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1	IN THE SUPREME COURT OF THE STATE OF NEVADA
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3	IN REPRETITION FOR REINSTATEMENT) Electronically Filed
4	TERRY L. WIKE, Case Note that A Brown
5	NEVADA BAR NO. 7211 Clerk of Supreme Cour
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11	WOLLING I
12	<u>VOLUME I</u>
13	RECORD OF DISCIPLINARY PROCEEDINGS,
14	PLEADINGS AND TRANSCRIPT OF HEARING
15	
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19	
20	Daniel M. Hooge, Esq. Terry L. Wike
21	Nevada Bar No. 10620 Nevada Bar No. 7211 State Bar of Nevada 9205 W. Russell Road, Suite 240
22	3100 W. Charleston Blvd., Ste. 100 Las Vegas, NV 89148
23	Las Vegas, NV 89102 SCR 79 Address Counsel for the State Bar of Nevada 11120 Forever Sunset Ct.
24	Las Vegas, NV 89135 Alternate Address
25	Petitioner

IN THE SUPREME COURT OF THE STATE OF NEVADA

IN RE:

TERRY L. WIKE, ESQ.
NEVADA BAR NO. 7211

RECORD ON APPEAL

Nature of the Case

This matter addresses a petition for reinstatement by Terry L. Wike's (hereinafter "Petitioner") following two separate suspensions. The first was a two-year suspension by Order of the Nevada Supreme Court dated February 27, 2020 and second suspension of 6 months and 1 day by Order of the Nevada Supreme Court dated October 8, 2020.

Rules of Professional Conduct

Both suspensions involved violations of RPC 1.15. Petitioner failed to safekeep his clients' property.

Summary of the Panel's Findings

The Panel found that Petitioner met all the requirements for reinstatement in SCR 116 except that Petitioner failed to pay the costs of the two hearings, which were \$21,138.15. It found, however, good a sufficient reason to reinstate Petitioner because he had struggled financially and was unable to pay the costs.

Summary of the Panel's Recommendation

The Panel recommended that the Court grant the Petition for Reinstatement. It found that Petitioner should be reinstated to the practice of law in Nevada subject to a 24-month probationary term with the following conditions:

- 1. During probation, Petitioner shall be subject to the same conditions imposed in Supreme Court Case No. 79305 (February 27, 2020).
- 2. Petitioner must obtain a mentor during the probationary period who practices in personal injury law and has experience and training in firm accounting and client trust accounts.
- 3. Petitioner must submit quarterly reports to his mentor and the State Bar and be subject to periodic audits by the State Bar.
- 4. Petitioner must pay the fees and costs of the previous disciplinary proceedings of \$21,138.15.

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5. Petitioner will pay the hearing costs, which consists of \$2,500 pursuant to SCR 120(5) and any "hard costs" of the proceeding such as transcript expenses, within 30 days of the Supreme Court's order on reinstatement.

DATED this 28 day of July 2021.

STATE BAR OF NEVADA DANIEL M. HOOGE, BAR COUNSEL

Daniel Hooge (Jul 28, 2021 14:27 PDT)

Daniel M. Hooge, Bar Counsel

Nevada Bar No. 10620

3100 West Charleston Boulevard, Suite 100 Las Vegas, Nevada 89102

(702) 382-2200

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FILED
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11120 Forever Sunset Ct. Las Vegas, Nevada 89135 (702)630-2934 e-mail: twike@wikelaw.com Petitioner, Pro Se

Terry L. Wike Bar No.: 7211

OFFICE OF STATE BAR COUNSEL

STATE OF NEVADA

In the matter of the Petition of

TERRY L. WIKE,

Petitioner.

CASE NOS.: 81340 and 79305

PETITION FOR REINSTATEMENT

COMES NOW, Petitioner, TERRY L. WIKE, pro se, submits this Petition for Reinstatement to the practice of law, pursuant to Supreme Court Rule 116. This Petition for Reinstatement is based upon the papers and pleadings on file herein, the attached exhibits, the following memorandum of points and authorities, any supplements thereto, and the arguments of counsel at the time set for hearing this matter.

A. FACTS

- 1. Terry L. Wike ("Petitioner") was licensed to practice law in the State of Nevada on October 12, 1999, after graduating from Cleveland Marshall College of Law.
- 2. Upon passing the bar examination, Petitioner began practicing law at the law firm of Thorndal, Armstrong, Delk, Balkenbush, and Eisinger, and later with the law firm of Mainor & Harris. He subsequently opened his own firm in Las Vegas, which he had been operating for over 15 years, until his suspension.

- 3. On October 8, 2020, the Supreme Court of Nevada entered an Order of Suspension, suspending Petitioner from the practice of law for 6 months and one day, based on two disciplinary orders regarding the safekeeping of client property. The first order was issued on entered on February 27, 2020, and the second order was issued on October 8, 2020. The Court found that a mitigating factor was Petitioner's timely good faith effort to ensure that all clients and lienholders had been paid, which Petitioner did ensure before the State Bar began its investigations.
- 4. In addition to the payment of administrative costs, the Supreme Court ordered that Petitioner continue his probationary period imposed on February 27, 2020, which required Petitioner to be mentored by an attorney and to provide quarterly reports to his mentor and to the State Bar until February 27, 2022.
- Petitioner has complied with Supreme Court's Order of Suspension, except for the payment of administrative costs which is more fully discussed infra.
- Petitioner has remained active during his suspension, both in his personal life as well as with his studies of the law, including CLE classes, reviewing legal books and materials.
- 7. Petitioner has also taken the time of his suspension as an opportunity to voluntarily improve his accounting practices, by personally learning the details of Abacus Case Management Accounting and Quickbook Accounting programs to improve tracking and reconciliation of all client funds and business accounts.
- 8. In accord with the first disciplinary order, Petitioner has also worked with his mentor by providing his mentor and the State Bar quarterly reports detailing the accurate distribution of all client funds. These quarterly reports demonstrate Petitioner's ability, diligence and sincere efforts to safeguard client property.

- 9. Petitioner has also complied with his Continuing Legal Education requirements during his suspension.
- 10. Petitioner has not operated a law firm or shared in any legal fees while suspended. In fact, his firm has ceased all operations since the suspension.
- 11. Petitioner recognizes the seriousness and wrongfulness of his conduct and will not engage in any such conduct in the future.
- 12. Petitioner respectfully petitions the Board and the Supreme Court of Nevada for reinstatement of his license as set forth in this Petition.

B. LEGAL ARGUMENT

Rule 116. Reinstatement.

- 1. Order of supreme court required. An attorney suspended as discipline for more than 6 months may not resume practice unless reinstated by order of the supreme court.
- 2. Procedure for reinstatement. Petitions for reinstatement by a suspended attorney shall be filed with bar counsel's office, which shall promptly refer the petition to the chair of the appropriate disciplinary board. The chair or vice chair shall promptly refer the petition to a hearing panel, which shall, within 60 days after referral, conduct a hearing. An attorney may be reinstated or readmitted only if the attorney demonstrates by clear and convincing evidence the following criteria, or if not, presents good and sufficient reason why the attorney should nevertheless be reinstated or readmitted:
- (a) Full compliance with the terms and conditions of all prior disciplinary orders;
- (b) The attorney has neither engaged in nor attempted to engage in the unauthorized practice of law during the period of suspension;
- (c) Any physical or mental disability or infirmity existing at the time of suspension has been removed; if alcohol or other drug abuse was a causative factor in the attorney's

misconduct, the attorney has pursued appropriate treatment, has abstained from the use of alcohol or other drugs for a stated period of time, generally not less than one year, and is likely to continue to abstain from alcohol or other drugs;

- (d) The attorney recognizes the wrongfulness and seriousness of the misconduct resulting in the suspension;
- (e) The attorney has not engaged in any other professional misconduct since suspension;
- (f) Notwithstanding the conduct for which the attorney was disciplined, the attorney has the requisite honesty and integrity to practice law; and
- (g) The attorney has kept informed about recent developments in the law and is competent to practice.

Within 60 days after the hearing concludes, bar counsel shall file the record of the proceedings, together with the panel's findings and recommendation, with the supreme court. Receipt of the record shall be acknowledged in writing by the supreme court clerk.

 Petitioner has complied with the terms and conditions of all prior disciplinary orders, except for the payment of the administrative costs.

The Supreme Court has entered two disciplinary order pertaining to this matter. The first was the Order of Suspension entered on February 27, 2020, in case No. 79305. In that case, the Order of Suspension was for two years, with all but the first three months stayed, commencing from the date of the order. During the stayed suspension, Petitioner was ordered to: (1) be mentored by an attorney who practices in personal injury law and is knowledgeable in its accounting practices; (2) submit quarterly reports to his mentor and to the State Bar; (3) be subject to periodic audits; and (4) pay the administrative costs of the disciplinary proceeding. *See* Exhibit 1, Mentor Agreement and Quarterly Reports. Petitioner has complied with the order, except for the payment of administrative costs as discussed *infra*.

The second disciplinary order was the Order of Suspension entered on October 8, 2020, in case No. 81340. In that case, the Order of Suspension was for 6 months and one day. Petitioner was also ordered to pay the administrative costs of the disciplinary proceedings, which is discussed *infra*. Since that time, Petitioner has shut down his practice and has neither attempted to nor engaged in the practice of law. Thus, Petitioner has not engaged in any professional misconduct since the suspension.

(a) There exists good and sufficient reasons as to why Petitioner has not paid the administrative costs which support his Reinstatement.

Pursuant to SCR 116(2), "an attorney who cannot demonstrate the criteria still may be reinstated if [he] 'presents good and sufficient reason why [he] should be resinstated". See also Shoen, 136 Nev., Adv. Op. 30, 464 P.3d at 403-04 (2020). Shoen involved the disciplinary panel's chair striking a petition for reinstatement when the attorney failed to comply with prior disciplinary orders to pay the entire amount of \$25,000.00 in restitution to her clients before filing the petition for reinstatement. Shoen successfully demonstrated to the hearing panel and to the Court, that the failure to reinstate her to the practice of law for not paying the restitution in advance of her petition, not only served as an additional punishment but diminished her ability to reach her full earning capacity to pay the restitution. The Court found these reasons presented good and sufficient basis for Shoen's failure to comply with the disciplinary order under the revisions to SCR 116(2), and thus she was reinstated. Id. Similarly, the financial situation faced by Petitioner, presents good and sufficient reasons for his failure to pay the administrative costs before seeking reinstatement.

Presently, Petitioner is undergoing severe financial hardship and is respectfully requesting an extension of time to pay the administrative costs of the proceedings, or in

the appropriate, the waiver of the administrative costs due to Petitioner's recent bankruptcy. Petitioner has been a solo practitioner for approximately 17 years, and is currently unemployed. During the period of suspension, Petitioner has exhausted his limited savings and sold personal assets, which has detrimentally affected Petitioner and his family, both financially and emotionally. His taxes returns for the past two years demonstrates the severity of his financial hardship, in 2019 his income was -37,083.00 and in 2020 his income was -\$4,541.00. See Exhibit 2, Taxes returns for 2019 and 2020. Petitioner is currently 7 months behind in his mortgage, and is in danger of foreclosure. See Exhibit 3, Shellpoint Mortgage Statement. Lastly, Petitioner has recently filed for bankruptcy in an effort to alleviate his financial hardship. See Exhibit 4, Bankruptcy Petition Case No. 21-11982. Accordingly, requiring the payment of the administrative costs prior to reinstatement in this case, is more akin to a punishment rather than a disciplinary purpose, which is disfavored by the Supreme Court.

(1) The Supreme Court favors reinstatement over additional punishment.

In Shoen supra, the Supreme Court cited to State Bar of Nevada v. Claiborne, 104 Nev. 115, 756 P.2d 464 (1988), the recognizing that "[t]he purpose of attorney discipline is to protect the public, the courts, and the legal profession, not to punish the attorney." In the instant case, Petitioner also submits that the failure to reinstate him for failing to pay the administrative costs prior to reinstatement, is tantamount to a failure to protect the public, and serves as additional punishment. Petitioner has successfully represented thousands of clients over the past 19 years, many of which, call upon Petitioner for additional legal services. This is not a case where restitution is owed to clients, but rather, involves the payment of administrative costs for disciplinary hearings. While the disciplinary orders have successfully modified Petitioner's conduct, as demonstrated in

the quarterly reports and improved accounting practices, the requirement that the administrative costs be paid before reinstatement, is tantamount to an additional punishment given Petitioner's financial status and his inability to reach full earing capacity, unless or until he is reinstated. Accordingly, Petitioner respectfully requests a modified payment plan for the administrative costs, or if appropriate due to his recent bankruptcy, a waiver of all administrative costs.

Petitioner has neither engaged in nor attempted to engage in the unauthorized practice of law during the period of suspension.

As noted above, Petitioner has neither engaged in nor attempted to engage in the unauthorized practice of law during the period of suspension. After the Court entered the Order, Petitioner closed his law firm. Since the beginning of the disciplinary action, Petitioner has been constantly monitored by his mentor, Brad Mainor, who attests to the fact that Petitioner has the honesty and integrity to practice law, and that Petitioner has neither engaged in nor attempted to engage in the unauthorized practice of law during the period of suspension. See Exhibit 5, Affidavit of Brad Mainor. Hence Petitioner has not engaged in the unauthorized practice of law during the suspension.

3. Any physical or mental disability or infirmity existing at the time of suspension has been removed; if alcohol or other drug abuse was a causative factor in the attorney's misconduct, the attorney has pursued appropriate treatment, has abstained from the use of alcohol or other drugs for a stated period of time, generally not less than one year, and is likely to continue to abstain from alcohol or other drugs.

Petitioner did not have any mental disability or infirmity existing at the time of suspension, nor does he currently suffer from any mental disability or infirmity.

4. Petitioner recognizes the wrongfulness and seriousness of the misconduct resulting in the suspension.

Petitioner recognizes the wrongfulness and seriousness of the misconduct resulting in his suspension. He has reflected upon the wrongfulness and seriousness of his misconduct, and realizes that both his clients and the profession were harmed by his misconduct. Not only does Petitioner recognize that his misconduct was serious, he has also taken steps during the suspension to learn Abacus Case Management accounting and Quickbooks accounting software to ensure that all accounts are timely reconciled. Accordingly, Petitioner recognizes the seriousness of his actions and vows to never let this happen again.

5. Petitioner has not engaged in any other professional misconduct since the suspension.

Petitioner has not engaged in any other professional misconduct since his suspension.

Notwithstanding the conduct for which he was disciplined, Petitioner has the requisite honesty and integrity to practice law.

Although Petitioner engaged in misconduct by mishandling client funds, he has the requisite honesty and integrity to practice law. Notably and almost immediately, Petitioner recognized his misconduct, and then took the necessary steps to correct his actions by ensuring that all clients were paid in full. These corrective steps were taken before the State Bar began its investigation.

Petitioner has been practicing for over 20 years, which shows his commitment to his clients and the legal profession wherein he has provided the best service and advocacy for each of the more than 2000 clients that he successfully represented. Tammi Littleman has been a paralegal for over 25 years and has worked with Petitioner since

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2003. Ms. Littleman supports Petitioner's reinstatement as she has personal observed his honesty, integrity and dedication to serve his clients in best manner possible. See Exhibit 6, Letter from Tammi Littleman. Jennifer Lovell was Petitioner's legal assistant for more than 15 years. Ms. Lovell also supports Petitioner's reinstatement finding him to be of impeccable honesty, integrity and character, as well as exhibiting the highest quality work ethic in representing his clients. See Exhibit 7, Letter from Jennifer Lovell.

Attorney, Brad Mainor, previously worked with Petitioner in the same law firm, and has known Petitioner for approximately 20 years. Mr. Mainor is currently mentoring Petitioner and is has been in constant communications since the initial disciplinary order. Based on this level of constant communications with Petitioner, Mr. Mainor attests to the fact that Petitioner has neither engaged in nor attempted to engage in the practice of law since his suspension. Mr. Mainor also attests to Petitioner's honesty, integrity and competency to practice law. Mr. Mainor supports Petitioner's restatement to the practice of law. See Exh. 5, Affidavit of Brad Mainor.

7. Petitioner has kept informed about recent developments in the law and is competent to practice.

During his suspension in 2020, Petitioner completed 14.25 hours in the following CLE courses:

- (a) Ethics Primer: Privileges, Confidentiality and Conflicts of Interest; (b) Lessons Learned from Lawyers in Mental Illness and Substance Abuse;
- (c) The Ethics Gameshow; d) Liabilities of Individuals for their Business's Debts;
- (e) Consumer Bankruptcy Exemptions in Chapter 7; (f) Essentials of Corporations, Partnerships and LLCs;

(g) How to Win Big at Trial; and (h) Advanced Construction Law for Attorneys.

See Exhibit 8, CLE Certificates.

 Petitioner has continued to read Nevada Lawyer and otherwise keep abreast of recent developments in the law.

In addition to continuing education, Petitioner has voluntarily undergone training with Abacus Case Management Accounting tracking software and Quickbooks to enable better tracking of all law firm and client financial transactions.

C. CONCLUSION

Respectfully, Petitioner apologizes to the public, to the Courts and the legal profession for his misconduct. Petitioner understands that his actions were serious and harmed the legal profession. Petitioner has undergone a serious reflection of his actions and has taken affirmative steps to never allow these events to reoccur. Petitioner is very sorry for his misconduct and respectfully requests that the State Bar and Hearing Panel recommend reinstatement.

Terry L. Wike

s// Terry L. Wike
Terry L. Petitioner
11120 Forever Sunset Ct.
Las Vegas, Nevada 89135
Tel: (702) 630-2934
twike@wikelaw.com
Petitioner Pro Se

1 **VERIFICATION** 2 I, Terry L. Wike, Petitioner, verify under oath that I have read the above Petition for Reinstatement, and that to the best of my knowledge and belief, all of the facts contained in the Petition are true and correct. I verify that, to the best of my knowledge and belief, I have complied with all of the terms of the disciplinary orders entered I this 3 case. I further verify that I have neither engaged in nor attempted to engage in the unauthorized practice of law during the period of suspension. I verify that I do not have any physical or mental disability or infirmity existing. I recognize the wrongfulness and 5 seriousness of the misconduct resulting in my suspension, and vow to never again engage in similar conduct. I have not engaged in any other professional misconduct since suspension. I verify that notwithstanding the conduct for which I was disciplined, I have the requisite honesty and integrity to practice law. I further verify that I have kept 8 informed about recent developments in the law and am competent to practice. 9 DATED this 20th day of April, 2021. 10 Terry L. Wike 11 12 s// Terry L. Wike Terry L. Wike 13 11120 Forever Sunset Ct. Las Vegas, Nevada 89135 14 (702) 630-2934 twike@wikelaw.com 15 Petitioner Pro Se 16 17 CERTIFICATE OF SERVICE 18 I hereby certify that a true copy of the foregoing was personally served upon the 19 State Bar on this 20th day of April, 2021. 20 21 s// Terry L. Wike 22 23 24 25 26 27

EXHIBIT 1

MENTORING AGREEMENT

THIS MENTORING AGREEMENT (Agreement) is entered into among and between Terry L. Wike, Esq. (Respondent), the State Bar of Nevada (State Bar) and Bradley S. Mainor, Esq. (Mentor), pursuant to the Nevada Supreme Court Order of Suspension (Order) filed February 27, 2020.

- Purpose. It is agreed by and between the parties that Mentor will serve as mentor during Respondent's probation to assist the Office of Bar Counsel in monitoring the conditions set forth in the Order.
- Duration. The Agreement shall remain in effect from the date of execution through February 27, 2022, unless a new mentor is substituted for the remainder of the term.

3. Duties of Respondent:

- a. Respondent shall meet with Mentor at monthly to obtain
 mentorship and guidance and discuss his legal practice, to include his
 accounting practices, should Respondent settle and disburse a
 personal injury claim during the month; and
- b. Respondent shall submit quarterly reports to his Mentor regarding the status of his practice. Mentor shall sign the quarterly report indicating he met with Respondent. Respondent shall then submit the report to the Office of Bar Counsel Designee. Due dates of the reports are as follows:

Period: Due:

5/27/2020 thru 8/26/20 **Due August 31, 2020**8/27/2020 thru 11/26/2020 **Due November 30, 2020**11/27/2020 thru 2/26/2021 **Due March 3, 2021**2/27/2021 thru 5/26/2021 **Due May 31, 2021**5/27/2021 thru 8/26/2021 **Due August 31, 2021**8/27/2021 thru 11/26/2021 **Due November 30, 2021**11/27/2021 thru 2/26/2022 **Due March 3, 2022**

4. Duties of Mentor.

- a. Mentor will meet with Respondent monthly to discuss his legal practice, to include his accounting practices, quarterly reports and to provide mentorship and guidance, should Respondent settle and disburse a personal injury claim during the month;
- b. Mentor shall observe the rules of confidentiality in RPC 1.6 (Confidentiality of Information) with respect to Respondent's practice, cases, and clients, except that Mentor shall be entitled to reveal such information as is necessary to communicate with the Office of Bar Counsel under the terms of this Agreement;
- c. Mentor shall sign the quarterly report indicating he met with Respondent; and
- d. Mentor shall report directly to Office of Bar Counsel Designee
 whenever he identifies issues pertaining to Respondent's practice of

Page 2 of 4

law that Mentor believes relevant to Respondent's compliance with the terms of this Agreement.

- Compliance. Respondent's compliance with the conditions set forth herein shall be monitored by and through the Office of Bar Counsel Designee.
- 6. Failure to Comply with Terms of Agreement. If the Office of Bar Counsel determines that Respondent failed to comply with the terms of this Agreement, Bar Counsel shall proceed consistent with SCR 105.5(6).
- 7. **Confidentiality.** Pursuant to SCR 105.5(1)(b), all services provided by Mentor and any related documents and/or communication shall remain confidential, as provided for in SCR 121. Any information provided to Mentor and Office of Bar Counsel will be used solely to assess Respondent's compliance and progress and may be used in a hearing or briefing for that purpose, but will not be released to any other person.

Acknowledgment and Consent:

Respondent has read the terms and conditions of this Agreement and understands the Agreement in its entirety.

DATED this day of 1 By: Wike, Esq. Terry L. Wike, Esq. Nevada Bay No. 7211 Respondent	my/16 2020
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Page 3 of 4

Approval of Mentor:

Mentor has read all of the terms and conditions of this Agreement and agrees to act

as Mentor as described herein.

.2020 ـ

By: Bradley S. Mainor, Esq. Nevada Bar No. 7434

Mentor

Approval of Bar Counsel:

Bar Counsel hereby approves of the Mentor to this Agreement and the terms and

conditions herein.

DATED this ___day of _____, 2020.

STATE BAR OF NEVADA

Daniel Hooge (Jul 17, 2620 10:56 PDT) Daniel M. Hooge, Bar Counsel Bar No. 10620

Executed Mentoring Agreement

Final Audit Report

2020-07-17

Created:

2020-07-17

By:

Louise Watson (louisew@nvbar.org)

Status:

Signed

Transaction ID:

CBJCHBCAABAAFQDGhQKAXJVsggiFkjfD46W9HNTaP3Gn

"Executed Mentoring Agreement" History

- Document created by Louise Watson (louisew@nvbar.org) 2020-07-17 2:18:37 PM GMT- IP address: 72.193.7.8
- Document emailed to Daniel Hooge (danh@nvbar.org) for signature 2020-07-17 2:19:33 PM GMT
- Email viewed by Daniel Hooge (danh@nvbar.org) 2020-07-17 5:56:15 PM GMT- IP address: 72:202.33.46
- Document e-signed by Daniel Hooge (darth@nvbar.org)

 Signature Date: 2020-07-17 5:56:27 PM GMT Time Source: server- IP address: 72.202.33.46
- Signed document emailed to Daniel Hooge (danh@nvbar.org) and Louise Watson (louisew@nvbar.org) 2020-07-17 5:56:27 PM GMT



Adobe Sign

IN RE: DISCIPLINE OF TERRY L. WIKE, ESQ. Docket No.: 79305 NEVADA BAR NO.: 7211 RESPONDENT'S QUARTERLY REPORT Respondent, Terry L. Wike, hereby submits his Quarterly Report in compliance with the Order of Suspension. DATED this 2nd day of September, 2020. s//Terry L. Wike TERRY L. WIKE, ESQ. **CERTIFICATE OF SERVICE** I hereby certify that a true copy of the foregoing was served upon The State Bar of Nevada via email to LouiseW@nvbar.org, this 2nd day of September, 2020. s// Terry L. Wike

MENTOR MEETING

I, Brad Mainor, met with Terry Wike	in accordance with the mentoring agreement on
day of 2020. W	e discussed and reviewed his accounting practices.
Brad Mainor	Terry L. Wike
To the second	June / M
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Matt 8harp

M ter Trust Activity

Report Date; Report Time; Page; User ID;

8/11/2020 11:19AM 1 of 1

Wike Law

 Date Range :
 01/01/1900 - 08/11/2020

 Client:
 1244 - Barbara Lagao

 Matter:
 1240 - Lagao v. AAA

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payce
07/10/2020	\$6,700.00	\$0.00	Trust balance posted from AbacusLa	11020:00	No	***************************************	Positorias Balan
07/20/2020	\$0.00		Check #1052	11020,00	No	1052	Beginning Balance Medicare
07/20/2020 07/20/2020	\$0.00	\$4,539.27	Settlement Check #1051	11020.00	No	1051	Berbara Laggo
07/20/2020	\$0.00			11020.00	No	1054	Barbara Lagao
0112011020	\$0.00	\$2,159.87	Fees and Costs Check #1053	11020.00	No	1053	Wike Law Group
	\$6,700.00	\$6,700.00					•
Balance:	\$0.00						

Ma..er Billing Detail

Wike Law

Date Range:

01/01/1900 to 08/11/2020

Client:

1244 - Barbara Legao

Total Taxes Received : -----

Total Late Charges Billed : -----

Total Late Charges Unbilled: -----

Total Late Charges Received : -----

Trust Balance: ----

Matter:	1240 - La	gao v. AAA								
Date	Expense Code	Description		Debit	Credit	Billing Status	On Hold	Involce Number	Check Number	Payee
	Baiance	Forward:	 -	P.O. O.O.						
07/18/2020	HCT	Hard Costs Billed		\$0.00 \$150,00		m*** *				
07/20/2020	FEE	Fees Billed on Invoice #:	6	\$2,009.87		Bitled		6		
08/11/2020	HPD	Trust funds applied towar		32,009.87		Billed		6		
08/11/2020	FPD		-		\$150.00	Unbilled				
00.152020	110	Trust funds applied towar	ds inv.; #6 Lagao		\$2,009.87	Unbilled				
			Total:	\$2,159.87	\$2,159.87					
			Balance:	\$0.00						
			\$2,009.87						_	
			\$0.00							
			(\$2,009.87)						•	
			\$0.08							
			\$0.00							
		********	\$0.00							
			\$150.00							
		*******	\$0.00							
			(\$150.60)							
			\$0.09 \$0. 00							

\$6.60

\$0.00

\$0.00

\$0.00

\$0.00

Report Date:

Report Time:

Page:

User ID:

8/11/2020

11:17AM

L WIKE

l of i

DISBURSAL STATEMENT

RE: Barbara Lagao v. AAA (UM/UIM claim no. 1002-70-8033 - Date of Loss 06/01/2018) TOTAL MONIES RECOVERED: **\$** 6,699.57 ATTORNEY FEES: Law Offices of Terry L. Wike -33 1/3% per Retainer Agreement reduced to 30% \$ 2,009.87 ATTORNEY COSTS PER FEE AGREEMENT (See Below) \$ 150.00 CLIENT MEDICAL PROVIDERS AND MISCELLANEOUS LIENS Amount Secondary Medicare Recovery .43 Total .43 CLIENT RECOVERY: <u>\$ 4,539.2</u>7 I understand that unpaid bills, co-pays, or any other obligation, arising out of this claim not itemized above are my responsibility, not my attorney's and I assume full responsibility for payment. /// Page 1 of 2

I understand my attorneys have not given any tax advice and I will consult with my accountant or other tax adviser, if I have any questions.

UNDERSTOOD, AGREED AND RECEIVED

<u> 7-20-20</u>

DATE

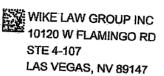
Page 2 of 2



P.O. Box 24523 Oakland, CA 94623-1523

Phone 888.335.2722 Fax 877.548.1610





Offer of Payment

		•
Check No.: 071	19/10/2007	
Claim No.: 100	2.70 cooc Misured: BARBARA I AGAO	
C.G. 110 100.	st Party Borliky Isham CARRA Control Policy No.: NVSS208598707	
exposure: (2) 1	st Party Bodily Injury - BARBARA LAGAO - Underingund Metric 1977 Adjuster: Preston Snow	
SSUB Date		
07/01/2020	Amount	
07/01/2020	Indiv	
	\$6,699.57	
Daves 1455		
ayee. Wike La	w Group Inc & Barbara Lagao	\$6,699.57
IIIAOICE/FOR #:	Dates of Service:	70,000.07
Comments:	Sales of Service:	
Payment Metho	d: Charle	
	Loss Type: PersonalAuto	

Policy issued by CSAA General Insurance Company

se datach bulore presenting for paymora



CSAA General Insurance Company P.O. Box 24523, Oakland, CA 94623-1523

BANK OF AMERICA

CHECK NO. 0718093397

POLICY NO.: NVSS208598707

Exactly Six thousand six hundred ninety nine and 57/160 Dollars** INSURED BARBARA LAGAO LOSS DATE CLAIM NO. DATE AMOUNT ***\$6,699,57 06/01/2018 1002-70-8033 07/01/2020 VOID IF NOT CASHED WITHIN 180 DAYS OF DATE OF ISSUE

Wike Law Group Inc & Barbara Lagao

Pay To The Order Of

70-2328 / 719 IL

CSAA Insurance Group AUTHORIZED SIGNATURE





P.O. Box 24523 Oakland, CA 94623-1523

Phone 888.335.2722 Fax 877.548.1610



WIKE LAW GROUP INC 10120 W FLAMINGO RD STE 4-107 LAS VEGAS, NV 89147

Offer of Payment

				•	
[Chartest Tax					
Check No.: 071	8093398	Incumel CADD on a	***		
Claim No.: 1002	2-70-8033	Insured: BARBARA LAG	AO		
Exposure: (2) 1	of Dorby Dodlly, tot	Policy No.: NVSS208598	707	A-H	
- (2) I	St Party Boully Injury - BARBARA LA	SAO - Underinsured Motoriet I	Podiby laboratory	Adjuster: Preston Snow	
Issue Date	st Party Bodily Injury - BARBARA LAN Description of Payment		Soully Injury - Claim Cost	- injury	
07/01/2020	Injury	Amount	Acct No.	The state of the s	
	nquiy		\$0.43	Amount Total	
	ľ	Í	90.43		
Payer Modiene	do hat if for		i	!	
Investor (See all	on behalf of Barbara Legao				\$0.43
Invoice/EOB #:	Dates	of Service:			
Comments:	20103	OI CEIVICE.		A COMMON TO THE REAL PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF T	*****
Payment Method	l: Chack			The contract of the contract o	7
The state of the s	Date o	f Loss: 06/01/2018			
			LOSS	Type: PersonalAuto	

Policy issued by CSAA General Insurance Company

Please delach before presenting for payment



CSAA General Insurance Company P.O. Box 24523, Oakland, CA 94623-1523

BANK OF AMERICA

70-2328 / 719 IL CHECK NO.

0718093398 POLICY NO.

Pay Medicare on behalf of Barbara Lagao To The Order Of

VOID IF NOT CASHED WITHIN 180 DAYS OF DATE OF ISSUE

CSAA Insurance Group

#0718093398# #071923284#

1432m

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10655 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524

Bank of America ACH R/T 122400724

וכטו

94-72/1224 NV 7976

@001051@ @122400724@

WIKE LAW GROUP INC

1051

WIKE LAW GROUP INC

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10655 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524 PAY TO THE ROUND OF THE	Bank of America ACH R/T 122400724	1054 94-77/1224 NV 1976
MEMO CANTO CANTO AND NOON STANDE SUND CANTO CONTRACTOR ASSESSMENT AND CONTRACTOR OF THE CONTRACTOR OF	SO &	DOLLARS Me
WIKE LAW GROUP INC Solver Lagar 243 Hadisture arms to dent	5 3 4 9 m	1054

WIKE LAW GROUP INC

11120 Forever Sunset Court Las Vegas, Nevada 89135 (702) 630-2934 twike@wikelaw.com

June 20, 2020

MSRP Medicare Contact Center Operations PO Box 1270 Lawrence, KS 66044

RE:

Our client

Barbara Lagao

Your insured:

Barbara Lagao

SSN

xxx-xx-0123

Date of loss

June 1, 2018

Dear Sir/Madam:

Enclosed please find a check in the amount of \$0.43 (check no. 1052) as full and final lien amount for Ms. Lagao in the above-entitled matter.

Thank you for your anticipated cooperation in this matter.

Sincerely,

Tammi Littleman
Paralegal to

Terry L. Wike, Esq.

Enclosures as stated.

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10855 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524 PAY TO THE Medicine Secondary Payer Rocking ORDER OF Medicine Secondary Payer Rocking Secondary Payer Paye	1052 94-72/1274 WW 3767 3767 3767 3767 3767 3767 3767 37
Sabara 2000 DOC: 0/1/2018 MEMO 2-3-3-47 MEMO 200 DOC: 0/1/2018 MEMO 2-3-3-47 MEMO 200 TKR4-CNG SAND HAVE KK-0/23 MEMO 2-3-3-47 MINE LAW GROUP INC WIKE LAW GROUP INC	DOLLARS
WINE LAW GROUP INC	1052

WIKE LAW GROUP INC

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10855 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524 Bank of America ACH R/T 122400724

7U53 94-72/1224 NV 7976

vent, Objeter

PAY TO THE WIKE LAW GOILLE

11. 201/

DOLLARS

Boxbara Lagora Full and Final PI Septement

#00 10 23# # 12 5 5 7 00 3 5 7 12

5349iis

WIKE LAW GROUP INC

1053

WIKE LAW GROUP INC

MENTOR MEETING

I, Brad]	Mainor, met with Terry	Wike in accordance with the mentoring agreement on
<u> 2 (</u>	day of October, 2020.	We discussed and review his accounting practices.

Brad Mainor

Teny L. Wike

Checkbook Register

Report Date:

11/04/2020 9:06AM

Report Time: Page: User ID: L WIKE

l of 2

Wike Law

Dates Included:

01/01/1900 to 11/04/2020

Checkbook Account Number: 11020.00

Checkbook Account Name:

Cash - Trust Account I

Date	Check No. / Transaction		Description	Deposits Debit (+)	Withdrawals Credit (-)	Journal Number	Entry Type	Running Balance
01/01/1900			Opening Balance					
07/10/2020		Trust balance posted from AbacusLa	Trust balance posted from AbacusLaw	\$6,700.00		0		\$0.00
07/20/2020		Medicare	Check #1052	30,700.00	** **	1	Rept	\$6,700.00
07/20/2020		Barbara Lagao	Settlement Check #1051		\$0.43	1	Disb	\$6,699,57
07/20/2020		Barbara Lagao	Settlement Balance Check #1054		\$4,539.27	2		\$2,160.30
07/20/2020		Wike Law Group	Fees and Costs Check #1053		\$0.43	3	Disb	\$2,159.87
09/09/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 9/9/2020	#0 000 00	\$2,159.87	4	Disb	\$0.00
09/09/2020	1042	CraigRd Clinic	Wendy Morales Treatment	\$8,000.00		5	Rept	\$8,000.00
09/09/2020	1043	Wendy Morales	Settlement Payment to Client		\$1,468.50	5	Disb	\$6,531.50
09/09/2020	1055	Wike Law Group	Fees and Costs of \$150		\$4,141.50	6	Disb	\$2,390.00
09/09/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 9/9/2020	****	\$2,390.00	7	Disb	\$0.00
09/09/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 9/9/2020	\$850.00		16	Rept	\$850.00
09/15/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 9/15/2020	\$850.00		17	Rept	\$1,700.00
09/15/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 9/15/2020	\$6,570.62		12	Rept	\$8,270.62
09/15/2020	1058	Wike Law Group	V. Cruz Atty fees 188 costs 150	\$9,127.01		13	Rept	\$17,397.63
09/15/2020	1060	Wike Law Group	D. Cruz Atty fees 188 costs 150		\$338.00	31	Disb	\$17,059.63
09/17/2020	1056	Complete Care Injury Center	V. Cruz Treatment c/o Wendy Morales		\$338.00	32	Disb	\$16,721.63
09/18/2020	0	Deposit Posted from Trust	Deposit posted from Trust on 9/18/2020	*** ***	\$122.00	30	Disb	\$16,599.63
09/18/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 9/18/2020	\$11,142.00		11	Rept	\$27,741.63
09/21/2020	1067	Scott Trae Judd	Scott Judd Settlement Disbursement	\$21,500.00		14	Rept	\$49,241.63
09/21/2020	1069	Wike Law Group	Scott Judd atty fees 3542.52 costs 150.00		\$10,031.10	22	Disb	\$39,210.53
09/21/2020	1062	Lauren Davis	Lauren Davis Settlement Disbursement		\$3,692.52	24	Disb	\$35,518.01
09/21/2020	1066	Wike Law Group	Lauren Davis Atty Fees 6125.40 Costs 150.00		\$17,074.59	25	Disb	\$18,443.42
09/22/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 9/22/2020	••	\$6,275.40	29	Disb	\$12,168.02
09/24/2020	1068	Tropican West Chiropractic	Scott Judd Treatment	\$25,000.00		10	Rept	\$37,168.02
09/25/2020	1063	Medical Associates of Southern NV	Lauren Davis Medical Treatment		\$3,989.00	23	Disb	\$33,179.02
09/28/2020	1064	Advantage Diagnostic Imaging Cent	Lauren Davis Medical Treatment		\$851.02	26	Disb	\$32,328.00
09/28/2020	1065	NBC Operations, LLC	Lauren Davis Medical Treatment		\$1,700.00	27	Disb	\$30,628.00
09/29/2020		Ashley Bensko	Bensko Settlement Disbursement		\$4,726.00		Disb	\$25,902.00
09/30/2020		Wike Law Group			\$16,517.50	20	Disb	\$9,384.50
10/07/2020		Deposit Posted from Trust	Bensko Fees 8332.50 costs 150.00		\$8,482.50	21	Disb	\$902.00
10/07/2020		Patricia Davis	Deposit posted from Trust on 10/7/2020	\$5,250.00		7	Rept	\$6,152.00
10/07/2020		Patricia Davis	Hartford Settlement		\$2,766.00		Disb	\$3,386.00
0/07/2020		Wike Law Group	Voided Check Number: 1072	\$2,766.00		1	Gen	\$6,152.00
0/07/2020		Deposit Posted from Trust	Patricia Davis Re: Atty fees 787.50 & Costs 150.0		\$937.50	11	Disb	\$5,214,50
			Deposit posted from Trust on 10/7/2020	\$5,000.00		8	Rept	\$10,214.50

Checkbook Register

Report Date:

11/04/2020

Report Time; Page: User ID; L WIKE

9:06AM 2 of 2

Wike Law

Date	Check No. / Transaction		Description		Deposits Debit (+)	Withdrawals Credit (-)	Journal Number		Running Balance
10/07/2020 10/07/2020 10/07/2020 10/08/2020 10/08/2020 10/13/2020 10/14/2020 10/14/2020 10/14/2020 10/14/2020 10/22/2020 10/22/2020 10/22/2020 10/22/2020 10/22/2020	1076 1077 1078 1073 1074 TR Deposit 1079 1080 1081 1080 1082 TR Deposit 1044 1045 1046 1047	Lauren Davis NBC Operations, LLC Wike Law Group Patricia Davis NBC Operations, LLC Deposit Posted from Trust Jeanne Saldanha NBC Operations, LLC Wike Law Group NBC Operations, LLC NBC Operations, LLC NBC Operations, LLC Deposit Posted from Trust Wike Law Group Estate of Terry Littleman AFC Physical Iron Wood Chiropractic	Hartford Settlement Disbursement Lauren Davis Treatment Paid in Full L. Davis Re: Atty fees 1666.50 & costs 150 Hartford Settlement Disbursement Patricia Davis Medical Treatment Deposit posted from Trust on 10/13/2020 Settlement Disbursal to client Jeanne Saldanha treatment paid in full Saldanha Atty fee 1313.20 & Costs 150.00 Voided Check Number: 1080 Jeanne Saldanha treatment paid in full Deposit posted from Trust on 10/20/2020 T. Littleman Atty fees 1725 Costs 150 Estate of T. Littleman disbursement T. Littleman Treatment T. Littleman Treatment	.00	\$4,000.00 \$1,065.00 \$7,500.00	\$2,070.50 \$1,113.00 \$1,816.50 \$2,766.00 \$1,546.50 \$1,471.80 \$1,065.00 \$1,463.20 \$1,463.20 \$1,875.00 \$1,410.75 \$951.00 \$3,263.25	12 13 14 9 10 9 16 17 18 2 19 18 33 34		\$8,144.00 \$7,031.00 \$5,214.50 \$2,448.50 \$902.00 \$4,902.00 \$3,430.20 \$902.00 \$1,967.00 \$902.00 \$8,402.00 \$6,527.00 \$5,116.25 \$902.00
				Totals:	\$115,320.63	\$114,418.63	Ending 1	Balance:	\$902.00

Matter Trust Activity

Report Date: Report Time: 10/15/2020 9:45AM 1 of I

Page: User ID:

Wike Law

Date Range: 01/01/1900 - 10/30/2020 Client: 20200219 - Ashley Bensko

Matter: 1243 - Bensco v. Donald and Courtney Grayson

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
09/22/2020 09/29/2020 09/30/2020	\$25,000.00 \$0.00 \$0.00	\$16,517.50	Ashiey Bensko Allstate Settlement Bensko Settlement Disbursement Bensko Fees 8332.50 costs 150.00	11020.00 11020.00 11020.00	No No No	1070 1071	Trust Deposit Ashley Bensko Wike Law Group
Balance:	\$25,000.00	\$25,000.00					

Alistata Insurance Company - Claims Payment Proc P.O. Box 650048 , Dallas, TX 75265 , United States



WIKE LAW GROUP 10120 W FLAMINGO RD SUITE4-107 LAS VEGAS NV 89147

09/15/2020

WIKE LAW GROUP.

ENCLOSED PLEASE FIND PAYMENT IN THE AMOUNT OF \$25,000:00-FOR YOUR FULL AND FINAL SETTLEMENT OF ANY AND ALL CLAIMS FOR BODILY INJURY ARISING FROM LOSS OF 12/28/2018.

PLEASE REFERENCE CLAIM DETAILS BELOW.

CLAIM NUMBER: 0532078607 DATE OF LOSS: 12/28/2018

INSURED:

COURTNEE P GRAYSON

In payment for Bodily Injury Liability for Date of Loss 12/28/2018.

ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY 1-800-255-7828

0000020200915004634ZCT02001001004938

INSURED: COURTNEE P GRAYSON CLAIMANT: ASPILEY BENSKO

IN PAYMENT OF FULL AND FINAL SETTLEMENT OF ANY AND ALL CLAIMS FOR BODILY INJURY ARISING FROM LOSS OF 12/28/2018.

4 % A W PAY TWENTY FIVE THOUSAND DOLLARS AND ZERO CENTS

Allstate*

ASHLEY BENSKO AND WIKE LAW GROUP 6258 ISLAND PALM AVE LAS VEGAS NV 89118-1960 TO THE ORDER OF

VOID IF NOT PRESENTED WITHIN THREE HUNDRED, SIXTY-FIVE DAYS OF DATE OF ISSUE

CLAIM NUMBER 105987082 0532078607 TAX ID EMPLOYEE D HM8W 64-1278

\$ 25,000.00

INVOICE NUMBER MCO- DATE ISSUED 1970 09/15/2020 COMPANY: ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY

AUTHORIZED SIGNATURES

#105987082# @D61112788@

BANK OF AMERICA W Customer Receipt	ne.		
All hens are credited subject to verification, collection, and conditions of the furjes and Regulations of this Banking as otherwise provided by the Payments are accepted when credit is applied to carditating histories and not those issuance of this receipt. Innsections, peopled after the Bank's possed cut-off thas or Sahurday, Statioy, and Bank Holishya, and depot and considered received the near business day. Please retain this received as of the near business day.	of the Roles and Regul Monoes and not upon i Mys. and depot and com	ations of this Bankand as season, The state of the many states and the many	officiwise provided arsactions received extribusiness day.
Thank you foe banking with flast of Ameries. Save tips with fast, ixilable deposits, withdrawits, transfors and more of thousands of convenient ATM locations.	Tran OBDA9 Entity NRV Account	1/22/2020 3560257 (1) jostokaszag	11111
	n/n s4vaeu133 Deposit	133	\$25,000,00
Member FDJC 95-14-2005B 03-2019	IntRef	3937CXF25HAF9CVA1C2V43V	VALCZVARV

Wells Farso Bank Transaction Receipt

Granch #0000154 27 Deposit

Account Number CHK 00746 Number of Checks Check Listing XXXXXX9291

1

\$16,517,50

Total Checks Amount Total Deposit \$16,517.50 \$16,517.50

Deposit Availability \$400.00 of your deposit is included in your available balance.

