, LLC receives a license pursuant to this application. Mr. Brown participates in the overall management of the business to include business and financial planning, marketing, employee hiring and diversity.

Has this individual served as a principal officer or board member for a marijuana establishment that has had their establishment license or certificate revoked? ☐ Yes ■ No

Has this individual previously had a medical marijuana establishment agent registration card or marijuana establishment agent registration card revoked ☐ Yes ■ No

Is this individual an attending provider of health care currently providing written documentation for the issuance of registry identification cards or letters of approval? ☐ Yes ■ No

Is this individual employed by or a contractor of the Department? ☐ Yes ■ No

Has a copy of this individual's signed and dated Recreational Retail Marijuana Store Principal Officer or Board Member Attestation Form been submitted with this application? ■ Yes ☐ No

Is this individual a law enforcement officer? ☐ Yes ■ No

Has a copy of this individual's fingerprints on a fingerprint card been submitted to the Nevada Department of Public Safety? ■ Yes ☐ No

Has a copy of the Request and Consent to Release Application Form been submitted with this application? ■ Yes ☐ No

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## ATTACHMENT C
## OWNER, OFFICER AND BOARD MEMBER INFORMATION FORM

Provide the following information for each owner, officer and board member listed on the Recreational Marijuana Establishment Application. Use as many sheets as needed.

| Last Name: | First Name: | MI: | ☐ OR ■ OF ☐ BM |
|---|---|---|---|
| Hurtado-Hooker | Kira | | |

Date of Birth: [redacted] Race: [redacted] Ethnicity: [redacted]
Gender: [redacted]

Residence Address:
[redacted]

| City: | County: | State: | Zip: |
|---|---|---|---|
| Las Vegas | Clark | NV | 89148 |

Describe the individual's title, role in the organization and the responsibilities of the position of the individual:
Kira Hurtado-Hooker is the General Manager and participates in the overall management and all aspects of the day to day operations of the business.

Has this individual served as a principal officer or board member for a marijuana establishment that has had their establishment license or certificate revoked? ☐ Yes ■ No

Has this individual previously had a medical marijuana establishment agent registration card or marijuana establishment agent registration card revoked ☐ Yes ■ No

Is this individual an attending provider of health care currently providing written documentation for the issuance of registry identification cards or letters of approval? ☐ Yes ■ No

Is this individual employed by or a contractor of the Department? ☐ Yes ■ No

Has a copy of this individual's signed and dated Recreational Retail Marijuana Store Principal Officer or Board Member Attestation Form been submitted with this application? ■ Yes ☐ No

Is this individual a law enforcement officer? ☐ Yes ■ No

Has a copy of this individual's fingerprints on a fingerprint card been submitted to the Nevada Department of Public Safety? ■ Yes ☐ No

Has a copy of the Request and Consent to Release Application Form been submitted with this application? ■ Yes ☐ No

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## ATTACHMENT C
## OWNER, OFFICER AND BOARD MEMBER INFORMATION FORM

Provide the following information for each owner, officer and board member listed on the Recreational Marijuana Establishment Application. Use as many sheets as needed.

| Last Name: | First Name: | MI: | ☐ OR ■ OF ☐ BM |
|---|---|---|---|
| Hammer | James | M. | |

Date of Birth: [redacted] Race: [redacted] Ethnicity: [redacted]
Gender: [redacted]

Residence Address: [redacted]

| City: | County: | State: | Zip: |
|---|---|---|---|
| Las Vegas | Clark | NV | [redacted] |

Describe the individual's title, role in the organization and the responsibilities of the position of the individual:
James M. Hammer is the General Manager and participates in the overall management and all aspects of the day to day operations of the business.

