

IN THE SUPREME COURT OF THE STATE OF NEVADA

JOSEPH RAUL GARCIA RODRIGUEZ,

Appellant,

v.

ZOILA LEON-YANEZ,

Respondent.

Electronically Filed
Apr 27 2023 04:45 PM
Elizabeth A. Brown
Clerk of Supreme Court

Supreme Court No. 85289

District Court No.: D-20-615905-D

APPEAL FROM NOTICE OF ENTRY OF ORDER AND ORDER FILED ON AUGUST 25, 2022 AND AMENDED DECREE OF DIVORCE FILED ON JUNE 21, 2022

Eighth Judicial District Court of the State of Nevada

In and for the County of Clark

THE HONORABLE CHARLES HOSKIN

DISTRICT COURT JUDGE

APPENDIX VOLUME THREE

Gayle Nathan, Esq.
Nevada Bar Number 4917
Bonanza Legal Group 3591 E. Bonanza Rd.
Las Vegas, NV 89110
Phone: 702 405-1576 Facsimile: 702 538-5311
Attorney@BonanzaLegal.com

APPENDIX EXHIBIT

| # | DOCUMENT | FILE STAMP DATE | PAGES |
|---|----------|-----------------------|-------|
|---|----------|-----------------------|-------|

VOLUME ONE

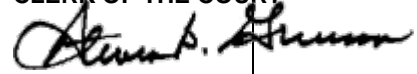
| | | | |
|----|---|------------|-------------|
| 1. | Complaint for Divorce | 10/19/2020 | AA0001-0007 |
| 2. | Joint Preliminary Injunction | 10/23/2020 | AA0008-0009 |
| 3. | Plaintiff's Motion for Temporary Orders and Preliminary Attorney Fees and Costs | 01/27/2021 | AA0010-0023 |
| 4. | Plaintiff's Financial Disclosure Form | 2/17/2021 | AA0026-0034 |
| 5. | Default | 02/18/2021 | AA0024-0025 |
| 6. | Defendant's Motion to Set Aside Default | 02/22/2021 | AA0035-0041 |
| 7. | Answer and Counter Claim | 03/15/2021 | AA0042-0047 |
| | | | |

| | | | |
|-----|---|------------|-------------|
| 8. | Order Setting Case Management Conference and Directing Compliance with NRCP 16.2/16.205 | 03/16/2021 | AA0048-0053 |
| 9. | Notice of Entry and Order from 3/4/21 Hearing | 03/31/2021 | AA0054-0060 |
| 10. | Defendant's Case Management Conference Statement | 04/08/2021 | AA0061-0069 |
| 11. | Financial Disclosure Form – Defendant | 04/20/2021 | AA0070-0080 |
| 12. | Case and Non- Jury Management Order | 04/28/2021 | AA0081-0084 |
| 13. | Defendant's Motion to Modify Child Custody and Child Support | 05/06/2021 | AA0085-0089 |
| 14. | Plaintiff's Opposition to Defendant's Motion to Modify and Counter Motion | 06/01/2021 | AA0090-0104 |
| 15. | Defendant's Response to the Plaintiff's Opposition | 06/16/2021 | AA0105-0116 |
| 16. | Motion to Withdraw as Counsel | 06/29/2021 | AA0117-0122 |
| | | | |

| | | | |
|----------|---|------------|-------------------|
| 17. | Notice of Hearing on Motion to Withdraw | 07/06/2021 | AA0123 |
| 18. — | Order after 6/17/2021 Hearing | 07/20/2021 | AA0124-0128 |
| T8a | Ex Parte Motion to Continue Trial and Discovery | 08/02/2021 | AA0129-0137 |
| 19. | Order Extending Pretrial Memorandum Deadline | 11/18/2021 | AA0138-0139 |
| 20. | Plaintiff's Pretrial Memorandum | 04/04/2022 | AA0140-0160 |
| 21. | Schedule of Arrearages | 04/12/2022 | AA0161, 0177-0183 |
| 22. | Transcript of Calendar Call on 4/5/2022 Listed out of Order | 02/7/2023 | AA0162-0176 |
| 23. | Notice of Entry of Decree of Divorce | 04/27/2022 | AA0184-0195 |
| 24. | Motion to Set Aside Decree of Divorce (A duplicate motion was filed on 5/10/2022 in error.) | 05/05/2022 | AA0196-0214 |
| 25. | Notice of Hearing on Motion to Set Aside Decree of Divorce | 05/11/2022 | AA0215 |

| | | | |
|-----|---|------------|-------------|
| 26. | Opposition to Motion to Set Aside Decree of Divorce | 06/10/2022 | AA0216-0232 |
| 27. | Declaration in Reply to Opposition | 06/16/2022 | AA0233-0240 |
| | VOLUME TWO | | |
| 28. | Defendant's Revised Financial Disclosure Form (Not file stamped but logged into Odyssey on 6/13/2022) | 06/13/2022 | AA0241-0247 |
| 29. | Behavior Order | 06/21/2022 | AA0248-0249 |
| 30. | Defendant's Amended Financial Disclosure Form | 07/14/2022 | AA0250-0259 |
| 31. | Defendant's Brief re Financial Issues | 07/15/2022 | AA0260-0341 |
| 32. | Supplemental Exhibits to Defendant's Brief re Financial Issues | 07/18/2022 | AA0342-0459 |
| 33. | Notice of Entry on Order after June 21, 2022 Hearing (on Motion to Set Aside Decree of Divorce) | 8/25/2022 | AA0460-0465 |
| | VOLUME THREE | | |

| | | | |
|-----|---|------------|-----------------|
| 34. | Plaintiff's Brief re Financial Issues | 07/22/2022 | AA0466-0507 |
| 35. | Plaintiff's Exhibits to Brief Re Financial Issues | 07/22/2022 | AA0508-0659 |
| 36. | Second Notice of Entry and Order after June 21, 2022 Hearing (on Motion to Set Aside Decree of Divorce) After Briefing. | 08/04/2022 | AA0659.1-0659.8 |
| 37. | Amended Decree of Divorce | 08/18/2022 | AA0660-0668 |
| 38. | Notice of Appeal | 08/30/2022 | AA0669-0670 |
| | | | |



BRIEF
Romeo R. Perez, Esq.
Nevada Bar No. 8223
The Law Offices of Romeo R. Perez, P.C.
1621 East Flamingo Road, Suite 15A
Las Vegas, Nevada 89119
Tel: (702) 214-7244
E-mail: Info@romeoperezlaw.com
Attorney for Plaintiff

DISTRICT COURT, FAMILY DIVISION

CLARK COUNTY, NEVADA

| | | |
|--------------------|---|-------------------------|
| ZOILA LEON-YANEZ |) | |
| |) | CASE NO.: D-20-615905-D |
| Plaintiff, |) | |
| |) | DEPT. NO.: E |
| vs. |) | |
| |) | BRIEF: FINANCIAL ISSUES |
| JOSEPH RAUL GARCIA |) | |
| RODRIGUEZ |) | |
| |) | |
| Defendant. |) | |

COMES NOW Plaintiff, Zoila Leon-Yanez (hereafter referred to as
“Zoila”), by and through her attorney, Romeo R. Perez, Esq., of the Law Offices of
Romeo R. Perez, P.C., and hereby submits Plaintiff’s Brief Re Financial Issues.

//

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1 The Court Ordered briefing on the issue of whether the assets and debts
2 distribution was equitable and the financial orders appropriate. Plaintiff Zoila
3 maintains that the distribution was equitable because both parties were able to keep
4 certain assets and debts and therefore the Court properly left both parties close to
5 equal in spite of Defendant's unexcused neglect and outright disregard for this
6 case.
7

8 ASSETS

9 At the April 5, 2022, Calendar Call, Plaintiff appeared with her Counsel.
10 Defendant failed to appear despite having clearly been noticed by this court an in
11 person. Defendant was notified with a BlueJeans link sent to him and still he did
12 not appear. This is the second time in this case that Defendant had failed to pay
13 attention to this case. Consequently, the Court proceeded as allowed under the
14 Rules, to hear the contested matter, took evidence and made Orders as to child
15 Custody, Child Support, Alimony, as well as determined a fair and equitable
16 distribution of the assets and debts. Strangely, Defendant is only contesting the
17 financial issues and not so much a word about the children.
18
19
20

21 The Court awarded Zoila the property located at 420 S. Pine St., Grand
22 Island, Nebraska and 108 W. Ashton, Grand Island, Nebraska. It is necessary to
23 note that this is the SAME property. It is two sides of the same building, having
24 two addresses. So, Zoila was actually only given one property. See photos of
25

1 building attached. The property mentioned by Defendant in his brief, 621 E.
2 Division St, is not even mentioned in the Decree, so presumably, it was kept by
3 Defendant since it was not disclosed.

4 Defendant alleges that Zoila “knew” all of these things were going on
5 financially, however, Zoila was constantly kept in the dark about finances. The
6 parties rarely lived together over the last several years due to his affairs. To say
7 that Zoila had access to the accounts or that she knew of deposits into shared
8 accounts is not supported by the evidence presented in the prove up. Zoila testified
9 that she did not know much of anything about Defendant’s accounts.
10
11

12 The Court Ordered Zoila to have the property in Nebraska. Considering she
13 kept all the debt associated with the property and her life, which was
14 uncontroverted evidence at the time, this was a fair and equitable distribution of
15 the property.
16

17 DEBT

18 The Court Ordered that Zoila keep all of her debt which she testified was
19 associated with living without any support, Spousal or Child, from Defendant, and
20 the costs associated with the repairs to the Nebraska property.
21

22 Zoila’s Debts from the February 17, 2021, Financial Disclosure include:

- 23 1. Bank of America ending 2909, Balance \$15,000.00
- 24 2. Bank of America ending 8503, balance \$19,900.00
- 25

3. Bank of America ending 2512, balance \$11,000.00
4. Bank of America ending 2196, balance \$10,000.00
5. Wells Fargo ending 7399, balance \$5,000.00
6. Wells Fargo American Express, balance \$3000.00
7. Home Depot ending 4523, balance \$3,000.00
8. Home Depot ending 1653, balance \$5000.00
9. Discovery Card ending 4486, balance \$11,000.00
10. City Bank Credit Card ending 1056, balance \$8,000.00
11. Sam's Club Credit ending 8831, balance \$3000.00
12. Blue Federal Bank ending 4721, balance \$5000.00
13. Capitol One ending 8222, balance \$3000.00

TOTAL AMOUNT OWED \$101,900.00

Zoila was left with \$101,900.00 in debt. Even if you believe that Joseph spent \$45,822.00 on the Pine/Ashton properties, he has provided no proof. Attached see 16.2 production of documents of receipts for money spent by Zoila on the properties in Nebraska and checks made to workers who did work on the houses. Zoila was awarded the enormous debt and has proved that much of the debt was spent on the Nebraska properties. Joseph cannot provide receipts because he has none. It is unknown what the payments were for, but it was not for the benefit of these properties.

1 Defendant's use of Zoila's bank statements for 2019 is a red herring. It has
2 nothing to do with the asset and debt distribution and only attempts to cloud the
3 issues. For clarification, Zoila has never earned this kind of money. In 2017, Zoila
4 had an accident that she had in the parking lot while at work. In 2019, she was
5 paid in payments for back pay and for the injuries and for a disability claim. This
6 is where the money came from. She was not "earning" this money.

8 Defendant is intentionally underemployed. When the parties lived together
9 Defendant was a welder in the oil industry making over \$130,000 a year. Once the
10 divorce was started, he filed an FDF in April 2021, stating he only earned
11 \$16/hour, but then oddly added an exhibit showing a tax return with \$73,068. as
12 'wages, salaries, tips, etc'. At the last hearing, we find out he is employed by
13 UBER and not making much money at all, then with the July 14, 2022, Amended
14 FDF, he started a new job earning \$19/hour. It is important to note that each of his
15 FDF's show expenses well in excess of his monthly income and he shows no other
16 persons who contribute money to the household under Section C.

18 Further, Defendant is not being honest about his income because he fails to
19 list the rental income that he has received from the properties. ZERO.

21 Defendants' credibility is at risk here and he should not be trusted.

23 The Court made findings based on the information that it had concerning the
24 Defendant's income when he had an attorney. Information provided by his own
25

1 side to show income. The court determined support at a time when he was
2 participating and now, he wants to complain. It is worth noting that the Defendant
3 comes with unclean hands in that he has NOT paid any of the child support ordered
4 on June 17, 2021. He has not made any effort to see the children. He has
5 completely abandoned the case.
6

7 CONCLUSION

8 The Court has been more than reasonable with a Defendant who abandoned
9 this case not once, but twice. Early in the case the Defendant sought to set aside a
10 default against him. This time he wants to do it again because although he admits
11 he knew about it, he chose not to participate.
12

13 The Court can only look at the evidence presented. Plaintiff provided
14 documents to Defendant pursuant to 16.2 and issued Discovery requests to
15 Defendant. Zoila prepared a pretrial memorandum and showed up to the hearings.
16 Defendant failed to attend several hearings throughout the case as is clear on the
17 record. When the Court looks at what is a fair distribution, the Court heard about
18 the debts, over \$100,000 to the Plaintiff. The Court heard about the assets, two
19 connected properties in Nebraska. The Court heard about the lack of support for
20 her or the children all this time. Defendant was given proper notice of the
21 Calendar Call and chose not to participate, but he was not prejudiced by the
22 outcome. He continued to collect the rents as he always has, and it was recently
23
24
25

1 noticed that he may have transferred the Nebraska property to his girlfriend during
2 the pendency of the case. This is an issue for a different proceeding; however it
3 shows that Defendant has no regard for this Court or its Orders.

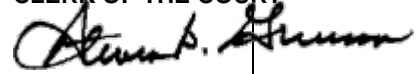
4 Defendant has a remedy for the child support and alimony orders; that is a
5 motion to modify. Defendant has no right to reopen and relitigate the matters just
6 because he doesn't like the outcome.
7

8 Dated this 22 day of July 2022.
9

10 Respectfully submitted,
11 The Law Offices of Romeo R. Perez, P.C.

12 By: /s/ Romeo R. Perez

13 Romeo R. Perez,
14 Nevada Bar No. 8223
15 1621 East Flamingo Road, Suite 15A
16 Las Vegas, Nevada 89119
17 Tel: (702) 214-7244
18 Attorney for Plaintiff
19
20
21
22
23
24
25



EX
Romeo R. Perez, Esq.
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Tel: (702) 214-7244
E-mail: Info@romeoperezlaw.com
Attorney for Plaintiff

DISTRICT COURT, FAMILY DIVISION

CLARK COUNTY, NEVADA

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| ZOILA LEON-YANEZ |) | |
| |) | CASE NO.: D-20-615905-D |
| Plaintiff, |) | |
| |) | DEPT. NO.: E |
| vs. |) | |
| |) | BRIEF: FINANCIAL ISSUES |
| JOSEPH RAUL GARCIA |) | |
| RODRIGUEZ |) | |
| |) | |
| Defendant, |) | |

PLAINTIFF'S EXHIBIT'S TO BRIEF RE FINANCIAL ISSUES

COMES NOW Plaintiff, Zoila Leon-Yanez, by and through her attorney,
Romeo R. Perez, Esq., and hereby submits the attached documents as exhibits

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///

///

1-5 of exhibits in support of Plaintiff's Brief Re Financial Issues.

Dated this 22nd day of July 2022.

Respectfully submitted,

The Law Offices of Romeo R. Perez, P.C.

By: /s/ Romeo R. Perez
Romeo R. Perez,
Nevada Bar No. 8223
1621 East Flamingo Road, Suite 15A
Las Vegas, Nevada 89119
Attorney for Defendant

List of Exhibits

1. 2018 W-2, (Bates 00001-00004);
2. 2017 W-2, (Bates 00005-00008);
3. Defendant's Paystubs from Bilfinger Westcon INC.(Bates 00009-00012);
4. Pictures of Plaintiff spending time with the children(Bates 00013-00023);
5. Prior Sales and Transactions for property on 420 S. Pine Street, Grand Island, Ne. 68801 (Bates 00024);
6. Plaintiff's The Home Depot Credit Card Statements for Accounts Ending in: 1693; and 4523; (Bates 0025-00157);
7. Plaintiff's Energy Statements for Accounts Ending in: 509-2; 715-3; 971-9; and 689-7 (Bates 00158-00185);

- 1 8. Defendant's Utility Statements for Accounts Ending in: 2300; and 0200
2 (Bates 00186-00192);
- 3 9. Plaintiff's Payments for Labor Work Paid to Workers (Bates 00193- 00203);
- 4 10. Plaintiff's Bank of America for Accounts Ending in: 8503; 2909; and 2515
5 (Bates 00204-00207);
- 6 11. Plaintiff's Citi Credit Card Bank Statement for Account Ending in 1056
7 (Bates 00208- 00209);
- 8 12. Plaintiff's Discover Credit Card Bank Statement for Account Ending in
9 4486 (Bates 00210-00211);
- 10 13. Plaintiff's Sam's Club Credit Card Statement for Account Ending in
11 8831(Bates 00212);
- 12 14. Plaintiff's Wells Fargo Loan to Pay Taxes on Property (Bates 00213-
13 00225);
- 14 15. Plaintiff Receipt on Taxes Property for Peggy Pesek and Hall County
15 Treasurer(Bates 00226-00230);
- 16 16.Plaintiff's Blue Federal Credit Union Loan and Security Agreement (Bates
17 00231-00241);
- 18 17. Plaintiff's Menards Statement for Account Ending in 8226 (Bates 00242-
19 00254);
- 20
21
22
23
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1 18. Before Photographs for Property Located on 420 N Pine St. (Bates 00255-
2 00263);

3 19. After Photographs for Property Located on 420 N. Pine St. (Bates 00264-
4 00269);

5 20. Before Photographs for Property Located on 103 W Ashton Ave. (Bates
6 00270-00277);

7 21. After Photographs for Property Located on 103 W Ashton Ave. (Bates
8 00278-00285);

9 22. Photographs of Changes to Meter on Property Located on 420 N Pine St.
10 (Bates); and 103 W Ashton Ave. (Bates 00286-00289).

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CERTIFICATE OF MAILING

I hereby certify that on the 22nd day of July, 2022, I served a true and correct copy of the above and foregoing Exhibits, by depositing same in the United States Mail, first class postage fully prepaid thereon, addressed as follows:

[] by placing same to be deposited for mailing in the United States Mail, in a sealed envelope upon which first class postage was prepaid in Las Vegas, Nevada; and/or

[] Pursuant to EDCR 7.26, to be sent via facsimile; and/or

[X] Pursuant to EDCR 7.26 and NEFCR Rule 9.1, to be sent via e-mail and/or via Wiznet; and/or

[] to be hand-delivered;

to the attorney/person listed below at the last known address and/or facsimile number indicated below:

Gayle Nathan, Esq.
3591 East Bonanza Road, 2nd Floor
Las Vegas, Nevada 89110
Attorney for Defendant

E-mail: attorney@bonanzalegal.com

/s/ Pearl Almazan
An employee of Romeo R. Perez, Esq.

Exhibit "1"



003879

OMB No. 1545-0046 Department of the Treasury - Internal Revenue Service

| | | |
|---|-----------------------------------|--------------------------------|
| d Control number | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
| | 544.13 | 6.62 |
| This information is being furnished to you by your employer. If you are an employee, you should attach this information to your tax return. If you are a self-employed individual, you should attach this information to your tax return. | 3 Social security wages | 4 Social security tax withheld |
| | 544.13 | 33.74 |
| | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | 544.13 | 7.89 |

e Employer's name, address, and ZIP code
CB&I LLC
ONE CBI PLAZA
2103 RESEARCH FOREST DR
THE WOODLANDS, TX 77380-2624

| | | |
|----------------------------|--|-------------------------------------|
| 7 Social security tips | 8 Allocated tips | 9 Verification code |
| | | |
| 10 Dependent care benefits | 11 Rollover feed plans | 12a See instructions for box 12 |
| | | C 0.38 |
| 12b | 12c | 12d |
| | | |
| 12e | b Employer identification number (EIN) | c Employee's social security number |
| | 36-3046868 | [REDACTED] |
| 13 Statutory employee | 14 Other | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

off Employee's name, address, and ZIP code

JOSEPH RAUL GARCIA
1427 AVENUE C LOT 9
CHEYENNE, WY 82007-3232

OMB No. 1545-0046 Department of the Treasury - Internal Revenue Service

| | | |
|---|-----------------------------------|--------------------------------|
| d Control number | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
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CB&I LLC
ONE CBI PLAZA
2103 RESEARCH FOREST DR
THE WOODLANDS, TX 77380-2624

| | | |
|----------------------------|--|-------------------------------------|
| 7 Social security tips | 8 Allocated tips | 9 Verification code |
| | | |
| 10 Dependent care benefits | 11 Rollover feed plans | 12a See instructions for box 12 |
| | | C 0.38 |
| 12b | 12c | 12d |
| | | |
| 12e | b Employer identification number (EIN) | c Employee's social security number |
| | 36-3046868 | [REDACTED] |
| 13 Statutory employee | 14 Other | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

off Employee's name, address, and ZIP code

JOSEPH RAUL GARCIA
1427 AVENUE C LOT 9
CHEYENNE, WY 82007-3232

Form W-2 Wage and Tax Statement 2018

Import Code: KDBJFPQD

| | |
|-------------------------------------|----------------------------|
| 15 State Employer's state ID number | 16 State wages, tips, etc. |
| LA 4198446001 | 544.13 |
| 17 State income tax | 18 Local wages, tips, etc. |
| 5.20 | |
| 19 Local income tax | 20 Locality name |
| | |

Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy 2)

OMB No. 1545-0046 Department of the Treasury - Internal Revenue Service

| | | |
|---|-----------------------------------|--------------------------------|
| d Control number | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
| | 544.13 | 6.62 |
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| | 544.13 | 33.74 |
| | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | 544.13 | 7.89 |

e Employer's name, address, and ZIP code
CB&I LLC
ONE CBI PLAZA
2103 RESEARCH FOREST DR
THE WOODLANDS, TX 77380-2624

| | | |
|----------------------------|--|-------------------------------------|
| 7 Social security tips | 8 Allocated tips | 9 Verification code |
| | | |
| 10 Dependent care benefits | 11 Rollover feed plans | 12a See instructions for box 12 |
| | | C 0.38 |
| 12b | 12c | 12d |
| | | |
| 12e | b Employer identification number (EIN) | c Employee's social security number |
| | 36-3046868 | [REDACTED] |
| 13 Statutory employee | 14 Other | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

off Employee's name, address, and ZIP code

JOSEPH RAUL GARCIA
1427 AVENUE C LOT 9
CHEYENNE, WY 82007-3232

Form W-2 Wage and Tax Statement 2018

Import Code: KDBJFPQD

| | |
|-------------------------------------|----------------------------|
| 15 State Employer's state ID number | 16 State wages, tips, etc. |
| LA 4198446001 | 544.13 |
| 17 State income tax | 18 Local wages, tips, etc. |
| 5.20 | |
| 19 Local income tax | 20 Locality name |
| | |

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

OMB No. 1545-0046 Department of the Treasury - Internal Revenue Service

| | | |
|---|-----------------------------------|--------------------------------|
| d Control number | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
| | 544.13 | 6.62 |
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| | 544.13 | 33.74 |
| | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | 544.13 | 7.89 |

e Employer's name, address, and ZIP code
CB&I LLC
ONE CBI PLAZA
2103 RESEARCH FOREST DR
THE WOODLANDS, TX 77380-2624

| | | |
|----------------------------|--|-------------------------------------|
| 7 Social security tips | 8 Allocated tips | 9 Verification code |
| | | |
| 10 Dependent care benefits | 11 Rollover feed plans | 12a See instructions for box 12 |
| | | C 0.38 |
| 12b | 12c | 12d |
| | | |
| 12e | b Employer identification number (EIN) | c Employee's social security number |
| | 36-3046868 | [REDACTED] |
| 13 Statutory employee | 14 Other | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

off Employee's name, address, and ZIP code

JOSEPH RAUL GARCIA
1427 AVENUE C LOT 9
CHEYENNE, WY 82007-3232

Form W-2 Wage and Tax Statement 2018

Import Code: KDBJFPQD

| | |
|-------------------------------------|----------------------------|
| 15 State Employer's state ID number | 16 State wages, tips, etc. |
| LA 4198446001 | 544.13 |
| 17 State income tax | 18 Local wages, tips, etc. |
| 5.20 | |
| 19 Local income tax | 20 Locality name |
| | |

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

Form W-2 Wage and Tax Statement 2018

Import Code: KDBJFPQD

| | |
|-------------------------------------|----------------------------|
| 15 State Employer's state ID number | 16 State wages, tips, etc. |
| LA 4198446001 | 544.13 |
| 17 State income tax | 18 Local wages, tips, etc. |
| 5.20 | |
| 19 Local income tax | 20 Locality name |
| | |

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

AA0479

00001

EXCEL CONTRACTORS LLC
8641 United Plaza Blvd
Baton Rouge, LA 70809

2022 IMPORTANT TAX DOCUMENTS ENCLOSED



Joseph R Garcia
1427 Avenue C Lot 9
Cheyenne, WY 82007

Instructions for Recipient

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provision in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C, Part II, includes information about the coverage, if any, your employer offered to you and your spouse and dependent(s). If you purchased health insurance coverage through the Health Insurance Marketplace and wish to claim the premium tax credit, this information will assist you in determining whether you are eligible. For more information about the premium tax credit, see Pub. 974, Premium Tax Credit (PTC). You may receive multiple Forms 1095-C if you had multiple employers during the year that were Applicable Large Employers (for example, you left employment with one Applicable Large Employer and began a new position of employment with another Applicable Large Employer). In that situation, each Form 1095-C would have information only about the health insurance coverage offered to you by the employer identified on the form. If your employer is not an Applicable Large Employer it is not required to furnish you a Form 1095-C providing information about the health coverage it offered. In addition, if you, or any other individual who is offered health coverage because of their relationship to you (referred to here as family members), enrolled in your employer's health plan and that plan is a type of plan referred to as a "self-insured" plan, Form 1095-C, Part III provides information to assist you in completing your income tax return by showing you or those family members had qualifying health coverage (referred to as "minimum essential coverage") for some or all months during the year. If your employer provided you or a family member health coverage through an insured health plan or in another manner, the issuer of the insurance or the sponsor of the plan providing the coverage will furnish you information about the coverage separately on Form 1095-B, Health Coverage. Similarly, if you or a family member obtained minimum essential coverage from another source, such as a government-sponsored program, an individual market plan, or miscellaneous coverage designated by the Department of Health and Human Services, the provider of that coverage will furnish you information about that coverage on Form 1095-B. If you or a family member enrolled in a qualified health plan through a Health Insurance Marketplace, the Health Insurance Marketplace will report information about that coverage on Form 1095-A, Health Insurance Marketplace Statement.

Employers are required to furnish Form 1095-C only to the employee. As the recipient of this Form 1095-C, you should provide a copy to any family members covered under a self-insured employer-sponsored plan listed in Part III if they request it for their records. (continued below)

fold here

Form 1095-C

Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

Information about Form 1095-C and its separate instructions is at www.irs.gov/1095c.

☐ VOID

☐ CORRECTED

OMB No. 1545-0047

2018

630117

Part I Employee

1 Name, street address, city, state, and ZIP code

Joseph R Garcia
1427 Avenue C Lot 9
Cheyenne, WY 82007

Applicable Large Employer Member (Employer)

7 Name, street address, city, state, and ZIP code

EXCEL CONTRACTORS LLC
8641 United Plaza Blvd
Baton Rouge, LA 70809

2 Employee SSN

XXX-XX-6209

8 Employer EIN

72-0989687

10 Contact telephone number

2264083612

Part II Employee Offer and Coverage

14 Offer of Coverage Code

All 12 Months
1H 1H 1H 1H 1A 1A 1A 1A 1A 1A 1A 1H

15 Employee Share of Lowest Cost Monthly Premium for Self-Only Minimum Value Coverage

16 Section 4980H Safe Harbor Code

2A 2D 2D 2D 2D 2G 2G 2G 2G 2G 2G 2A

Part III Covered Individuals

(a) Name of covered individual(s)

(b) SSN

(c) DOB (if SSN is not available)

(d) Covered All 12 Months

17 18 19 20 21 22

Jan Feb Mar Apr May June July Aug Sep Oct Nov Dec

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00002

| Form W-2 Wage and Tax Statement | | | | Form W-2 Wage and Tax Statement | | | | Form W-2 Wage and Tax Statement | | | | Form W-2 Wage and Tax Statement | | | |
|--|--|--|--|---|--|--|--|--|--|--|--|---|--|--|--|
| Copy B - To Be Filed With Employee's Federal Tax Return | | | | Copy C - For EMPLOYER'S RECORDS (See Notice to Employees on the back of Form W-2) | | | | Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return | | | | Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return | | | |
| This information is being furnished to the Internal Revenue Service on the back of Form W-2. | | | | This information is being furnished to the Internal Revenue Service on the back of Form W-2. | | | | This information is being furnished to the Internal Revenue Service on the back of Form W-2. | | | | This information is being furnished to the Internal Revenue Service on the back of Form W-2. | | | |
| OMB No. 1545-0046 Department of the Treasury - Internal Revenue Service | | | | OMB No. 1545-0046 Department of the Treasury - Internal Revenue Service | | | | OMB No. 1545-0046 Department of the Treasury - Internal Revenue Service | | | | OMB No. 1545-0046 Department of the Treasury - Internal Revenue Service | | | |
| 1 Wages, tips, other compensation 74540.00 | | | | 2 Federal income tax withheld 74540.00 | | | | 3 Social security wages 74540.00 | | | | 4 Social security tax withheld 4621.48 | | | |
| 5 Medicare wages and tips 74540.00 | | | | 6 Medicare tax withheld 1080.83 | | | | 7 Social security tips 74540.00 | | | | 8 Social security tax withheld 4621.48 | | | |
| b Employer identification number 72-0969587 | | | | c Employer's name, address, and ZIP code EXCEL CONTRACTORS, LLC 8641 UNITED PLAZA BLVD BATON ROUGE, LA 70809 | | | | b Employer identification number 72-0969587 | | | | c Employer's name, address, and ZIP code EXCEL CONTRACTORS, LLC 8641 UNITED PLAZA BLVD BATON ROUGE, LA 70809 | | | |
| a Employee's social security number [REDACTED] | | | | d Control number [REDACTED] | | | | a Employee's social security number [REDACTED] | | | | d Control number [REDACTED] | | | |
| 7 Social security tips 74540.00 | | | | 8 Allocated tips 74540.00 | | | | 7 Social security tips 74540.00 | | | | 8 Allocated tips 74540.00 | | | |
| 9 | | | | 10 Dependent care benefits 9 | | | | 9 | | | | 10 Dependent care benefits 9 | | | |
| 11 Nonqualified plans 12a See instructions for box 12 | | | | 11 Nonqualified plans 12a See instructions for box 12 | | | | 11 Nonqualified plans 12a See instructions for box 12 | | | | 11 Nonqualified plans 12a See instructions for box 12 | | | |
| 14 Other 12b 12c 12d | | | | 14 Other 12b 12c 12d | | | | 14 Other 12b 12c 12d | | | | 14 Other 12b 12c 12d | | | |
| e Employee's name, address, and ZIP code JOSEPH R. GARCIA 1427 AVENUE C LOT 9 CHEYENNE WY 82007 | | | | e Employee's name, address, and ZIP code JOSEPH R. GARCIA 1427 AVENUE C LOT 9 CHEYENNE WY 82007 | | | | e Employee's name, address, and ZIP code JOSEPH R. GARCIA 1427 AVENUE C LOT 9 CHEYENNE WY 82007 | | | | e Employee's name, address, and ZIP code JOSEPH R. GARCIA 1427 AVENUE C LOT 9 CHEYENNE WY 82007 | | | |
| 15 State GA 3243380-LI | | | | 16 State wages, tips, etc. 74540.00 | | | | 15 State GA 3243380-LI | | | | 16 State wages, tips, etc. 74540.00 | | | |
| 17 State income tax 3540.59 | | | | 18 Local wages, tips, etc. 74540.00 | | | | 17 State income tax 3540.59 | | | | 18 Local wages, tips, etc. 74540.00 | | | |
| 19 Local income tax | | | | 20 Locality name | | | | 19 Local income tax | | | | 20 Locality name | | | |

| | | | | | |
|---|----------------------------|---|---|--|--|
| 22222 | | a Employee's social security number [REDACTED] | | Copy 1—For State, City, or Local Tax Department OMB No. 1545-0008 | |
| b Employer identification number (EIN) 20-2668596 | | | 1 Wages, tips, other compensation 5439.00 | | 2 Federal income tax withheld 946.00 |
| c Employer's name, address, and ZIP code DEWINE MECHANICAL, INC. 1267 EAST 32ND AVE. COLUMBUS NE 68601 | | | 3 Social security wages 5439.00 | | 4 Social security tax withheld 337.22 |
| | | | 5 Medicare wages and tips 5439.00 | | 6 Medicare tax withheld 78.87 |
| d Control number | | | 7 Social security tips | | 8 Allocated tips |
| e Employee's name, address, and ZIP code JOSEPH R GARCIA 1427 AVE C LOT 9 CHEYENNE WY 82007 | | | 9 Verification code | | 10 Dependent care benefits |
| | | | 11 Nonqualified plans | | 12a |
| | | | 13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Excluded from plan <input type="checkbox"/> This entity's partner | | 12b |
| | | | 14 Other | | 12c |
| | | | | | 12d |
| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax |
| IA | 20-2668596-001 | 5439.00 | 311.00 | | |
| | | | | | 20 Locality name |
| | | | | | |

Form **W-2** Wage and Tax Statement

2018

Department of the Treasury - Internal Revenue Service

Exhibit "2"

| | | |
|---|--|---|
| a Employee's SSN | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
| OMB No. 1545-0008 | 18765.00 | 2050.48 |
| b Employer identification number | 3 Social security wages | 4 Social security tax withheld |
| 01-0572191 | 18765.00 | 1163.43 |
| c Employer's name, address, and ZIP code | 5 Medicare wages and tips | 6 Medicare tax withheld |
| PCE Constructors, Inc. P.O. Box 1582 Prairieville LA 70769-1582 | 18765.00 | 272.09 |
| e Employee's first name and initial | Last name Suff. | |
| Joseph R. Garcia | | |
| 420 S Pine St | | |
| Grand Island NE 68801 | | |
| f Employee's address and ZIP code | | |
| d Control number | 7 Social security tips | 8 Allocated tips |
| 9 Verification code | 10 Dependent care benefits | 11 Nonqualified plans |
| 12a | 14 Other | |
| 12b | | |
| 12c | | |
| 12d | | |
| 13 Statutory employee <input type="checkbox"/> | Retirement plan <input type="checkbox"/> | Third-party sick pay <input type="checkbox"/> |
| 15 State Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax |
| MT 6190111003WTH | 18765.00 | 852.00 |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| | | |

Form **W-2** Wage and Tax Statement **2017** Department of the Treasury Internal Revenue Service
Copy B - To Be Filed With Employee's FEDERAL Tax Return.

| | | |
|---|--|---|
| a Employee's SSN | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
| OMB No. 1545-0008 | 18765.00 | 2050.48 |
| b Employer identification number | 3 Social security wages | 4 Social security tax withheld |
| 01-0572191 | 18765.00 | 1163.43 |
| c Employer's name, address, and ZIP code | 5 Medicare wages and tips | 6 Medicare tax withheld |
| PCE Constructors, Inc. P.O. Box 1582 Prairieville LA 70769-1582 | 18765.00 | 272.09 |
| e Employee's first name and initial | Last name Suff. | |
| Joseph R. Garcia | | |
| 420 S Pine St | | |
| Grand Island NE 68801 | | |
| f Employee's address and ZIP code | | |
| d Control number | 7 Social security tips | 8 Allocated tips |
| 9 Verification code | 10 Dependent care benefits | 11 Nonqualified plans |
| 12a | 14 Other | |
| 12b | | |
| 12c | | |
| 12d | | |
| 13 Statutory employee <input type="checkbox"/> | Retirement plan <input type="checkbox"/> | Third-party sick pay <input type="checkbox"/> |
| 15 State Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax |
| MT 6190111003WTH | 18765.00 | 852.00 |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| | | |