\$16.117.50 will be available on Wednesday, 09/30/20

Transaction # 095 0105 02:45PM 09/29/20 Deposit Credit Date: 09/29/20

Bensko Deposits

Thank you, RENEE

DISBURSAL STATEMENT

RE: ASHLEY BENSKO	
TOTAL MONIES RECOVERED: (Allstate \$25,000.00)	<u>\$25,000.00</u>
ATTORNEY FEES: 33 1/3% per Retainer Agreement	<u>\$8,332.50</u>
ATTORNEY COSTS PER FEE AGREEMENT (See Below)	<u>\$150.00</u>
Total Attorney Fees & Costs	<u>\$8,482.50</u>
CLIENT MEDICAL PROVIDERS AND MISCELLANEOU	S LIENS
None	
CLIENT RECOVERY:	<u>\$16,517,50</u>
	\$16,517,50 ising out of this claim not itemized above are my responsibility, not (Initial)
I understand that unpaid bills, co-pays, or any other obligation, army attorney's and I assume full responsibility for payment.	ising out of this claim not itemized above are my responsibility, not

I understand my attorneys have not given any tax advice and I will consult with my accountant or other tax adviser, if I have any questions. _____ (Initial)

UNDERSTOOD AGREED AND RECEIVED

9/29/2020

SHLEY BENSKO

Page 2 of 2

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10855 PARK RUN DR STE 250	Bank of America ACH R/T 122400724	1070 94-72/1224 HV 7975
PAY TO THE Ashley Bensko Center thousand five hubred seventee.	<u> </u>	1/24/2020 6,517 £
	100 Day	DOLLARS
MEMO Bensko Disbursenent	AUTHORIZED SIGNATURE	₩ _P
Bensko Disbursement \$16 517 50		1070

WIKE LAW GROUP INC

ACH R/T 122400724	94-72/1224 NV 7976
\$ \$0 s	8,482 50 DOLLAR
534911 ^a	giole Mi
Posted 9/30/20	1071
	Serve Juniorized SKANATU

WIKE LAW GROUP INC

Matter Trust Activity

Report Date: Report Time: 10/15/2020 10:36AM

1 of t

Page: User ID:

Wike Law

 Date Range:
 01/01/1900 - 10/15/2020

 Client:
 20200226 - Scott Trae Judd

 Matter:
 1255 - Judd, Scott Trae

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
09/15/2020 09/18/2020 09/21/2020 09/21/2020 09/24/2020	\$6,570.62 \$11,142.00 \$0.00 \$0.00 \$0.00	\$0.00 \$10,031.10 \$3,692.52	Scott Trae Judd Allstate Settlement C Scott Trae Judd Stat Farm Settlement Scott Judd Settlement Disbursement Scott Judd atty fees 3542.52 costs 15 Scott Judd Treatment		No No No No	1067 1069 1068	Trust Deposit Trust Deposit Scott Trac Judd Wike Law Group
Balance:	\$17,712.62 \$0.00	\$17,712.62					Tropican West Chiropractic



Customer Receipt

All items are credited subject to verification, collection, and conditions of the Rules and Regulations of this Bank and as otherwise provided by law, Payments are accepted when credit is applied to customing balances and not upon issuance of this receipt. Transactions received after the Bank's posted car-off time or Sanaday, Sanday, and Bank Holidays, are dated and considered received as of the next business day.

Please retain this receipt until you receive your account state

Thank you for banking with Bank of America. Save time with fast, reliable deposits, withdraws more at thousands of convenient ATM locations.

Tran 00107 09/18/2020 13:38 Entity MRV CC 3360257 Tlr 00003 Account_ ********5349 R/T# 540880133

Deposit

\$32,642.00

28-7566-R31)2-02-2019 1423-560-28 COLLINS, JENNIFER D & RYAN

Member FDIC 95-14-2005B 03-2019

IntRef

3937CXF25H4F9CV090C8V79

BI settlement for Scott T. Judd. Enclosures: Payment Ltr.

COVERAGE DESCRIPTION BODILY INJURY LIABILITY

ON BEHALF OF JUDD, SCOTT

AMOUNT 11,142.00

RETAIN STUB FOR RECORDS

CLAID NO: 28-7566-R3 COSS DATE: 02-02-2019 instred GOLLINS, JENNIFER D & RYAN *** EXACTLY ELEVEN THOUSAND ONE HUNDRED FORTY-TWO AND 00/100 DOLLARS \$****11,142.00 Pay to the Order of: WIKE LAW GROUP & SCOTT TRAE JUDD SECURED DOCUMENT WATERMARK APPEARS ON BACK, HOLD AT 45° ANGLE FOR VIEWING

#2417069854# #044115443#

	THE 1		1411	1
BAN	ICO.	A.M	ERIC/	1111
		2.22	230	163

Customer Receipt

collection, and conditions of the Rules and Regulations of this Bank and as otherwise provid died to outstanding balances and not upon issuance of this receipt. Transaction inday, and Bank Holldays, are dated and considered received as of the next busi

nk you fur banking with Bank of America

Tran 00063 09/15/2020 Entity NNV CC 3360257 Tlr 00003 Account \$\$\$\$\$\$\$\$\$\$5349

R/TH 540880133

Deposit

\$15,697.63

Member FDIC 95-14-2005B 03-2019

IntRef

3737CXF25H4F9CCF8T3XUT5

09/09/2020

WIKE LAW GROUP,

ENCLOSED PLEASE FIND PAYMENT IN THE AMOUNT OF \$6,570.62 FOR YOUR FULL AND RINAL SETTLEMENT OF ANY AND ALL CLAIMS FOR BODILY INJURY ARISING FROM LOSS OF 2/2/2019.

PLEASE REFERENCE CLAIM DETAILS BELOW.

CLAIM NUMBER: 0533669529

DATE OF LOSS: 02/02/2019

INSURED:

TRAVIS OGBURN

In payment for Bodily Injury Liability for Date of Loss 2/2/2019.

ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY 1-800-255-7828

0000020200909003607ZCT02001001003800 ASVRED TRAVIS DOBITAN CLAMANET SECTE TRACE T JUDIO CIAMINUMBER IN PAYMENT OF HULE AND FINAL SETTLEMENT OF ANY FOR BODILY INJURY ARISING FROM LOSS OF 2/2/2019. HMRB IX THOUSAND DIVE HUNDRED 64-1278 Allslate \$ 6,570.62 INVOICE NUMBER MCO DATE ISSUED 2580 09/09/2020 TO THE SCOTT "TRAE" T. JUDD AND WIKE LAW GROUP ORDER OF 11008 MOUNT ROYAL AVE LAS VEGAS NV 89144-4483 COMPANY: ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY VOID IF NOT PRESENTED WITHIN THREE HUNDRED, SIXTY-RIVE DAYS OF DATE OF ISSUE Samuel APUL AUTHORIZED SIGNATURES maligosalasm costilizado:

956 Zw

DISBURSAL STATEMENT

RE: SCOTT "TRAE" JUDD

TOTAL MONIES RECOVERED:

(State Farm \$11,142.00 and Allstate \$6,570.62)

\$17,712.62

ATTORNEY FEES:

Law Offices of Terry L. Wike -

33 1/3% per Retainer Agreement reduced to 20%

\$3,542.52

ATTORNEY COSTS PER FEE AGREEMENT (See Below)

\$150.00

Total Attorney Fees & Costs

\$3,692.52

CLIENT MEDICAL PROVIDERS AND MISCELLANEOUS LIENS

Tropicana West Chiropractic

Amount \$7,978.00

Reduced Amount

978.00 \$3,989.00

Total Medical Expenses

\$7,978.00

\$3,989.00

CLIENT RECOVERY:

\$10,031,10

I understand that unpaid bills, co-pays, or any other obligation, arising out of this claim not itemized above are my responsibility, not my attorney's and I assume full responsibility for payment.

Page 1 of 2

I understand my attorneys have not given any tax advice and I will consult with my accountant or other tax adviser, if I have any understood, AGREED AND RECEIVED

UNDERSTOOD, AGREED AND RECEIVED

ATE

SCOTT "TRAE" JUDD

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10655 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524	Bank of America 1069 ACH R/T 122400724 94-72/1224 N 797 9/21/2020
Those thousand sindulated nin	\$ 3692 52 retyture ent 100 8001AR
Re: Scott TraeJule MEMO Sett Fees 43542.82 COSTS # 150.00 100106910 121224007241	AUTHORIZED SIGNATURE AP
Fees \$3542.57 costs 150.00	1069 Posted 9/21/20
VIKE LAW GROUP INC	1069
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4901

MIKE LAW GROUP INC

02/12/p bateof

WEND SHIPMEND AND TOLTA TRUST ACCOUNT

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NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10655 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524	Bank of America 1068 ACH R/T 122400724 94-72/1224 NV 1976
PAYTOTHE Tropicana West Chiropractic Three thousen mens hadredoign	Rysiene and 100 DOLLARS
MEMO Re: South Trae Judd Full & Final Paymen / 1001068111 1:1224007241:	AUTHORIZED SIGNATURE SE
WIKE LAW GROUP INC Per Scott True Judd \$ 3989 = xx	1068

Posted 9/24/20

WIKE LAW GROUP INC

Matter Trust Activity

Report Date: Report Time: 10/15/2020 11:18AM 1 of 1

Page: User ID:

Wike Law

 Date Range:
 01/01/1900 - 10/01/2020

 Client:
 20200223 - Lauren Davis

 Matter:
 1248 - Davis, Lauren

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
09/15/2020	\$9,127.01	\$0.00	Lauren Davis Allstate Settlement Che	11020.00	No		Trust Deposit
09/18/2020	\$21,500.00	\$0.00	Lauren Davis State Farm Settlement (11020.00	No		Trust Deposit
09/21/2020	\$0.00	\$17,074.59	Lauren Davis Settlement Disbursemer	11020.00	No	1062	Lauren Davis
09/21/2020	\$0,00	\$6,275.40	Lauren Davis Atty Fees 6125.40 Cost	11020.00	No	1066	Wike Law Group
09/25/2020	\$0.00	\$851.02	Lauren Davis Medical Treatment	11020.00	No	1063	Medical Associates of Southern NV
09/28/2020	\$0.00	\$1,700.00	Lauren Davis Medical Treatment	11020.00	No	1064	Advantage Diagnostic Imaging Center
09/28/2020	\$0.00	\$4,726.00	Lauren Davis Medical Treatment	11020.00	No	1065	NBC Operations, LLC
	\$30,627.01	\$30,627.01					
Balance:	\$0.00						



Customer Receipt

All items are credited subject to verification, collection, and conditions of the Rules and Regulations of this Bank and as otherwise provides by law. Payments are accepted when credit is applied to outstanding balances and not upon issuance of this receipt. Transactions receive after the Bank's posted cut-off time or Saturday, Sunday, and Bank Holidays, are dated and considered received as of the next business day.

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nk you for hanking with Bank of America.

a time with fast, reliable deposits, withdrawals, transfers and
on thousands of convenient ATM locations.

Tran 00107 09/18/2020 13:38 Entity HMV CC 3360257 Tlr 00003 Account_ **ESSESS**\$\$5349 R/T# 540880133 Deposit

28-7566-R31 02-02-2019 1423-560-28 COLLINS, JENNIFER D & RYAN

Member FDIC 95-14-2005B 03-2019

IntRef

3937CXF25H4F9CV090C8V79

\$32,642.00

BI settlement for Lauren Davis. Enclosures: Payment Letter.

COVERAGE DESCRIPTION BODILY INJURY LIABILITY

ON BEHALF OF DAVIS, LAUREN

AMOUNT 21,500.00

RETAIN STUB FOR RECORDS

INSURED COLLINS, JENNIFER D & RYAN ******EXACTLY (WENTY ONE THOUSAND FIVE HUNDRED AND 00/100 DOLLARS ****21,500.00 Pay to the Order of; WIKE LAW GROUP & LAUREN DAVIS SECURED DOCUMENT WATERMARK APPEARS ON BACK, HOLD AT 45° ANGLE FOR VIEWING

2417069847# #***********

26 3 7m

ANKOFAMERICA	Customer Receipt	
Il items are credited subject to ventration, collection / faw. Psyments are accepted when credit is applied for the Bank's posted out-off time on Salanday, Sunda	na, and conditions of the Rules and Regulations of this Bank and as otherwise provided to constanding balances and not upon issuance of this receipt. Transactions receively, and Bank Holidsys, are dated and considered received as of the next business day, his statement.	
ease retain this receipt until you receive your account that you rise the with Bank of America. The with fast, reliable deposits, with drawnle, there is no with fast, reliable deposits, withdrawnle, the are as thousands of convenient ATM locations.	transfers and	
or convenient AIM locations.	Fran 60063 09/15/2020 12:17 Entity NAV CC 3360257 T1r 00003	ISTATE.
	(R/TH* 540880133	
mber FDIC	\$10 ₅ 077+64	
14-2005B 03-2019	IntRef 3937CXF25H4F9CCF8T3XVT5	
09/09/2020		
WIKE LAW GROUP, ENCLOSED PLEASE FIND I SETTLEMENT OF ANY ANY	PAYMENT IN THE AMOUNT OF \$9,127.01 FOR D ALL CLAIMS FOR BODILY INJURY ARISING	YOUR FULL AND FINAL
PLEASE REFERENCE CLAIR		FROM LOSS OF 2/2/2019.
CLAIM NUMBER: 05336695	29	
DATE OF LOSS: 02/02/201	-	
INSURED: TRAVIS	OGBURN	
INSURED: TRAVIS		
INSURED: TRAVIS	OGBURN	
INSURED: TRAVIS	OGBURN	
INSURED: TRAVIS In payment for Bodily Injury I	OGBURN Liability for Date of Loss 2/2/2019.	
INSURED: TRAVIS In payment for Bodily Injury I	OGBURN	
INSURED: TRAVIS In payment for Bodily Injury I	OGBURN Liability for Date of Loss 2/2/2019.	E
INSURED: TRAVIS In payment for Bodily Injury I ALLSTATE FIRE AND CASU 1-800-255-7828	OGBURN Liability for Date of Loss 2/2/2019. UALTY INSURANCE COMPANY	190036467.©T002001001003840
INSURED: TRAVIS In payment for Bodily Injury I	OGBURN Liability for Date of Loss 2/2/2019. UALTY INSURANCE COMPANY	09003646ZCT02001001003840
INSURED: TRAVIS In payment for Bodily Injury I ALLSTATE FIRE AND CASU 1-800-255-7828	OGBURN Liability for Date of Loss 2/2/2019. UALTY INSURANCE COMPANY 000002020099	09003646ZCT02001001003840
INSURED: TRAVIS In payment for Bodily Injury I ALLSTATE FIRE AND CASU 1-800-255-7828	OGBURN Liability for Date of Loss 2/2/2019. JALTY INSURANCE COMPANY 000002020090 CEANN BU CESS 260060 L SETTLEMENT OF ANY AND ALL CLAIMS TAX 10	09003646ZCT02001001003840
INSURED: TRAVIS In payment for Bodily Injury I ALLSTATE FIRE AND CASU 1-800-255-7828 SEW	CLAINS BEING LOSS OF 2/2/2019. CLAINS BIM LOSS OF 2/2/2019. CHAINS BEING ANY AND ALL CLAIMS BEING AT A BURNET AND ALL CLAIMS BURNET AND ALL CLAIMS BURNET B	UBER TISES BANK OF America BATTS GEORGIA BURNOT America 64-12 BATTS GEORGIA BURNOT America 611
INSURED: TRAVIS In payment for Bodily Injury I ALLSTATE FIRE AND CASU 1-800-255-7828 INSURED: TRAVIS GORDAN GLAIMANN: PAYMENT OF FULL AND FINAL FOR BODILY INJURY ARISING FRO PAY: AIME THEUSAND ONE HUND GENTS:	CEAIM BU Liability for Date of Loss 2/2/2019. UALTY INSURANCE COMPANY O00002020090 LISETTLEMENT OF ANY AND ALL CLAIMS OM LOSS OF 2/2/2019. BED TWENT SEVEN DOLLARS AND ONE	D9003646Z.CT02001001003840 DBERL T1963 BMPLOVER D HMR6 Arten NA Bunk of America Customer, Connection 64-12 611
INSURED: TRAVIS In payment for Bodily Injury I ALLSTATE FIRE AND CASU 1-800-255-7828 SW CLAIMANE: AGREE DAVIS IN PAYMENT OF FULL AND FINAL FOR BODILY INJURY ARISING FRO	CGBURN Liability for Date of Loss 2/2/2019. UALTY INSURANCE COMPANY O00002020090 L SETTLEMENT OF ANY AND ALL CLAIMS OM LOSS OF 2/2/2019. BED TWENTE-SEVEN DOLLARS AND ONE	EMPLOYER D HMR6 Bulk of America Customer Connection \$ 9,127.01
INSURED: TRAVIS In payment for Bodily Injury I ALLSTATE FIRE AND CASU 1-800-255-7828 INSURED: TRAVIS GORDAN GLAIMANN: PAYMENT OF FULL AND FINAL FOR BODILY INJURY ARISING FRO PAY: AIME THEUSAND ONE HUND GENTS:	CEANNAUL Liability for Date of Loss 2/2/2019. JALTY INSURANCE COMPANY O00002020090 LIAMINUTED TWENTY-SEVEN DOLLARS AND ONE INVOICE NUMBER INVOICE NUMBER	9903646ZCT02001001003840 WHEN 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

#119038223# #06111278##

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC	Bank of America 1062 ACH R/T 122400724 94-72/1224 NV 7976
PAY TO THE Lauren Davis	9 21 2020
Seventeenthousand seventy four a	1 1
MEMO Settlemfeheck to Lauren Davis	AUTHORIZED SIGNATURE RE
#001062# #122400724#	53490
WIKE LAW GROUP INC	1062
Lauren Davis \$17,074.59	Posteel 9/21/20

WIKE LAW GROUP INC



Official Receipt

DEPOSITS MAY NOT BE AVAILABLE FOR (MMEDIATE WITHDRAWAL

Member FD:0

Cash, checks and other negotiable items received for deposit are subject to the terms and conditions of your Deposit Account Agreement and any other agreements governing use of your account, as amended from time to time. All items accepted for deposit are subject to later count and verification.

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00067 07113 0007 09/21/2020 01:43 USB DEPOSIT H

HC 20133 (4/16) 90048472

\$17,074.59

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10655 PARK RUN DR STE 250	Bank of America ACH R/T 122400724	1063 94-72/1224 RV 7976
LAS VEGAS, NV 89144-4524	<u> </u>	21 2020
PAY TO THE Medical Associates of Southern NV Eighthrobad fiftyone and 100	\$ {	SSI SE BOLLARS
	1 pal	
MEMO Medical Treatment Lauren Davis Full & Final Payment 100106311 1612240072416	AUTHORIZED SIGNATURE 534910	MP MP
WIKE LAW GROUP INC Treatment lauren Davis \$851 22		1063
Treatment Lauren Davis \$851 22 Full + Final Payment	Posted 9/25/20	

WIKE LAW GROUP INC

Man Madia Treatment becurren Davis	NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10855 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524	Bank of America 1064 ACH RVT 122400724 94-72/124 NV 1976 9/21/20/20
Adventage Diagnostic Imaging Center \$1,700.00 Re: Lauren Davis Posted 9/28/20	MEMO Medical Treatment Lauren Davis Full & Final Payment	DOLARS DOLARS AUTHORIZED SIGNATURE 20
WIKE LAW GROUP INC 1064		Center \$1,700.00
	WIKE LAW GROUP INC	1064

\$ 4,73	. 20
in 100	ZGZZ DOTARS
AUTHORIZED SIGNATURE 534718	
Posted 9/28/20	1065
	1065
	5349m

NEVADA JOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10655 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524 PAY TO THE WILL Law Group Sixthousand two huchedseve Re: Lawren Dwis MEMO Fors - 16125 UD	Bank of America ACH R/T 122400724 94-72/1224 NN 7976 4/21/2020 \$ 6,275 40 Talyfine and 100 Dollars
MEMO FRES - 6125.40 COSTS - 150.00 100106610 1:1224007241: WIKE LAW GROUP INC Re: Lawren Paris Fees # 6125.40 Costs # 150.00	534911 1066 Posted 9/21/20
WIKE LAW GROUP INC	1066

Matter Trust Activity

Report Date: Report Time: Page:

User ID:

10/14/2020 10:07AM I of 1

me

Wike Law

Date Range: 01/01/1900 - 10/14/2020 Cilent: 20200225 - Jeanne Saldanha

Matter: 1250 - Sadanha, Jeanne v. Latona Blackburn

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
10/13/2020 10/14/2020 10/14/2020 10/14/2020 10/14/2020 10/14/2020 Balance:	\$4,000.00 \$0.00 \$0.00 \$0.00 \$1,065.00 \$0.00 \$5,065.00	\$1,471.80 \$1,065.00 \$1,463.20 \$0.00	Hartford Settlement Check received & Settlement Disbursal to client Jeanne Saldanha treatment paid in fu Saldanha Atty fee 1313.20 & Costs I Adjustment for Voided Check #: 108 Jeanne Saldanha treatment paid in fu		No No No No No No	1079 1080 1081 1080 1082	Trust Deposit Jeanne Saldanha NBC Operations, LLC Wike Law Group NBC Operations, LLC NBC Operations, LLC



Western Auto Center P.O. Box 14266 Lexington KY 40512-4226 8008114832 x2307708

Wilke Law Group Inc 10120 W. Flamingo Road, Suite 4-107 Las Vegas NV 89147-8392

Attention: This remittance incorporates 1 claim payments

Total Check Amount: \$4,000.00 Check Number: 114507169 4

Special Handling ID:

Payment 1 of 1

Explanation of Benefits

Page 1 of

Invoice Number	Claim Numberl	Insured Name/	Page 1 of 2
- Talliber	Date of loss	Claimant Name	Amount Paid
	Y2RAL 76643	LATONA BLACKBURN	Autodit Faid
Nature of Payment: C	06/07/2020	JEANNE SALDANHA	\$4,000.00
Additional Comment	overage - bodily inju	ry Liability Payment Reason - Settlement	
Additional Comments	3:		Service Dates
Claim Center: V P	roperty & Casualty In ALERIE MULLER Jestern Auto Center O. Box 14266 exington, KY 40512-4	ns. Company Of Hartford 8008114832 x2307708	
Please	contact the claim hand	der listed above if you have any questions on this particular claim.	

Issue Date | 10/08/2020 | Check Number | 169 4 | Total Check Amount | \$4,000.00

HAR-100-2

Please keep the above information for your records.

FOLD AT DOTTED LINE AND DETACH

120920274

20920274

Western Auto Center P.O. Box 14266 Lexington, KY 40512 4226

Check Number: 114567169 4

Issue Date:

10/08/2020

\$*****4,000.00

JPMorgan Chase Bank, N.A. Columbus, OH 43085

Pay

FOUR THOUSAND DOLLARS AND 00/100

HARTFORD

TO THE WILKE LAW GROUP INC AND ORDER JEANNE SALDANHA

OF

The

The Hartford
Authorized Signature

"" 1 1 4 50 7 16 9 4 1 ° 10 4 4 1 1 5 4 4 3 1

5 4 5BIP

DISBURSAL STATEMENT

RE: JEANNE SALDANHA

TOTAL MONIES RECOVERED:

(Hartford \$4,000.00)

\$4,000.00

ATTORNEY FEES:

33 1/3% per Retainer Agreement reduced by \$20.00.

\$1,313.20

ATTORNEY COSTS PER FEE AGREEMENT

\$150,00

Total Attorney Fees & Costs

<u>\$1,463.20</u>

CLIENT MEDICAL PROVIDERS AND MISCELLANEOUS LIENS

Neck & Back Clinic

Total \$2,130.00

Reduced Amount \$1,065.00

\$1,065.00

CLIENT RECOVERY:

\$1,471.80

I understand that unpaid bills, co-pays, or any other obligation arising out of this claim not itemized above are my responsibility, not my attorney's and I assume full responsibility for payment. (Initial)

Page 1 of 2

I understand my attorneys have not given any tax advice and I will consult with my accountant or other tax adviser, if I have any questions. (Initial)

UNDERSTOOD, AGREED AND RECEIVED

DATE

EANNE SALDANHA

Page 2 of 2

		08.174,12 : Jnuo	mA 223	Vendor: 202002	Date: 10/14/2020
6201					КЕ ГРМ СВОЛЬ ІНС
	Description Settlement Disbursal to client	1250 \$1,471.80			Jeanne Saldanina
	\ barzujbA sojovni	Matter #	Client#		Cilent Name
6701		08.174,12 : mwonn	A 22201	Vendor : 2020	Date : 10/14/2020 Payee : Jeanne Saldanha
ULUV					MIKE FVM GROUP INC
	a161E5	8145	1:1524,007		
(G) 3H	UTANAIS GENERALITA		to client	nent Disbursal	MEMO Memo: Settlen Client: Jeanne Saldanha
SHALLOO	<u>.</u>	,		ow Place	Jeanne Saldan 10936 Free Fi 75 Jean Jean Jean
	4		001/08 28 sr	enty One Dolla	Fourteen Hundred Sev
08.174.18	\$			sdr	PAY TO THE Jeanne Saldar ORDER OF Jeanne Saldar
10/14/2020	Bank of America: ACH FLT 122400724		036 HTS 80	A IOLTA TRU: IKE LAW GRC 55 PARK RUN D 5 VEGAS, NV 89	1901.

Invoice Adjusted \
Description
Settlement Disbursal to olient

08.174,12

InnomA

1520

Matter #

20200225

Client#

Jeanne Saldanha

Client Name

ANK	OF	Αм	ERI	CA	17
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Customer Receipt

All items are credited subject to verification, collection, and conditions of the Rules and Regulations of this Bank and as otherwise provided by law, Payments are accepted when credit is applied to outstanding behances and not upon issuance of this receipt. Transactions received after the Bank's posted out-off time or Saturday, Sanday, and Bank Holldays, are dated and considered received as of the next business day.

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Thenk you for building with Bank of America. Save time with fast, reliable deposits, withdrawally transfere and more of thousands of convenient ATM locations.

10/14/2020 10:40 NNV TOOO48 R540590135

Total Deposit To CHK \$1,471.80 10/14/2020 Credit Pending Posts on Available Non \$0.00

Member FDIC 95-14-2005B 03-2019

IntRef

120F60TT7H74OTVF3AFCOV

1081 Bank of America NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10655 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524 ACH R/T 122400724 94-72/1224 NV 7976 10/14/2020. PAY TO THE Wike Law Group \$1,463.20 Fourteen Hundred Sixty Three Dollars & 20/100 DOLLARS Wike Law Group 10120 W. Flamingo Road. Suite 4-107 Las Vegas, NV 89147 MÉMO. Memo: Saldanha Atty fee 1313.20 & Costs 150.00 AUTHORIZED SIGNATURE Client: Jeanne Saldanha @001081@ #122400724# 53**4**9# WIKE LAW GROUP INC 1081 Date: 10/14/2020 Vendor: MYFIRM Amount: \$1,463.20 Payee: Wike Law Group Client Name Client# Matter# Amount Invoice Adjusted / Description Jeanne Saldanha 20200225 1250 \$1,463.20 Saldanha Atty fee 1313,20 & Costs 150.00

WIKE LAW GROUP INC

1081

Date: 10/14/2020 Payce: Wike Law Group

Vendor: MYFIRM

Amount: \$1,463.20

Client Name

Client#

Matter # Amount

Invoice Adjusted / Description

Jeanne Saldanha

20200225

1250

\$1,463.20

Saldanha Atty fee 1313.20 & Costs 150.00

1082 Bank of America ACH R/T 122400724 94-72/1224 NV 7976 **NEVADA IOLTA TRUST ACCOUNT** WIKE LAW GROUP INC 10855 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524 10/14/2020 PAY TO THE NBC Operations, LLC \$1,065.00 One Thousand Sixty Five Dollars & 00/100 DOLLARS NBC Operations, LLC PO Box:36853 Las Vegas, NV 89133 MEMO (O) Memo: Jeanne Saldanha treatment paid in full AUTHORIZED SIGNATURE Client: Jeanne Saldanha #001082# #122400724# 5349# WIKE LAW GROUP INC 1082

Amount: \$1,065.00

Payee : NBC Operations, LLC

Client Name
Client # Matter # Amount Invoice Adjusted / Description

Jeanne Saldanha 20200225 1250 \$1,065.00 Jeanne Saldanha treatment paid in full

WIKE LAW GROUP INC

Vendor: 20200222

Date: 10/14/2020

Client Name Client # Matter # Amount Invoice Adjusted /

Jeanne Saldanha 20200225 1250 \$1,065.00 <u>Description</u>

Jeanne Seldanha treatment paid in full

10iled

10/14/2020

\$1,065.00

NBC Operations, LLC

One Thousand Stray Five Dollars & 00/100

NBC Operations, LLC PO Box 36853 Las Vegas, NV 89133

Memo: Jeanne Saldanha treatment paid in full Client: Jeanne Saldanha

Date: 10/14/2020

Vendor : 20200222

Amount: \$1,065.00

Payce: NBC Operations, LLC
Client Name

Client#

Matter#

Invoice Adjusted /

Description

Jeanne Saldanha

20200225

1250

<u>Aurount</u> \$1,065,00

Jeanne Saldanha treatment paid in full

Date: 10/14/2020

Payce : NBC Operations, LLC

Vendor: 20200222

Amount: \$1,065,00

Client Name

Client#

Matter #

Amount

Invoice Adjusted /

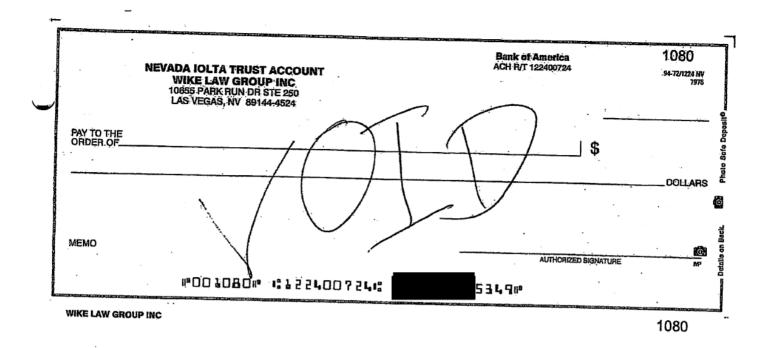
Jeanne Saidanha

20200225

1250

\$1,065.00

<u>Description</u> Jeanne Saldanha treatment paid in full



Matter Trust Activity

Report Date; Report Time:

10/7/2020 1:16PM 1 of 1

Page; User ID:

Wike Law

 Date Range:
 01/01/1900 - 10/08/2020

 Client:
 1237 - Patricia Davis

 Matter:
 1237 - Patricia Davis

Date	Debit	Credit	Description	Account	On	Charle	Paris
10/07/2020 10/07/2020 10/07/2020 10/07/2020 10/08/2020 10/08/2020 Balance:	\$5,250.00 \$0.00 \$2,766.00 \$0.00 \$0.00 \$0.00 \$8,016.00	\$2,766,00 \$0.00 \$937.50 \$2,766.00	HARTFORD SETTLEMENT CHEC Hartford Settlement Adjustment for Voided Check #: 107 Patricia Davis Re: Atty fees 787.50 & Hartford Settlement Disbursement Patricia Davis Medical Treatment	Number 11020,00 11020,00 11020,00	No No No No No No No	1072 1072 1072 1075 1073 1074	Payee Trust Deposit Patricia Davis Patricia Davis Wike Law Group Patricia Davis NBC Operations, LLC



Western Auto Center P.O. Box 14266 Lexington KY 40512-4226 8008114832 x2307708

MB 01 001975 85989 B 8 D արկարությարի արկերիակիրություն

Wilke Law Group Inc 10120 W. Flamingo Road, Suite 4-107 Las Vegas NV 89147-8392

Attention: This remittance incorporates 1 claim payments

Total Check Amount: \$5,250.00 Check Number: 114495399 5

Special Handling ID:

Payment 1 of 1

Claim Number/

Date of loss

Y2RAL 76642

06/07/2020

Explanation of Benefits Page 1 of 2 Insured Name/ Claimant Name **Amount Paid** LATONA BLACKBURN PATRICIA DAVIS \$5,250.00

Nature of Payment: Coverage - Bodily Injury Liability Payment Reason - Settlement

Additional Comments:

Invoice Number

Service Dates

Paid on behalf of: Property & Casualty Ins. Company Of Hartford

Claim Handler: Claim Center:

VALERIE MULLER Western Auto Center

P.O. Box 14266

Lexington, KY 40512-4226

Please contact the claim handler listed above if you have any questions on this particular claim.

Issue Date 10/01/2020 Check Number 899 5 **Total Check Amount** \$5,250.00

Please keep the above information for your records.

8008114832 x2307708

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

120887610

Western Auto Center P.O. Box 14266 Lexington, KY 40512-4226

56-1544 441

Check Number: 114495399 5

10/01/2020

THE HARTFORD

\$*****5,250.00

JPMorgan Chase Bank, N.A. Columbus, OH 43085

Pay

FIVE THOUSAND TWO HUNDRED FIFTY DOLLARS AND 00/100

TO THE WILKE LAW GROUP INC AND

ORDER PATRICIA DAVIS

OF

The Hartford **Authorized Signature**

45811

DISBURSAL STATEMENT

RE:	PATRICIA DAVIS				
	AL MONIES RECOVER ford \$5,250.00)	ÆÐ:		<u>\$5,250.00</u>	
	DRNEY FEES: 3% per Retainer Agreemen	nt reduced to 15%)	<u>\$787.50</u>		
ATTO	DRNEY COSTS PER FEE	AGREEMENT	\$150.00		
	Total Attorney Fees &	Costs		<u>\$937.50</u>	
CLIE	NT MEDICAL PROVID	ERS AND MISCEI	LANEOUS LIENS		
	Neck & Back Clinic	<u>Total</u> \$3,093.00	Reduced Amount \$1,546.50	<u>\$1,546.50</u>	
CLIE	NT RECOVERY:			\$2,766	<u>.00</u>
I unde my att	rstand that unpaid bills, co orney's and I assume full r	-pays, or any other of esponsibility for payı	oligation, wising out of this clander.	nim not itemized above are i	ny responsibility, no
			Page 1 of 2		

I understand my accountant or other tax adviser, if I have any questions. (initial)

UNDERSTOOD, AGREED AND RECEIVED

DATE

PATRICIA DAVIS

Page 2 of 2

						•		
10	DA IOLTA TRUST / VIKE LAW GROUP 1855 PARK RUN DH ST AS VEGAS, NV 89144	INC TE 250			Bank of America ACH R/T 122400724	1073 94-72/1224 NV 7976 10/07/2020		
Patricia Da PAY TO THE ORDER OF Twenty Seven Hund		& 00/100		\$	\$2,766.00		-	
Patricia Da	vis		·				_ DOLLARS	;
10936 Free LAS VEGA	Flow Place S, NV 89138							0
Memo: Har Client: Patricia Davis	tford Settlement Disb	ursement			· ·			J. Garding
Cheni. Paulcia Davis					AUTHORIZED SIGNA	TURE	EUP.	, 1
	#001073#	:: 1 2 2400)?24# 		53490°			Ī
WIKE LAW GROUP INC						According to the last of the l	1073	-
Date: 10/07/2020 Payce: Patricia Davis	Vendor: 1237		Amount: \$2,7	66.00				
Client Name		Client#	Matter#	Amount	Invoice Adjusted /			
Patricia Davis		1237	1227	£2.766.00	Description			

WIKE LAW GROUP INC						1073
Date : 10/07/2020 Payee : Patricia Davis	Vendor: 1237		Amount : \$2,76	6.00		
Client Name		Client#	Matter #	Amount	Invoice Adjusted /	
Patricia Davis		1237	1237	\$2,766.00	Description Hartford Settlement Disbursement	

3



Official Receipt

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

Cash, checks and other negotiable items received for deposit are subject to the terms and conditions of your Deposit Account Agreement and any bitter agreements governing use of your account, as amended from time to time, All items accepted for deposit are subject to later count and verification.

Adjusted / ption a Davis Medical Treatment

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usbank.com

00011 07113 0003 10/08/2020 10:36 USB DEPOSIT

************6864

KC 20133 (4/16) 00202498

\$2,766.00

Amount

\$937.50

Date: 10/07/2020 Payce: Wike Law Group

Vendor: MYFIRM

Amount: \$937.50

Patricia Davis

Client Name

Client #

<u>Matter #</u>

1237

1237

Invoice Adjusted /

Description

Patricia Davis Re: Atty fees 787.50 & Costs 150.0

1075 **Bank of America** ACH R/T 122400724 **NEVADA IOLTA TRUST ACCOUNT** 94-72/1224 NV WIKE LAW GROUP INC 10855 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524 10/07/2020 PAY TO THE Wike Law Group \$937.50 Nine Hundred Thirty Seven Dollars & 50/100 DOLLARS Wike Law Group 10120 W. Flamingo Road. Suite 4-107 Las Vegas, NV 89147 MEMO Memo: Patricia Davis Re: Atty fees 787.50 & Costs 150.0 AUTHORIZED SIGNATURE Client: Patricia Davis #001075# #122400724# 5349# WIKE LAW GROUP INC 1075 Date: 10/07/2020 Vendor: MYFIRM Amount: \$937.50 Payee: Wike Law Group Client Name Client# Matter# <u>Amount</u> Invoice Adjusted / Description Patricia Davis 1237 1237 \$937.50 Patricia Davis Re: Atty fees 787.50 & Costs 150.0

WIKE LAW GROUP INC

1075

Date: 10/07/2020 Payee: Wike Law Group Vendor: MYFIRM

Amount: \$937.50

1237

Client Name
Patricia Davis

Client #

Matter#

Invoice Adjusted /

Description

Amount

\$937.50

Patricia Davis Re: Atty fees 787.50 & Costs 150.0

1074 Bank of America NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10855 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524 ACH R/T 122400724 94-72/1224 NV 7976 10/07/2020 PAY TO THE NBC Operations, LLC \$1,546.50 Fifteen Hundred Forty Six Dollars & 50/100 DOLLARS NBC Operations, LLC PO Box 36853 Las Vegas, NV 89133 MEMO Memo: Patricia Davis Medical Treatment AUTHORIZED SIGNATURE Client: Patricia Davis #OD1034# #1355400724# 534911 WIKE LAW GROUP INC 1074 Date: 10/07/2020 Vendor: 20200222 Amount: \$1,546.50 Payee: NBC Operations, LLC Client Name Client# Matter# Amount Invoice Adjusted /

WIKE LAW GROUP INC

Client Name

Patricia Davis

1074

Date : 10/07/2020

Vendor: 20200222

Amount: \$1,546.50

Payce: NBC Operations, LLC

Client #

1237

Matter#

Invoice Adjusted /

Description

Patricia Davis Medical Treatment

Patricia Davis

1237

1237

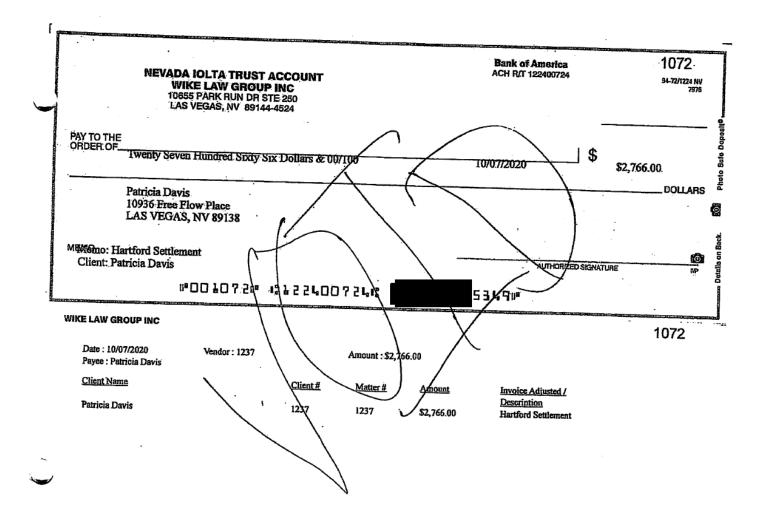
1237

<u>Amount</u> \$1,546.50

\$1,546.50

Description
Patricia Davis Medical Treatment

(A)



1072

Date: 10/07/2020

Payee: Patricia Davis

Vendor: 1237

Amount : \$2,766.00

Client Name

Client#

Matter #

Amount

Invoice Adjusted /
Description
Hartford Settlement

Patricia Davis

1237

1237

\$2,766.00

(

Matter Trust Activity

Report Date: Report Time: Page:

User ID:

10/7/2020 1:34PM

l of t

Wike Law

 Date Range:
 01/01/1960 - 10/07/2020

 Client:
 20200223 - Lauren Davis

 Matter:
 1248 - Davis, Lauren

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
0/07/2020	\$5,000.00	\$0.00	Hartford Settlement Check	11020.00	No	Number	The state of the s
0/07/2020	\$0.00			11020.00	No	1000	Trust Deposit
0/07/2020	\$9.00		Lauren Davis Treatment Paid in Full	11020.00		1076	Lauren Davis
/07/2020	\$0.00		L. Davis Re: Atty fees 1666.50 & cos		No	1077	NBC Operations, LLC
	\$5,000.00	\$5,000.00	2. 2412 No. Ally 1005 1000.30 & 205	11020,00	No	1078	Wike Law Group
Balance:	\$0.00						



Western Auto Center P.O. Box 14266 Lexington KY 40512-4226 8008114832 x2307708

MB 01 001976 85989 B 8 D դաներկիվկվիկիկաններիկիկիկիկովնեային

Wilke Law Group Inc 10120 W. Flamingo Road, Suite 4-107 Las Vegas NV 89147-8392

Attention: This remittance incorporates 1 claim payments

Total Check Amount: \$5,000.00 Check Number: 114495066 0

Special Handling ID:

Payment 1 of 1

Explanation of Benefits

Page 1 of 2

•	Claim Number/	Insured Name/	Page 1 of 2
Invoice Number	Date of loss Claimant Name		Amount Paid
	Y2RAL 76634	LATONA BLACKBURN	
Notire of Decement	06/07/2020	LAUREN DAVIS Iry Liability Payment Reason - Settlement	\$5,000.00
Additional Commer	Service Dates		
Claim Handler: Claim Center:	Property & Casualty II VALERIE MULLER Western Auto Center P.O. Box 14266 Lexington, KY 40512-4	ns. Company Of Hartford 8008114832 x2307708	
Plea	se contact the claim han	dler listed above if you have any questions on this particular claim.	