Has this individual served as a principal officer or board member for a marijuana establishment that has had their establishment license or certificate revoked? ☐ Yes ■ No

Has this individual previously had a medical marijuana establishment agent registration card or marijuana establishment agent registration card revoked ☐ Yes ■ No

Is this individual an attending provider of health care currently providing written documentation for the issuance of registry identification cards or letters of approval? ☐ Yes ■ No

Is this individual employed by or a contractor of the Department? ☐ Yes ■ No

Has a copy of this individual's signed and dated Recreational Retail Marijuana Store Principal Officer or Board Member Attestation Form been submitted with this application? ■ Yes ☐ No

Is this individual a law enforcement officer? ☐ Yes ■ No

Has a copy of this individual's fingerprints on a fingerprint card been submitted to the Nevada Department of Public Safety? ■ Yes ☐ No

Has a copy of the Request and Consent to Release Application Form been submitted with this application? ■ Yes ☐ No

## ATTACHMENT C (continued)

Has an ownership or financial investment interest in any other MME or ME. ☒ Yes ☐ No
If yes, list the person, the other ME(s) and describe the interest.

| NAME | OTHER MARIJUANA ESTABLISHMENT | MME / ME ID# | INTEREST DESCRIPTION |
|---|---|---|---|
| James D. Hammer | GBS Nevada Partners, LLC | D015 | 24.850% |
| James Meservey | GBS Nevada Partners, LLC | D015 | 12.425% |
| Roz Meservey | GBS Nevada Partners, LLC | D015 | 12.425% |
| Melissa L. Beuchat | GBS Nevada Partners, LLC | D015 | 24.850% |
| Michael Viellion | GBS Nevada Partners, LLC | D015 | 15.450% |
| William Moore | GBS Nevada Partners, LLC | D015 | 5.000% |
| William Moore | Twelve Twelve, LLC | C119 | 51.000% |
| Brian Moore | GBS Nevada Partners, LLC | D015 | 5.000% |
| Brian Moore | Twelve Twelve, LLC | C119 | 49.000% |
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## ATTACHMENT C (continued)

*For each owner (OR), officer (OF) and board member (BM) that is currently serving as an owner, officer or board member for another medical marijuana establishment or marijuana establishment, please fill out the information below.*

| NAME | OTHER MARIJUANA ESTABLISHMENT | MME / ME ID# | Capacity (OR, OF, BM) |
|---|---|---|---|
| James D. Hammer | GBS Nevada Partners, LLC | D015 | Owner |
| James Meservey | GBS Nevada Partners, LLC | D015 | Owner |
| Roz Meservey | GBS Nevada Partners, LLC | D015 | Owner |
| Melissa L. Beuchat | GBS Nevada Partners, LLC | D015 | Owner |
| Michael Viellion | GBS Nevada Partners, LLC | D015 | Owner |
| William Moore | GBS Nevada Partners, LLC | D015 | Owner |
| William Moore | Twelve Twelve, LLC | C119 | Owner |
| Brian Moore | GBS Nevada Partners, LLC | D015 | Owner |
| Brian Moore | Twelve Twelve, LLC | C119 | Owner |
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## 5.2.10.4. A RESUME, INCLUDING EDUCATIONAL ACHIEVEMENTS, FOR EACH OWNER, OFFICER AND BOARD MEMBER

SKILLS & ABILITIES

EXPERIENCE

EDUCATION

PERSONAL

PHILANTROPY

REFERENCES

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

**Objective**

A driven strategist with self-assurance, resolve, and forward vision that will achieve all the company's objectives.

**Proficiencies**

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

## EDUCATION

[redacted]

## WORK EXPERIENCE

[redacted]

[redacted]

[redacted]

**5.2.10.5. A NARRATIVE DESCRIPTION, NOT TO EXCEED 750 WORDS, DEMONSTRATING THE FOLLOWING:**

**5.2.10.5.1. PAST EXPERIENCE WORKING WITH GOVERNMENT AGENCIES AND HIGHLIGHTING PAST COMMUNITY INVOLVEMENT**

**5.2.10.5.2. ANY PREVIOUS EXPERIENCE AT OPERATING OTHER BUSINESSES OR NON - PROFIT ORGANIZATIONS, INCLUDNG MARIJUANA INDUSTRY EXPERIENCE**