Form **W-2** Wage and Tax Statement **2017** Department of the Treasury Internal Revenue Service
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

| Form W-2 Wage and Tax Statement 2017 | | | | Form W-2 Wage and Tax Statement 2017 | | | |
|---|--|--|--|--|--|--|--|
| Copy B - To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service. OMB No. 1545-0048, Department of the Treasury—Internal Revenue Service | | | | Copy C - For EMPLOYEE'S RECORDS (See Notice to Employees on the back of Copy B.) OMB No. 1545-0048, Department of the Treasury—Internal Revenue Service | | | |
| 1 Wages, tips, other compensation 10068.00 | | 2 Federal income tax withheld 829.49 | | 1 Wages, tips, other compensation 10068.00 | | 2 Federal income tax withheld 829.49 | |
| 3 Social security wages 10068.00 | | 4 Social security tax withheld 624.22 | | 3 Social security wages 10068.00 | | 4 Social security tax withheld 624.22 | |
| 5 Medicare wages and tips 10068.00 | | 6 Medicare tax withheld 145.99 | | 5 Medicare wages and tips 10068.00 | | 6 Medicare tax withheld 145.99 | |
| b Employer identification number 83-0269248 | | | | b Employer identification number 83-0269248 | | | |
| c Employer's name, address, and ZIP code ELKHORN CONSTRUCTION INC 71 ALLEGIANCE CIRCLE P.O. BOX 809 EVANSTON, WY 82931 | | | | c Employer's name, address, and ZIP code ELKHORN CONSTRUCTION INC 71 ALLEGIANCE CIRCLE P.O. BOX 809 EVANSTON, WY 82931 | | | |
| a Employee's social security number 880-9256205 | | d Control number | | a Employee's social security number 880-9256205 | | d Control number | |
| 7 Social security tips | | 8 Allocated tips | | 7 Social security tips | | 8 Allocated tips | |
| 9 | | 10 Dependent care benefits | | 9 | | 10 Dependent care benefits | |
| 11 Nonqualified plans | | 12a See instructions for box 12 | | 11 Nonqualified plans | | 12a See instructions for box 12 | |
| 14 Other | | 12b | | 14 Other | | 12b | |
| | | 12c | | | | 12c | |
| | | 12d | | | | 12d | |
| | | 13 Statutory employee Retirement plan Third-party sick pay | | | | 13 Statutory employee Retirement plan Third-party sick pay | |
| e Employee's name, address, and ZIP code JOSEPH R GARCIA 104 W ASHTON AVE GRAND ISLAND NE 68801 | | | | e Employee's name, address, and ZIP code JOSEPH R GARCIA 104 W ASHTON AVE GRAND ISLAND NE 68801 | | | |
| 16 State CO | | Employer's state ID number 80588030 | | 16 State CO | | Employer's state ID number 80588030 | |
| | | 16 State wages, tips, etc. 10068.00 | | | | 16 State wages, tips, etc. 10068.00 | |
| 17 State income tax 298.00 | | 18 Local wages, tips, etc. | | 17 State income tax 298.00 | | 18 Local wages, tips, etc. | |
| 19 Local income tax | | 20 Locality name | | 19 Local income tax | | 20 Locality name | |

☐ VOID ☐ CORRECTED
Employer-Provided Health Insurance Offer and Coverage
Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

OMB No. 1545-2251

2017

| | | | | | |
|---|--|---|--|--|--|
| Part I | | Applicable Large Employer Member (Employer) (Lines 7-10) | | For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. | |
| Employer's name, address, and ZIP code | | Employee (Lines 1-6) | | Social security number (SSN): | |
| PCE CONSTRUCTORS, INC. P.O. BOX 1582 PRAIRIEVILLE LA 70769 - 1582 | | | | | |
| Contact telephone number: (225) 677-9100 | | Employee's first name and middle initial Last name | | Suff. | |
| Employee identification number (EIN): 01-0572191 | | JOSEPH R GARCIA 420 S PINE ST GRAND ISLAND NE 68801 | | | |
| | | Employee's address and ZIP code | | | |

| | | | | | | | | | | | | | |
|---|---------------|--|-----|---|-----|-----|------|------|-----|-----|-----|-----|-----|
| Part II | | Employee Offer and Coverage (Lines 14-16) | | Plan Start Month (Enter 2-digit number): 00 | | | | | | | | | |
| | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sep | Oct | Nov | Dec |
| 14 Offer of Coverage (enter required code) | 1H | | | | | | | | | | | | |
| 15 Employee Required Contribution (see instructions) | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) | | 2D | 2D | 2D | 2B | 2A | 2A | 2A | 2A | 2A | 2A | 2A | 2A |

| | | | | | | | | | | | | | | | |
|-----------------------------------|----------------------|--|---------------------------|------------------------|-----|-----|-----|-----|------|------|-----|------|-----|-----|--------|
| Part III | | Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. | | | | | | | | | | | | | |
| (a) Name of covered individual(s) | (b) SSN or other TIN | (c) DOB (if SSN or other TIN not available) | (d) Covered all 12 months | (e) Months of Coverage | | | | | | | | | | | |
| | | | | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 17 | | | | | | | | | | | | | | | |
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| 34 RAA #1007 | | | AA0486 | | | | | | | | | | | | 000007 |

| | | | | | | | | |
|--|--|--|---|--|---|--|--|--|
| PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code MASSACHUSETTS MUTUAL LIFE INSURANCE CO MASSMUTUAL RETIREMENT SERVICES PO BOX 219062 KANSAS CITY, MO 64121-9062 | | | 1 Gross distribution \$2,606.42 | | 2017 Form 1099-R | | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. | |
| PAYER'S federal identification number 04-1590850 | | | RECIPIENT'S identification number ***-**-6209 | | 2a Taxable amount \$2,606.42 | | 2b Taxable amount not determined <input type="checkbox"/> | |
| RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code M227 JOSEPH RAU GARCIA 1427 AVE C LOT #9 CHEYENNE, WY 82007 | | | 3 Capital gain (included in box 2a) | | 4 Federal income tax withheld \$521.28 | | 5 Employee contributions/Designated Roth contributions or insurance | |
| 10 Amount allocable to IRR within 5 years | | | 11 1st year of desig. Roth contrib. | | 6 Net unrealized appreciation in employer's securities | | 7 Distribution code(s) 1 <input type="checkbox"/> IRA / SEP / SIMPLE <input type="checkbox"/> | |
| Account number (see instructions) FL 60005 075158 | | | 0510 | | 8 Other | | 9a Your percentage of total distribution % | |
| Form 1099-R | | | www.irs.gov/form1099r | | Department of the Treasury-Internal Revenue Service | | Copy C For Recipient's Records | |
| 12 State tax withheld | | | 13 State/Payer's state no. WY/041590850 | | 14 State distribution \$2,606.42 | | This information is being furnished to the Internal Revenue Service. | |
| 15 Local tax withheld | | | 16 Name of locality | | 17 Local distribution | | | |

☐ CORRECTED (if checked)

1-800-359-5593

| | | | | | | | |
|---|--|---|--|--------------------------|--|--|--|
| PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code | | 1 Gross distribution \$2,606.42 | | OMB No. 1545-0119 | | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. | |
|---|--|---|--|--------------------------|--|--|--|

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Exhibit "3"

Billfinger Westcon Inc.
PO Box 1735
Bismarck, ND 58502

Emp No. 4022 Name / Address
JOSEPH R. GARCIA
1006 E JEFFERSON RD APT 104
CHEYENNE, WY 82007

Filing Status/Exemptions
M 0

Ref Number: 201604171
Deposit Date: 4/21/16
Period Ending: 4/17/16

| Earnings | | | | |
|-------------------|----------|-----------|--------------|-----------|
| This Pay Period | | | Year To Date | |
| Description | Rate | Hrs/Units | Amount | Amount |
| Regular Pay | 27.00000 | 40.00 | 1,080.00 | 12,157.19 |
| Overtime | 40.50000 | 19.06 | 771.94 | 5,200.39 |
| Subsistence - Non | | | 600.00 | 6,600.00 |

| Deductions | | |
|-----------------------|--------|--------------|
| This Pay Period | | Year To Date |
| Description | Amount | Amount |
| FICA - EE | 114.82 | 1,076.17 |
| Medicare - EE | 26.85 | 251.68 |
| Child Support Admin I | 1.00 | 12.00 |
| Child Support Pmt #1 | 88.19 | 1,058.28 |

Important Messages:

06

| This Pay Period | | | |
|-----------------|------------|----------|--|
| Earnings | Deductions | Net Pay | |
| 2,451.94 | 230.86 | 2,221.08 | |

| Year To Date | | |
|--------------|------------|-----------|
| Earnings | Deductions | Net Pay |
| 24,157.58 | 2,388.13 | 21,769.45 |



Billfinger Westcon Inc.
PO Box 1735
Bismarck, ND 58502
PH. 701-222-0076

| Date | Ref No. | Amount |
|---------|-----------|----------|
| 4/21/16 | 201604171 | 2,221.08 |

Your check has been deposited in your bank account:

JOSEPH R. GARCIA
1006 E JEFFERSON RD APT 104
CHEYENNE, WY 82007

| Routing ID | Dep Type | Amount |
|--------------------|----------|----------|
| XXXXXX0058 | C | 2,221.08 |
| XXXXXX8577 | | |
| Total Current Net: | | 2,221.08 |

AA0489

00009

Billfinger Westcon Inc.
PO Box 1735
Bismarck, ND 58502

Emp No: 4022
Name / Address: JOSEPH R. GARCIA
1006 E JEFFERSON RD APT 104
CHEYENNE, WY 82007

Filing Status/Exemptions
M 0

Ref Number: 201404141
Deposit Date: 4/14/16
Period Ending: 4/10/16

| Earnings | | | | |
|-------------------|----------|-----------|--------------|-----------|
| This Pay Period | | | Year To Date | |
| Description | Rate | Hrs/Units | Amount | Amount |
| Regular Pay | 27.00000 | 40.00 | 1,080.00 | 11,077.19 |
| Overtime | 40.50000 | 18.06 | 731.44 | 4,428.45 |
| Subsistence - Non | | | 500.00 | 5,200.00 |

| Deductions | | |
|-----------------------|--------|--------------|
| This Pay Period | | Year To Date |
| Description | Amount | Amount |
| FICA - EE | 112.31 | 961.35 |
| Medicare - EE | 26.26 | 224.83 |
| Child Support Admin I | 1.00 | 11.00 |
| Child Support Pmt #1 | 88.19 | 970.09 |

Important Messages:

06

| This Pay Period | | | |
|-----------------|------------|----------|--|
| Earnings | Deductions | Net Pay | |
| 2,411.44 | 227.76 | 2,183.68 | |

| Year To Date | | |
|--------------|------------|-----------|
| Earnings | Deductions | Net Pay |
| 21,705.64 | 2,167.27 | 19,538.37 |



Billfinger Westcon Inc.
PO Box 1735
Bismarck, ND 58502
PH. 701-222-0076

| Date | Ref No. | Amount |
|---------|-----------|----------|
| 4/14/16 | 201404141 | 2,183.68 |

Your check has been deposited in your bank account:

JOSEPH R. GARCIA
1006 E JEFFERSON RD APT 104
CHEYENNE, WY 82007

| Routing ID | Dep Type | Amount |
|--------------------|----------|----------|
| Bank Account | | |
| XXXXXX0058 | C | 2,183.68 |
| XXXXXX8577 | | |
| Total Current Net: | | 2,183.68 |

AA0490

00010

Bilfinger Westcon Inc.
PO Box 1735
Bismarck, ND 58502

Emp No. 4022 Name / Address
JOSEPH R. GARCIA
1006 E JEFFERSON RD APT 104
CHEYENNE, WY 82007

Filing Status/Exemptions
M 0

Ref Number: 201603171
Deposit Date: 3/17/16
Period Ending: 3/13/16

| Earnings | | | | | Deductions | | |
|-------------------|----------|-----------------|----------|--------------|-----------------------|--------|--------------|
| | | This Pay Period | | Year To Date | | | Year To Date |
| Description | Rate | Hrs/Unit | Amount | Amount | Description | Amount | Amount |
| Regular Pay | 25.00000 | 40.00 | 1,000.00 | 7,000.00 | FICA - EE | 90.11 | 594.22 |
| Overtime | 37.50000 | 12.09 | 453.38 | 2,584.18 | Medicare - EE | 21.07 | 136.97 |
| Subsistence - Non | | | 600.00 | 3,800.00 | Child Support Admin I | 1.00 | 7.00 |
| | | | | | Child Support Pmt #1 | 88.19 | 617.33 |

Important Messages:

06

| This Pay Period | | | Year To Date | | |
|-----------------|------------|----------|--------------|------------|-----------|
| Earnings | Deductions | Net Pay | Earnings | Deductions | Net Pay |
| 2,053.38 | 200.37 | 1,853.01 | 13,384.18 | 1,367.52 | 12,026.66 |



Bilfinger Westcon Inc.
PO Box 1735
Bismarck, ND 58502
PH. 701-222-0076

| Date | Ref No. | Amount |
|---------|-----------|----------|
| 3/17/16 | 201603171 | 1,853.01 |

Your check has been deposited in your bank account:

JOSEPH R. GARCIA
1006 E JEFFERSON RD APT 104
CHEYENNE, WY 82007

| Routing ID | Dep Type | Amount |
|--------------------|----------|----------|
| XXXXXX0058 | C | 1,853.01 |
| XXXXXX8577 | | |
| Total Current Net: | | 1,853.01 |

00011

AA0491

Bilfinger Westcon Inc.
 PO Box 1735
 Bismarck, ND 58502

Emp No. 4022 Name / Address
 JOSEPH R. GARCIA
 1006 E JEFFERSON RD APT 104
 CHEYENNE, WY 82007

Filing Status/Exemptions
 M 0

Ref Number: 201502251
 Deposit Date: 2/25/16
 Period Ending: 2/21/16

| Earnings | | | | |
|-------------------|----------|-------|--------------|----------|
| This Pay Period | | | Year To Date | |
| Description | Rate | Hours | Amount | Amount |
| Regular Pay | 25.00000 | 40.00 | 1,000.00 | 4,000.00 |
| Overtime | 37.50000 | 10.04 | 376.51 | 1,076.65 |
| Subsistence - Non | | | 600.00 | 2,100.00 |

| Deductions | | |
|-----------------------|--------|--------------|
| This Pay Period | | Year To Date |
| Description | Amount | Amount |
| FICA - EE | 85.34 | 314.75 |
| Medicare - EE | 19.96 | 73.61 |
| Child Support Admin I | 1.00 | 4.00 |
| Child Support Pmt #1 | 85.19 | 352.76 |

Important Messages:

| This Pay Period | | | |
|-----------------|------------|----------|--|
| Earnings | Deductions | Net Pay | |
| 1,976.51 | 194.49 | 1,782.02 | |

| Year To Date | | |
|--------------|------------|----------|
| Earnings | Deductions | Net Pay |
| 7,176.65 | 745.12 | 6,431.53 |



Bilfinger Westcon Inc.
 PO Box 1735
 Bismarck, ND 58502
 PH. 701-222-0076

| Date | Ref No. | Amount |
|---------|-----------|----------|
| 2/25/16 | 201502251 | 1,782.02 |

Your check has been deposited in your bank account:

JOSEPH R. GARCIA
 1006 E JEFFERSON RD APT 104
 CHEYENNE, WY 82007

| Routing ID | Dep Type | Amount |
|--------------------|----------|----------|
| XXXXXX0056 | C | 1,782.02 |
| XXXXXX8577 | | |
| Total Current Net: | | 1,782.02 |

AA0492

00012

Exhibit "4"



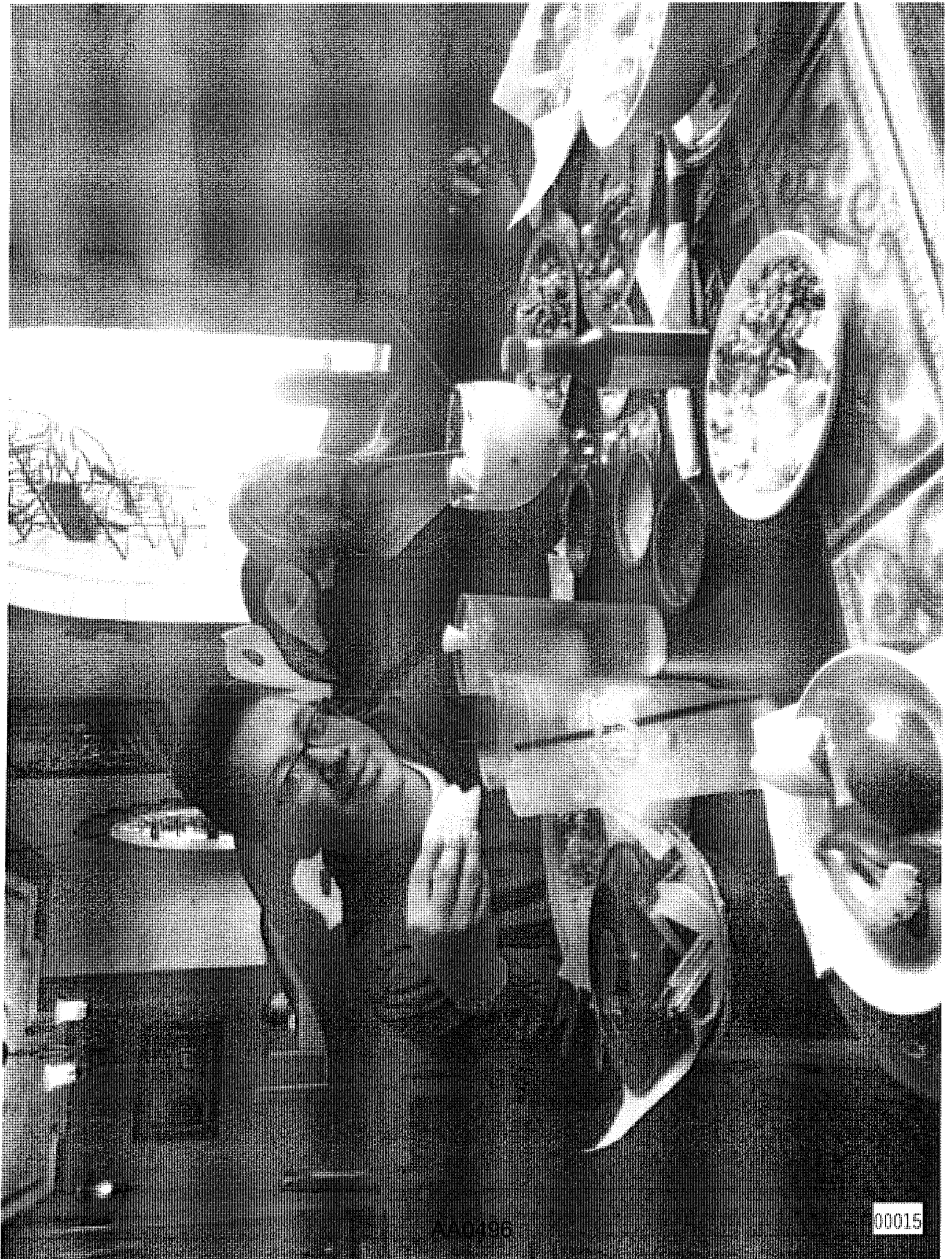
AA0494

00013



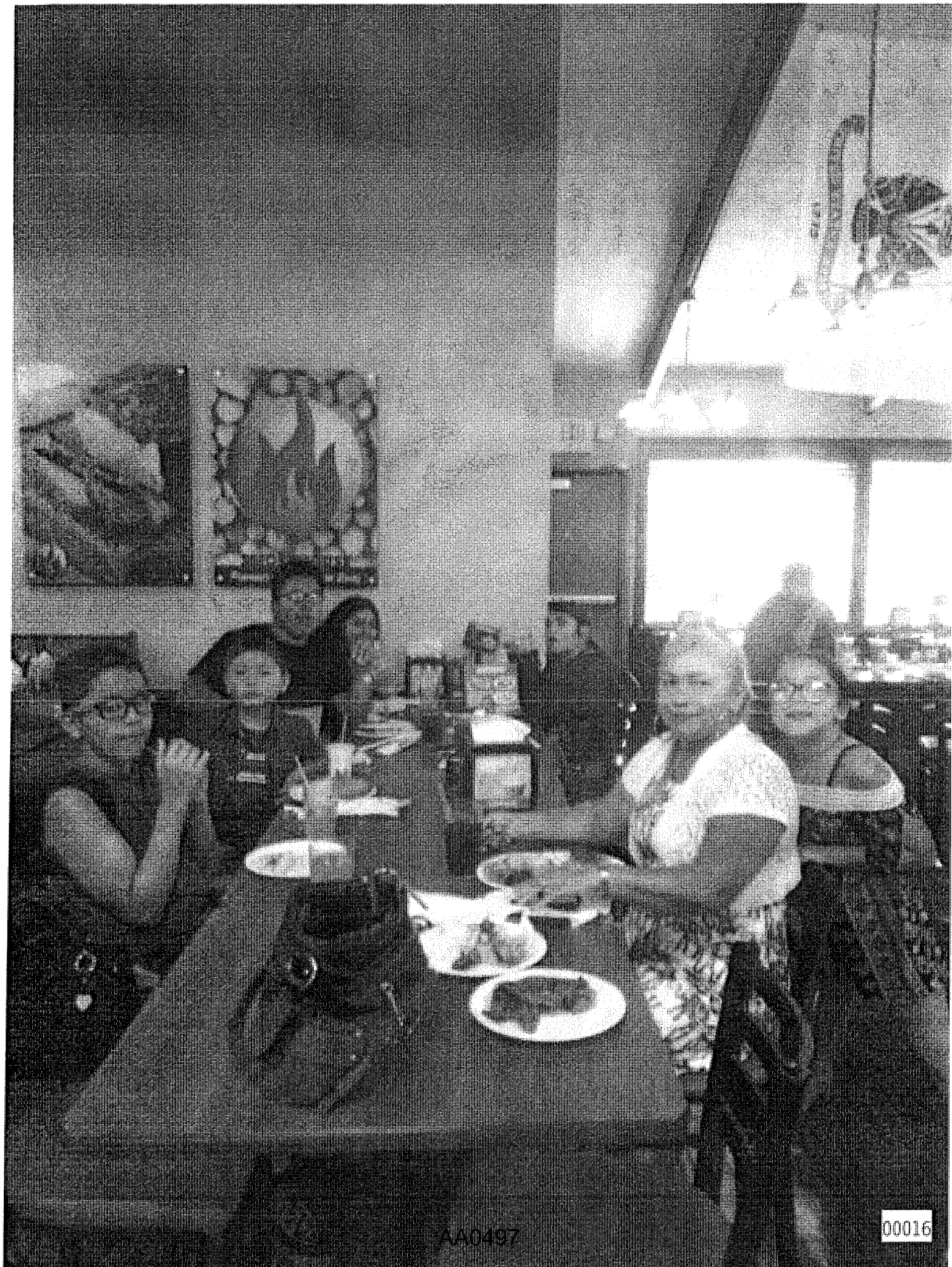
AA0495

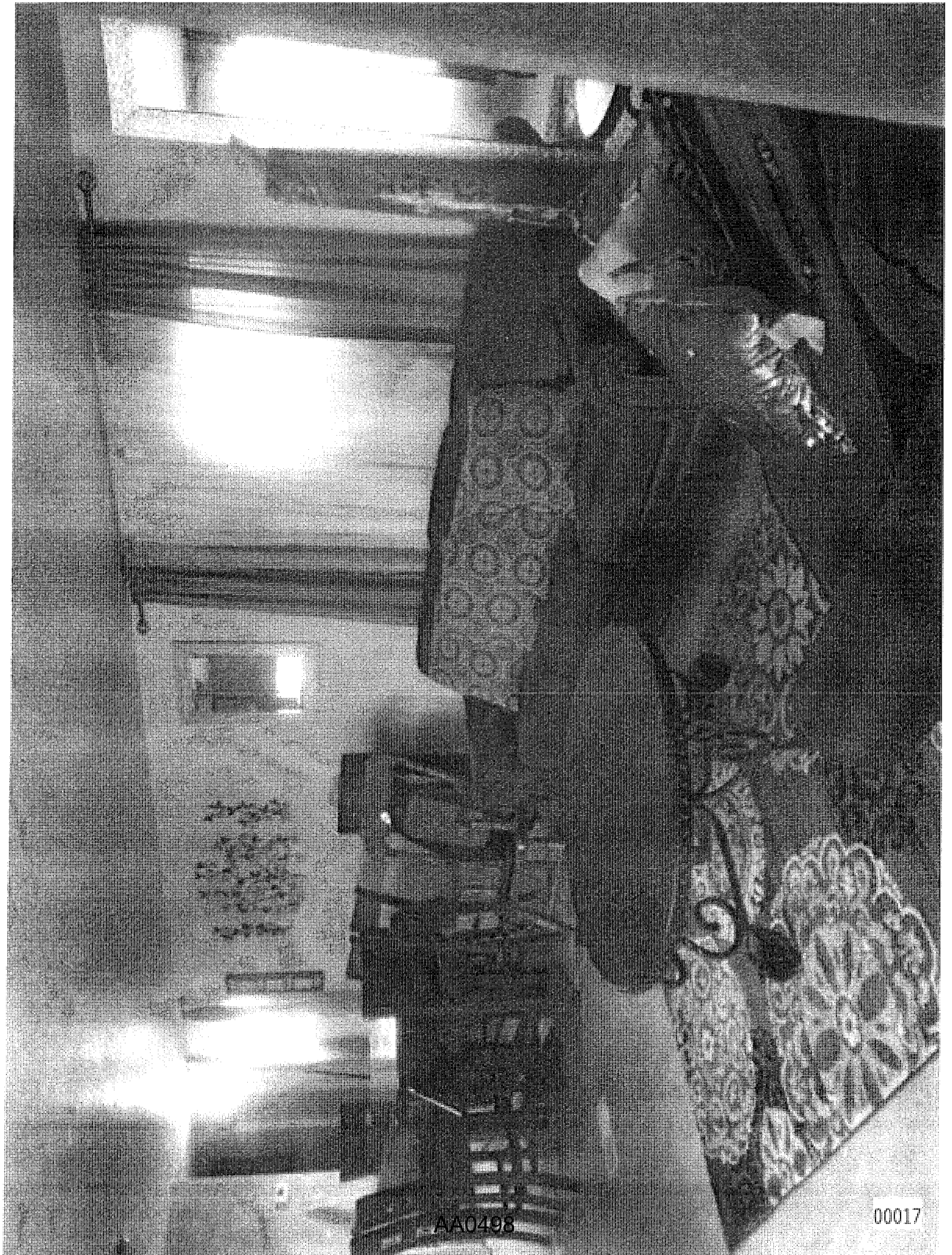
00014



AA0496

00015



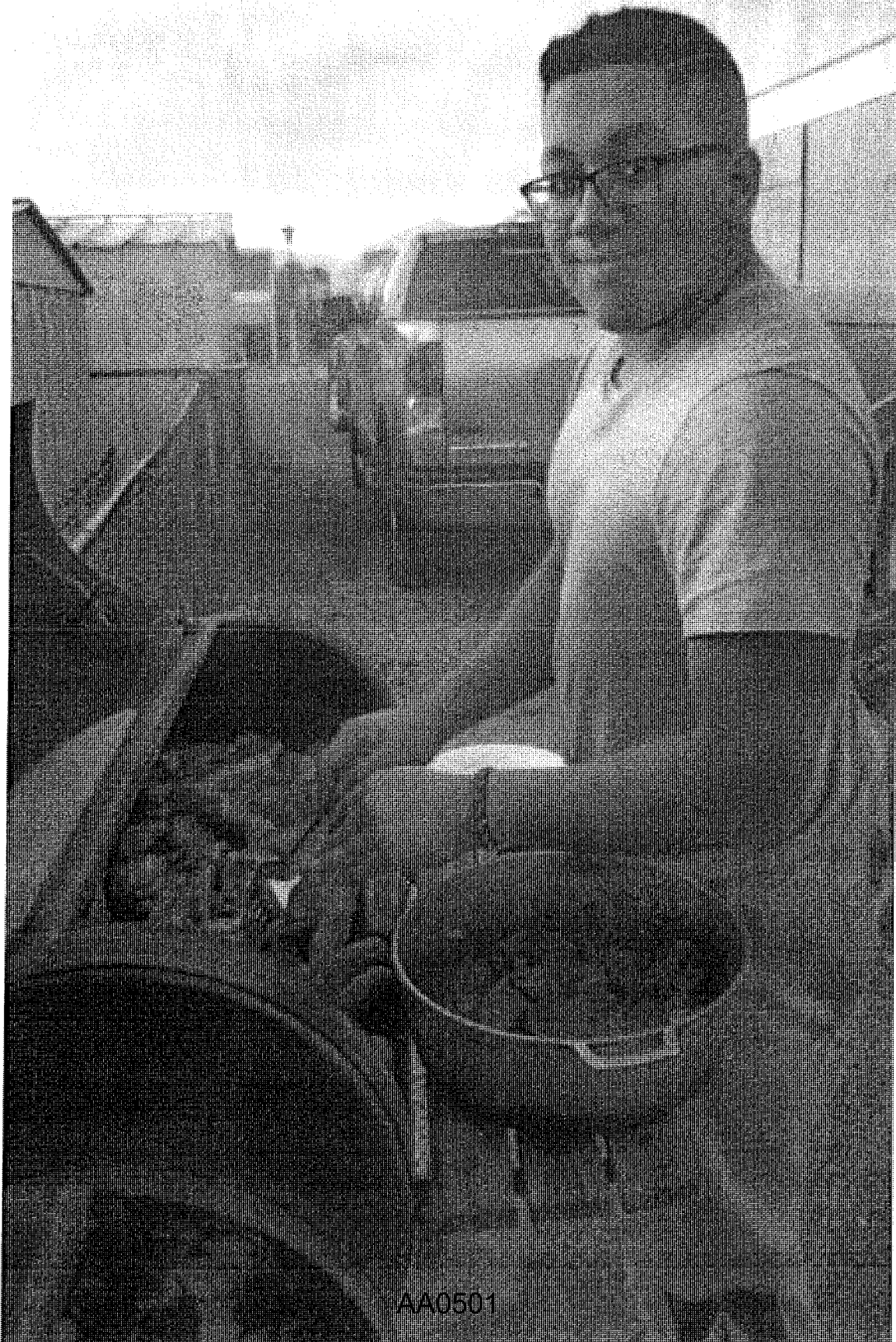


AA0498

00017







AA0501

00020



AA0502



AA0503

00022



AA0504

00023

Exhibit "5"



Create a Report

420 S Pine St, Grand Island, NE 68801 Find new address

Rename

Prior Sales Transactions

Public Records Listing Records

| Year | 2020 | 2019 | 2008 |
|--------------------|---|---|--|
| Recording Date | 10/26/2020 | 4/24/2019 | 1/24/2008 |
| Document Type | Quit Claim Deed | Quit Claim Deed | Corporation Deed |
| Sale Price | \$49,000 | \$49,000 | \$43,555 |
| Price Code | Sales Price computed from county transfer tax based on either full consideration or assessed value (Nebraska counties and Kenosha WI only). Sales Price computed from county transfer tax based on either full consideration or assessed value (Nebraska counties and Kenosha WI only). | Sales Price computed from county transfer tax based on either full consideration or assessed value (Nebraska counties and Kenosha WI only). Sales Price computed from county transfer tax based on either full consideration or assessed value (Nebraska counties and Kenosha WI only). | Sales Price or Transfer Tax as rounded by county prior to computation. Varies by county. |
| Buyer Name | Joseph R Garcia | Rodolfo Antonio Alarcon | Jane Garcia |
| Buyer ID | Single Person or Individual | Single Person or Individual | Individual |
| Seller Name | Rodolfo Antonio Alarcon | Jane Garcia | Jane Inc |
| Seller ID | Single Person or Individual | Single Person or Individual | Company or Corporation |
| Loan Amount | - | - | \$41,000 |
| Loan Type | - | - | New Conventional |
| Due Date | - | - | 3/1/2033 |
| Lender Name | - | - | Frontline Financial LLC |
| Total Transfer Tax | \$215.00 | \$193.00 | \$98.00 |

Notes:
Add note here

Nebraska \$225,000

Median Listing Price



12 Month Change in Median Listing Price



Median Days in RPR



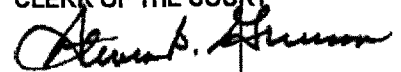
12 Month Change in Median Days in RPR



More About This Neighborhood

SCHOOLS NEARBY

- Dodge Elementary School
Level: Elementary
Type: Public
Grades Served: PK, K-5
- Wasson Elementary School
Level: Elementary
Type: Public
Grades Served: PK, K-5
- Howard Elementary School
Level: Elementary



EX
1 Romeo R. Perez, Esq.
2 Nevada Bar No. 8223
3 The Law Offices of Romeo R. Perez, P.C.
4 1621 East Flamingo Road, Suite 15A
5 Las Vegas, Nevada 89119
6 Tel: (702) 214-7244
7 E-mail: Info@romeoperezlaw.com
8 Attorney for Plaintiff

9
10
11 DISTRICT COURT, FAMILY DIVISION

12 CLARK COUNTY, NEVADA

13 ZOILA LEON-YANEZ)

14 Plaintiff,)

15 vs.)

16 JOSEPH RAUL GARCIA)
17 RODRIGUEZ)

18 Defendant,)

CASE NO.: D-20-615905-D

DEPT. NO.: E

BRIEF: FINANCIAL ISSUES

19 **PLAINTIFF'S EXHIBIT'S TO BRIEF RE FINANCIAL ISSUES**

20 COMES NOW Plaintiff, Zoila Leon-Yanez, by and through her attorney,

21 Romeo R. Perez, Esq., and hereby submits the attached documents as exhibits

22 ///

23 ///

24 ///

25 ///

///

1 7-17 of exhibits in support of Plaintiff's Brief Re Financial Issues.

2 Dated this 22nd day of July 2022.

3 Respectfully submitted,

4 The Law Offices of Romeo R. Perez, P.C.

5 By: /s/ Romeo R. Perez

6 Romeo R. Perez,

7 Nevada Bar No. 8223

8 1621 East Flamingo Road, Suite 15A

9 Las Vegas, Nevada 89119

10 Attorney for Defendant

11 **List of Exhibits**

- 12
- 13 1. 2018 W-2, (Bates 00001-00004);
- 14 2. 2017 W-2, (Bates 00005-00008);
- 15 3. Defendant's Paystubs from Bilfinger Westcon INC.(Bates 00009-00012);
- 16 4. Pictures of Plaintiff spending time with the children(Bates 00013-00023);
- 17 5. Prior Sales and Transactions for property on 420 S. Pine Street, Grand
- 18 Island, Ne. 68801 (Bates 00024);
- 19
- 20 6. Plaintiff's The Home Depot Credit Card Statements for Accounts Ending in:
- 21 1693; and 4523; (Bates 0025-00157);
- 22
- 23 7. Plaintiff's Energy Statements for Accounts Ending in: 509-2; 715-3; 971-9;
- 24 and 689-7 (Bates 00158-00185);
- 25

- 1 8. Defendant's Utility Statements for Accounts Ending in: 2300; and 0200
2 (Bates 00186-00192);
- 3 9. Plaintiff's Payments for Labor Work Paid to Workers (Bates 00193- 00203);
- 4 10. Plaintiff's Bank of America for Accounts Ending in: 8503; 2909; and 2515
5 (Bates 00204-00207);
- 6 11. Plaintiff's Citi Credit Card Bank Statement for Account Ending in 1056
7 (Bates 00208- 00209);
- 8 12. Plaintiff's Discover Credit Card Bank Statement for Account Ending in
9 4486 (Bates 00210-00211);
- 10 13. Plaintiff's Sam's Club Credit Card Statement for Account Ending in
11 8831(Bates 00212);
- 12 14. Plaintiff's Wells Fargo Loan to Pay Taxes on Property (Bates 00213-
13 00225);
- 14 15. Plaintiff Receipt on Taxes Property for Peggy Pesek and Hall County
15 Treasurer(Bates 00226-00230);
- 16 16.Plaintiff's Blue Federal Credit Union Loan and Security Agreement (Bates
17 00231-00241);
- 18 17. Plaintiff's Menards Statement for Account Ending in 8226 (Bates 00242-
19 00254);
- 20
21
22
23
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1 18. Before Photographs for Property Located on 420 N Pine St. (Bates 00255-
2 00263);

3 19. After Photographs for Property Located on 420 N. Pine St. (Bates 00264-
4 00269);

5 20. Before Photographs for Property Located on 103 W Ashton Ave. (Bates
6 00270-00277);

7 21. After Photographs for Property Located on 103 W Ashton Ave. (Bates
8 00278-00285);

9 22. Photographs of Changes to Meter on Property Located on 420 N Pine St.
10 (Bates); and 103 W Ashton Ave. (Bates 00286-00289).

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CERTIFICATE OF MAILING

I hereby certify that on the 22nd day of July, 2022, I served a true and correct copy of the above and foregoing Exhibits, by depositing same in the United States Mail, first class postage fully prepaid thereon, addressed as follows:

☐ by placing same to be deposited for mailing in the United States Mail, in a sealed envelope upon which first class postage was prepaid in Las Vegas, Nevada; and/or

☐ Pursuant to EDCR 7.26, to be sent via facsimile; and/or

☒ Pursuant to EDCR 7.26 and NEFCR Rule 9.1, to be sent via e-mail and/or via Wiznet; and/or

☐ to be hand-delivered;

to the attorney/person listed below at the last known address and/or facsimile number indicated below:

Gayle Nathan, Esq.
3591 East Bonanza Road, 2nd Floor
Las Vegas, Nevada 89110
Attorney for Defendant

E-mail: attorney@bonanzalegal.com

/s/ Pearl Almazan
An employee of Romeo R. Perez, Esq.

Exhibit "7"



CLOSING BILL

Customer Service: 1-800-245-6977

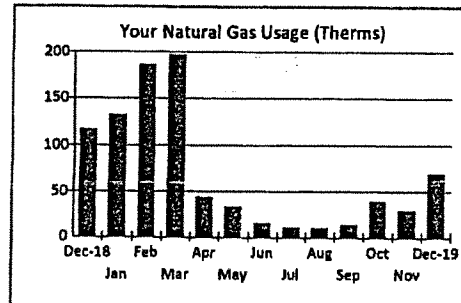
CUSTOMER: ZOILA LEON YANEZ

ACCOUNT NUMBER: 3648509-2

ACCOUNT DESCRIPTION:

BILLING DATE: December 10, 2019

Service Address: 420 S PINE GRAND ISLAND NE 68801



| | Dec 2018 | Nov 2019 | Dec 2019 |
|----------------------|----------|----------|----------|
| Days of Service | 30 | 29 | 14 |
| Therms Used | 117.00 | 29.00 | 70.00 |
| Avg. Therms per day | 3.9 | 1.0 | 5.0 |
| Avg. cost per day | \$2.57 | \$0.93 | \$2.85 |
| Avg. daily temp (°F) | 33 | 39 | 35 |

| DUE DATE | TOTAL AMOUNT DUE |
|-------------------|------------------|
| December 30, 2019 | \$ 270.64 |

ACCOUNT SUMMARY

| | |
|--|-----------|
| Previous Balance | \$ 108.97 |
| Payments Received | \$ 0.00 |
| Current Charges | \$ 39.85 |
| Adjustments/Deposits/Transfers/Refunds | \$ 117.54 |
| Tax | \$ 4.28 |

Total Amount Due \$ 270.64

SUMMARY OF CURRENT CHARGES

| | Utility Service | TOTAL |
|---------------------|-----------------|----------|
| Natural Gas Service | \$ 39.85 | \$ 39.85 |

Total Current Charges \$ 39.85 \$ 39.85

BUDGET BILLING INFORMATION

Due to usage history or account status, you are not eligible for budget billing at this time.