Issue Date 10/01/2020 Check Number 0 690 **Total Check Amount**

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

TT96892T

> Western Auto Center P.O. Box 14266 Lexington, KY 40512-4226 THE

56-1544

Check Number: 114495066 0

\$5,000,00

Issue Date: 10/01/2020

\$******5,000.00

JPMorgan Chase Bank, N.A. Columbus, OH 43085

Pay

FIVE THOUSAND DOLLARS AND 00/100

TO THE WILKE LAW GROUP INC AND

ORDER LAUREN DAVIS

HARTFORD

OF

The Hartford

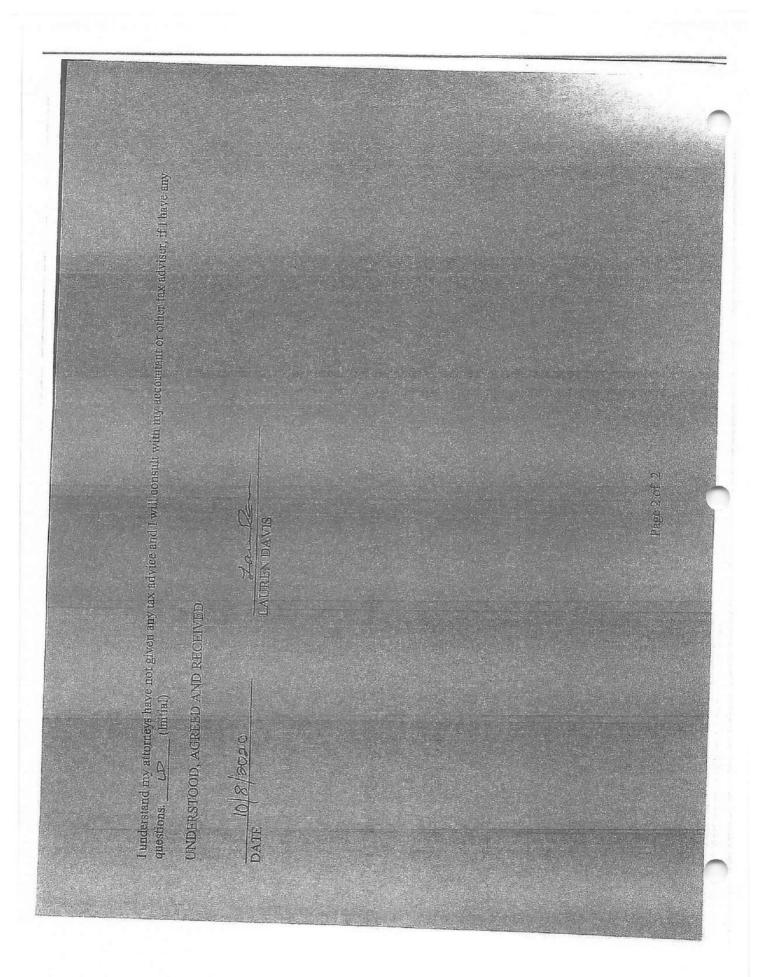
Authorized Signature

1144950660# #044115443#

Docket 83296 ROA Page 0079

20889611

		00.000.53		<u>\$1,216.59</u>	<u>\$1.113.00</u> \$2.070.50	n noi Tiemized above are my responsibility, not.		
DISBURSAL STATIBINENT	WYS	UCOVERED.	Agreement	ATTORNEY COSTS PER FEE A GREENENT Total Attorney Rees & Costs CLIENT MEDICAL PROVIDERS AND MISCELLANDOUS LIENS	Total Reduced Acnount	Tunderstand that unpaid bills, co-pays, or any other obligation, ansuig out of this claim not itemized above are my responsibility, not thy attorney's and I assume full responsibility for payment. (Initial)	Page Lof 2	
	RE: LAURENDAVIS	TOTAL MONIES RECOVERED: (Hartford \$5,000:00)	ATTORNEY FBES. 33 1/3% per Relainer Agreement	ATTORNEY COSTS PER FEE AGR Total Attorney Fees & Costs CLIENT MEDICAL PROVIDERS	Neck & Back Clinic CLIENT RECOVERY:	Tunderstand that unpard		



Bank of America ACH R/T 122400724 1078 **NEVADA IOLTA TRUST ACCOUNT** 94-72/1224 NV 7976 WIKE LAW GROUP INC 19655 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524 10/07/2020 PAY TO THE Lauren Davis \$2,070.50 Two Thousand Seventy Dollars & 50/100 DOLLARS Lauren Davis 10936 Free Flow Place Las Vegas, NV 89138 MEMO Memo: Hartford Settlement Disbursement AUTHORIZED SIGNATURE Client: Lauren Davis @001078@ @122400724@ 53479 WIKE LAW GROUP INC 1078 Date: 10/07/2020 Vendor: 20200223 Amount: \$2,070.50 Payee: Lauren Davis Client Name Client# Matter# Amount Invoice Adjusted / Description Lauren Davis 20200223 1248 \$2,070.50 Hartford Settlement Disbursement

WIKE LAW GROUP INC

1078

Date: 10/07/2020 Payee: Lauren Davis

Vendor: 20200223

Amount: \$2,070.50

Client Name

Client#

Matter#

Amount

Invoice Adjusted /

Lauren Davis

20200223

1248

\$2,070.50

Description Hartford Settlement Disbursement



Official Receipt

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITH DRAWAL

Cash, checks and other negotiable items received for deposit are subject to the terms and conditions of your Deposit Account Agreement and any other agreements governing use of your account, as amended from time to time. All items accepted for deposit are subject to later count and verification.

Want this receipt via email/text? Enroll in eReceipts through Online Banking or with a Banker!

usbank.com

00012 07113 8003 10/08/2020 10:38 USB

HC 20133 (4/16) 00202488

\$2,070.50

WIKE LAW GROUP INC

1078

Date: 10/07/2020

Vendor: 20200223

Amount: \$2,070.50

1248

Payce: Lauren Davis

Client#

Matter#

Invoice Adjusted /

Adjusted/ tion

d Settlement Disbursement

Description

Client Name Lauren Davis

20200223

\$2,070.50

Amount

Hartford Settlement Disbursement



1077 Bank of America **NEVADA IOLTA TRUST ACCOUNT** ACH R/T 122400724 94-72/1224 NV 7976 WIKE LAW GROUP INC 10656 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524 10/07/2020 PAY TO THE NBC Operations, LLC \$1,113.00 Eleven Hundred Thirteen Dollars & 00/100 DOLLARS. NBC Operations, LLC PO Box 36853 Las Vegas, NV 89133 MEMO Memo: Lauren Davis Treatment Paid in Full AUTHORIZED SIGNATURE Client: Lauren Davis #001077# ###22400724# 534911 WIKE LAW GROUP INC 1077 Date: 10/07/2020 Vendor: 20200222 Amount: \$1,113.00 Payce : NBC Operations, LLC Client Name Client# Matter# Amount Invoice Adjusted / Description Lauren Davis 20200223 1248 \$1,113.00 Lauren Davis Treatment Paid in Full

WIKE LAW GROUP INC

1077

Date: 10/07/2020

Payee: NBC Operations, LLC

Vendor: 20200222

Amount: \$1,113.00

Client Name

Matter#

Amount

Invoice Adjusted /

Lauren Davis

Client# 20200223

1248

\$1,113.00

Description Lauren Davis Treatment Paid in Full

1076 Bank of America NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10655 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524 ACH R/T 122400724 94-72/1224 NV 7976 10/07/2020 PAY TO THE Wike Law Group \$1,816.50 Eighteen Hundred Sixteen Dollars & 50/100 DOLLARS Wike Law Group 10120 W. Flamingo Road. Suite 4-107 Las Vegas, NV 89147 MEMO Memo: L. Davis Re: Atty fees 1666.50 & costs 150.00 AUTHORIZED SIGNATURE Client: Lauren Davis #001076# #122400724# 534911 WIKE LAW GROUP INC 1076 Date: 10/07/2020 Vendor: MYFIRM Amount: \$1,816.50 Payee: Wike Law Group Client Name Client# Matter# Amount Invoice Adjusted / Description Lauren Davis 20200223 1248 \$1,816.50 L. Davis Re: Atty fees 1666.50 & costs 150.00

WIKE LAW GROUP INC

1076

Date: 10/07/2020

Payee: Wike Law Group

Vendor: MYFIRM

Amount: \$1,816.50

Client Name

Client#

Matter#

Amount

Lauren Davis

20200223

1248

\$1,816.50

Invoice Adjusted / Description

L. Davis Re: Atty fees 1666.50 & costs 150.00

Matter Trust Activity

Report Date: Report Time: 10/16/2020

Page: User ID: 10:52AM 1 of 1

Wike Law

Date Range: 01/01/1900 - 10/16/2020
Client: 20200217 - Wendy Morales
Matter: 1246 - Morales, Wendy

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
09/09/2020	\$8,000.00	\$0.00	GEICO Settlement Payment Check N	11020.00	No		Trust Deposit
09/09/2020	\$0.00	\$1,468.50	Wendy Morales Treatment	11020.00	No	1042	CraigRd Clinic
09/09/2020	\$0.00	\$4,141.50	Settlement Payment to Client	11020.00	No	1043	Wendy Morales
09/09/2020	\$0.00	\$2,390.00	Fees and Costs of \$150	11020.00	No	1055	Wike Law Group
	\$8,000.00	\$8,000.00					
Balance:	\$0.00						

Matter Trust Activity

Report Date: Report Time: 10/16/2020 10:49AM 1 of 1

Page: User ID:

Wike Law

Date Range: 01/01/1900 - 10/16/2020
Client: 20200217 - Wendy Morales
Matter: 1246 - Morales, Wendy

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
09/09/2020	\$8,000.00	\$0.00	GEICO Settlement Payment Check N	11020.00	No		Trust Deposit
09/09/2020	\$0.00	\$1,468.50	Wendy Morales Treatment	11020.00	No	1042	CraigRd Clinic
09/09/2020	\$0.00	\$4,141.50	Settlement Payment to Client	11020.00	No	1043	Wendy Morales
09/09/2020	\$0.00	\$2,390.00	Fees and Costs of \$150	11020.00	No	1055	Wike Law Group
09/09/2020	\$8,000.00	\$0.00	Morales Geico Settlement Check	11020.00	No		Trust Deposit
	\$16,000.00	\$8,000.00					
Balance:	\$8,000.00						

Deleted Trust Deposits Edit Report

Report Date:

10/16/2020

Report Time : Page :

10:51AM 1 of 1

Requested By: TERRY

L WIKE

Wike:	Law
-------	-----

Date	Client Number	Matter Number	Fee/Cost	Account#	Debit/ Credit	Amount Paid	Client Name	Matter Description
9/9/2020	20200217	1246	F	11020.00	D	\$8,000.00	Wendy Morales	Morales, Wendy
	Gra	nd Totals:			_	\$8,000.00		

Detailed Payment Summary

GEICO ADVANTAGE INSURANCE CO Field Claim Center: 11 Tucson

NO. N 216871218

- Date: 08/03/2020

ONE GEICO WEST BOX 509119 SAN DIEGO, CA 92150-9119 Claim #: 0654733930101014 Date of Loss: 08/04/2019

Claimant Name: Wendy Morales-Carrillo

Pay To:

Insured Name: Tax ID /\SS#/ Samuel Robbins XX-XXX8928 Wike Law Group and Wendy Morales-Carrillo

Tax ID //SS#/ Atty ADJ Code:

Adjuster Code: HZ44

뽏

Wike Law Group 10120 W Flamingo Rd Ste 4-107 Las Vegas Nv 89147-8394 Total Amount: \$****8,000.00

Payment Type:

LOSS

IP AND FEATURE AND AMOUNT

05 ABI

\$***8000.00

In Payment Of
Bodily Injury Coverage
Full & final settlement of
any & all claims or liens
both known and unknown

Critical Services

Posted 9/9/20

140000+1010105666/366120004.

Visit geico.com

Now, parties involved in a GEICO claim can track the progress of the claim, view damage photos and more at geico.com! *GEICO policyholders can make a payment, change drivers or vehicles and request additional coverages.* Not insured with GEICO? 15 minutes could save you 15% or more on car insurance. Of course, we're also available for policy or claim service 24/7 at 1-800-841-3000.

* These online services are unavailable to Assigned Risk policyholders and Commercial policyholders.

clmschck

PLEASE DETACH AND KEEP FOR YOUR RECORDS

GEICO ADVANTAGE INSURANCE CO ONE GEICO WEST 80X 509119 SAN DIEGO, CA 92150 9119

Bank of America South Portland, ME 04106 NO. N 216871218

Claimant: Wendy Morales-Carrillo Insured Name: Samuel Robbins Claim Number: 0654733930101014 In Payment of: Bodily Injury Coverage VOID AFTER 180 DAYS Date: 08/03/2020

Insured Name: Samuel Robbins Feature Symbol & Amount Full & final settlement of any & all claims or liens both known and unknown Amount: \$****8.000.00

ABI S***8000,00
EIGHT-THOUSAND*AND*00/100*DÖLLARS

Mail To: Wike Law Group 10120 W Flamingo Rd Ste 4-107

Las Vegas Nv 89147-8394

Pay to the Order of: WIKE LAW GROUP AND WENDY MORALES-CARRILLO

Neal M. Caig

216871218# #011201539#

960 ?#

DISBURSAL STATEMENT

RE: Wendy Morales

TOTAL MONIES RECOVERED:

\$ 8,000.00

ATTORNEY FEES:

Law Offices of Terry L. Wike -

33 1/3% per Retainer Agreement reduced to 28%

\$ 2,240.00

ATTORNEY COSTS PER FEE AGREEMENT (See Below)

\$ 150.00

CLIENT MEDICAL PROVIDERS AND MISCELLANEOUS LIENS

Complete Care Injury Center Innovative Pain Centers	Amount \$1,388.00 \$ 2,937.00	Reduced Amount \$ 972.00 \$ 1,468.50
Total	<u>\$4,325.00</u>	<u>\$ 2,440.50</u>

CLIENT RECOVERY:

\$ 3,169.50

I understand that unpaid bills, co-pays, or any other obligation, arising out of this claim not itemized above are my responsibility, not my attorney's and I assume full responsibility for payment.

I understand my attorneys have not given any tax advice and I will consult with my accountant or other tax adviser, if I have any

Page 1 of 2

UNDERSTOOD, AGREED AND	RECEIVED		
09/15/20 DATE	WENDY MORALES for VICTOR CRI	uz	
en de la companya de			
	Page 2 of 2		

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC	Bank of America 1043 ACH R/T 122400724 94-72/1224 NV 7975
10855 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524	9/15/2020
PAYTOTHE Wendy Morales	\$ 3,169 爰
Three thousand on hundred sixty nin	e and 1000 DOLPARS
MEMO Settlement Check	AUTHORIZED SIGNATURE MP
#001043# #122400724#	5349110
Wendy Morales	Posted 9/15/20 1043

Deposit cash or checks at most Chase ATMs. An image of your check can be printed on your receipt. My Transaction Summary Transaction #164
Account Number Ending In:
Checking Deposit \$3,169.50 Further review may result in delayed availability of this deposit JPMorgan Chase Bank, N.A.
Flamingo and I 215, Branch 749592
1-800-935-9935
Your satisfaction matters. Share your
feedback at: chase.com/mendusfeedback
Member FDIC Garal ' Member FDIC, Equal Housing Lender Please keep your receipt 09/15/2020 14:49 Business Date 09/15/2020 Thank you - Kiretin Cashbox #06

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC	Bank of America ACH R/T 122400724	1042 94-71/1724 HV 1976
10655 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524	9/15/	Prozo
Ore thousand four humbred sexty eight a	nl 50 nl 100	BOLLARS
MEMO Chiro Treatment Re Wendy Morales Carrillo Final & Full Phyment 100104211 12240072412	AUTHORIZED SIGNATURE 534711	© i ₩7
WIKE LAW GROUP INC	Posted 9/21/20	1042

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10655 PARK RUN DR STE 250	Bank of America 1061 ACH R/T 122400724 94-72/1224 NV 7976
LAS VEGAS, NV 89144-4524	9/15/2020
PAYTOTHE Complete Care Injury Center	\$ 972 &
Nine hundredseventy two and no	DOLLARS
MEMO Wendy Morales-Carrillo Full & Final Payment 1100 206 210 1:2224007241	AUTHORIZED SIGNATURE: OF
WIKE LAW GROUP INC	1061
Wendy M Complete Care Trijury Center Re: Wendy Morales \$ 972.00	Posted 9/17/20

	A STATE OF THE STA	
NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10655 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524	Bank of America ACH R/T 122400724	1055 9477/1224 NV 7976
PAY TO THE Wike law Covoup Trum thousand three hindred minety a	nl 1100 1 \$ 23	90 00 DOLLARS
MEMO Fees 2,240.00 plust Costs \$150.00	January Authorized Stenaturie 534910	169
Wike Law Group Fees 2,240,00 costs 150.00	Postes 9/15/20	1055
#2390,00		

Matter Trust Activity

Report Date: Report Time: Page:

User ID:

10/16/2020 11:06AM 1 of i

Wike Law

Date Range: 01/01/1900 - 10/16/2020 Client: 20200221 - Victor Cruz Matter: 1263 - Cruz, Victor

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
09/09/2020	\$850.00	\$0.00	V. Cruz Geico Settlement c/o W. Mor	11020.00	No		Trust Deposit
09/15/2020	\$0.00	\$338.00	V. Cruz Atty fees 188 costs 150	11020.00	No	1058	Wike Law Group
09/17/2020	\$0.00	\$122.00	V. Cruz Treatment c/o Wendy Morale	11020.00	No	1056	Complete Care Injury Center
	\$850.00	\$460.00					
Balance:	\$390.00						

Detailed Payment Summary

GEICO ADVANTAGE INSURANCE CO Field Claim Center. 11 Tucson

NO. N 216870272

Date: 08/03/2020

ONE GEICO WEST BOX 509119 SAN DIEGO, CA 92150-9119

10120 W Flamingo Rd Ste 4-107

Las Vegas Nv 89147-8394

Claim #: 0654733930191014 Date of Loss: 08/04/2019

Claimant Name: Victor Cruz Insured Name: Tax ID / SS#/ Atty ADJ Code:

Samuel Robbins

XX-XXX8928 eg.

Pay To:

LE CONTRACT Wike Law Group and Wendy Morales-Carrillo, Victor Cruz-Florez, as parents and legal guardian of, Victor Cruz Jr., a minor

Adjuster Code: HZ44

Wike Law Group

Total Amount: \$*****850.00

Payment Type:

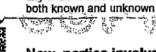
LOSS, IP AND FEATURE AND AMOUNT

ABI

\$****850.00

In Payment Of . Bodily Injury Coverage . Full & final settlement of any & all claims or liens

Postel 9/9/20



Visit geico.com

Now, parties involved in a GEICO claim can track the progress of the claim, view damage photos and more at geico.com! *GEICO policyholders can make a payment, change drivers or vehicles and request additional coverages.* Not insured with GEICO? 15 minutes could save you 15% or more on car insurance. Of course, we're also available for policy or claim service 24/7 at 1-800-841-3000.

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clmschck

PLEASE DETACH AND KEEP FOR YOUR RECORDS

GEICO ADVANTAGE INSURANCE CO ONE GEICO WEST BOX 509119

SAN DIEGO, CA 92150-9119 Claimant: Victor Cruz

Insured Name: Samuel Robbins. Feature Symbol & Amount ABI \$****850.00 2.2

Bank of America South Portland, ME 04106 52-153

Claim Number: 0654733930101014 In Payment of: Bodily Injury Coverage Full & final settlement of any & all claims or licits." both known and unknown:

NO. N. 216870272

VOID AFTER 180 DAYS Date: 08/03/2020

Amount:

**EIGHT-HUNDRED-FIFTY AND 100 100 DOLLARS

Pay to the Order of: WIKE LAW GROUP AND WENDY MORALES-CARRILLO, VICTOR CRUZ-FLOREZ, AS PARENTS AND LEGAL GUARDIAN OF ICTOR CRUZ JR., A MINOR

Mail To: Wike Law Group 10120 W Flamingo Rd Ste 4-107 Las Vegas Nv 89147-8394

216870272# # C11201539#

REO 711*

DISBURSAL STATEMENT

E: Victor Cruz

OTAL MONIES RECOVERED:

\$ 850.00

TTORNEY FEES:

aw Offices of Terry L. Wike -

· 1/3% per Retainer Agreement reduced

\$ 188.00

TTORNEY COSTS PER FEE AGREEMENT (See Below)

\$ 150.00

JENT MEDICAL PROVIDERS AND MISCELLANEOUS LIENS

Complete Care Injury Center

Amount \$122.00

Reduced Amount \$122.00

.

Total

\$122.00

\$122.00

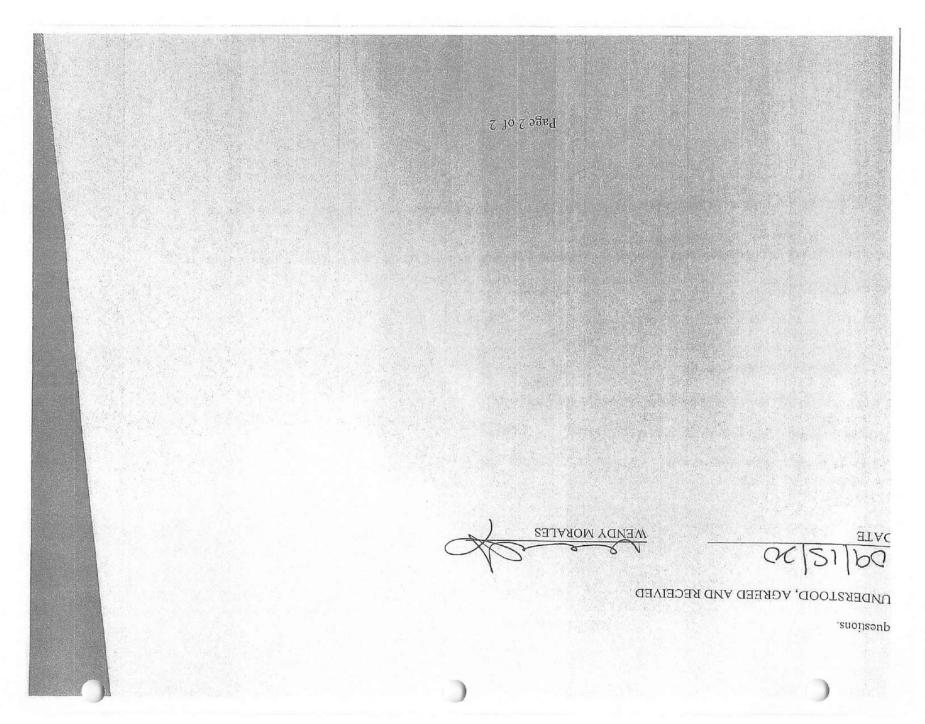
ENT RECOVERY:

\$ 390.00

derstand that unpaid bills, co-pays, or any other obligation, arising out of this claim not itemized above are my responsibility, not attorney's and I assume full responsibility for payment.

lerstand my attorneys have not given any tax advice and I will consult with my accountant or other tax adviser, if I have any ions.

Page 1 of 2



NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10655 PARK RUN DR STE 250	Bank of America 105 ACH R/T 122400724 94-72/1	224 FIV 7978
PAY TO THE Victor Cruz	\$ 390 €	
Thechendral ninety and 100		LARS (
MEMO Settlement Funds	Carry CM STHORIZED SKINATURE	
#001057# #122400724#	5349m [*]	
WIKE LAW GROUP INC	. 105	7
Victor Cruz #390	Not Posted-Senteheck to Wendy awaiting Ord	lav

		-
NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC	Bank of America ACH R/T 122400724	1056 94-72/1224 NV 7976
10655 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524	9/	15/2020
Orehunderdativentytwo and just		
		DOLLARS .
MEMO Victor Cruz, Payment in full	Janjauntanze SIGNATURE	de legals on Bock.
#00105G# #122400724#	5349#	·
WIKE LAW GROUP INC	0 1 0 01-10	1056
Victor Cruz, \$122,00	Posted 9/17/20	J

WIKE LAW GROUP INC

1056

1058 94-72/1224 NW 7976
/2020 2020
, <u>0</u>
2 20%
DOLLARS
<u>.</u>
1058
_

WIKE LAW GROUP INC

1058

Matter Trust Activity

Report Date: Report Time: 10/16/2020

11:14AM 1 of 1

Page: User ID:

Wike Law

 Date Range:
 01/01/1900 - 10/16/2020

 Client:
 20200220 - Detila Cruz

 Matter:
 1262 - Cruz, Delila

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
09/09/2020 09/15/2020	\$850.00 \$0.00		D. Cruz Geico Settlement Check No.:		No	1000	Trust Deposit
03/13/2020	\$850.00	\$338.00	D. Cruz Atty fees 188 costs 150	11020.00	No	1060	Wike Law Group
Balance:	\$512.00	455000					

Detailed Payment Summary

GEICO ADVANTAGE INSURANCE CO Field Claim Center: 11 Tucson

NO. N 216870279

Date: 08/03/2020

ONE GEICO WEST BOX 509119 SAN DIEGO, CA 92150-9119

Claim #: 0654733930101014 Date of Loss: 08/04/2019

Claimant Name: Delila Cruz Tax ID / SS# /

Insured Name: Samuel Robbins XX-XXX8928

Wike Law Group and Wendy Morales-Carrillo, Victor Cruz-Florez, as parents and legal guardian of,

Atty ADJ Code: Adjuster Code: HZ44

Delila Cruz, a minor \$5.3. 第4.4.8 P

Wike Law Group 10120 W Flamingo Rd Ste 4-107 Las Vegas Nv 89147-8394

Total Amount: \$*****850.00

Payment Type: LOSS

IP AND FEATURE AND AMOUNT

ABI

\$****850.00

Bodily Injury Coverage Full & final settlement of any & all claims or liens both known and unknown

200021654/53830101010HD

Visit geico.com

Now, parties involved in a GEICO claim can track the progress of the claim, view damage photos and more at geico.com! *GEICO policyholders can make a payment, change drivers or vehicles and request additional coverages.* Not insured with GEICO? 15 minutes could save you 15% or more on car insurance. Of course, we're also available for policy or claim service 24/7 at 1-800-841-3000.

*These online services are unavailable to Assigned Risk policyholders and Commercial policyholders.

cimschek

PLEASE DETACH AND KEEP FOR YOUR RECORDS

GEICO ADVANTAGE INSURANCE CO ONE GEICO WEST BOX:509119 SAN DIEGO, CA 92150-9119

Bank of America South Portland, ME 04106

any & all claims or liens

both known and unknown

NO. N 216870279

Claimant: Delila Cruz Insured Name: Samuel Robbins Feature Symbol & Amount ABI \$****850,00 Claim Number: 0654733930101014 In Payment of Bodily Injury Coverage Full & final settlement of

VOID AFTER 180 DAYS Date: 08/03/2020

EIGHT-HUNDRED-FIFTY*AND*00/100*DOLLARS*****

Pay to the Order of: WIKE LAW GROUP AND WENDY MORALES-CARRILLO, VICTOR CRUZ-FLOREZ, AS PARENTS AND LEGAL GUARDIAN OF, DELILA CRUZ, A MINOR

Mail To: Wike Law Group 10120 W Flamingo Rd Ste 4-107 Las Vegas Nv 89147-8394

9607m

	DISBURSAL STATEMEN	<u>r</u>		
Delila Cruz				
L MONIES RECOVERED:	<u>\$ 850.00</u>			
NEY FEES: fices of Terry L. Wike - 6 per Retainer Agreement reduced	<u>\$ 188.00</u>			
ENEY COSTS PER FEE AGREEMENT (S	See Below) <u>\$ 150.00</u>			
T MEDICAL PROVIDERS AND MISO Complete Care Injury Center	CELLANEOUS LIENS Amount \$0	Reduced Amount \$ 0	\$	
Total	<u>\$0</u>	<u>\$0</u>		
Γ RECOVERY:	<u>\$ 512.00</u>			
and that unpaid bills, co-pays, or any othe tey's and I assume full responsibility for p	r obligation, arising out of the	is claim not itemized above are n	ny responsibility, not	
and my attorneys have not given any tax a	dvice and I will consult with	my accountant or other tax advi	iser, if I have any	
	Page 1 of 2			

	0		(
UNDER	STOOD, AGREED A	ND RECEIVED		
DATE	22 20	WENDY MO	DRALES for DELILA CRUZ	
			Page 2 of 2	
· · · · · · · · · · · · · · · · · · ·	ing Carden constitution Laboratory			

	•	•
NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10655 PARK RUN DR STE 250	Bank of America ACH R/T 122400724	1059 94-72/1224 NV 7976
LAS VEGAS, NV 89144-4524	. <u> </u>	15/2020
PAY TO THE Delila Cruz		5128
Fivehurbred twelve and ju		DOLLARS
		•
MEMO Settlement check disbursal	Town Child	
Servenent Check disbursa	AUTHORIZED SIGNATURE	5P
#001059# #1122400?24#	5 3 4 9 m	
WIKE LAW GROUP INC		1059
Delila Cruz \$512	Not Posted	4
	check mailed to	Wendy
	check mailed to awaiting order	ON
	black Trust	

NIKE LAW GROUP INC

1059

	*	
NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC	Bank of America ACH R/T 122400724	1060 94-72/1224 NV 7976
10855 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524	_9	/18/2020
PAY TO THE Wike Law Croup	\$ 3	338 ×x
		, OUISABS
MEMO FEES\$ 188 and costs \$ 150 re: Delila Cruz	Johnny Milliam SKINATURE	<u> </u>
#001060# #122400724#	53490	
Fees 188 Re Delila Cruz	Posted 4/15/20	1060
#338		

WIKE LAW GROUP INC

1060

Matter Trust Activity

Report Date: Report Time: 10/23/2020 8:44AM i of i

Page: User ID:

Wike Law

 Date Range:
 01/01/1900 - 10/23/2020

 Client:
 20200231 - Terry Littleman

 Matter:
 1266 - Littleman, Terry

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
10/20/2020	\$7,500.00	\$0.00	Terry Littleman Allstate Settlement C	11020.00	No	-	Trust Deposit
10/22/2020	\$0.00	\$1,875.00	T. Littleman Atty fees 1725 Costs 15	11020.00	No	1044	Wike Law Group
10/22/2020	\$0.00	\$1,410.75	Bstate of T. Littleman disbursement	11020.00	No	1045	Estate of Terry Littleman
0/22/2020	\$0.00	\$951.00	T. Littleman Treatment	11020,00	No	1046	AFC Physical
0/22/2020	\$0.00	\$3,263.25	T. Littleman Treatment	11020.00	No	1047	Iron Wood Chiropractic
	\$7,500.00	\$7,500.00					·
Balance:	\$0.00						



THE LAW OFFICES OF TERRY L WIKE 10120 W FLAMINGO RD STE 4-107 LAS VEGAS NV 89147

10/14/2020

THE LAW OFFICES OF TERRY L WIKE,

ENCLOSED PLEASE FIND PAYMENT IN THE AMOUNT OF \$7,500.00 FOR YOUR LOSS ON 10/26/2018.
PLEASE REFERENCE CLAIM DETAILS BELOW.

CLAIM NUMBER: 0522208957 DATE OF LOSS: 10/26/2018

INSURED:

RENEE GREENE

In payment for Bodily Injury Liability for Date of Loss 10/26/2018.

ALLSTATE NORTHBROOK INDEMNITY COMPANY 1-800-255-7828

0000020201014004505ZCT02001001004739

ANK OF AMERICA

Customer Receipt

All trans are credited subject to verification, collection, and conditions of the Rules and Regulations of this Bank and as otherwise provided by law Payments are accepted when medit is applied to cursacording balances and not upon issuance of this receipt. Thurstellors received after the Bank's posted out-off time or Sahndoy, Sanday, and Bank Holidays, are dated and considered received as of the next business day.

Please relate this receipt until you receive your account statement

Thank you for benishing with Bank of America. Save time with fast, reliable deposite, withdrawals, transfers an more at thousands of convenient ATM hooding.

Tran 80103 18/20/2020 15:07 Entity NAV CC 3360257 Tir 00002 Account 336025349

R/T# 540880133

Deposit

\$7,500.00

Member FDIC 95-14-2005B 03-2019 IntRef

3937CXF25H7F6151XT966V

.

<u>DISBURSAL STATEMENT</u>

TOTAL MONIES RECOVER (Allstate \$7,500.00)	ED:		<u>\$7.500.00</u>	
ATTORNEY FEES: 33 1/3 percent Retainer Agreeme	ent reduced to 25 min	\$1,725.00 nus \$150.00		
ATTORNEY COSTS PER FEE	AGREEMENT	<u>\$ 150.00</u>		
Total Attorney Fees & C	Costs		<u>\$1,875.00</u>	
CLIENT MEDICAL PROVID	ERS AND MISCEI	LLANEOUS LIENS		
AFC Physical Ironwood Chiropractic	<u>Total</u> \$1,268.00 \$4,351.00	Reduced Amount \$951.00 \$3,263.25	\$ 951.00 \$3,263.25 \$4,214.25	
CLIENT RECOVERY:			<u>\$1,410.75</u>	
understand that unpaid bills, co- ny attorney's and I assume full re	pays, or any other ol esponsibility for payn	oligation, arising out of this clanent (Initial)	aim not itemized above are my re	sponsibility, not
		Page 1 of 2		

I understand my attorneys have not given any tax advice and I will consult with my accountant or other tax adviser, if I have any questions. ______(Initial)

UNDERSTOOD, AGREED AND RECEIVED

TAMMI LITTLEMAN for the Estate of Terry Littleman

Page 2 of 2

1045 Bank of America NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP: INC 10855 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524 ACH R/T 122400724 10/22/2020 PAY TO THE ORDER OF_ Estate of Terry Littleman \$1,410.75 Fourteen Hundred Ten Dollars & 75/100 **DOLLARS** Estate of Terry Littleman Terry Littleman 34015 N. Slate Creek Dr san tan valley, AZ 85143 MEMO Memo: Estate of Estate of T. Littleman disbursement Client: Terry Littleman 0 1045 in 1:1224007241 534911 WIKE LAW GROUP INC 1045

Amount: \$1,410.75

Amount

\$1,410.75

Matter#

1266

WIKE LAW GROUP INC

1045

Date: 10/22/2020 Payee: Estate of Terry Littleman

Date: 10/22/2020

Client Name

Terry Littleman

Payee : Estate of Terry Littleman

Vendor : MISC_VENDOR

Amount: \$1,410.75

Client Name

Vendor: MISC_VENDOR

Client#

20200231

Client#

Matter#

Amount

Terry Littleman

20200231

1266

\$1,410.75

Invoice Adjusted /

Invoice Adjusted / Description

Estate of T. Littleman disbursement

Description

Estate of T. Littleman disbursement

Bank of America ACH R/T 122400724 1046 NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10655 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524 94-72/1224 NV 10/22/2020 PAY TO THE AFC Physical \$951.00 Nine Hundred Fifty One Dollars & 00/100 DOLLARS AFC Physical 18309 South Alma School Rd. #354 Mesa, AZ 85210 MEMO Memo: T. Littleman Treatment Client: Terry Littleman #001046# #122400724# 53490 WIKE LAW GROUP INC 1046 Date: 10/22/2020 Vendor: MISC_VENDOR Amount: \$951.00 Payce: AFC Physical Client Name Client# Matter# Amount Invoice Adjusted / Description Terry Littleman 20200231 1266 \$951.00 T. Littleman Treatment

WIKE LAW GROUP INC

1046

Date: 10/22/2020 Payee: AFC Physical

Vendor: MISC_VENDOR

Amount: \$951.00

Client Name

Client#

Matter#

Invoice Adjusted /

Terry Littleman

20200231

1266

Amount \$951.00

Description
T. Littleman Treatment

1047 Bank of America ACH R/T 122400724 NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10855 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524 94-72/1224 NV 10/22/2020 Iron Wood Chiropractic \$3,263.25 Thirty Two Hundred Sixty Three Dollars & 25/100 DOLLARS. Iron Wood Chiropractic MEMO. Memo: T. Littleman Treatment Client: Terry Littleman @OD1047@ 1212240072412 53490 WIKE LAW GROUP INC 1047 Date: 10/22/2020 Vendor : MISC_VENDOR

Amount: \$3,263.25

Matter #

1266

WIKE LAW GROUP INC

1047

Date: 10/22/2020 - Payee : Iron Wood Chiropractic

Payee : Iron Wood Chiropractic

Client Name

Terry Littleman

Vendor: MISC_VENDOR

Amount: \$3,263.25

Client Name

Client#

Client#

20200231

Matter#

Amount

<u>Amount</u>

\$3,263.25

Invoice Adjusted / Description

Invoice Adjusted /

T. Littleman Treatment

Description

Terry Littleman

20200231

1266

\$3,263.25

T. Littleman Treatment

1044

Date: 10/22/2020 Payre: Wike Law Group

Vendor: MYFIRM

Amount: \$1,875.00

Client Name

Terry Littleman

Client# 20200231

Matter#

1266

<u>Атопи</u>

\$1,875.00

Invoice Adjusted / Description

T. Littleman Atty fees 1725 Costs 150

WIKE LAW GROUP INC

Date: 10/22/2020 Payee : Wike Law Group

Vendor: MYFIRM

Amount: \$1,875.00

Client Name

Terry Littleman

Client #

20200231

Matter# 1266

<u>Amount</u>

\$1,875.00

Invoice Adjusted /

Description
T. Littleman Atty fees 1725 Costs 150



PRIVATE BANK

P.O. Box 15284 Wilmington, DE 19850

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 11120 FOREVER SUNSET CT LAS VEGAS, NV 89135-7808

Client service information

- 1.800.878.7878
- bankofamerica.com/privatebank
- Bank of America, N.A. P.O. Box 25118 Tampa, FL 33622-5118

Your Public Service Trust Account

for August 1, 2020 to August 31, 2020

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC

Account summary

Beginning balance on August 1, 2020	\$2,160.73
Deposits and other credits	0.00
Withdrawals and other debits	-0.00
Checks	-2,160.30
Service fees	-0.00
Ending balance on August 31, 2020	\$0.43

Account number:

5349

of deposits/credits: 0

of withdrawals/debits: 2

of days in cycle: 31

Average ledger balance: \$697.31

important disclosure information listed on the "important information for Bank Deposit Accounts" page.

IMPORTANT INFORMATION:

BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers – If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error
 or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts client) (20 business days if you are a new client, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

Banking products are provided by Bank of America, N.A., and affiliated banks, Members FDIC and wholly owned subsidiaries of Bank of America Corporation.

Bank of America Private Bank is a division of Bank of America, N.A., Member FDIC, and a wholly-owned subsidiary of Bank of America Corporation ("BofA Corp.").

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Bank of America, N.A. Member FDIC and



Equal Housing Lender

BANK OF AMERICA

Your checking account

PRIVATE BANK

NEVADA IOLTA TRUST ACCOUNT | Account # 5349 | August 1, 2020 to August 31, 2020

Checks

Date	Check #	Bank reference	Amount	Date	Check #	Bank reference	
08/11	1053	813004452861744	-2,159.87	08/12	1054		Amount
			-2,139.07	00/12	1054	813005492457168	-0.43
				Total	checks		-\$2,160.30
				Total	# of checks		2

Daily ledger balances

Date	Balance (\$)	Date	D-1(C)		
	(0)		Balance(S)	Date	Balance (\$)
08/01	2,160.73	08/11			
	2,100.73	06/11	0.86	08/12	0.43

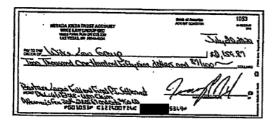
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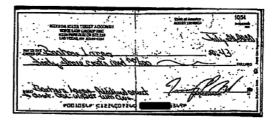
PRIVATE BANK

NEVADA IOLTA TRUST ACCOUNT | Account # 5349 | August 1, 2020 to August 31, 2020

Check images
Account number: 5010 2212 5349
Check number: 1053 | Amount: \$2,159.87



Check number: 1054 | Amount: \$.43



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Page 6 of 6



PRIVATE BANK

P.O. Box 15284 Wilmington, DE 19850

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 11120 FOREVER SUNSET CT LAS VEGAS, NV 89135-7808

Client service information

- 2 1.800.878.7878
- bankofamerica.com/privatebank
- Bank of America, N.A. P.O. Box 25118
 Tampa, FL 33622-5118

Your Public Service Trust Account

for September 1, 2020 to September 30, 2020

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC

Account summary

Beginning balance on September 1, 2020	\$0.43	
Deposits and other credits	83,039.63	
Withdrawals and other debits	-0.00	
Checks	-82,138.06	
Service fees	-0.00	
Ending balance on September 30, 2020	\$902.00	

Account number:

5349

of deposits/credits: 4

of withdrawals/debits: 18

of days in cycle: 30

Average ledger balance: \$17,319.37

Important disclosure Information listed on the "Important Information for Bank Deposit Accounts" page.

IMPORTANT INFORMATION:

BANK DEPOSIT ACCOUNTS

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- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error
 or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts client) (20 business days if you are a new client, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

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Banking products are provided by Bank of America, N.A., and affiliated banks, Members FDIC and wholly owned subsidiaries of Bank of America Corporation.

Bank of America Private Bank is a division of Bank of America, N.A., Member FDIC, and a wholly-owned subsidiary of Bank of America Corporation ("BofA Corp.").

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Page 2 of 6

Deposits and other credits

Date	Transaction description	Customer reference	Bank reference	Amount
09/09/20	Counter Credit		813004352735088	9,700.00
09/15/20	Counter Credit		813004852435675	15,697.63
09/18/20	Counter Credit		813002752311288	32,642.00
09/22/20	Counter Credit		813003052011568	25,000.00
Total dep	osits and other credits			\$83,039.63

Checks

Date	Check #	Bank reference	Amount
09/21	1042	813002152757704	-1,468.50
09/15	1043	813009492792578	-3,169.50
09/08	1052*	813008692568805	-0.43
09/15	1055*	813004852501999	-2,390,00
09/17	1056	813009692918650	-122.00
09/15	1058*	813004852502000	-338,00
09/15	1060°	813004852502001	-338.00
09/17	1061	813009692918651	-972.00
09/21	1062	813008292565968	-17,074.59
09/21	1062	813008292565968	-17,074

Date	Check #	Bank reference	Amount	
09/25	1063	813008792797977	-851.02	
09/28	1064	813008992343752	-1,700.00	
09/28	1065	813008992343747	-4,726.00	
09/21	1066	813002852889570	-6,275.40	
09/21	1067	813008192610613	-10,031.10	
09/24	1068	813003152571019	-3,989.00	
09/21	1069	813002852889571	-3,692.52	
09/29	1070	813009192080273	-16,517.50	
09/30	1071	813003652315426	-8,482.50	
Total checks			-\$82,138.06	
Total # of checks		us .	18	

Daily ledger balances

Date	Balance (\$)
09/01	0.43
09/08	0.00

Date	Balance(\$)
09/09	9,700.00
09/15	19,162.13

Balance (\$)	
18,068.13	
50,710.13	

^{*} There is a gap in sequential check numbers

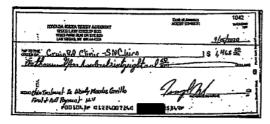
Daily ledger balances - continued

Date	Balance (\$)	Date	Balance(\$)	Date	Balance (\$)
09/21	12,168.02	09/25	32,328.00	09/29	9,384.50
09/22	37,168.02	09/28	25,902.00	09/30	902.00
09/24	33 179 02				

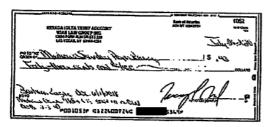
NEVADA IOLTA TRUST ACCOUNT | Account # 5349 | September 1, 2020 to September 30, 2020

Check images

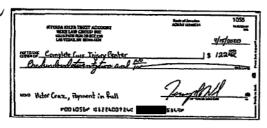
Account number: 5010 2212 5349 Check number: 1042 | Amount: \$1,468.50



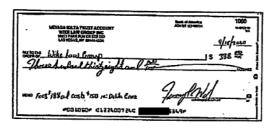
Check number: 1052 | Amount: \$.43



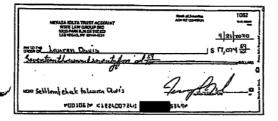
Check number: 1056 | Amount: \$122.00



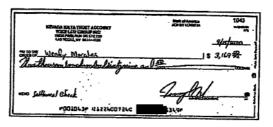
Check number: 1060 | Amount: \$338.00



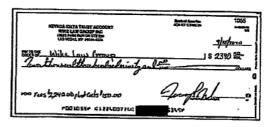
Check number: 1062 | Amount: \$17,074.59



Check number: 1043 | Amount: \$3,169.50



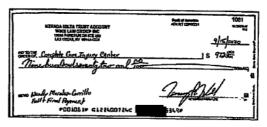
Check number: 1055 | Amount: \$2,390.00



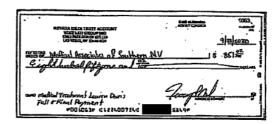
Check number: 1058 | Amount: \$338.00

MEDIDA SOLTA TRUST MECOUNT WHOSE LANG CROOP SEC WINDSHIPS OF THEM DO NOT WHO LAND BOTH TO LANGE CONTROL THE LAND BOTH TO LANGE CONTROL THINT SUPPLY AND TOTAL		1858 16/2020 198.62
uno for Atsoul data \$150 n.: KalarCinz roozosar czernoperc	Tongland 531.90	

Check number: 1061 | Amount: \$972.00



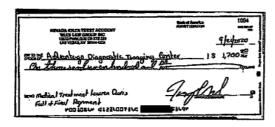
Check number: 1063 | Amount: \$851.02



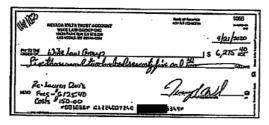
Page 5 of 6

Check images - continued

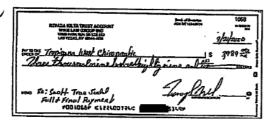
Account number: 5010 2212 5349 Check number: 1064 | Amount: \$1,700.00



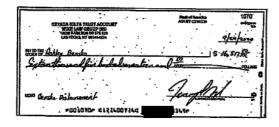
Check number: 1066 | Amount: \$6,275.40



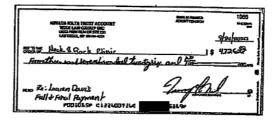
Check number: 1068 | Amount: \$3,989.00



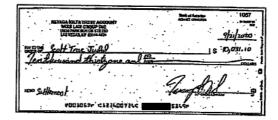
Check number: 1070 | Amount: \$16,517.50



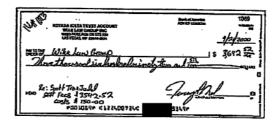
Check number: 1065 | Amount: \$4,726.00



Check number: 1067 | Amount: \$10,031.10



Check number: 1069 | Amount: \$3,692.52



Check number: 1071 | Amount: \$8,482.50



Page 6 of 6



PRIVATE BANK

P.O. Box 15284 Wilmington, DE 19850

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 11120 FOREVER SUNSET CT LAS VEGAS, NV 89135-7808

Client service information

- 1.800.878.7878
- bankofamerica.com/privatebank
- Bank of America, N.A. P.O. Box 25118 Tampa, FL 33622-5118

Your Public Service Trust Account

for August 1, 2020 to August 31, 2020

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC

Account summary

Ending balance on August 31, 2020	\$0.43
Service fees	-0.00
Checks	-2,160.30
Withdrawals and other debits	-0.00
Deposits and other credits	0.00
Beginning balance on August 1, 2020	\$2,160.73

Account number:

5349

of deposits/credits: 0

of withdrawals/debits: 2

of days in cycle: 31

Average ledger balance: \$697.31

Important disclosure information listed on the "Important Information for Bank Deposit Accounts" page.