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

**5.2.10.6. A REQUEST AND CONSENT TO RELEASE APPLICATION FORM FOR RECREATIONAL MARIJUANA ESTABLISHMENT LICENSE(S) FOR EACH OWNER, OFFICER AND BOARD MEMBER (ATTACHMENT D)**

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## ATTACHMENT D
## REQUEST AND CONSENT TO RELEASE APPLICATION FORM
## RECREATIONAL MARIJUANA ESTABLISHMENT LICENSE

I, James D. Hammer, am the duly authorized representative of

GBS Nevada Partners, LLC to represent and interact with the Department of Taxation (Department) on all matters and questions in relation to the Nevada Recreational Marijuana Establishment License(s) Application. I understand that R092-17, Sec. 242 makes all applications submitted to the Department confidential but that local government authorities, including but not limited to the licensing or zoning departments of cities, towns or counties, may need to review this application in order to authorize the operation of an establishment under local requirements. Therefore, I consent to the release of this application to any local governmental authority in the jurisdiction where the address listed on this application is located.

By signing this Request and Consent to Release Application Form, I hereby acknowledge and agree that the State of Nevada, its sub-departments including the Department of Taxation and its employees are not responsible for any consequences related to the release of the information identified in this consent. I further acknowledge and agree that the State and its sub-departments and its employees cannot make any guarantees or be held liable related to the confidentiality and safe keeping of this information once it is released.

James D Hammer Date: 9/17/18

Signature of Requestor/Applicant or Designee

State of Nevada

County of Clark

Signed and sworn to (or affirmed) before me on September 17th, 2018 (date)

By James D. Hammer (name(s) of person(s) making statement)

JACQUELINE BADILLO
Notary Public State of Nevada
No. 12-7336-1
My Appt. Exp. March 20, 2020

Notary Stamp

Signature of notarial officer

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# ATTACHMENT D
# REQUEST AND CONSENT TO RELEASE APPLICATION FORM
# RECREATIONAL MARIJUANA ESTABLISHMENT LICENSE

I, James M. Meservey, am the duly authorized representative of GBS Nevada Partners, LLC to represent and interact with the Department of Taxation (Department) on all matters and questions in relation to the Nevada Recreational Marijuana Establishment License(s) Application. I understand that R092-17, Sec. 242 makes all applications submitted to the Department confidential but that local government authorities, including but not limited to the licensing or zoning departments of cities, towns or counties, may need to review this application in order to authorize the operation of an establishment under local requirements. Therefore, I consent to the release of this application to any local governmental authority in the jurisdiction where the address listed on this application is located.

By signing this Request and Consent to Release Application Form, I hereby acknowledge and agree that the State of Nevada, its sub-departments including the Department of Taxation and its employees are not responsible for any consequences related to the release of the information identified in this consent. I further acknowledge and agree that the State and its sub-departments and its employees cannot make any guarantees or be held liable related to the confidentiality and safe keeping of this information once it is released.

Signature of Requestor/Applicant or Designee Date: 9/16/2018

State of Nevada

County of Clark

Signed and sworn to (or affirmed) before me on Sept 16, 2018 (date)

By James M Meservey (name(s) of person(s) making statement)

SUZANNE M. MOHON
Notary Public State of Nevada
No. 05-94427-1
My appt. exp. Dec. 23, 2020

Notary Stamp

Suzanne M Mohon

Signature of notarial officer

STATE OF NEVADA
DEPARTMENT OF TAXATION
Web Site: https://tax.nv.gov
1550 College Parkway, Suite 115
Carson City, Nevada 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020

RENO OFFICE
4600 Kietzke Lane
Building L, Suite 235
Reno, Nevada 89502
Phone: (775) 687-9999
Fax: (775) 688-1303

BRIAN SANDOVAL
*Governor*
JAMES DEVOLLD
*Chair, Nevada Tax Commission*
WILLIAM D. ANDERSON
*Executive Director*