IMPORTANT ACCOUNT INFORMATION

MESSAGE BOARD

For questions about your bill or service, call NorthWestern Energy at 800-245-6977 (Monday through Friday, 7 a.m.-6 p.m.). For information or to make a payment, visit us at: www.northwesternenergy.com.

Please return this portion of your bill with your payment.

0000000010897 000000003985 0000000027064

| ACCOUNT NUMBER | DUE DATE | TOTAL AMOUNT DUE | AMOUNT ENCLOSED |
|----------------|-------------------|------------------|-----------------|
| 3648509-2 | December 30, 2019 | \$ 270.64 | |

A late fee of \$2.00 plus 1% of the unpaid utility balance will be assessed if not paid by due date.

NORTHWESTERN ENERGY
BUTTE, MT 59707-0001

#BWNKJDL
#AHSV TXUP Y2 #

18639

ZOILA LEON YANEZ
1427 AVENUE C LOT 9
CHEYENNE WY 820073232

AA0513

0000 00000000 36485092 0000027064 00158

Account Number: 3648509-2
Customer Name: ZOILA LEON YANEZ
Service Address: 420 S PINE, GRAND ISLAND NE 68801

Page 2

NorthWestern Energy: 1-800-245-6977

Customer Service: (M-F 7 AM - 6 PM)

and Emergencies 24 hours a day

PAY BY PHONE OPTIONS:

Credit/Debit or ATM Card:

1-877-361-4927

Checking, Savings, or Money Market:

1-800-218-4959

Customers with unresolved questions or concerns may contact the Nebraska Public Service Commission at 1-800-526-0017 or write the PSC at 1200 N Street, Suite 300, Lincoln, NE 68508.

Current Rates Effective 12/01/2019

NATURAL GAS SERVICES

| | | |
|--------------------------------|----|----------|
| Service Charge | \$ | 8.00 |
| Gas Residential Serv 30 @ | \$ | .2528300 |
| 9999999 @ | \$ | .0951300 |
| City Approv Econ Dev Surcharge | \$ | .0025400 |
| Purchase Gas Commodity | \$ | .3848600 |
| State Regulatory Assessment | \$ | .1200000 |

UTILITY SERVICES

GAS SERVICES

| Read Dates | | | Meter Readings | | Read | Meter | Conversion | Average | Billed |
|------------|------------|-----|----------------|---------|--------|--------|------------|------------|--------|
| From | To | Day | Previous | Current | Code | Volume | Pressure | BTU Factor | Therms |
| 11/20/2019 | 12/04/2019 | 14 | 6888.00 | 6957.00 | Actual | 69.00 | 0.9538357 | 1.0645 | 70.00 |

Meter Number: 3084106

Rate: 91-Gas Residential Service

| | | |
|--------------------------------|----|--------------|
| Customer Charge | \$ | 3.73 |
| Energy Charge | \$ | 8.87 |
| Purchase Gas Commodity | \$ | 26.94 |
| City Approv Econ Dev Surcharge | \$ | 0.18 |
| State Regulatory Assessment | \$ | 0.13 |
| Natural Gas Services Total | \$ | 39.85 |
| TOTAL UTILITY SERVICES | \$ | 39.85 |

TAXES

| | | |
|-------------------------------|----|-------------|
| CITY SALES TAX - GRAND ISLAND | \$ | 0.82 |
| STATE TAX NEBRASKA - GRI | \$ | 2.26 |
| OCCUPATION - GRAND ISLAND | \$ | 1.20 |
| TOTAL TAXES | \$ | 4.28 |

When you provide a check as payment, you authorize us to either use the information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check transaction.





Customer Service: 1-800-245-6977

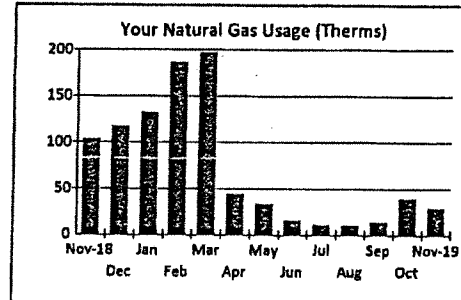
CUSTOMER: ZOILA LEON YANEZ

ACCOUNT NUMBER: 3648509-2

ACCOUNT DESCRIPTION:

BILLING DATE: November 26, 2019

Service Address: 420 S PINE, GRAND ISLAND NE 68801



| | Nov 2018 | Oct 2019 | Nov 2019 |
|----------------------|----------|----------|----------|
| Days of Service | 30 | 28 | 29 |
| Therms Used | 103.00 | 39.00 | 29.00 |
| Avg. Therms per day | 3.4 | 1.4 | 1.0 |
| Avg. cost per day | \$2.31 | \$1.17 | \$0.93 |
| Avg. daily temp (°F) | 40 | 55 | 39 |

| DUE DATE | TOTAL AMOUNT DUE |
|-------------------|------------------|
| December 16, 2019 | \$ 108.97 |

ACCOUNT SUMMARY

| | |
|-------------------|----------|
| Previous Balance | \$ 76.41 |
| Payments Received | \$ 0.00 |
| Current Charges | \$ 26.95 |
| Late Payment Fee | \$ 2.71 |
| Tax | \$ 2.91 |

| | |
|------------------|-----------|
| Total Amount Due | \$ 108.97 |
|------------------|-----------|

SUMMARY OF CURRENT CHARGES

| Utility Service | TOTAL |
|---------------------|----------|
| Natural Gas Service | \$ 26.95 |
| | \$ 26.95 |

| | | |
|-----------------------|----------|----------|
| Total Current Charges | \$ 26.95 | \$ 26.95 |
|-----------------------|----------|----------|

BUDGET BILLING INFORMATION

BUDGET BILLING -- PAY THE SAME AMOUNT EACH MONTH

If you were to go on budget billing next month, your approximate monthly budget billing amount would be \$56.00. Your account must be current and in good standing to qualify for budget billing.

IMPORTANT ACCOUNT INFORMATION

MESSAGE BOARD

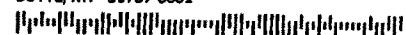
For questions about your bill or service, call NorthWestern Energy at 1-800-245-6977 (Monday through Friday, 7 a.m.-6 p.m.). For information or to make a payment, visit us at: www.northwesternenergy.com.

Please return this portion of your bill with your payment.

000000007640 000000002695 0000000010897

| ACCOUNT NUMBER | DUE DATE | TOTAL AMOUNT DUE | AMOUNT ENCLOSED |
|----------------|-------------------|------------------|-----------------|
| 3648509-2 | December 16, 2019 | \$ 108.97 | |

A late fee of \$2.00 plus 1% of the unpaid utility balance will be assessed if not paid by due date.

NORTHWESTERN ENERGY
BUTTE, MT 59707-0001

#BWNKJDL
#AHSV TXUP Y2 #

18385

ZOILA LEON YANEZ
1427 AVENUE C LOT 9
CHEYENNE WY 820073232

AA0515

0000 00000000 36485092 00000010897

00160

Account Number: 3648509-2
Customer Name: ZOILA LEON YANEZ
Service Address: 420 S PINE, GRAND ISLAND NE 68801

Page 2

NorthWestern Energy: 1-800-245-6977

Customer Service: (M-F 7 AM - 6 PM)

and Emergencies 24 hours a day

PAY BY PHONE OPTIONS:

Credit/Debit or ATM Card:

1-877-361-4927

Checking, Savings, or Money Market:

1-800-218-4959

Customers with unresolved questions or concerns may contact the Nebraska Public Service Commission at 1-800-526-0017 or write the PSC at 1200 N Street, Suite 300, Lincoln, NE 68508.

Current Rates Effective 11/01/2019

NATURAL GAS SERVICES

| | | |
|--------------------------------|----|----------|
| Service Charge | \$ | 8.00 |
| Gas Residential Serv 30 @ | \$ | .2528300 |
| 9999999 @ | \$ | .0951300 |
| City Approv Econ Dev Surcharge | \$ | .0025400 |
| Purchase Gas Commodity | \$ | .4112800 |
| State Regulatory Assessment | \$ | .1200000 |

UTILITY SERVICES

GAS SERVICES

| Read Dates | | | Meter Readings | | Read | Meter | Conversion | Average | Billed |
|------------|------------|-----|----------------|---------|--------|--------|------------|------------|--------|
| From | To | Day | Previous | Current | Code | Volume | Pressure | BTU Factor | Therms |
| 10/22/2019 | 11/20/2019 | 29 | 6859.00 | 6888.00 | Actual | 29.00 | 0.9538357 | 1.063344 | 29.00 |

Meter Number: 3084106

Rate: 91-Gas Residential Service

| | | |
|--------------------------------|----|--------------|
| Customer Charge | \$ | 8.00 |
| Energy Charge | \$ | 7.33 |
| Purchase Gas Commodity | \$ | 11.42 |
| City Approv Econ Dev Surcharge | \$ | 0.08 |
| State Regulatory Assessment | \$ | 0.12 |
| Natural Gas Services Total | \$ | 26.95 |
| TOTAL UTILITY SERVICES | \$ | 26.95 |

TAXES

| | | |
|-------------------------------|----|-------------|
| CITY SALES TAX - GRAND ISLAND | \$ | 0.56 |
| STATE TAX NEBRASKA - GRU | \$ | 1.53 |
| OCCUPATION - GRAND ISLAND | \$ | 0.81 |
| TOTAL TAXES | \$ | 2.90 |

When you provide a check as payment, you authorize us to either use the information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check transaction.





Customer Service: 1-800-245-6977

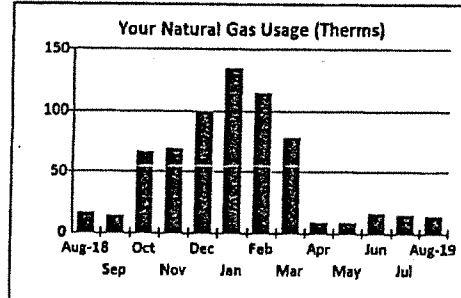
CUSTOMER: ZOILA LEON YANEZ

ACCOUNT NUMBER: 3632715-3

ACCOUNT DESCRIPTION:

BILLING DATE: August 28, 2019

Service Address: 104 W ASHTON, GRAND ISLAND NE 68801



| | Aug 2018 | Jul 2019 | Aug 2019 |
|----------------------|-------------|-------------|-------------|
| Days of Service | 32 | 25 | 31 |
| Therms Used | 16.00 | 15.00 | 14.00 |
| Avg. Therms per day | .5 | .6 | .5 |
| Avg. cost per day | \$0.61 | \$1.45 | \$0.56 |
| Avg. daily temp (°F) | 74 | 77 | 74 |

| DUE DATE | TOTAL AMOUNT DUE |
|--------------------|------------------|
| September 17, 2019 | \$ 101.18 |

ACCOUNT SUMMARY

| | |
|-------------------|----------|
| Previous Balance | \$ 79.10 |
| Payments Received | \$ 0.00 |
| Current Charges | \$ 17.44 |
| Late Payment Fee | \$ 2.73 |
| Tax | \$ 1.87 |

| | |
|------------------|-----------|
| Total Amount Due | \$ 101.18 |
|------------------|-----------|

SUMMARY OF CURRENT CHARGES

| | Utility Service | TOTAL |
|---------------------|--------------------|----------|
| Natural Gas Service | \$ 17.44 | \$ 17.44 |

| | | |
|-----------------------|----------|----------|
| Total Current Charges | \$ 17.44 | \$ 17.44 |
|-----------------------|----------|----------|

BUDGET BILLING INFORMATION

BUDGET BILLING -- PAY THE SAME AMOUNT EACH MONTH

If you were to go on budget billing next month, your approximate monthly budget billing amount would be \$45.00. Your account must be current and in good standing to qualify for budget billing.

IMPORTANT ACCOUNT INFORMATION

MESSAGE BOARD

For questions about your bill or service, call NorthWestern Energy at 1-800-245-6977 (Monday through Friday, 7 a.m.-6 p.m). For information or to make a payment, visit us at: www.northwesternenergy.com.

Please return this portion of your bill with your payment.

000000007814 0000000001744 0000000010118

| ACCOUNT NUMBER | DUE DATE | TOTAL AMOUNT DUE | AMOUNT ENCLOSED |
|----------------|--------------------|------------------|-----------------|
| 3632715-3 | September 17, 2019 | \$ 101.18 | |

A late fee of \$2.00 plus 1% of the unpaid utility balance will be assessed if not paid by due date.

NORTHWESTERN ENERGY
BUTTE, MT 59707-0001

#BWNKJDL
#AHSV SRWQ U3 #

18718

ZOILA LEON YANEZ
1427 AVENUE C LOT 9
CHEYENNE WY 820073232

0000 00000000 36327153 0000010118 00162

AA0517

Account Number: 3632715-3
Customer Name: ZOILA LEON YANEZ
Service Address: 104 W ASHTON, GRAND ISLAND NE 68801

Page 2

NorthWestern Energy: 1-800-245-6977

Customer Service: (M-F 7 AM - 6 PM)
and Emergencies 24 hours a day

PAY BY PHONE OPTIONS:

Credit/Debit or ATM Card:

1-877-361-4927

Checking, Savings, or Money Market:

1-800-218-4959

Customers with unresolved questions or concerns may contact the Nebraska Public Service Commission at 1-800-526-0017 or write the PSC at 1200 N Street, Suite 300, Lincoln, NE 68508.

Current Rates Effective 08/02/2019

NATURAL GAS SERVICES

| | | |
|--------------------------------|----|----------|
| Service Charge | \$ | 8.00 |
| Gas Residential Serv 30 @ | \$ | .2528300 |
| 9999999 @ | \$ | .0951300 |
| City Approv Econ Dev Surcharge | \$ | .0025400 |
| Purchase Gas Commodity | \$ | .4112800 |
| State Regulatory Assessment | \$ | .1000000 |

UTILITY SERVICES

GAS SERVICES

| Read Dates | | | Meter Readings | | Read | Meter | Conversion | Average | Billed |
|------------|------------|-----|----------------|---------|--------|--------|------------|------------|--------|
| From | To | Day | Previous | Current | Code | Volume | Pressure | BTU Factor | Therms |
| 07/22/2019 | 08/22/2019 | 31 | 6319.00 | 6333.00 | Actual | 14.00 | 0.9538357 | 1.061677 | 14.00 |

Meter Number: 3012821

Rate: 91-Gas Residential Service

| | | |
|--------------------------------|-----------|--------------|
| Customer Charge | \$ | 8.00 |
| Energy Charge | \$ | 3.54 |
| Purchase Gas Commodity | \$ | 5.76 |
| City Approv Econ Dev Surcharge | \$ | 0.04 |
| State Regulatory Assessment | \$ | 0.10 |
| Natural Gas Services Total | \$ | 17.44 |
| TOTAL UTILITY SERVICES | \$ | 17.44 |

TAXES

| | | |
|-------------------------------|-----------|-------------|
| CITY SALES TAX - GRAND ISLAND | \$ | 0.36 |
| STATE TAX NEBRASKA - GRI | \$ | 0.99 |
| OCCUPATION - GRAND ISLAND | \$ | 0.52 |
| TOTAL TAXES | \$ | 1.87 |

When you provide a check as payment, you authorize us to either use the information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check transaction.





Customer Service: 1-800-245-6977

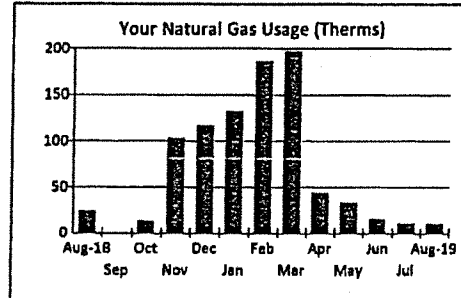
CUSTOMER: ZOILA LEON YANEZ

ACCOUNT NUMBER: 3648509-2

ACCOUNT DESCRIPTION:

BILLING DATE: August 28, 2019

Service Address: 420 S PINE, GRAND ISLAND NE 68801



| | Aug 2018 | Jul 2019 | Aug 2019 |
|----------------------|-------------|-------------|-------------|
| Days of Service | 32 | 7 | 31 |
| Therms Used | 24.00 | 11.00 | 10.00 |
| Avg. Therms per day | .8 | 1.6 | .3 |
| Avg. cost per day | \$0.82 | \$4.41 | \$0.48 |
| Avg. daily temp (°F) | 74 | 73 | 74 |

| DUE DATE | TOTAL AMOUNT DUE |
|--------------------|------------------|
| September 17, 2019 | \$ 16.35 |

ACCOUNT SUMMARY

| | | |
|-------------------|-----------------|----------------------|
| Previous Balance | | \$ 95.71 |
| Payments Received | August 14, 2019 | Thank you \$ (95.71) |
| Current Charges | | \$ 14.77 |
| Tax | | \$ 1.57 |

| | |
|------------------|----------|
| Total Amount Due | \$ 16.35 |
|------------------|----------|

SUMMARY OF CURRENT CHARGES

| | Utility Service | TOTAL |
|---------------------|--------------------|----------|
| Natural Gas Service | \$ 14.77 | \$ 14.77 |

| | | |
|-----------------------|----------|----------|
| Total Current Charges | \$ 14.77 | \$ 14.77 |
|-----------------------|----------|----------|

BUDGET BILLING INFORMATION

BUDGET BILLING – PAY THE SAME AMOUNT EACH MONTH

If you were to go on budget billing next month, your approximate monthly budget billing amount would be \$62.00. Your account must be current and in good standing to qualify for budget billing.

IMPORTANT ACCOUNT INFORMATION

MESSAGE BOARD

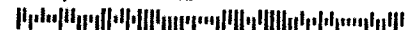
For questions about your bill or service, call NorthWestern Energy at 1-800-245-6977 (Monday through Friday, 7 a.m.-6 p.m.). For information or to make a payment, visit us at: www.northwesternenergy.com.

Please return this portion of your bill with your payment.

0000000009571 0000000001477 00000000001635

| ACCOUNT NUMBER | DUE DATE | TOTAL AMOUNT DUE | AMOUNT ENCLOSED |
|----------------|--------------------|------------------|-----------------|
| 3648509-2 | September 17, 2019 | \$ 16.35 | |

A late fee of \$2.00 plus 1% of the unpaid utility balance will be assessed if not paid by due date.

NORTHWESTERN ENERGY
BUTTE, MT 59707-0001

#BWNKJDL
#AHSV TXUP Y2 #

ZOILA LEON YANEZ
1427 AVENUE C LOT 9

CHEYENNE WY 820073232

0000 00000000 36485092 0000001635 00164

AA0519

Account Number: 3648509-2
Customer Name: ZOILA LEON YANEZ
Service Address: 420 S PINE, GRAND ISLAND NE 68801

Page 2

NorthWestern Energy: 1-800-245-6977

Customer Service: (M-F 7 AM - 6 PM)

and Emergencies 24 hours a day

PAY BY PHONE OPTIONS:

Credit/Debit or ATM Card:

1-877-361-4927

Checking, Savings, or Money Market:

1-800-218-4959

Customers with unresolved questions or concerns may contact the Nebraska Public Service Commission at 1-800-526-0017 or write the PSC at 1200 N Street, Suite 300, Lincoln, NE 68508.

Current Rates Effective 08/02/2019

NATURAL GAS SERVICES

| | | |
|--------------------------------|----|----------|
| Service Charge | \$ | 8.00 |
| Gas Residential Serv 30 @ | \$ | .2528300 |
| 9999999 @ | \$ | .0951300 |
| City Approv Econ Dev Surcharge | \$ | .0025400 |
| Purchase Gas Commodity | \$ | .4112800 |
| State Regulatory Assessment | \$ | .1000000 |

UTILITY SERVICES

GAS SERVICES

| Read Dates | | | Meter Readings | | Read | Meter | Conversion | Average | Billed |
|------------|------------|-----|----------------|---------|--------|--------|------------|------------|--------|
| From | To | Day | Previous | Current | Code | Volume | Pressure | BTU Factor | Therms |
| 07/22/2019 | 08/22/2019 | 31 | 6797.00 | 6807.00 | Actual | 10.00 | 0.9538357 | 1.061677 | 10.00 |

Meter Number: 3084106

Rate: 91-Gas Residential Service

| | | |
|--------------------------------|-----------|--------------|
| Customer Charge | \$ | 8.00 |
| Energy Charge | \$ | 2.53 |
| Purchase Gas Commodity | \$ | 4.11 |
| City Approv Econ Dev Surcharge | \$ | 0.03 |
| State Regulatory Assessment | \$ | 0.10 |
| Natural Gas Services Total | \$ | 14.77 |
| TOTAL UTILITY SERVICES | \$ | 14.77 |

TAXES

| | | |
|-------------------------------|-----------|-------------|
| CITY SALES TAX - GRAND ISLAND | \$ | 0.30 |
| STATE TAX NEBRASKA - GRI | \$ | 0.84 |
| OCCUPATION - GRAND ISLAND | \$ | 0.44 |
| TOTAL TAXES | \$ | 1.58 |

When you provide a check as payment, you authorize us to either use the information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check transaction.





Customer Service: 1-800-245-6977

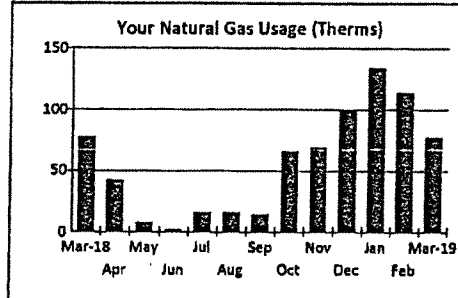
CUSTOMER: ZOILA LEON YANEZ

ACCOUNT NUMBER: 3632715-3

ACCOUNT DESCRIPTION:

BILLING DATE: March 28, 2019

Service Address: 104 W ASHTON, GRAND ISLAND NE 68801



| | Mar 2018 | Feb 2019 | Mar 2019 |
|----------------------|----------|----------|----------|
| Days of Service | 30 | 8 | 32 |
| Therms Used | 78.00 | 114.00 | 78.00 |
| Avg. Therms per day | 2.6 | 14.3 | 2.4 |
| Avg. cost per day | \$2.34 | \$9.37 | \$1.74 |
| Avg. daily temp (°F) | 35 | 25 | 28 |

| DUE DATE | TOTAL AMOUNT DUE |
|----------------|------------------|
| April 17, 2019 | \$ 61.25 |

ACCOUNT SUMMARY

| | | |
|-------------------|----------------|----------------------|
| Previous Balance | | \$ 56.78 |
| Payments Received | March 19, 2019 | Thank you \$ (56.78) |
| Current Charges | | \$ 55.57 |
| Tax | | \$ 5.68 |

| | |
|------------------|----------|
| Total Amount Due | \$ 61.25 |
|------------------|----------|

SUMMARY OF CURRENT CHARGES

| | Utility Service | TOTAL |
|---------------------|-----------------|----------|
| Natural Gas Service | \$ 55.57 | \$ 55.57 |

| | | |
|-----------------------|----------|----------|
| Total Current Charges | \$ 55.57 | \$ 55.57 |
|-----------------------|----------|----------|

BUDGET BILLING INFORMATION

BUDGET BILLING – PAY THE SAME AMOUNT EACH MONTH

If you were to go on budget billing next month, your approximate monthly budget billing amount would be \$47.00. Your account must be current and in good standing to qualify for budget billing.

IMPORTANT ACCOUNT INFORMATION

MESSAGE BOARD

For questions about your bill or service, call NorthWestern Energy at 800-245-6977 (Monday through Friday, 7 a.m.-6 p.m.). For information or to make a payment, visit us at: www.northwesternenergy.com.

Please return this portion of your bill with your payment.

0000000005678 0000000005557 0000000006125

| ACCOUNT NUMBER | DUE DATE | TOTAL AMOUNT DUE | AMOUNT ENCLOSED |
|----------------|----------------|------------------|-----------------|
| 3632715-3 | April 17, 2019 | \$ 61.25 | |

A late fee of \$2.00 plus 1% of the unpaid utility balance will be assessed if not paid by due date.

P Gas NE

#BWNKJDL
#AHSV SRWQ U3 #

17773

ZOILA LEON YANEZ
1427 AVENUE C LOT 9
CHEYENNE WY 820073232

NORTHWESTERN ENERGY
BUTTE, MT 59707-0001


AA0521

0000 00000000 36327153 0000006125 00166

Account Number: 3632715-3
Customer Name: ZOILA LEON YANEZ
Service Address: 104 W ASHTON, GRAND ISLAND NE 68801

Page 2

NorthWestern Energy: 1-800-245-6977
Customer Service: (M-F 7 AM - 6 PM)
and Emergencies 24 hours a day

PAY BY PHONE OPTIONS:

Credit/Debit or ATM Card:
1-877-361-4927

Checking, Savings, or Money Market:
1-800-218-4959

Customers with unresolved questions or concerns may contact the Nebraska Public Service Commission at 1-800-526-0017 or write the PSC at 1200 N Street, Suite 300, Lincoln, NE 68508.

Current Rates Effective 12/02/2018

NATURAL GAS SERVICES

| | | |
|--------------------------------|----|----------|
| Service Charge | \$ | 8.00 |
| Gas Residential Serv 30 @ | \$ | .2528300 |
| 9999999 @ | \$ | .0951300 |
| City Approv Econ Dev Surcharge | \$ | .0025400 |
| Purchase Gas Commodity | \$ | .4503100 |
| State Regulatory Assessment | \$ | .1100000 |

UTILITY SERVICES

GAS SERVICES

| Read Dates | | | Meter Readings | | Read Code | Meter Volume | Conversion Pressure | Average BTU Factor | Billed Therms |
|------------|------------|-----|----------------|---------|-----------|--------------|---------------------|--------------------|---------------|
| From | To | Day | Previous | Current | | | | | |
| 01/22/2019 | 03/26/2019 | 32 | 6193.00 | 6270.00 | Actual | 77.00 | 0.9538357 | 1.067093 | 78.00 |

Meter Number: 3012821

Rate: 91-Gas Residential Service

| | | |
|--------------------------------|-----------|--------------|
| Customer Charge | \$ | 8.00 |
| Energy Charge | \$ | 12.15 |
| Purchase Gas Commodity | \$ | 35.12 |
| City Approv Econ Dev Surcharge | \$ | 0.20 |
| State Regulatory Assessment | \$ | 0.10 |
| Natural Gas Services Total | \$ | 55.57 |
| TOTAL UTILITY SERVICES | \$ | 55.57 |

TAXES

| | | |
|-------------------------------|-----------|-------------|
| CITY SALES TAX - GRAND ISLAND | \$ | 0.86 |
| STATE TAX NEBRASKA - GRI | \$ | 3.15 |
| OCCUPATION - GRAND ISLAND | \$ | 1.67 |
| TOTAL TAXES | \$ | 5.68 |

When you provide a check as payment, you authorize us to either use the information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check transaction.



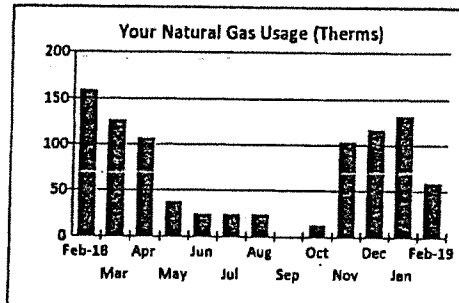


CLOSING BILL

Customer Service: 1-800-245-6977

CUSTOMER: ZOILA LEON YANEZ
 ACCOUNT NUMBER: 3601689-7
 ACCOUNT DESCRIPTION:
 BILLING DATE: February 7, 2019

Service Address: 420 S PINE, GRAND ISLAND NE 68801



| | Feb 2018 | Jan 2019 | Feb 2019 |
|----------------------|----------|----------|----------|
| Days of Service | 27 | 34 | 13 |
| Therms Used | 159.00 | 132.00 | 59.00 |
| Avg. Therms per day | 5.9 | 3.9 | 4.5 |
| Avg. daily temp (°F) | 24 | 28 | 25 |

| DUE DATE | TOTAL AMOUNT DUE |
|-------------------|------------------|
| February 27, 2019 | \$ 41.85 |

ACCOUNT SUMMARY

| | | |
|-------------------|----------------------------|------------|
| Previous Balance | | \$ 93.88 |
| Payments Received | February 5, 2019 Thank you | \$ (93.88) |
| Current Charges | | \$ 37.97 |
| Tax | | \$ 3.88 |

| | |
|------------------|----------|
| Total Amount Due | \$ 41.85 |
|------------------|----------|

SUMMARY OF CURRENT CHARGES

| | Utility Service | TOTAL |
|---------------------|-----------------|----------|
| Natural Gas Service | \$ 37.97 | \$ 37.97 |

| | | |
|-----------------------|----------|----------|
| Total Current Charges | \$ 37.97 | \$ 37.97 |
|-----------------------|----------|----------|

BUDGET BILLING INFORMATION

Due to usage history or account status, you are not eligible for budget billing at this time.

IMPORTANT ACCOUNT INFORMATION

MESSAGE BOARD

For questions about your bill or service, call NorthWestern Energy at 800-245-6977 (Monday through Friday, 7 a.m.-6 p.m.). For information or to make a payment, visit us at: www.northwesternenergy.com.

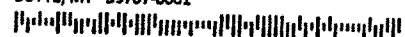
Please return this portion of your bill with your payment.

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| ACCOUNT NUMBER | DUE DATE | TOTAL AMOUNT DUE | AMOUNT ENCLOSED |
|----------------|-------------------|------------------|-----------------|
| 3601689-7 | February 27, 2019 | \$ 41.85 | |

A late fee of \$2.00 plus 1% of the unpaid utility balance will be assessed if not paid by due date.

NORTHWESTERN ENERGY
 BUTTE, MT 59707-0001



#BWNKJDL
 #AHSV PQVX Y7 #

16832

ZOILA LEON YANEZ
 1427 AVENUE C LOT 9
 CHEYENNE WY 820073232

AA0523

0000 00000000 36016897 00000004185

00168

Account Number: 3601689-7
Customer Name: ZOILA LEON YANEZ
Service Address: 420 S PINE, GRAND ISLAND NE 68801

Page 2

NorthWestern Energy: 1-800-245-6977

Customer Service: (M-F 7 AM - 6 PM)

and Emergencies 24 hours a day

PAY BY PHONE OPTIONS:

Credit/Debit or ATM Card:

1-877-361-4927

Checking, Savings, or Money Market:

1-800-218-4959

Customers with unresolved questions or concerns may contact the Nebraska Public Service Commission at 1-800-526-0017 or write the PSC at 1200 N Street, Suite 300, Lincoln, NE 68508.

Current Rates Effective 12/02/2018

NATURAL GAS SERVICES

| | | |
|--------------------------------|----|----------|
| Service Charge | \$ | 8.00 |
| Gas Residential Serv 30 @ | \$ | .2528300 |
| 9999999 @ | \$ | .0951300 |
| City Approv Econ Dev Surcharge | \$ | .0025400 |
| Purchase Gas Commodity | \$ | .4503100 |
| State Regulatory Assessment | \$ | .1100000 |

UTILITY SERVICES

GAS SERVICES

| Read Dates | | | Meter Readings | | Read | Meter | Conversion | Average | Billed |
|------------|------------|-----|----------------|---------|--------|--------|------------|------------|--------|
| From | To | Day | Previous | Current | Code | Volume | Pressure | BTU Factor | Therms |
| 01/24/2019 | 02/06/2019 | 13 | 6318.00 | 6376.00 | Actual | 58.00 | 0.9538357 | 1.067307 | 59.00 |

Meter Number: 3084106

Rate: 91-Gas Residential Service

| | | |
|--------------------------------|----|-------|
| Customer Charge | \$ | 3.47 |
| Energy Charge | \$ | 7.67 |
| Purchase Gas Commodity | \$ | 26.57 |
| City Approv Econ Dev Surcharge | \$ | 0.15 |
| State Regulatory Assessment | \$ | 0.11 |

Natural Gas Services Total \$ 37.97

TOTAL UTILITY SERVICES \$ 37.97

TAXES

| | | |
|-------------------------------|----|------|
| CITY SALES TAX - GRAND ISLAND | \$ | 0.59 |
| STATE TAX NEBRASKA - GRI | \$ | 2.15 |
| OCCUPATION - GRAND ISLAND | \$ | 1.14 |

TOTAL TAXES \$ 3.88

When you provide a check as payment, you authorize us to either use the information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check transaction.





Customer Service: 1-800-245-6977

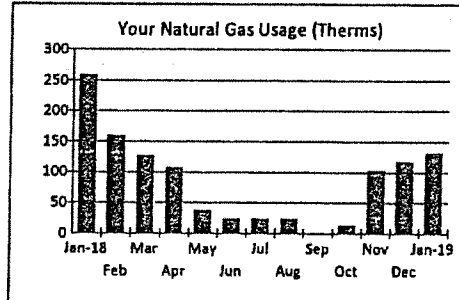
CUSTOMER: ZOILA LEON YANEZ

ACCOUNT NUMBER: 3601689-7

ACCOUNT DESCRIPTION:

BILLING DATE: January 29, 2019

Service Address: 420 S PINE, GRAND ISLAND NE 68801



| | Jan 2018 | Dec 2018 | Jan 2019 |
|----------------------|-------------|-------------|-------------|
| Days of Service | 34 | 30 | 34 |
| Therms Used | 259.00 | 117.00 | 132.00 |
| Avg. Therms per day | 7.6 | 3.9 | 3.9 |
| Avg. daily temp (°F) | 18 | 33 | 28 |

| DUE DATE | TOTAL AMOUNT DUE |
|-------------------|------------------|
| February 18, 2019 | \$ 93.88 |

ACCOUNT SUMMARY

| | | |
|-------------------|-----------------------------|-------------|
| Previous Balance | | \$ 164.11 |
| Payments Received | December 31, 2018 Thank you | \$ (164.11) |
| Current Charges | | \$ 85.17 |
| Tax | | \$ 8.71 |

| | |
|------------------|----------|
| Total Amount Due | \$ 93.88 |
|------------------|----------|

SUMMARY OF CURRENT CHARGES

| | Utility Service | TOTAL |
|---------------------|--------------------|----------|
| Natural Gas Service | \$ 85.17 | \$ 85.17 |

| | | |
|-----------------------|----------|----------|
| Total Current Charges | \$ 85.17 | \$ 85.17 |
|-----------------------|----------|----------|

BUDGET BILLING INFORMATION

BUDGET BILLING -- PAY THE SAME AMOUNT EACH MONTH

If you were to go on budget billing next month, your approximate monthly budget billing amount would be \$69.00. Your account must be current and in good standing to qualify for budget billing.

IMPORTANT ACCOUNT INFORMATION

MESSAGE BOARD

For questions about your bill or service, call NorthWestern Energy at 800-245-6977 (Monday through Friday, 7 a.m.-6 p.m.). For information or to make a payment, visit us at: www.northwesternenergy.com.

Please return this portion of your bill with your payment.

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| ACCOUNT NUMBER | DUE DATE | TOTAL AMOUNT DUE | AMOUNT ENCLOSED |
|----------------|-------------------|------------------|-----------------|
| 3601689-7 | February 18, 2019 | \$ 93.88 | |

A late fee of \$2.00 plus 1% of the unpaid utility balance will be assessed if not paid by due date.

NORTHWESTERN ENERGY
BUTTE, MT 59707-0001

#BWNKJDL
#AHSV PQVX Y7 #

17783

ZOILA LEON YANEZ
1427 AVENUE C LOT 8
CHEYENNE WY 820073232

AA0525

0000 00000000 36016897 0000009388

00170

Account Number: 3601689-7
Customer Name: ZOILA LEON YANEZ
Service Address: 420 S PINE, GRAND ISLAND NE 68801

Page 2

NorthWestern Energy: 1-800-245-6977

Customer Service: (M-F 7 AM - 6 PM)
and Emergencies 24 hours a day

PAY BY PHONE OPTIONS:

Credit/Debit or ATM Card:

1-877-361-4927

Checking, Savings, or Money Market:

1-800-218-4959

Customers with unresolved questions or concerns may contact the Nebraska Public Service Commission at 1-800-526-0017 or write the PSC at 1200 N Street, Suite 300, Lincoln, NE 68508.