IMPORTANT INFORMATION:

BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error
 or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts client) (20 business days if you are a new client, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

Banking products are provided by Bank of America, N.A., and affiliated banks, Members FDIC and wholly owned subsidiaries of Bank of America Corporation.

Bank of America Private Bank is a division of Bank of America, N.A., Member FDIC, and a wholly-owned subsidiary of Bank of America Corporation ("BofA Corp.").

©2020 Bank of America Corporation

Bank of America, N.A. Member FDIC and Equal Housing Lender

BANK OF AMERICA

Your checking account

PRIVATE BANK

NEVADA IOLTA TRUST ACCOUNT | Account # 5349 | August 1, 2020 to August 31, 2020

Checks

Date	Check #	Bank reference	Amount	Date	Check #	Bank reference	Amount
08/11	1053	813004452861744	-2,159.87	08/12	1054	813005492457168	-0.43
				Total	checks		-\$2,160.30
				Total	# of checks		2

Daily ledger balances

Date	Balance (\$)	Date	Balance(\$)	Date	Balance (\$)
08/01	2,160.73	08/11	0.86	08/12	0.43

Page 3 of 6

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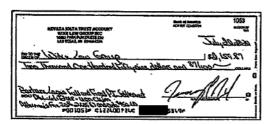


PRIVATE BANK

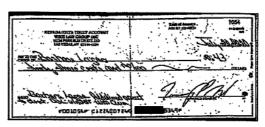
NEVADA IOLTA TRUST ACCOUNT | Account #

5349 | August 1, 2020 to August 31, 2020

Check images
Account number: 5010 2212 5349
Check number: 1053 | Amount: \$2,159.87



Check number: 1054 | Amount: \$.43



Page 5 of 6

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Page 6 of 6



PRIVATE BANK

P.O. Box 15284 Wilmington, DE 19850

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 11120 FOREVER SUNSET CT LAS VEGAS, NV 89135-7808

Client service information

- 1.800.878.7878
- bankofamerica.com/privatebank
- Bank of America, N.A.
 P.O. Box 25118
 Tampa, FL 33622-5118

Your Public Service Trust Account

for October 1, 2020 to October 31, 2020

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC

Account summary

Ending balance on October 31, 2020	\$2,312.75
Service fees	-0.00
Checks	-20,339.25
Withdrawals and other debits	-0.00
Deposits and other credits	21,750.00
Beginning balance on October 1, 2020	\$902.00

Account number:

5349

of deposits/credits: 3

of withdrawals/debits: 12

of days in cycle: 31

Average ledger balance: \$4,112.09

Important disclosure information listed on the "Important Information for Bank Deposit Accounts" page.

IMPORTANT INFORMATION:

BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

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Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error
 or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts client) (20 business days if you are a new client, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

Banking products are provided by Bank of America, N.A., and affiliated banks, Members FDIC and wholly owned subsidiaries of Bank of America Corporation.

Bank of America Private Bank is a division of Bank of America, N.A., Member FDIC, and a wholly-owned subsidiary of Bank of America Corporation ("BofA Corp.").

©2020 Bank of America Corporation

Bank of America, N.A. Member FDIC and Equal Housing Lender



Your checking account

NEVADA IOLTA TRUST ACCOUNT | Account #

5349 | October 1, 2020 to October 31, 2020

Deposits and other credits

Date	Transaction description	Customer reference	Bank reference	Amount
10/07/20	0/07/20 Counter Credit		813004252235545	10,250.00
10/13/20	Counter Credit		813004652747349	4,000.00
10/20/20	Counter Credit		813002852856474	7,500.00
Total dep	osits and other credits			\$21,750.00

Checks

Date	Check #	Bank reference	Amount
10/22	1044	813003052382837	-1,875.00
10/30	1046*	813008752111289	-951.00
10/30	1047	813008692914680	-3,263.25
10/08	1073°	813008392474089	-2,766.00
10/13	1074	813008792367730	-1,546.50
10/09	1075	813004352981202	-937.50

Date	Check #	Bank reference	Amount
10/09	1076	813004352981201	-1,816.50
10/13	1077	813008792367729	-1,113.00
10/08	1078	813008392474090	-2,070.50
10/14	1079	813004752717802	-1,471.80
10/14	1081*	813004752717804	-1,463.20
10/20	1082	813009592378136	-1,065.00
Total	checks		-\$20,339.25

Total # of checks 12

Daily ledger balances

Date	Balance (\$)
10/01	902.00
10/07	11,152.00
10/08	6,315.50

Date	Balance(S)
10/09	3,561.50
10/13	4,902.00
10/14	1,967.00

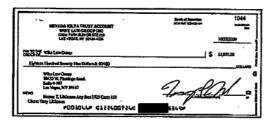
Date	Balance (\$)
10/20	8,402.00
10/22	6,527.00
10/30	2,312,75

^{*} There is a gap in sequential check numbers

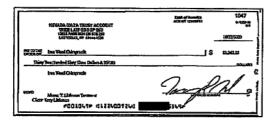
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Check images

Account number: 5010 2212 5349 Check number: 1044 | Amount: \$1,875.00



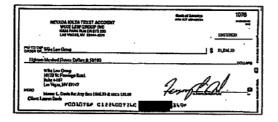
Check number: 1047 | Amount: \$3,263.25



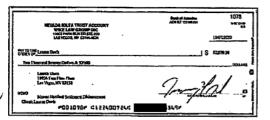
Check number: 1074 | Amount: \$1,546.50



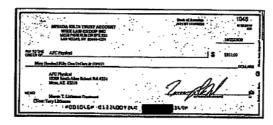
Check number: 1076 | Amount: \$1,816.50



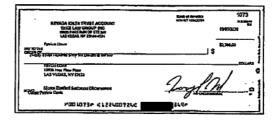
Check number: 1078 | Amount: \$2,070.50



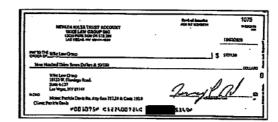
Check number: 1046 | Amount: \$951.00



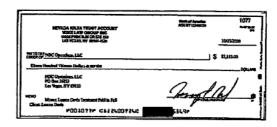
Check number: 1073 | Amount: \$2,766.00



Check number: 1075 | Amount: \$937.50



Check number: 1077 | Amount: \$1,113.00



Check number: 1079 | Amount: \$1,471.80

MENADA PEREFATAN ATAO ARAYAN DON QUODO WALIANG	Street, of Samuelous ACM 497 (13446234)	1070
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Page 5 of 6



PRIVATE BANK

NEVADA IOLTA TRUST ACCOUNT | Account # 5349 | October 1, 2020 to October 31, 2020

Check images - continued Account number: 5010 2212 5349 Check number: 1081 | Amount: \$1,463.20

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Whe Low Chap 1913 Nr. Principa Rend, Since 4-19 1913 Nr. Principa Rend, Since 4-19 1000 Serve Challest August 1912 A Code 19400 Charleston Enthants - PLO NOS LP 01224CDD 24-11	Joseph M.	



Check number: 1082 | Amount: \$1,065.00

EXHIBIT 2

№ 1040-X

Department of the Treasury-Internal Revenue Service

Amended U.S. Individual Income Tax Return

	dantaby 2020) Go to www.irs.gov/Form10	40X for instruction	ns and t	he	latest informatio	n.		
This	return is for calendar year 2019 2018	2017 2016		_				
	er year. Enter one: calendar year 2019 or fiscal	ear (month and	vear end	dec	D:			
	irst name and middle initial	Last-name				Yours	ocial securi	he number
	RY L.	WIKE				100,70	ookal Scota I	8 3 4 8
if joint	return, spouse's first name and middle initial	Last name				Spous	o's social se	curity number
								}
Currer	nt home address (number and street). If you have a P.O. box, see instr	uctions.			Apt. no.	Your p	hone number	.
11120 FOREVER SUNSET CT.							70263	
L AC	own or post office, state, and ZIP code. If you have a foreign address,	also complete spaces	s below. S	See	instructions.			
	VEGAS, NEVADA, 89135 n country name							
· orang	T COUNTY HAIRS	Foreign provinc	e/state/co	ount	У	1	Foreign posts	al code
Ame	redad raturn filing status. Values at al			_				
chan	nded return filing status. You must check one box ex ging your filing status. Caution: In general, you can't c	ven if you are not			Full-year health	care c	overage (or. for amended
statu	s from a joint return to separate returns after the due d	nange your filing	- 13	2 U1	io returns only	. exem	not). If an	nending a 2019
V SI	ngle Married filing jointly Married filing separa				ım, leave blank.			
If you	shocked the MES have extend to married filling separa	ately (MFS)	Qualify	ing	widow(er) (QW)		Head of he	ousehold (HOH)
perso	checked the MFS box, enter the name of spouse. If on is a child but not your dependent.	you checked the	HOH o	or (QW box, enter t	he child	d's name i	if the qualifying
pu.00	The state of the s			_				
	Use Part III on the back to explain any	changes		ŀ	A. Original amount reported or as		change— of increase	C. Correct
inco	me and Deductions			\dashv	previously adjusted	or (dec	crease)—	amount
1	Adjusted gross income. If a net operating loss (NOIL	.	ŀ	(see instructions)	explain	in Part III	
•	included, check here	NOL) carryback	is	. 1				
2	Itemized deductions or standard deduction			-	8464		-45,547	-37,083
3	Subtract line 2 from line 1				12200		0	12200
4a	Exemptions (amended 2017 or earlier returns o	nha le chamain	. 3	+	-3736		-45,547	-49,283
	complete Part I on page 2 and enter the amount from	. 42	Л	۰				
b	Qualified business income deduction (amended 2018 or later returns only)				0		0	0
5	Taxable income. Subtract line 4a or 4b from line 3.	ncome. Subtract line 4a or 4b from line 3. If the result is zero					0	0
	or less, enter -0-	enter -0					ام	_
Tax L	iability		. 5	+	0		0	0
6	Tax. Enter method(s) used to figure tax (see instruction	ons):		1			j	
			6		o		o	•
7	Credits. If a general business credit carryback is include	ed, check here ►	7 7	-	0		- 0	0
8	Subtract line 7 from line 6. If the result is zero or less,	enter -0	. 8	+	0		0	
9	Health care: individual responsibility (amended 2018	Or earlier return	ns	\top			- 4	
	only). See instructions		. 9	\perp			o	0
10	Other taxes		. 10		0		.0	0
11	Total tax. Add lines 8, 9, and 10	· · · · ·	. 11		0		. 0	0
Paym			- 1	T				
12	Federal income tax withheld and excess social securi	ity and tier 1 RRT	A				l	
13	tax withheld. (If changing, see instructions.)	• • • • •	. 12	-	. 0		0	0
14	Estimated tax payments, including amount applied from	n prior year's retu		_	0		0	0
15	Earned income credit (EIC)		. 14	4	0		0	0
	Refundable credits from: Schedule 8812 Form(s)	∐2439 □413		1	1		ĺ	
16	The state of the s		15		0		0	0
10	Total amount paid with request for extension of time	to file, tax paid v	with orig	gina	al return, and ac	iditiona	4	
17	tax paid after return was filed	· · · · ·		٠			16	0
	d or Amount You Owe	aid mie to	<u>· · · · </u>	÷	• • • • •	• •	17	0
18	Overpayment, if any, as shown on original return or as	a provincele auticu	المالية		IDO		1	
19	Subtract line 18 from line 17. (If less than zero, see ins		_				18	0
20	Amount you owe. If line 11, column C, is more than if	no 10 antortho	· · ·	•			19	0
21	If line 11, column C, is less than line 19, enter the diffe	rence This is the	uneten	∪0 			20	0
22	Amount of line 21 you want refunded to you	TOTOG, THIS IS THE	aniour	IL C	verpaid on this	return		0
	Amount of line 21 you want applied to your (enter yea				x 23	• •	22	0
	The second section of the letter year	.,. es	umatec	ı ta	1		Delignation 1	

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11360L

Complete and sign this form on page 2. Form 1040-X (Rev. 1-2020)

Form 1	040-X (Rev. 1-2020)						
par		<u> </u>	- · · · · - · · · ·				Page 2
Comp	plete this part only if any information re what you reported on the return you are ding your 2018 or later return).	ating to exampliant	(to depender uld include a	nts if a change	mending your 2 e in the number	018 or later retu of exemptions	ım) has change (of dependents i
	For amended 2018 or later returns only Fill in all other applicable lines. Note: See the Forms 1040 and 1040-S for the tax year being amended. See a	SR. or Form 1040A in	etructione		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24	Yourself and spouse. Caution: If dependent, you can't claim an exempt 2018 or later return, leave line blank.	someone can claim ion for yourself. If am	you as a lending your	24			-
25	Your dependent children who lived with	h vou		25			
26 27	Your dependent children who didn't live w	ith you due to divorce	or separation	26			
28	Other dependents Total number of exemptions. Add lines 2018 or later return, leave line blank	24 through 27. If am	ending your	27			
29	Multiply the number of exemptions ctai amount shown in the instructions to amending. Enter the result here and on amending your 2018 or later return, lea	med on line 28 by the r line 29 for the ye line 4a on page 1 of ve line blank	exemption ear you are this form. If	28			
30 Denon	List ALL dependents (children and othe lents (see instructions):	rs) claimed on this am	ended return	<u>. If mo</u>	re than 4 depend	dents, see inst. a	and ✓ here ► 🗌
	First name Last name	(b) Social security number	(c) Relation		(d) \(\square\) if qualifies for (see instructions Child tax credit Credit for other deper (amended 2018 or latter returned)		her dependents
					 	/an interest \$0.18	or sates returns only)
							
Part	Presidential Election Campal	en Cund					
Checki	ng below won't increase your tax or red heck here if you didn't previously want t heck here if this is a joint return and you	uce your refund. \$3 to go to the fund, b Ir spouse did not prev	iously want \$	3 to g	o to the fund, b	it now does.	
o	► Attach any supporting documents a riginal filing did not include K-1. See K-1	nd new or changed fo	orms and sch	edules	a ming raint		
Under per and to the about wh! Sign H Your sign	long PM	inal return and that I have return is true, correct, and	Attorney Your occupation		return, including acc f preparer (other tha	companying schedul in taxpayer) is based	es and statements, d on all information
	signature. If a joint return, both must sign. reparer Use Only	Date	Spouse's occupa	tion			
Preparer's	signature	Date	Firm's name (or y	ows if s	eff-employed)		

Firm's address and ZIP code

Phone number

Check if self-employed

Print/type preparer's name

For forms and publications, visit www.irs.gov.

PIIN

Form 1040-X (Rev. 1-2020)

EIN

	,			67111
Schedule K-1 (Form 1120-S) 2019		Final K-1 Amenda Part III Shareholder's Sha Deductions, Gredit	re of	Current Year Income
Department of the Treasury Internal Revenue Service For calendar year 2019, or tax year	ar 1	Ordinary business income (loss)	13	
beginning / / 2019 ending / /	2	-45,547 Net rental real estate income (loss)	
Shareholder's Share of Income, Deductions, Credits, etc. See back of form and separate instruction.	3	Other net rental income (loss)	-	
Part I Information About the Corporation	4	Interest income	1	
A Corporation's employer identification number 82-2358928	5a	Ordinary dividends	1	†
B Corporation's name, address, city, state, and ZIP code WIKE LAW GROUP, INC	5b	Qualified dividends	14	Foreign transactions
10120 W. FLAMINGO RD. STE 4-107 LAS VEGAS NV 89147	6	Royalties		
	7	Net short-term capital gain (loss)		
C IRS Center where corporation filed return Ogden, UT 84201-0013	8a	Net long-term capital gain (loss)		
Part II Information About the Shareholder	8b	Collectibles (28%) gain (loss)	1	
D Shareholder's identifying number 8348	8c	Unrecaptured section 1250 gain		
E Shareholder's name, address, city, state, and ZIP code TERRY L. WIKE	9	Net section 1231 gain (loss)		
11120 FOREVER SUNSET CT LAS VEGAS NV 89135	10	Other income (loss)	15	Alternative minimum tax (AMT) Item
F Shareholder's percentage of stock ownership for tax year				
			_	
	11	Section 179 deduction	16	Items affecting shareholder basis
	12	Other deductions		
se Only				
For IRS Use Only			17 V *	Other information
	18 [More than one activity for at-risk	70.0	
	19	More than one activity for passiv		
		* See attached statement for	or ado	ditional information.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120-S. www.irs.gov/Form1120S BAA

Schedule K-1 (Form 1120-S) 2019

Filing Status Check only one box.	lf y	Single Married filing jointly ou checked the MFS box, enter the name of the control of the c	Marrie	ed filing s cuse. If	separately (MFS you checked to	6) Head of houselne HOH or QW box, ent	MARON Daw	Mik dan and	write or staple in this space. dow(er) (GW) fying person is
Your first nam	e and r	niddle initial	Last	name				1	
TERRY L.		•	WIKI					Your s	ocial security number
If joint return,	spouse	's first name and middle initial	-	neme				Spouse	8 3 4 8 's social security number
Home address	s (numb	er and street). If you have a P.O. box, se	e instru	ctions.			Apt. no.		
11120 FORE							Apr. no.	Check her	ntial Election Campaign o if you, or your spouse if filing
City, town or p	ost off	ce, state, and ZIP code. If you have a for	reign ad	dress, a	lso complete s	naces helow less institu	otions)	jointly, wa	nt \$3 to go to this firm.
LAS VEGAS, Foreign count	NEVA	DA, 89135					ctions).	Checking a	box below will not change your id. You Spouse
Standard				Foreig	n province/sta	te/county	Foreign postal code		than four dependents, ructions and I here
Deduction Age/Blindness	You	Spouse itemizes on a separate return or Were born before January 2, 195	you we	re a dua			January 2, 1955	☐ ls bli	nd
Dependents (1) First name	see in	structions): Last name	(2) Social s	ecurity number	(3) Relationship to you		qualifies fo	r (see Instructions): Credit for other dependents
			T						
					 				
			+		+				
	1.	Wagon enterior time at the T				L			
	2a	Wages, salaries, tips, etc. Attach Form Tax-exempt interest			· · · . i	• • • • • •		. 1	8464
	3a	Qualified dividends	2a		c	b Taxable interest. A			0
andard eduction for	4a	IRA distributions	3a			b Ordinary dividends.	Attach Sch. B if require	ed 3b	0
Single or Married	C	Pensions and annuities	4a		0	b Taxable amount	· - · · · ·	4b	0
Ting separately, 12,200	5a	Social security benefits .	4c 5a			d Taxable amount		4d	0
larried filing sintly or Qualifying	6	Capital gain or (loss). Attach Schedule		dend 16		b Taxable amount		5b	0
vidow(er),	7a	Other income from Schedule 1, line 9	D II requ	ured. H	not required, c	neck here	> L] 6	0
24,400 lead of	ь	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and	 7a Thie	ie vener	· · · ·			7a	0
ousehold, 18,350	8a	Adjustments to income from Schedule			total income		· · · · · •	7 <u>b</u>	8464
you checked	b	Subtract line 8a from line 7b. This is yo			es income			8a	0
ny box under tendard	9	Standard deduction or itemized dedu					1	8b	8464
Deduction, see Instructions.	10	Qualified business income deduction.					124	200	
madeluvia.	11a	Add lines 9 and 10						11a	12200
	Ь	Taxable income. Subtract line 11a from	n line 8t	. If zem	or less anter		• • • • •	11b	-3736

Form 1040 (201)	9)										Page 2
	12a	Tax (see inst.) Check if any from	m Form(s): 1 🔲 B8	814 2 497	2 3 🗍	12a		o			Paye .
	b	Add Schedule 2, line 3, and li	ine 12a and enter th	ne total			2.5	b	12b	1	0.0
	13a	Child tax credit or credit for o	ther dependents .			13a		0	120		
	b	Add Schedule 3, line 7, and li	ne 13a and enter th	ne total				-	401		
	14	Subtract line 13b from line 12							13b	-	
	15	Other taxes, including self-en			e 10				14		
	16	Add lines 14 and 15. This is ye							15		
	17	Federal income tax withheld for							16	-	
If you have a	18	Other payments and refundab							17		
qualifying child.	а	Earned income credit (EIC) .				140-1					
attach Sch. EIC.	b	Additional child tax credit, Att				18a		0			
nontaxable	c	American opportunity credit fr				18b		0			
Instructions.	d					18c		0			
	е	Add lines 18a through 18d. Th			and softwalette ex	18d	CT NO.	0			
	19	Add lines 17 and 18e. These a	re vour total navm	onte	and renundable cr	reans .			18e		0
Refund	20	If line 19 is more than line 16,	subtract line 16 from	m line 10 This is	the emporation				19		0
iterana	21a	Amount of line 20 you want re	funded to you If E	form 9999 is set	the amount you ov				20		0
Direct deposit?	►b	Routing number X X X	X X X X X	V V	_				21a		0
See instructions.	⊳d	Account number X X X	XXXXX	V V V	➤ c Type: [Checking	Sav	rings			
	22	Amount of line 20 you want ap	unlied to your 2020	Optional - I to	X X X X X						
Amount	23	Amount you owe. Subtract lin	ne 19 from line 16. E	For cloteile on be		22		0			
You Owe	24	Estimated tax penalty (see inst	tructions)	or details on no	w to pay, see instru	1		P	23		0
Third Party Designee	Do	you want to allow another person	on (other than your	paid preparer) to	discuss this return	with the IRS	5? See instru	O)		es. Comple	te below.
Other than	Des	ignee's		Phone					V	lo	
paid preparer)	nan	ne Þ		no. ➤			Personal id number (PI		on [TT	
Sign Here		er penalties of perjury, I declare that act, and complete. Declaration of pre of Signature	I have examined this parer other than taxpa	return and accompayer) is based on a	canying schedules and I information of which p	иоранет паз а		of my kno		and belief, the	
Joint return?	1	can I [W.)		1/11/2021	ATTORNEY			Protecti (see ins	ion PIN	N, enter it he	ne
See instructions. Keep a copy for / our records.	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation			If the IR Identity (see inst	Protec	t your spouse ction PIN, en	e an ter it here		
	Pho	ne no.		Email address	-	Mary Comment		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-/		
	1110										
Paid	-	oarer's name	Preparer's signat	ture		Date	PT	IN		Check if:	
	-	parer's name	Preparer's signar	ture		Date	PT	IN	1	The state of the s	Designee
Paid Preparer Jse Only	Prep	oarer's name	Preparer's signat	ture		Date Phone no		IN		The state of the s	Designee

SCHEDULE 1 (Form 1040 or 1040-SR) Department of the Treasury

Additional Income and Adjustments to Income

► Attach to Form 1040 or 1040-SR.
► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2019 Attachment Sequence No. 01

Name(s) shown on Form 1040 or 1040-SR Your social security number TERRY L. WIKE **B348** At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☑ No Additional Income Part I Taxable refunds, credits, or offsets of state and local income taxes 1 **2**a 0 Date of original divorce or separation agreement (see instructions) ▶ Business income or (loss). Attach Schedule C 3 3 0 4 0 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 5 5 -45,547 6 6 0 7 7 0 Other income. List type and amount ▶ 8 n Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a . . . ٩ 9 -45547 Part II Adjustments to Income ō 11 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach 11 0 12 Health savings account deduction. Attach Form 8889 12 ō 13 Moving expenses for members of the Armed Forces. Attach Form 3903 13 ō 14 Deductible part of self-employment tax. Attach Schedule SE 14 0 15 15 0 16 16 o 17 17 0 189 18a 0 b C Date of original divorce or separation agreement (see instructions) 19 19 0 20 Student loan interest deduction . 20 ō 21 21 0 Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or

Cat. No. 71479F

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE E (Form 1040 or 1040-SR)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. 13

TER	RY L. WIKE						Your so	cial secu		ber
STREET, SQUARE,	Income or Loss From Rental Real Estate and R	ovaltie	s Note	· If you	are in t	na bueingen e	f ranting a		8348	en constant
	Schedule C (see instructions). If you are an individual, re	port fan	n rental i	ncome	or loss	from Form 4	renning p	ersonal	propen	y, use
AD	lid you make any payments in 2019 that would require you t	o file F	orm(e) 1	0002 /6	on inc	tructional		F	10	
BI	"Yes," did you or will you file required Forms 1099? .	io ilio i	orrigo) ri	000: (0	ee IIIS	aucaons) .		. [Yes	□ No
ia	Physical address of each property (street, city, state, Z	P code	1	•••	•••	· · · · ·	· · · ·		Yes	□ No
A	1 1 1 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, dode	,							
В		Salva v			-					
C		_	1.775		-			-		-
1b	Type of Property 2 For each rental real estate pro	norty li	etad	-	Fair	Rental	Dorcono	Illas		
	Type of Property (from list below) 2 For each rental real estate property above, report the number of five personal use days. Check the only if you meet the requirement a qualified in the property. See its personal use the property of the personal use days.	air renta	al and			ays	Persona Day:		(JJV
A	personal use days. Check the	QJV b	OX or [A			Day		-	
В	a qualified joint venture. See i	nstructi	ons.	В			-		-	
C			-	C		-			-	<u> </u>
Type	of Property:			0						
	ngle Family Residence 3 Vacation/Short-Term Rental	5 Lor	nd	-	7 0-16	Dontol				
	ulti-Family Residence 4 Commercial		valties			Rental				
Inco		I	yailles		Othe	r (describe)		1	_	
3	Rents received	3		Α		В			С	
4	Royalties received	4		-				-		
Expe	nses:	+ 1	-		0	-	0	-		
5	Advertising	5								
6	Auto and travel (see instructions)	6		-				-		
7	Cleaning and maintenance	7	-		_					
8	Commissions	8		-						
9	Insurance	9				Lance Control				
10	Legal and other professional fees	10			-					
11	Management fees	-	-		-					
12	Mortgage interest paid to banks, etc. (see instructions)	11	-							
13	Other interest.	12								
14	Repairs	13								
15	Supplies	14								
16	Taxes	15								
17	Utilities	16		-	_					
18	Depreciation expense or depletion	17								
19	Other (list)	18			-					
20	Other (list) ▶ Total expenses. Add lines 5 through 19	19								
21		20			0		0			(
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must	1 1								
	file Form 6198	04								
22	Deductible rental real estate loss after limitation, if any,	21		-	0		0			(
	on Form 8582 (see instructions)	000								
23a	Total of all amounts reported on line 3 for all rental prope	22 ())	()
b	Total of all amounts reported on line 4 for all royalty proper	rties			23a		0			
0	Total of all amounts reported on line 12 for all properties	erties		1.0	23b		0			
d	Total of all amounts reported on line 12 for all properties			•	23c		0			
е	Total of all amounts reported on line 20 for all properties			•	23d		0			
24	Income Add positive amounts shown on line 2d To			7 . 0	23e		0			
25	Income. Add positive amounts shown on line 21. Do not	rinclud	e any lo	sses			. 24			0
	Losses. Add royalty losses from line 21 and rental real estate									0)
26	Total rental real estate and royalty income or (loss).	Combin	e lines 2	24 and	25. Er	nter the resu	ult			
	here. If Parts II, III, IV, and line 40 on page 2 do not	apply t	o you,	also er	nter th	is amount o	on			
	Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1	U40-NF	R, line 1	8. Oth	erwise	, include th				
	amount in the total on line 41 on page 2 perwork Reduction Act Notice, see the separate instructions.						. 26			0

Schedule E (Form 1040 or 1040-SR) 2019

	RY L. WIKE	ter riarrie and social se	curity numbe	r it shown on	other side.			Your	social secur	ity number
	tion: The IRS compares	amounts reports	ed on your	tay roturn						8348
Par	Income or Lo	ss From Partne	ershins a	nd S Cor	with amo	Ints snow	In on Schedule(s) I If you report a loss,	<-1.		
111111111111111111111111111111111111111										
	10	a report a toss mon	i di i di-iian	activity for w	hich any	amount is r	not at risk, you must	chock	the boy in	e required bas
	line 28 and attach	Form 6198 (see ins	structions).				ior action, you must	CHECK	THE DOX III	column (t) on
27	Are you reporting an passive activity (if the	ny loss not allowe	ed in a prio	r vear due	to the at-	rick or bo	olo limitationa			
					32), or un	eimburse	od nartnerskin evn	or ye	ar unallow	red loss from
	see instructions bef	ore completing th	is section				a partificianip expi	11365		es V No
28	(a) Na	ame	(b)	Enter P for	(c) Chec		(d) Employer	(e)	Check if	(f) Check if
			for S	rtnership; S S corporation	foreigr partners!		identification number	basis o	computation required	any amount is not at risk
AW	VIKE LAW GROUP, INC			S			82-2358928	75.	П	TION OF TISK
В										T F
D			_							Ti Ti
U	Daccino Inc	ome and I								
-		ome and Loss				No	npassive Income	and L	.oss	
	(g) Passive loss allowed (attach Form 8582 if require		ssive income chedule K-1		npassive los		(i) Section 179 exp	ense	(k) Non	passive income
A			andddic It-1	(5	ee Schedul	2 K-1)	deduction from Form	4562	from S	ichedule K-1
В						45547				
c				-		-				
D										
29a	Totals	835,00		. Distributes	PERSONAL PROPERTY.		ESTABLISHED FILLER	A. STANSON		
b	Totals	0		0		2007/1999			Distance of the last	
30	Add columns (h) and (l		ACTIVITY OF STREET	ACCESSION.		45547		1 000	Principal (
31	Add columns (g), (i), ar							30	,	
32	Total partnership and	S corporation i	ncome or	(loss) Cor	nhine line			31	(45547
Part	III Income or Los	s From Estates	and Tru	sts	Home me	s su and	31	32		(4554)
33								1		
00			(a) Nan	ne					(b) Em identification	
A				7 14 20 20				-	Salar Mary Color	- Transcr
В								-		
	Pass	sive Income and	Loss				Nonpassive In	come	and Loss	
	(c) Passive deduction or		(d)	Passive incom	ne .	(e) D	eduction or loss		(f) Other inc	
	(attach Form 8582 if	required)	fron	Schedule K	-1		Schedule K-1		Schedu	
A										
В	- Partirous Sustantian Act									
34a	Totals	建设设置的	- Parties - Land	atter -	0					
b	Totals	0		San - Fin Harth Will			0			
35 36	Add columns (d) and (f)	of line 34a .						35		
37	Add columns (c) and (e	of line 34b .						36	(0
art	Total estate and trust	Erom Pool Er	toto Mar	lines 35 a	nd 36 .			37		
The state of the s	Income of Loss			(a) Europe	nclusion from	Condu	its (REMICs) - R	esidu	al Holde	er
38	(a) Name	(b) Employer ident number	itication	Schedule	s Q, line 2c	H(0) 15	exable income (net loss) Schedules Q, line 1b		(e) Incom	e from
				(see ins	tructions)	_		SPANISH	Schedules	a, line 3b
39	Combine columns (d) a	nd (e) only Enter	the result	here and in	oludo in i	O)	0	COMMISSION		
art	Summary	na (o) only. Enter	the result	nere and ii	iciude III i	ne total o	in line 41 below	39		
0	Net farm rental income	or (loss) from For	rm 4835 A	len compl	oto lino 4	2 holow		40		
11	Total income or (loss). Combine lines	26, 32, 37, 39, and 40. Enter	the result here ar	d on Schedule 1 (Form 1040 or 10	MO.SEL line 5	or Error 1040 ND Fee 10 h	40		
	Reconciliation of farm					TO dry, mic J, t	a rum to-s-tin, are to P	41 WHEE	(Paris la lineau)	45547
77/	farming and fishing incor	ne reported on Fo	rm 4835 lir	e 7: School	gross					
	(Form 1065), box 14, cod	e B; Schedule K-1	(Form 112	0-S), box 17	7. code					
	AC; and Schedule K-1 (Fe	orm 1041), box 14	code F (se	e instruction	ns) .	42				
	Reconciliation for real esta-									
	(see instructions), enter the	net income or (loss)	you reported	anywhere	on Form					
	1040, Form 1040-SR, or Forr	n 1040-NR from all re	ental real esta	te activities	in which				Maring Sch	
	you materially participated un	der the passive activi	ty loss rules			43	200			
	Annual Control of the		1			70			The state of the s	

Form 1120-S

Department of the Treasury

U.S. Income Tax Return for an S Corporation

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation. ► Go to www.irs.gov/Form1120S for instructions and the latest information. OMB No. 1545-0123 2019

Internal Revenue Service For calendar year 2019 or tax year beginning 2019, ending 20 A S election effective date Name D Employer Identification number 08/02/2017 WIKE LAW GROUP, INC 82-2358928 TYPE B Business activity code Number, street, and room or suite no. If a P.O. box, see instructions. E Date incorporated OR number (see instructions) 10120 W. FLAMINGO RD. STE 4-107 PRINT 08/02/2017 541190 City or town, state or province, country, and ZIP or foreign postal code F Total assets (see instructions) LAS VEGAS NV 89147 C Check if Sch. M-3 attached G is the corporation electing to be an S corporation beginning with this tax year? Yes X No If "Yes," attach Form 2553 if not already filled H Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) Selection termination or revocation Enter the number of shareholders who were shareholders during any part of the tax year Check if corporation: (1) Aggregated activities for section 465 at-risk purposes (2) Grouped activities for section 469 passive activity purposes Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information. Gross receipts or sales 1a Returns and allowances 1b Balance. Subtract line 1b from line 1a . . 1¢ 58,516. Іпсоте Cost of goods sold (attach Form 1125-A) . 2 3 3 58,516. Net gain (loss) from Form 4797, line 17 (attach Form 4797) 4 5 Other income (loss) (see Instructions—attach statement) 5 Total income (loss). Add lines 3 through 5 6 58,516. Compensation of officers (see instructions-attach Form 1125-E) 7 8,464. limitations) Salaries and wages (less employment credits) 8 9 10 10 ق Rents 11 7,752. 11 instructions 12 Taxes and licenses . . . 12 2,998. 13 Interest (see instructions) 13 14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562). 14 15 Depletion (Do not deduct oil and gas depletion.) 15 596 16 16 2,361. ons 17 Pension, profit-sharing, etc., plans . . . 17 Employee benefit programs 18 18 Other deductions (attach statement) . See Statement 19 19 82,488. 20 Total deductions. Add lines 7 through 19 20 104,063. 21 Ordinary business income (loss). Subtract line 20 from line 6 21 -45,547. 22a Excess net passive income or LIFO recapture tax (see instructions) . . . 22a 22b Add lines 22a and 22b (see instructions for additional taxes) . 22c and Payments 23a 2019 estimated tax payments and 2018 overpayment credited to 2019 23a 23b Credit for federal tax paid on fuels (attach Form 4136) . . 23c 23d Add lines 23a through 23d 23e Zex Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . 24 24 25 Amount owed. If line 23e is smaller than the total of lines 22c and 24, enter amount owed ... 25 26 Overpayment. If line 23e is larger than the total of lines 22c and 24, enter amount overpaid . . . 26 27 Enter amount from line 26: Credited to 2020 estimated tax ▶ Refunded ▶ 27 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and befiel, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign May the IRS discuss this return Here PRESIDENT with the preparer shown ball Signature of officer Date See instructions. Yes No Print/Type preparer's name Preparer's signature Date Paid Check | if self-employed Preparer Self-Prepared Firm's name ➤ Firm's EIN ▶ **Use Only** Firm's address ➤ Phone so. For Paperwork Reduction Act Notice, see separate instructions. BAA

Form 1120-S (2019)

REV D4/28/20 TTRIZ

-	edule B Other Information	see instructions	1			F	Page 2
1	Check accounting method: a	Cash b .	Accrual			Yes	No
2	See the instructions and enter the: a Business activity ▶ Legal Se						
3	At any time during the tax year, w nominee or similar person? If "Yes,"	as any shareholde	r of the corporation a c	disregarded entity	a trust an estate or a		×
4	At the end of the tax year, did the co				and desiporation .		Page 5
а	Own directly 20% or more, or own foreign or domestic corporation? F below	or rules of construc	ctive ownership, see ins	tructions. If "Yes,"	complete (i) through (v)		×
	(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) Is the Date (if any) a Qualified S Subsidiary Election V	Subch	apter
b	Own directly an interest of 20% or capital in any foreign or domestic pa trust? For rules of constructive own	artnership (including	an entity treated as a p	artnership) or in the	beneficial interest of a		×
	(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization		tage O	wned al
5a	At the end of the tax year, did the co	low.					×
	(i) Total shares of restricted stock (ii) Total shares of non-restricted	stock					
b	At the end of the tax year, did the colf "Yes," complete lines (i) and (ii) be (i) Total shares of stock outstand	orporation have any low.	outstanding stock optio	ins, warrants, or sim	nilar instruments? .		×
6	(ii) Total shares of stock outstand Has this corporation filed, or is it	ing if all instrument required to file,	s were executed ► Form 8918, Material A	dvisor Disclosure	Statement, to provide		
_	information on any reportable transa	ction?					×
7	Check this box if the corporation iss If checked, the corporation may have Instruments.						
8	If the corporation (a) was a C corpora basis determined by reference to the I (b) has net unrealized built-in gain in e gain reduced by net recognized built-i	pasis of the asset (o	r the basis of any other prognized built-in gain from	roperty) in the hands	of a C corporation and		
9	Did the corporation have an election in effect during the tax year? See ins	under section 163	(j) for any real property t	trade or business of	r any farming business		
10	Does the corporation satisfy one or	more of the followin	a? See instructions	2 2 2 3 3 4 4			×
а	The corporation owns a pass-throug	h entity with curren	t, or prior year carryover	. excess business in	nterest expense	No.	
b	The corporation's aggregate avera preceding the current tax year are m	ge annual gross i	eceipts (determined un	der section 448(c)) for the 3 tax years		
С	The corporation is a tax shelter and if "Yes," complete and attach Form 8	the corporation has	business interest expen	ise.			
11	Does the corporation satisfy both of		itions?			×	
a	The corporation's total receipts (see			\$250,000.			
b	The corporation's total assets at the	end of the tax year	were less than \$250,000				1
	If "Yes," the corporation is not requir	ed to complete Sci	nedules L and M-1.				

Form 1120-S (2019)

une	dule B	Other Information (see instructions) (continued)	Yes I						
12	During	the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the							
2000 C	terms m	nodified so as to reduce the principal amount of the debt?							
	If "Yes,"	enter the amount of principal reduction	JOSEPH ST						
13	During t	he tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions .	9353935						
14a	Did the	corporation make any payments in 2019 that would require it to file Form(s) 1099?	×						
b	If "Yes."	did the corporation file or will it file required Form(s) 1099?	×						
15	Is the co	prporation attaching Form 8996 to certify as a Qualified Opportunity Fund?							
	If "Yes."	enter the amount from Form 8996, line 14	And the second						
che	dule K	Shareholders' Pro Rata Share Items Total an	acupt.						
	1								
	2	Net rental real estate income (loss) (attach Form 8825)	45,54						
	3a	Other gross rental income (loss)							
	b	Expenses from other rental activities (attach statement) 3b							
	c								
2)	4								
Income (Loss)	5	Di idd 0 " " id id							
e (L	"	b Qualified dividends							
E	6	D. III							
100	7								
-	8a								
	b	Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))							
	2.50	Collectibles (28%) gain (loss)							
	9	Unrecaptured section 1250 gain (attach statement) 8c							
	10	Net section 1231 gain (loss) (attach Form 4797)							
-		Other income (loss) (see instructions) Type ▶ 10							
ns	11	Section 179 deduction (attach Form 4562)							
tio.	12a	Charitable contributions							
Deductions	b	Investment interest expense							
De	C	Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶ 12c(2)							
	d	Other deductions (see instructions) Type ▶ 12d							
	13a	3							
	b	Low-income housing credit (other)							
Credits	C	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) 13c							
re	d	Other rental real estate credits (see instructions) Type ▶ 13d							
O	е	Other rental credits (see instructions) Type 13e							
	f	Biotuel producer credit (attach Form 6478)							
	g	Other credits (see instructions) Type ▶ 13g							
	14a	Name of country or U.S. possession ▶							
	b	Gross income from all sources							
	C	Gross income sourced at shareholder level							
		Foreign gross income sourced at corporate level							
	d	Reserved for future use							
	е	Foreign branch category							
	f	Passive category							
22	g	General category							
Foreign Transactions	h	Other (attach statement)							
ac		Deductions allocated and apportioned at shareholder level							
aus	i	Interest expense							
Ė	j	Other							
igi		Deductions allocated and apportioned at corporate level to foreign source income							
ore	k	Reserved for future use							
ш_	1	Foreign branch category							
	m	Passive category							
	n	General category							
	0	Other (attach statement)							
		Other information	-						
	1	Talk in a control of the control of							
	n								
	q	Total foreign taxes (check one): Paid Accrued							

_	120-S (2019						Page 4
Sche	dule K					T	otal amount
×	15a	Post-1986 depreciation adjustment				15a	
īve Ta	E b	Adjusted gain or loss				15b	
um mat	≝ c	Depletion (other than oil and gas)				15c	
in ter	E d	Oil, gas, and geothermal properties—gro	ss income			15d	
Alternative Minimum Tax	₹ e	Oil, gas, and geothermal properties-dec	ductions			15e	
	f	Other AMT items (attach statement)		<i></i> .		15f	
Items Affecting Shareholder	16a	Tax-exempt interest income				16a	
ems Affectin Shareholder	o b	Other tax-exempt income				16b	
Aff	Basis o o	Nondeductible expenses				16c	
har	n d	Distributions (attach statement if required	d) (see instructions)			16d	
E S	е	Repayment of loans from shareholders .				16e	
- Lo	17a	Investment income	4 4 4 6 6 6		v s a a	17a	
Other Information	b	Investment expenses				17b	
Other	C	Dividend distributions paid from accumul				17c	
īf ,	d	Other items and amounts (attach stateme	ent) ** SEC 1997	TNEO. CEE CT	י יישי	17C	V5/05 DESCRIPTION 5000
		outer from and amounts (attach stateme	ong BEC 1998	INFO: BEE 31	PIL A	BOOK SERVICE	
Recon-	18	Income (loss) reconciliation. Combine	the amounts on live	an 1 thurstell 10 5	AL - 6 1-14		
Be cilis	10	column. From the result, subtract the sun				10	
	dule L	Balance Sheets per Books				18	-45,547.
Conc	adic E	Assets		of tax year		End of tax	
1	Cash	(2020)00000000	(a)	(b)	(c)	Concus	(d)
2a		otes and accounts receivable					
			,		,	, 1	
ь		owance for bad debts	COLUMN CONTRACTOR CONT		()	
3		les					
4		vernment obligations					
5		mpt securities (see instructions)					
6		urrent assets (attach statement)					
7		shareholders			AT THE PROPERTY OF		
8		e and real estate loans				GDI	
9		vestments (attach statement)					
10a	_	s and other depreciable assets					
b		cumulated depreciation	()		()	
11a	Depletal	ole assets					
b	Less acc	cumulated depletion	(()	
12	Land (ne	et of any amortization)					
13a	Intangib	le assets (amortizable only)				100	
b	Less acc	cumulated amortization	()		()	
14	Other as	sets (attach statement)					
15	Total ass	sets					
	L	iabilities and Shareholders' Equity					
16	Account	s payable					
		es, notes, bonds payable in less than 1 year					
18	Other cu	rrent liabilities (attach statement)			No. of the last		
19		om shareholders			Track Control		
		es, notes, bonds payable in 1 year or more				3538	
		bilities (attach statement)					
		stock					
		al paid-in capital					
		dearnings					
		ents to shareholders' equity (attach statement)					
		st of treasury stock		,			
		bilities and shareholders' equity		()
61	Total Hat	mines and snareholders equity	Carried Control of the Control			ASSOCIATION AND ADDRESS OF THE PARTY OF THE	

Sch	edule M-1 Reconciliation of Income (London Note: The corporation may be re	oss) per Book quired to file Scl	s With nedule M	Income (Loss) per I-3. See instructions.	Return	Page
1 2	Net income (loss) per books		5	Income recorded o not included on So through 10 (itemize): Tax-exempt interest	chedule K, lines 1	
3 a	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14p (itemize): Depreciation \$			Deductions included lines 1 through 12 an against book income Depreciation \$	d 14p, not charged this year (itemize):	
b				Add lines 5 and 6 . Income (loss) (Sche		
4 Selat	Add lines 1 through 3	untmonto A e		Subtract line 7 from I	ine 4	L
	Previously Taxed, Accumula (see instructions)	ted Earnings	and Pro	ofits, and Other Ad	listributed Taxabl	le Income Int
		(a) Accum adjustments		(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1	Balance at beginning of tax year					
2	Ordinary income from page 1, line 21					
4	Other additions	,	1			
5	Loss from page 1, line 21	1)			,
6	Combine lines 1 through 5	1				(
7	Distributions					
8	Balance at end of tax year. Subtract line 7 from line 6	n				

Schedule K-1 (Form 1120-S) 2019	Pa	Dec	reholder's Shar ductions, Credits	e of 0 s, and	
Internal Revenue Service For calendar year 2019, or tax year	1	Ordinary bus	iness income (loss) -45,547.	13	Credits
beginning / / 2019 ending / /	2	Net rental rea	al estate income (loss)		
Shareholder's Share of Income, Deductions, Credits, etc. See back of form and separate instructions.	3	Other net ren	tal income (loss)	-	
Part I Information About the Corporation	4	Interest incor	ne	 	
A Corporation's employer identification number 82 - 23 58 92 8	5a	Ordinary divid	dends		
B Corporation's name, address, city, state, and ZIP code WIKE LAW GROUP, INC	5b	Qualified divi	dends	14	Foreign transactions
10120 W. FLAMINGO RD. STE 4-107	6	Royalties			
LAS VEGAS NV 89147	7	Net short-terr	m capital gain (loss)		
C IRS Center where corporation filed return Ogden, UT 84201-0013	8a	Net long-term	capital gain (loss)		
Part II Information About the Shareholder	8b	Collectibles (2	28%) gain (loss)		
D Shareholder's identifying number 8 3 4 8	8c	Unrecaptured	section 1250 gain		
E Shareholder's name, address, city, state, and ZIP code TERRY I. WIKE	9	Net section 12	231 gain (loss)		
11120 FOREVER SUNSET CT LAS VEGAS NV 89135	10	Other income	(loss)	15	Alternative minimum tax (AMT) iter
F Shareholder's percentage of stock ownership for tax year					
	11	Section 179 d	eduction	16	Items affecting shareholder basi
	12	Other deduction	ons		
<u> </u>					
				17 V *	Other information
	18 [one activity for at-risk one activity for passiv		

Page 2

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040 or 1040-SR. For detailed reporting and filing information, see the separate Shareholder's instructions for Schedule K-1 and the instructions for your income tax return.