LAS VEGAS OFFICE
Grant Sawyer Office Building, Suite1300
555 E. Washington Avenue
Las Vegas, Nevada 89101
Phone: (702) 486-2300 Fax: (702) 486-2373

HENDERSON OFFICE
2550 Paseo Verde Parkway, Suite 180
Henderson, Nevada 89074
Phone: (702) 486-2300
Fax: (702) 486-3377

## ATTACHMENT D
## REQUEST AND CONSENT TO RELEASE APPLICATION FORM
## RECREATIONAL MARIJUANA ESTABLISHMENT LICENSE

I, Rozanne "Roz" Meservey, am the duly authorized representative of GBS Nevada Partners, LLC to represent and interact with the Department of Taxation (Department) on all matters and questions in relation to the Nevada Recreational Marijuana Establishment License(s) Application. I understand that R092-17, Sec. 242 makes all applications submitted to the Department confidential but that local government authorities, including but not limited to the licensing or zoning departments of cities, towns or counties, may need to review this application in order to authorize the operation of an establishment under local requirements. Therefore, I consent to the release of this application to any local governmental authority in the jurisdiction where the address listed on this application is located.

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Rozanne Meservey Date: 9-16-18
Signature of Requestor/Applicant or Designee

State of Nevada

County of Clark

Signed and sworn to (or affirmed) before me on Sept 16, 2018 (date)

By Rozanne Meservey (name(s) of person(s) making statement)

SUZANNE M. MOHON
Notary Public State of Nevada
No. 05-94427-1
My appt. exp. Dec. 23, 2020

Notary Stamp

Suzanne M. Mohon

Signature of notarial officer

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## ATTACHMENT D
## REQUEST AND CONSENT TO RELEASE APPLICATION FORM
## RECREATIONAL MARIJUANA ESTABLISHMENT LICENSE

I, Melissa L. Beuchat, am the duly authorized representative of GBS Nevada Partners, LLC to represent and interact with the Department of Taxation (Department) on all matters and questions in relation to the Nevada Recreational Marijuana Establishment License(s) Application. I understand that R092-17, Sec. 242 makes all applications submitted to the Department confidential but that local government authorities, including but not limited to the licensing or zoning departments of cities, towns or counties, may need to review this application in order to authorize the operation of an establishment under local requirements. Therefore, I consent to the release of this application to any local governmental authority in the jurisdiction where the address listed on this application is located.

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Signature of Requestor/Applicant or Designee — Date: 17 Sept 2018

State of Nevada

County of Clark

Signed and sworn to (or affirmed) before me on Sept. 17th 2018 (date)

By Melissa L. Beuchat (name(s) of person(s) making statement)

JACQUELINE BADILLO
Notary Public State of Nevada
No. 12-7336-1
My Appt. Exp. March 20, 2020

Notary Stamp

Signature of notarial officer

STATE OF NEVADA
DEPARTMENT OF TAXATION
Web Site: https://tax.nv.gov
1550 College Parkway, Suite 115
Carson City, Nevada 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020

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Fax: (702) 486-3377

## ATTACHMENT D
## REQUEST AND CONSENT TO RELEASE APPLICATION FORM
## RECREATIONAL MARIJUANA ESTABLISHMENT LICENSE

I, Michael Viellion, am the duly authorized representative of GBS Nevada Partners, LLC to represent and interact with the Department of Taxation (Department) on all matters and questions in relation to the Nevada Recreational Marijuana Establishment License(s) Application. I understand that R092-17, Sec. 242 makes all applications submitted to the Department confidential but that local government authorities, including but not limited to the licensing or zoning departments of cities, towns or counties, may need to review this application in order to authorize the operation of an establishment under local requirements. Therefore, I consent to the release of this application to any local governmental authority in the jurisdiction where the address listed on this application is located.