Current Rates Effective 12/02/2018

NATURAL GAS SERVICES

| | | |
|--------------------------------|----|----------|
| Service Charge | \$ | 8.00 |
| Gas Residential Serv 30 @ | \$ | .2528300 |
| 9999999 @ | \$ | .0951300 |
| City Approv Econ Dev Surcharge | \$ | .0025400 |
| Purchase Gas Commodity | \$ | .4503100 |
| State Regulatory Assessment | \$ | .1100000 |

UTILITY SERVICES

GAS SERVICES

| Read Dates | | | Meter Readings | | Read | Meter | Conversion | Average | Billed |
|------------|------------|-----|----------------|---------|--------|--------|------------|------------|--------|
| From | To | Day | Previous | Current | Code | Volume | Pressure | BTU Factor | Therms |
| 12/21/2018 | 01/24/2019 | 34 | 6188.00 | 6318.00 | Actual | 130.00 | 0.9538357 | 1.063058 | 132.00 |

Meter Number: 3084106

Rate: 91-Gas Residential Service

| | | |
|--------------------------------|----|--------------|
| Customer Charge | \$ | 8.00 |
| Energy Charge | \$ | 17.28 |
| Purchase Gas Commodity | \$ | 59.44 |
| City Approv Econ Dev Surcharge | \$ | 0.34 |
| State Regulatory Assessment | \$ | 0.11 |
| Natural Gas Services Total | \$ | 85.17 |
| TOTAL UTILITY SERVICES | \$ | 85.17 |

TAXES

| | | |
|-------------------------------|----|-------------|
| CITY SALES TAX - GRAND ISLAND | \$ | 1.32 |
| STATE TAX NEBRASKA - GRI | \$ | 4.83 |
| OCCUPATION - GRAND ISLAND | \$ | 2.56 |
| TOTAL TAXES | \$ | 8.71 |

When you provide a check as payment, you authorize us to either use the information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check transaction.





Customer Service: 1-800-245-6977

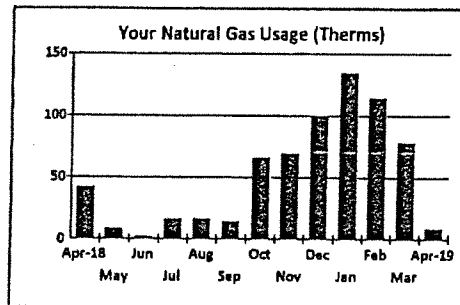
CUSTOMER: ZOILA LEON YANEZ

ACCOUNT NUMBER: 3632715-3

ACCOUNT DESCRIPTION:

BILLING DATE: April 26, 2019

Service Address: 104 W ASHTON, GRAND ISLAND NE 68801



| | Apr 2018 | Mar 2019 | Apr 2019 |
|----------------------|-------------|-------------|-------------|
| Days of Service | 17 | 32 | 28 |
| Therms Used | 42.00 | 78.00 | 9.00 |
| Avg. Therms per day | 2.5 | 2.4 | .3 |
| Avg. cost per day | \$1.80 | \$1.74 | \$0.51 |
| Avg. daily temp (°F) | 39 | 28 | 50 |

| DUE DATE | TOTAL AMOUNT DUE |
|--------------|------------------|
| May 16, 2019 | \$ 15.71 |

ACCOUNT SUMMARY

| | | |
|--|----------------|-----------------------|
| Previous Balance | | \$ 61.25 |
| Payments Received | April 10, 2019 | Thank you \$ (103.10) |
| Current Charges | | \$ 14.19 |
| Adjustments/Deposits/Transfers/Refunds | | \$ 41.85 |
| Tax | | \$ 1.52 |

| | |
|------------------|----------|
| Total Amount Due | \$ 15.71 |
|------------------|----------|

SUMMARY OF CURRENT CHARGES

| | Utility Service | TOTAL |
|---------------------|--------------------|----------|
| Natural Gas Service | \$ 14.19 | \$ 14.19 |

| | | |
|-----------------------|----------|----------|
| Total Current Charges | \$ 14.19 | \$ 14.19 |
|-----------------------|----------|----------|

BUDGET BILLING INFORMATION

BUDGET BILLING – PAY THE SAME AMOUNT EACH MONTH

If you were to go on budget billing next month, your approximate monthly budget billing amount would be \$46.00. Your account must be current and in good standing to qualify for budget billing.

IMPORTANT ACCOUNT INFORMATION

MESSAGE BOARD

For questions about your bill or service, call NorthWestern Energy at 800-245-6977 (Monday through Friday, 7 a.m.-6 p.m.). For information or to make a payment, visit us at: www.northwesternenergy.com.

Please return this portion of your bill with your payment.

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| ACCOUNT NUMBER | DUE DATE | TOTAL AMOUNT DUE | AMOUNT ENCLOSED |
|----------------|--------------|------------------|-----------------|
| 3632715-3 | May 16, 2019 | \$ 15.71 | |

A late fee of \$2.00 plus 1% of the unpaid utility balance will be assessed if not paid by due date.

NORTHWESTERN ENERGY
BUTTE, MT 59707-0001

#BWNKJDL
#AHSV SRWQ U3 #

16627

ZOILA LEON YANEZ
1427 AVENUE C LOT 9
CHEYENNE WY 820073232

0000 00000000 36327153 0000001571

00172

AA0527

Account Number: 3632715-3
Customer Name: ZOILA LEON YANEZ
Service Address: 104 W ASHTON, GRAND ISLAND NE 68801

Page 2

NorthWestern Energy: 1-800-245-6977
Customer Service: (M-F 7 AM - 6 PM)
and Emergencies 24 hours a day

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Checking, Savings, or Money Market:
1-800-218-4959

Customers with unresolved questions or concerns may contact the Nebraska Public Service Commission at 1-800-526-0017 or write the PSC at 1200 N Street, Suite 300, Lincoln, NE 68508.

Current Rates Effective 04/02/2019

NATURAL GAS SERVICES

| | | |
|--------------------------------|----|----------|
| Service Charge | \$ | 8.00 |
| Gas Residential Serv 30 @ | \$ | .2528300 |
| 9999999 @ | \$ | .0951300 |
| City Approv Econ Dev Surcharge | \$ | .0025400 |
| Purchase Gas Commodity | \$ | .4112800 |
| State Regulatory Assessment | \$ | .1000000 |

UTILITY SERVICES

GAS SERVICES

| Read Dates | | | Meter Readings | | Read | Meter | Conversion | Average | Billed |
|------------|------------|-----|----------------|---------|--------|--------|------------|------------|--------|
| From | To | Day | Previous | Current | Code | Volume | Pressure | BTU Factor | Therms |
| 03/26/2019 | 04/23/2019 | 28 | 6270.00 | 6279.00 | Actual | 9.00 | 0.9538357 | 1.064428 | 9.00 |

Meter Number: 3012821

Rate: 91-Gas Residential Service

| | | |
|-----------------------------------|----|--------------|
| Customer Charge | \$ | 8.00 |
| Energy Charge | \$ | 2.28 |
| Purchase Gas Commodity | \$ | 3.78 |
| City Approv Econ Dev Surcharge | \$ | 0.03 |
| State Regulatory Assessment | \$ | 0.10 |
| Natural Gas Services Total | \$ | 14.19 |
| TOTAL UTILITY SERVICES | \$ | 14.19 |

TAXES

| | | |
|-------------------------------|----|-------------|
| CITY SALES TAX - GRAND ISLAND | \$ | 0.29 |
| STATE TAX NEBRASKA - GRI | \$ | 0.80 |
| OCCUPATION - GRAND ISLAND | \$ | 0.43 |
| TOTAL TAXES | \$ | 1.52 |

When you provide a check as payment, you authorize us to either use the information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check transaction.





OPENING BILL

Customer Service: 1-800-245-6977

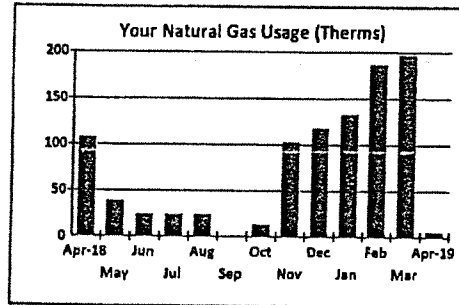
CUSTOMER: ZOILA LEON YANEZ

ACCOUNT NUMBER: 3648509-2

ACCOUNT DESCRIPTION:

BILLING DATE: April 26, 2019

Service Address: 420 S PINE, GRAND ISLAND NE 68801



| | Apr 2018 | Mar 2019 | Apr 2019 |
|----------------------|-------------|-------------|-------------|
| Days of Service | 30 | 32 | 13 |
| Therms Used | 107.00 | 197.00 | 5.00 |
| Avg. Therms per day | 3.6 | 6.2 | .4 |
| Avg. cost per day | \$2.60 | \$3.77 | \$0.53 |
| Avg. daily temp (°F) | 39 | 28 | 50 |

| DUE DATE | TOTAL AMOUNT DUE |
|--------------|------------------|
| May 16, 2019 | \$ 17.64 |

ACCOUNT SUMMARY

| | |
|------------------------|----------|
| Previous Balance | \$ 0.00 |
| Payments Received | \$ 0.00 |
| Current Charges | \$ 6.90 |
| Miscellaneous Services | \$ 10.00 |
| Tax | \$ 0.74 |

| | |
|------------------|----------|
| Total Amount Due | \$ 17.64 |
|------------------|----------|

SUMMARY OF CURRENT CHARGES

| Utility Service | TOTAL |
|---------------------|---------|
| Natural Gas Service | \$ 6.90 |

| | | |
|-----------------------|---------|---------|
| Total Current Charges | \$ 6.90 | \$ 6.90 |
|-----------------------|---------|---------|

BUDGET BILLING INFORMATION

BUDGET BILLING -- PAY THE SAME AMOUNT EACH MONTH

If you were to go on budget billing next month, your approximate monthly budget billing amount would be \$67.00. Your account must be current and in good standing to qualify for budget billing.

IMPORTANT ACCOUNT INFORMATION

Please read Insert included related to gas regulation.

MESSAGE BOARD

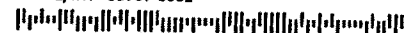
For questions about your bill or service, call NorthWestern Energy at 800-245-6977 (Monday through Friday, 7 a.m.-6 p.m.). For information or to make a payment, visit us at: www.northwesternenergy.com.

Please return this portion of your bill with your payment.

00000000000000 0000000000690 0000000001764

| ACCOUNT NUMBER | DUE DATE | TOTAL AMOUNT DUE | AMOUNT ENCLOSED |
|----------------|--------------|------------------|-----------------|
| 3648509-2 | May 16, 2019 | \$ 17.64 | |

A late fee of \$2.00 plus 1% of the unpaid utility balance will be assessed if not paid by due date.

NORTHWESTERN ENERGY
BUTTE, MT 59707-0001

#8WNKJDL
#AHSV TXUP Y2 #

ZOILA LEON YANEZ
1427 AVENUE C LOT 9

CHEYENNE WY 820073232

0000 00000000 36485092 0000001764 00174

AA0529

Account Number: 3648509-2
Customer Name: ZOILA LEON YANEZ
Service Address: 420 S PINE, GRAND ISLAND NE 68801

Page 2

NorthWestern Energy: 1-800-245-6977

Customer Service: (M-F 7 AM - 6 PM)

and Emergencies 24 hours a day

PAY BY PHONE OPTIONS:

Credit/Debit or ATM Card:

1-877-361-4927

Checking, Savings, or Money Market:

1-800-218-4959

Customers with unresolved questions or concerns may contact the Nebraska Public Service Commission at 1-800-526-0017 or write the PSC at 1200 N Street, Suite 300, Lincoln, NE 68508.

Current Rates Effective 04/02/2019

NATURAL GAS SERVICES

| | | |
|--------------------------------|----|----------|
| Service Charge | \$ | 8.00 |
| Gas Residential Serv 30 @ | \$ | .2528300 |
| 9999999 @ | \$ | .0951300 |
| City Approv Econ Dev Surcharge | \$ | .0025400 |
| Purchase Gas Commodity | \$ | .4112800 |
| State Regulatory Assessment | \$ | .1000000 |

UTILITY SERVICES

GAS SERVICES

| Read Dates | | | Meter Readings | | Read | Meter | Conversion | Average | Billed |
|------------|------------|-----|----------------|---------|--------|--------|------------|------------|--------|
| From | To | Day | Previous | Current | Code | Volume | Pressure | BTU Factor | Therms |
| 04/10/2019 | 04/23/2019 | 13 | 6732.00 | 6737.00 | Actual | 5.00 | 0.9538357 | 1.064 | 5.00 |

Meter Number: 3084106

Rate: 91-Gas Residential Service

| | | |
|-----------------------------------|-----------|-------------|
| Customer Charge | \$ | 3.47 |
| Energy Charge | \$ | 1.26 |
| Purchase Gas Commodity | \$ | 2.06 |
| City Approv Econ Dev Surcharge | \$ | 0.01 |
| State Regulatory Assessment | \$ | 0.10 |
| Natural Gas Services Total | \$ | 6.90 |

TOTAL UTILITY SERVICES \$ 6.90

MISCELLANEOUS SERVICES

| | | |
|-------------------------------------|-----------|--------------|
| NE Gas Connect Fee | \$ | 10.00 |
| Total Miscellaneous Services | \$ | 10.00 |

TAXES

| | | |
|-------------------------------|-----------|-------------|
| CITY SALES TAX - GRAND ISLAND | \$ | 0.14 |
| STATE TAX NEBRASKA - GRI | \$ | 0.39 |
| OCCUPATION - GRAND ISLAND | \$ | 0.21 |
| TOTAL TAXES | \$ | 0.74 |

When you provide a check as payment, you authorize us to either use the information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check transaction.





Customer Service: 1-800-245-6977

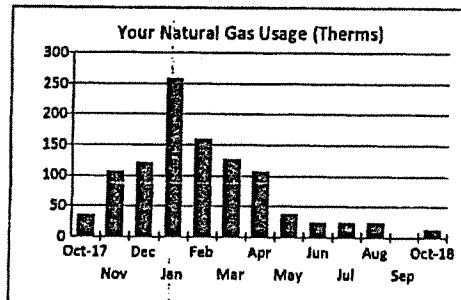
CUSTOMER: ZOILA LEON YANEZ

ACCOUNT NUMBER: 3601689-7

ACCOUNT DESCRIPTION:

BILLING DATE: October 26, 2018

Service Address: 420 S PINE, GRAND ISLAND NE 68801



| | Oct 2017 | Sep 2018 | Oct 2018 |
|----------------------|----------|----------|----------|
| Days of Service | 29 | | 6 |
| Therms Used | 35.00 | | 13.00 |
| Avg. Therms per day | 1.2 | 0.0 | 2.2 |
| Avg. cost per day | \$1.23 | \$ | \$1.64 |
| Avg. daily temp (°F) | 61 | | 54 |

| DUE DATE | TOTAL AMOUNT DUE |
|-------------------|------------------|
| November 15, 2018 | \$ 20.85 |

| ACCOUNT SUMMARY | |
|------------------------|----------|
| Previous Balance | \$ 0.00 |
| Payments Received | \$ 0.00 |
| Current Charges | \$ 9.84 |
| Miscellaneous Services | \$ 10.00 |
| Tax | \$ 1.01 |

| | |
|------------------|----------|
| Total Amount Due | \$ 20.85 |
|------------------|----------|

| SUMMARY OF CURRENT CHARGES | | | TOTAL |
|----------------------------|-----------------|----|-------|
| | Utility Service | | |
| Natural Gas Service | \$ 9.84 | \$ | 9.84 |

| | | | |
|-----------------------|---------|----|------|
| Total Current Charges | \$ 9.84 | \$ | 9.84 |
|-----------------------|---------|----|------|

BUDGET BILLING INFORMATION

BUDGET BILLING – PAY THE SAME AMOUNT EACH MONTH

If you were to go on budget billing next month, your approximate monthly budget billing amount would be \$79.00. Your account must be current and in good standing to qualify for budget billing.

IMPORTANT ACCOUNT INFORMATION

Please read insert included related to gas regulation.

MESSAGE BOARD

For questions about your bill or service, call NorthWestern Energy at 800-245-6977 (Monday through Friday, 7 a.m.-6 p.m.). For information or to make a payment, visit us at: www.northwesternenergy.com.

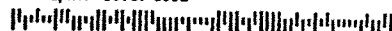
Please return this portion of your bill with your payment.

000000000000 0000000000984 0000000002085

| ACCOUNT NUMBER | DUE DATE | TOTAL AMOUNT DUE | AMOUNT ENCLOSED |
|----------------|-------------------|------------------|-----------------|
| 3601689-7 | November 15, 2018 | \$ 20.85 | |

A late fee of \$2.00 plus 1% of the unpaid utility balance will be assessed if not paid by due date.

NORTHWESTERN ENERGY
BUTTE, MT 59707-0001



#BWNKJDL
#AHSV PQVX Y7 #

14134

ZOILA LEON YANEZ
1427 AVENUE C LOT 9
CHEYENNE WY 820073232

AA0531

0000 00000000 36016897 00000002085

00176

Account Number: 3601689-7
Customer Name: ZOILA LEON YANEZ
Service Address: 420 S PINE, GRAND ISLAND NE 68801

Page 2

NorthWestern Energy: 1-800-245-6977

Customer Service: (M-F 7 AM - 6 PM)

and Emergencies 24 hours a day

PAY BY PHONE OPTIONS:

Credit/Debit or ATM Card:

1-877-361-4927

Checking, Savings, or Money Market:

1-800-218-4959

Customers with unresolved questions or concerns may contact the Nebraska Public Service Commission at 1-800-526-0017 or write the PSC at 1200 N Street, Suite 300, Lincoln, NE 68508.

Current Rates Effective 06/02/2018

NATURAL GAS SERVICES

| | | |
|--------------------------------|----|----------|
| Service Charge | \$ | 8.00 |
| Gas Residential Serv 30 @ | \$ | .2528300 |
| 9999999 @ | \$ | .0951300 |
| City Approv Econ Dev Surcharge | \$ | .0025400 |
| Purchase Gas Commodity | \$ | .4550100 |
| State Regulatory Assessment | \$ | .0900000 |

UTILITY SERVICES

GAS SERVICES

| Read Dates | | | Meter Readings | | Read | Meter | Conversion | Average | Billed |
|------------|------------|-----|----------------|---------|--------|--------|------------|------------|--------|
| From | To | Day | Previous | Current | Code | Volume | Pressure | BTU Factor | Therms |
| 10/16/2018 | 10/22/2018 | 6 | 5957.00 | 5970.00 | Actual | 13.00 | 0.9538357 | 1.059 | 13.00 |

Meter Number: 3084106

Rate: 91-Gas Residential Service

| | | |
|--------------------------------|-------|-------------|
| Customer Charge | \$ | 1.60 |
| Energy Charge | 13.00 | \$ 2.19 |
| Purchase Gas Commodity | 13.00 | \$ 5.92 |
| City Approv Econ Dev Surcharge | 13.00 | \$ 0.03 |
| State Regulatory Assessment | | \$ 0.10 |
| Natural Gas Services Total | \$ | 9.84 |
| TOTAL UTILITY SERVICES | \$ | 9.84 |

MISCELLANEOUS SERVICES

| | | |
|-------------------------------------|----|--------------|
| NE Gas Connect Fee | \$ | 10.00 |
| Total Miscellaneous Services | \$ | 10.00 |

TAXES

| | | |
|-------------------------------|----|-------------|
| CITY SALES TAX - GRAND ISLAND | \$ | 0.15 |
| STATE TAX NEBRASKA - GRI | \$ | 0.56 |
| OCCUPATION - GRAND ISLAND | \$ | 0.30 |
| TOTAL TAXES | \$ | 1.01 |

When you provide a check as payment, you authorize us to either use the information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check transaction.



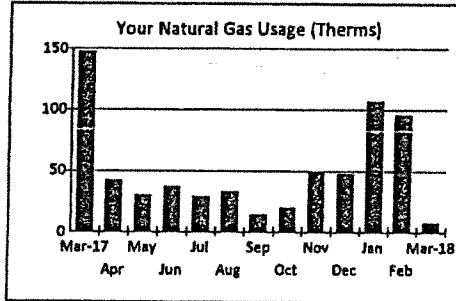


CLOSING BILL

Customer Service: 1-800-245-6977

CUSTOMER: JOSE GARCIA SR
ACCOUNT NUMBER: 2900971-9
ACCOUNT DESCRIPTION:
BILLING DATE: March 30, 2018

Service Address: 104 W ASHTON, GRAND ISLAND NE 68801



| | Mar 2017 | Feb 2018 | Mar 2018 |
|----------------------|----------|----------|----------|
| Days of Service | 33 | 27 | 5 |
| Therms Used | 148.00 | 96.00 | 8.00 |
| Avg. Therms per day | 4.5 | 3.6 | 1.6 |
| Avg. cost per day | \$3.12 | \$2.98 | \$1.57 |
| Avg. daily temp (°F) | 41 | 24 | 42 |

| DUE DATE | TOTAL AMOUNT DUE |
|----------------|------------------|
| April 19, 2018 | \$ 406.79 |

ACCOUNT SUMMARY

| | |
|-------------------|-----------|
| Previous Balance | \$ 398.11 |
| Payments Received | \$ 0.00 |
| Current Charges | \$ 7.87 |
| Tax | \$ 0.81 |

| | |
|------------------|-----------|
| Total Amount Due | \$ 406.79 |
|------------------|-----------|

SUMMARY OF CURRENT CHARGES

| Utility Service | TOTAL |
|---------------------|---------|
| Natural Gas Service | \$ 7.87 |

| | | |
|-----------------------|---------|---------|
| Total Current Charges | \$ 7.87 | \$ 7.87 |
|-----------------------|---------|---------|

BUDGET BILLING INFORMATION

Due to usage history or account status, you are not eligible for budget billing at this time.

IMPORTANT ACCOUNT INFORMATION

MESSAGE BOARD

For questions about your bill or service, call NorthWestern Energy at 800-245-6977 (Monday through Friday, 7 a.m.-6 p.m.). For information or to make a payment, visit us at: www.northwesternenergy.com.

Please return this portion of your bill with your payment.

0000000039811 0000000000787 0000000040679

| ACCOUNT NUMBER | DUE DATE | TOTAL AMOUNT DUE | AMOUNT ENCLOSED |
|----------------|----------------|------------------|-----------------|
| 2900971-9 | April 19, 2018 | \$ 406.79 | |

A late fee of \$2.00 plus 1% of the unpaid utility balance will be assessed if not paid by due date.

#BWNKJDL
#AHRY PPYW Q9 #

670

JOSE GARCIA SR
ZOILA LEON
1427 AVENUE C LOT 9
CHEYENNE WY 820073232

NORTHWESTERN ENERGY
BUTTE, MT 59707-0001



545.79

0000 00000000 29009719 0000040679

00178

AA0533

Account Number: 2900971-9
Customer Name: JOSE GARCIA SR
Service Address: 104 W ASHTON, GRAND ISLAND NE 68801

Page 2

NorthWestern Energy: 1-800-245-6977

Customer Service: (M-F 7 AM - 6 PM)
and Emergencies 24 hours a day

PAY BY PHONE OPTIONS:

Credit/Debit or ATM Card:
1-877-361-4927

Checking, Savings, or Money Market:
1-800-218-4959

Customers with unresolved questions or concerns may contact the Nebraska Public Service Commission at 1-800-526-0017 or write the PSC at 1200 N Street, Suite 300, Lincoln, NE 68508.

Current Rates Effective 11/02/2017

NATURAL GAS SERVICES

| | | |
|--------------------------------|----|----------|
| Service Charge | \$ | 8.00 |
| Gas Residential Serv 30 @ | \$ | .2528300 |
| 9999999 @ | \$ | .0951300 |
| City Approv Econ Dev Surcharge | \$ | .0025400 |
| Purchase Gas Commodity | \$ | .6074200 |
| State Regulatory Assessment | \$ | .0900000 |

UTILITY SERVICES

GAS SERVICES

| Read Dates | | | Meter Readings | | Read Code | Meter Volume | Conversion Pressure | Average BTU Factor | Billed Therms |
|------------|------------|-----|----------------|---------|-----------|--------------|---------------------|--------------------|---------------|
| From | To | Day | Previous | Current | | | | | |
| 03/21/2018 | 03/26/2018 | 5 | 5603.00 | 5611.00 | Actual | 8.00 | 0.9538357 | 1.045 | 8.00 |

Meter Number: 3012821

Rate: 91-Gas Residential Service

| | | |
|--------------------------------|------|-------------|
| Customer Charge | \$ | 1.33 |
| Energy Charge | 8.00 | \$ 1.55 |
| Purchase Gas Commodity | 8.00 | \$ 4.86 |
| City Approv Econ Dev Surcharge | 8.00 | \$ 0.02 |
| State Regulatory Assessment | | \$ 0.11 |
| Natural Gas Services Total | \$ | 7.87 |
| TOTAL UTILITY SERVICES | \$ | 7.87 |

TAXES

| | | |
|-------------------------------|----|-------------|
| CITY SALES TAX - GRAND ISLAND | \$ | 0.12 |
| STATE TAX NEBRASKA - GRI | \$ | 0.45 |
| OCCUPATION - GRAND ISLAND | \$ | 0.24 |
| TOTAL TAXES | \$ | 0.81 |

When you provide a check as payment, you authorize us to either use the information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check transaction.

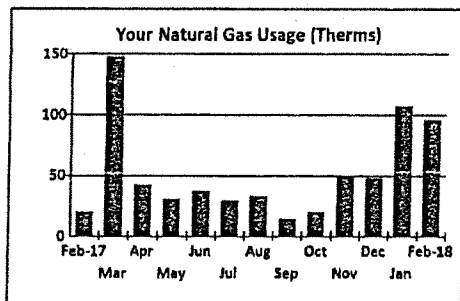




Customer Service: 1-800-245-6977

CUSTOMER: JOSE GARCIA SR
ACCOUNT NUMBER: 2900971-9
ACCOUNT DESCRIPTION:
BILLING DATE: February 27, 2018

Service Address: 104 W ASHTON, GRAND ISLAND NE 68801



| | Feb 2017 | Jan 2018 | Feb 2018 |
|----------------------|----------|----------|----------|
| Days of Service | 29 | 34 | 27 |
| Therms Used | 20.00 | 107.00 | 96.00 |
| Avg. Therms per day | .7 | 3.1 | 3.6 |
| Avg. cost per day | \$0.81 | \$2.60 | \$2.98 |
| Avg. daily temp (°F) | 38 | 18 | 24 |

| DUE DATE | TOTAL AMOUNT DUE |
|----------------|------------------|
| March 19, 2018 | \$ 324.38 |

ACCOUNT SUMMARY

| | |
|-------------------|-----------|
| Previous Balance | \$ 235.64 |
| Payments Received | \$ 0.00 |
| Current Charges | \$ 80.52 |
| Tax | \$ 8.22 |

Total Amount Due \$ 324.38

SUMMARY OF CURRENT CHARGES

| | Utility Service | TOTAL |
|---------------------|-----------------|----------|
| Natural Gas Service | \$ 80.52 | \$ 80.52 |

Total Current Charges \$ 80.52 \$ 80.52

BUDGET BILLING INFORMATION

BUDGET BILLING -- PAY THE SAME AMOUNT EACH MONTH

If you were to go on budget billing next month, your approximate monthly budget billing amount would be \$50.00. Your account must be current and in good standing to qualify for budget billing.

IMPORTANT ACCOUNT INFORMATION

MESSAGE BOARD

For questions about your bill or service, call NorthWestern Energy at 800-245-6977 (Monday through Friday, 7 a.m.-6 p.m.). For information or to make a payment, visit us at: www.northwesternenergy.com.

Please return this portion of your bill with your payment.

0000000023564 0000000008052 0000000032438

| ACCOUNT NUMBER | DUE DATE | TOTAL AMOUNT DUE | AMOUNT ENCLOSED |
|----------------|----------------|------------------|-----------------|
| 2900971-9 | March 19, 2018 | \$ 324.38 | |

A late fee of \$2.00 plus 1% of the unpaid utility balance will be assessed if not paid by due date.

NORTHWESTERN ENERGY
BUTTE, MT 59707-0001



#BWNKJDL
#AHRY PPYW Q9 #

17524

JOSE GARCIA SR
ZOILA LEON
1427 AVENUE C LOT 9
CHEYENNE WY 820073232

0000 00000000 29009719 0000032438 00180

AA0535

Account Number: 2900971-9
Customer Name: JOSE GARCIA SR
Service Address: 104 W ASHTON, GRAND ISLAND NE 68801

Page 2

NorthWestern Energy: 1-800-245-6977

Customer Service: (M-F 7 AM - 6 PM)

and Emergencies 24 hours a day

PAY BY PHONE OPTIONS:

Credit/Debit or ATM Card:

1-877-361-4927

Checking, Savings, or Money Market:

1-800-218-4959

Customers with unresolved questions or concerns may contact the Nebraska Public Service Commission at 1-800-526-0017 or write the PSC at 1200 N Street, Suite 300, Lincoln, NE 68508.

Current Rates Effective 11/02/2017

NATURAL GAS SERVICES

| | | |
|--------------------------------|----|----------|
| Service Charge | \$ | 8.00 |
| Gas Residential Serv 30 @ | \$ | .2528300 |
| 9999999 @ | \$ | .0951300 |
| City Approv Econ Dev Surcharge | \$ | .0025400 |
| Purchase Gas Commodity | \$ | .6074200 |
| State Regulatory Assessment | \$ | .0900000 |

UTILITY SERVICES

GAS SERVICES

| Read Dates | | | Meter Readings | | Read | Meter | Conversion | Average | Billed |
|------------|------------|-----|----------------|----------|--------|--------|------------|------------|--------|
| From | To | Day | Previous | Current | Code | Volume | Pressure | BTU Factor | Therms |
| 01/23/2018 | 02/19/2018 | 27 | \$437.00 | \$533.00 | Actual | 96.00 | 0.9538357 | 1.048666 | 96.00 |

Meter Number: 3012821

Rate: 91-Gas Residential Service

| | | |
|--------------------------------|-------|--------------|
| Customer Charge | \$ | 8.00 |
| Energy Charge | 96.00 | \$ 13.86 |
| Purchase Gas Commodity | 96.00 | \$ 58.31 |
| City Approv Econ Dev Surcharge | 96.00 | \$ 0.24 |
| State Regulatory Assessment | \$ | 0.11 |
| Natural Gas Services Total | \$ | 80.52 |
| TOTAL UTILITY SERVICES | \$ | 80.52 |

TAXES

| | | |
|-------------------------------|----|-------------|
| CITY SALES TAX - GRAND ISLAND | \$ | 1.24 |
| STATE TAX NEBRASKA - GRI | \$ | 4.56 |
| OCCUPATION - GRAND ISLAND | \$ | 2.42 |
| TOTAL TAXES | \$ | 8.22 |

When you provide a check as payment, you authorize us to either use the information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check transaction.





11/05/2019

ZOILA LEON YANEZ
1427 AVENUE C LOT 9
CHEYENNE WY 82007-3232

CLOSING BILL REMINDER

Account Number: 3632715-3

Dear ZOILA LEON YANEZ,

As of 11/05/2019, our records indicate a remaining balance in the amount of \$117.54 for services provided to you at 104 W ASHTON GRAND ISLAND, NE. If you have already paid this amount, please disregard this letter. If you have not paid this amount, please make a payment as soon as possible using one of the methods below:

- Mail your payment to 11 E. Park St., Butte MT 59701
Please include your account number to expedite processing of your payment
- Pay online at <http://www.northwesternenergy.com>
- Pay by phone:
 - Montana and Wyoming customers: 888-467-2669
 - South Dakota and Nebraska customers: 800-245-6977
- Pay via an automated phone system:
 - Checking, Savings and Money Market payment: 800-218-4959
 - Credit/debit and ATM card payments via Speedpay: 877-361-4927

If you have questions, please call us Monday-Friday, 7:00 a.m.-6:00 p.m. (local time):

Montana and Wyoming: 888-467-2669
South Dakota and Nebraska: 800-245-6977

Or stop by one of our convenient walk-in offices; hours may vary; go to NorthWesternEnergy.com for more information.

Sincerely,

NorthWestern Energy
Customer Care Department

03/26/2019

ZOILA LEON YANEZ
1427 AVENUE C LOT 9
CHEYENNE WY 82007-3232

CLOSING BILL FINAL NOTICE

Account Number: 3601689-7

Dear ZOILA LEON YANEZ,

As of 03/26/2019, our records indicate a remaining balance in the amount of \$41.85 for services provided to you at 420 S PINE GRAND ISLAND, NE.

If you have already paid this amount, please disregard this notice. If settlement of the account balance has not been made, please submit payment within 15 days from the date of this letter. If payment is not received in the time provided, we may refer this matter to an outside agency for further collection action. You may make a payment using one of the following methods:

- Mail your payment to 11 E. Park St., Butte MT 59701
Please include your account number to expedite processing of your payment
- Pay online at <http://www.northwesternenergy.com>
- Pay by phone:
 - Montana and Wyoming customers: 888-467-2669
 - South Dakota and Nebraska customers: 800-245-6977
- Pay via an automated phone system:
 - Checking, Savings and Money Market payment: 800-218-4959
 - Credit/debit and ATM card payments via Speedpay: 877-361-4927

If you have questions, please call us Monday-Friday, 7:00 a.m.-6:00 p.m. (local time):

Montana and Wyoming: 888-467-2669
South Dakota and Nebraska: 800-245-6977

Or stop by one of our convenient walk-in offices; hours may vary; go to NorthWesternEnergy.com for more information.

Sincerely,

NorthWestern Energy
Customer Care Department

104 420 BE

ENERGY
- CKGR4/0000110
9:48 am

ZOLLA
C LOT 9
820073232

NORTHWESTERN ENERGY
Receipt # - CKGR5/0000060
6/11/2018 11:12 am

GARCIA SR, JOSE
1427 AVENUE C LOT 9
CHEYENNE WY 820073232

NORTHWESTERN ENERGY
Receipt # - CKGR3/0000350
11/13/2018 1:48 pm

LEON YANEZ, ZOLLA
1427 AVENUE C LOT 9
CHEYENNE WY 820073232

No Esta Rentado
de ocupado desde Junio
Yo e pagado

3632715-3

Account #

2300971-9

Account #

3601689-7

MENT

\$103.10

UTILITY PAYMENT

\$406.79

UTILITY PAYMENT

\$20.85

\$61.25 104
\$41.85 420

Previous Bal
GAS
LPG BASE

\$398.79
\$8.00

Previous Bal
GAS
New Balance

\$20.85
\$20.85

ce

\$103.10

New Balance

\$406.79

Pmt Method

\$20.85

t

\$103.10
\$103.10
\$103.10

Pmt Method
CHECK
Tendered Amt
Pmt Amt

\$406.79
\$406.79
\$406.79

Pmt Method
CHECK
Tendered Amt
Pmt Amt
Change

\$20.85
\$20.85
\$20.85
\$.00

\$.00

Change

\$.00

Thank you for your payment.

NORTHWESTERN ENERGY

Receipt # - CKGR4/0000400
2/05/2015 1:11 pm

LEON YANEZ, /001A
1427 AVENUE C LOT 9
CHEYENNE WY 820073232

Account # 3601639-7

UTILITY PAYMENT

Previous bal \$93.88
GAS \$93.88
New Balance \$0.00

Pay Method

CHECK \$93.88
Entered amt \$93.88
Paid Amt \$93.88
Change \$0.00

Thank you for your payment.

3556020-0

UTILITY

\$13.00

\$13.00
\$13.00
\$13.00

03/05/2015

Exhibit "8"



1306 W 3rd St, PO Box 1928
Grand Island NE 68802-1928 (308) 385-5480

| | |
|--------------|----------|
| Customer #: | 1008960 |
| Account #: | 07202300 |
| Balance Due: | \$153.29 |

6/26/2019

JOSE R GARCIA
1427 AVENUE C LOT 9
CHEYENNE WY 82007

RE: 1008960-07202300 104 WASHTON AVE

Dear Customer:

This will be the only notification that you will receive.

Your Utility Account in the amount of \$153.29 has not yet been paid. Payment is due in our office within seven (7) business days from the date of this letter to avoid disruption in service.

Your service can be disconnected any time after the seventh (7) business day if you do not pay the above bill in full. Per resolution 2016-192 there will be a \$50.00 fee when our staff is instructed to disconnect the service. Per resolution 2017-51 a reconnection fee of \$50.00 must be paid to have service restored. If your services are disconnected and the meter is tampered with, the tampering fee is \$375.00.

You may pay your bill at the Grand Island Utilities Customer Service Center located at 1306 W. 3rd St., Grand Island, NE, by phone toll free at 855-748-6038, or online at www.giud.com/utilitybillpay. If a payment that is made to prevent a disconnection is returned, services will be disconnected without further notification.

If you need to make a payment arrangement, please call 385-5480 option 5 before the seventh (7) business day. Broken Arrangements may result in disconnection of service without further notification.

If you or any member of your household has an existing illness or handicap which would cause you to suffer an immediate or serious health hazard if utility services are disconnected, the disconnection date may be postponed for thirty (30) days by filing a duly licensed physician's certificate which sets forth the existence of such illness or handicap with this office. This certificate must be in our office, located at 1306 W. 3rd St., before the disconnection date. If the certificate is received after disconnection, the fees must be paid before service will be restored. Only one (1) postponement of disconnection shall be allowed per incident of nonpayment and a new certificate must be submitted. If you are eligible for assistance in the payment of your utility bill from the Department of Health & Human Services, you should contact your caseworker.

If you find this notice to be incorrect or dispute the notification, a conference may be requested in writing within five (5) business days from the date of this letter. If a conference is requested, the City Of Grand Island may not disconnect services until after the conclusion of the conference.

If your services are disconnected for nonpayment, we do not accept a check to restore service. Account balance and fees must be paid in full via cash, money order, credit card, or debit card before service will be restored.

| | |
|------------------|------------------|
| | Total Due |
| Amount Due | \$153.29 |
| Disconnect Fee | \$50.00 |
| Turn-On Charge | \$50.00 |
| Total Amount Due | \$253.29 |

If you have questions or complaints regarding this matter please call the Customer Service Center, located at 1306 W. 3rd St., at 385-5480 option 5 during business hours, or 385-5461 after business hours.