1.	Ordinary business income (loss). De	termine whether the income (loss) is	Code Report on
	passive or nonpassive and enter on yo		N Credit for employer social
	Passive loss	Report on See the Shareholder's instructions	security and Medicare taxes
	Passive income	Schedule E, line 28, column (h)	Backup withholding See the Shareholder's Instructions
	Nonpassive loss	See the Shareholder's Instructions	P Other credits
	Nonpassive income	Schedule E, line 28, column (k)	14. Foreign transactions
2.		See the Shareholder's Instructions	A Name of country or U.S.
3.	Other net rental income (loss)		possession P. Connaissanta formalismuses
	Net income Net loss	Schedule E, fine 28, column (h)	B Gross income from all sources Form 1116, Part I C Gross income sourced at
4.		See the Shareholder's Instructions	shareholder level
	Ordinary dividends	Form 1040 or 1040-SR, line 2b	Foreign gross income sourced at corporate level
	Qualified dividends	Form 1040 or 1040-SR, line 3b Form 1040 or 1040-SR, line 3a	D Reserved for future use
6.		Schedule E. line 4	E Foreign branch category
7.	Net short-term capital gain (loss)	Schedule D, line 5	F Passive category Form 1116, Part I
	Net long-term capital gain (loss)	Schedule D. line 12	G General category H Other
	Collectibles (28%) gain (loss)	28% Rate Gain Worksheet, line 4	Deductions allocated and apportioned at shareholder level
		(Schedule D instructions)	I Interest expense Form 1116, Part !
8c.	Unreceptured section 1250 gain	See the Shareholder's Instructions	J Other Form 1116, Part I
9.	Net section 1231 gain (loss)	See the Shareholder's Instructions	Deductions allocated and apportioned at corporate level to foreign source
10.			income
	Code		K Reserved for future use
	A Other portfolio income (loss)	See the Shareholder's Instructions	L Foreign branch category
	B Involuntary conversions	See the Shareholder's Instructions	M Passive category N General category Form 1116, Part
	C Sec. 1256 contracts & straddles	Form 6781, line 1	N General category Form 1116, Part I
	D Mining exploration costs recapture	See Pub. 535	Other Information
	F Reserved for future use F Section 965(a) inclusion		P Total foreign taxes paid Form 1116, Part ii
	* *		Q Total foreign taxes accrued Form 1116, Part II
	G. Income under subpart F (other than inclusions under sections)	See the Shareholder's Instructions	R Reduction in taxes available for
	951A and 965)	See the Shareholder's instructions	credit Form 1116, fine 12
	H Other income (loss)		S Foreign trading gross receipts Form 8873
11.	Section 179 deduction	See the Shareholder's Instructions	T Extrateratorial income exclusion Form 8873
12.	Other deductions		U Section 965 Information See the Shareholder's Instructions
	A Cash contributions (50%)		V Other foreign transactions See the Shareholder's Instructions
	B Cash contributions (30%)		15. Alternative minimum tax (AMT) items A Post-1986 depreciation adjustment
	C Noncash contributions (50%)		B Adjusted gain or loss
	D Noncash contributions (30%) E Capital gain property to a 50%	See the Shareholder's Instructions	C Depletion (other than oil & gas) See the Shareholder's Instructions
	organization (30%)		D Oil, gas, & geothermal—gross income and the Instructions for Form 6251
	F Capital gain property (20%)		E Oil, gas, & geothermal—deductions
	G Contributions (100%)		F Other AMT items
	H Investment interest expense	Form 4952, line 1	16. Items affecting shareholder basis
	Deductions—royalty income	Schedule E, line 19	A Tax-exempt interest income Form 1040 or 1040-SR, line 2a B Other tax-exempt income
	J Section 59(e)(2) expenditures K Section 965(c) deduction	See the Shareholder's Instructions	C Nondeductible expenses
	L Deductions—portfolio (other)	See the Shareholder's Instructions Schedule A, line 16	D Distributions See the Shareholder's Instructions
	M Preproductive period expenses	See the Shareholder's Instructions	E Repayment of loans from
	N Commercial revitalization deduction		shereholders)
	from rental real estate activities	See Form 8582 instructions	17. Other Information
	O Reforestation expense deduction	See the Shareholder's Instructions	A Investment income Form 4952, line 46
	P through R S Other deductions	Reserved for future use	B Investment expenses Form 4952, line 5
12 0	a One deductions Credits	See the Shareholder's Instructions	C Qualified rehabilitation expenditures (other than rental real estate) See the Shareholder's Instructions
13. C	A Low-income housing credit (section	\	D Basis of energy property See the Shareholder's instructions
	42()(5)) from pre-2008 buildings)	E Recapture of low-income housing
	B Low-income housing credit (other)	1	credit (section 42(j)(5)) Form 8611, line 8
	from pre-2008 buildings	ļ	F Recepture of low-income housing
	C Low-income housing credit (section		credit (other) Form 8611, line 8
	42()(5)) from post-2007 buildings	See the Shareholder's	G Recapture of investment credit See Form 4255 H Recapture of other credits See the Shareholder's Instructions
	 Low-income housing credit (other) from post-2007 buildings 	Instructions	Look-back interest—completed
	E Qualified rehabilitation expenditures	!	long-term contracts See Form 8697
	(rental real estate)	1	J Look-back interest—income
	F Other rental real estate credits	1	forecast method See Form 8866
	G Other rental credits	1	K Dispositions of property with
	H Undistributed capital gains credit	Schedule 3 (Form 1040 or 1040-SR), line	Section 179 deductions
	· -	13, box a	Recapture of section 179 deduction See the Shareholder's Instructions M through U
	Biofuel producer credit	1	V Section 199A information
	J Work opportunity credit K Disabled according credit	See the Sharehalded-	W through Z Reserved for future use
	K Disabled access credit L Empowerment zone employment credit	See the Shareholder's Instructions	AA Excess taxable income
	M Credit for increasing research		AB Excess business interest income See the Shareholder's Instructions
	activities	J	AC Other information
		REV 04/28/	20 TTBIZ

Statement A—QBI Pass-through Entity Reporting

Page 1

Corporation's	name: WIKE LAW GROUP, INC		Corporation's EIN: 8:	2-2358928
Shareholder's n	ame: TERRY L. WIKE	Shareholder's identifyir		
		1120S, Line 21		
Shareholder's	share of:	□PTP □Aggregated ⊠SSTB	□ PTP □ Aggregated □ SSTB	☐ PTP ☐ Aggregated ☐ SSTB
QBI or qualified	PTP items subject to shareholder-specific determination	s:		
	Ordinary business income (loss)	-45,547.		
	Rental income (loss)			
	Royalty income (loss)			
	Section 1231 gain (loss)			
	Other income (loss)			
	Section 179 deduction			
	Charitable contributions			
	Other deductions			
W-2 wages		8,464.		
UBIA of qualified	property			
Section 199A div				

Statement A—QBI Pass-through Entity Reporting

Corporation's	name:		Corporation's EIN:	
Shareholder's na		Shareholder's ident		
Shareholder's		□ PTP □ Aggregated □ SSTB	□ PTP □ Aggregated □ SSTB	☐ PTP ☐ Aggregated ☐ SSTB
QBI or qualified	PTP items subject to shareholder-specific determination	is:		
	Ordinary business income (loss)	<u></u>		
	Rental income (loss)			
	Royalty income (loss)			
	Section 1231 gain (loss)			
	Other income (loss)			
	Section 179 deduction			
	Charitable contributions			
	Other deductions			
W-2 wages				
UBIA of qualified	d property			
Section 199A div	/Idends			

REV 04/28/20 TTBIZ

Form 8453-S

U.S. S Corporation Income Tax Declaration for an IRS e-file Return

► File electronically with the corporation's tax return. (Don't file paper copies.) ► Go to www.irs.gov/Form8453S for the latest information.

CMB No. 1545-0123 201**9**

Department of the Treasury Internal Revenue Service

Preparer

Use Only

BAA

Firm's name >

Firm's address ▶

For Privacy Act and Paperwork Reduction Act Notice, see instructions,

For calendar year 2019, or tax year beginning , 2019, and ending Name of corporation Employer Identification number WIKE LAW GROUP INC 82-2358928 Tax Return Information (whole dollars only) Part I Gross receipts or sales less returns and allowances (Form 1120-S, line 1c) 58,516. Gross profit (Form 1120-S, line 3) . 2 58,516. 3 Ordinary business income (loss) (Form 1120-S, line 21) . . . 3 -45<u>,54</u>7. Net rental real estate income (loss) (Form 1120-S, Schedule K, line 2) . 4 Income (loss) reconciliation (Form 1120-S, Schedule K, line 18) -45,547. Declaration of Officer (see instructions) Be sure to keep a copy of the corporation's tax return. I consent that the corporation's refund be directly deposited as designated on the Form 8050, Direct Deposit of Corporate Tax Refund, that will be electronically transmitted with the corporation's 2019 federal income tax return. þ I do not want direct deposit of the corporation's refund or the corporation is not receiving a refund. I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) C entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If the corporation is filing a balance due return, I understand that if the IRS doesn't receive full and timely payment of its tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. Under penalties of perjury, I declare that I'm an officer of the above corporation and that the information I've given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the corporation's 2019 federal income tax return. To the best of my knowledge and belief, the corporation's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the corporation's return, this declaration, and accompanying schedules and statements to the IRS. I also consent to the IRS sending my ERO, transmitter, and/or ISP an acknowledgement of receipt of transmission and an indication of whether or not the corporation's return is accepted and, if rejected, the reason(s) for the rejection. If the processing of the corporation's return or refund is delayed, I authorize the IRS to disclose to my ERO, transmitter, and/or ISP the reason(s) for the delay, or when the refund was sent. Sign PRESIDENT Here Signature of officer Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) I declare that I've reviewed the above corporation's return and that the entries on Form 8453-S are complete and correct to the best of my knowledge. If I'm only a collector, I'm not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The corporate officer will have signed this form before I submit the return. I'll give the officer a copy of all forms and information to be filed with the IRS, and I've followed all other requirements in Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I'm also the Pald Preparer, under penalties of perjury I declare that I've examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I've any knowledge. Date Check if Check if ERO's SSN or PTIN ERO's ERO's signature employed П Use Firm's name (or yours if self-employed) address, and ZIP code FIN Only Prone no. Under penalties of perjury, I declare that I've examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I've any knowledge. Print/Type preparer's name Preparer's signature Check if Paid employed

Form 8453-\$ (2019)

Firm's EIN ▶

Phone no.

S Corporation Five Year Tax History Keep for your records

2019

Nan WIE	ne CE LAW GROUP, INC					Employer Identification Number 82-2358928		
		2015	2016	2017	2018	2019		
1	Gross receipts	<u> </u>				58,516		
2	Cost of sales							
3	Gross profit				_	58,516		
4	Net 4797 gain (loss)							
5	Other income (loss)							
6	Total income (loss)					58,516		
7	Salaries							
8	Depreciation							
9	Other deductions .					104,063		
0	Total deductions					-104,063		
1	Business income .					-45,547		
2	Passive investment							
	income							
3	Passive investment							
	expense					İ		
4	Net passive							
	investment income					Ī		
5	Excess net passive							
	income tax							
6	Tax from							
	Schedule D							
7	Additional taxes							
8	Tax liabitity							
9	Tax return			·	-			
	preparation fee					f		

SPSW2301.SCR 08/27/19

199A Statement A Summary

2019

Corporation's Name: WIKE LA	AW GROUP, INC	Corporation's EIN:	32-2358928
	1120S, Line 21		
	PTP	IPTP	- I IPTP
		H-1	1.000
	Aggregated X SSTB	Aggregated	Aggregated
	N 331B	SSTB	SSTB
Shareholder's share of:			
QBI or qualified PTP items subje	ect to shareholder-specific	determinations:	
Ordinary business inc (loss) .	45,547.	T	
Rental income (loss)			-
Royalty income (loss)			
			-
Section 1231 gain (loss)	•		
Other income (loss)			
Section 179 deduction			
Charitable contributions			
Other deductions			
W-2 wages			
UBIA of qualified property			
Corporation's Name:		Corporation's EIN:	
	PTP	PTP	PTP
	PTP Aggregated	PTP Aggregated	Aggregated
	PTP	PTP	
Shareholder's share of:	PTP Aggregated SSTB	PTP Aggregated SSTB	Aggregated
Shareholder's share of:	PTP Aggregated SSTB	PTP Aggregated SSTB	Aggregated
Shareholder's share of: QBI or qualified PTP items subject	PTP Aggregated SSTB ct to shareholder-specific of	PTP Aggregated SSTB	Aggregated
Shareholder's share of: QBI or qualified PTP items subje Ordinary business inc (loss)	PTP Aggregated SSTB ct to shareholder-specific of	PTP Aggregated SSTB	Aggregated
Shareholder's share of: QBI or qualified PTP items subject Ordinary business inc (loss)	PTP Aggregated SSTB ct to shareholder-specific of	PTP Aggregated SSTB	Aggregated
Shareholder's share of: QBI or qualified PTP items subject Ordinary business inc (loss)	PTP Aggregated SSTB ct to shareholder-specific of	PTP Aggregated SSTB	Aggregated
Shareholder's share of: QBI or qualified PTP items subject Ordinary business inc (loss) Rental income (loss) Royalty income (loss) Section 1231 gain (loss)	PTP Aggregated SSTB ct to shareholder-specific of	PTP Aggregated SSTB	Aggregated
Shareholder's share of: QBI or qualified PTP items subject Ordinary business inc (loss) Rental income (loss) Royalty income (loss) Section 1231 gain (loss) Other income (loss)	PTP Aggregated SSTB ct to shareholder-specific of the sha	PTP Aggregated SSTB	Aggregated
Shareholder's share of: QBI or qualified PTP items subject Ordinary business inc (loss) Rental income (loss) Royalty income (loss) Section 1231 gain (loss) Other income (loss) Section 179 deduction	PTP Aggregated SSTB ct to shareholder-specific of	PTP Aggregated SSTB	Aggregated
Shareholder's share of: QBI or qualified PTP items subject Ordinary business inc (loss)	PTP Aggregated SSTB ct to shareholder-specific of the sha	PTP Aggregated SSTB	Aggregated
Shareholder's share of: QBI or qualified PTP items subject Ordinary business inc (loss) Rental income (loss) Royalty income (loss) Section 1231 gain (loss) Other income (loss) Section 179 deduction Charitable contributions	PTP Aggregated SSTB ct to shareholder-specific of the sha	PTP Aggregated SSTB	Aggregated
Shareholder's share of: QBI or qualified PTP items subject Ordinary business inc (loss) Rental income (loss) Royalty income (loss) Section 1231 gain (loss) Other income (loss) Section 179 deduction Charitable contributions Other deductions W-2 wages	PTP Aggregated SSTB ct to shareholder-specific of the sha	PTP Aggregated SSTB	Aggregated
Shareholder's share of: QBI or qualified PTP items subject Ordinary business inc (loss) Rental income (loss) Royalty income (loss) Section 1231 gain (loss) Other income (loss) Section 179 deduction Charitable contributions	PTP Aggregated SSTB ct to shareholder-specific of the sha	PTP Aggregated SSTB	Aggregated

spsw9907.SCR 12/14/19

199A Worksheet by Activity • Keep for your records

2019

	Neep for your records	
Corporation's name WIKE LAW GROUP, INC		Corporation's EIN 82-2358928
Aggregation Code:	Trade or Business: <u>1120S</u> , <u>Line 21</u> EIN: <u>82-2358928</u>	
	Check if activity is NOT a qualified trade/busin Specified Service Trade or Business?	ness X Yes No
QBI or qualified PTP items su	bject to shareholder-specific determinations:	
b Adjustments	ne (loss)	1 c -45,547.
9 a W-2 wages	9 a 8 8 5 5 5 6 7 7 8 8 7 8 8 7 8 7 8 7 8 8 7 8 7 8 7	9 c 8,464.

spsw9906.SCR 04/20/20

Form 1120S Schedule L

Accumulated Depreciation, Amortization and Depletion Worksheet Keep for your records

2019

Name as Shown on Return WIKE LAW GROUP, INC	!	ification Number 2358928
Book Accumulated Depreciation, Amortization and Depletion		·
		Depreciation
Beginning balance (From Schedule L, column a, line 10b) Current book expense Less accumulated - assets sold Less accumulated - assets retired Ending balance (To Schedule L, column c, line 10b) Check to enter on Balance Sheet No		
		Amortization
Beginning balance (From Schedule L, column a, line 13b) Current book expense Less accumulated - assets sold Less accumulated - assets retired Ending balance (To Schedule L, column c, line 13b) Check to enter on Balance Sheet X Yes No		
		Depletion
Beginning balance (From Schedule L, column a, line 11b) Current book expense Less accumulated - assets sold Less accumulated - assets retired. Ending balance (To Schedule L, column c, line 11b) Check to enter on Balance Sheet X Yes No		
Total Depreciation, Amortization, and Land Worksheet		
and Land Worksheet		Depreciation
Beginning balance building/other assets Less assets sold Less assets retired Plus new assets Adjustments to ending buildings and other depreciable assets Ending balance building/other assets (To Schedule L, column c, line 10a) Check to enter on Balance Sheet	 	
	$\overline{}$	Land
Beginning balance land assets Less land assets sold Less land assets retired Plus new land assets Adjustments to ending land assets Ending balance (To Schedule L, column d, line 12) Check to enter on Balance Sheet		
	立	Amortization
Beginning balance intangible assets Less amortized assets sold Less amortized assets retired Plus new amortized assets Adjustments to amortized assets Ending balance (To Schedule L, column c, line 13a) Check to enter on Balance Sheet No		

spsw9301.SCR 88/27/19

2019 Federal Tax Return Summary
Important: Your taxes are not finished until all required steps are completed.



WIKE LAW GROUP, INC 10120 W. FLAMINGO RD. STE 4-107 LAS VEGAS, NV 89147

Balance Due/ Refund	No payment is required with you U.S. S Corporation Income Tax R 	ır Federal tax r eturn).	eturn (2019 Fo	orm 1120S,
2019 Federal Tax Return Summary	No Refund or Amount Due	\$	0.00	
Forms Included				

Additional information from your 2019 US Form 1120S: Income Tax Return for S Corp

Form 1120S: S-Corporation Tax Return

Other Deductions

Continuation Statement

1

Description	Amount
DUES AND SUBSCRIPTIONS	1,100.
INSURANCE	5,681.
LEGAL AND PROFESSIONAL	15,500.
OFFICE EXPENSE	976.
OUTSIDE SERVICES/INDEPENDENT CONTRACTORS	9,758.
POSTAGE	160.
TELEPHONE	B13.
LEASE CORP JUDGMENT/SETTLEMENT EXPENSE	48,500.
Total	82,488.

₺1040-X

Department of the Treasury—Internal Revenue Service Amended U.S. Individual Income Tax Return

	Go to www.irs.gov/Form10	40X	for instructions a	nd the	latest information		1	
This	return is for calendar year 2019 2018	201		110 010	latest informatio	n.		
Othe	er year. Enter one: calendar year 2020 or fiscal y		month and year	ende	ų.			
	rist name and middle Initial		name	ciido	шу.	Vour	social secur	
TER		WIK	Œ			1001	OCIED SOCIE	
If joint	return, spouse's first name and middle initial	Las	Last name			Spouse's social security number		
						Spous	e s social s	ecunty number
Curren	t home address (number and street). If you have a P.O. box, see instru	uction	ıs.		Apt. no.	Vour	hone numbe	
1112	FOREVER SUNSET CT.				1	Tour p		r 30-2934
City, to	own or post office, state, and ZIP code. If you have a foreign address,	also (complete spaces bel	ow. See	Instructions.	<u> </u>	(102)0.	30-2734
LAS	VEGAS, NV, 89135							
Foreig	n country name	П	Foreign province/sta	te/coun	ty	Т	Foreign pos	ial code
					-		g., pag	
Ame	nded return filing status. You must check one box ev	ren i	f you are not	ПП	Full-year health	0250 0		or, for amended
cnan	ging your filing status. Caution: I n general, you can't of	hanr	e your filing	20	18 returns only	. exen	not) If a	or, for amended nending a 2019
Status	s from a joint return to separate returns after the due da	ate.		ret	um, leave blank.	See ins	structions.	monding a 2019
✓ Si	ngle 🔲 Married filing jointly 🔲 Married filing separa	ately	(MFS) Qua	alifying	widowled (OM)		Hond of b	ousehold (HOH)
If you	checked the MFS box, enter the name of spouse if a	vou	checked the HC)H or	OW how enter t	ho chil	die neme	if the coulification
perso	n is a child but not your dependent. ►				arr box, enter t	ne cius	u s name	ii the qualitying
	Use Part III on the back to explain any	oho	nace		A. Original amount	B. Net	change-	
		Cila	riges		reported or as	amount	of increase	C. Correct
inco	me and Deductions				previously adjusted (see instructions)	explair	crease)— n in Part (II	amount .
1	Adjusted gross income. If a net operating loss ()	NOL) carryback is					
	included, check here		▶□	1	-22,556		-18,015	-4,541
2	Itemized deductions or standard deduction			2	12,400		0	12,400
3	Subtract line 2 from line 1			3	0		0	0
4a		nly).	If changing,					
	complete Part I on page 2 and enter the amount from	i line	29	4a	o		0	0
þ	Qualified business income deduction (amended 2018 of	or la	ter returns only)	4b	0		0	0
5	Taxable income. Subtract line 4a or 4b from line 3. I							
	or less, enter -0-		<u></u> .	5	o		o	0
	lability							
6	Tax. Enter method(s) used to figure tax (see instruction	ns):					- 1	
_	***************************************			6	0		o	0
7	Credits. If a general business credit carryback is include	d, cl	neck here 🕨 🗌	7	0		0	0
8	Subtract line 7 from line 6. If the result is zero or less,	ente	er-0	8	0		0	0
9	Health care: individual responsibility (amended 2018	or 3	earlier returns					
10	only). See instructions	٠		9	0		0	0
11	Other taxes	•		10	0		0	0
	Total tax. Add lines 8, 9, and 10	<u>·</u>	<u> </u>	11	0		0	0
Paym					1			
12	Federal income tax withheld and excess social securit	ty a	nd tier 1 RRTA		1		- 1	
13	tax withheld. (If changing, see instructions.)	٠.		12	0		0	0
14	Estimated tax payments, including amount applied from	pno	or year's return	13	0		0	0
15	Earned income credit (EIC)	<u> </u>		14	0		0	0
	Refundable credits from: Schedule 8812 Form(s)	∟ 12	439 []4136				1	
40		eco	ery Rebate	15	1,800		1,800	1,800
16	Total amount paid with request for extension of time	to fi	le, tax paid with	origin	al return, and ac	dition	al	
17	tax paid after return was filed				· · · · · ·		16	0
	Total payments. Add lines 12 through 15, column C, and or Amount You Owe	ind i	ine 16	· · ·	· · · · · ·	• •	17	1,800
18								
19	Overpayment, if any, as shown on original return or as	pre		-			18	0
	Subtract line 18 from line 17. (If less than zero, see ins	truc	tions.)				19	1,800
21	Amount you owe. If line 11, column C, is more than lift line 11, column C is less than line 10, arrow the different	ne 1	9, enter the diffe	erence		• •	20	
	If line 11, column C, is less than line 19, enter the diffe	reno	e. This is the an	nount	overpaid on this	return	_	1,800
23	Amount of line 21 you want refunded to you Amount of line 21 you want applied to your (enter year						22	1,800
23	Amount of the 21 you want applied to your (enter year	r):	estim	ated t				SHE ESSE
	Particular Designation of the Control of the Contro					ete and		form on page 2.
ror Pap	perwork Reduction Act Notice, see instructions.		Cat. No.	11360L			Form 104	0-X (Rev. 1-2020)

_			
Form	1040-X	(Rear	1-2020

Par	Exemptions	s and Dependent	·s				 _	Page
Comp	plete this part only it	any information m	latina ta anno di	to depende	to if a	monding	040 1	
from	what you reported o	n the return you are	amending. This wo	uid include a	chanc	e in the number	of everuntions	m) has change
amen					_		- o.c	(or dependents)
TATELOT.	rılı in alı omer appl	icable lines.	y, leave lines 24, 28,		·	A. Original number of exemptions or	B. Not change	C. Correct
	Note: See the Form for the tax year bei	ns 1040 and 1040-3 ng amended. See a	SR, or Form 1040A, i lso the Form 1040-X	nstructions instructions		emount reported or as previously adjusted		or amount
24	Yourself and spo	use. Caution: if	Someone can clain	D 160H 00 0	$\overline{}$	40,0500		
	dependent, you ca	n't claim an exempt	tion for yourself. If an	neodina vous		ł j		
25	Your dependent ch	ildren who lived wit	hvou		24 25	 	.	
26	Your dependent child	dren who didn't live w	vith you due to divorce	or sensiation	26			
27 28	Other dependents	oventiene Add II			27			
	2018 or later return	, leave line blank .	24 through 27. If an	nending your	28			
29	Multiply the number	r of exemptions clai	med on line 28 hv th	a avamatica				
	amount shown in amending. Enter the	the instructions for result here and on	or line 29 for the y	ear you are		!		
	amending your 201	8 or later return, lea	ve line blank		29	1		
30	List ALL dependent	s (children and othe	rs) claimed on this ar	nended return.	. If mo	ore than 4 depend	ients, see inst. s	and I here
Depend	dents (see instructions)	k.	(b) Social security			(d) √ If q	silifies for (see inc	structions):
(a)	First name	Last name	number	(c) Relation to you		Child tax credit	Credit for ot	her dependents
				 		+	(enterprise 2018	or later returns only)
	<u> </u>							
				 		<u> </u>		
Part	Presidential	Election Campai	gn Fund			<u> </u>		<u> </u>
Checki	ng below won't incre	ease your tax or red	uce your refund.				····	
	heck here if you did:	I't previously want :	\$3 to go to the fund,	but now do.				
Part	heck here if this is a Explanation	of Changes, in the	e space provided be	iviously want \$	3 to g	o to the fund, bu	t now does.	
	 Attach any supp 	ording documents a	เกิด new or changed :	forms and ech	وارياه		U4U-X.	
in In	clude additional inco clude Unemployment	me - Sea Schedule C	attached and Doules.	d Schedule 1 at	tache	j.		
in.	iclude Recovery Reba	te for last two stimul	as naumonic totalian	&1800, which h	ave n	ot been received.	See Form 8888	ittached
11	have included my orig	inal Form 1040 and :	1120-\$.					- COCHEO.
Da	.E.'							
Linder no	niber to keep a copy nailles of perjury, I declare a best of my knowledge a	a that I have \$7au		overland this are				
and to the about whi	e best of my knowledge a ch the preparer has any k	and belief, this amended	return is true, correct, and	d complete. Decis	istion (reaum, including acc of preparer (other that	ompenying schedul: n taxpayer) is baser	ss and statements, t on all information
Sign 17		2//	, ,					
\ /20	11/6	Ne/	<u> </u>	Attorney				
Your align	enura /	/	Cate /	Your occupation	•			
Spouse's	signature. If a joint return,	both must sign.	Date	Spouse's occupa	flon			
Paid Pi	reparer Use Only							
Preparer	e signature		Date	Firm's name (or y	ours if	self-employed)		
Print/type	busbarer, a usue	•		Firm's address at	d ZIP 4	xode		<u> </u>
			Check if self-			-		
PTIN				· · · · -	hane n	umber	EIN	
For form	s and publications, visit	www.lrs.gov.					Farm 1040	D-X (Rev. 1-2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see your tax return instructions.

► Attach to Form 1040, 1040-SR, or 1040-NR.
► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2020

Attachment
Sequence No. 01

Name(s) shown on Form 1040. 1040-SR, or 1040-NR Your social security number TERRY L WIKE **8348 Additional Income** Part I Taxable refunds, credits, or offsets of state and local income taxes 1 0 2a Date of original divorce or separation agreement (see instructions) 3 Business income or (loss). Attach Schedule C 3 1,847 4 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 14,527 6 6 0 7 7 16,168 Other income. List type and amount ▶ 8 -37,083 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, 9 -4,541 Part II Adjustments to Income 10 10 0 11 Certain business expenses of reservists, performing artists, and fee-basis government 11 0 12 Health savings account deduction. Attach Form 8889 12 0 13 Moving expenses for members of the Armed Forces. Attach Form 3903 . . . 13 0 14 Deductible part of self-employment tax. Attach Schedule SE 14 0 15 Self-employed SEP, SIMPLE, and qualified plans 15 0 16 17 Penalty on early withdrawal of savings . . . 17 0 18a c Date of original divorce or separation agreement (see instructions) 19 19 0 Student loan interest deduction 20 20 21 21 Add lines 10 through 21. These are your adjustments to income. Enter here and

Schedule 1 (Form 1040) 2020

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

► Go to www.irs.gov/ScheduleC for instructions and the latest information. Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

-	RY L WIKE			Socials	ecurity number (SSN) 8348
	Principal business or profess AL SERVICES			B Enter	code from instructions ▶ 5 4 1 1 9 0
С	Business name. If no separa	te business name, leave blan	ık.	D Emplo	oyer ID number (EIN) (see instr.)
E	Business address (including	suite or room no \ > 10120	W. FLAMINGO RD., STE 4-107		
	City, town or post office, sta		EGAS, NV, 89147		
F	Accounting method: (1)	Cash (2) Accrua			
G			d (3) ☐ Other (specify) ▶ siness during 2020? If "No," see instructions for I		
H I J Pa	Did you make any payments If "Yes," did you or will you fi	s business during 2020, chec in 2020 that would require you le required Form(s) 1099? .	ou to file Form(s) 1099? See instructions	· · ·	▶ □
1	Gross receipts or sales. See	instructions for line 1 and ch	eck the box if this income was reported to you on	T	
	Form W-2 and the "Statutory	employee" box on that form	was checked	1 1	3,34
2	Heturns and allowances .			2	3,54
3	Subtract line 2 from line 1			3	3,347
4	Cost of goods sold (from line	42)		4	3,34
5	Gross profit. Subtract line 4	from line 3		5	3,34
6	Other income, including feder	ral and state gasoline or fuel	tax credit or refund (see instructions)	6	3,34
7	Gross income. Add lines 5 a	and 6		7	3,347
Par	Expenses. Enter exp	enses for business use	of your home only on line 30.		5,01
8	Advertising	8	18 Office expense (see instructions)	18	
9	Car and truck expenses (see		19 Pension and profit-sharing plans .	19	
	instructions)	9	20 Rent or lease (see instructions):	Control of the last of the las	
10	Commissions and fees .	10	 a Vehicles, machinery, and equipment 	20a	
11	Contract labor (see instructions)	11	b Other business property		
12	Depletion	12	21 Repairs and maintenance		
10	Depreciation and section 179 expense deduction (not		22 Supplies (not included in Part III)		
	included in Part III) (see		23 Taxes and licenses		
	instructions)	13	24 Travel and meals:	220	
14	Employee benefit programs		a Travel	24a	
	(other than on line 19).	14	b Deductible meals (see		
15	Insurance (other than health)	15	instructions)	24b	
16	Interest (see instructions):		25 Utilities	25	
a	Mortgage (paid to banks, etc.)	16a	26 Wages (less employment credits) .	26	
17	Other	16b	27a Other expenses (from line 48)	27a	
28	Legal and professional services	17	b Reserved for future use	27b	
29	Total expenses before expen	ses for business use of home	e. Add lines 8 through 27a	28	0
30	rentative profit or (loss). Subtr	ract line 28 from line 7		29	3,347
30	unless using the simplified me Simplified method filers only	thod. See instructions. Enter the total square foota	these expenses elsewhere. Attach Form 8829 age of (a) your home: 2401		
	and (b) the part of your home		. Use the Simplified		
24	Method Worksheet in the Instr		to enter on line 30	30	1500
31	Net profit or (loss). Subtract		1		
	checked the box on line 1, see	instructions). Estates and tr	3, and on Schedule SE, line 2. (If you usts, enter on Form 1041, line 3.	31	1,847
	 If a loss, you must go to lin 				
32			tment in this activity. See instructions.		
	 If you checked 32a, enter to SE, line 2. (If you checked the in Form 1041, line 3. If you checked 32b, you mu 	box on line 1, see the line 31 i	(Form 1040), line 3, and on Schedule instructions). Estates and trusts, enter on loss may be limited.	-	All investment is at risk. Some investment is not at risk.

Cat. No. 11334P

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2020

Par	Cost of Goods Sold (see instructions)	Page
33	Method(s) used to	
	value closing inventory: a Cost b Lower of cost or market c Cotton (ettach overlands)	
34	Was there any change in determining quantities, costs, or valuations between opening and chains inventors?	
	If "Yes," attach explanation	□ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	
36	Purchases less cost of items withdrawn for personal use	
37	Cost of labor. Do not include any amounts paid to yourself	
38	Materials and supplies	
39	Other costs	
40	Add lines 35 through 39	
41	Inventory at end of year	
42	40 I	
'art	Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses and are not required to file Form 4562 for this business. See the instructions for line 13 to find or file Form 4562.	s on line 9 ut if you must
43	When did you place your vehicle in service for business purposes? (month/day/year)	
44	Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:	
В	Business b Commuting (see instructions) c Other	
1 5	Was your vehicle available for personal use during off-duty hours?	∏ No
16	Do you (or your spouse) have another vehicle available for personal use?	₃ ∏ No
7a	Do you have evidence to support your deduction?	s □ No
b	The state of the s	i ∏ No
art	Other Expenses. List below business expenses not included on lines 8-26 or line 30.	
	7-174	

	1	
*****		-

Schedule C (Form 1040) 2020

Form 8000

Allocation of Refund (Including Savings Bond Purchases)

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form8888 for the latest information.
▶ Attach to your income tax return.

OMB No. 1545-0074
2020
Attachment

RRY L WIKE		Your social security number
art Direct De		
Complete	this part if you want us to directly deposit a portion of your refund to one or mo	re accounts
1a Amount to be o	leposited in first account (see instructions)	
		. 1a
b Routing number	r 1 2 2 4 0 0 7 2 4 ▶c ☑ Checking ☐ Savings	
	F 1 2 2 4 0 0 7 2 4	
d Account number	er 8 5 2 2	
	0 0 2 2 2	
2a Amount to be d	eposited in second account	
		. 2a
b Routing numbe	r ☐ ☐ Checking ☐ Savings	
	Savings Savings	
d Account number	er	
- ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
a Amount to be d	eposited in third account	经
- /	oposited in a ind account	. 3a
b Routing number		
o Housing Hamber	Checking ☐ Savings	
d Account number	* [
a Account Humbe		
See instructions		
Amount to be us	s for more details. sed for bond purchases for yourself (and your spouse, if filing jointly)	. 4
Amount to be use	sed for bond purchases for yourself (and your spouse, if filing jointly) sed to buy bonds for yourself, your spouse, or someone else	
Amount to be use	s for more details. sed for bond purchases for yourself (and your spouse, if filing jointly)	. 4
Amount to be use	sed for bond purchases for yourself (and your spouse, if filing jointly) sed to buy bonds for yourself, your spouse, or someone else	. 4
Amount to be used. Amount to be used. Enter the owner	sed for bond purchases for yourself (and your spouse, if filing jointly)	. [4] . [5a]
Amount to be use Enter the owner	sed for bond purchases for yourself (and your spouse, if filing jointly) sed to buy bonds for yourself, your spouse, or someone else	. [4] . [5a]
Amount to be used. Amount to be used. Enter the owner	sed for bond purchases for yourself (and your spouse, if filing jointly)	. 4
Amount to be used by Enter the owner of the life you would like	stor more details. sed for bond purchases for yourself (and your spouse, if filing jointly) sed to buy bonds for yourself, your spouse, or someone else 's name (First then Last) for the bond registration to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar	. 4
Amount to be used to be a second to be used to be	sed for bond purchases for yourself (and your spouse, if filing jointly)	. 4
Amount to be used to be a second to be used to be	stor more details. sed for bond purchases for yourself (and your spouse, if filing jointly) sed to buy bonds for yourself, your spouse, or someone else 's name (First then Last) for the bond registration to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar	. 4
Amount to be used to be a second to be used to be	sed for bond purchases for yourself (and your spouse, if filing jointly)	. 4
Amount to be use Enter the owner I I I I I I I I I I I I I I I I I I I	sed for bond purchases for yourself (and your spouse, if filing jointly)	. 4
Amount to be use Enter the owner I I I I I I I I I I I I I I I I I I I	sed for bond purchases for yourself (and your spouse, if filing jointly)	. 4
Amount to be use Enter the owner I I I I I I I I I I I I I I I I I I I	sed for bond purchases for yourself (and your spouse, if filing jointly)	. 4
Amount to be use Enter the owner If you would like Enter the owner If you would like	sed for bond purchases for yourself (and your spouse, if filing jointly) sed to buy bonds for yourself, your spouse, or someone else s name (First then Last) for the bond registration to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar sed to buy bonds for yourself, your spouse, or someone else s name (First then Last) for the bond registration to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar	. 4
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Amount to be use a Amount to be use a Amount to be use a Enter the owner and a Amount to be use a Amount to be reasonable.	sed for bond purchases for yourself (and your spouse, if filing jointly) sed to buy bonds for yourself, your spouse, or someone else 's name (First then Last) for the bond registration to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar sed to buy bonds for yourself, your spouse, or someone else 's name (First then Last) for the bond registration to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar the part if you want a portion of your refund to be sent to you as a check.	. 4
Amount to be use a Amount to be use a Amount to be use a Enter the owner are a Amount to be use a Amount to be reasonable to the Amount to be reasonable at IV Total Allow	sed for bond purchases for yourself (and your spouse, if filing jointly) sed to buy bonds for yourself, your spouse, or someone else s name (First then Last) for the bond registration to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar sed to buy bonds for yourself, your spouse, or someone else s name (First then Last) for the bond registration to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar add a co-owner or beneficiary, enter the name here (First then Last). If beneficiary add a co-owner or beneficiary add a co-owner or beneficiary and a co-owner or beneficiary add a co-owner or beneficiary and a co-owner or beneficiary add a co-owner or beneficiary and a co-owner or bene	y, also check here ► □ 6a y, also check here ► □ 7
Amount to be use Enter the owner I I I I I I I I I I I I I I I I I I I	sed for bond purchases for yourself (and your spouse, if filing jointly) sed to buy bonds for yourself, your spouse, or someone else 's name (First then Last) for the bond registration to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar sed to buy bonds for yourself, your spouse, or someone else 's name (First then Last) for the bond registration to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiar the part if you want a portion of your refund to be sent to you as a check.	. 4

State of Nevada
Department of Employment Training and Rehabilitation
Employment Security Division
500 East Third Street
Carson City, Nevada 89713-0045

Certain Government Payments 1099G

Claimant: Terry Wike

Claimant ID:

0003001131

Terry L Wike 11120 Forever Sunset Ct Las Vegas, NV 89135-7808

DAVERIO.	[] VOID	CORRECT	ED		
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. State of Nevada Department of Employment, Training and Rehabilitation Employment Security Division		1 Unemple Compensal \$ 16168.0	ion	OMB No. 1545-0120	Certain
500 E. THIRD ST CARSON CITY, NV 89713-0045 775-684-0444			ocal income tax redits, or offsets	2020 Form 1099-G	Government Payments
PAYER'S federal identification no.	RECIPIENT'S identification no. -8348	year	nount is for tax	4 Federal income tax withheld S 0.00	Copy A
RECIPIENT'S name Wike Teny L Street address (including apt. no.) 11120 FOREVER SUNSET CT		5 RTAA payments \$0,00		6 Taxable grants \$ 0.00	Internal
		7 Agricultu \$ 0.00	re payments	8 Check if box 2 is trade or business income []	Revenue Service
City or town, state or provice, country, as Vegas NV, 89135-7808	and zip or foreign postal code	9 Market gain \$ 0.00			Center File with Form
		10a State	10b State id no.	11 State income tax withheld \$ 0.00	For Privacy Act and Paperwork Reduction Act Notice, see the
Account number (see instructions)					2020 General Instructions for Certain Information Returns.

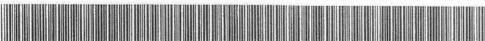
	[] VOID	CORRECTED			
State of Neveda Department of Employment, Training and Rehabilitation— Employment Security Division— 500 E. THIRD ST CARSON CITY, NV 89713-0045 775-684-0444		1 Unemployment Compensation \$ 16168.00	OMB No. 1545-0120	Certain	
		2 State or local income tax refunds, credits, or offsets \$ 0.00	2020 Form 1099-G	Government Payments	
PAYER'S federal identification no. 86-0862176	RECIPIENT'S identification no. 8348	3 Box 2 amount is for tax year	4 Federal income tax withheld \$ 0.00	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence	
RECIPIENT'S name Wike Terry L		5 RTAA payments \$0.00	6 Taxable grants 5 0.00		
Street address (including apt. no.) 11120 FOREVER SUNSET CT		7 Agriculture payments \$ 0.00	8 Check if box 2 is trade or business income [1]		
City or town, state or provice, country, and zip or foreign postal code Las Vegas NV, 89135-7808		9 Market gain \$ 0.00		penalty or other sanction may be	
Account number (see instructions)		10a State 10b State id no.	11 State income tax withheld \$ 0.00	imposed on you if this income is taxable and the IRS determines that it has not been reported.	