By signing this Request and Consent to Release Application Form, I hereby acknowledge and agree that the State of Nevada, its sub-departments including the Department of Taxation and its employees are not responsible for any consequences related to the release of the information identified in this consent. I further acknowledge and agree that the State and its sub-departments and its employees cannot make any guarantees or be held liable related to the confidentiality and safe keeping of this information once it is released.

Signature of Requestor/Applicant or Designee Date: 9/6/18

State of Nevada

County of Clark

Signed and sworn to (or affirmed) before me on September 6, 2018 (date)

By Michael Viellion (name(s) of person(s) making statement)

JACQUELINE BADILLO
Notary Public State of Nevada
No. 12-7336-1
My Appt. Exp. March 20, 2020

Notary Stamp

Signature of notarial officer

STATE OF NEVADA
DEPARTMENT OF TAXATION
Web Site: https://tax.nv.gov
1550 College Parkway, Suite 115
Carson City, Nevada 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020

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# ATTACHMENT D
# REQUEST AND CONSENT TO RELEASE APPLICATION FORM
# RECREATIONAL MARIJUANA ESTABLISHMENT LICENSE

I, William Moore, am the duly authorized representative of GBS Nevada Partners, LLC to represent and interact with the Department of Taxation (Department) on all matters and questions in relation to the Nevada Recreational Marijuana Establishment License(s) Application. I understand that R092-17, Sec. 242 makes all applications submitted to the Department confidential but that local government authorities, including but not limited to the licensing or zoning departments of cities, towns or counties, may need to review this application in order to authorize the operation of an establishment under local requirements. Therefore, I consent to the release of this application to any local governmental authority in the jurisdiction where the address listed on this application is located.

By signing this Request and Consent to Release Application Form, I hereby acknowledge and agree that the State of Nevada, its sub-departments including the Department of Taxation and its employees are not responsible for any consequences related to the release of the information identified in this consent. I further acknowledge and agree that the State and its sub-departments and its employees cannot make any guarantees or be held liable related to the confidentiality and safe keeping of this information once it is released.

William Moore Date: 9/17/18
Signature of Requestor/Applicant or Designee

State of Nevada

County of Clark

Signed and sworn to (or affirmed) before me on September 17, 2018 (date)

By William Moore (name(s) of person(s) making statement)

JEFF DONATO
STATE OF NEVADA
NOTARY PUBLIC
APPT. NO. 04-85917-1
MY APPT. EXPIRES 12-10-2019

Notary Stamp

Jeff Donato
Signature of notarial officer

STATE OF NEVADA
DEPARTMENT OF TAXATION
Web Site: https://tax.nv.gov
1550 College Parkway, Suite 115
Carson City, Nevada 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020

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Fax: (702) 486-3377

## ATTACHMENT D
## REQUEST AND CONSENT TO RELEASE APPLICATION FORM
## RECREATIONAL MARIJUANA ESTABLISHMENT LICENSE

I, Brian Moore, am the duly authorized representative of GBS Nevada Partners, LLC to represent and interact with the Department of Taxation (Department) on all matters and questions in relation to the Nevada Recreational Marijuana Establishment License(s) Application. I understand that R092-17, Sec. 242 makes all applications submitted to the Department confidential but that local government authorities, including but not limited to the licensing or zoning departments of cities, towns or counties, may need to review this application in order to authorize the operation of an establishment under local requirements. Therefore, I consent to the release of this application to any local governmental authority in the jurisdiction where the address listed on this application is located.

By signing this Request and Consent to Release Application Form, I hereby acknowledge and agree that the State of Nevada, its sub-departments including the Department of Taxation and its employees are not responsible for any consequences related to the release of the information identified in this consent. I further acknowledge and agree that the State and its sub-departments and its employees cannot make any guarantees or be held liable related to the confidentiality and safe keeping of this information once it is released.