Thank you,

City of Grand Island Utilities

AA0542

00186



1306 W 3rd St, PO Box 1928
Grand Island NE 68802-1928 (308) 385-5480
Phone payments: (855) 748-6038

To make online payments: www.grand-island.com/utilitybillpay

Customer #: 1008960
Account #: 07202300
Customer Name: JOSE R GARCIA
Service Address: 104 WASHTON AVE

Bill Number: 2619328
Billing Date: 12/19/2018

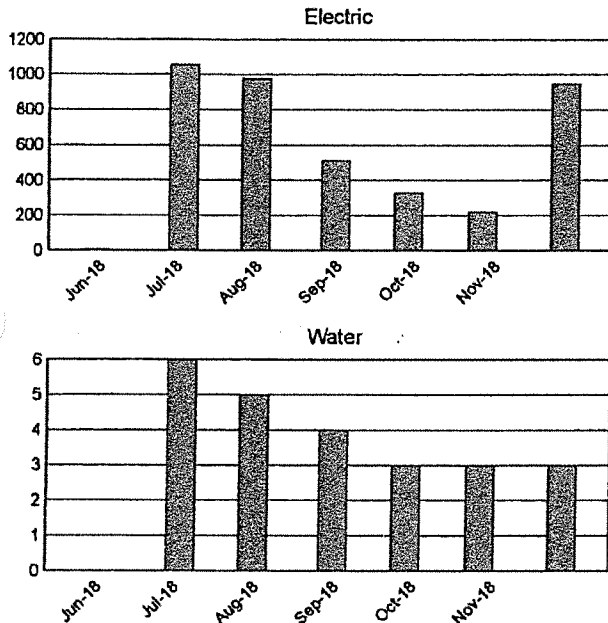
Previous Balance 68.50
Payment(s) (69.00)

BALANCE FORWARD (0.50)
CURRENT CHARGES 121.90

TOTAL AMOUNT DUE 121.40

DUE DATE 1/14/2019

| SERVICE | METER | BILLING PERIOD | DAYS | PREV. READ | CUR. READ | MULT. | USAGE | UNITS |
|----------|------------|-------------------------|------|------------|-----------|-------|-------|-------|
| Electric | 0147330606 | 11/9/2018 to 12/11/2018 | 32 | 3094 | 4041 | A 1 | 947 | kWh |
| Water | 0031522854 | 11/9/2018 to 12/11/2018 | 32 | 615 | 618 | A 1 | 3 | CCF |



ACCOUNT SUMMARY

A = Actual Read, E = Estimated Read, C = Card Read

| | Usage | Total Charge |
|------------------------------------|---------|-----------------|
| Electric Charge | 947 | \$80.91 |
| Power Adjustment \$0.00010 per kWh | 947 kWh | \$0.09 |
| Sales Tax | | \$5.68 |
| Electric Total | | \$86.68 |
| Stormwater Fee - Residential | | \$1.00 |
| Water Charge | 3 CCF | \$2.40 |
| Federal Clean Water Act | | \$0.70 |
| 5/8" Meter Fee | | \$6.50 |
| Sales Tax | | \$0.74 |
| Water Total | | \$11.34 |
| Sewer Charge | CCF | \$22.32 |
| Sales Tax | | \$1.56 |
| Sewer Total | | \$23.88 |
| Total Current Charges | | \$121.90 |
| TOTAL AMOUNT DUE | | \$121.40 |

City of Grand Island

PLEASE RETURN THIS PORTION WITH PAYMENT

City of Grand Island Utilities
1306 W 3rd St, PO Box 1928
Grand Island NE 68802 (308) 385-5480

PAY ONLINE AT www.grand-island.com/utilitybillpay

AMOUNT ENCLOSED

Customer # and Account #: 1008960-07202300
Service Address: 104 WASHTON AVE

Bill Number: 2619328

TOTAL AMOUNT DUE: \$121.40

Due Date: 1/14/2019

A late fee of \$2.00 plus 1% of the unpaid electric balance will be assessed if not paid by due date.

031798

JOSE R GARCIA, ZOILA LEON YANEZ
1427 AVENUE C LOT 9
CHEYENNE, WY 82007-3232

906

PO BOX 1928
GRAND ISLAND NE 68802-1928

00187

AA0543

100896007202300 0 00000012140 7



1306 W 3rd St, PO Box 1928
Grand Island NE 68802-1928 (308) 385-5480

| | |
|--------------|----------|
| Customer #: | 1008959 |
| Account #: | 07202200 |
| Balance Due: | \$136.02 |

11/27/2019

JOSE R GARCIA
1427 AVENUE C LOT 9
CHEYENNE WY 82007

RE: 1008959-07202200 420 S PINE ST

Dear Customer:

This will be the only notification that you will receive.

Your Utility Account in the amount of \$136.02 has not yet been paid. Payment is due in our office within seven (7) business days from the date of this letter to avoid disruption in service.

Your service can be disconnected any time after the seventh (7) business day if you do not pay the above bill in full. Per resolution 2016-192 there will be a \$50.00 fee when our staff is instructed to disconnect the service. Per resolution 2017-51 a reconnection fee of \$50.00 must be paid to have service restored. If your services are disconnected and the meter is tampered with, the tampering fee is \$375.00.

You may pay your bill at the Grand Island Utilities Customer Service Center located at 1306 W. 3rd St., Grand Island, NE, by phone toll free at 855-748-6038, or online at www.giud.com/utilitybillpay. If a payment that is made to prevent a disconnection is returned, services will be disconnected without further notification.

If you need to make a payment arrangement, please call 385-5480 option 5 before the seventh (7) business day. Broken Arrangements may result in disconnection of service without further notification.

If you or any member of your household has an existing illness or handicap which would cause you to suffer an immediate or serious health hazard if utility services are disconnected, the disconnection date may be postponed for thirty (30) days by filing a duly licensed physician's certificate which sets forth the existence of such illness or handicap with this office. This certificate must be in our office, located at 1306 W. 3rd St., before the disconnection date. If the certificate is received after disconnection, the fees must be paid before service will be restored. Only one (1) postponement of disconnection shall be allowed per incident of nonpayment and a new certificate must be submitted. If you are eligible for assistance in the payment of your utility bill from the Department of Health & Human Services, you should contact your caseworker.

If you find this notice to be incorrect or dispute the notification, a conference may be requested in writing within five (5) business days from the date of this letter. If a conference is requested, the City Of Grand Island may not disconnect services until after the conclusion of the conference.

If your services are disconnected for nonpayment, we do not accept a check to restore service. Account balance and fees must be paid in full via cash, money order, credit card, or debit card before service will be restored.

| | |
|-------------------------|------------------|
| | Total Due |
| Amount Due | \$136.02 |
| Disconnect Fee | \$50.00 |
| Turn-On Charge | \$50.00 |
| Total Amount Due | \$236.02 |

If you have questions or complaints regarding this matter please call the Customer Service Center, located at 1306 W. 3rd St., at 385-5480 option 5 during business hours, or 385-5461 after business hours.

Thank you,

City of Grand Island Utilities

AA0544

00188



1306 W 3rd St, PO Box 1928
Grand Island NE 68802-1928 (308) 385-5480
Phone payments: (855) 748-6038

To make online payments: www.giud.com/utilitybillpay

Customer #: 1008960
Account #: 07202300
Customer Name: JOSE R GARCIA
Service Address: 104 W ASHTON AVE

Bill Number: 2848707
Billing Date: 8/20/2019

Previous Balance 258.77
Payment(s) (258.77)
Adjustment(s) 50.68

BALANCE FORWARD 50.68
CURRENT CHARGES 127.10

TOTAL AMOUNT DUE 177.78

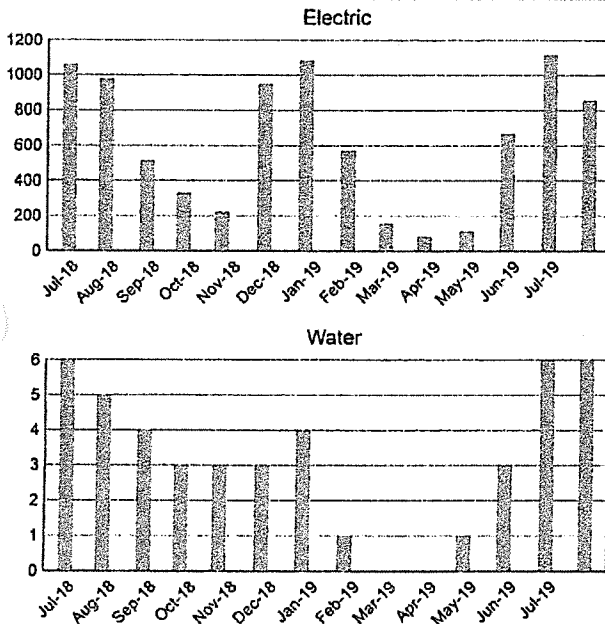
DUE DATE UPON RECEIPT

PAST DUE -

This account is Delinquent and Due upon Receipt.

| SERVICE | METER | BILLING PERIOD | DAYS | PREV. READ | CUR. READ | MULT. | USAGE | UNITS |
|----------|------------|------------------------|------|------------|-----------|-------|-------|-------|
| Electric | 0147330606 | 7/15/2019 to 8/14/2019 | 30 | 7805 | 8660 | A 1 | 855 | kWh |
| Water | 0031522854 | 7/15/2019 to 8/14/2019 | 30 | 633 | 639 | A 1 | 6 | CCF |

A = Actual Read, E = Estimated Read, C = Card Read



ACCOUNT SUMMARY

| | Usage | Total Charge |
|------------------------------------|---------|-----------------|
| Electric Charge | 855 kWh | \$85.57 |
| Power Adjustment \$0.00485 per kWh | 855 kWh | \$4.15 |
| Sales Tax | | \$6.72 |
| Electric Total | | \$96.44 |
| Stormwater Fee - Residential | | \$1.00 |
| Water Charge | 6 CCF | \$5.04 |
| Federal Clean Water Act | | \$0.70 |
| 5/8" Meter Fee | | \$6.50 |
| Sales Tax | | \$0.99 |
| Water Total | | \$14.23 |
| Sewer Charge | | \$15.28 |
| Sales Tax | | \$1.15 |
| Sewer Total | | \$16.43 |
| Total Current Charges | | \$127.10 |
| TOTAL AMOUNT DUE | | \$177.78 |

Grand Island

PLEASE RETURN THIS PORTION WITH PAYMENT

City of Grand Island Utilities
1306 W 3rd St, PO Box 1928
Grand Island NE 68802 (308) 385-5480

PAY ONLINE AT www.giud.com/utilitybillpay.

AMOUNT ENCLOSED

Customer # and Account #: 1008960-07202300
Service Address: 104 W ASHTON AVE

Bill Number: 2848707

TOTAL AMOUNT DUE: \$177.78

Due Date: UPON RECEIPT

A late fee of \$2.00 plus 1% of the unpaid electric balance will be assessed if not paid by due date.

031531

JOSE R GARCIA, ZOILA LEON YANEZ
1427 AVENUE C LOT 9
CHEYENNE, WY 82007-3232

883

PO BOX 1928
GRAND ISLAND NE 68802-1928

00189

AA0545

100896007202300 0 00000017778 0



1st St, PO Box 1968
NE 68802 (308) 385-5480
Make online payments:
www.grand-island.com/utility/billpay
Phone payments: (855) 748-6038

Date: December 31, 2018 10:24 am
Receipt #: 308,344
User ID: JODIH

Customer-Account #: 1008960-07202300

JOSE GARCIA
104 WASHTON AVE

AMOUNT PAID 58.52
Credit Card 58.52
Change 0.00
Remaining Balance 0.00

Thank you for your payment!



100 E 1st St, PO Box 1968
Grand Island NE 68802 (308) 385-5480
To make online payments:
www.grand-island.com/utility/billpay
Phone payments: (855) 748-6038

Date: December 31, 2018 11:36 am
Receipt #: 308,344
User ID: JODIH

Customer-Account #: 1008960-07202300

JOSE GARCIA
104 WASHTON AVE

AMOUNT PAID 121.40
Credit Card 121.40
Change 0.00
Remaining Balance 0.00

Thank you for your payment!



100 E 1st St, PO Box 1968
Grand Island NE 68802 (308) 385-5480
To make online payments:
www.grand-island.com/utility/billpay
Phone payments: (855) 748-6038

Date: December 31, 2018 11:37 am
Receipt #: 308,345
User ID: JODIH

Customer-Account #: 1008959-07202200

JOSE GARCIA
420 S PINE ST

AMOUNT PAID 128.29
Credit Card 128.29
Change 0.00
Remaining Balance 0.00

Thank you for your payment!



100 E 1st St, PO Box 1968
Grand Island NE 68802 (308) 385-5480
To make online payments:
grand-island.com/utilitybillpay
(855) 748-6038

September 11, 2018 3:22 pm

33,556

RIANBR

Account #: 1008960-07202300

OWN AVE

129.41

129.41

0.00

0.00

Thank you for your payment!

NORTHWESTERN ENERGY

Receipt # - CKGR1/0001200
12/31/2018 11:01 am

LEON YANEZ, ZOILA
1427 AVENUE C LOT 9
CHEYENNE WY 820073232

Account # 3601689-7

UTILITY PAYMENT

| | |
|--------------|----------|
| Previous Bal | \$164.11 |
| GAS | \$162.11 |
| LPC BASE | \$2.00 |
| Pmt Total | \$164.11 |
| New Balance | \$0.00 |

| | |
|--------------|----------|
| Pmt Method | |
| CHECK | \$164.11 |
| Tendered Amt | \$164.11 |
| Pmt Amt | \$164.11 |
| Change | \$0.00 |

Thank you for your payment.



100 E 1st St, PO Box 1968
Grand Island NE 68802 (308) 385-5480
To make online payments:
grand-island.com/utilitybillpay
(855) 748-6038

September 4, 2018 12:18 pm

apt #: 281,456

User ID: RHONDAH

Customer-Account #: 1008959-07202200

JOSE GARCIA

420 S PINE ST

AMOUNT PAID 109.25

Credit Card 109.25

Change 0.00

Remaining Balance 0.00

Thank you for your payment!

662

00192

CITY OF
GRAND ISLAND

100 E 1st St. PO Box 1968
Grand Island NE 68802 (304) 385-6480
To make online payments
Visit grandisland.com/utilitybillpay
Residents: (855) 748-6038

018 11:48 am

Account # 960-07202300

AMOUNT PAID 50.00

Customer Account # 172399-0791-000
ZOLA LEON
621 DIVISION AVE

AMOUNT PAID 127.00

Credit Card 10.55

Change 0.00

Remaining Balance 0.00

Thank you for your payment!

CITY OF
GRAND ISLAND

100 E 1st St. PO Box 1968
Grand Island NE 68802 (304) 385-6480
To make online payments
Visit grandisland.com/utilitybillpay
Residents: (855) 748-6038

Date February 5 2019 2:37 pm

Receipt # 116935
User ID BRIANBR

Customer Account # 1008959-07202200

JOSE GARCIA
420 S PINE ST

AMOUNT PAID 50.00

Customer Account # 1708960-07202300
JOSE GARCIA
104 WASHINGTON AVE

AMOUNT PAID 131.05

Credit Card 181.14

Change 0.00

Remaining Balance 0.00

Thank you for your payment!

AA0048

Exhibit "9"

04/18
 FIVE
 TWO THOUSAND
 Medidor uno por tres
 3000-1000 = 2000 JAVENTIA
 NOT NEGOTIABLE

| | |
|----------|-------|
| THIS PAY | 2,000 |
| BALANCE | |
| OTHER | |
| BALANCE | |
| FORWARD | |

Medidor fue 5,000

12/10/10
12/10/10

Julian Medina
Five hundreded fifty

Contrucion 104

| |
|--------|
| 550.00 |
| |
| |
| |
| |



For added security, your name and account number do not appear on this copy.

NOT NEGOTIABLE

9-12-83
Nelson Hernandez
one Thousand Five Hundred

| |
|------|
| 1500 |
| |
| |
| |
| |

Contrucción 420
-4500-1500-3000-



For added security, pay terms and amount must be on the back of this check.

NOT NEGOTIABLE

Todo fue 4500

☒ Track your expenses

☐ Clothing

☐ Food

☐ Transportation

☐ TAX DEDUCTIBLE ITEM

☐ Credit Card

☐ Utilities

☐ Mortgage

☐ Entertainment

☐ Insurance

☐ Other

194

Mirian Castillo
two hundre

6 11 18

BALANCE
FORWARD

THIS ITEM

BALANCE

DEPOSIT

OTHER

BALANCE
FORWARD

200.00

Gama llavin basura lim

For added security, your name and account number do not appear on this copy.

NOT NEGOTIABLE

☒ Track your expenses

☐ Clothing

☐ Credit Card

☐ Entertainment

☐ Food

☐ Utilities

☐ Insurance

☐ Transportation

☐ Mortgage

☐ Other: _____

☐ TAX DEDUCTIBLE ITEM

193

6 11 18

North Western

for husband sports car

Pago de

104 Ashton Gas.

| | |
|-----------------|--------|
| BALANCE FORWARD | |
| THIS ITEM | 545.79 |
| BALANCE | |
| DEPOSIT | |
| OTHER | |
| BALANCE FORWARD | |

NOT NEGOTIABLE

For added security, your name and account number do not appear on this copy.

Pago de luz casa 104

545.79

Track your expenses... ☐ Cash ☐ Food ☐ Transportation ☐ Credit Card ☐ Utilities ☐ Mortgage ☐ Entertainment ☐ Insurance ☐ Other

180

5/1/12

Axel y Alvarez Gonzalez

Four Thousand Dollars and 00/100

Maribel Prestamo

| | |
|-----------------|-------|
| BALANCE FORWARD | |
| CURRENT BALANCE | 4.000 |
| DEPOSIT | |
| OTHER | |
| BALANCE FORWARD | |

NOT NEGOTIABLE

For added security, your name and account number do not appear on this copy.

Dinero q' Pedi Prestado Para
Pagar deudas. 4.000

Pago de Pintura
de la casa 420



RECIBO/RECEIPT

Thank you for using

TRACKING NUMBER (MTCN)/
NO. DE CONTROL DEL ENVIO
340-484-4108

For additional services, please call 1-800-333-3333 or visit our website at www.westernunion.com.

Only valid for use in the United States.
Total Funds/Total Dinero: \$400.00

WALUWAY # 000
700-000-0000

Money Transfer/Envío de Dinero
DETAIL

Sender/Remitente

Sender/Remitente

700-000-0000

104 WASHINGTON ST, NEW YORK, NY 10001

USA

700-000-0000

Receiver/Receptor

Expected Payment/Expectación

Localidad de Pago Esperado

NY, United States

Service Type/Tipo de Servicio

MOBILE 7 MINUTES

Transfer Amount/

Cantidad de Dinero

400.00 USD

↔ 400

Transfer Fee/

Cargos de Transferencia

0.00 USD

Additional Fees/

Cargos Adicionales

0.00 USD

Transfer Taxes/

Impuestos de Envío

0.00 USD

AA0557

00200

for inequalities of conditions in the life of people, and
for their conditions of contemplation and of social activity.

FOR CUSTOMER SERVICE, PLEASE CALL
1-800-225-0000. AREA CODES 916 AND 917
CUT THE CLAM AT 1-800-225-0000

By signing this receipt, you agree that you have reviewed the information and to the best of your knowledge the information is accurate. You further acknowledge that you have received a copy of the Affidavit of Denial and warning and are not sending for any of the records listed. You further acknowledge that you have received a copy of the Police & Coroner's and that you agree to these Terms & Conditions.

Al firmar este protocolo usted afirma que ha leído la información contenida en la sección de arriba y que la información contenida en esta sección afirma haber recibido una copia de la Autocertificación de Empleo de Wabtec Union y que no está utilizando para ninguna de las razones de arriba. Usted declara que su resultado una copia de los Formos y Comisiones y que usted está de acuerdo con estas Formas y Comisiones.

Spent - Approximate number of cigarettes

YOUNG, J. R. 1983. *Field guide to the birds of the United States*. 4th ed. 450 pp. Houghton Mifflin, Boston, Massachusetts.

IN ADDITION TO THE TRANSFER FEE, WESTERN UNION ALSO MAKES MONEY WHEN IT CHANGES YOUR DOLLARS INTO FOREIGN CURRENCY. PLEASE SEE REVERSE SIDE FOR MORE INFORMATION REGARDING CURRENCY EXCHANGE IF THE EXCHANGE RATE FOR YOUR TRANSACTION WAS DETERMINED AT THE TIME YOU SENT THE MONEY, THE CURRENCY TO BE PAID OUT AND THE EXCHANGE RATE ARE LISTED ON YOUR RECEIPT. OTHERWISE, THE EXCHANGE RATE WILL BE SET WHEN THE RECEIVER RECEIVES THE FUNDS.

ADEMAS DE LOS CARGOS POR EL SERVICIO DE TRANSFERENCIA, WESTERN UNION TAMBIEN GANA DINERO CUANDO CAMBIA SUS DOLARES A MONEDA EXTRANJERA POR FAVOR LEA AL REVERSO MAS INFORMACION SOBRE EL CAMBIO DE MONEDA SI EL TIPO DE CAMBIO PARA SU TRANSACCION FUE FIJADO EN EL MOMENTO EN EL QUE ENVIO EL DINERO, LA MONEDA EN LA QUE SE HARÁ EL PAGO Y EL TIPO DE CAMBIO SE INDICAN EN EL RECIBO DE LO CONTRARIO, EL TIPO DE CAMBIO SE PLAZA CUANDO EL DESTINATARIO RECIBA LOS FONDOS

By using your My WU number, you agree to the My WU T&Cs at www.comcastmycast.com/terms without limitation. My WU, used only acceptably. My WU T&C on www.comcastmycast.com/terms

[illegible]

00201

AA0558

Branch #0009033 23 Deposit

Account Number XXXXXX0417
CHK 00003
Cash In \$500.00
Total Deposit \$500.00

Deposit Availability
The full amount of your deposit is
included in your available balance.

Transaction # 050 0065
02:35PM 12/18/19
Deposit Credit Date: 12/18/19

Thank you, CINDY

Wells Fargo Bank
Transaction Receipt

Branch #0009033 3 Deposit

Account Number XXXXXX0417
CHK 00003
Cash In \$900.00
Loose Currency \$100
Sub total \$900.00
Total Deposit \$900.00

Deposit Availability
The full amount of your deposit is
included in your available balance.

Transaction # 101 0130
03:25PM 11/02/18
Deposit Credit Date: 11/02/18

Thank you for your business.

Enjoy the convenience of

scheduling appointments online at

weisfargo.com/appointments

Wells Fargo Bank
Transaction Receipt

Branch #0009033 23 Deposit

Account Number XXXXXX0994
CHK 00287
Number of Checks 1
Check Listing

Total Checks Amount \$500.00
Total Deposit \$500.00

Deposit Availability
The full amount of your deposit is
included in your available balance.

Transaction # 052 0067
02:37PM 12/18/19
Deposit Credit Date: 12/18/19

Thank you, CINDY

Pago de Contos 2020

igo Contruccion

Wells Fargo Bank
Transaction Receipt

Branch #0009033 23

Bank Check

Wells Fargo Bank
Transaction Receipt

Total Amount of Checks
TOTAL

\$8,045.00
\$8,045.00

Branch #0009033 03

Balance Inquiry

Transaction # 048 0063
03:33PM 12/18/19

Account Number
XXXX-XX0417
003

Transaction # 999 0131
03:25PM 11/02/18

Current Balance \$6,868.00
Available Balance \$6,868.00

Thank you for your business.

Enjoy the convenience of

scheduling appointments online at

wellsfargo.com/appointments

Thank you, CINDY

Wells Fargo Bank
Transaction Receipt

Pago Prestamo de
la casa 420 Pine Ne.

Wells Fargo Bank
Transaction Receipt

Los Pague con mis
Taxes

Branch #0009033 20

Deposit

Account Number

XXXXXXXX7181

SAV 00287

Number of Checks

Check Listings

\$4,000.00

Total Checks Amount

\$4,000.00

Total Deposit

\$4,000.00

Deposit Availability

\$2,500.00 of your deposit is
included in your available balance.

\$1,500.00 will be available on
Tuesday, 04/30/19

Transaction # 009 0018

09:33AM 04/27/19

Deposit Credit Date: 04/29/19

Thank you for your business.

Enjoy the convenience of

scheduling appointments online at

wellsfargo.com/appointments

4,000

Thank you, TAYLOR

Exhibit "10"

BANK OF AMERICA

P.O. BOX 15204
WILMINGTON, DE 19850

Statement Enclosed

SS N 948 521 1 17667 #001 AV 0.398

ZOILA O LEON YANEZ
3401 N WALNUT RD SPC 359
LAS VEGAS NV 89115-0440

Información sobre la Cuenta:
www.bankofamerica.com
1.800.421.2110
Envíe por correo las consultas
de facturación a:
Bank of America
P.O. Box 982234
El Paso TX 79998-2234
Envíe los pagos por correo a:
Bank of America
P.O. Box 851001
Dallas TX 75285-1001

1 de marzo - 28 de marzo de 2021
Número de cuenta 5524 3348 5518 8503

Resumen de la Cuenta

| | |
|---|--------------------|
| Saldo Anterior | \$19,519.45 |
| Pagos y Otros Créditos | -\$200.00 |
| Compras y Ajustes | \$0.00 |
| Cargos Cobrados | \$0.00 |
| Intereses Cobrados | \$0.00 |
| Nuevo Saldo Total | \$19,319.45 |
| Línea de Crédito Total | \$19,900.00 |
| Crédito Total Disponible | \$580.55 |
| Línea de Crédito para Dinero en Efectivo | \$2,000.00 |
| Porción del Crédito Disponible para adelantos de dinero en efectivo | \$580.55 |
| Fecha de Cierre del Estado de Cuenta | 03/28/2021 |
| Días del Ciclo de Facturación | 28 |

Información de Pago

| | |
|-----------------------------------|-----------------|
| Nuevo Saldo Total | \$19,319.45 |
| Pago Actual Adeudado | \$193.00 |
| Pago Mínimo Total Adeudado | \$193.00 |
| Fecha de Vencimiento de Pago | 04/25/2021 |

Advertencia sobre Pagos Atrasados: Si no recibimos su Pago Mínimo Total a más tardar en la fecha que se indica arriba, posiblemente usted deba pagar un cargo por pago atrasado de hasta \$40.00.

Advertencia sobre Pago Mínimo Total: Si realiza el Pago Mínimo Total cada período, tendrá que pagar más en intereses y le llevará más tiempo para pagar su saldo. Por ejemplo:

| Si usted no hace cargos adicionales con esta tarjeta y cada mes usted paga | Usted cancelará el saldo que se demuestra en este estado de cuenta en aproximadamente | Y usted terminará haciendo un pago total estimado de |
|--|---|--|
| Únicamente el Pago Mínimo Total | 28 años | \$50,380.00 |
| \$684.00 | 36 meses | \$24,624.00 (Ahorros = \$25,756.00) |

Si desea información acerca de Servicios de Asesoría en Crédito llame al 866.300.5238.

28 0193194500019300000200000005524334855188503

BANK OF AMERICA
P.O. BOX 851001
DALLAS TX 75285-1001



ZOILA O LEON YANEZ
3401 N WALNUT RD SPC 359
LAS VEGAS NV 89115-0440

Número de Cuenta: 5524 3348 5518 8503

| | |
|------------------------------|-------------|
| Nuevo Saldo Total | \$19,319.45 |
| Pago Mínimo Total Adeudado | \$193.00 |
| Fecha de Vencimiento de Pago | 04/25/2021 |

Ingrese la cantidad de pago \$

Para cambio de domicilio/número de teléfono, vea al reverso.
Efectúe su pago en línea en www.bankofamerica.com o

Envíe por correo este cupón junto con su cheque pagadero a: Bank of America

00204

524022258A05620114855188503



Transacciones

| Fecha de la Transacción | Fecha de Registro | Descripción | Número de Referencia | Número de Cuenta | Cantidad | Total |
|--|-------------------|---|----------------------|------------------|----------|------------------|
| Pagos y Otros Créditos | | | | | | |
| 03/08 | 03/08 | Ext Inim Pymt Transfer | 0358 | 8503 | -200.00 | |
| | | | | | | -\$200.00 |
| Cargos por Intereses | | | | | | |
| 03/28 | 03/28 | INTERÉS CARGADO POR COMPRAS | | | 0.00 | |
| 03/28 | 03/28 | INTERÉS CARGADO TRANSFERENCIAS DE SALDO | | | 0.00 | |
| 03/28 | 03/28 | INTERÉS CARGADO DEP DIR&CHQ ADLNT EFCTV | | | 0.00 | |
| 03/28 | 03/28 | INTERÉS CARGADO ADLNT EFCTVO DE BANCO | | | 0.00 | |
| TOTAL DE CARGOS PARA ESTE PERIODO | | | | | | \$0.00 |

| Intereses 2021 - saldo que queda a fin | |
|--|----------|
| Total de cargos cobrados en el 2021 | \$574.35 |
| Total de Intereses cobrados en el 2021 | \$0.00 |

Cálculo del Cargo por Intereses

Su Tasa de Porcentaje Anual (APR) es la tasa de interés anual en su cuenta.

| Tipo de Saldo | Tasa de Porcentaje Anual | Tipo de Transacción Promocional | Identificación de Oferta Promocional | Fecha de Finalización de la Tasa Promocional | Saldo Sujeto a las Tasas de Interés | Cargos por Intereses por Tipo de Transacción |
|--|--------------------------|---------------------------------|--------------------------------------|--|-------------------------------------|--|
| Compras | 21.99%V | | | | \$ 0.00 | \$ 0.00 |
| Transferencias de Saldo | 21.99%V | | | | \$ 0.00 | \$ 0.00 |
| APR Promocional | 0.00% | BT | LW34-40833 | 12/28/2021 | \$ 19,369.45 | \$ 0.00 |
| Dep Dcto Adlnto Din Efectvo y Cheques Adlnto Din Efectvo | 24.99%V | | | | \$ 0.00 | \$ 0.00 |
| Adelantos de Dinero en Efectivo del Banco | 27.24%V | | | | \$ 0.00 | \$ 0.00 |

Definición Tipo de APR: Tipo de Transacciones Promocionales: BT = Transferencia de Saldo; V = La tasa interés puede variar; Tipo de APR: APR Promocional (Tiempo limitado en el APR en transacciones específicas)

Bank of America

CASH REWARDS
World Mastercard®

Bank of America

Prestamo Areglo 420 ne.

SS 0219 N 336 615 1 22440 #001 AB 0.412

ZOILA O LEON YANEZ
1427 AVENUE C LOT 9
CHEYENNE WY 82007-3232



Customer Service Information:

www.bankofamerica.com

1.800.421.2110

TTY: 1.800.346.3178

Mail billing inquiries to:

Bank of America

P.O. Box 982234

El Paso TX 79998-2234

Mail payment to:

Bank of America

P.O. Box 851001

Dallas TX 75285-1001



January 15 - February 14, 2019

Account# 5524 3375 4643 2909

Account Summary

Previous Balance \$11,177.88
Payments and Other Credits -\$200.00
Purchases and Adjustments \$339.28
Fees Charged \$0.00
Interest Charged \$0.00

New Balance Total \$11,317.16
Total Credit Line \$17,000.00
Total Credit Available \$5,682.84
Cash Credit Line \$5,100.00
Portion of Credit Available for Cash \$5,100.00
Statement Closing Date 02/14/2019
Days in Billing Cycle 31

Payment Information

New Balance Total \$11,317.16
Current Payment Due \$113.00

Total Minimum Payment Due \$113.00
Payment Due Date 03/11/2019

Late Payment Warning: If we do not receive your Total Minimum Payment by the date listed above, you may have to pay a late fee of up to \$38.00 and your APRs may be increased up to the Penalty APR of 29.99%.
Total Minimum Payment Warning: If you make only the Total Minimum Payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

| If you make no additional charges using this card and each month you pay | You will payoff the balance shown on this statement in about | And you will end up paying an estimated total of |
|--|--|--|
| Only the Total Minimum Payment | 26 years | \$27,103.00 |
| \$387.00 | 36 months | \$13,932.00 (Savings = \$13,171.00) |

If you would like information about credit counseling services, call 866.300.5238.

14 011317160001130000020000005524337546432909

BANK OF AMERICA
P.O. BOX 851001
DALLAS TX 75285-1001



ZOILA O LEON YANEZ
1427 AVENUE C LOT 9
CHEYENNE WY 82007-3232

Account Number: 5524 3375 4643 2909

New Balance Total \$11,317.16
Total Minimum Payment Due \$113.00
Payment Due Date 03/11/2019

Enter payment amount \$

For change of address/phone number, see reverse side.
Make your payment online at www.bankofamerica.com or

Mail this coupon along with your check payable to: Bank of America

00206

5524022250117546432909

Bank of America

TRAVEL REWARDS
Visa Signature®

SS 0128 N 442 511 1 29234 #001 AB 0.408

ZOILA O LEON YANEZ
1427 AVENUE C LOT 9
CHEYENNE WY 82007-3232



Bank of America



Información sobre la Cuenta:

www.bankofamerica.com
1.800.421.2110
TTY: 1.800.346.3178

Envíe por correo las consultas de facturación a:

Bank of America
P.O. Box 982234
El Paso TX 79998-2234

Envíe los pagos por correo a:

Bank of America
P.O. Box 851001
Dallas TX 75285-1001



25 de diciembre - 24 de enero de 2019
Número de cuenta 4400 6694 2694 2512

Resumen de la Cuenta

| | |
|--|----------------|
| Saldo Anterior | \$3,819.93 |
| Pagos y Otros Créditos | -\$274.63 |
| Compras y Ajustes | \$0.00 |
| Depósitos Directos de Adelanto de Dinero en Efectivo y Cheques de Adelanto de Dinero en Efectivo | \$3,000.00 |
| Cargos Cobrados | \$90.00 |
| Intereses Cobrados | \$0.00 |

Nuevo Saldo Total \$6,635.30

Línea de Crédito Total \$10,000.00

Crédito Total Disponible \$3,364.70

Línea de Crédito para Dinero en Efectivo \$3,000.00

Porción del Crédito Disponible para a Adelantos de Dinero en Efectivo \$3,000.00

Fecha de Cierre del Estado de Cuenta 01/24/2019

Días del Ciclo de Facturación 31

Información de Pago

| | |
|----------------------|------------|
| Nuevo Saldo Total | \$6,635.30 |
| Pago Actual Adeudado | \$66.00 |

| | |
|------------------------------|------------|
| Pago Mínimo Total Adeudado | \$66.00 |
| Fecha de Vencimiento de Pago | 02/21/2019 |

Advertencia sobre Pagos Atrasados: Si no recibimos su Pago Mínimo Total a más tardar en la fecha que se indica arriba, posiblemente usted deba pagar un cargo por pago atrasado de hasta **\$38.00** y sus APR podrán incrementarse hasta alcanzar el APR de Penalización del **29.99%**.

Advertencia sobre Pago Mínimo Total: Si realiza el Pago Mínimo Total cada período, tendrá que pagar más en intereses y le llevará más tiempo para pagar su saldo. Por ejemplo:

| Si usted no hace cargos adicionales con esta tarjeta y cada mes usted paga | Usted cancelará el saldo que se demuestra en este estado de cuenta en aproximadamente | Y usted terminará haciendo un pago total estimado de |
|--|---|--|
| Únicamente el Pago Mínimo Total | 23 años | \$18,927.00 |
| \$243.00 | 36 meses | \$8,748.00 (Ahorros = \$10,179.00) |

Si desea información acerca de Servicios de Asesoría en Crédito llame al 866.300.5238.

24 0066353000006600000274630004400669426942512

BANK OF AMERICA
P.O. BOX 851001
DALLAS TX 75285-1001



ZOILA O LEON YANEZ
1427 AVENUE C LOT 9
CHEYENNE WY 82007-3232

Número de Cuenta: 4400 6694 2694 2512

| | |
|------------------------------|------------|
| Nuevo Saldo Total | \$6,635.30 |
| Pago Mínimo Total Adeudado | \$66.00 |
| Fecha de Vencimiento de Pago | 02/21/2019 |

Ingrese la cantidad de pago \$

Para cambio de domicilio/número de teléfono, vea al reverso.
Efectúe su pago en línea en www.bankofamerica.com o

Envíe por correo este cupón junto con su cheque pagadero a: Bank of America

00207

5240222501 19629426942512

AA0565

Exhibit "1 1"

Citi Simplicity® Card



ZOILA L YANEZ

Member Since 2019 Account number ending in: 1056

Billing Period: 04/15/21-05/14/21



www.citicards.com

Customer Service 1-866-696-5673

TTY-hearing-impaired services only 1-800-325-2865

BOX 6500 SIOUX FALLS, SD 57117

MAY STATEMENT

Minimum payment due: **\$178.57**
 New balance as of 05/14/21: **\$9,128.45**
 Payment due date: **06/10/21**

See the back of this statement for Important Information about how to avoid paying interest on purchases.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

| If you make no additional charges using this card and each month you pay... | You will pay off the balance shown on this statement in about... | And you will end up paying an estimated total of... |
|---|--|---|
| Only the minimum payment | 25 year(s) | \$22,178 |
| \$326 | 3 year(s) | \$11,736 (Savings=\$10,442) |

For information about credit counseling services, call 1-877-337-8187.

Account Summary

Previous balance \$9,425.88
 Payments -\$500.00
 Credits -\$10.00
 Purchases +\$125.00
 Cash advances +\$0.00
 Fees +\$0.00
 Interest +\$87.57
New balance \$9,128.45

Credit Limit

Credit limit \$9,900
 Includes \$3,000 cash advance limit
 Available credit \$771
 Includes \$771 available for cash advances

Make sure we have your most up-to-date income and housing information

Help us evaluate your account for future credit limit increases by providing or confirming your most recent income and housing information.