Form 1099-G

www.irs.gov/form1099g

Department of the Treasury - Internal Revenue Service

Report suspected UI Fraud online at https://uifraud.nvdetr.org



1040 Department of the Treasury -Internal Revenue to U.S. Individual Income	evice Tax	Return 2)(20	والمراجعة المراجعة		e Alas			
Filling status X Single Married filing jointly Chack only checked the MFS box, enter the name of a child but not your dependent.	Manie	ed filing separately (i) Head of h	ousehold (I	юн) 🔲	Qualifyir	eg wide	write of staple in this epace ow(er) (QW) ng person is	
Your first name and middle initial	Lastr	name		r			Your social security number			
TERRY L		E								
if joint return, spouse's first name and middle initial	Lastnanie							8348 Spouse's social security number		
Home address (number and street). If you have a P.O. box, set 11-120 FOREVER SUNSET CT	instru	ctions.			A	pt. no.			Election Campaign	
City, town, or post office. If you have a foreign address, also on	metata	endeer helen	la.				Check here if you, or your spouse if filing jointly, want \$3			
LAS VEGAS	uhtada						to go to this fund. Checking a			
Foreign country name		NV 8913				the state of the s				
		Foreign province/state/county Foreign					You Spouse			
At any time during 2020, did you receive, sell, send, exc	hange,	or otherwise acq	uire	any financial in	terest in a	ny virtual (currenc	1 ?	Yes X No	
Standard Someone can claim: You as a de Speuse itemizes on a separate return o	penden	t Your spous	e as	a dependent						
Age/Blindness You: Were horn before January 2, 19		7								
Dependents (see instructions):	196	Are blind Spc	us	e: Was bo	m before J				blind	
						(4) Che	heck if qualifies for (see instructions):			
. (1) First name Lest name	_	number to you				Child tax	credit.	Ćred	it for other dependents	
If more: than four	T					Г				
dependents, see instructions						-				
and check	+		-	 			-		_\	
	+									
1 Wages, salaries, tips, etc. Attach I	in-min	\wa								
Attach 2a Tax-prompt Interest	ia I	,w-2	· · · · ·		• • • • •	· · · · ·	⋯⊦	1	0	
Sch. Bif	a	0	١.	Taxable interest		,	· · · _	2b	0	
		- 0	b.	Ordinary dividen	ds		· · · <u> </u>	3ь	0	
	a		b	Taxable amount			L	4b	0	
	ia		b	Taxable amount				5b	0	
Summaru	a	 	b	Taxable amount				6b		
Deduction for- 7 Capital gain or (loss). Attach Schedule I) if requ	ilred. If not required	, che	eck here			$\Box \Box$	7	0	
150 separately, 8 Other Income from Schedule 1, line	Other income from Schedule 1, line 9							8	-22,556	
\$12,400 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							-	-22,556	
Johnly or Qualifying 10 Adjustments to income	Adjustments to income:							9	-22,336	
vidou(er). \$24,800 a From Schedule 1, line 22		• • • • • • • •		i	10a		· o			
7.5	Charitable postilinations & much to the short at									
household, \$18,650 c Add lines 10a and 10b. These are to	c Add lines 10a and 10b. These are your total adjustments to income								•	
	ti thecked 44 Subband San 40 Constitution The							0c	0	
Standard 12 Standard deduction or itemized deductions from Selection A								11	-22,556	
								12	12,400	
pe instructions. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 14 Add lines 12 and 13							13	0		
				• • • • • • • • • • • • • • • • • • • •	• • • .• • •	• • • • •		14	12,400	
15 Taxable income. Subtract line 14 ft KIA For Disclosure. Privacy Act. and Paperwork							1	5	0	

Form 1040 (2									Page 2
	16	Tax (see instructions). Check it	any from Form	n(s):1 8814 2	4972 3			16	0
	17	Amount from Schedule 2, li	ne3					47	0
	18	Add lines 16 and 17						10	0
	19	Child tax credit or credit for	other depend	ents				19	
	20	Amount from Schedule 3, li	ne7					20	0
	21	Add lines 19 and 20						21	0
	22	Subtract line 21 from line 1	8. If zero or le	ss, enter-0-				22	0
	23	Other taxes, including self-c	employment ta	ax, from Sched	ule 2 line 10			23	0
	24	Add lines 22 and 23. This is	vour total ta	x				23	
	25	Federal income tax withheld	d from:			• • • • • • • • • • • • • • • • • • • •	Þ	24	0
	à	Form(s) W-2				25a	()	
	b	Form(s) 1099				25b			
		Other forms (see instruction						2007000	
								And the set beauty	
elf you have a	26	Add lines 25a through 25c 2020 estimated tax paymen	te and amoun	at applied for a				25d	0
qualifying child, altach Sch. EIC.	27	2020 estimated tax paymen Earned income credit (EIC)	NO	it applied from .	2019 return			26	0
• If you have	28	Additional child tax credit.				27	-		
nontaxable combat pay, see		Attach Schedule 8812				28			
instructions.	29	American opportunity credit	from Form 88	63, line 8		29			
	30	Recovery rebate credit. See	instructions			30			
	31	Amount from Schedule 3, lin	ie 13			31	0		
	32	Add lines 27 through 31. The	ese are your t	total other pay	ments and r	efundable credi	ts b	32	0
	33	Add lines 25d, 26, and 32. T	hese are your	r total paymen	ts			33	0
Refund	34	If line 33 is more than line 24	1, subtract line	24 from line 3	3 This is the	amount you ove	emaid	1	<u> </u>
	35a	Amount of line 34 you want i						34	
		37777777	XXXXX	rou. II roim 88	88 is attache	d, check here .	▶ 🗌	35a	
Direct deposit? See instructions.	₽ b	reduing number			c Type:	Checking	Savings		
			XXXXXXXX					4.76	
	36	Amount of line 34 you want a	applied to yo	ur 2021 estima	ated tax	1361			
Amount		Subtract line 33 from line 24.						1232023	
You Owe		Note: Schedule H and Sched	dule SE filers	line 37 may no	of represent -	all of the taxes ve	▶	37	0
For details on how to pay, see		2020. See Scriedule S, line 1	ze, and its ins	structions for de	etails.		u owe ioi		
	38	Estimated tax penalty (see in	structions) .			. > 38			
Third Party Designee	Do	you want to allow another pe	rson to discus	ss this return w	ith the IRS?			Jana San Jan	
		tructions					Yes. Complete		X No
		me ▶			none o. ▶		Personal identi number (PIN)		
Sign Here	Und	for penalties of perjury, I declare I belief, they are true, correct, and wledge,	that I have exar	mined this set	Carango a Karadi			C. De Tura	st of my knowledge
riore				, p. sps	rei (outer tilon	mapayery is based	on an internation	or which	preparer has any
1	YOU	Signature // 10		Date	Your occup	pation	If the	IRS sent	you an Identity
Joint return?	1	M/ Ppor		3/18/21	ATTORNE	EY	(see i	ction PIN	, enter it here
See instructions. Keep a copy for	Spo	ouse's signature. If a joint retu h must sign.	ım,	Date /	Spouse's o				your spouse an
your records.	DOL	n musesign.					lidenti	y Protect	tion PIN, enter it
	-			-	L		,	see inst.)	<u> </u>
	Pho	ne no. 702 630 2	934	Email addres	s twik	e@wike	elaw.co.	n	
Date	Pre	parer's name	Preparer's			Date	PTIN	-	eck if:
Paid									Self-employed
Preparer	Fim	n's name ▶			-		a de la composition della comp	1.000	
Use Only		· · · · · · · · · · · · · · · · · · ·					Phone no.		
Use Only		n's address ▶					Enone nu.	-	

SCHEDULE 1 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Income and Adjustments to Income

► Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment
Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR TERRY L WIKE 3348 Rart III Additional Income Taxable refunds, credits, or offsets of state and local income taxes 0 b Date of original divorce or separation agreement (see instructions) ▶ 3 0 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 14,527 6 D Unemployment compensation 7 Other income, List type and amount ▶ _ 8 -37,083Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, 9 -22,556Part II Adjustments to Income 0 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 0 12 12 0 Moving expenses for members of the Armed Forces. Attach Form 3903 13 0 Deductible part of self-employment tax. Attach Schedule SE 14 0 Self-employed SEP, SIMPLE, and qualified plans 0 Self-employed health insurance deduction 16 16 17 17 0 18a Date of original divorce or separation agreement (see instructions) ▶ _ 19 19 Student loan interest deduction 20 21 Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a KIA For Paperwork Reduction Act Notice, see your tax return instructions. Schedule 1 (Form 1040) 2020

SCHEDULE E Supplemental Income and Loss OMB No. 1545-0074 (Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) ▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Department of the Treasury Internal Revenue Service (99) ▶ Go to www.irs.gov/ScheduleE for instructions and the latest information Name(s) shown on return 13 TERRY T. WIKE Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use 348 Part Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions No 1a Physical address of each property (street, city, state, ZIP code) В C Type of Property 16 2 For each rental real estate property listed Fair Rental Personal Use (from list below) Days O.IV above, report the number of fair rental and Days A personal use days. Check the QJV box A B only if you meet the requirements to file as B a qualified joint venture. See instructions. C C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: R 3 Rents received 3 4 Royalties received 4 0 0 0 Expenses: Advertising 6 7 Commissions 8 9 Legal and other professional fees 10 Management fees 11 Mortgage interest paid to banks, etc. (see instructions) 12 12 13 13 14 14 15 Supplies 15 16 Taxes 16 17 17 18 18 0 0 20 0 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must 0 21 0 0 Deductible rental real estate loss after limitation, if any, 23a Total of all amounts reported on line 3 for all rental properties 0 23a b Total of all amounts reported on line 4 for all royalty properties 23b 0 c Total of all amounts reported on line 12 for all properties 23c 0 d Total of all amounts reported on line 18 for all properties 23d 0 e Total of all amounts reported on line 20 for all properties 0 Income. Add positive amounts shown on line 21. Do not include any losses 24 0 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 0) Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Schedule E	(Form 1040) 2020							40		
TERRY	own on return. Do not ent	er name and social security	number if shown on	page 1.	-	Attachment	Sequenc	Your social	cocueit	Page
CHARLES II - PROCESS	L WIKE							. voi docial		348
Daniel II	Income and	amounts reported on	your tax return v	vith amou	unts sh	own on Schedule(s) K-1			
Carried Barrel	stock or receive a los	From Partnerships an repayment from an S oport a loss from an at-ris rm 6198. See instruction	s and a Corpo	prations	- Not	e: If you report a loss	receiv	e a distributi I attach the e box in coli	ion, disp required	oose of I basis
27 Are y pass	ou reporting any losive activity (if that lo	ss not allowed in a pricess was not reported o	or year due to th		-	The second second				
see i	nstructions before o	completing this section				· · · · · · · · · · · · ·			Yes	es, X No
28	(a) Name		(b) Enter P partnership for S corpora	S	Check if preign mership		basis) Check if computation required	(f) C	heck if mount is
A WIKE	LAW GROUP IN	IC.	S			82-2358928	10	Tequiled	not	at risk
C										H
B C D										
The same	Passive Inco	me and Loss	1		Ц.				-	
(g)	Passive loss allowed	(h) Passive inco				onpassive Income	and L	oss		
(attach	Form 8582 if required)	from Schedule	1-7 (40)301	Schedule	allowed K-1)	(j) Section 179 exp deduction from Fon	pense n 4562	(It) Nonpa from Sc	assive inc chedule l	come K-1
В							200		14,5	127
C										
D					-	-				
29a Totals			0 100000000		15 5 6 6		ALCONOMIC		7.4.5	0.5
b Totals	-	0			0	TO A CONTRACTOR AND THE PARTY.	0	No. of Street, or other Party of Street, or	14,5	Z.I
30 Add c	columns (h) and (k)	of line 29a		projets series	117. LE 146.		30		14,5	27
31 Add c	olumns (g), (i), and	(j) of line 29b					31	1	-1/0	0 1
32 Total	partnership and S	corporation income	or (loss). Com	bine lines	30 an	nd 31.	32		14,5	27
Part III	Income or Los	s From Estates and	d Trusts				102			
33		(a)	Name	4		Value of the control	1	(b) Emp	olover	
A					-			identification		t
В					-		-			
	Pass	sive Income and Lo	oss	1	N	onpassive Incom	10 200	Loca		
(c) P	assive deduction or loss		assive income			eduction or loss	- and			
A	altach Form 8582 if requi	red) from:	Schedule K-1		from	Schedule K-1		(f) Other inc Schedul		3.
3										
4a Totals	Mark State (State of the State		0	CONSTRUCTION	CAR-THE PAR				Distance Co.	
b Totals	- SANSAN PROPERTY AND LIGHT	0	0	国际	以多种的	0	TERMONIAC	Market Product	SAME AND DESCRIPTION OF THE PERSON OF THE PE	0
5 Add co	lumns (d) and (f) of	line 34a		SPI			25			Ŷ.
6 Add co	lumns (c) and (e) of	f line 34b					35	1	-	0 1
7 7							30			0 1
7 Total e	state and trust ind	come or (loss). Comb	ine lines 35 and	36			37			0
THE PARTY OF	income of Loss	From Real Estate	Wortgage Inv	estmer	t Con	duits (REMICs)-	-Resi	dual Hold	der	
8 (a) Name	(b) Employer identification number	(c) Excess inc Schedules (see instr.	lusion from 2, line 2c actions)	(d) T	axable income (net loss)		(e) Income Schedules C		
9 Combin			L	0		0	200			0
Part V	Summary	(e) only. Enter the res	ult here and incl	ude in th	e total	on line 41 below	39		Single Control	0
The second second			140			7.4 (4)				
1 Total in	come or (loss) come	(loss) from Form 4835	. Also, complete	line 42 l	pelow		40			0
1. 01111 10		ine lines 26, 32, 37, 39, and		here and or	Schedu	Je 1 ▶	41		14,52	7
2 Recond	iliation of farming an	d fishing income. Enter	your gross							NAME OF TAXABLE PARTY.
(Form 1)	065), box 14, code R-	oorted on Form 4835, line Schedule K-1 (Form 112	7; Schedule K-1				12 10			
AD; and	Schedule K-1 (Form 1	1041), box 14, code F. Se	ee instructions	4	2					
3 Reconcil	iation for real estate pro	ofessionals. If you were a m	al estate ninfession							
(see instr	uctions), enter the net Inc	come or (loss) you reported :	anywhere on Form	展展						
you mate	ni 1040-an, or rorm 104 rially participated under the	IO-NR from all rental real est he passive activity loss rules	ate activities in which	100	United States	Wide the state of				
		1000 70100		4:	5	0				

Form 1120-S

U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation. Go to www.irs.gov/Form1120S for instructions and the latest information OMB No. 1545-0123 2020

For calendar year 2020 or tax year beginning D Employer identification numb WIKE LAW GROUP INC 8/2/2017 TYPE Business activity code number (see instructions) Number, street, and room or suite no. If a P.O. box, see instructions 82-2358928 10120 W. FLAMINGO RD STE 4-107 OR ZIP code 8/2/2017 PRINT LAS VEGAS 541190 NV 89147 Total assets (see instructions) Foreign country name Foreign province/state/county Foreign postal code C Check if Sch. M-3 attached G is the corporation electing to be an S corporation beginning with this tax year? Yes X No If "Yes," attach Form 2553 if not already filed H Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination or revocation 1 Enter the number of shareholders who were shareholders during any part of the tax year J Check if corporation: (1) Aggregated activities for section 465 at-risk purposes Grouped activities for section 469 passive activity purposes Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information 1a Gross receipts or sales . . . 1a b Returns and allowances 1b Balance. Subtract line 1b from line 1a . . Cost of goods sold (attach Form 1125-A) 1c 37,783 2 3 Net gain (loss) from Form 4797, line 17 (attach Form 4797) 37,783 4 Other income (loss) (see instructions—attach statement) . . . 5 Total income (loss). Add lines 3 through 5 . . . 6 37,783 Compensation of officers (see instructions — attach Form 1125-E) . . (see instructions for ilmitations) 7 Salaries and wages (less employment credits) 8 Repairs and maintenance 9 38 10 11 11 2,253 12 12 Interest (see instructions) 1,599 13 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562) 14 14 Depletion (Do not deduct oil and gas depletion.) 15 15 16 16 762 17 Pension, profit-sharing, etc., plans Deductions 17 Employee benefit programs . . . 18 18 19 Other deductions (attach statement) . . 19 18,604 Total deductions. Add lines 7 through 19 20 20 23,256 Ordinary business income (loss), Subtract line 20 from line 6 14 527 Excess net passive income or LIFO recapture tax (see instructions) . . . 22a Payments . 22b Add lines 22a and 22b (see instructions for additional taxes) . . . 22c 0 2020 estimated tax payments and 2019 overpayment credited to 2020 . . . 23a 23a 23b Credit for federal tax paid on fuels (attach Form 4136) and Reserved for future use 23d 238 0 Estimated tax penalty (see instructions). Check if Form 2220 is attached 24 Amount owed. If line 23e is smaller than the total of lines 22c and 24, enter amount owed 25 0 Overpayment. If line 23e is larger than the total of lines 22c and 24, enter amount overpaid 26 0 Enter amount from line 26: Credited to 2021 estimated tax Refunded ▶ 27 0 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of mand complete. Declaration of preparer (other than faxpayer) is based on all information of which preparer has any knowledge. dge and belief, it is true, correct May the IRS discuss this return Sign 13/18/21 PRESIDENT Here Yes Signature of of Title Print/Type preparer's name Date Paid Check if self-employed Preparer Firm's name D Firm's EIN Use Only Firm's address Phone no. ZIP code For Paperwork Reduction Act Notice, see separate instructions.

Form 1120-S (2020)

ALC: NAME OF	n 1120-S (2020)	WIKE LAW G	ROUP INC				97 222 22	0
Sc	hedule B	Other Inform		instruction	ns)		82-235892	8 Page 2
1	Check accou	nting method:	a X Cas	sh b	Accrual			Yes No
2	See the instru	uctions and enter	the:					
3	At any unie u	uning me tax year	, was any snar	enolder of the	e corporation a disrag	vice LEGAL SE arded entity, a trust, and Shareholders of an S	antata	
4	At the end of a Own directly 2 foreign or don	the tax year, did to 20% or more, or o	he corporation: wn, directly or ? For rules of o	indirectly, 50 constructive o	% or more of the total	stock issued and outsi	and a star	X
	(f) Name of C		(B) Emplo Identifica Number (il	oyer ition	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100 Date (if any) a Qualified Sul Subsidiary Election Was	bchapter S
ŀ	capital in any	toreign or domes	ic partnership (including an	entity treated as a na	of 50% or more in the	profit, loss, or eficial interest of a	
	(i) Name o	of Entity	(ii) Emplo Identifica Number (if	yer tion	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage in Profit, Loss, or Cap	
5a	If "Yes," comp	lete lines (i) and (ii) belaw.					X
b	At the end of the lif "Yes," complete	he tax year, did the lete lines (i) and (e corporation h	nave any outs	standing stock options		struments?	X
6	(ii) Total sh Has this corpo	radion med, or is i	standing if all in required to file	nstruments w	rere executed B. Material Advisor Dis	closure Statement to	provide	
7	Check this box	if the corporation	issued publicly	offered deb	t instruments with orig	inal issue discount . ublicly Offered Original	Issue Discount	X
8	(b) has net unr	ed by reference to realized built-in ga	o the basis of the in in excess of	ne asset (or to the net reco	he basis of any other	m prior years, enter the	uired an asset with a of a C corporation, and a net unrealized built-in	
9	Did the corpora	ation have an elec	tion under sect	tion 163(j) for	any real property trac	de or business or any fa	arming business	
0	Does the corpo	oration satisfy one	or more of the	following? S	ee instructions			-
b	The corporation	n owns a pass-thi n's aggregate ave	ough entity with rage annual gr	oss receipts	prior year carryover, e	excess business interest ction 448(c)) for the 3 to business interest exper	st expense.	
C	The corporation	n is a tax shelter a	and the corpora	tion has busi	iness interest expense	e.	ise.	
1	If "Yes," comple	ete and attach Fo	rm 8990.		3535.00			
	The corporation	ration satisfy bot	n of the following	ng conditions	?	050,000	[X
b	The corporation	n's total assets at	the end of the i	ax year were	year were less than \$ less than \$250,000.	250,000.		
	If "Yes," the cor	rporation is not re	guired to comp	lete Schedule	es L and M-1.			

Form 1120-S (2020)

Form	1120-S	THE DAY CHOOF INC		20 000000	
	Sche	dule B Other Information (see instructions) (continued)		82-2358928	The same of the sa
12	During	tile tax vedi. (III) the compression have any need-to-	had the		Yes No
	terms	modified so as to reduce the principal amount of the debt? . ," enter the amount of principal reduction.	nau me		
					X services and services
13	During	the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see in	structions		
14a					X
þ					X
15	Is the	corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?			
RESIDEN					X desirates estates a
Sch	- Chill	Silarenoiders' Pro Rata Share Items	T	7-1-1	
		I dealtood income hosa) (page 1, line 21)	1	Total amou	
	2	red real estate income (loss) (attach Form 8825)	2	-	14,527
	38	- Outer gross retrial income (IDSS)	MARKE		
	l b	Expenses from other rental activities (attach statement)			
(0)		Other net rental income (loss). Subtract line 3b from line 3a	3c		0
0	4	moreachionie	4	Andrew Commen	0
-	5	2. recental: a Ordinary dividends	5a		
Income (Loss)		o dedunted dividends	美國際		
8	6	Royalties.	6		
프	8a	Net short-term capital gain (loss) (attach Schedule D /Form 1120 SN	7		
	b	Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))	8a		
	C	Concentrates (20%) gain (ioss)			
	9	Para second recording to the second state of the second se			
	10	Net section 1231 gain (loss) (attach Form 4797)	9		
<i>m</i>	111	Cuter income (loss) (see instructions) Type	10		
Deductions	12a	deadonor (attach Fulli 430Z)	11		
뜛	b		12a		
g	C	Investment interest expense .	12b		
De	d	Type	12c		
	13a		12d		
	b	The first the state of the stat	13a		
(O	C	Low-income housing credit (other) .	13b		
#	d	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) Other rental real estate credits (see instructions)	13c		
Credits	e	Other rental real estate credits (see instructions). Type	13d		
0	f	Other rental credits (see instructions). Type Biofuel producer credit (attach Form 6478). Other credits (see instructions).	13e		
	g	Other credits (see instructions) Type ▶	13f		
	14a	Name of country or II S possession	13g		
	ь	Name of country or U.S. possession Gross income from all sources	医验验		
	c	Gross income sourced at shareholder level	14b		
		Foreign gross income sourced at corporate level	14c		DOCUMENT OF THE PERSON OF THE
	d	Reserved for future use	14d		
	е	Poleign branch category	14e	A LONG LAND ON ST.	
m	f	rassive category	146		100
ctions	g	General category	14g		
#	h	Other (attach statement)	14h	-	
Sa		Deductions allocated and apportioned at shareholder level	ELECTRICATE CONT.	The state of the state of	
Ta .	i	Interest expense	14i		
Foreign Trans	ĵ	Other	141		
6		beductions allocated and apportioned at comporate level to foreign source income	SHEET IN		
Ore	k	Reserved for future use	14k		
II.		Foreign branch category	141		The second second
- 1	m	Passive category	14m		
	n	General category	14n		
	0	Other (attach statement)	140		
		Other information			
	р	Total foreign taxes (check one): Paid Accrued	14p		
	q	Reduction in taxes available for credit (attach statement)	149		
	г	Other foreign tax information (attach statement)	PARKER MA	District of the Color	DESCRIPTION OF THE PROPERTY OF

Form 1120-S (2020)

-	_	0-S (202	THILL DAVY GROUP INC					90 0050000	
5	chedu	STATE STATE OF THE PARTY OF THE	Shareholders' Pro Rata Sh	are Items (continue	ed)		- F - F - F - F - F - F - F - F - F - F	82-2358928 Page 4	+
ď	××	15a	Post-1986 depreciation adjustment.			-		Total amount	_
2	Minimum Tax (AMT) Items	b	. rejudicu gain oi 1055	32 S2 No. 72 No.			15a		_
	5	C	(outer than on and gas)				15c		_
Alte	E	d	ou, gas, and deonie mai properties.	omes income			15d		-
	58	e	on, gos, and geometrial properties—(deductions			15e		_
-	San	f	ditach statement.				15f	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	-
ŧ	Shareholder Basis	16a	. an exemplanterest income				16a		-
ffec	hold	b	outer tax-exempt income				16b		-
A SI	Ba	d	Nondeductible expenses				16c		-
100	05	e	Distributions (attach statement if renuit	(ena instructional			16d		-
-	Information	17a	respending the following shareholders				16e		•
à	ati		an obtained and an				17a		
5	E.	c	"Incomment exhemses	2 2 4			17b	**************************************	
	Infe	ď	Dividend distributions paid from accum Other items and amounts (attach state)	ulated earnings and p	profits		17c		
-	= =		outer nome and amounts (attach state)	ment)	-	- 60 - 50	建		1
5	cillation	18.	Income (loss) reconciliation Combin						•
ū	5		Income (loss) reconciliation. Combin column. From the result, subtract the st	te the amounts on line	es 1 through 10 in the far	right			
	hedi	ıle L	Balance Sheets per Books			114p.	18	14,527	
			Assets		ning of tax year		End of	tax year	
1	Cas	h		(a)	(b)	late (west)	(c)	(d)	
2		le note	s and accounts receivable						
È	I ASS	allows	ance for bad debts						
3	Inve	ntories	ance for bad debts	SHIMADINAPOHOANISHEAD	0			0	
4	US	navan	nment obligations	The state of the s					
5	Tay-	eyemn	t securities (see instructions)	4.11 (1.12 (8				
6	Othe	or critte	ent assets (attach statement)		8	1988	100000000000000000000000000000000000000		
7	Loan	is to sh	nareholders	State of the state					
8	Mort	gage a	nd real estate loans		8				
9	Othe	rinves	tments (attach statement)						
10a	Build	lings ar	nd other depreciable assets	Service Contraction					
ь	Less	accum	nulated depreciation						
11a	Depl	etable :	assets		0			0	
b	Less	accum	ulated depletion		Constitution of the Consti	-			
12	Land	(net of	fany amortization)		0.	N. E. Transcales	50hatouranana.	0	
13a	Intan	gible a	ssets (amortizable only)	The Manager and Advanced	RESEARCH AND STORY		A STREET, ST	Mary and a second secon	
b	Less	accum	ulated amortization		0		NEATH COMMAN		
14	Other	rasset	s (attach statement)	CS LELT IN ENGLISH	0		ACCUMINATION OF	0	
15	Total	assets			0			0	
	Li	abilitie	es and Shareholders' Equity					U	
16	Acco	unts pa	yable						
17	Mortga	iges, not	les, bonds payable in less than 1 year						
18	Other	currer	nt liabilities (attach statement)						
19	Loans	s irom s	shareholders						
20	Monga	iges, not	es, bonds payable in 1 year or more						
21	Contr	nabiliti	es (attach statement)						
	Cabita	al Stock	(
23	Pote	unal pa	aid-in capital						
	Adian	ing ear	mings						
26	Aujusti	nents to	shareholders' equity (attach statement)					No.	
27	Total	Cobline	treasury stock		1				
21	TULALI	naniline	s and shareholders' equity		0		0 (C)	0	

	1120-S (2020) WIKE LAW GROUP INC				00.000000
90	Note: The corporation may be req	ss) per Books With	Income (Loss) per Return	1	82-2358928 Page
1 2	Income (loss) per books Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize)	- Stricture	5 Income recorded on I not included on Schei through 10 (itemize): a Tax-exempt interest	oooks this year dule K, lines 1	
3	·		6 Deductions included of 1 through 12 and 14p, against book income to the preciation \$, not charged	
b		0	d		
	A -1 -1 11				
4 Sc	Add lines 1 through 3	justments Account, ted Earnings and P	Subtract line 7 from line	e4	
	nedule M-2 Analysis of Accumulated Ad Previously Taxed, Accumula (see instructions)	justments Account, ted Earnings and P (a) Accumulated adjustments account	Subtract line 7 from line	e4	
1	Analysis of Accumulated Ad Previously Taxed, Accumula (see instructions) Balance at beginning of tax year	(a) Accumulated adjustments account	Subtract line 7 from lin , Shareholders' Undistribu rofits, and Other Adjustm (b) Shareholders' undistributed taxable	te 4	(d) Other adjustments account
1 2	Analysis of Accumulated Ad Previously Taxed, Accumula (see instructions) Balance at beginning of tax year	(a) Accumulated	Subtract line 7 from lin , Shareholders' Undistribu rofits, and Other Adjustm (b) Shareholders' undistributed taxable	te 4	(d) Other adjustments
1	Analysis of Accumulated Ad Previously Taxed, Accumula (see instructions) Balance at beginning of tax year Ordinary income from page 1, line 21	(a) Accumulated adjustments account	Subtract line 7 from lin , Shareholders' Undistribu rofits, and Other Adjustm (b) Shareholders' undistributed taxable	te 4	(d) Other adjustments
1 2 3	Analysis of Accumulated Ad Previously Taxed, Accumula (see instructions) Balance at beginning of tax year Ordinary income from page 1, line 21 Other additions Loss from page 1, line 21	(a) Accumulated adjustments account	Subtract line 7 from lin , Shareholders' Undistribu rofits, and Other Adjustm (b) Shareholders' undistributed taxable	te 4	(d) Other adjustments
1 2 3 4	Analysis of Accumulated Ad Previously Taxed, Accumula (see instructions) Balance at beginning of tax year Ordinary income from page 1, line 21 Other additions Loss from page 1, line 21 Other reductions	(a) Accumulated adjustments account	Subtract line 7 from lin Shareholders' Undistribu rofits, and Other Adjustm (b) Shareholders' undistributed taxable income previously taxed	te 4	(d) Other adjustments account
1 2 3 4 5	Analysis of Accumulated Ad Previously Taxed, Accumula (see instructions) Balance at beginning of tax year Ordinary income from page 1, line 21 Other additions Loss from page 1, line 21	(a) Accumulated adjustments account	Subtract line 7 from lin , Shareholders' Undistribu rofits, and Other Adjustm (b) Shareholders' undistributed taxable	te 4	(d) Other adjustments account

Schedule K-1	Γ	Final K-1	☐ Ar	nended	67112 K-1 OMB No. 1545-0
(Form 1120-S) 2020		Part III	areholder's	Share	of Current Vear free
Department of the Treasury Internal Revenue Service For calendar year 2020, or tax year	1	DE LEGISLA DE	eductions, Gr ess income (loss)	edits.	and Other Items
	1	Ordinary busin	14,5		3 Credits
beginning ending	2	Net rental real est	ate income (loss)	-	-
Shareholder's Share of Income, Deductions,	3	Other net rente	I income (lesis)		
Credits, etc. See separate Instructions.		- Indicate the	income (loss)		
Part I Information About the Corporation	4	Interest income	1.50 / 100		
A Corporation's employer identification number 82-2358928	5a	Ordinary divide	nds	1	
B Corporation's name, address, city, state, and ZIP code	5b	Qualified divide	nds	14	Foreign transactions
WIKE LAW GROUP INC	6	Royalties		+	
10120 W. FLAMINGO RD STE 4-107 LAS VEGAS, NV 89147	7	Net short-term o	capital gain (loss)	\dagger	
C IRS Center where corporation filed return e-file	8a	Net long-term ca	apital gain (loss)	1	
Part II Information About the Shareholder	8b	Collectibles (289	%) gain (loss)	1	
D Shareholder's identifying number Shareholder: 1	8c	Unrecaptured se	ection 1250 gain	+	
E Shareholder's name, address, city, state, and ZIP code	9	Net section 1231	gain (loss)	+	
TERRY L WIKE 11120 FOREVER SUNSET CT LAS VEGAS, NV 89135	10	Other income (lo	SS)	15	Afternative minimum tax (AMT) items
Current year allocation percentage					
Shareholder's number of shares					
Beginning of tax year					
	11	Section 179 dedu	ection	16	Items affecting shareholder basis
Loans from shareholder Beginning of tax year \$ End of tax year \$	12	Other deductions			January Dasis
				17	Other Information
				V*	See Attached Stmt
	1				
	18	More than one	activity for at-rist	purpos	es*
	19	many 1	activity for passiv		
		* See attac	hed statement	for add	fitional information.

Schedule K-1 (Form 1120-S) 2020

K-1 Statement (Sch K-1, Form 1120S)		8348
Line 17 - Other Information		
Section 199A Information (Code V)		
Income Items	Non-SSTB	SSTB
Ordinary Income	- 0	14,527

	Automobile and truck expenses		
2	Bank charges.	 _1	3,523
3	Computer and internet expenses	2	505
4	Continuing education		2,443
5	Contract services	4	358
6	Insurance	5	500
7 ·	Legal and professional fees	- 6	5,676
8	Office expenses	7 _	1,672
Θ	Postage	8 8	1,963
0	Telephone	9	554
1	Total other deductions	10	1,410

Line 17d, Sch K (1120S) - Other	Items and Amounts		
Section 199A Information			
Income (tems		- 1	
Ordinary Income		Von-SSTB	SSTB
	<u> </u>	0	<u>14,527</u>



Mortgage Servicing

DO NOT SEND MAIL OR PAYMENTS TO THIS ADDRESS P.O. Box 619063 • Dallas, TX 75261-9063

8-811-14295-0032267-004-1-100-010-000-000

վելուկակիրդիկոկիարթունարիարիկութիկակորիկի



TERRY L WIKE 10120 W FLAMINGO RD STE 4 LAS VEGAS NV 89147-8394

MORTGAGE STATEMENT

Statement Date: 03/18/2021

Account Number **Next Due Date**

04/01/2021

Amount Due \$24,239,47 ff payment is received after 04/16/2021, \$0.00 late fee may be asse

Phone: Website:

866-316-4706

www.shelipointmtg.com

Explanation of Amount Due	
Principal	\$1,046.67
Interest	\$1,158.09
Escrow (Taxes and Insurance)	\$404.16
Regular Monthly Payment	\$2,608.92
Total Fees and Charges	\$0.00
Overdue Payment .	\$21,630.55
Total Amount Due	\$24,239.47

Past Payments Breakdow	'n	
	Paid Last Month	Paid Year to Date
Principal	\$0.00	\$0.00
Interest	\$0.00	\$0.00
Escrow	\$0.00	\$0.00
Fees/Late Charges	\$0.00	\$0.00
Unapplied Partial Payment	\$0.00	\$38.46
Total	\$0.00	\$38.46

Account Information Outstanding Principal \$255,258,80 Interest Rate 5.6250% Prepayment Penalty None Property Address: 11120 FOREVER SUNSET COURT LAS VEGAS NV 89135 Contractual Due Date:

August 1, 2020 Current Escrow Balance: -\$2,064.73

Transaction Activity (02/16/2021 - 03/17/2021)

Data	Donoutual		
<u>Date</u>	<u>Description</u>	<u>Charges</u>	Payments
2/16/2021	County Tax Bill 4	\$792.61	\$0.00
_/		Ψ/ 92.0 T	φυ.υυ

Important Messages

*Partial Payments: Any partial payments that you make are not applied to your mortgage, but instead are held in a separate suspense account according to applicable state law. If you pay the balance of a partial payment, the funds will be applied to your mortgage.

Additional Messages

Affected by COVID-19? Assistance may be available. We offer relief options, such as a forbearance - a temporary suspension of payments and payment deferment. Visit our website www.shellpointmtg.com or call us at 866-825-2174 to see if you qualify.

For questions regarding the servicing of your loan, please contact us at 866-316-4706 Monday-Friday 8:00AM-10:00PM, and Saturday 8:00AM-3:00PM.

Repayment options may be available to you. Call 866-316-4706 to discuss payment arrangements. Failure to act on this matter may result in us exercising our legal rights as permitted by the contract and applicable state laws.

Federal law requires us to tell you how we collect, share, and protect your personal information. Our Privacy Policy has not changed. You can review our policy and practices with respect to your personal information at www.shellpointmtg.com or request a copy to be mailed to you by calling us at 866-316-4706.

For information about your payments, total amount due, and

Delinquency Notice

You are late on your mortgage payments. Failure to bring your loan current may result in fees and foreclosure - the loss of your home. As of 03/18/2021, you are 229 days delinquent on your mortgage loan.

Recent Account History

o Payment due 10/01/20: unpaid balance of \$8,585.95 o Payment due 11/01/20: unpaid balance of \$2,608.92 o Payment due 12/01/20: unpaid balance of \$2,608.92 o Payment due 01/01/21: unpaid balance of \$2,608.92

o Payment due 02/01/21: unpaid balance of \$2,608.92 o Payment due 03/01/21: unpaid balance of \$2,608.92

o Payment due 04/01/21: current payment due

o Total: \$24,239.47 due. You must pay this amount to bring your loan current.

If You Are Experiencing Difficulty: Please refer to the back of this statement for additional messages about mortgage counseling and assistance.

United States Bankruptcy Court District of Nevada

Notice of Bankruptcy Case Filing

A bankruptcy case concerning the debtor(s) listed below was filed under Chapter 7 of the United States Bankruptcy Code, entered on 04/19/2021 at 09:53 AM and filed on 04/19/2021.

TERRY LEE WIKE 11120 FOREVER SUNSET COURT LAS VEGAS, NV 89135 SSN / ITIN: xxx-xx-8348 fdba WIKE LAW GROUP

The case was filed by the debtor's attorney:

The bankruptcy trustee is:

KENNETH K. LIU 819 S. 6TH ST. LAS VEGAS, NV 89101 (702) 385-0639 LENARD E. SCHWARTZER 2850 S. JONES BLVD., #1 LAS VEGAS, NV 89146 (702) 307-2022

The case was assigned case number 21-11982-mkn to Judge MIKE K. NAKAGAWA.

In most instances, the filing of the bankruptcy case automatically stays certain collection and other actions against the debtor and the debtor's property. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although the debtor can request the court to extend or impose a stay. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized. Consult a lawyer to determine your rights in this case.

If you would like to view the bankruptcy petition and other documents filed by the debtor, they are available at our *Internet* home page http://www.nvb.uscourts.gov or at the Clerk's Office, 300 Las Vegas Blvd., South, Las Vegas, NV 89101.

You may be a creditor of the debtor. If so, you will receive an additional notice from the court setting forth important deadlines.

Mary A. Schott Clerk, U.S. Bankruptcy Court

	PACER Serv	vice Center	
	Transactio	n Receipt	
	04/19/2021	12:06:14	
PACER Login:	KL0739:2920065:0	Client Code:	
Description:	Notice of Filing	Search Criteria:	21-11982-mkn
Billable Pages:	Ī	Cost:	0.10

AFFIDAVIT OF BRAD MAINOR

STATE OF NEVADA

COUNTY OF CLARK

I, BRADLEY S. MAINOR, being first duly sworn, under	oath and penalties

)ss:

of perjury, deposes and states the following:

- That I have been an attorney licensed to have been a practicing law in Nevada for approximately 20 years.
- 2. That I have known Terry L. Wike since I became an attorney, as we both practiced with the same law firm.
- 3. During the past 20 years, I have found Terry L. Wike to be a person of honesty and integrity, with an unwavering dedication to his clients' best interests.
- 4. It is with this knowledge that I did not hesitate when Mr. Wike asked me to become his mentor.
- Since becoming Mr. Wike's mentor, I have been in constant communication with Mr. Wike.
- 6. When Mr. Wike was suspended, I continued to maintain constant communication with him, and to the best of my knowledge and belief, Mr. Wike has honored the terms of his suspension and has neither engaged in nor attempted to engage in the unauthorized practice of law.

7. It is with the knowledge, that I believe Mr. Wike possesses the honesty, integrity and competency to be reinstated to the practice of law, and thus, I support his reinstatement.

FURTHER affiant sayeth naught.

DATED this 12 day of April 2021.

Bradley S. Mainor

Subscribed and sworn to before me this 4 2 day of April, 2021.

NOTARY PUBLIC



TAMMI L. LITTLEMAN

99 Scorpios Island Street Henderson, NV 89012 (702) 445-5555 /

April 8, 2021

State Bar of Nevada 3100 W. Charleston Blvd. Las Vegas, NV 89102

RE:

Terry L. Wike Bar no. 7211

Dear Sir/Madam;

My name is Tammi Littleman and I have been a Paralegal in Las Vegas for approximately 25 years. I am writing this letter on behalf of Terry L. Wike. I was previously employed by Terry Wike on a part-time and full time basis since 2003. During those years, Terry Wike advocated in his clients best interests as their attorney. I have seen him dedicate time in assisting his clients anytime they called the office or need questions answered, he always made himself available. As a former employee, he always made certain that as staff that we worked with honesty and integrity in the clients best interests.

I have tremendous respect for Terry Wike and over the years, I have become friends with him and his family. He truly does like to work as an attorney despite my many efforts to convince him otherwise, he loves what he does as an attorney.

I believe that Terry Wike possess the qualities and abilities to resume the practice of law with honesty and integrity to the legal profession. If you have any further questions or concerns, please do not hesitate to contact me.

Sincerely,

Tammi Littleman

cc: Terry L Wike

JENNIFER LOVELL

Las Vegas, NV Dogmom59@yahoo.com

April 15, 2021

State Bar of Nevada 3100 W. Charleston Blvd. Las Vegas, NV 89102

RE: Terry L. Wike

Bar no. 7211

TO WHOM IT MAY CONCERN:

It is my pleasure to write this letter as my opinion regarding Mr. Terry Wike's honesty, integrity and character.

I have known Mr. Wike on a professional level since January 2003 (18 years) when I was hired as a legal assistant for his law firm. I have always found Mr. Wike to be very honest and of impeccable integrity and character and I believe his professionalism and work ethic to be of the highest quality.

I can unequivocally state that I would recommend my friends and family to Mr. Wike for professional services.

Thank you.

18/ m

Jennifer Lovell

cc: Terry L Wike



Name of Instructor: Neil Ackerman, Esq.	
Date Course Completed: 12/28/2020	
Credits Earned: 1 General (Participatory)	
Sku: BNK3300	
Format: Online Video	
Name: Terry Wike Firm: wike law offices	A FILED
Address: 10120 West Flamingo Road Suite 4-107	STATE OF THE ACADE IN CA
City, State, Zip: Las Vegas, NV 89147	5 S
Phone Number: 702-630-2934 Fax Number:	
Area of Practice :	
Bar Number : 201289 Birthday :	
By electronic signature below, I have certified that I have	G EGAL EOUG
completed the above mentioned course and am entitled to claim CLE credit.	('DEDI')
Retain this document for your records for 4 years from date of participation.	(NOT VALLE PRITAMP)
Ferry Wike	
Signature	



Name of Instructor: Marvin Wolf, Esq.	
Date Course Completed: 12/27/2020	
Credits Earned: 1.75 General (Participatory)	
Sku: BNK3800	
Format: Online Video	
Attendee	
Name : Terry Wike Firm : wike law offices	TE TE
Address : 10120 West Flamingo Road Suite 4-107	EL TEIGURL ACADEAN
City, State, Zip: Las Vegas, NV 89147	
Phone Number: 702-630-2934 Fax Number:	
Area of Practice :	
Bar Number : 201289 Birthday :	AV
By electronic signature below, I have certified that I have	CONTROL EDUCE
completed the above mentioned course and am entitled to claim CLE credit.	CREDIT
Retain this document for your records for 4 years from date of participation.	(NOTVATO HITH THETAMP)
Terry Wike	



Name of Instructor: Susan S. Blum, Esq.	
Date Course Completed : 10/5/2020	
Credits Earned: 2.5 General (Participatory)	
Sku: BNK4400	
Format: Online Video	
Attendee	
Name: Terry Wike Firm: wike law offices	TI FIED
Address: 10120 West Flamingo Road Suite 4-107	GI SIGNAL ACADEAN
City, State, Zip: Las Vegas, NV 89147	C. C
Phone Number: 702-630-2934 Fax Number:	
Area of Practice :	
Bar Number : 201289 Birthday :	A
By electronic signature below, I have certified that I have	G EGYL EDIGH
completed the above mentioned course and am entitled to claim CLE credit.	CALDI
Retain this document for your records for 4 years from date of participation.	(NOI VALUE PIN DIMIANE)
Terry Wike	



Title of Course: This Isn't Rocket Science! All You Need to K Name of Instructor: Augusta Massey, Esq.	
Date Course Completed: 12/13/2020	
Credits Earned: 1.25 General (Participatory)	
Sku: BNK4900	
Format: Online Video	
Attendee	
Name: Terry Wike Firm: wike law offices	1 FIED
Address: 10120 West Flamingo Road Suite 4-107	EL S GIRL ACADEMY
City, State, Zip: Las Vegas, NV 89147	5 - F
Phone Number: 702-630-2934 Fax Number:	
Area of Practice :	
Bar Number : 201289 Birthday :	C COAL EDUCA
By electronic signature below, I have certified that I have	G EGAL EDIG
completed the above mentioned course and am entitled to claim CLE credit.	(Dans 1.
Retain this document for your records for 4 years from date of participation.	(NOTVAND MTH PINTÁMP)
Terry Wike	



Date Course Completed: 12/27/2020 Credits Earned: 1 General (Participatory) Sku: CON3300 Format: Online Video Attendee Name: Terry Wike Firm: wike law offices Address: 10120 West Flamingo Road Suite 4-107 City, State, Zip: Las Vegas, NV 89147 Phone Number: 702-630-2934 Fax Number: Area of Practice: Bar Number: 201289 Birthday: By electronic signature below, I have certified that I have completed the above mentioned course and am entitled to claim CLE credit. Retain this document for your records for 4 years from date of participation.	Name of Instructor : Mich	ael F. McKenna, Esq.	
Sku: CON3300 Format: Online Video Attendee Name: Terry Wike Firm: wike law offices Address: 10120 West Flamingo Road Suite 4-107 City, State, Zip: Las Vegas, NV 89147 Phone Number: 702-630-2934 Fax Number: Area of Practice: Bar Number: 201289 Birthday: By electronic signature below, I have certified that I have completed the above mentioned course and am entitled to claim CLE credit. Retain this document for your records for 4 years from date of	Date Course Completed :	12/27/2020	
Name: Terry Wike Firm: wike law offices Address: 10120 West Flamingo Road Suite 4-107 City, State, Zip: Las Vegas, NV 89147 Phone Number: 702-630-2934 Fax Number: Area of Practice: Bar Number: 201289 Birthday: By electronic signature below, I have certified that I have completed the above mentioned course and am entitled to claim CLE credit. Retain this document for your records for 4 years from date of	Credits Earned: 1 General	(Participatory)	
Name: Teny Wike Firm: wike law offices Address: 10120 West Flamingo Road Suite 4-107 City, State, Zip: Las Vegas, NV 89147 Phone Number: 702-630-2934 Fax Number: Area of Practice: Bar Number: 201289 Birthday: By electronic signature below, I have certified that I have completed the above mentioned course and am entitled to claim CLE credit. Retain this document for your records for 4 years from date of	Sku: CON3300		
Name: Terry Wike Firm: wike law offices Address: 10120 West Flamingo Road Suite 4-107 City, State, Zip: Las Vegas, NV 89147 Phone Number: 702-630-2934 Fax Number: Area of Practice: Bar Number: 201289 Birthday: By electronic signature below, I have certified that I have completed the above mentioned course and am entitled to claim CLE credit. Retain this document for your records for 4 years from date of	Format: Online Video	_	
Name: Terry Wike Firm: wike law offices Address: 10120 West Flamingo Road Suite 4-107 City, State, Zip: Las Vegas, NV 89147 Phone Number: 702-630-2934 Fax Number: Area of Practice: Bar Number: 201289 Birthday: By electronic signature below, I have certified that I have completed the above mentioned course and am entitled to claim CLE credit. Retain this document for your records for 4 years from date of			
Name: Terry Wike Frm: wike law offices Address: 10120 West Flamingo Road Suite 4-107 City, State, Zip: Las Vegas, NV 89147 Phone Number: 702-630-2934 Fax Number: Area of Practice: Bar Number: 201289 Birthday: By electronic signature below, I have certified that I have completed the above mentioned course and am entitled to claim CLE credit. Retain this document for your records for 4 years from date of			
Phone Number: 702-630-2934 Fax Number: Area of Practice: Bar Number: 201289 Birthday: By electronic signature below, I have certified that I have completed the above mentioned course and am entitled to claim CLE credit. Retain this document for your records for 4 years from date of	Name: Teny Wike		FIED
Phone Number: 702-630-2934 Fax Number: Area of Practice: Bar Number: 201289 Birthday: By electronic signature below, I have certified that I have completed the above mentioned course and am entitled to claim CLE credit. Retain this document for your records for 4 years from date of	Address : 10120 West Flan	ningo Road Suite 4-107	OURL ACADEOL
Area of Practice: Bar Number: 201289 Birthday: By electronic signature below, I have certified that I have completed the above mentioned course and am entitled to claim CLE credit. Retain this document for your records for 4 years from date of	City, State, Zip: Las Vegas,	NV 89147	
Bar Number: 201289 By electronic signature below, I have certified that I have completed the above mentioned course and am entitled to claim CLE credit. Retain this document for your records for 4 years from date of	Phone Number : 702-630-2	934 Fax Number :	
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participation.		records for 4 years from date of	(NOTVAND HIT TISTAMP)
Terry Wike	Cerry Wike		



Title of Course: Essentials of Corporations, Partnerships and Name of Instructor: Various Speakers	ILLCS
Date Course Completed : 12/27/2020	
Credits Earned: 1.25 General (Participatory)	
Sku: COR2500	
Format: Online Video	
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Attende	TOTEL
Name: Teny Wike Firm: wike law offices	I de Office Use on
Address: 10120 West Flamingo Road Suite 4-107	THE GOING ACADEAN
City, State, Zip : Las Vegas, NV 89147	
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completed the above mentioned course and am entitled to claim	G EGAL E
CLE credit.	(NOT VARD THE DETAMP)
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Terry Wike	



Name of Instructor: Raymond Nardo, Esq.	
Date Course Completed : 12/28/2020	
Credits Earned: 1 Ethics (Participatory)	
Sku: ETH4100	
Format: Online Video	
Attendee	
Name: Terry Wike Firm: wike law offices	A. Office Use on
Address: 10120 West Flamingo Road Suite 4-107	OHAL ACADEAL C
City, State, Zip: Las Vegas, NV 89147	
Phone Number: 702-630-2934 Fax Number:	
Area of Practice :	
Bar Number : 201289 Birthday :	A
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Teny Wike	



Name of Instructor: Various Speakers	
Date Course Completed: 12/28/2020	
Credits Earned: 1 Ethics (Participatory)	
Sku: ETH7300	
Format: Online Video	
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Name : Terry Wike Firm : wike law offices	SAFIED.
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	EN ACADERINO
City, State, Zip: Las Vegas, NV 89147	- 0
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Area of Practice :	
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completed the above mentioned course and am entitled to claim	Charles
CLE credit.	(NOT VALO THE THETAMP)
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Terry Wike	



Title of Course : Dying for		om Lawyers i	ii ivientai miness i	and Substance Abuse	
Name of Instructor : Brian	1 Tagtmeier, Esq.				
Date Course Completed :	10/5/2020				
Credits Earned: 1 Substan	ce Abuse/Competence Issues	(Participator	y)		
Sku: SA700					
Format: Online Video					
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	Δ.	ttendee			-
N m um			1	EIED	
Name: Teny Wike	Firm: wike law offices		D. T.	orlice Use Grad	
Address : 10120 West Flar	ningo Road Suite 4-107		5,7 0	AL ACADEDIA	
City, State, Zip : Las Vegas,	NV 89147		3	- P	!
Phone Number: 702-630-2	934 Fax Number:				
Area of Practice :					
Bar Number: 201289	Birthday ;			AU	
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completed the above mention	ed course and am entitled to o	laim	V #1	DOTT	
CLE credit.	1646		(NOTVATE	D ATH THETAMP)	
Retain this document for your participation.	records for 4 years from date	or			
Terry Wike					
Signature					



Title of Course: How to Win Big at Trial	
Name of Instructor: Various Speakers	
Date Course Completed : 12/28/2020	
Credits Earned: 2.5 General (Participatory)	
Sku: SKL4200	
Format: Online Video	
Attended	TELEN
Name: Teny Wike Firm: wike law offices	The Ministration of the State o
Address: 10120 West Flamingo Road Suite 4-107	- Girls College
City, State, Zip: Las Vegas, NV 89147	
Phone Number: 702-630-2934 Fax Number:	
Area of Practice :	
Bar Number : 201289 Birthday :	A
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completed the above mentioned course and am entitled to claim	Character
CLE credit.	(NOT VALO FIR TISTAMP)
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EE	
Terry Wike	
Signature	

MENTORING AGREEMENT

THIS MENTORING AGREEMENT (Agreement) is entered into among and between Terry L. Wike, Esq. (Respondent), the State Bar of Nevada (State Bar) and Bradley S. Mainor, Esq. (Mentor), pursuant to the Nevada Supreme Court Order of Suspension (Order) filed February 27, 2020.