Signature of Requestor/Applicant or Designee Date: 9-17-18

State of Nevada

County of Clark

Signed and sworn to (or affirmed) before me on September 17, 2018 (date)

By Brian Moore (name(s) of person(s) making statement)

JEFF DONATO
STATE OF NEVADA
NOTARY PUBLIC
APPT. NO. 04-85917-1
MY APPT. EXPIRES 12-19-2019

Notary Stamp

Signature of notarial officer

STATE OF NEVADA
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# ATTACHMENT D
# REQUEST AND CONSENT TO RELEASE APPLICATION FORM
# RECREATIONAL MARIJUANA ESTABLISHMENT LICENSE

I, Michael A. Brown, am the duly authorized representative of GBS Nevada Partners, LLC to represent and interact with the Department of Taxation (Department) on all matters and questions in relation to the Nevada Recreational Marijuana Establishment License(s) Application. I understand that R092-17, Sec. 242 makes all applications submitted to the Department confidential but that local government authorities, including but not limited to the licensing or zoning departments of cities, towns or counties, may need to review this application in order to authorize the operation of an establishment under local requirements. Therefore, I consent to the release of this application to any local governmental authority in the jurisdiction where the address listed on this application is located.

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Signature of Requestor/Applicant or Designee Date: 9/16/18

State of Nevada

County of Clark

Signed and sworn to (or affirmed) before me on Sept 16 2018 (date)

By Michael A. Brown (name(s) of person(s) making statement)

LYNETTE A. JONES
Notary Public
State of Nevada
Appt. No. 05-97849-1
My Appt. Expires May 1, 2021

Notary Stamp

Signature of notarial officer

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DEPARTMENT OF TAXATION
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## ATTACHMENT D
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## RECREATIONAL MARIJUANA ESTABLISHMENT LICENSE

I, Kira Hurtado-Hooker, am the duly authorized representative of GBS Nevada Partners, LLC to represent and interact with the Department of Taxation (Department) on all matters and questions in relation to the Nevada Recreational Marijuana Establishment License(s) Application. I understand that R092-17, Sec. 242 makes all applications submitted to the Department confidential but that local government authorities, including but not limited to the licensing or zoning departments of cities, towns or counties, may need to review this application in order to authorize the operation of an establishment under local requirements. Therefore, I consent to the release of this application to any local governmental authority in the jurisdiction where the address listed on this application is located.

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Signature of Requestor/Applicant or Designee Date: 9/17/18

State of Nevada

County of Clark

Signed and sworn to (or affirmed) before me on Sept 17, 2018 (date)

By Kira Hurtado-Hooker (name(s) of person(s) making statement)

JACQUELINE BADILLO
Notary Public State of Nevada
No. 12-7336-1
My Appt. Exp. March 20, 2020

Notary Stamp

Signature of notarial officer

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## ATTACHMENT D
## REQUEST AND CONSENT TO RELEASE APPLICATION FORM
## RECREATIONAL MARIJUANA ESTABLISHMENT LICENSE

I, James M. Hammer, am the duly authorized representative of

GBS Nevada Partners, LLC to represent and interact with the Department of Taxation (Department) on all matters and questions in relation to the Nevada Recreational Marijuana Establishment License(s) Application. I understand that R092-17, Sec. 242 makes all applications submitted to the Department confidential but that local government authorities, including but not limited to the licensing or zoning departments of cities, towns or counties, may need to review this application in order to authorize the operation of an establishment under local requirements. Therefore, I consent to the release of this application to any local governmental authority in the jurisdiction where the address listed on this application is located.

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James M Hammer Date: 09/17/18
Signature of Requestor/Applicant or Designee

State of Nevada
County of Clark
Signed and sworn to (or affirmed) before me on Sept. 17, 2018 (date)
By James M. Hammer (name(s) of person(s) making statement)

JACQUELINE BADILLO
Notary Public State of Nevada
No. 12-7336-1
My Appt. Exp. March 20, 2020

Notary Stamp

Jacqueline Badillo
Signature of notarial officer

## 5.2.10.7. COMPLETED FINGERPRINT SUBMISSION FORMS DEMONSTRATING FINGERPRINT SUBMISSION TO THE NEVADA DEPARTMENT OF PUBLIC SAFETY