Securely log in to your account at citi.com/updateincome, or call us toll-free at 1-855-209-8556 (TTY 1-800-325-2865 for hearing- and speech-impaired services only).

FGEN004918

For Payments, send check to: CITI CARDS, PO BOX 78045, Phoenix, AZ, 85062-8045

Savings Spotlight

Your Citi Simplicity Lifetime Savings:

\$1,681.56

See page 3 to view your Savings Summary.



P.O. Box 6004
 Sioux Falls, SD 57117-6004

Your Monthly Statement
 is Enclosed

Pay your bill from virtually anywhere with the Citi Mobile® App and Citi® Online



To download:
 Text 'App15' to MyCiti (692484)
 or go to your device's app store.
 Or visit www.citicards.com

Minimum payment due **\$178.57**
 New balance **\$9,128.45**
 Payment due date **06/10/21**
 Amount Enclosed: \$

Account number ending in 1056

Please make check payable to CITI CARDS.

00015961 1 24801085 DTF 00015961



ZOILA L YANEZ
 3401 N WALNUT RD
 LOT 359
 LAS VEGAS NV 89115-0440

CITI CARDS
 PO BOX 78045
 Phoenix, AZ 85062-8045



00208

15009 0017857 0912845 0090000 05424181406971056 1014

109501

01189412
 LOB 101 R105



Account Summary

| Trans. date | Post date | Description | Amount |
|---|--------------|-----------------------------------|-----------|
| Payments, Credits and Adjustments | | | |
| | 05/05 | PAYMENT THANK YOU | -\$500.00 |
| | 05/14 | Threshold Spend Bonus - Apr | -\$10.00 |
| Standard Purchases | | | |
| 04/24 | 04/24 | METROPCS AUTO PAY 888-863-8768 WA | \$125.00 |
| Fees charged | | | |
| Total fees charged in this billing period | | | \$0.00 |

Interest charged

| Date | Description | Amount |
|---|------------------------------------|---------|
| 05/14 | INTEREST CHARGED TO STANDARD PURCH | \$87.57 |
| Total interest charged in this billing period | | \$87.57 |

2021 totals year-to-date

| | |
|--------------------------------|----------|
| Total fees charged in 2021 | \$0.00 |
| Total interest charged in 2021 | \$346.67 |

Interest charge calculation

Days in billing cycle: 30

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

| Balance type | Annual percentage rate (APR) | Balance subject to interest rate | Interest charge |
|--|------------------------------|----------------------------------|-----------------|
| PURCHASES | | | |
| Standard Purch | 18.74% (V) | \$5,685.66 (D) | \$87.57 |
| BalTrnOffer 4 | 0.00% | \$3,703.76 (D) | \$0.00 |
| (Balance Transfer Rate Expires 09/09/21) | | | |
| ADVANCES | | | |
| Standard Adv | 18.74% (V) | \$0.00 (D) | \$0.00 |

Your Annual Percentage Rate (APR) is the annual interest rate on your account. APRs followed by (V) may vary. Balances followed by (D) are determined by the daily balance method (including current transactions).

Account messages**SAVINGS SPOTLIGHT DETAILS**

INTEREST: If you have promotional balances on your account, we have estimated your savings. This savings is the difference between the interest that was assessed against the promotional balances using the promotional APRs and the estimated interest that would have been assessed against these same balances using the Enhanced Purchase APRs. This savings amount does not include any balance transfer fees. This savings is from your billing period covered by this statement.

NO LATE FEE: Savings on late fee is determined by reviewing your payments and calculating what your late fee would have been on your card without this benefit. If you paid late prior to May 2014, savings on late fee is determined by using a \$15 late fee (if your minimum payment due was less than \$15, we used that amount as the savings amount). This savings is from your billing period covered by this statement.

CITI EASY DEALS: If you made a purchase on Citi Easy Deals, your savings is the difference between the retail price and the price you paid. This savings is from the prior calendar month.



Savings Spotlight

Your Citi Simplicity® Savings Summary

From This Billing Period:

☒ Interest: \$57.05


CITI SIMPLICITY® EASY DEALS SAVINGS:
\$1,681.56

See Account Messages
for more information about
Savings Spotlight

Citi Easy Deals®

To find out your current tier:
Visit citieasydeals.com or call the
number provided above.

Deals you can access, by tier:

Base Tier

- Minimum Annual Purchases: \$0.00
- Coupons for local dining and shopping

Enhanced Tier

- Minimum Annual Purchases: \$100
- Base tier benefit
- Plus deals on gift cards and magazines

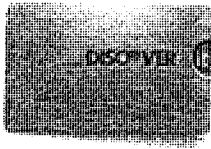
Plus Tier

- Minimum Annual Purchases: \$500
- Base and Enhanced tier benefits
- Plus deals on merchandise, travel and daily deals

» For complete details, go to
citieasydeals.com



Exhibit "12"



DISCOVER IT® CARD ENDING IN 4486
CARDMEMBER SINCE 2019



DISCOVER

Account Summary

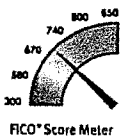
11/27/2020 - 12/26/2020

Previous Balance \$9,945.33
Payments and Credits -\$200.00
Purchases +\$179.58
Balance Transfers +\$0.00
Cash Advances +\$0.00
Fees Charged +\$0.00
Interest Charged +\$98.05

New Balance: \$10,022.96

See Interest Charge Calculation section following the Fees and Interest Charged section for detailed APR information

Credit Line \$11,300
Credit Line Available \$1,277
Cash Advance Credit Line \$5,000
Cash Advance Credit Line Available \$1,277



FICO® Score 8 based on TransUnion® data:

696

Good

AS OF 12/20/20

Updated Monthly

See Key Factors that help explain your score at Discover.com or visit our mobile app



3 great reasons to go paperless...

1. Access past statements any time.
2. Get statements faster than by mail.
3. Join millions to cut clutter & waste.

Go paperless today at Discover.com/gogreen

Payment Information

New Balance \$10,022.96 Minimum Payment \$201.00 Payment Due Date 01/21/2021

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$40.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take longer to pay off your balance. For example:

| If you make no additional charges using this card and each month you pay... | You will pay off the balance shown on this statement in about... | And you will end up paying an estimated total of... |
|---|--|---|
| Only the minimum payment | 20 years | \$18,959 |
| \$333 | 3 years | \$11,983 (Savings= \$6,976) |

If you would like information about credit counseling services, call us at 1-800-347-1121.



Get a card design you love

Whether you like gardening, traveling or listening to music, show off what you love with a new card design.

Discover.com/designs

Payment Coupon

Detach at perforation above and return with check payable to Discover. Do not fold, clip, staple or send cash.



000064355 01 AB 0.416 T3 26 SDS5RA03 151

ZOILA LEON

3401 N WALNUT RD SPC 359
LAS VEGAS NV 89115-0440



Notice: See reverse side for important information

ACCOUNT NUMBER ENDING IN 4486

New Balance \$10,022.96
Minimum Payment Due \$201.00
Payment Due Date 01/21/2021

Amount Enclosed

\$

For a faster, easier way to pay...



Discover.com 1-800-347-2683

See reverse for payment cut off times.

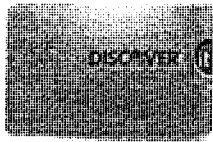
PO BOX 29013
PHOENIX AZ 85038-9013



New address, email or phone? Please update on reverse.

00000198645654474983110022960084905720100

00210



ONLINE
Discover.com or
download our app

PHONE
1-800-347-2683
TDD 1-800-347-7449

PAYMENTS
Discover
PO Box 6103
Carol Stream
IL 60197-6103

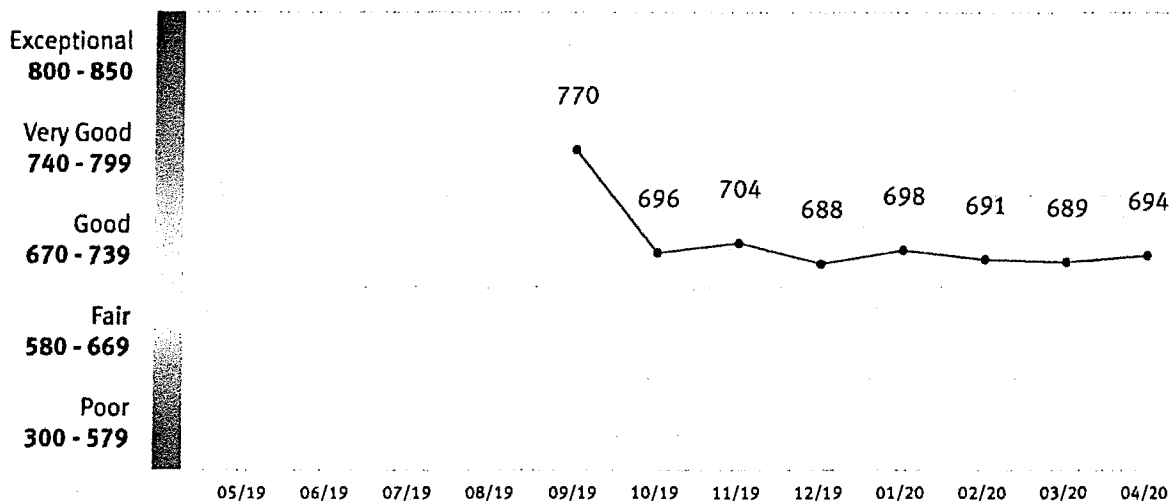
Page 5 of 6
DISCOVER IT® CARD ENDING IN 4486
OPEN TO CLOSE DATE: 03/27/2020 - 04/26/2020

FICO® Credit Score

Zoila, Your FICO® Credit Score is 694 as of 04/20/2020.

Good News! Your FICO® Credit Score indicates to lenders that you are a good borrower.

FICO® Credit Score History



Important Information:

We may not always receive a score for you each month, so there may be months with no scores.

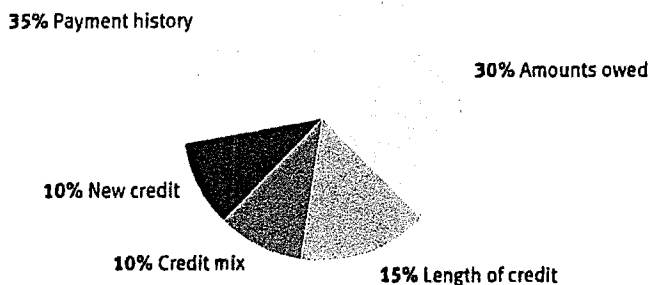
For questions on the availability of your score go to the "Information For You" section of this statement.

As a new cardmember with less than 12 months of account history with Discover, your FICO® Credit Score history may take time to build, and may not start with the first month your account opened.

The FICO® Score 8 based on TransUnion data is the score that Discover uses.

This chart will be shown in every Jan, Apr, Jul and Oct statement when you have up to 12 months of scores. Log In to Discover.com/FICO any time to see key factors that help explain your scores.

FICO® Credit Scores consider the following for the general population



See FICO® Credit Score Terms in the "Information For You" section of this statement.

Exhibit "13"



Payment Information



New Balance: \$2,619.01
 Total Minimum Payment Due: \$78.00
 Payment Due Date: 01/18/2021

Payments must be received by 5pm ET on 01/18/2021 if mailed, or by 11:59pm ET on 01/18/2021 for online and phone payments.

Late Payment Warning: If we do not receive your Total Minimum Payment Due by the Payment Due Date listed above, you may have to pay a late fee up to \$39.00.

To make a payment, please visit us online or mail your payment using the coupon below. Payments are also accepted at your local CheckFreePay® or MoneyGram locations*. * Fees may apply.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

| If you make no additional charges using this card and each month you pay ... | You will pay off the balance shown on this statement in about ... | And you will end up paying an estimated total of ... |
|--|---|--|
| Only the minimum payment | 13 years | \$6,244.00 |
| \$101.00 | 3 years | \$3,645.00 (Savings = \$2,599.00) |

If you would like information about credit counseling services, call 1-877-302-8775.

Account Summary

| | | | |
|-----------------------------------|------------|-------------------------------|----------|
| Previous Balance as of 11/26/2020 | \$2,712.83 | Credit Limit | \$10,000 |
| Payments | - 200.00 | Available Credit | \$7,380 |
| Purchases/Debits | + 55.02 | Cash Advance/Quick Cash Limit | \$2,000 |
| Interest Charges | + 51.16 | Available Cash | \$2,000 |
| New Balance as of 12/25/2020 | \$2,619.01 | | |

30 Day Billing Cycle from 11/26/2020 to 12/25/2020

Here's a jolly idea –
earn cash back this holiday season!

| | | | |
|--|---|---|---|
| Earn cash back on your purchases (in and out of the club) when you use your Sam's Club® Mastercard®. | 5% BACK on gas gas limit \$5,000 per year, then 10% | 3% BACK on dining and travel | 1% BACK on other purchases |
|--|---|---|---|

* Subject to 2007 Agreement. See your "How to Earn Cash Back with your Sam's Club® Mastercard® Rewards Program" terms for details.

6709 0005 HFJ

1

7

23

201225

PAGE 1 of 3

1468 1100 A602 01F56709

Z745

Use blue or black ink,
detach & mail with your
check.

Account Number 5213 3311 5486 8831
 New Balance \$2,619.01
 Total Minimum Payment Due \$78.00
 Payment Due Date 01/18/2021

Amount
Enclosed \$

No other correspondence please.
Print new address or email changes on back.

VIEW AND PAY YOUR BILL ONLINE!
SamsClubCredit.com/login

ZOILA LEON
 3401 N WALNUT RD LOTE 359
 LAS VEGAS NV 89115

Z745
 UPCR



Make SAM'S CLUB MC/SYNCR
 Payment P.O. BOX 960013
 to: ORLANDO, FL 32896-0013



00078000020000 000780000261901 000521333 1154868 83103

AA0573

00212

Exhibit "14"

0006590

11-24

Office AU #

1210(8)

CASHIER'S CHECK

SERIAL #: 0659010337

ACCOUNT#: 4861-511921

Remitter: 20181630011605
Purchaser: ZOILA LEON YANEZ
Purchaser Account: 6250252969
Operator I.D.: u519351 u456728
Funding Source: Paper Items(s)

PAY TO THE ORDER OF ***ZOILA L YANEZ***

June 12, 2018

Six thousand dollars and no cents

***\$6,000.00**

Payee Address:
Memo:

WELLS FARGO BANK, N.A.
920 W 2ND ST
GRAND ISLAND, NE 68801
FOR INQUIRIES CALL (480) 394-3122

NOTICE TO PURCHASER-IF THIS INSTRUMENT IS LOST,
STOLEN OR DESTROYED, YOU MAY REQUEST CANCELLATION
AND REISSUANCE. AS A CONDITION TO CANCELLATION AND
REISSUANCE, WELLS FARGO & COMPANY MAY IMPOSE A
FEE AND REQUIRE AN INDEMNITY AGREEMENT AND BOND.

VOID IF OVER US \$ 6,000.00

NON-NEGOTIABLE

Purchaser Copy

FB004 MW203 60199767

00213

AA0575

WELLS FARGO BANK, N.A.

DESGLOSE DEL MONTO FINANCIADO

Proporcione al Prestatario una copia completa y conserve otra copia completa para el paquete de préstamo.

| Descripción: | Pagado a: | \$ Montos que usted financió |
|--|--|------------------------------|
| Monto de capital de su préstamo | | \$ 6,000.00 |
| Cargo por originar el préstamo (Cargo por financiamiento prepago) | Wells Fargo Bank, N.A. | - \$ 0.00 |
| Monto financiado | | \$ 6,000.00 |
| Monto pagado a Wells Fargo Bank, N.A. | | \$ 0.00 |
| | | |
| | | |
| | | |
| Monto pagado a otros en nombre del prestatario (Wells Fargo puede conservar o recibir una parte de estos montos) | | \$ 0.00 |
| Cargos/impuestos por transferencia de título (si el Banco presenta su documento de título) | Funcionarios públicos | |
| Cargos de presentación del colateral (si el Banco presenta su documento de título) | Funcionarios públicos | |
| Impuesto de timbre fiscal sobre los documentos (Florida solamente) | Funcionarios públicos | |
| | | |
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| | | |
| Monto recibido por el prestatario | <i>Si el prestatario registra el título/presenta por propia cuenta la documentación para el título de su vehículo y la transferencia del título y los cargos y/o impuestos de titulación estaban incorporados al préstamo, estos fondos se incluyen en el monto.</i> | - \$ 6,000.00 |
| Monto restante adeudado | | \$ 0.00 |
| Cargos de presentación del colateral pagados por separado por el prestatario | | \$ 0.00 |

Entiendo y estoy de acuerdo en indicarle a Wells Fargo Bank desembolsar los fondos de mi préstamo como se describe arriba y que estas instrucciones de desembolso no se pueden cambiar una vez que haya firmado este formulario.

REFERENCE: 20181630011605

ACCOUNT: 661-661-4168313-0001

NA-6462S LOAN ITEM AMT SP, CDP.V5 (02/2018)

CUSTOMER COPY
COPIA DEL CLIENTE
Document Processed 06-12-2018 14:29:15

Wells Fargo Bank
Transaction Receipt

Branch #0009033 3

Deposit

Account Number

XXXXXX0417

CHK 00003

Cash In

\$900.00

Loose Currency

\$100

\$900.00

Sub total

\$900.00

Total Deposit

\$900.00

Deposit Availability

The full amount of your deposit is
included in your available balance.

Transaction # 101 0130

03:25PM 11/02/18

Deposit Credit Date: 11/02/18

Thank you for your business.

Enjoy the convenience of

scheduling appointments online at

wellsfargo.com/appointments

Truth-In-Lending Disclosure Statement

| | | | |
|---|---|---|---|
| ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.* | FINANCE CHARGE The dollar amount the credit will cost you.* | Amount Financed The amount of credit provided to you or on your behalf. | Total of Payments The amount you will have paid after you have made all payments as scheduled.* |
| 22.767% | \$4,056.60 | \$6,000.00 | \$10,056.60 |

Your Payment Schedule Will Be:

| Number of Payments | Amount of Payments* | When Payments are Due |
|--------------------|---------------------|-------------------------------------|
| 60 | 167.61 | Monthly beginning 07-05-2018 |

You have the right to receive an itemization of the Amount Financed: ☐ By checking, you request an Itemization

Late Charges: If any payment is not received in full within 10 days of when it becomes due, you will pay a late charge of \$39.

Prepayment Penalty: There is no penalty if you pay off early.

Required Deposit: Your Annual Percentage Rate does not take into account any required deposit.

☒ **Security:** If checked, you grant us a security interest in:

"Collateral"

Additional Information: See the rest of this Agreement for more information about nonpayment, default and any required repayment in full before the scheduled date.

*Asterisk Means Estimate

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3/9

PERSONAL LOAN AGREEMENT ADDITIONAL TERMS AND CONDITIONS

Default.

In this **Default** section, the following subsections will apply to the extent you reside in the state referenced in the subsection header at the time of enforcement:

Idaho, Kansas, Maine, Missouri, Nebraska or South Carolina Residents. You will be in default if: (1) you fail to make a payment when due; or (2) anything else happens that causes us to reasonably believe that the prospect of payment, performance, or realization on the Collateral is significantly impaired.

Iowa Residents. You will be in default if: (1) you fail to make a payment within 10 days after it is due; or (2) you fail to observe or perform any other covenant, breach of which materially impairs the condition, value or protection of our right in the Collateral or materially impairs your prospect to pay amounts due.

Massachusetts Residents. To the extent this loan is secured by a non-possessory security interest in consumer goods, you will be in default if: (1) you fail to make a payment when due; or (2) anything else happens which substantially impairs the value of the Collateral. To the extent this loan is not secured by a non-possessory security interest in consumer goods, default will be governed by the "Other" subsection below.

Wisconsin Residents. You will be in default if: (1) you have an amount outstanding exceeding one full payment which has remained unpaid for more than 10 days after its scheduled or deferred due date, or you fail to pay the first payment or last payment within 40 days of its scheduled or deferred due date; or (2) you fail to observe or perform any other covenant, breach of which materially impairs the condition, value or protection of our right in the Collateral or materially impairs your ability to pay amounts due. For purposes of this section, the amount outstanding shall not include any delinquency or deferral charges and shall be computed by applying each payment first to the installment most delinquent and then to subsequent installments in the order they come due.

Other. To the extent you reside in any other state/jurisdiction, or as otherwise provided above, you will be in default if you fail to comply with any of the terms or conditions of this Agreement or any related security instrument. Unless prohibited by law, you will also be in default: (1) upon your death, bankruptcy, or insolvency; (2) if a bankruptcy petition is filed by or against you; (3) if you fail to make payments on any other loans or violate the terms of any other agreement with us or any of our affiliates; (4) if you made any misrepresentations on your loan application; (5) if you do not keep the required insurance on the Collateral for this loan, or you fail to pay any related taxes on the Collateral when due; (6) if you use the Collateral for this loan for an unlawful purpose or the Collateral is seized, confiscated or levied upon by governmental or other legal process; (7) if the Collateral is lost, destroyed, stolen or damaged beyond repair or taken out of the United States or Canada; or (8) anything else happens that causes us to believe in good faith that the prospect of payment, performance or realization on the Collateral is impaired.

Rights on Default

Upon the occurrence of any event of default, and subject to any legally required notice and opportunity to cure, we shall have the right to declare immediately due and payable all or any indebtedness under this Agreement, together with all other rights, privileges, powers and remedies provided by law. We may waive or delay enforcing any of our rights under this Agreement without losing them. Any waiver of any provision or condition of this Agreement, or any consent or approval of a default hereunder, must be in writing and shall be effective only to the extent set forth in writing.

To the extent allowed by applicable law, while you are in default, we may, without notifying you, take possession of the Collateral wherever it may be found, including your premises. We may dispose of the Collateral in any manner we deem commercially reasonable. Any proceeds of any disposition of the Collateral, or any part thereof, may be applied by us to payment of expenses incurred by us in connection with the disposition of the Collateral, including

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4 / 9

reasonable attorneys' fees, and the balance of such proceeds may be applied to the payment of the indebtedness under this Agreement and in such order of application as we may elect. If such proceeds are not sufficient to pay what you owe, you will still owe us the difference, unless limited by applicable law. If there is a surplus, we will pay the surplus to you, unless we must pay it to someone else, such as a junior lien holder.

Fees and Charges

In addition to other amounts owed under this Agreement, you agree to pay the following non-refundable fees and charges, which will be owed, unless applicable law requires a lower charge or prohibits any charge.

Late Charge. If any scheduled payment is not received in full within 10 days of its due date, you will be assessed a \$39 Late Charge.

Return Payment Fee. A Return Payment Fee of \$39 will be charged if you make a payment with a check, electronic debit or by any other method, which is not honored for any reason.

Loan Origination Fee. An Origination Fee of \$N/A. You understand that the origination fee will be withheld from your loan proceeds and is fully earned when charged.

Collection Costs and Attorneys' Fees. You must pay our collection costs, reasonable attorneys' fees, and other expenses of enforcing our rights under the terms and conditions of this Agreement, subject to applicable law.

Other Charges. If you request other services during the term of this Agreement related to servicing or administering your loan for which we have a scheduled charge, you will pay us the then current fee for such services or request if we agree to perform such services or request.

Sharing Information

You agree that we may provide your name, address, and other identifying information, together with our transactional and experiential information about you and your accounts with us, to credit reporting agencies and others for business purposes consistent with our policies. Please refer to our separate brochure entitled "Wells Fargo Privacy Policy" for more information on our policies regarding use and sharing of information.

Reevaluation of Your Credit Worthiness

We may examine and evaluate your credit worthiness and your ability to honor your obligations under this Agreement at any time. In doing so we may use any source of information legally available to us as a creditor. We may ask you for relevant additional or updated information and you agree to provide us with this information. We may obtain information from a consumer reporting agency or other third party. We may contact your employer to verify income. The above are examples of, not limitations to, the type of information we may obtain and use in making decisions regarding your loan.

Accord and Satisfaction And Irregular Payments

We may accept late payments, partial payments, post-dated checks, or any form of payment containing a restrictive endorsement without losing any of our rights under this Agreement. Our acceptance of checks or money orders labeled "payment in full" or words to that effect will not constitute an accord and satisfaction or a waiver of any rights we have to receive full payment. Please note, if you intend to pay your loan in full with an amount less than the total balance owing on your loan, payment must be sent to Wells Fargo Bank, P.O. Box 93399, Albuquerque, NM 87199-3399 and not to the regular payment address specified on your periodic statement. Please note that such payments will not discharge your full debt.

Change of Name, Address, Phone Number or E-mail Address

You must notify us immediately of any change in your name, residence, mailing address, phone number, including any wireless telephone number(s) at which you agree to be contacted, and, if you provide it to us, your e-mail address. We may rely on the accuracy of the information you provide us with and we may, but are not obligated to, use any source available to us to update and validate this information.

California Residents: We may also obtain information at any time from the California Department of Motor Vehicles. You agree to waive the address confidentiality requirements section of the California Vehicle Code (Section 1808.21).

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5 / 9

NA-6482 Personal Loan Agmt NCVT, CDP.V6 (02/2017)

Document Processed 06-12-2018 14:29:23

Governing Law

This Agreement shall be governed by and interpreted in accordance with federal law and the laws of the State of South Dakota. To the extent this Agreement is construed to be governed by Maryland law, *Md. Code Ann., Commercial Law, § 12-1001 et seq.* shall apply.

Notices

We will notify you of any action taken on your loan or any change in terms or conditions as required by law or this Agreement. When notice is not required by law, we may take any action and exercise any of our rights under this Agreement without notice or demand.

Important Notice to our Customers who Contact us or who we Contact by Phone

All calls may be monitored or recorded.

Important Notice to our Customers Regarding Contacts

You agree, in order for us to service the loan or to collect any amounts you owe, we may from time to time make calls and/or send text messages to you at the telephone number(s) associated with your loan, including wireless telephone numbers that could result in charges to you. The manner in which these calls or text messages are made to you may include, but is not limited to, the use of prerecorded/artificial voice messages and/or an automatic dialing device. You further agree that in order for us to service the loan or to collect any amounts you owe, we may send e-mails to you at any e-mail address you provide to us.

Separation of Unlawful Provisions

If any provision of this Agreement is determined to be unlawful, the rest of the Agreement will stand and the unlawful provision will be deemed amended to conform to law.

Enforcement of Rights

We may waive or delay enforcing any of our rights without losing them. We may waive or delay enforcing any of our rights as to one person without affecting the obligation of any other person. If there are joint borrowers, a default by one of you will be a default by all of you. A court decree for divorce or separation or a non-court mutual agreement does not affect our ability to enforce this Agreement or collect the outstanding amount owing against all jointly liable parties if we were not a party to the decree or agreement.

Dispute Resolution Program: Arbitration Agreement

a. **Binding Arbitration.** You and we (the "Parties") agree, that if a Dispute arises between the Parties, upon demand by either Party, the Dispute will be resolved through the arbitration process as set forth in this section. A "Dispute" is any unresolved disagreement between the Parties. It includes any disagreement relating in any way to this loan or related services, accounts or matters; to your use of any of our banking locations or facilities; or to any means you may use to access our services. It includes claims based on broken promises or contracts, torts, or other wrongful actions. It also includes statutory, common law, and equitable claims. "Disputes" include disagreements about the meaning or application of this Arbitration Agreement. This Arbitration Agreement shall survive the payment of your loan and the termination of the Agreement. **YOU AGREE THAT BY SIGNING THE AGREEMENT, THE PARTIES ARE WAIVING THE RIGHT TO A JURY TRIAL OR A TRIAL BEFORE A JUDGE IN A PUBLIC COURT.** As the sole exception to this Arbitration Agreement, the Parties retain the right to pursue in small claims court any dispute that is within that court's jurisdiction. If either Party fails to submit to binding arbitration following lawful demand, the Party so failing bears all costs and expenses incurred by the other in compelling arbitration.

b. **Arbitration Procedure; Severability.** The Parties may submit a Dispute to binding arbitration at any time, regardless of whether a lawsuit or other proceeding has been previously commenced. **NEITHER PARTY SHALL BE ENTITLED TO JOIN OR CONSOLIDATE DISPUTES BY OR AGAINST OTHERS IN ANY ARBITRATION, OR TO INCLUDE IN ANY ARBITRATION ANY DISPUTE AS A REPRESENTATIVE OR MEMBER OF A CLASS, OR TO ACT IN ANY ARBITRATION IN THE INTEREST OF THE GENERAL PUBLIC OR IN A PRIVATE ATTORNEY GENERAL CAPACITY.** Each arbitration, including the selection of the arbitrator(s) shall be administered by the American Arbitration Association (AAA), or such other administrator as the Parties may mutually agree to (the AAA or such other mutually agreeable administrator to be referred to hereinafter as the "Arbitration Administrator"), according to the Commercial Arbitration Rules and the Supplemental Procedures for Consumer Related Disputes ("AAA Rules"). To the extent that there is any variance between the AAA Rules and this Arbitration Agreement, this Arbitration Agreement shall control. Arbitrators must be members of the state bar

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6 / 8

where the arbitration is held, with expertise in the substantive laws applicable to the subject matter of the dispute. No arbitrator or other party to an arbitration proceeding may disclose the existence, content or results thereof, except for disclosures of information by a Party required in the ordinary course of its business or by applicable law or regulation. The Parties agree that in this relationship: (1) The Parties are participating in transactions involving interstate commerce; and (2) This agreement and any resulting arbitration are governed by the provisions of the Federal Arbitration Act (Title 9 of the United States Code), and, to the extent any provision of that act is inapplicable, unenforceable or invalid, the laws of the state that govern the relationship between the Parties. If any of the provision of this Arbitration Agreement dealing with class action, class arbitration, private attorney general action, other representative action, joinder, or consolidation is found to be illegal or unenforceable, that invalid provision shall not be severable and this entire Arbitration Agreement shall be unenforceable.

c. **Rights Preserved.** This Arbitration Agreement does not prohibit the Parties from exercising any lawful rights or using other available remedies to preserve, foreclose or obtain possession of real or personal property; exercise self-help remedies, including setoff and repossession rights; or obtain provisional or ancillary remedies such as injunctive relief, attachment, garnishment or the appointment of a receiver by a court of competent jurisdiction. All statutes of limitations applicable to any dispute apply to any arbitration between the Parties. The provisions of this Arbitration Agreement shall survive termination, amendment or expiration of this loan relationship or any other relationship between the Parties.

d. **Fees and Expenses of Arbitration.** Arbitration fees shall be determined by the rules or procedures of the Arbitration Administrator, unless limited by applicable law. Please check with the Arbitration Administrator to determine the fees applicable to any arbitration you may file. If the applicable law of the state in which you opened your account limits the amount of fees and expenses to be paid by you, then no allocation of fees and expenses to you shall exceed this limitation. Unless inconsistent with applicable law, each Party shall bear the expense of our own attorney, expert and witness fees, regardless of which Party prevails in the arbitration.

e. **California Residents Only.** In the event that You are a California resident, this Arbitration Agreement applies only to Disputes in which you seek for yourself individually amounts in excess of the jurisdictional limit of Small Claims Court, excluding attorneys' fees and costs.

State Law Notices

Each of the following notices applies only to the residents of the state indicated:

Iowa Residents: IMPORTANT: READ BEFORE SIGNING. THE TERMS OF THIS AGREEMENT SHOULD BE READ CAREFULLY BECAUSE ONLY THOSE TERMS IN WRITING ARE ENFORCEABLE. NO OTHER TERMS OR ORAL PROMISES NOT CONTAINED IN THIS WRITTEN CONTRACT MAY BE LEGALLY ENFORCED. YOU MAY CHANGE THE TERMS OF THIS AGREEMENT ONLY BY ANOTHER WRITTEN AGREEMENT.

Missouri Residents: Oral agreements or commitments to loan money, extend credit or to forbear from enforcing repayment of a debt including promises to extend or renew such debt are not enforceable. To protect you (borrower(s)) and us (creditor) from misunderstanding or disappointment, any agreements we reach covering such matters are contained in this writing, which is the complete and exclusive statement of the agreements between us, except as we may later agree in writing to modify it.

Rhode Island Residents: NONNEGOTIABLE CONSUMER NOTE

Texas Residents: This written loan agreement represents the final agreement between you and us and may not be contradicted by evidence of previous, current or future oral agreements. There are no unwritten oral agreements between you and us.

NOTICE TO CONSUMER: UNDER TEXAS LAW, IF YOU CONSENT TO THIS AGREEMENT, YOU MAY BE SUBJECT TO A RATE AS HIGH AS 27.740 PERCENT PER YEAR.

If you are in default, we may require you to repay the entire unpaid principal balance, and any accrued interest at once. We don't have to give you notice that we are demanding, or intend to demand, immediate payment of all that you owe.

Utah Residents: This written Agreement represents the final agreement between you and us and may not be contradicted by evidence of any alleged oral agreement.

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7 / 9

Married Wisconsin Residents: Your signature confirms that this loan obligation is being incurred in the interest of your marriage or family. No provision of any marital property agreement (premarital agreement), unilateral statement under Section 766.59 of the Wisconsin Statutes or court decree under Section 766.70 adversely affects the interest of the lender unless the lender, prior to the time that the loan is approved, is furnished a copy of the marital property agreement, a statement, a decree or has actual knowledge of the adverse provision. If the loan for which you are applying is granted, your spouse will also receive notification that credit has been extended to you.

PROVISIONS APPLICABLE TO ACTIVE DUTY MILITARY SERVICE ONLY

If this Account is established on or after October 3, 2016 and you are on active duty military service (including active guard or reserve service) or you are a spouse or dependent of a person who is on such active duty military service at that time, then so long as such active duty military service continues, the Dispute Resolution Program: Arbitration Agreement provision above does not apply to you, nor do any provisions that waive any right to legal recourse under any state or federal law.

Military Annual Percentage Rate: Federal law provides important protections to members of the Armed forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her spouse or dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: the cost associated with credit insurance premiums, fees for ancillary products sold in connection with the credit transaction, any application fee charged (other than certain application fees for specified credit transactions or accounts), and any participation fee charged (other than certain participation fees for a credit card account).

Please Note: There are NO credit insurance premiums, fees for ancillary products, or application fees with this loan.

You may contact Wells Fargo Bank at 1-855-588-2568 for information about the Military Annual Percentage Rate and a description of your payment obligation.

Election for Electronic Communications and Signatures.

This Agreement and any other document that is part of this loan transaction may be signed by you in the form of an "Electronic Record" (as such term is defined in the Electronic Signatures in Global and National Commerce Act at 15 U.S.C. §7001 et seq. ("ESIGN Act")). An "Electronic Signature" (as defined in ESIGN) will constitute an original and binding signature by you. The fact that a document is in the form of an Electronic Record and/or is signed using an Electronic Signature will not, in and of itself, be grounds for invalidating such document. When information (such as a disclosure, notice, permission, waiver, demand or amendment) is to be provided in writing under this Agreement, that writing may be provided by electronic means and in an electronic format.

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8 / 9

NOTICE TO CO-SIGNER

You are being asked to guarantee this debt. Think carefully before you do. If the borrower doesn't pay the debt, you will have to. Be sure you can afford to pay if you have to, and that you want to accept this responsibility.

You may have to pay up to the full amount of the debt if the borrower does not pay. You may also have to pay late fees or collection costs, which increase this amount.

The bank can collect this debt from you without first trying to collect from the borrower. The bank can use the same collection methods against you that can be used against the borrower, such as suing you, garnishing* your wages, etc. If this debt is ever in default, that fact may become a part of your credit record.

This notice is not the contract that makes you liable for the debt.

*Pennsylvania, North Carolina, South Carolina and Texas law prohibit the garnishment of wages.

NOTICE TO CONSUMER.

You understand that:

- **CAUTION -- IT IS IMPORTANT THAT YOU THOROUGHLY READ THIS AGREEMENT (INCLUDING THE REVERSE SIDES OF ALL PAGES) BEFORE YOU SIGN IT, EVEN IF OTHERWISE ADVISED.**
- **You should not sign this Agreement if it contains any blank spaces.**
- **You are entitled to an exact copy of this and any other agreement that you sign.**
- **You have the right to prepay the unpaid balance due under this Agreement at any time without penalty.**
- **You may not use any portion of this loan to pay post-secondary education expenses, or to refinance/consolidate any loan that you incurred for such purposes.**
- **The Collateral may be subject to repossession without prior notice to you. If it is repossessed and sold, and all amounts due to us are not received in the sale, you may have to pay the difference.**

BY SIGNING BELOW, YOU AGREE THAT YOU HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS AGREEMENT AND ANY INSTRUMENT SECURING THIS AGREEMENT, INCLUDING THE TRUTH IN LENDING DISCLOSURE STATEMENT AND ARBITRATION AGREEMENT. YOU ALSO ACKNOWLEDGE RECEIPT OF A COMPLETED COPY OF THIS AGREEMENT PRIOR TO SIGNING.

IF YOU ARE A CO-SIGNER (PERSONS THAT ARE RESPONSIBLE FOR PAYMENT OF THIS LOAN, BUT RECEIVE NO GOODS, SERVICES OR MONEY IN RETURN FOR SIGNING), PLEASE READ THE "NOTICE TO CO-SIGNER" ABOVE BEFORE SIGNING THIS AGREEMENT.

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9 / 9

Understanding Your Credit Score (continued)

Key factors that adversely affected your credit score

- Proportion of loan balances to loan amounts is too high
- Length of credit history too short
- Too many inquiries last 12 months
- Too many accounts with balances

Checking Your Credit Report

What if there are mistakes in your credit report?

You have a right to dispute any inaccurate information in your credit report. If you find mistakes on your credit report, contact the consumer reporting agency.

It is a good idea to check your credit report to make sure the information it contains is accurate.