- Purpose. It is agreed by and between the parties that Mentor will serve as mentor during Respondent's probation to assist the Office of Bar Counsel in monitoring the conditions set forth in the Order.
- Duration. The Agreement shall remain in effect from the date of execution through February 27, 2022, unless a new mentor is substituted for the remainder of the term.

3. Duties of Respondent:

- a. Respondent shall meet with Mentor at monthly to obtain mentorship and guidance and discuss his legal practice, to include his accounting practices, should Respondent settle and disburse a personal injury claim during the month; and
- b. Respondent shall submit quarterly reports to his Mentor regarding the status of his practice. Mentor shall sign the quarterly report indicating he met with Respondent. Respondent shall then submit the report to the Office of Bar Counsel Designee. Due dates of the reports are as follows:

Period: Due:

5/27/2020 thru 8/26/20 **Due August 31, 2020**8/27/2020 thru 11/26/2020 **Due November 30, 2020**11/27/2020 thru 2/26/2021 **Due March 3, 2021**2/27/2021 thru 5/26/2021 **Due May 31, 2021**5/27/2021 thru 8/26/2021 **Due August 31, 2021**8/27/2021 thru 11/26/2021 **Due November 30, 2021**11/27/2021 thru 2/26/2022 **Due March 3, 2022**

4. Duties of Mentor.

- a. Mentor will meet with Respondent monthly to discuss his legal practice, to include his accounting practices, quarterly reports and to provide mentorship and guidance, should Respondent settle and disburse a personal injury claim during the month;
- b. Mentor shall observe the rules of confidentiality in RPC 1.6

 (Confidentiality of Information) with respect to Respondent's practice, cases, and clients, except that Mentor shall be entitled to reveal such information as is necessary to communicate with the Office of Bar Counsel under the terms of this Agreement;
- c. Mentor shall sign the quarterly report indicating he met with Respondent; and
- d. Mentor shall report directly to Office of Bar Counsel Designee
 whenever he identifies issues pertaining to Respondent's practice of

Page 2 of 4

law that Mentor believes relevant to Respondent's compliance with the terms of this Agreement.

- Compliance. Respondent's compliance with the conditions set forth herein shall be monitored by and through the Office of Bar Counsel Designee.
- 6. Failure to Comply with Terms of Agreement. If the Office of Bar Counsel determines that Respondent failed to comply with the terms of this Agreement, Bar Counsel shall proceed consistent with SCR 105.5(6).
- 7. **Confidentiality.** Pursuant to SCR 105.5(1)(b), all services provided by Mentor and any related documents and/or communication shall remain confidential, as provided for in SCR 121. Any information provided to Mentor and Office of Bar Counsel will be used solely to assess Respondent's compliance and progress and may be used in a hearing or briefing for that purpose, but will not be released to any other person.

Acknowledgment and Consent:

Respondent has read the terms and conditions of this Agreement and understands the Agreement in its entirety.

are right constitution in the eli	imiety.
DATED this day of	2020 201/4
By: Myn///	1/
Terry L. Wike, Esq. Nevada Bay No. 7211 Respondent	(
////	
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Page 3 of 4

Approval of Mentor:

as Mentor as described herein.

.2020 ـ

By: Bradley S. Mainor, Esq. Nevada Bar No. 7434

Mentor

Approval of Bar Counsel:

Bar Counsel hereby approves of the Mentor to this Agreement and the terms and

STATE BAR OF NEVADA

conditions herein.

Daniel Hooge (Jul 17, 2620 10:56 PDT) Daniel M. Hooge, Bar Counsel Bar No. 10620

Executed Mentoring Agreement

Final Audit Report

2020-07-17

Created:

2020-07-17

By:

Louise Watson (louisew@nvbar.org)

Status:

Signed

Transaction ID:

CBJCHBCAABAAFQDGhQKAXJVsggiFkjfD46W9HNTaP3Gn

"Executed Mentoring Agreement" History

- Document created by Louise Watson (louisew@nvbar.org) 2020-07-17 2:18:37 PM GMT- IP address: 72.193.7.8
- Document emailed to Daniel Hooge (danh@nvbar.org) for signature 2020-07-17 2:19:33 PM GMT
- Email viewed by Daniel Hooge (danh@nvbar.org) 2020-07-17 5:56:15 PM GMT- IP address: 72:202.33.46
- Document e-signed by Daniel Hooge (darth@nvbar.org)

 Signature Date: 2020-07-17 5:56:27 PM GMT Time Source: server- IP address: 72.202.33.46
- Signed document emailed to Daniel Hooge (danh@nvbar.org) and Louise Watson (louisew@nvbar.org) 2020-07-17 5:56:27 PM GMT



Adobe Sign

IN RE: DISCIPLINE OF TERRY L. WIKE, ESQ. Docket No.: 79305 NEVADA BAR NO.: 7211 RESPONDENT'S QUARTERLY REPORT Respondent, Terry L. Wike, hereby submits his Quarterly Report in compliance with the Order of Suspension. DATED this 2nd day of September, 2020. s//Terry L. Wike TERRY L. WIKE, ESQ. **CERTIFICATE OF SERVICE** I hereby certify that a true copy of the foregoing was served upon The State Bar of Nevada via email to LouiseW@nvbar.org, this 2nd day of September, 2020. s// Terry L. Wike

MENTOR MEETING

I, Brad Mainor, met with Terry Wike in ac	cordance with the mentoring agreement on
1912	ordance with the mentoring agreement on
day of 2020. We dis	cussed and reviewed his accounting practices.
	cussed and reviewed his accounting practices.
Brad Mainor	Terry L. Wike
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M ter Trust Activity

Report Date; Report Time; Page; User ID;

8/11/2020 11:19AM 1 of 1

Wike Law

 Date Range:
 01/01/1900 - 08/11/2020

 Client:
 1244 - Barbara Lagao

 Matter:
 1240 - Lagao v. AAA

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payce
07/10/2020 07/20/2020	\$6,700.00 \$0.00		Trust balance posted from AbacusLa Check #1052	11020:00	No		Beginning Balance
07/20/2020 07/20/2020	\$0.00 \$0.00	\$4,539.27	Settlement Check #1051 Settlement Balance Check #1054	11020,00 (1020,00 11020,00	No No No	1052 1051	Medicare Barbara Lagao
07/20/2020	\$6,700.00	\$2,159.87	Fees and Costs Check #1053	11020.00	No	1054 1053	Barbara Lagao Wike Law Group
Balance:	\$0,00	\$6,700.00					

Ma..er Billing Detail

Wike Law

Date Range:

01/01/1900 to 08/11/2020

Client: Matter:

1244 - Barbara Lagao 1240 - Lague v. AAA

		gav v. AAA							
Date	Expense Code	Description	Debit	Credit	Billing Status	On Hold	Invoice Number	Check Number	Payee
07/18/2020 07/20/2020 08/11/2020 08/11/2020	20 FEE Fees 20 HPD Trust	Forward: Hard Costs Billed Fees Billed on Invoice #: 6 Trust funds applied towards inv.: #6 Lagao Trust funds applied towards inv.: #6 Lagao	\$0.00 \$150.00 \$2,009.87	\$150.00			6		
Fotal Fees Un Fotal Fees Re Fotal Soft Co	billed ; celved : it Billed :	Total: Balance: \$2,009.87 \$0.00 \$2,009.87) \$0.00	\$2,159.87 \$0.00	\$2,159.87					

\$0.00 Total Soft Cost Received : -----\$0.00 Total Hard Cost Billed : -----\$150.00 Total Hard Cost Unbilled : -----\$0.00 Total Hard Cost Received : -----(\$150.00) Total Taxes Billed : ----\$0.00 Total Taxes Unbilled:-----\$0.00 Total Taxes Received : -----\$6.60 Total Late Charges Billed :-----\$0.00 Total Late Charges Unbilled: -----\$0.00 Total Late Charges Received : -----\$0.00

\$0.00

Trust Balance:

ROA Page 0217

Report Date:

Report Time:

Page:

User ID:

8/11/2020

11:17AM

L WIKE

lofi

DISBURSAL STATEMENT

RE: Barbara Lagao v. AAA (UM/UIM claim no. 1002-70-8033 - Date of Loss 06/01/2018) TOTAL MONIES RECOVERED: \$ 6,699.57 ATTORNEY FEES: Law Offices of Terry L. Wike -33 1/3% per Retainer Agreement reduced to 30% \$ 2,009.87 ATTORNEY COSTS PER FEE AGREEMENT (See Below) \$ 150.00 CLIENT MEDICAL PROVIDERS AND MISCELLANEOUS LIENS Amount Secondary Medicare Recovery .43 Total .43 CLIENT RECOVERY: <u>\$ 4,539.2</u>7 I understand that unpaid bills, co-pays, or any other obligation, arising out of this claim not itemized above are my responsibility, not my attorney's and I assume full responsibility for payment. /// Page 1 of 2

I understand my attorneys have not given any tax advice and I will consult with my accountant or other tax adviser, if I have any questions.

UNDERSTOOD, AGREED AND RECEIVED

<u> 7-20-20</u>

DATE

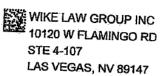
Page 2 of 2



P.O. Box 24523 Oakland, CA 94623-1523

Phone 888.335.2722 Fax 877.548.1610





Offer of Payment

		-
Check No.: 07	18093397 Insured: BARBARA LAGAO	-
Claim No.: 100	12-70-8033 Policy No.: NVSS208598707 Adjuster: Preston State Party Bodily Injury - BARBARA LAGAO - Linderinguad Managed Party	
Issue Date	Description of Paymont	DIOM
07/01/2020	Injury Amount Acct No. Amount \$6,699.57	Total
IIIAOICE/EOB #:	aw Group Inc & Barbara Lagao Dates of Service:	\$6,699.5
Comments: Payment Metho		
	d: Check Date of Loss: 06/01/2018 Loss Type: PersonalAuto	

Policy issued by CSAA General Insurance Company

Please detach before presenting for paymons



CSAA General Insurance Company P.O. Box 24523, Oakland, CA 94623-1523

BANK OF AMERICA

70-2328 / 719 iL

CHECK NO. 0718093397

Pay To The Order Of

VOID IF NOT CASHED WITHIN 180 DAYS OF DATE OF ISSUE

POLICY NO.:

NVSS208598707

CSAA Insurance Group

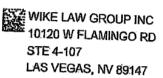
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P.O. Box 24523 Oakland, CA 94623-1523

Phone 888.335.2722 877.548.1610





Offer of Payment

Check No.: 0718093398	
Claim No.: 1002-70-8033	
Claim No.: 1002-70-8033 Insured: BARBARA LAGAO	
Exposure: (2) 1st Party Bodilly Injury. BARRADA NA VISA Project State Pr	
Trojuster - Fresion Show	
Exposure: (2) 1st Party Bodily Injury - BARBARA LAGAO - Underinsured Motorist Bodily Injury - Claim Cost - Injury Issue Date Description of Payment Amount	
Amount	
Amount Total	
\$0.43	
Payee: Medicare on behalf of Barbara Legao	
	\$0.43
Invoice/EOB#: Dates of Service:	•
Comments: 2 dies of Service:	
Daymont M. H. C.	1
Loss Type: PersonalAuto	
	,

Policy issued by CSAA General Insurance Company

ase delach before presenting for payment



CSAA General Insurance Company P.O. Box 24523, Oakland, CA 94623-1523

BANK OF AMERICA

70-2328 / 719 IL CHECK NO. 0718093398

POLICY NO.

INSURED BARBARA LAGAO LOSS DATE CLAIM NO. DATE AMOUNT 06/01/2018 1002-70-8033 07/01/2020 ***\$0.43 Medicare on behalf of Barbara Lagao

VOID IF NOT CASHED WITHIN 180 DAYS OF DATE OF ISSUE

Pay To The Order Of

CSAA Insurance Group AUTHORIZED SIGNATURE

#0718093398# #071923284#

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10655 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524

Bank of America ACH R/T 122400724

וכטו 94-72/1224 NV 7976

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WIKE LAW GROUP INC

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WIKE LAW GROUP INC

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10655 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524	Bank of America ACH R/T 122400724	1054 94-72/1224 NV 1976
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WIKE LAW GROUP INC

11120 Forever Sunset Court Las Vegas, Nevada 89135 (702) 630-2934 twike@wikelaw.com

June 20, 2020

MSRP Medicare Contact Center Operations PO Box 1270 Lawrence, KS 66044

RE:

Our client

Barbara Lagao

Your insured:

Barbara Lagao

SSN

xxx-xx-0123

Date of loss

June 1, 2018

Dear Sir/Madam:

Enclosed please find a check in the amount of \$0.43 (check no. 1052) as full and final lien amount for Ms. Lagao in the above-entitled matter.

Thank you for your anticipated cooperation in this matter.

Sincerely,

Tammi Littleman
Paralegal to

Terry L. Wike, Esq.

Enclosures as stated.

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10855 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524 PAY TO THE CORDER OF Secretary Payer Parameters ORDER OF Wedge Secretary Payer Parameters Secretary Payer	1052 94-72/1224 RW 7975
Sorbara Lagao DOC: 0/1/2018 Weno Chima Like to Col 2011/2018 De 8-3-3-40 1864-016 2014 11/2018 536-318-318-318-318-318-318-318-318-318-318	DOLLARS
WIKE LAW GROUP INC	1052

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NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10855 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524 Bank of America ACH R/T 122400724

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94-72/1224 NV 7976

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WIKE LAW GROUP INC

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WIKE LAW GROUP INC

MENTOR MEETING

I, Brad]	Mainor, met with Terry	Wike in accordance with the mentoring agreement on
<u> 2 (</u>	_ day of October, 2020.	We discussed and review his accounting practices.

Brad Mainor

Terry L. Wike

Checkbook Register

Report Date: Report Time:

11/04/2020 9:06AM

l of 2

Page: User ID: L WIKE

Wike Law

Dates Included:

01/01/1900 to 11/04/2020

Checkbook Account Number: 11020.00

Checkbook Account Name:

Cash - Trust Account I

Date	Check No. / Transaction		Description	Deposits Debit (+)	Withdrawals Credit (-)	Journal Number		Running
01/01/1900			Opening Balance		Create (-)			Balance
07/10/2020	TR Deposit	Trust balance posted from AbacusLa	Trust balance posted from AbacusLaw	PC 700 00		0		\$0.00
07/20/2020	1052	Medicare	Check #1052	\$6,700.00	** **	1	Rept	\$6,700.00
07/20/2020		Barbara Lagao	Settlement Check #1051		\$0.43	1	Disb	\$6,699.57
07/20/2020	1054	Barbara Lagao	Settlement Balance Check #1054		\$4,539.27	2	Disb	\$2,160.30
07/20/2020	1053	Wike Law Group	Fees and Costs Check #1053		\$0.43	3	Disb	\$2,159.87
09/09/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 9/9/2020	#0 000 an	\$2, 159. 8 7	4	Disb	\$0.00
09/09/2020	1042	CraigRd Clinic	Wendy Morales Treatment	\$8,000.00		5	Rept	\$8,000.00
09/09/2020	1043	Wendy Morales	Settlement Payment to Client		\$1,468.50	5	Disb	\$6,531.50
09/09/2020	1055	Wike Law Group	Fees and Costs of \$150		\$4,141.50	6	Disb	\$2,390.00
09/09/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 9/9/2020		\$2,390.00	7	Disb	\$0.00
09/09/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 9/9/2020 Deposit posted from Trust on 9/9/2020	\$850.00		16	Rept	\$850.00
09/15/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 9/15/2020 Deposit posted from Trust on 9/15/2020	\$850.00		17	Rept	\$1,700.00
09/15/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Test on 9/15/20/20	\$6,570.62		12	Rept	\$8,270.62
09/15/2020	1058	Wike Law Group	Deposit posted from Trust on 9/15/2020 V. Cruz Atty fees 188 costs 150	\$9,127.01		13	Rept	\$17,397.63
09/15/2020	1060	Wike Law Group	D. Cruz Atty fees 188 costs 150		\$338.00	31	Disb	\$17,059.63
09/17/2020	1056	Complete Care Injury Center	V. Cruz Treatment c/o Wendy Morales		\$338.00	32	Disb	\$16,721.63
09/18/2020	0	Deposit Posted from Trust	Deposit posted from Tours on Old Page		\$122.00	30	Disb	\$16,599.63
09/18/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 9/18/2020	\$11,142.00		11	Rept	\$27,741.63
09/21/2020	1067	Scott Trae Judd	Deposit posted from Trust on 9/18/2020 Scott Judd Settlement Disbursement	\$21,500.00		14	Rept	\$49,241.63
09/21/2020	1069	Wike Law Group			\$10,031.10	22	Disb	\$39,210.53
09/21/2020	1062	Lauren Davis	Scott Judd atty fees 3542.52 costs 150.00		\$3,692.52	24	Disb	\$35,518.01
09/21/2020	1066	Wike Law Group	Lauren Davis Settlement Disbursement		\$17,074.59	25	Disb	\$18,443.42
09/22/2020	TR Deposit	Deposit Posted from Trust	Lauren Davis Atty Fees 6125.40 Costs 150.00		\$6,275.40	29	Disb	\$12,168.02
09/24/2020	1068	Tropican West Chiropractic	Deposit posted from Trust on 9/22/2020	\$25,000.00		10	Rept	\$37,168.02
09/25/2020	1063	Medical Associates of Southern NV	Scott Judd Treatment		\$3,989.00		Disb	\$33,179.02
9/28/2020	1064	Advantage Diagnostic Imaging Cent	Lauren Davis Medical Treatment		\$851.02	26	Disb	\$32,328.00
9/28/2020	1065	NBC Operations, LLC	Lauren Davis Medical Treatment		\$1,700.00	27	Disb	\$30,628.00
9/29/2020	1070	Ashley Bensko	Lauren Davis Medical Treatment		\$4,726.00	28	Disb	\$25,902,00
9/30/2020	1071	Wike Law Group	Bensko Settlement Disbursement		\$16,517.50	20	Disb	\$9,384.50
0/07/2020		Deposit Posted from Trust	Bensko Fees 8332.50 costs 150.00		\$8,482.50	21	Disb	\$902.00
0/07/2020		Petricia Davis	Deposit posted from Trust on 10/7/2020	\$5,250.00		7	Rept	\$6,152.00
0/07/2020		Patricia Davis	Hartford Settlement		\$2,766.00		Disb	\$3,386.00
0/07/2020			Voided Check Number: 1072	\$2,766.00			Gen	\$6,152.00
0/07/2020			Patricia Davis Re: Atty fees 787.50 & Costs 150.0		\$937.50	11	Disb	\$5,214,50
	a sa Deposit	popular coned from 1 fust	Deposit posted from Trust on 10/7/2020	\$5,000.00			Rept	\$10,214.50

Checkbook Register

Report Date: Report Time:

11/04/2020

Report Time;
Page:
User ID; L WIKE

9:06AM 2 of 2

Wike Law

Date	Check No. / Transaction	Payee	Description		Deposits Debit (+)	Withdrawals Credit (-)	Journal Number		Running
10/07/2020 10/07/2020 10/07/2020 10/08/2020 10/08/2020 10/13/2020 10/14/2020 10/14/2020 10/14/2020 10/14/2020 10/12/2020 10/22/2020 10/22/2020 10/22/2020 10/22/2020	1076 1077 1078 1073 1074 TR Deposit 1079 1080 1081 1080 1082 TR Deposit 1044 1045 1046 1047	Lauren Davis NBC Operations, LLC Wike Law Group Patricia Davis NBC Operations, LLC Deposit Posted from Trust Jeanne Saldanha NBC Operations, LLC Wike Law Group NBC Operations, LLC NBC Operations, LLC NBC Operations, LLC Deposit Posted from Trust Wike Law Group Estate of Terry Littleman AFC Physical Iron Wood Chiropractic	Hartford Settlement Disbursement Lauren Davis Treatment Paid in Full L. Davis Re: Atty fees 1666.50 & costs 150 Hartford Settlement Disbursement Patricia Davis Medical Treatment Deposit posted from Trust on 10/13/2020 Settlement Disbursal to client Jeanne Saldanha treatment paid in full Saldanha Atty fee 1313.20 & Costs 150.00 Voided Check Number: 1080 Jeanne Saldanha treatment paid in full Deposit posted from Trust on 10/20/2020 T. Littleman Atty fees 1725 Costs 150 Estate of T. Littleman disbursement T. Littleman Treatment T. Littleman Treatment		\$4,000.00 \$1,065.00 \$7,500.00	\$2,070.50 \$1,113.00 \$1,816.50 \$2,766.00 \$1,546.50 \$1,471.80 \$1,065.00 \$1,463.20 \$1,065.00 \$1,410.75 \$951.00 \$3,263.25	12 13 14 9 10 9 16 17 18 2 19 18 33 34 35 36		\$8,144.00 \$7,031.00 \$5,214.50 \$2,448.50 \$902.00 \$4,902.00 \$3,430.20 \$902.00 \$1,967.00 \$902.00 \$6,527.00 \$5,116.25 \$902.00
				Totals:	\$115,320.63	\$114,418.63	Ending	Balance:	\$902.00

Matter Trust Activity

Report Date: Report Time: 10/15/2020 9:45AM 1 of I

Page: User ID:

Wike Law

Date Range: 01/01/1900 - 10/30/2020 Client: 20200219 - Ashley Bensko

Matter: 1243 - Bensco v. Donald and Courtney Grayson

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
09/22/2020 09/29/2020 09/30/2020	\$25,000.00 \$0.00 \$0.00	\$16,517.50	Ashley Bensko Allstate Settlement Bensko Settlement Disbursement Bensko Fees 8332.50 costs 150,00	11020.00 11020.00 11020.00	No No No	1070 1071	Trust Deposit Ashley Bensko Wike Law Group
Balance:	\$25,000.00 \$9.00	\$25,000.00					·

Alistata Insurance Company - Claims Payment Proc P.O. Box 650048 , Dallas, TX 75265 , United States



WIKE LAW GROUP 10120 W FLAMINGO RD SUITE4-107 LAS VEGAS NV 89147

09/15/2020

WIKE LAW GROUP.

ENCLOSED PLEASE FIND PAYMENT IN THE AMOUNT OF \$25,000:00-FOR YOUR FULL AND FINAL SETTLEMENT OF ANY AND ALL CLAIMS FOR BODILY INJURY ARISING FROM LOSS OF 12/28/2018.

PLEASE REFERENCE CLAIM DETAILS BELOW.

CLAIM NUMBER: 0532078607 DATE OF LOSS: 12/28/2018

INSURED:

COURTNEE P GRAYSON

In payment for Bodily Injury Liability for Date of Loss 12/28/2018.

ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY 1-800-255-7828

0000020200915004634ZCT02001001004938

INSURED: COURTNEE P GRAYSON CLAIMANT: ASPILEY BENSKO

IN PAYMENT OF FULL AND FINAL SETTLEMENT OF ANY AND ALL CLAIMS FOR BODILY INJURY ARISING FROM LOSS OF 12/28/2018.

4 % A W PAY TWENTY FIVE THOUSAND DOLLARS AND ZERO CENTS

Allstate[®]

ASHLEY BENSKO AND WIKE LAW GROUP 6258 ISLAND PALM AVE LAS VEGAS NV 89118-1960 TO THE ORDER OF

VOID IF NOT PRESENTED WITHIN THREE HUNDRED, SIXTY-FIVE DAYS OF DATE OF ISSUE

CLAIM NUMBER. 105987082 0532078607 TAX ID EMPLOYEE ID HM8W 64-1278

\$ 25,000.00

INVOICE NUMBER MCO- DATE ISSUED 1970 09/15/2020 COMPANY: ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY

AUTHORIZED SIGNATURES

#105987082# @D61112788@

	Receipt		į
All from one credited subject to verification, collection, and conditions of the Rules and Regulations of this Braking as otherwise provided by the Personne are steeped when credit is applied to carateriding bislances and not those issuance of this receipt. Inspections, presiyed the Back's posted cut-off that or Shirelay, Statoy, and Back Hottisha, an depot and considered received the from institutions and provided the received out the most business day.	the Rules and Begal most upon ast upon 1 ya, an delesi and com	ations of this Benkind as sainteent this ready of the national tracelyed as of the national tracely as of the national tracelyed as of the national tracely as of the national tracelyed as of the national tracelyed as of the national tracelyed as of the national tracely as of the national tracely as of the national tracely as of the national tracelyed as of the national tracely as of the national	otherwise provided arsachens received rest business day.
Think you for knaking with flank of Amerka. Save dine with first, irelable daposta, withdrawints, transfers and more of thousands of convenient ATM locations.	Tran 00049 Entity NAV Account	09/22/2020 (C 3360257 1.1. Johannansigap	11+11
	R/TH 540880133 Deposit	<u>.</u>	\$25,000.fD
Member FDIC 95-14-2005B	IntRef	3937CXF2SHAF9CVQLCZV43V	VALCZVARU

Wells Farso Bank Transaction Receipt

Granch #0000154 27 Deposit

Account Number CHK 00746 Number of Checks Check Listing

XXXXXX9291

1

\$16,517,50

Total Checks Amount Total Deposit

\$16,517.50 \$16,517.50

Deposit Availability \$400.00 of your deposit is included in your available balance.

\$16.117.50 will be available on Wednesday, 09/30/20

Transaction # 095 0105 02×45PM 09/29/20 Deposit Credit Date: 09/29/20

Bensko Deposits

Thank you, RENEE

DISBURSAL STATEMENT

RE: ASHLEY BENSKO	
TOTAL MONIES RECOVERED: (Allstate \$25,000.00)	<u>\$25,000.00</u>
ATTORNEY FEES: 33 1/3% per Retainer Agreement	<u>\$8,332.50</u>
ATTORNEY COSTS PER FEE AGREEMENT (See Below)	<u>\$150.00</u>
Total Attorney Fees & Costs	<u>\$8,482.50</u>
CLIENT MEDICAL PROVIDERS AND MISCELLANEOU	S LIENS
None	
CLIENT RECOVERY:	<u>\$16.517.50</u>
I understand that unpaid bills, co-pays, or any other obligation, or my attorney's and I assume full responsibility for payment.	ising out of this claim not itemized above are my responsibility, not (Initial)
Pag	e 1 of 2
)

I understand my attorneys have not given any tax advice and I will consult with my accountant or other tax adviser, if I have any questions. _____ (Initial)

UNDERSTOOD AGREED AND RECEIVED

9/29/2020

SHLEY BENSKO

Page 2 of 2

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10855 PARK RUN DR STE 250	Bank of America ACH R/T 122400724	1070 94-72/1224 HV 7976
PAY TO THE Ashley Bensko Certaen Hand Control of Ashley Bensko	\$ 16	/29/2020 5,517 8
Sexteen thousand five hudred seventeer	1 am 100	DOLLARS
MEMO Bensko Disbursenent	AUTHORIZED SIGNATURE	
WIKE LAW GROUP INC Bensko Disbursement \$ 16,517,50	5349ne	1070

WIKE LAW GROUP INC

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10655 PARK BUN DR STE 250	Bank of America ACH R/T 122400724	1071
PAYTOTHE Wike Law broup Cight thousand four housed eightste	so and Tho	8,482 50 0011A
MEMO Affy Fees \$ 8,332.50 COS/S 150.00 1001071111 1:1224007241:	5349110	ille N
Bensko fees + losk Fees * 8,332.50 Costs 150.00 * 8,482.50 - check	Postal 9/30/20	1071

WIKE LAW GROUP INC

Matter Trust Activity

Report Date: Report Time:

10/15/2020 10:36AM

1 of t

Page: User ID:

Wike Law

 Date Range:
 01/01/1900 - 10/15/2020

 Client:
 20200226 - Scott Trae Judd

 Matter:
 1255 - Judd, Scott Trae

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
09/15/2020 09/18/2020 09/21/2020 09/21/2020 09/24/2020	\$6,570.62 \$11,142.00 \$0.00 \$0.00 \$0.00	\$0.00 \$10,031.10 \$3,692.52	Scott Trae Judd Allstate Settlement C Scott Trae Judd Stat Farm Settlement Scott Judd Settlement Disbursement Scott Judd atty fees 3542.52 costs 15 Scott Judd Treatment		No No No No	1067 1069 1068	Trust Deposit Trust Deposit Scott Trac Judd Wike Law Group Tropican West Chiropractic
Balance:	\$17,712.62 \$0.00	\$17,712.62					хорош жем сипоримене



Customer Receipt

All items are credited subject to verification, collection, and conditions of the Rules and Regulations of this Bank and as otherwise provided by law, Payments are accepted when credit is applied to customing balances and not upon issuance of this receipt. Transactions received after the Bank's posted car-off time or Sanaday, Sanday, and Bank Holidays, are dated and considered received as of the next business day.

Please retain this receipt until you receive your account state

Thank you for banking with Bank of America. Save time with fast, reliable deposits, withdraws more at thousands of convenient ATM locations.

Tran 00107 09/18/2020 13:38 Entity MRV CC 3360257 Tlr 00003 Account_ ********5349 R/T# 540880133

Deposit

\$32,642.00

28-7566-R31)2-02-2019 1423-560-28 COLLINS, JENNIFER D & RYAN

Member FDIC 95-14-2005B 03-2019

IntRef

3937CXF25H4F9CV090C8V79

BI settlement for Scott T. Judd. Enclosures: Payment Ltr.

COVERAGE DESCRIPTION BODILY INJURY LIABILITY

ON BEHALF OF JUDD, SCOTT

AMOUNT 11,142.00

RETAIN STUB FOR RECORDS

CLAID NO: 28-7566-R3 COSS DATE: 02-02-2019 instred GOLLINS, JENNIFER D & RYAN *** EXACTLY ELEVEN THOUSAND ONE HUNDRED FORTY-TWO AND 00/100 DOLLARS \$****11,142.00 Pay to the Order of: WIKE LAW GROUP & SCOTT TRAE JUDD SECURED DOCUMENT WATERMARK APPEARS ON BACK, HOLD AT 45° ANGLE FOR VIEWING

#2417069854# #044115443#

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Customer Receipt

collection, and conditions of the Rules and Regulations of this Bank and as otherwise provid ilied to outstanding balances and not upon issuance of this receipt. Transaction unday, and Bank Holldays, are dated and considered received as of the next busi

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Tran 00063 09/15/2020 Entity NNV CC 3360257 Tlr 00003 Account \$\$\$\$\$\$\$\$\$\$5349

R/TH 540880133

Deposit

\$15,697.63

Member FDIC 95-14-2005B 03-2019

IntRef

3737CXF25H4F9CCF8T3XUT5

09/09/2020

WIKE LAW GROUP,

ENCLOSED PLEASE FIND PAYMENT IN THE AMOUNT OF \$6,570.62 FOR YOUR FULL AND RINAL SETTLEMENT OF ANY AND ALL CLAIMS FOR BODILY INJURY ARISING FROM LOSS OF 2/2/2019.

PLEASE REFERENCE CLAIM DETAILS BELOW.

CLAIM NUMBER: 0533669529

DATE OF LOSS: 02/02/2019

INSURED:

TRAVIS OGBURN

In payment for Bodily Injury Liability for Date of Loss 2/2/2019.

ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY 1-800-255-7828

0000020200909003607ZCT02001001003800 ASVRED TRAVIS DOBITAN

CLAMANET SECTE TRACE T JUDIO IN PAYMENT OF HULE AND FINAL SETTLEMENT OF ANY FOR BODILY INJURY ARISING FROM LOSS OF 2/2/2019. HMRB THOUSAND DIVE HUNDRED 64-1278 Allslate \$ 6,570.62 INVOICE NUMBER MCO DATE ISSUED 2580 09/09/2020 TO THE SCOTT "TRAE" T. JUDD AND WIKE LAW GROUP ORDER OF 11008 MOUNT ROYAL AVE LAS VEGAS NV 89144-4483 COMPANY: ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY VOID IF NOT PRESENTED WITHIN THREE HUNDRED, SIXTY-RIVE DAYS OF DATE OF ISSUE Samuel APUL AUTHORIZED SIGNATURES #119038183# #OB1112788# 95620

DISBURSAL STATEMENT

RE: SCOTT "TRAE" JUDD

TOTAL MONIES RECOVERED:

(State Farm \$11,142.00 and Allstate \$6,570.62)

\$17,712.62

ATTORNEY FEES:

Law Offices of Terry L. Wike -

33 1/3% per Retainer Agreement reduced to 20%

\$3,542.52

ATTORNEY COSTS PER FEE AGREEMENT (See Below)

\$150.00

Total Attorney Fees & Costs

\$3,692.52

CLIENT MEDICAL PROVIDERS AND MISCELLANEOUS LIENS

Tropicana West Chiropractic

Amount

Reduced Amount

st Chiropractic \$7,978.00 \$3,989.00

Total Medical Expenses

\$7,978.00

\$3,989.00

CLIENT RECOVERY:

\$10,031,10

I understand that unpaid bills, co-pays, or any other obligation, arising out of this claim not itemized above are my responsibility, not my attorney's and I assume full responsibility for payment.

Page 1 of 2

I understand my attorneys have not given any tax advice and I will consult with my accountant or other tax adviser, if I have any understood, AGREED AND RECEIVED

UNDERSTOOD, AGREED AND RECEIVED

ACCOUNTAGE SCOTT "TRAE" JUDD

Page 2 of 2

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10655 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524	Bank of America 1069 ACH R/T 122400724 94-72/1224 94-72/1224 94/21/2020
PAY TO THE Wike Law Broup Three thousand six harbrednine	2 \$ 3692 52 SQUAR
Re: Scott TraeJule MEMO Sett Fees #3542.82 COSTS #150-00 100106911 122240072412	AUTHORIZED SIGNATURE ME
Fees \$3542.52 costs 150:00 3692.52	1069 Posted 9/21/20
MIKE LAW GROUP INC	1069
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MIKE LAW GROUP INC

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WEVADA IOLTA THUST ACCOUNT

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NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC. 10655 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524	Bank of America ACH R/T 122400724	1068 94-72/1224 NV 1976
PAYTOTHE Tropicana West Chiropractic Three thousen Inene hadredeig	Algriene and 100	P989 EX
MEMO Re: South Trae Judd Full & Final Payment 1000 206811 12222007241	AUTHORIZED SIGNATURE 534 9119	
WIKE LAW GROUP INC Re: Scott True Judd \$ 3989		1068

Posted 9/24/20

WIKE LAW GROUP INC

Matter Trust Activity

Report Date: Report Time: Page: 10/15/2020 11:18AM 1 of 1

User ID:

Wike Law

 Date Range:
 01/01/1900 - 10/01/2020

 Client:
 20200223 - Lauren Davis

 Matter:
 1248 - Davis, Lauren

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
09/15/2020	\$9,127.01	\$0.00	Lauren Davis Allstate Settlement Che	11020.00	No		Trust Deposit
09/18/2020	\$21,500.00	\$0.00	Lauren Davis State Farm Settlement (11020.00	No		Trust Deposit
09/21/2020	\$0.00	\$17,074.59	Lauren Davis Settlement Disbursemer	11020.00	No	1062	Lauren Davis
09/21/2020	\$0,00	\$6,275.40	Lauren Davis Atty Fees 6125.40 Cost	11020.00	No	1066	Wike Law Group
09/25/2020	\$0.00	\$851.02	Lauren Davis Medical Treatment	11020.00	No	1063	Medical Associates of Southern NV
09/28/2020	\$0.00	\$1,700,00	Lauren Davis Medical Treatment	11020.00	No	1064	Advantage Diagnostic Imaging Center
09/28/2020	\$0.00	\$4,726.00	Lauren Davis Medical Treatment	11020.00	No	1065	NBC Operations, LLC
	\$30,627.01	\$30,627.01					
Balance:	\$0.00						



Customer Receipt

All items are credited subject to verification, collection, and conditions of the Rules and Regulations of this Bank and as otherwise provides by law. Payments are accepted when credit is applied to outstanding balances and not upon issuance of this receipt. Transactions receive after the Bank's posted cut-off time or Saturday, Sunday, and Bank Holidays, are dated and considered received as of the next business day.

Please retain this receipt until you receive your account statement

nk you for hanking with Bank of America.

a time with fast, reliable deposits, withdrawals, transfers and
on thousands of convenient ATM locations.

Tran 00107 09/18/2020 13:38 Entity HMV CC 3360257 Tlr 00003 Account_ **ESSESS**\$\$5349 R/T# 540880133 Deposit

28-7566-R31 02-02-2019 1423-560-28 COLLINS, JENNIFER D & RYAN

Member FDIC 95-14-2005B 03-2019

IntRef

3937CXF25H4F9CV090C8V79

\$32,642.00

BI settlement for Lauren Davis. Enclosures: Payment Letter.

COVERAGE DESCRIPTION BODILY INJURY LIABILITY

ON BEHALF OF DAVIS, LAUREN

AMOUNT 21,500.00

RETAIN STUB FOR RECORDS

INSURED COLLINS, JENNIFER D & RYAN *******EXACTLY (WENTY ONE THOUSAND FIVE HUNDRED AND 00/100 DOLLARS ****21,500.00 Pay to the Order of; WIKE LAW GROUP & LAUREN DAVIS SECURED DOCUMENT WATERMARK APPEARS ON BACK, HOLD AT 45° ANGLE FOR VIEWING

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All items are or by law. Paymer after the Bank's Please retain the	edited subject to vention to a callection, an to are accepted when tredit is applied to a posted out off time of Saurday, Studay, an accomplishing you receive your abcount sta	d conditions of the Rules and Regulations of this Bank autismiding balances and not upon issuance of this re all Bank Holidays, are dated and considered received as	c and as otherwise provided papt. Transactions received of the next business day.		
Thank you for	paniting with Bank of America. hat, reliable deposits, withdrawals, transities of convenient ATM locations.	Tran 00063 09/15/2020 Entity NAV CC 3360257 T	12+17	Istate.	
	en e	Account 3526564553 (R/TH 540880133 Deposit	\$15 ₅ 697.63	the in good hands.	
Member FDIC 95-14-2005B 03	-2019	IntRef 3937CXF25f4	F9CCF8T3XVT5		
09/09/					
ENCL	LAW GROUP, OSED PLEASE FIND PA EMENT OF ANY AND	YMENT IN THE AMOUNT OF ALL CLAIMS FOR BODILY IN	\$9,127.01 FOR YOU URY ARISING FRO	UR FULL AND FINAL OM LOSS OF 2/2/2019	
	SE REFERENCE CLAIM				
	M NUMBER: 0533669529 OF LOSS: 02/02/2019 ED: TRAVIS O	GBURN			
In pay	ment for Bodily Injury Lia	bility for Date of Loss 2/2/2019.			
_ _	, , , ,	,			
AT T CT	ATE PER AND CARTA	LTY INSURANCE COMPANY			
	55-7828	LIT INSURANCE COMPANY			
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-GLAIMA	THAND OSDIAN NE LAUREN DAVIS MENT OF FULL AND FINAL SI	ETTLEMENT OF ANY AND ALL CLAIM	the same of the sa		T19638223
FOR BO PAY: AI CENTS	DILY INJURY ARISING FROM	LOSS OF 2/2/2019. TWENTY SEVEN BOLLARS AND ONE	Bank of America N	HMR6 Sunk of America Customer Connection \$ 9,127.01	<u>64-1278</u> 611
Alis	fate *		INVOICE NUMBER	MEO DATE ISSUED	
TO THE ORDER OF	Lauren davis and wike 1141 Allerton Park Dr. Las Vegas NV 89135	LAW GROUP #410	COMPANY: ALLSTATE FIRE A	AND CASUALTY INSURANCE COMPANY	
VOI	D IF NOT PRESENTED WITHIN THREE H	UNDRED, SIXTY-FIVE DAYS OF DATE OF ISSUE		Surren K. Gupta Samuel Brild	

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NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC	Bank of America 1062 ACH R/T 122400724 94-72/1224 NV 7976
10655 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524	9 21/2020
Seventeenthousand seventy for al	\$ 17,074 \$9 100 DOLLARS
MEMO Settlemt check to Lauren Duvi's	Juli-ORIZED SIGNATURE RE
#001062# #122400724#	5 3 4 9 m
WIKE LAW GROUP INC	1062
Lauren Davis \$17,074.59	Posted 9/21/20

WIKE LAW GROUP INC



Official Receipt

DEPOSITS MAY NOT BE AVAILABLE FOR (MMEDIATE WITHDRAWAL

Member FD:C

Cash, checks and other negotiable items received for deposit are subject to the terms and conditions of your Deposit Account Agreement and any other agreements governing use of your account, as amended from time to time. All items accepted for deposit are subject to later count and verification.