How can you obtain a copy of your credit report?

Under federal law, you have the right to obtain a free copy of your credit report from each of the nationwide consumer reporting agencies once a year.

To order your free annual credit report –

By telephone: Call toll-free 1-877-322-8228

On the web: Visit www.annualcreditreport.com

By mail: Mail your completed Annual Credit Report Request Form (which you can obtain from the Federal Trade Commission's web site at <https://www.consumer.ftc.gov/articles/pdf-0093-annual-report-request-form.pdf>) to:

Annual Credit Report Request Service
P.O. Box 105281
Atlanta, GA 30348-5281

How can you get more information?

For more information about credit reports and your rights under federal law, visit the Consumer Financial Protection Bureau's web site at www.consumerfinance.gov/learnmore.

Wells Fargo Bank, N.A.

PERSONAL LOAN AGREEMENT

Reference: 20181630011605

Account: 661-661-4168313-0001

Borrower Name: ZOILA L YANEZ

Co-Borrower Name:

Loan Amount: 6,000.00

In this Personal Loan Agreement (the "Agreement"), the words "you" and "your" refer to each Borrower and Co-Borrower who signs this Agreement. The words "Bank", "we," "our," and "us," refer to Wells Fargo Bank, N.A. and its successors and assigns. Each person who signs this Agreement will be individually bound by its terms and will be directly liable to the Bank for the entire amount owed.

Promise to Pay

You promise to pay us the total of the principal loan amount of **\$6,000.00** plus interest, fees, charges, expenses and all other obligations due under this Agreement or any instrument securing this Agreement.

Payments

You will pay this loan by making amortized payments of principal and interest in **60** monthly installments of **\$167.61** beginning on **07-05-2018** and continuing until **06-05-2023** at which time all unpaid principal, accrued interest and any other fees and amounts owed and remaining unpaid shall be immediately due and payable.

You will make your payments in United States funds, payable to us, at the address provided on your periodic statement. You understand that there may be a delay in posting a payment to your Account if it is sent to a different address, and that the date payments are credited to your Account may vary depending upon the location and/or method of your payment. You will need to allow adequate time for your payments to reach us.

You may prepay this loan in full or in part at any time without penalty. If you make a partial prepayment it will be credited to your account, but there will not be any change in your scheduled payment amounts or due dates unless we have agreed in writing to such a change.

Interest

Interest will be calculated on the unpaid principal balance of this loan at an annual rate of **22.740%** ("Interest Rate"), subject to the following.

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1 / 9

Interest will begin to accrue on the date the principal is advanced. Interest will accrue on the unpaid principal balance of this loan until it is paid in full. Interest is calculated based on the actual number of days elapsed in a 365-day year (or 366-day leap year) for the Amortized Principal and Interest payment option described above. Interest accrues after maturity on the same basis as interest accrues before maturity. The finance charge you owe will be less if you pay early and more if you pay late. The amount of your final payment will depend on your payment record. To the extent that any fees or amounts are added to the principal balance, they will thereafter bear interest at the contract rate, and you agree to pay this interest. Payments will be applied to amounts you owe in the order we choose, which may vary from time to time without notice to you.

Optional Pre-Authorized Electronic Payment (ACH) Authorization

N/A If checked, you will provide us with a voided check, and your signature on this Agreement authorizes Wells Fargo Bank, N.A., to take each payment due including any additional charges you owe on your Account, such as late charges, past due payments, returned payment fees or other amounts then owing under this Agreement from your account number N/A located at N/A. Generally, the automatic payment will be applied as payment to your credit account on the payment due date. If the account's payment due date falls on a weekend or holiday, your payment will be credited as of the date due on the next business day. This authorization will remain in effect until all amounts due under this Agreement are paid in full, we notify you of the revocation or you notify us that you wish to revoke your authorization and we are given a reasonable opportunity to act on your request. You may revoke this authorization by sending a written notice to Wells Fargo Bank, P.O. Box 93399, Albuquerque, NM 87199-3399, or by calling us at 1-800-869-3557.

[This section intentionally left blank.]

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Exhibit "15"

Peggy Pesek, Hall County Treasur

Dire < 1,559.20*+
3,118.40 +
Asst < 2,917.69 +
5,835.38 +

004

13,430.67 *



TAX RECEIPT

PEGGY PESEK HALL COUNTY TREASURER

Parcel # 400057751 Roll Year 2017
Legal LAKEVIEW S 67' OF W 33' LT 7 & S 67'
OF E 17' LT 8 BLK 2

Receipt No. 2017-18233
Date of Payment: 06/13/20
Type of Tax: RE

00420 S PINE

Tax Due 12/31/2017 TAX DISTRICT 5
Delinquent TAX RATE 2.252491
1st Half 05/01/2018 VALUE 83,346
2nd Half 09/01/2018

Original Tax 1804.0
Tax Before Credit 1804.0
Homestead Credit 0.0
Late Filing Fee: 0.0

AURAM CHECK

PAID BY: ZOILA LEON YANIS

Receipt voided until final payment of any check or draft tendered

GARCIA/JOSE

Payment 2nd HA
Installment 902.00
Interest 0.00
Advertising 0.00
Penalty 0.00

420 S PINE ST
GRAND ISLAND, NE 68801-

COMMENTS

TOTAL COLLECTED 902.00

RECEIP

☒ Track your expenses...

- ☐ Clothing ☐ Food
☐ Credit Card ☐ Utilities
☐ Entertainment ☐ Insurance

- ☐ Transportation
☐ Mortgage
☐ Other: _____

☐ TAX DEDUCTIBLE ITEM

195

6 12 18

Taxes de las casas
Peggy Pesek, Hall County
Treasurer

621-104-420
Los Taxes de las casas

BALANCE
FORWARD

THIS ITEM

5.857.08

BALANCE

DEPOSIT

OTHER

BALANCE
FORWARD

For added security, your name and account number do not appear on this copy.

NOT NEGOTIABLE

REDEMPTION CERTIFICATE

No. 18157

COUNTY TREASURER'S OFFICE

State of Nebraska
County of HALL



Date of run :06/12/2018

Date of
Redemption : 06/13/2018
Amount of
Redemption : 1,537.20
Fee (+) : 22.00
Total : 1,559.20

I, Peggy Pesek, Treasurer of said County, do hereby certify that Zoila Leon Yanis has this day paid me the sum of One Thousand Five Hundred Fifty-Nine Dollars And Twenty Cents in full for the redemption of the following described Real Estate in said County, the same having been sold on the 7th day of March, 2018 for the Taxes levied for the years 2016 2017 also subsequent taxes for years paid by the purchaser.

Assessor's Parcel ID No.:
400098385

Legal Description:

UNION PACIFIC RAILWAY CO.S SECOND ADD W 35.5' LT 1 BLK 145

Tax Certificate No. 20180138

Peggy Pesek Treasurer

Mail duplicate to holder by AM
of tax sale certificate as
notice of redemption.

Purchaser JJM SOLUTIONS LLC
INVESTMENT INCOME 43.60
=====

REDEMPTION CERTIFICATE

No. 18158

COUNTY TREASURER'S OFFICE

State of Nebraska
County of HALL



Date of run : 06/12/2018

Date of
Redemption : 06/13/2018
Amount of
Redemption : 2,895.69
Fee (+) : 22.00
Total : 2,917.69

I, Peggy Pesek, Treasurer of said County, do hereby certify that Zoila Leon Yanis has this day paid me the sum of Two Thousand Nine Hundred Seventeen Dollars And Sixty-Nine Cents in full for the redemption of the following described Real Estate in said County, the same having been sold on the 6th day of March, 2018 for the Taxes levied for the years 2016 2017 also subsequent taxes for years paid by the purchaser.

Assessor's Parcel ID No.:
400057751

Legal Description:

LAKEVIEW S 67' OF W 33' LT 7 & S 67' OF E 17' LT 8 BLK 2

Tax Certificate No. 20180070

Peggy Pesek Treasurer

Mail duplicate to holder
of tax sale certificate as
notice of redemption.

by AM

Purchaser JACINTA LAND HOLDINGS LLC
INVESTMENT INCOME 83.83

=====

Exhibit "16"



P.O. Box 3200
Cheyenne, WY 82003-3200
(307) 432-5400
(970) 568-7111
(800) 368-9328

**CLOSED-END NOTE, DISCLOSURE,
LOAN AND SECURITY AGREEMENT**

| | | | |
|---|--|-------------------------------------|-------------------------------|
| BORROWER'S NAME AND ADDRESS Zolla Y Leon 1427 Ave C Lot 9 Cheyenne, WY 82007 | DATE OF LOAN 08/14/2018 | LOAN MATURITY DATE 08/28/2023 | LOAN OFFICER Viviana Ramos |
| | LOAN NUMBER 0002 | BORROWER'S ACCOUNT NUMBER 493531 | |
| CO-BORROWER'S NAME AND ADDRESS | BORROWER'S DATE OF BIRTH 09/12/1977 | CO-BORROWER'S DATE OF BIRTH | |
| | | | |

| | | | | |
|---|---|---|--|--|
| ANNUAL PERCENTAGE RATE: The cost of your credit as a yearly rate. 7.99 %* | FINANCE CHARGE: The dollar amount the credit will cost you. \$ 2,258.74 | Amount Financed: The amount of credit provided to you or on your behalf. \$ 10,000.00 | Total of Payments: The amount you will have paid after you have made all payments as scheduled. \$ 13,125.97 | Total Sale Price: Total cost of your purchase on credit, including your down payment of \$ 0.00 \$ 12,258.74 |
|---|---|---|--|--|

☐ * **Share Secured:** If checked, the Annual Percentage Rate disclosed above may increase during its term if the Credit Union's share account rate increases. The Annual Percentage Rate will be equal to the share rate plus 3%. An increase will take place on the first day of each quarter (Jan. 1, Apr. 1, July 1, Oct. 1). The **ANNUAL PERCENTAGE RATE** will never be more than 18.00% or less than 3.00%. Any increase will take the form of more payments of the same amount. Example: If your loan was \$10,000 at 6.00% for 120 months and the rate increased to 6.25% after 3 years, you would have to make 2 additional payments.

Your payment schedule will be:

| NUMBER OF PAYMENTS | AMOUNT OF PAYMENTS | WHEN PAYMENTS ARE DUE |
|--------------------|--------------------|------------------------------|
| 59 | \$ 218.77 | Monthly Beginning 09/28/2018 |
| 1 | \$ 218.54 | 08/28/2023 |

Security: You are giving a security interest in your shares and deposits in the credit union, as well as the collateral described below. Collateral for other loans with us will also secure this loan, except for your home and household goods.

Late Charges: If a payment is received more than 10 days after the due date, you will be charged \$ 25.00.

Required Deposit Balance: The Annual Percentage Rate does not take into account your required deposit balance.

Property Insurance: You may obtain property insurance from anyone you want that is acceptable to the credit union. If you do not obtain property insurance we will obtain it at your cost.

Lien Filing Fee:
\$ 0.00

Prepayment: If you pay off early, you will not have to pay a penalty.

See your contract documents for any additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties.

*"e" means estimate.

ITEMIZATION OF AMOUNT FINANCED

| ITEMIZATION OF AMOUNT FINANCED OF | AMOUNT GIVEN TO YOU DIRECTLY | AMOUNT PAID ON YOUR ACCOUNT | PREPAID FINANCE CHARGE |
|-----------------------------------|------------------------------|-----------------------------|------------------------|
| \$ 10,000.00 | \$ | \$ 0.00 | \$ 0.00 |

Amount Paid to Others on Your Behalf (Describe)

| | | | | |
|--------------|------------------------|------------------------------------|----|----|
| \$ | To GAP To: | (a portion will be retained by us) | \$ | To |
| \$ | To MBP To: | (a portion will be retained by us) | \$ | To |
| \$ | To | | \$ | To |
| \$ 10,000.00 | To 493531 blue savings | | \$ | To |
| \$ | To | | \$ | To |
| \$ | To | | \$ | To |

SECURITY INFORMATION

| | | | | | | |
|------------------------------|----------------|------|-------------------|-----------|----------------------|--------------|
| SHARES PLEGDED: | ACCOUNT NUMBER | | AMOUNT \$ 0.00 | | ACCOUNT NUMBER | AMOUNT \$ |
| | YEAR | MAKE | MODEL | BODY TYPE | SERIAL NUMBER or VIN | |
| MOTOR VEHICLES: | | | | | | |
| | | | | | | |
| OTHER COLLATERAL: | | | | | | |

THIS DOCUMENT OR A COPY OF THIS DOCUMENT MAY BE FILED AS A FINANCING STATEMENT.

| | | | |
|--|----------------------------|--------------------------------|-----------------------------------|
| BORROWER'S NAME Zolla Y Leon | LOAN NUMBER 0002 | MEMBER NUMBER 493531 | DATE OF LOAN 08/14/2018 |
|--|----------------------------|--------------------------------|-----------------------------------|

LOAN SIGNATURES


You agree that the terms and conditions in the disclosure statement and the loan and security agreements attached hereto shall apply to this loan. If there is more than one borrower, you agree that all the conditions of the loan and security agreements governing this loan shall apply to both jointly and severally. You acknowledge that you have received a copy of the loan and security agreements and disclosure statement ("Note"). If you purchase optional loan products in connection with this loan, you understand that a portion of the premium or fee you pay will be retained by the credit union (or paid back to the credit union by the service provider) as compensation for making these services available to you. You also acknowledge receipt of the product application(s), disclosures, and contract(s) regarding the product(s).

Negative Information Notice: We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

NOTICE TO CONSUMER: THIS IS A CONSUMER CREDIT TRANSACTION. (A) DO NOT SIGN ANYTHING BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACES. (B) YOU ARE ENTITLED TO AN EXACT COPY OF ANY AGREEMENT YOU SIGN. (C) YOU HAVE THE RIGHT AT ANY TIME TO PAY IN ADVANCE THE UNPAID BALANCE DUE UNDER THIS AGREEMENT.

THIS WRITTEN AGREEMENT REPRESENTS THE FINAL AGREEMENT BETWEEN THE PARTIES AND MAY NOT BE CONTRADICTED BY EVIDENCE OF PRIOR, CONTEMPORANEOUS, OR SUBSEQUENT ORAL AGREEMENTS OF THE PARTIES. THERE ARE NO UNWRITTEN ORAL AGREEMENTS BETWEEN THE PARTIES.

CAUTION- IT IS IMPORTANT THAT YOU THOROUGHLY READ THE CONTRACT BEFORE YOU SIGN IT.

| | | | |
|--|--------------------------|---|------|
| BORROWER'S SIGNATURE X  | DATE 8/14/2018 | <input type="checkbox"/> CO-BORROWER <input type="checkbox"/> *OTHER OWNER <input type="checkbox"/> **GUARANTOR | DATE |
| <input type="checkbox"/> CO-BORROWER <input type="checkbox"/> *OTHER OWNER <input type="checkbox"/> **GUARANTOR | DATE | <input type="checkbox"/> CO-BORROWER <input type="checkbox"/> *OTHER OWNER <input type="checkbox"/> **GUARANTOR | DATE |
| X | | X | |

*OTHER OWNER: Any person who has a property interest (other than as a renter or lessor) in the above described collateral signs here. The other owner, unless also a co-borrower, is not obligated to pay the debt, but understands that the credit union has a security interest in the collateral as explained in the Security Agreement.

**GUARANTOR: Upon default, the credit union may seek immediate payment from the guarantor of any and all sums due on the loan, including all reasonable costs and fees provided under the loan and security agreements, as permitted by law. The guarantor waives all notice to which he or she would otherwise be entitled by law.

☐ **CONSUMER'S CLAIMS AND DEFENSES NOTICE - IF CHECKED, SEE NOTICE BELOW**

NOTICE: ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSES WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF. RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

IMPORTANT DISCLOSURES FOR ACTIVE MEMBERS OF THE MILITARY AND THEIR DEPENDENTS:

The following applies to members of the military and their dependents if: (a) at the time your loan is made, you are an active member of the military or you are a dependent of an active member of the military (as those terms are defined in the Military Lending Act, 10 U.S.C. 987 and its implementing regulations); and (b) your loan is unsecured or secured by personal property that you did not purchase with the proceeds of the loan.

- NOTICE:** Federal law provides important protections to members of the Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: the costs associated with credit insurance premiums or debt protection fees; fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card account). To receive this notice verbally, please call 1-800-368-9328 during our normal business hours.
- This loan will not be secured by shares or deposits in any of your accounts unless you specifically agree to establish an account in connection with this loan in which funds deposited after the loan is given will secure this loan. Therefore, the following provisions in the Loan Agreement and Security Agreement do not apply to this loan: "Contractual Pledge of Shares"; any reference to pledge of shares, statutory liens, set-off, or administrative freeze contained in the "Security Agreement, Pledge of Shares; Statutory Lien; Set-off; Administrative Freeze" provision; the "Cross-Collateralization" provision to the extent it purports to cross-collateralize any of your other share or deposit accounts with us.
- This loan is not subject to mandatory arbitration and therefore any reference to mandatory arbitration in this Loan Agreement and Security Agreement shall not apply to this loan.
- If you are a Louisiana resident, the Louisiana-specific provisions contained in the Security Agreement do not apply to this loan.

| | | | |
|---------------------------------|---------------------|-------------------------|----------------------------|
| BORROWER'S NAME Zolla Y Leon | LOAN NUMBER 0002 | MEMBER NUMBER 493531 | DATE OF LOAN 08/14/2018 |
|---------------------------------|---------------------|-------------------------|----------------------------|

APPLICATION AND DISCLOSURES for DEBT PROTECTION PLAN

This Product is Optional. Your purchase of the Debt Protection Plan ("Plan") is optional. Whether or not you purchase this protection will not affect your application for credit or the terms of any existing credit agreement you have with the Financial Institution. You may cancel the Program at any time. See the Program Agreement for an explanation of how the Program may be terminated.

| Short-Term Loans | | | | | | |
|---|---|--------------------------------|--|--------------------------------|--|--------------------------------|
| I ELECT: (Check only one box) | Optimal Plan*: Plan # 402668 | | Premium Plan*: Plan # 402669 | | Standard Plan*: Plan # 402670 | |
| | Death: cancels loan balance Terminal Condition: cancels 12 Payments Disability: cancels 12 Payments Involuntary Unemployment: cancels 3 Payments | | Death: cancels loan balance Terminal Condition: cancels 12 Payments Disability: cancels 12 Payments (Premium Plan not available for credit cards) | | Death: cancels loan balance Terminal Condition: cancels 12 Payments | |
| | <input checked="" type="checkbox"/> Single | <input type="checkbox"/> Joint | <input type="checkbox"/> Single | <input type="checkbox"/> Joint | <input type="checkbox"/> Single | <input type="checkbox"/> Joint |
| Cost per \$1,000 monthly outstanding loan balance: | \$2.60 | \$4.70 | \$1.77 | \$3.13 | \$0.68 | \$1.00 |
| Estimated Total Fee: (closed-end loans only) | \$ 867.23 | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| * Benefit Maximums: Death Protection cancels a maximum of \$75,000. Cancellations listed are per occurrence. Monthly cancellations are limited to \$1,000 per month and \$15,000 over the term of the loan, per each Protected Event and per each protected Borrower. | | | | | | |

| Long-Term Loans | | | | |
|---|---|--------------------------------|---|--------------------------------|
| I ELECT: (Check only one box) | Superior Plan*: Plan # 402671 | | Basic Plan*: Plan # 402672 | |
| | Death: cancels loan balance Terminal Condition: cancels 12 payments Disability: cancels 12 Payments Involuntary Unemployment: cancels 3 Payments | | Death: cancels loan balance Terminal Condition: cancels 12 payments Disability: cancels 12 Payments | |
| | <input type="checkbox"/> Single | <input type="checkbox"/> Joint | <input type="checkbox"/> Single | <input type="checkbox"/> Joint |
| Cost per \$1,000 monthly outstanding loan balance: | \$1.59 | \$2.80 | \$1.29 | \$2.25 |
| Estimated Total Fee: (closed-end loans only) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| * Benefit Maximums: Death Protection cancels a maximum of \$75,000. Cancellations listed are per occurrence. Monthly cancellations are limited to \$1,500 per month and \$15,000 over the term of the loan, per each Protected Event and per each protected Borrower. | | | | |


☐ No, I do not wish to apply for the voluntary Debt Protection Plan at this time. _____ (Borrower 1 Initials) _____ (Borrower 2 Initials)

Application Eligibility:

To be eligible to apply, I must meet the following conditions. By signing this Application, I am stating that: (1) I am under age 70; (2) if applying for Death, Terminal Condition or Disability protection: During the last 2 years, I have not been advised of or treated for: cancer, heart attack or coronary artery disease, stroke, cirrhosis, AIDS, or any disorder of my immune system, or had any test showing evidence of antibodies to the AIDS virus (a positive HIV test); (3) if applying for Disability or Involuntary Unemployment protection: I am presently working twenty-four (24) or more hours per week; and (4) if applying for Involuntary Unemployment protection: I am not self-employed, and I have not received unemployment benefits within the past 2 years.

BORROWER'S SIGNATURE

I acknowledge and agree that: (a) I meet the eligibility requirements listed above. If it is discovered that I do not meet the eligibility requirements above, my participation in the Plan will be terminated, I will receive a refund of any fees paid, and an otherwise valid claim will be denied; (b) I have received the disclosures herein and have thoroughly read the Debt Protection Plan Agreement ("Agreement"), and agree to abide by the terms of the Agreement; (c) I authorize the Plan fees to be added to my loan each month; and (d) I understand that I may not be eligible for all benefits contained in the Plan. This document is hereby incorporated into Borrower's loan documentation as if fully set forth therein. There are eligibility requirements, conditions, and exclusions that could prevent you from receiving benefits under the Program. See the Program Agreement for details.

| | |
|---|------------|
| BORROWER 1 SIGNATURE | DATE |
| X  | 08-14-2018 |

| | |
|---|------|
| BORROWER 2 SIGNATURE (if applying for Joint Protection) | DATE |
| X | |

| | | | |
|-----------------|-------------|---------------|--------------|
| BORROWER'S NAME | LOAN NUMBER | MEMBER NUMBER | DATE OF LOAN |
| Zolla Y Leon | 0002 | 493531 | 08/14/2018 |

IN THESE AGREEMENTS, THE WORDS "YOU," "YOUR" AND "YOURS" MEAN ALL THOSE NAMED AS BORROWERS. THE WORDS "WE," "US" AND "OUR" MEAN THE CREDIT UNION.

LOAN AGREEMENT

Payments/Finance Charges: For value received, you promise to pay, at our office, all amounts due. All payments shall be made pursuant to the disclosure statement on page 1 of this document. You understand that the finance charge and total of payments shown on page 1 of this document are based on the assumption that all installment payments will be made on the scheduled due dates. If you fail to pay any installment by the time it is due, you will pay additional interest on the overdue amount and your loan may not be paid in full at the end of the term. In such case, any remaining balance will be due in full immediately.

Allocation of Payments and Additional Payments: Payments and credits shall be applied in the following order: any amounts past due; any fees or charges owing, including any fees or premiums for additional products purchased; accrued interest or finance charges; outstanding principal. Payments made in addition to regularly scheduled payments shall be applied in the same order.

Late Charges: If you make a late payment, you agree to pay a late charge if one is disclosed on page 1 of this document.

Borrower Responsibility: You promise to notify us of any change in your name, address or employment. You promise not to apply for a loan if you know there is a reasonable probability that you will be unable to repay your obligation according to the terms of the credit extension. You promise to inform us of any new information which relates to your ability to repay your obligation. You promise not to submit false or inaccurate information or willfully conceal information regarding your creditworthiness, credit standing, or credit capacity.

Perfection of Security Interest; Increase in Rate; Fee; Default: If you fail to perfect our lien, we may take the necessary steps to do so and charge you a filing fee. This fee will be in the amount charged by the state and will be added to your loan balance. If we are unable to perfect our lien on the collateral pledged for any loan, or the value of the collateral deteriorates significantly, that loan may be treated as a signature loan under a line of credit for the purpose of determining the Interest Rate, and the Interest Rate shall increase to the highest signature loan rate in effect at that time. Your minimum monthly payment shall also increase accordingly. We may also consider the loan to be in default and can call the loan immediately due and payable, in which case you must pay the entire amount due in one lump sum. The loan while in default will bear interest at the highest rate allowed by law.

Default: *The following provision applies to borrowers in Idaho, Kansas, and Maine:* You will be in default if (1) you do not make a payment of the required amount when due; or (2) we believe the prospect of payment, performance, or realization on any property given as security is significantly impaired.

The following provision applies to borrowers in Wisconsin: You shall be in default under this Agreement if any of the following occur: (a) if an amount exceeding one (1) full payment due under this Agreement is more than ten (10) days late or if the first or last payment due under this Agreement is more than forty (40) days late; OR (b) you breach any term or condition of this Agreement, which breach materially impairs your ability to pay amounts when due or materially impairs the condition, value, or protection of our rights to or in any collateral securing this transaction.

The following provision applies to all other borrowers: You shall be considered in default if any of the following occur: (1) if you break any promise made under this Loan Agreement or under the Security Agreement; or (2) if you do not use the money we loaned you for the purpose stated in your application; or (3) if we should, in good faith, believe that prospect of payment, performance or realization of the collateral, if any, is impaired; or (4) if you die; or (5) if you file a petition in bankruptcy, insolvency, or receivership or are put involuntarily into such proceedings; or (6) if the collateral, if any, given as security for this loan is lost, damaged or destroyed, or if it is levied against, attached, garnished, or seized for any reason under any authority; or (7) if you do not pay on time any of your current or future debts to us; or (8) if anyone is in default of any security agreement given in connection with any loan under this Note; or (9) if you make any false or misleading statements in any credit application or update of credit information; or (10) you are in default of any other loan or security agreement you have with the Credit Union; or (11) you

use the Note for any illegal purpose or transaction as determined by applicable law. If you default, we may, at our option, declare this loan immediately due and payable, and you must immediately pay to us at that time the total unpaid balance, as well as the Finance Charge to date, any late charges and costs of collection permitted under law, including reasonable attorney's fees.

Costs of Collection: You shall pay all costs incurred by us in collecting any amount you owe or in enforcing or protecting our rights. Costs of collection include, but are not limited to, collection agency fees, repossession fees, appraisals, environmental site assessments, and casualty insurance. *The following applies to all borrowers except Wisconsin borrowers:* Costs of collection also include reasonable attorney's fees for any action taken by an attorney who is not our salaried employee in order to collect this loan or preserve or protect our rights and remedies, including, without limitation, pre-suit demands for payment, pre-suit mediation or settlement negotiations, investigation and assessment of our rights, participation in bankruptcy cases, matters, and proceedings (including, without limitation, filing proofs of claim, pursuing reaffirmation agreements, attending meetings of creditors, and pursuing complaints, motions, and objections that relate in any way to the credit union's collateral or right to payment), collateral disposition, non-bankruptcy suits and/or administrative actions, and appeals. *For Alabama borrowers:* attorney's fees after default shall not exceed 15% of the unpaid debt, or such higher amount as a court may allow. *For Georgia borrowers:* attorney's fees shall not exceed 15% of principal and accrued interest, or such higher amount as a court may allow.

Action Upon Default: *The following provision applies to borrowers in Colorado, District of Columbia, Kansas, Maine, Massachusetts, Missouri, Nebraska, and West Virginia:* Once you have defaulted, and after the expiration of any right you may have under applicable state law to cure your default, we can demand immediate payment of the entire unpaid balance of the loan without giving you advance notice. The principal balance in default shall bear interest at the contract rate, or a default rate if one has been disclosed to you, or another rate if required by applicable law.

The following provision applies to borrowers in Wisconsin:

Right to Cure Default: If you are in default under this Agreement, we must give a notice of default to you pursuant to Wisconsin Statutes sec. 425.104 425.105. You shall have fifteen (15) calendar days from the date the notice is mailed to you to cure the default. In the event of an uncured default, we shall have all the rights and remedies for default provided under the Wisconsin Consumer Act, Uniform Commercial Code, or other applicable law, including, but not limited to, the right to repossess the collateral. We may waive any default without waiving any other subsequent or prior default by you.

No Right to Cure: Pursuant to Wis. Stat. Sec. 425.105(3), you shall not have the right to cure a default if the following occur twice during the preceding twelve (12) months: (a) you were in default on the closed-end note; (b) we gave you notice of the right to cure such previous default in accordance with Wis.Stat.Sec. 425.104; and (c) you cured the previous default.

Nothing in this Agreement shall be construed to restrict our ability to exercise our rights under the Wisconsin Consumer Act, Uniform Commercial Code, or other applicable law, including, but not limited to, the right to repossess the collateral.

The following provision applies to borrowers in all other states: Once you have defaulted, we may, at our option, declare all amounts under the Note immediately due and payable, and you must immediately pay to us at that time the total unpaid balance, as well as the Finance Charge to date, any late charges and costs of collection permitted under law, including reasonable attorney's fees. The principal balance in default shall bear interest at the contract rate.

Delay In Enforcement: We may delay enforcing any of our rights under this agreement without losing them.

Irregular Payments: We may accept late payments or partial payments, even though marked "payment in full," without losing any of our rights under this agreement.

| | | | |
|---------------------------------|---------------------|-------------------------|----------------------------|
| BORROWER'S NAME Zolia Y Leon | LOAN NUMBER 0002 | MEMBER NUMBER 493531 | DATE OF LOAN 08/14/2018 |
|---------------------------------|---------------------|-------------------------|----------------------------|

IN THESE AGREEMENTS, THE WORDS "YOU," "YOUR" AND "YOURS" MEAN ALL THOSE NAMED AS BORROWERS. THE WORDS "WE," "US" AND "OUR" MEAN THE CREDIT UNION.

Co-borrowers: If you are signing this agreement as a co-borrower, you agree to be equally responsible with the borrower, but we may sue either or both of you. We do not have to notify you that this agreement has not been paid. We may extend the terms of payment and release any security without notifying or releasing you from responsibility on this agreement.

Governing Law: These agreements shall be construed and enforced in accordance with the laws of the State in which our headquarters are located. If you have entered into a mandatory arbitration agreement in connection with this loan: If any provisions within this Agreement pertaining to jurisdiction and venue are inconsistent with the arbitration agreement, the arbitration agreement will govern.

Change in Terms: The terms of this Closed-end Note, Disclosure, Loan & Security Agreement, including any fees disclosed, are subject to change without prior notice, subject to applicable law.

Contractual Pledge of Shares: You pledge all your shares and deposits in the credit union, including future additions, as security for this loan. In case you default, we may apply these shares and deposits to the payment of all sums due at the time of default, including costs of collection and reasonable attorney's fees. No lien or right to impress a lien on shares and deposits shall apply to any of your shares which may be held in an "Individual Retirement Account" or "Keogh Plan."

State Notices:

NOTICES TO WISCONSIN BORROWERS: No provision of a marital property agreement, a unilateral agreement under Wis. Stat. Section 766.59, or a court decree under Wis. Stat. 766.70 adversely affects the interest of the Credit Union unless prior to the time the credit is extended, the Credit Union is furnished with a copy of the agreement or statement, or has actual knowledge of the adverse provision when the obligation to the Credit Union is incurred.

NORTH DAKOTA NOTICE TO BORROWERS PURCHASING A MOTOR VEHICLE - THE MOTOR VEHICLE IN THIS TRANSACTION MAY BE SUBJECT TO REPOSSESSION. IF IT IS REPOSSESSED AND SOLD TO SOMEONE ELSE, AND ALL AMOUNTS DUE TO THE SECURED PARTY ARE NOT RECEIVED IN THAT SALE, THE BORROWER MAY HAVE TO PAY THE DIFFERENCE.

NOTICE TO UTAH BORROWERS: This written agreement is a final expression of the agreement between you and the Credit Union. This written agreement may not be contradicted by evidence of any oral agreement.

NOTICE FOR ARIZONA OWNERS OF PROPERTY: It is unlawful for a borrower to fail to return a motor vehicle that is subject to a security interest within thirty days after you have received notice of default. The notice will be mailed to the address you provided on this document unless you have given the Credit Union a new address. It is your responsibility to notify the Credit Union if your address changes. The maximum penalty for unlawful failure to return a motor vehicle is one year in prison and/or a fine of \$150,000.

NOTICE TO CALIFORNIA RESIDENTS: By signing this Note, you specifically agree that the Credit Union may access the records of the California Department of Motor Vehicles from time to time to obtain your current mailing address, and by so agreeing, you are specifically waiving your rights under sections 1808.21 and 1808.22 of the California Vehicle Code.

NOTICE TO TEXAS BORROWERS - INSURANCE REQUIRED: You are required to: (i) keep the collateral insured against damage in the amount of the loan or another amount if we so specify; (ii) purchase this insurance from an insurer that is authorized to do business in the state of Texas or an eligible surplus lines insurer; and (iii) name us as the person to be paid under the policy in the event of a loss. You must also provide us a copy of the policy and proof of the payment of premiums if we so request. If you fail to meet any of these requirements, we may obtain collateral protection insurance on your behalf at your expense.

For Missouri Residents: Oral agreements or commitments to loan money, extend credit or to forbear from enforcing repayment of a debt including promises to extend or renew such debt are not enforceable. To protect you (borrower) and us (creditor) from misunderstanding or disappointment, any agreements we reach covering such matters are contained in this writing, which is the complete and exclusive statement of the agreement between us, except as we may later agree in writing to modify it.

For Vermont Residents: NOTICE TO CO-BORROWER: YOUR SIGNATURE ON THIS LOAN MEANS THAT YOU ARE EQUALLY LIABLE FOR REPAYMENT OF THE LOAN. IF THE BORROWER DOES NOT PAY, THE LENDER HAS A LEGAL RIGHT TO COLLECT FROM YOU.

OHIO RESIDENTS ONLY: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

WASHINGTON AND OREGON RESIDENTS ONLY:

WARNING: UNLESS YOU PROVIDE US WITH EVIDENCE OF THE INSURANCE COVERAGE AS REQUIRED BY OUR LOAN AGREEMENT, WE MAY PURCHASE INSURANCE AT YOUR EXPENSE TO PROTECT OUR INTEREST. THIS INSURANCE MAY, BUT NEED NOT, ALSO PROTECT YOUR INTEREST. IF THE COLLATERAL BECOMES DAMAGED, THE COVERAGE WE PURCHASE MAY NOT PAY ANY CLAIM YOU MAKE OR ANY CLAIM MADE AGAINST YOU. YOU MAY LATER CANCEL THIS COVERAGE BY PROVIDING EVIDENCE THAT YOU HAVE OBTAINED PROPER COVERAGE ELSEWHERE. YOU ARE RESPONSIBLE FOR THE COST OF ANY INSURANCE PURCHASED BY US. THE COST OF THIS INSURANCE MAY BE ADDED TO YOUR LOAN BALANCE. IF THE COST IS ADDED TO THE LOAN BALANCE, THE INTEREST RATE ON THE UNDERLYING LOAN WILL APPLY TO THIS ADDED AMOUNT. THE EFFECTIVE DATE OF COVERAGE MAY BE THE DATE YOUR PRIOR COVERAGE LAPSED OR THE DATE YOU FAILED TO PROVIDE PROOF OF COVERAGE. THE COVERAGE WE PURCHASE MAY BE CONSIDERABLY MORE EXPENSIVE THAN INSURANCE YOU CAN OBTAIN ON YOUR OWN AND MAY NOT SATISFY WASHINGTON'S OR OREGON'S MANDATORY LIABILITY INSURANCE LAWS.

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| BORROWER'S NAME Zolla Y Leon | LOAN NUMBER 0002 | MEMBER NUMBER 493531 | DATE OF LOAN 08/14/2018 |
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IN THESE AGREEMENTS, THE WORDS "YOU," "YOUR" AND "YOURS" MEAN ALL THOSE NAMED AS BORROWERS. THE WORDS "WE," "US" AND "OUR" MEAN THE CREDIT UNION.

SECURITY AGREEMENT

Security Interest; PLEDGE OF SHARES; Statutory Lien; Set-off; Administrative Freeze: To secure the payment of this loan and all expenditures incurred by the credit union in connection with this loan: (a) You grant the Credit Union a security interest in the property described on Page 1 of this document ("Collateral"). The security interest includes all increases, substitutions and additions to the secured property, proceeds from any insurance on the secured property and all earnings received from the secured property. The security interest also includes all accessions. Accessions are things which are attached to or installed in the property now or in the future. The security interest also includes any replacements for the property which you buy within 10 days of the loan or any extensions, renewals or refinancing of the loan. If the value of the property declines, you promise to give us more security if asked to do so. You also agree to abide by the terms of the Security Agreement. (b) **YOU GRANT AND PLEDGE TO US A CONSENSUAL LIEN ON ALL SUMS ON DEPOSIT** to secure your obligations to the credit union pursuant to applicable state law. "All sums on deposit" and "shares" for purposes of this pledge means all deposits in any share savings, share draft, club, certificate, P.O.D., revocable trust or custodial accounts(s), whether jointly or individually held, that we have on deposit now or in the future, all of which are deemed "general deposits" for the purpose of this pledge. Your pledge does not include any IRA, Keogh, tax escrow, irrevocable trust or fiduciary account in which you do not have vested ownership interest. (c) You acknowledge and agree to **Impressment of the Credit Union's statutory lien rights** under the Federal Credit Union Act and/or applicable state law as of the date of your loan, which gives us the right to apply the sums in your account(s), to satisfy any obligations you owe to the credit union, regardless of contributions at the time of default, and without further notice to you or any owner of the account(s). (d) You acknowledge and agree to our "common law" right to set off under applicable state law which authorizes us to apply the funds in any joint or individual account to any obligations owed to us if you default or fail to pay or satisfy any obligation to us without any legal process, court proceeding or any notice to any owner of the account(s) affected hereunder or otherwise under this Agreement. (e) You specifically agree that we have a right to place an administrative freeze on any of your joint or individual account(s) and that such action shall not violate 11 USC 362 or other applicable law. IF YOU HAVE A CREDIT CARD WITH US, OUR RIGHTS ALSO APPLY TO THAT CREDIT CARD ACCOUNT.