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00067 07113 0007 09/21/2020 01:43 USB DEPOSIT H

HC 20133 (4/16) 90048472

\$17,074.59

- Constantantantantantantantantantantantantant	NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10655 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524	Bank of America ACH R/T 122400724	1063 94-72/1224 HV 1936 9 21 20 20
	PAYTOTHE Medical Associates of Southern NV Eighthorbal fiftzone and 100	\$	851 & ozz
d contract and an action of the contract of th	MEMO Medical Treatment Lauren Davis Full & Final Payment 1800106318 1812240072418	AUTHORIZED SIGNAT	THU THE
	Treatment lauren Davis \$851 2	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1063
	Treatment Lauren Davis \$851 22 Full + Final Payment	Posted 9/25/20	2

WIKE LAW GROUP INC

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10655 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524 PAY TO THE A COUNTUGO Diagnostic Tyringing Chas throusands even hundred and	Bank of America: 1064 ACH R/T 122400724 94-72/1724 NV 1978 9/21/20/20 Center \$ 1,700 ×5
MEMO Medical Treatment Lauren Davis Full & Final Payment 100106410 1212240072416	DONLARS DONLARS DONLARS DONLARS DONLARS DONLARS
Wike LAW GROUP INC Aducentuge Diagnostic Imaging Cer Re: Lauren Davis	1064 hter \$1,700.00 Posted 9/28/20
WIKE LAW GROUP INC	1064

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10655 PARKRUN DR STE 250 LAS VEGAS, NV 89144-4524 PAY TO THE Neck & Back Clinic	Bank of America ACH R/T 122400724	1065 84-72/1224 NW 7976 1/20/20
Fourthousandseventrundsel turtysign MEMO Re: Lauren Davis Full & Firal Payment 100106510 1:1224007241:		DOLLARS
Neck & Bock Clinic \$4726,00	Posted 9/28/20	1065
WIKE LAW GROUP INC		1065

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10656 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524 PAY TO THE WILL Law Group Crythousand two bushedsere Re: Lawren Dwis MEMO Frees - C. 12-110	Bank of America 1066 ACH R/T 122400724 94.72/12241 94.72/1224 94.72/12241 94.72/12241 94.72/12241 19 1066 94.72/12241 19 107 108 108 108 108 108 108 108
MEMO Fees - 6125.40 Costs \$ 150.00 100106610 1512240072415 WIKE LAW GROUP INC Re: Lawren Ports Fees \$ 6125.40 Costs \$ 150.00	534911º 1066 Posted 9/21/20
WIKE LAW GROUP INC	1066

Matter Trust Activity

Report Date: Report Time: Page:

User ID:

10/14/2020 10:07AM

l of 1

Wike Law

Date Range: 01/01/1900 - 10/14/2020 Client: 20200225 - Jeanne Saldanha

Matter: 1250 - Sadanha, Jeanne v. Latona Blackburn

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
10/13/2020 10/14/2020 10/14/2020 10/14/2020 10/14/2020 10/14/2020 10/14/2020 Balance:	\$4,000.00 \$0.00 \$0.00 \$0.00 \$1,065.00 \$0.00 \$5,065.00	\$1,471.80 \$1,065.00 \$1,463.20 \$0.00	Hartford Settlement Check received & Settlement Disbursal to ollent Jeanne Saldanha treatment paid in fu Saldanha Atty fee 1313.20 & Costs 1 Adjustment for Voided Check #: 108 Jeanne Saldanha treatment paid in fu		No No No No No No	1079 1080 1081 1080 1082	Trust Deposit Jeanne Saldanha NBC Operations, LLC Wike Law Group NBC Operations, LLC NBC Operations, LLC



Western Auto Center P.O. Box 14266 Lexington KY 40512-4226 8008114832 x2307708

MB 01 000859 91926 B 4 A գիլիիկելովիի գերերիկին երկան դեմիկիկին

Wilke Law Group Inc 10120 W. Flamingo Road, Suite 4-107 Las Vegas NV 89147-8392

Attention: This remittance incorporates 1 claim payments

Total Check Amount: \$4,000.00 Check Number: 114507169 4

Special Handling ID:

Payment 1 of 1

Explanation of Benefits

Invoice Number	Claim Number/	Insured Name/	Page 1 of 2
- Transcri	Date of loss	Claimant Name	Amount Paid
	Y2RAL 76643	LATONA BLACKBURN	, another aid
Nature of Payment:	06/07/2020	JEANNE SALDANHA	\$4,000.00
Additional Comment	s:	ury Liability Payment Reason - Settlement	Service Dates
Claim Center: V	Property & Casualty II PALERIE MULLER Vestern Auto Center O. Box 14266 exington, KY 40512-4		
Please	e contact the claim han	dler listed above if you have any questions on this particular claim.	

Please contact the claim handler listed above if you have any questions on this particular claim. Issue Date 10/08/2020 Check Number Total Check Amount

HAR-100-2

Please keep the above information for your records.

120920274

20920274

** Western Auto Center P.O. Box 14266 Lexington, KY 40512-4226

THE HARTFORD FOLD AT DOTTED LINE AND DETACH

Check Number: 114507169 4

Issue Date:

10/08/2020

\$*****4,000.00

JPMorgan Chase Bank, N.A. Columbus, OH 43085

\$4,000.00

FOUR THOUSAND DOLLARS AND 00/100

TO THE WILKE LAW GROUP INC AND ORDER JEANNE SALDANHA

The Hartford

Authorized Signature

""1145071694" CO44115443C

DISBURSAL STATEMENT

RE: JEANNE SALDANHA

TOTAL MONIES RECOVERED:

(Hartford \$4,000.00)

\$4,000.00

ATTORNEY FEES:

33 1/3% per Retainer Agreement reduced by \$20.00.

\$1,313.20

ATTORNEY COSTS PER FEE AGREEMENT

\$150,00

Total Attorney Fees & Costs

\$1,463.20

CLIENT MEDICAL PROVIDERS AND MISCELLANEOUS LIENS

Neck & Back Clinic

Total \$2,130.00

Reduced Amount \$1,065.00

\$1,065.00

CLIENT RECOVERY:

\$1,471.80

I understand that unpaid bills, co-pays, or any other obligation arising out of this claim not itemized above are my responsibility, not my attorney's and I assume full responsibility for payment. (Initial)

Page 1 of 2

I understand my attorneys have not given any tax advice and I will consult with my accountant or other tax adviser, if I have any questions. (Initial)

UNDERSTOOD, AGREED AND RECEIVED

DATE

EANNE SALDANHA

Page 2 of 2

2.2.		08.174,12 : Jnuo	шA	Vendor: 20200225	Date : 10/14/2020
6201					ІКЕ ГРМ СВОЛЬ ІМС
	<u>Description</u> Settlement Disbursal to client	08.174,12 02SI	\$2200202		Jennne Saldamha
	Invoice Adjusted /	Matter # Amount	Client#		Cilent Name
6401		. \$1,471.80	٧	Vendor : 20200225	Date : 10/14/2020 Payee : Jeanne Saldanha
02.01					AIKE TVM GEOND INC
	an 6 4 E S	8172	700,554	# #P70100	
6 7	UTANƏIS CESUFOHTUA		ţu:	ent Disbursal to clie	MEMO Memo: Settlem Client: Jeanne Saldanha
		,		Place	Jeanne Saldani 10936 Free Flo Las Vegas, IVV
SHALLOG			001/08		Fourteen Hundred Seve
08.174,18	\$				ORDER OF Jeanne Saldan
10/14/2020	Bank of America ACH R/T TSZ400524		NC NC	N IOLTA TRUST AN KE LAW GROUP I SPARK RUN DR STE VEGAS, NV 891444	TV2 1099

08.174,12

InnomA

1520

Matter #

20200225

Client#

Invoice Adjusted \
Description
Settlement Disbursal to olient

Jeanne Saldanha

Client Name

ANK	OF	Αм	ERI	CA	17
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Customer Receipt

All items are credited subject to verification, collection, and conditions of the Rules and Regulations of this Bank and as otherwise provided by law, Payments are accepted when credit is applied to outstanding behances and not upon issuance of this receipt. Transactions received after the Bank's posted out-off time or Saturday, Sanday, and Bank Holldays, are dated and considered received as of the next business day.

Please retain this receipt until you receive your account statement.

Thenk you for building with Bank of America. Save time with fast, reliable deposits, withdrawally transfere and more of thousands of convenient ATM locations.

10/14/2020 10:40 NNV TOOO48 R540590135

Total Deposit To CHK \$1,471.80 10/14/2020 Credit Pending Posts on Available Non \$0.00

Member FDIC 95-14-2005B 03-2019

IntRef

120F60TT7H74OTVF3AFCOV

1081 Bank of America NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10655 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524 ACH R/T 122400724 94-72/1224 NV 7976 10/14/2020. PAY TO THE Wike Law Group \$1,463.20 Fourteen Hundred Sixty Three Dollars & 20/100 DOLLARS Wike Law Group 10120 W. Flamingo Road. Suite 4-107 Las Vegas, NV 89147 MÉMO. Memo: Saldanha Atty fee 1313.20 & Costs 150.00 AUTHORIZED SIGNATURE Client: Jeanne Saldanha @001081@ #122400724# 53**49**# WIKE LAW GROUP INC 1081 Date: 10/14/2020 Vendor: MYFIRM Amount: \$1,463.20 Payee: Wike Law Group Client Name Client# Matter# Amount Invoice Adjusted / Description Jeanne Saldanha

1250

WIKE LAW GROUP INC

1081

Date: 10/14/2020 Payce: Wike Law Group Vendor: MYFIRM

Amount: \$1,463.20

Client Name

Client#

Matter # Amount

Invoice Adjusted /

Jeanne Saldanha

20200225

20200225

1250

\$1,463.20

\$1,463.20

Description Saldanha Atty fee 1313.20 & Costs 150.00

Saldanha Atty fee 1313,20 & Costs 150.00

1082 Bank of America ACH R/T 122400724 94-72/1224 NV 7976 **NEVADA IOLTA TRUST ACCOUNT** WIKE LAW GROUP INC 10855 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524 10/14/2020 PAY TO THE NBC Operations, LLC \$1,065.00 One Thousand Sixty Five Dollars & 00/100 DOLLARS NBC Operations, LLC PO Box:36853 Las Vegas, NV 89133 MEMO (O.) Memo: Jeanne Saldanha treatment paid in full AUTHORIZED SIGNATURE Client: Jeanne Saldanha #001082# #122400724# 5349# WIKE LAW GROUP INC 1082

Payee : NBC Operations, LLC

Client Name Client # Matter # Amount Invoice Adjusted /

Jeanne Saldanha 20200225 1250 \$1,065.00 Jeanne Saldanha treatment paid in full

Amount: \$1,065.00

WIKE LAW GROUP INC

Date: 10/14/2020 Vendor: 20200222 Amount: \$1,065.00 Payee: NBC Operations, LLC

Vendor: 20200222

Date: 10/14/2020

Client Name Client # Matter # Amount Invoice Adjusted /

Jeanne Saldanha 20200225 1250 \$1,065.00 <u>Description</u>

Jeanne Saldanha treatment paid in full

10iled

10/14/2020

\$1,065.00

NBC Operations, LLC

One Thousand Stray Five Dollars & 00/100

NBC Operations, LLC PO Box 36853 Las Vegas, NV 89133

Memo: Jeanne Saldanha treatment paid in full Client: Jeanne Saldanha

Date: 10/14/2020

Vendor: 20200222

Amount: \$1,065.00

Payce: NBC Operations, LLC Client Name

Client#

Matter# <u>Amount</u>

Invoice Adjusted / Description

Jeanne Saldanha

20200225

1250

\$1,065,00

Jeanne Saldanha treatment paid in full

Date: 10/14/2020

Payce: NBC Operations, LLC

Vendor : 20200222

Amount: \$1,065,00

Client Name

Client#

Matter #

Amount

Invoice Adjusted /

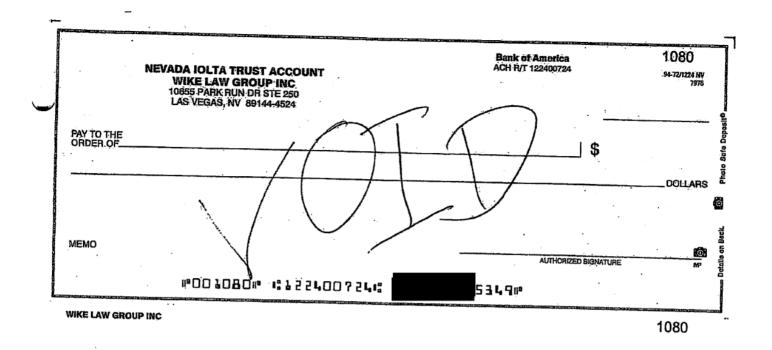
Jeanne Saidanha

20200225

1250

\$1,065.00

Description Jeanne Saldanha treatment paid in full



WIKE LAW GROUP INC

Matter Trust Activity

Report Date: Report Time:

10/7/2020 1:16PM I of 1

Page; User ID:

Wike Law

 Date Range:
 01/01/1900 - 10/08/2020

 Client:
 1237 - Patricia Davis

 Matter:
 1237 - Patricia Davis

Date	Debit	Credit	Description	Account Number	On	Check	Payee
10/07/2020	\$5,250.00	\$0.00	HARTFORD SETTLEMENT CHEC		Hold	Number	
10/07/2020	\$0.00		Hartford Settlement	11020.00		1.00-	Trust Deposit
10/07/2020	\$2,766.00		Adjustment for Voided Check #: 107	11020.00	No	1072	Patricia Davis
0/07/2020	\$0.00		Patricia Davis Re: Atty fees 787.50 &		No	1072	Patricia Davis
0/08/2020	\$0.00	\$2,766.00	Hartford Settlement Disbursement	11020.00	No	1075	Wike Law Group
0/08/2020	\$0.00		Patricia Davis Medical Treatment	11020.00	No	1073	Patricia Davis
	\$8,016.00	\$8,016.00	Treathen	11020.00	No	1074	NBC Operations, LLC
Balance:	\$0.00						



Western Auto Center P.O. Box 14266 Lexington KY 40512-4226 8008114832 x2307708

MB 01 001975 85989 B 8 D արկարությարի արկերիակիրություն

Wilke Law Group Inc 10120 W. Flamingo Road, Suite 4-107 Las Vegas NV 89147-8392

Attention: This remittance incorporates 1 claim payments

Total Check Amount: \$5,250.00 Check Number: 114495399 5

Special Handling ID: Payment 1 of 1

Explanation of Renefite

	1011	Explanation of Benefits	Page 1 of 2
Invoice Number	Claim Number/ Date of loss	Insured Name/ Claimant Name	Amount Paid
	Y2RAL 76642 06/07/2020	LATONA BLACKBURN PATRICIA DAVIS	\$5,250.00
Nature of Payment Additional Commer	Service Dates		
Claim Handler: Claim Center:	Property & Casualty I VALERIE MULLER Westem Auto Center P.O. Box 14266 Lexington, KY 40512-		
Plea	se contact the claim han	dler listed above if you have any questions on this particular claim.	

399 5 Please keep the above information for your records.

HAR-100-2

Issue Date

FOLD AT DOTTED LINE AND DETACH

120889610

Western Auto Center P.O. Box 14266 Lexington, KY 40512-4226

10/01/2020

56-1544 441

Check Number: 114495399 5

\$5,250.00

Total Check Amount

10/01/2020

\$*****5,250.00

JPMorgan Chase Bank, N.A. Columbus, OH 43085

Pay

FIVE THOUSAND TWO HUNDRED FIFTY DOLLARS AND 00/100

TO THE WILKE LAW GROUP INC AND ORDER PATRICIA DAVIS

HARTFORD

OF

The Hartford

Authorized Signature

45811

ROA Page 0266

20889610

DISBURSAL STATEMENT

RE: PATRICIA DAVIS				
TOTAL MONIES RECOVE (Hartford \$5,250.00)	RED:		<u>\$5,250.00</u>	
ATTORNEY FEES: (33 1/3% per Retainer Agreem	ent reduced to 15%)	<u>\$787.50</u>		
ATTORNEY COSTS PER FE	E AGREEMENT	\$150.00		
Total Attorney Fees &	Costs		<u>\$937.50</u>	
CLIENT MEDICAL PROVI	DERS AND MISCEI	LLANEOUS LIENS		
Neck & Back Clinic	<u>Total</u> \$3,093.00	Reduced Amount \$1,546.50	<u>\$1,546.50</u>	
CLIENT RECOVERY:			<u>\$2,766.</u>	<u> </u>
I understand that unpaid bills, c my attorney's and I assume full	o-pays, or any other of responsibility for pay	oligation, wising out of this clander.	im not itemized above are m	y responsibility, no
		Page 1 of 2		

I understand my accountant or other tax adviser, if I have any questions. (initial)

UNDERSTOOD, AGREED AND RECEIVED

DATE

PATRICIA DAVIS

Page 2 of 2

						•		
V 10	DA IOLTA TRUST A WIKE LAW GROUP 1855 PARK RUN DR STI AS VEGAS, NV 89144-	INC E 250			Bank of America ACH R/T 122400724	1073 94-72/1224 NV 1976 10/07/2020		
Patricia Dav PAY TO THE ORDER OF Twenty Seven Hund	•	€ :00/100			\$	\$2,766.00		-
Patricia Dav	vis		·				_ DOLLARS	;
	Flow Place AS, NV 89138							Č
MEMO Memo: Harricia Davis	tford Settlement Disbu	rsement		**********				ĵ·
- Land I across Duris	,				AUTHORIZED SIGNA	TURE	1IP	
	#001073# (::122400	3724#		534.9v			
WIKE LAW GROUP INC						According and the same of the same	1073	2
Date: 10/07/2020 Payce: Patricia Davis	Vendor: 1237		Amount : \$2,70	66.00				
Client Name		Client #	Matter#	Amount	Invoice Adjusted /			
Patricia Davis		1237	1237	\$2.766.00	Description			

W	KE LAW GROUP INC						1073	
	Date: 10/07/2020 Payee: Patricia Davis	Vendor: 1237		Amount : \$2,766.0	00			
	Client Name		Client#	Matter #	Amount	Invoice Adjusted /		,
	Patricia Davis		1237	1237	\$2,766.00	Description Hartford Settlement Dishussement		٠



Official Receipt

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

Cash, checks and other negotiable items received for deposit are subject to the terms and conditions of your Deposit Account Agreement and any bitter agreements governing use of your account, as amended from time to time, All items accepted for deposit are subject to later count and verification.

Adjusted / ption a Davis Medical Treatment

Want this receipt via email/text? Enroll in eReceipts through Online Banking or with a Banker!

usbank.com

00011 07113 0003 10/08/2020 10:36 USB

DEPOSIT

************6864

KC 20133 (4/16) 00202498

\$2,766.00

Date: 10/07/2020 Payce: Wike Law Group

Vendor: MYFIRM

Amount: \$937.50

Patricia Davis

Client Name

Client #

1237

<u>Matter #</u>

1237

Amount \$937.50

Invoice Adjusted /

Description

Patricia Davis Re: Atty fees 787.50 & Costs 150.0

1075 **Bank of America** ACH R/T 122400724 **NEVADA IOLTA TRUST ACCOUNT** 94-72/1224 NV WIKE LAW GROUP INC 10855 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524 10/07/2020 PAY TO THE Wike Law Group \$937.50 Nine Hundred Thirty Seven Dollars & 50/100 DOLLARS Wike Law Group 10120 W. Flamingo Road. Suite 4-107 Las Vegas, NV 89147 MEMO Memo: Patricia Davis Re: Atty fees 787.50 & Costs 150.0 AUTHORIZED SIGNATURE Client: Patricia Davis #001075# #122400724# 5349# WIKE LAW GROUP INC 1075 Date: 10/07/2020 Vendor: MYFIRM Amount: \$937.50 Payee: Wike Law Group Client Name Client# Matter# <u>Amount</u> Invoice Adjusted / Description Patricia Davis 1237 1237 \$937.50 Patricia Davis Re: Atty fees 787.50 & Costs 150.0

WIKE LAW GROUP INC

1075

Date: 10/07/2020 Payee: Wike Law Group Vendor: MYFIRM

Amount: \$937.50

Client Name
Patricia Davis

Client#

1237

Matter#

1237

<u>Amount</u> \$937.50 Invoice Adjusted /

Description

Patricia Davis Re: Atty fees 787.50 & Costs 150.0

1074 Bank of America NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10855 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524 ACH R/T 122400724 94-72/1224 NV 7976 10/07/2020 PAY TO THE NBC Operations, LLC \$1,546.50 Fifteen Hundred Forty Six Dollars & 50/100 DOLLARS NBC Operations, LLC PO Box 36853 Las Vegas, NV 89133 MEMO Memo: Patricia Davis Medical Treatment AUTHORIZED SIGNATURE Client: Patricia Davis #OD1034# #1355400724# 534911 WIKE LAW GROUP INC 1074 Date: 10/07/2020 Vendor: 20200222 Amount: \$1,546.50 Payee: NBC Operations, LLC Client Name Client# Matter# Amount Invoice Adjusted /

WIKE LAW GROUP INC

Patricia Davis

1074

Date: 10/07/2020

Vendor: 20200222

Amount: \$1,546.50

Payce: NBC Operations, LLC

Client#

1237

Matter#

Invoice Adjusted /

Description

Description

Patricia Davis Medical Treatment

Client Name
Patricia Davis

1237

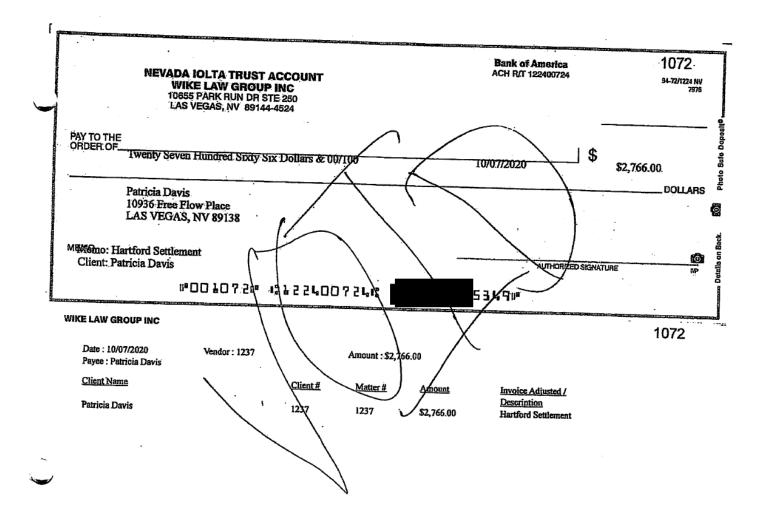
1237

1237

Amount \$1,546.50

\$1,546.50

Patricia Davis Medical Treatment



WIKE LAW GROUP INC

1072

Date: 10/07/2020

Payee: Patricia Davis

Vendor: 1237

Amount: \$2,766.00

Client Name

Matter # Amount

Invoice Adjusted / Description Hartford Settlement

Patricia Davis

Client# 1237

1237

\$2,766.00

Matter Trust Activity

Report Date: Report Time: Page:

User ID:

10/7/2020 1:34PM 1 of 1

Wike Law

 Date Range:
 01/01/1960 - 10/07/2020

 Client:
 20200223 - Lauren Davis

 Matter:
 1248 - Davis, Lauren

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
10/07/2020 10/07/2020 10/07/2020 10/07/2020	\$5,000.00 \$0.00 \$0.00 \$0.00	\$2,070.50 \$1,113.00	Hartford Settlement Check Hartford Settlement Disbursement Lauren Davis Treatment Paid in Full L. Davis Re: Atty fees 1666.50 & cos	11020.00 11020.00 11020.00 11020.00	No No No	1076 1077 1078	Trust Deposit Lauren Davis NBC Operations, LLC Wike Law Group
Balance:	\$5,000.00	\$5,000.00					



Western Auto Center P.O. Box 14266 Lexington KY 40512-4226 8008114832 x2307708

MB 01 001976 85989 B 8 D դակերկիրիկիկիկիկիներությունների

Wilke Law Group Inc 10120 W. Flamingo Road, Suite 4-107 Las Vegas NV 89147-8392

Attention: This remittance incorporates 1 claim payments

Total Check Amount: \$5,000.00 Check Number: 114495066 0

Special Handling ID: 99

Payment 1 of 1

Explanation of Benefits

Page 1 of 2

	Claim Number/	Inquired Name I	Page 1 of 2
Invoice Number	Date of loss	Insured Name/ Claimant Name	Amount Paid
	Y2RAL 76634 06/07/2020	LATONA BLACKBURN LAUREN DAVIS	\$5,000.00
Nature of Payment: Additional Commen		ury Liability Payment Reason - Settlement	Service Dates
Claim Handler: Claim Center:	Property & Casualty VALERIE MULLER Western Auto Center P.O. Box 14266 Lexington, KY 40512-		
Plea	se contact the claim har	ndler listed above if you have any questions on this particular claim	

Issue Date 10/01/2020

Check Number

066 0

Total Check Amount

\$5,000,00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE

150994777

20889611

P.O Lex

HARTFORD

P.O. Box 14266 Lexington, KY 40512-4226

56-1544

1

Check Number: 114495066 0

441

Issue Date: 10/01/2020

\$******5,000.00

JPMorgan Chase Bank, N.A. Columbus, OH 43085

Pay

FIVE THOUSAND DOLLARS AND 00/100

TO THE WILKE LAW GROUP INC AND

ORDER LAUREN DAVIS

OF

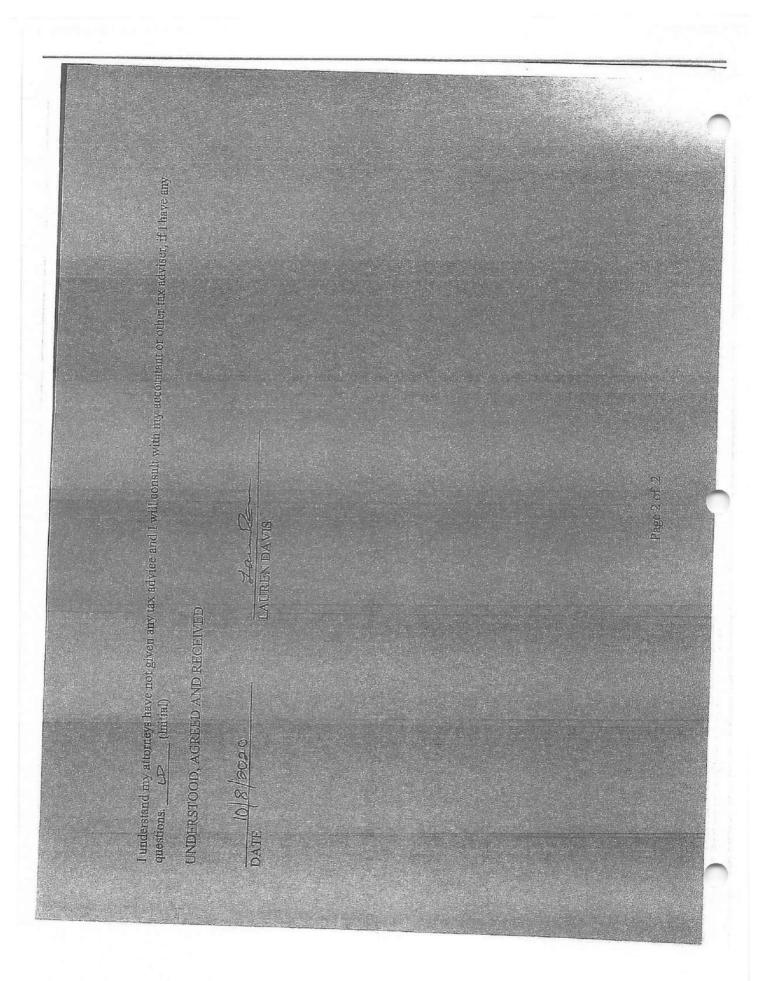
The Hartford

Authorized Signature

1144950660# #044115443#

545B#

		<u>00.00.00</u>		81-816.50		<u>\$1,113,400</u>	<u>\$2.070.50</u>	எ rot tiemized above are my responsibility, not.	ad	
DISBURSAL STATIBMENT	AVIS	i a	Agreement	ATTORNEY COSTS PER FEE AGREEMENT Total Attorney Fees & Costs	CELLA	Minic \$2,226.00 \$4,113.00		I understand that unpaid bills, co-pays, or any other obligation, ansing out of this claim not itemized above are my responsibility, not in a strongly s and I assume full responsibility for payrient. (Initial)	Page Loft 2	
	RE: LAURENDAVIS	(Hartford \$5,000.00) ATTORNEY FEES.	33 1/3% per Relainer Agreement	ALTORNEY COSTS Total Attorney	OLIBNT MEDICAL.	Neck & Back Clinic	CLIENT RECOVERY:	I understand that unpaid my attemby's and I assu		



Bank of America ACH R/T 122400724 1078 **NEVADA IOLTA TRUST ACCOUNT** 94-72/1224 NV 7976 WIKE LAW GROUP INC 19655 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524 10/07/2020 PAY TO THE Lauren Davis \$2,070.50 Two Thousand Seventy Dollars & 50/100 DOLLARS Lauren Davis 10936 Free Flow Place Las Vegas, NV 89138 MEMO Memo: Hartford Settlement Disbursement AUTHORIZED SIGNATURE Client: Lauren Davis @001078@ #122400724# 534**7**# WIKE LAW GROUP INC 1078 Date: 10/07/2020 Vendor: 20200223 Amount: \$2,070.50 Payee: Lauren Davis Client Name Client# Matter# Amount Invoice Adjusted / Description Lauren Davis 20200223 1248 \$2,070.50 Hartford Settlement Disbursement

WIKE LAW GROUP INC

1078

Date: 10/07/2020

Payee: Lauren Davis

Vendor: 20200223

Amount: \$2,070.50

Client Name

Matter#

Amount

Invoice Adjusted /

Lauren Davis

20200223

Client#

1248

\$2,070.50

Description Hartford Settlement Disbursement



Official Receipt

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITH DRAWAL

Cash, checks and other negotiable items received for deposit are subject to the terms and conditions of your Deposit Account Agreement and any other agreements governing use of your account, as amended from time to time. All items accepted for deposit are subject to later count and verification.

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00012 07113 8003 10/08/2020 10:38 USB

HC 20133 (4/16) 00202488

\$2,070.50

WIKE LAW GROUP INC

1078

Date: 10/07/2020 Payce: Lauren Davis

Vendor: 20200223

Amount: \$2,070.50

Client Name

Lauren Davis

Client#

20200223

Matter# **Amount**

Invoice Adjusted / Description

1248 \$2,070.50

Hartford Settlement Disbursement

Adjusted/ tion

d Settlement Disbursement

(49)

1077 Bank of America **NEVADA IOLTA TRUST ACCOUNT** ACH R/T 122400724 94-72/1224 NV 7976 WIKE LAW GROUP INC 10656 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524 10/07/2020 PAY TO THE NBC Operations, LLC \$1,113.00 Eleven Hundred Thirteen Dollars & 00/100 DOLLARS. NBC Operations, LLC PO Box 36853 Las Vegas, NV 89133 MEMO Memo: Lauren Davis Treatment Paid in Full AUTHORIZED SIGNATURE Client: Lauren Davis #OD1077# #122400724# 534911 WIKE LAW GROUP INC 1077 Date: 10/07/2020 Vendor: 20200222 Amount: \$1,113.00 Payce : NBC Operations, LLC Client Name Client# Matter# Amount Invoice Adjusted / Description Lauren Davis 20200223 1248 \$1,113.00 Lauren Davis Treatment Paid in Full

WIKE LAW GROUP INC

1077

Date: 10/07/2020

Payee: NBC Operations, LLC

Vendor: 20200222

Amount: \$1,113.00

Client Name

Matter#

Amount

Invoice Adjusted /

Lauren Davis

Client# 20200223

1248

\$1,113.00

Description Lauren Davis Treatment Paid in Full

1076 Bank of America NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10655 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524 ACH R/T 122400724 94-72/1224 NV 7976 10/07/2020 PAY TO THE Wike Law Group \$1,816.50 Eighteen Hundred Sixteen Dollars & 50/100 DOLLARS Wike Law Group 10120 W. Flamingo Road. Suite 4-107 Las Vegas, NV 89147 MEMO Memo: L. Davis Re: Atty fees 1666.50 & costs 150.00 AUTHORIZED SIGNATURE Client: Lauren Davis m001038m m155700357m 5349# WIKE LAW GROUP INC 1076 Date: 10/07/2020 Vendor: MYFIRM Amount: \$1,816.50 Payee: Wike Law Group Client Name Client# Matter# Amount Invoice Adjusted / Description Lauren Davis 20200223 1248 \$1,816.50 L. Davis Re: Atty fees 1666.50 & costs 150.00

WIKE LAW GROUP INC

1076

Date: 10/07/2020

Payee : Wike Law Group

Vendor: MYFIRM

Amount: \$1,816.50

Client Name

Matter#

Amount

Invoice Adjusted / Description

Lauren Davis

Client# 20200223

1248

\$1,816.50

L. Davis Re: Atty fees 1666.50 & costs 150.00

Matter Trust Activity

Report Date: Report Time: 10/16/2020

Page: User ID: 10:52AM 1 of 1

Wike Law

Date Range: 01/01/1900 - 10/16/2020
Client: 20200217 - Wendy Morales
Matter: 1246 - Morales, Wendy

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
09/09/2020	\$8,000.00	\$0.00	GEICO Settlement Payment Check N	11020.00	No		Trust Deposit
09/09/2020	\$0.00	\$1,468.50	Wendy Morales Treatment	11020.00	No	1042	CraigRd Clinic
09/09/2020	\$0.00	\$4,141.50	Settlement Payment to Client	11020.00	No	1043	Wendy Morales
09/09/2020	\$0.00	\$2,390.00	Fees and Costs of \$150	11020.00	No	1055	Wike Law Group
	\$8,000.00	\$8,000.00					
Balance:	\$0.00						

Matter Trust Activity

Report Date: Report Time: 10/16/2020 10:49AM 1 of 1

Page: User ID:

Wike Law

Date Range: 01/01/1900 - 10/16/2020
Client: 20200217 - Wendy Morales
Matter: 1246 - Morales, Wendy

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
09/09/2020	\$8,000.00	\$0.00	GEICO Settlement Payment Check N	11020.00	No		Trust Deposit
09/09/2020	\$0.00	\$1,468.50	Wendy Morales Treatment	11020.00	No	1042	CraigRd Clinic
09/09/2020	\$0.00	\$4,141.50	Settlement Payment to Client	11020.00	No	1043	Wendy Morales
09/09/2020	\$0.00	\$2,390.00	Fees and Costs of \$150	11020.00	No	1055	Wike Law Group
09/09/2020	\$8,000.00	\$0.00	Morales Geico Settlement Check	11020.00	No		Trust Deposit
	\$16,000.00	\$8,000.00					
Balance:	\$8,000.00						

Deleted Trust Deposits Edit Report

Wike Law

Report Date:

10/16/2020

Report Time : Page :

10:51AM 1 of 1

Requested By: TERRY

L WIKE

Date	Client Number	Matter Number	Fee/Cost	Account#	Debit/ Credit	Amount Paid	Cilent Name	Matter Description
9/9/2020	20200217	1246	F	11020.00	D	\$8,000.00	Wendy Morales	Morales, Wendy
	Gra	nd Totals:			_	\$8,000.00		

Detailed Payment Summary

GEICO ADVANTAGE INSURANCE CO Field Claim Center: 11 Tucson

NO. N 216871218

- Date: 08/03/2020

1254

25 Jan 19 18 18 18 18 4.

ONE GEICO WEST BOX 509119 SAN DIEGO, CA 92150-9119

Claim #: 0654733930101014 Date of Loss: 08/04/2019

Claimant Name: Wendy Morales-Carrillo

Pay To:

Insured Name: Tax ID //SS#/

Samuel Robbins XX-XXX8928 Wike Law Group

Atty ADJ Code:

and Wendy Morales-Carrillo

Adjuster Code: HZ44

Wike Law Group 10120 W Flamingo Rd Ste 4-107 Las Vegas Nv 89147-8394

Total Amount: \$****

Payment Type:

LOSS

IP AND FEATURE AND AMOUNT

ABI

\$***8000.00

In Payment Of **Bodily Injury Coverage** Full & final settlement of any & all claims or liens both known and unknown

Critical Services

Posted 9/9/20

140000+1010105666/366120004.

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* These online services are unavailable to Assigned Risk policyholders and Commercial policyholders.

clmschck

PLEASE DETACH AND KEEP FOR YOUR RECORDS

GEICO ADVANTAGE INSURANCE CO ONE GEICO WEST BOX 509119 SAN DIEGO, CA 92150-9119

Bank of America South Portland, ME 04106 NO. N 216871218

Claimant: Wendy Morales-Carrillo Insured Name: Samuel Robbins

Claim Number: 0654733930101014 In Payment of: Bodily Injury Coverage

VOID AFTER 180 DAYS Date: 08/03/2020

Feature Symbol & Amount ABI S***8000.00

Full & final settlement of any & all claims or liens both known and unknown Amount: \$****8.000.00

EIGHT-THOUSAND*AND*00/100*DÖLLARS

Mail To: Wike Law Group 10120 W Flamingo Rd Ste 4-107 Las Vegas Nv 89147-8394

Pay to the Order of: WIKE LAW GROUP AND WENDY MORALES-CARRILLO

Veal M. Cois

216871218# #011201539#

8607#

DISBURSAL STATEMENT

RE: Wendy Morales

TOTAL MONIES RECOVERED:

\$ 8,000.00

ATTORNEY FEES:

Law Offices of Terry L. Wike -

33 1/3% per Retainer Agreement reduced to 28%

\$ 2,240.00

ATTORNEY COSTS PER FEE AGREEMENT (See Below)

\$ 150.00

CLIENT MEDICAL PROVIDERS AND MISCELLANEOUS LIENS

Complete Care Injury Center Innovative Pain Centers	Amount \$1,388.00 \$ 2,937.00	Reduced Amount \$ 972.00 \$ 1,468.50
Total	\$4,325.00	<u>\$ 2,440.50</u>

CLIENT RECOVERY:

\$ 3,169.50

I understand that unpaid bills, co-pays, or any other obligation, arising out of this claim not itemized above are my responsibility, not my attorney's and I assume full responsibility for payment.

I understand my attorneys have not given any tax advice and I will consult with my accountant or other tax adviser, if I have any

Page 1 of 2

and the second and th		
UNDERSTOOD, AGREED A	AND RECEIVED	
09/15/20	_	
DATE	WENDY MORALES for VICTOR CRUZ	
	Page 2 of 2	

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC	Bank of America ACH R/T 122400724	1043 94-72/1224 NV 7976
PAY TO THE Wendy Morales) <u>50</u> \$ 3	169 50 DOLEARS
MEMO Settlement Check	AUTHORIZED SIGNATURE	
Wike LAW GROUP INC Wendy Morales Callbridge 10 100 15 3169 50	Posted 9/15/20	1043

Deposit cash or checks at most Chase ATMs. An image of your check can be printed on your receipt. My Transaction Summary Transaction #164
Account Number Ending In:
Checking Deposit \$3,169.50 Further review may result in delayed availability of this deposit JPMorgan Chase Bank, N.A.
Flamingo and I 215, Branch 749592
1-800-935-9935
Your satisfaction matters. Share your
feedback at: chase.com/mendusfeedback
Member FDIC Garal ' Member FDIC, Equal Housing Lender Please keep your receipt 09/15/2020 14:49 Business Date 09/15/2020 Thank you - Kiretin Cashbox #06

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC	Bank of America ACH R/T 122400724	1042 94-72/1224 HV 7975	
10855 PARK RUN DR STE 250 LAS VEGAS, NV 89144-4524	9/15	kozo	
ORDER OF Craig Rd Clinic Crethouse of burnbred sextyeight a	n 50 \$ 1,46		
The state of the s	700	DOLLARS	
MEMOChio Treatment Re Wendy Morales Carrillo Finul & Full Payment 1 100 204 21 1:1224007241:	AUTHORIZED SIGNATURE 53471		
WIKE LAW GROUP INC	Proted 9/21/20	1042	

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10655 PARK RUN DR STE 250	Bank of America 1061 ACH R/T 122400724 94-72/1224 NV 7976
LAS VEGAS, NV 89144-4524	9/15/2020
PAYTO THE Complete Care Injury Center Minehundredsenenty two and no	\$ 972 🚾
1 - 12/05/- William Cong 180	DONARIS
MEMO Wendy Morales-Carrillo Full & Final Payment 100 206 210 18224007248	LIGHT AUTHORIZED SIGNATURE 69
WIKE LAW GROUP INC	1061
Wendy M Complete Care Trijury Center Re: Wendy Morales	Posted 9/17/20
He: wendy morales	, .

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC 10855 PARK BUN DR STE 250 LAS VEGAS, NV 89144-4524	Bank of America ACH R/T 122400724	1055 94-72/1224 NV 7876
PAY TO THE Wike Law Coroup Transthousenlthree hundred minety a	nl no 1 \$ 2.	390 C
MEMO Fees 2,240.00 plust Costs #150.00	JANNIE SENATURE 534911	io.
Wike Law broup Fees 2,240,00 costs 150.00	Posted 9/15/20	1055

Matter Trust Activity

Report Date: Report Time: Page:

User ID:

10/16/2020 11:06AM 1 of i

Wike Law

Date Range: 01/01/1900 - 10/16/2020 Client: 20200221 - Victor Cruz Matter: 1263 - Cruz, Victor

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
09/09/2020	\$850.00	\$0.00	V. Cruz Geico Settlement c/o W. Mor	11020.00	No		Trust Deposit
09/15/2020	\$0.00	\$338.00	V. Cruz Atty fees 188 costs 150	11020.00	No	1058	Wike Law Group
09/17/2020	\$0 .00	\$122.00	V. Cruz Treatment c/o Wendy Morale	11020.00	No	1056	Complete Care Injury Center
	\$850.00	\$460.00					
Balance:	\$390.00						

Detailed Payment Summary

GEICO ADVANTAGE INSURANCE CO Field Claim Center. 11 Tucson

NO. N 216870272

Date: 08/03/2020

ONE GEICO WEST BOX 509119 SAN DIEGO, CA 92150-9119

10120 W Flamingo Rd Ste 4-107

Las Vegas Nv 89147-8394

Claim #: 0654733930191014 Date of Loss: 08/04/2019

Claimant Name: Victor Cruz Insured Name: Tax ID / SS#/

Samuel Robbins

XX-XXX8928 eg.

Pay To:

LE CONTRACT Wike Law Group and Wendy Morales-Carrillo, Victor Cruz-Florez, as parents and legal guardian of, Victor Cruz Jr., a minor

Atty ADJ Code: Adjuster Code: HZ44

Wike Law Group

Total Amount: \$*****850.00

Payment Type: LOSS,

IP AND FEATURE AND AMOUNT

ABI

\$****850.00

In Payment Of . Bodily Injury Coverage . Full & final settlement of any & all claims or liens both known and unknown Postel 9/9/20



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These online services are unavailable to Assigned Risk policyholders and Commercial policyholders.

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PLEASE DETACH AND KEEP FOR YOUR RECORDS

GEICO ADVANTAGE INSURANCE CO ONE GEICO WEST BOX 509119

SAN DIEGO, CA 92150-9119 Claimant: Victor Cruz Insured Name: Samuel Robbins. Feature Symbol & Amount ABI \$****850.00 2.2

Bank of America South Portland, ME 04106 52-153

Claim Number: 0654733930101014 In Payment of: Bodily Injury Coverage Full & final settlement of any & all claims or licits." both known and unknown:

NO. N. 216870272

VOID AFTER 180 DAYS Date: 08/03/2020

Amount:

**EIGHT-HUNDRED-FIFTY AND 100 100 DOLLARS

Pay to the Order of: WIKE LAW GROUP AND WENDY MORALES-CARRILLO, VICTOR CRUZ-FLOREZ, AS PARENTS AND LEGAL GUARDIAN OF ICTOR CRUZ JR., A MINOR

Mail To: Wike Law Group 10120 W Flamingo Rd Ste 4-107 Las Vegas Nv 89147-8394

216870272# #011201539#

8607#

ROA Page 0294