Multiple Rights; Cumulative Remedies: You understand and agree that the Credit Union has multiple rights as enumerated above and that the remedies are cumulative. Nothing herein shall limit or restrict the remedies available to us following any event of default under the terms of your loan documents.

Cross-collateralization: Property given as security for this loan or for any other loan Borrower has with the credit union will secure all amounts Borrower owes the credit union now and in the future. However, property securing another debt will not secure this loan if such property is Borrower's principal residence (unless the proper rescission notices are given and any other legal requirements are satisfied), or are non-purchase money household goods. IF YOU HAVE A CREDIT CARD WITH US, THIS CROSS-COLLATERALIZATION CLAUSE ALSO APPLIES TO THAT CREDIT CARD.

Release of Lien: We will not release any lien on any collateral under this Note if you are delinquent on, or in default on, any other loan you have with us. For example, if you are in default on a line of credit, we will not release our lien on a vehicle loan, even if the vehicle loan is current or paid in full.

Transfer of Collateral: You will not change the location of, sell or transfer the collateral unless you have our prior written consent.

Good Title: You warrant that you have good title to the collateral, free of all security interests except that given to the credit union and except for any interest of a non-co-maker owner of the collateral who has signed the agreement in the indicated place.

Maintenance of Collateral: You will pay all taxes, assessments, and liens against or attached to the property described and further agree to keep the property in good condition, housed in a suitable shelter. You agree to execute financing statements and security agreement amendments at our request and will defend the property against adverse third party claims.

Additional Security: Should we feel at any time that the security presented has diminished in value, or for any reason feel that additional security is required, you agree to assign to us within ten (10) days whatever additional security we feel is necessary to protect us against possible loss.

Actions Upon Default: If a default as defined in the Loan Agreement should occur, we, or a third party designated by us, have the authority, upon such default, to repossess and sell the collateral in a lawful manner. This includes authority to take possession of any personal property contained in the collateral. In such cases, we or our authorized representatives may, at our option, enter the premises where the collateral is kept and take possession, subject to applicable laws. We have the right to render the property pledged as collateral unusable and may dispose of the collateral on the premises where the collateral is kept. If we decide to sell the collateral at a public sale, private sale or otherwise dispose of the collateral, we will provide reasonable notice if required by law and will otherwise comply with applicable state law. If we sell or otherwise dispose of the collateral we may collect from you reasonable expenses incurred in the retaking, holding and preparing the collateral for and arranging the sale of the collateral. We may also collect reasonable attorney's fees and legal expenses, permitted by applicable law, incurred in connection with disposition of the property. Unless you default, you may keep possession of the property (collateral) described and use it in any lawful manner consistent with this agreement or with the insurance policy on the collateral. You understand that we have certain rights and legal remedies available to us under the Uniform Commercial Code and other applicable laws, and that we may use these rights to enforce payment if you default. In the event of default, you will at our request assemble the property (collateral) and make it available to us at a place of our choosing. If we decide to waive this default, it will not constitute waiver of any other subsequent defaults.

Attorney-in-Fact: We are hereby appointed as your Attorney-in-Fact to perform any acts which we feel are necessary to protect the collateral and the security interest which this agreement creates.

Joint Borrowers: If there is more than one borrower, your obligations under this agreement are joint and several, each being equally responsible to fulfill the terms of this agreement.

Others Bound: This security agreement not only binds you, but your executors, administrators, heirs, and assigns.

Further Assurances: You agree to execute any further documents, and to take any further actions, reasonably requested by Credit Union in order to evidence or perfect the security interests granted herein or to effectuate the rights granted to Credit Union.

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| BORROWER'S NAME Zolla Y Leon | LOAN NUMBER 0002 | MEMBER NUMBER 493531 | DATE OF LOAN 08/14/2018 |
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IN THESE AGREEMENTS, THE WORDS "YOU," "YOUR" AND "YOURS" MEAN ALL THOSE NAMED AS BORROWERS. THE WORDS "WE," "US" AND "OUR" MEAN THE CREDIT UNION.

Governing Law: This Security Agreement is being executed and delivered in, and is intended to be performed in, the State in which our headquarters are located and shall be construed and enforced in accordance with the laws of the State in which our headquarters are located, except to the extent that the Uniform Commercial Code provides for the application of the law of another state.

Additional Advances: Any additional advances made by us for the payment of taxes or assessments or liens of any kind, or premiums on insurance and the interest owing thereon or any other advance necessary to perfect or protect our security interest shall also be secured by this agreement. Such amounts shall be added to your loan balance and your minimum payment due shall be increased or your loan term extended accordingly.

Applies to Louisiana residents only:

Louisiana law permits repossession of motor vehicles upon default without further notice or judicial process.

If the secured collateral is a motor vehicle and you are in default, we may seize and sell the motor vehicle without demand for payment or advance notice to you. Collateral other than motor vehicles may be repossessed without judicial process only as allowed by applicable Louisiana law.

For purposes of foreclosure under Louisiana executory process, you hereby confess judgment in our favor for all amounts secured by the Note, including, but not limited to, principal, interest, late charges, costs of collection, costs of preservation of the collateral, reasonable attorney's fees, and all other amounts under the Note. We may appoint a keeper of the property in the event of foreclosure. To the extent allowed under Louisiana law, you hereby waive the following rights and procedures under Louisiana law: (a) all rights and benefit of appraisal; (b) notice of seizure; (c) the 3-day delay afforded under Articles 2331 and 2722; and (d) all other provisions under Articles 2331, 2722 and 2723 and all other Articles not specifically mentioned herein. You further agree that any declaration of fact made by authentic act by a person declaring that such facts are within his or her knowledge shall constitute authentic evidence of facts for the purposes of foreclosure under applicable Louisiana law and for the purposes of LSA-R.S. 9:3504(D)(6) and LSA-R.S. 10:9-508, to the extent applicable.

PROPERTY INSURANCE; LENDER-PLACED INSURANCE - PLEASE READ CAREFULLY

(a) Your requirement to maintain property insurance. You are required to carry insurance to protect your interest and our interest in the collateral securing this loan. The insurance:

- Must protect against any loss by fire or theft, and collision and comprehensive coverage on motor vehicles and other property pledged as security on this Loan.
- Must (i) be in an amount and type sufficient to repair the collateral to its existing condition prior to the loss, and/or to replace the collateral with comparable or like property, minus depreciation, if it is damaged or lost; or (ii) be in an amount and type as we might otherwise inform you that we require.
- Must have a maximum deductible as set forth by us.
- Must be maintained in force for as long as the loan is outstanding.
- Must name us as loss payee. We must receive the loss payee endorsement within 30 days of your loan date.

These requirements are solely in our discretion and we may change any of these requirements at any time for any reason. The insurance may be obtained by any insurer of your choice that is acceptable to us.

(b) Lender-placed property insurance. Please read carefully:

- If you fail to maintain insurance satisfying the requirements set forth above, or if you fail to provide us proof of such coverage, we may, but do not have to, obtain insurance to protect our interest (not yours) in the property.
- The total cost of lender-placed insurance will be added to the loan balance. The total cost of this insurance includes, but is not limited to, the premium, any administrative costs we incur, any commissions that may be earned, and other reasonable expenses related to your failure to maintain insurance. This cost will be paid by you either on demand, or by increasing your periodic payment, or by extending the loan term.
- Whether we obtain insurance, and the amount and types of coverage that we may obtain, is solely in our discretion. We may obtain this insurance from anyone we want, including an affiliate of ours, and such affiliate may earn a commission on the coverage.
- The insurance placed by us is without benefit to you personally, and is primarily for our protection. It may not adequately protect your interest in the collateral or any personal property contained in the collateral, and will not satisfy any mandatory liability or financial responsibility requirements under state law.
- Coverage obtained by us may be considerably more expensive than coverage you could obtain on your own and may be different than previous policies you may have had or policies that you may prefer.
- Any insurance placed by us will be effective as of the date your policy lapsed or, if you never obtained insurance, the date of the loan.
- Nothing in this agreement is intended to confer third-party beneficiary rights or status to you with respect to any agreements between us and our insurer or its agent.

(c) How to remove lender-placed property insurance. You may have the lender-placed coverage cancelled at any time by providing evidence to us that you have purchased insurance coverage satisfying the requirements set forth above. If you do so, you will receive a refund of any unearned premiums and finance charges on the lender-placed coverages and your loan balance will be adjusted accordingly.

(d) Other. You assign us the right to receive and endorse any insurance proceeds check, to apply those proceeds to the sums you owe, and you direct any insurer to pay those proceeds directly to us. You further authorize us or our representative to obtain the necessary information for verification of adequate coverage. We, or our affiliates, may receive compensation or reimbursement of expenses related to any insurance premiums added by us.

(e) Default. If you fail to maintain insurance as set forth above, you will be in default of your loan. We may either place our own insurance on the collateral as explained above, or we can declare you in default and take all remedies set forth in your loan or security agreement or available to us under applicable law, including calling the loan immediately due.

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| BORROWER'S NAME Zola Y Leon | LOAN NUMBER 0002 | MEMBER NUMBER 493531 | DATE OF LOAN 08/14/2018 |
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PROGRAM AGREEMENT for DEBT PROTECTION PLAN

As used in this Debt Protection Plan Program Agreement ("Agreement"), "You", "Your" or "Borrower" means the person(s) who are obligated to repay a loan to us who have purchased debt protection under this Agreement. "We", "Our", "Us" means, Blue Federal Credit Union, P.O. Box 3200, Cheyenne, WY 82003. "Plan Administrator" means Minnesota Life Insurance Company, 400 Robert Street North, St. Paul, Minnesota, 55101, or one of its affiliates, or a contracted third party.

This Agreement amends your loan or credit agreement. By enrolling in this Debt Protection Plan ("Plan"), you agree to abide by the terms of this Agreement. The Debt Protection Application is a part of this Agreement and is hereby incorporated as if fully set forth herein.

DEFINITIONS

Effective Date: means that date on which your Plan becomes effective, which is the later of: (1) the date you enroll in, and your eligibility is approved for, the Plan; or (2) the date of your first advance under a protected open-end credit plan.

Presently working twenty-four (24) or more hours per week: means that you are actively working for income for twenty-four (24) hours or more per week. "Working" means actually performing your job duties and not off of work due to leave of absence; layoff; routine or seasonal work interruption; or any other reason.

Outstanding Balance and Payment: "Outstanding Balance" means the outstanding loan balance as of the date a Protected Event occurs. "Payment" means the minimum monthly loan payment scheduled under your loan agreement. Outstanding Balance and Payment both refer to the protected amount under the Plan and include principal, interest, the Plan fee and any amounts which the creditor and borrower agreed to finance as part of the loan at the time the credit is extended. It does not include late fees or other fees; real estate taxes or property insurance premiums; or any amount that represents defaults in scheduled payments of either interest or principal. A scheduled lump-sum Balloon payment will only be protected if the Protected Event cancels the Outstanding Balance. Additionally, any advance taken during any period of Involuntary Unemployment or Disability will not be protected and the payment for that advance will not be cancelled. You will be responsible for re-paying any amounts that are not cancelled.

Pre-existing condition: means a condition for which you received or had medical treatment, advice or diagnostic tests either for that same condition or a related condition within the six-month period immediately prior to the Effective Date and immediately prior to each and every advance taken. However, any Protected Event resulting from any such condition or a related condition will not be excluded if the Protected Event commences six months or more after the Effective Date of protection or six months or more after the advance is taken.

TERMS OF PROTECTION

Who is eligible for protection?

This Plan protects an eligible Borrower ("Borrower 1") against Protected Events that occur while you are enrolled in the Plan ("Single Protection"). At an additional cost, you may purchase protection for a Co-Borrower ("Borrower 2") against the Protected Events within the Plan purchased ("Joint Protection"). Co-signers, guarantors, and non-borrower owners of collateral are not eligible for protection.

What types of loans are eligible for protection under the Plan?

The following types of loans are eligible for protection if the Plan is made available to you on that loan type:

Short-Term Loans (Optimal, Premium and Standard Plans): closed-end loans with a term of less than 120 months; open-end consumer credit plans and unsecured lines of credit; and credit cards. Premium Plan is not available for credit cards.

Long-Term Loans (Superior and Basic Plans): closed-end loans with a term of 120 months or greater; and home equity lines of credit.

What is the Plan Fee and how is it collected?

The Plan Fee is the amount you pay for the Protection. It is calculated by applying the rate per \$1,000 of your monthly outstanding balance or loan amount and will be charged and collected monthly. For closed-end loans, the fee becomes part of your required monthly loan payment. For open-end loans, or if Debt Protection is added after the start of your loan, the fee may be added to your outstanding balance as an advance each month without increasing your minimum monthly payment due. This may increase the time it takes to fully re-pay the loan and interest will accrue on the debt protection advance. If you fail to pay the fee, we can cancel the protection or, at our option, add the fee to your outstanding balance upon which it will accrue interest. Such addition may extend the term of your loan.

Can the Plan Fee and terms of this Agreement Change?

Yes. We can change the terms of this Agreement, including the rates, at any time. If we do so, you will be provided prior notice and an opportunity to cancel your Agreement under the Plan.

Can this Agreement be contested?

Yes. If we find that you did not meet the eligibility requirements at the time of your application, your protection under the Plan will be removed, you will receive a refund of fees paid, and an otherwise valid claim will be denied.

PROTECTED EVENTS

The following describes the types of Protected Events and the protection afforded under each Plan:

DEATH with TERMINAL CONDITION (All Plans; Joint Protection Available)

What is the Death with Terminal Condition benefit?

For each protected borrower, we will cancel the amount of your Outstanding Balance as of the date of death, up to \$75,000. If both protected Borrowers die simultaneously, we will cancel the Outstanding Balance, up to \$75,000. In no event will an excess of \$75,000 be cancelled.

If you, or your joint borrower protected under a Joint Plan, is diagnosed with a Terminal Condition, we will cancel up to twelve (12) consecutive Payments as of the date of diagnosis of the terminal illness. The maximum monthly cancellation is \$1,000 for short-term plans, \$1,500 for long-term plans.

What is a Terminal Condition?

A terminal condition is a condition, as diagnosed by a licensed physician, which is caused by sickness or accident that directly results in a life expectancy of twelve (12) months or less.

DISABILITY (Optimal, Premium, Superior and Basic Plans; Joint Protection Available)

What does Disability mean and how do I qualify for Disability?

Disability means your continuous inability, due to sickness or injury, to perform the substantial and material duties of your regular occupation and you are under the regular care and treatment of a licensed physician or licensed health care provider. To qualify for Disability protection, you must be disabled for 14 consecutive days. Benefits begin to accrue on the first (1st) day that you are disabled.

What amounts will be cancelled under the Disability protection?

For each occurrence of Disability, we will cancel 1/30th of the Payment for each day that you are disabled beginning with the first (1st) day of Disability and continuing for up to twelve (12) Payment cancellations. However, cancellations will immediately cease if you recover or return to work; or if the loan is paid off, is refinanced, or is discharged for any reason. Cancellation is limited to a total of \$15,000 over the term of the loan, regardless of the number of occurrences. The maximum monthly cancellation is \$1,000 for Short-Term loans and \$1,500 for Long-Term loans.

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| BORROWER'S NAME Zoila Y Leon | LOAN NUMBER 0002 | MEMBER NUMBER 493531 | DATE OF LOAN 08/14/2018 |
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What if the same or related disability occurs?

Please see the "What if I suffer a recurrence?" question in the General Provisions section below.

INVOLUNTARY UNEMPLOYMENT (Optimal and Superior Plans; Joint Protection Available)

What does Involuntary Unemployment mean and how do I qualify for protection?

Involuntary Unemployment means that you involuntarily lost your full-time employment and you are eligible for, and are receiving, unemployment benefits.

To qualify for Involuntary Unemployment protection, the following requirements must be met:

1. You are involuntarily unemployed for 30 consecutive days; and
2. You are receiving unemployment benefits for the period of unemployment for which you are making a claim under this Agreement.

What amounts are cancelled under Involuntary Unemployment protection?

We will cancel 1/30th of the Payment for each day you are involuntarily unemployed, beginning with the first (1st) day of Involuntary Unemployment and continuing for: (a) up to three (3) Payment cancellations per occurrence of Involuntary Unemployment; (b) until you discontinue receiving unemployment benefits for any reason; or (c) you regain employment; whichever is earlier. Cancellation is limited to a total of \$15,000 over the term of the loan, regardless of the number of occurrences. The maximum monthly cancellation is \$1,000 for Short-Term loans and \$1,500 for Long-Term loans.

EXCLUSIONS

Exclusions apply to both the Outstanding Balance and any and all advances under an open-end credit plan.

Benefits will not be provided under any Protected Event if the Protected Event:

- (1) is due to suicide committed within the first 2 years of protection; (2) is due to an intentionally self-inflicted injury; (3) is due to a Pre-existing Condition; or (4) occurs on or after your 70th birthday.

The following exclusions apply in addition to the above:

Benefits will not be provided under Disability protection if:

- (1) the disability is related to a normal pregnancy, normal childbirth, or elective abortions. Complications due to pregnancy or childbirth will only be protected if the complications themselves are the cause of the disability; or (2) results from war or any act of war, whether declared or undeclared.

Benefits will not be provided under Involuntary Unemployment if:

- (1) your job is terminated because: (a) you retire; (b) you quit or resign your employment for any reason; (c) you lose your employment due to: (i) willful or criminal misconduct; (ii) a normal, routine or seasonal shut-down; (iii) discharge from active military service; (iv) disability caused by sickness or injury; or (v) a strike, lockout, or labor dispute; (2) the involuntary unemployment commences within 90 days after your Effective Date; or (3) you received unemployment benefits within 2 years prior to applying for the Plan.

GENERAL PROVISIONS

How do I obtain benefits and verify a Protected Event under the Plan? To obtain benefits under the Plan, you must notify us of a Protected Event within 30 days or as soon as possible, but no later than six (6) months after the occurrence of the Protected Event, and provide any documentation or information required by us at the time of your claim and/or throughout the period for which Payments are being cancelled. You must be able to verify the Protected Event to our satisfaction. If your delay in filing a claim prevents us in any way from determining eligibility under the Plan, no benefit will be issued.

What if I sustain an unrelated injury or sickness while I am disabled? If you are disabled ("original occurrence") and sustain an additional sickness or injury which would be in and of itself disabling, the additional sickness or injury will not be considered a new occurrence of Disability, but rather will be considered the same occurrence. This means that you will receive benefits only if you did not exhaust your maximum per-occurrence benefits in connection with the original occurrence.

What if I suffer a recurrence of the same or related Protected Event? If you incur a claim for the same type of Protected Event again within six (6) months after you have recovered or returned to full-time work, we will consider this a continuation of the prior event. (For disability, however, this only applies if you are disabled due to the same condition.) This means that the maximum number of cancellations per occurrence for the prior event will still apply; if that maximum was already reached, no benefits will be issued. If you incur a claim for the same type of Protected Event again more than six (6) months after you have recovered or returned to full-time work, we will consider this a new event and the terms and conditions of the Plan apply as if no prior event occurred. This provision applies whether you return to work full-time with the same or different employer.

What is the status of my loan following the occurrence of a Protected Event? During the time it takes to process your request for benefits, you are responsible for making your monthly payment by the due date. Once benefits begin, you are responsible for any difference between the minimum payment due on the loan and the amount that is cancelled.

What if the term of my loan ends while I am receiving cancellations under the Plan? Regardless of the number of cancellations you may otherwise be entitled to, cancellations will cease if the loan is paid off, is refinanced, or is discharged for any reason.

How can the Plan be terminated? You may terminate this Agreement at any time by writing us at Blue Federal Credit Union, P.O. Box 3200, Cheyenne, WY 82003. If you do so within thirty (30) days of your enrollment in the Plan, we will credit your loan account for any fees charged for this protection. We can terminate this Agreement by giving you written notice at least thirty (30) days in advance of the termination. Termination by us or you will be effective on the first of the month following termination. Fees for the month in which notice of termination is received will still be due and collected from the loan payment.

Your Plan participation will terminate without advance notice if: (1) your loan is paid off, refinanced, or discharged for any reason; (2) required loan payments are past due by 90 days or more; (3) you fail to pay the Plan Fee; (4) all protected Borrowers under the Plan reach the age of 70 or die; or (5) the protected Outstanding Balance is paid off under the terms of the Plan or all maximum cancellations are reached. If you bring your loan current after your Protection has been terminated for delinquency, protection will not be reinstated automatically and you must re-apply for the Plan.

What are the tax implications? You may be subject to federal, state and local taxes on the amount of your cancelled loan payment or balance. You should consult your tax advisor. We or the Plan Administrator do not provide you with guidance on the tax implications, if any, of a cancelled debt.

What if I have questions about the Plan? Telephone us at 307-432-5400 or write to us at Blue Federal Credit Union, P.O. Box 3200, Cheyenne, WY 82003 if you have any questions regarding this Plan.



P.O. Box 3200
Cheyenne, WY 82003-3200
(307) 432-5400
(970) 568-7111
(800) 368-9328

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| BORROWER'S NAME AND ADDRESS Zolla Y Leon 1427 Ave C Lot 9 Cheyenne, WY 82007 | | DATE OF LOAN 08/14/2018 | LOAN MATURITY DATE 08/28/2023 | LOAN OFFICER Viviana Ramos |
| CO-BORROWER'S NAME AND ADDRESS | | LOAN NUMBER 0002 | BORROWER'S ACCOUNT NUMBER 493531 | |
| | | BORROWER'S DATE OF BIRTH 09/12/1977 | CO-BORROWER'S DATE OF BIRTH | |

SECURITY INFORMATION

| SHARES PLEDGED: | ACCOUNT NUMBER | | AMOUNT \$ 0.00 | ACCOUNT NUMBER | | AMOUNT \$ |
|-------------------|----------------|------|-------------------|----------------|----------------------|----------------------|
| MOTOR VEHICLES: | YEAR | MAKE | MODEL | BODY TYPE | SERIAL NUMBER or VIN | AMOUNT OF LIEN \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| OTHER COLLATERAL: | | | | | | \$ |

IMPORTANT DISCLOSURES FOR ACTIVE MEMBERS OF THE MILITARY AND THEIR DEPENDENTS:

The following applies to members of the military and their dependents if: (a) at the time your loan is made, you are an active member of the military or you are a dependent of an active member of the military (as those terms are defined in the Military Lending Act, 10 U.S.C. 987 and its implementing regulations); and (b) your loan is unsecured or secured by personal property that you did not purchase with the proceeds of the loan.

- NOTICE:** Federal law provides important protections to members of the Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: the costs associated with credit insurance premiums or debt protection fees; fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card account). To receive this notice verbally, please call 1-800-368-9328 during our normal business hours.
- This loan will not be secured by shares or deposits in any of your accounts unless you specifically agree to establish an account in connection with this loan in which funds deposited after the loan is given will secure this loan. Therefore, the following provisions in the Loan Agreement and Security Agreement do not apply to this loan: "Contractual Pledge of Shares"; any reference to pledge of shares, statutory liens, set-off, or administrative freeze contained in the "Security Agreement, Pledge of Shares; Statutory Lien; Set-off; Administrative Freeze" provision; the "Cross-Collateralization" provision to the extent it purports to cross-collateralize any of your other share or deposit accounts with us.
- This loan is not subject to mandatory arbitration and therefore any reference to mandatory arbitration in this Loan Agreement and Security Agreement shall not apply to this loan.

SECURITY AGREEMENT

Security Interest; PLEDGE OF SHARES; Statutory Lien; Set-off; Administrative Freeze: To secure the payment of this loan and all expenditures incurred by the credit union in connection with this loan: (a) You grant the Credit Union a security interest in the property described on Page 1 of this document ("Collateral"). The security interest includes all increases, substitutions and additions to the secured property, proceeds from any insurance on the secured property and all earnings received from the secured property. The security interest also includes all accessions. Accessions are things which are attached to or installed in the property now or in the future. The security interest also includes any replacements for the property which you buy within 10 days of the loan or any extensions, renewals or refinancing of the loan. If the value of the property declines, you promise to give us more security if asked to do so. You also agree to abide by the terms of the Security Agreement. (b) YOU GRANT AND PLEDGE TO US A CONSENSUAL LIEN ON ALL SUMS ON DEPOSIT to secure your obligations to the credit union pursuant to applicable state law. "All sums on deposit" and "shares" for purposes of this pledge means all deposits in any share savings, share draft, club, certificate, P.O.D., revocable trust or custodial accounts(s), whether jointly or individually held, that we have on deposit now or in the future, all of which are deemed "general deposits" for the purpose of this pledge. Your pledge does not include any IRA, Keogh, tax escrow, irrevocable trust or fiduciary account in which you do not have vested ownership interest. (c) You acknowledge and agree to **impressment of the Credit Union's statutory lien rights** under the Federal Credit Union Act and/or applicable state law as of the date of your loan, which gives us the right to apply the sums in your account(s), to satisfy any obligations you owe to the credit union, regardless of contributions at the time of default, and without further notice to you or any owner of the account(s). (d) You acknowledge and agree to our "common law" right to set off under applicable state law which authorizes us to apply the funds in any joint or individual account to any obligations owed to us if you default or fail to pay or satisfy any obligation to us without any legal process, court proceeding or any notice to any owner of the account(s) affected hereunder or otherwise under this Agreement. (e) You specifically agree that we have a right to place an administrative freeze on any of your joint or individual account(s) and that such action shall not violate 11 USC 362 or other applicable law. IF

YOU HAVE A CREDIT CARD WITH US, OUR RIGHTS ALSO APPLY TO THAT CREDIT CARD ACCOUNT.

Multiple Rights; Cumulative Remedies: You understand and agree that the Credit Union has multiple rights as enumerated above and that the remedies are cumulative. Nothing herein shall limit or restrict the remedies available to us following any event of default under the terms of your loan documents.

Cross-collateralization: Property given as security for this loan or for any other loan Borrower has with the credit union will secure all amounts Borrower owes the credit union now and in the future. However, property securing another debt will not secure this loan if such property is Borrower's principal residence (unless the proper rescission notices are given and any other legal requirements are satisfied), or are non-purchase money household goods. IF YOU HAVE A CREDIT CARD WITH US, THIS CROSS-COLLATERALIZATION CLAUSE ALSO APPLIES TO THAT CREDIT CARD.

Release of Lien: We will not release any lien on any collateral under this Note if you are delinquent on, or in default on, any other loan you have with us. For example, if you are in default on a line of credit, we will not release our lien on a vehicle loan, even if the vehicle loan is current or paid in full.

Transfer of Collateral: You will not change the location of, sell or transfer the collateral unless you have our prior written consent.

Good Title: You warrant that you have good title to the collateral, free of all security interests except that given to the credit union and except for any interest of a non-co-maker owner of the collateral who has signed the agreement in the indicated place.

Maintenance of Collateral: You will pay all taxes, assessments, and liens against or attached to the property described and further agree to keep the property in good condition, housed in a suitable shelter. You agree to execute financing statements and security agreement amendments at our request and will defend the property against adverse third party claims.

Additional Security: Should we feel at any time that the security presented has diminished in value, or for any reason feel that additional security is required, you agree to assign to us within ten (10) days whatever additional security we feel is necessary to protect us against possible loss.

Actions Upon Default: If a default as defined in the Loan Agreement should occur, we, or a third party designated by us, have the authority, upon such default, to repossess and sell the collateral in a lawful manner. This includes authority to take possession of any personal property contained in the collateral. In such cases, we or our authorized representatives may, at our option, enter the premises where the collateral is kept and take possession, subject to applicable laws. We have the right to render the property pledged as collateral unusable and may dispose of the collateral on the premises where the collateral is kept. If we decide to sell the collateral at a public sale, private sale or otherwise dispose of the collateral, we will provide reasonable notice if required by law and will otherwise comply with applicable state law. If we sell or otherwise dispose of the collateral we may collect from you reasonable expenses incurred in the retaking, holding and preparing the collateral for and arranging the sale of the collateral. We may also collect reasonable attorney's fees and legal expenses, permitted by applicable law, incurred in connection with disposition of the property. Unless you default, you may keep possession of the property (collateral) described and use it in any lawful manner consistent with this agreement or with the insurance policy on the collateral. You understand that we have certain rights and legal remedies available to us under the Uniform Commercial Code and other applicable laws, and that we may use these rights to enforce payment if you default. In the event of default, you will at our request assemble the property (collateral) and make it available to us at a place of our choosing. If we decide to waive this default, it will not constitute waiver of any other subsequent defaults.

Attorney-In-Fact: We are hereby appointed as your Attorney-In-Fact to perform any acts which we feel are necessary to protect the collateral and the security interest which this agreement creates.

Joint Borrowers: If there is more than one borrower, your obligations under this agreement are joint and several, each being equally responsible to fulfill the terms of this agreement.

Others Bound: This security agreement not only binds you, but your executors, administrators, heirs, and assigns.

Further Assurances: You agree to execute any further documents, and to take any further actions, reasonably requested by Credit Union in order to evidence or perfect the security interests granted herein or to effectuate the rights granted to Credit Union.

Governing Law: This Security Agreement is being executed and delivered in, and is intended to be performed in, the State in which our headquarters are located and shall be construed and enforced in accordance with the laws of the State in which our headquarters are located, except to the extent that the Uniform Commercial Code provides for the application of the law of another state.

Additional Advances: Any additional advances made by us for the payment of taxes or assessments or liens of any kind, or premiums on insurance and the interest owing thereon or any other advance necessary to perfect or protect our security interest shall also be secured by this agreement. Such amounts shall be added to your loan balance and your minimum payment due shall be increased or your loan term extended accordingly.

PROPERTY INSURANCE; LENDER-PLACED INSURANCE - PLEASE READ CAREFULLY

(a) Your requirement to maintain property insurance. You are required to carry insurance to protect your interest and our interest in the collateral securing this loan. The insurance:

- Must protect against any loss by fire or theft, and collision and comprehensive coverage on motor vehicles and other property pledged as security on this loan.
- Must (i) be in an amount and type sufficient to repair the collateral to its existing condition prior to the loss, and/or to replace the collateral with comparable or like property, minus depreciation, if it is damaged or lost; or (ii) be in an amount and type as we might otherwise inform you that we require.
- Must have a maximum deductible as set forth by us.
- Must be maintained in force for as long as the loan is outstanding.
- Must name us as loss payee. We must receive the loss payee endorsement within 30 days of your loan date.

These requirements are solely in our discretion and we may change any of these requirements at any time for any reason. The insurance may be obtained by any insurer of your choice that is acceptable to us.

(b) Lender-placed property insurance. Please read carefully:

- If you fail to maintain insurance satisfying the requirements set forth above, or if you fail to provide us proof of such coverage, we may, but do not have to, obtain insurance to protect our interest (not yours) in the property.
- The total cost of lender-placed insurance will be added to the loan balance. The total cost of this insurance includes, but is not limited to, the premium, any administrative costs we incur, any commissions that may be earned, and other reasonable expenses related to your failure to maintain insurance. This cost will be paid by you either on demand, or by increasing your periodic payment, or by extending the loan term.
- Whether we obtain insurance, and the amount and types of coverage that we may obtain, is solely in our discretion. We may obtain this

insurance from anyone we want, including an affiliate of ours, and such affiliate may earn a commission on the coverage.

- The insurance placed by us is without benefit to you personally, and is primarily for our protection. It may not adequately protect your interest in the collateral or any personal property contained in the collateral, and will not satisfy any mandatory liability or financial responsibility requirements under state law.
- Coverage obtained by us may be considerably more expensive than coverage you could obtain on your own and may be different than previous policies you may have had or policies that you may prefer.
- Any insurance placed by us will be effective as of the date your policy lapsed or, if you never obtained insurance, the date of the loan.
- Nothing in this agreement is intended to confer third-party beneficiary rights or status to you with respect to any agreements between us and our insurer or its agent.

(c) How to remove lender-placed property insurance. You may have the lender-placed coverage cancelled at any time by providing evidence to us that you have purchased insurance coverage satisfying the requirements set forth above. If you do so, you will receive a refund of any unearned premiums and finance charges on the lender-placed coverages and your loan balance will be adjusted accordingly.


(d) Other. You assign us the right to receive and endorse any insurance proceeds check, to apply those proceeds to the sums you owe, and you direct any insurer to pay those proceeds directly to us. You further authorize us or our representative to obtain the necessary information for verification of adequate coverage. We, or our affiliates, may receive compensation or reimbursement of expenses related to any insurance premiums added by us.

(e) Default. If you fail to maintain insurance as set forth above, you will be in default of your loan. We may either place our own insurance on the collateral as explained above, or we can declare you in default and take all remedies set forth in your loan or security agreement or available to us under applicable law, including calling the loan immediately due.

6100 7-2016

LOAN SIGNATURES

By signing below, Borrower agrees to abide by the terms of the Loan Agreement and all owners GRANT TO THE CREDIT UNION A SECURITY INTEREST IN THE PROPERTY DESCRIBED ABOVE and agree to abide by the terms of the Security Agreement. This pledge of security is governed by the attached Security Agreement. Property given as security for this loan or for any other loan will secure all amounts you owe the Credit Union now and in the future. This includes a security interest in all your shares in the Credit Union. However, for purposes of this loan, the Credit Union specifically waives any security interest it may have in your dwelling as explained in the Security Agreement. Non-purchase money household goods will not secure future advances. By signing below, Other Owner agrees to abide by the terms of the Security Agreement and grants to the Credit Union a security interest in the property described above.

| | |
|---|------------|
| BORROWER'S SIGNATURE | DATE |
| X  | 08-14-2018 |
| <input type="checkbox"/> CO-BORROWER <input type="checkbox"/> *OTHER OWNER <input type="checkbox"/> **GUARANTOR | DATE |
| X | |

| | |
|---|------|
| <input type="checkbox"/> CO-BORROWER <input type="checkbox"/> *OTHER OWNER <input type="checkbox"/> **GUARANTOR | DATE |
| X | |
| <input type="checkbox"/> CO-BORROWER <input type="checkbox"/> *OTHER OWNER <input type="checkbox"/> **GUARANTOR | DATE |
| X | |

*OTHER OWNER: Any person who has a property interest (other than as a renter or lessor) in the above described collateral signs here. The other owner, unless also a co-borrower, is not obligated to pay the debt, but understands that the credit union has a security interest in the collateral as explained in the Security Agreement. **GUARANTOR: Upon default, the credit union may seek immediate payment from the guarantor of any and all sums due on the loan, including all reasonable costs and fees provided under the loan and security agreements, as permitted by law. The guarantor waives all notice to which he or she would otherwise be entitled by law.

Exhibit "17"



Menards Account Statement
Account Number 6004-3009-9257-8226
From August 21, 2018 to September 19, 2018

Page 1 of 3

5150-37-41-1035945-0001-0102938-PC0001010003

| Summary of Account Activity | | |
|-----------------------------|--------------------|-------------|
| Previous Balance | | \$0.00 |
| Payments | - | \$0.00 |
| Other Credits | - | \$392.00 |
| Purchases/Debits | + | \$1,222.62 |
| Past Due Amount | | \$0.00 |
| Fees Charged | + | \$0.00 |
| Interest Charged | + | \$0.00 |
| New Balance | | \$830.62 |
| Credit Limit | | \$16,200.00 |
| Credit Available | | \$15,369.38 |
| Statement Closing Date | September 19, 2018 | |
| Days in Billing Cycle | | 30 |

Payment Information

New Balance \$830.62
Minimum Payment Due \$27.00
Payment Due Date October 14, 2018

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$38.00 and your APRs may be increased to the Penalty APR of 29.74%.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

| If you make no additional charges using this card and each month you pay... | You will pay off the balance shown on this statement in about... | And you will end up paying an estimated total of... |
|---|--|---|
| Only the minimum payment | 5 Years | \$1,451 |
| \$34 | 3 Years | \$1,232 (savings = \$219) |

If you would like information about credit counseling services call 1-866-569-2227.

Questions?
Customer Service

1-800-871-2800

Payment Address: Capital One Retail Services, PO Box 60504, City Of Industry, CA 91716-0504
Billing Inquiries: Retail Services, PO Box 30257, Salt Lake City, UT 84130-0257
Manage Your account online at www.hrsaccount.com/menards

Important Information

You can pay your bill online or over the phone. It's free!

How payments are applied to your account: We apply the amount of your payment equal to the Minimum Payment Due at our discretion and generally to the Minimum Payment Due calculated on each credit plan. We apply any payment in excess of the Minimum Payment Due on your account to higher APR balances before lower APR balances. If you have a Same As Cash Credit Plan(s), we will automatically apply payments received during the final two complete billing cycles and up to the date of expiration first to the required Minimum Payment Due and next to the plan(s) that is expiring, in order of expiration; at other times, we will treat your Same As Cash Credit Plan as having a 0% APR for purposes of determining payment application.

We noticed you've been enjoying our easy, mail-free payment options, so we will no longer be including return envelopes. If you haven't already, you can make things even easier by selecting the paperless statement option on your account online.

Detach and return bottom portion with your payment.

228601 5 19

STMTAM D 49477

See reverse side for Important Information

Account Number: 6004-3009-9257-8226
New Balance \$830.62
Minimum Payment Due \$27.00
Payment Due Date 10/14/2018

Include account number on check to Capital One Retail Services. Do not send cash. Please send your payment 7 to 10 days prior to the payment due date to ensure timely delivery.

1035945 02 MB 0.421 **AUTO T8 0 5150 82007-323209 -C37-P35998-12345678



ZOILA LEONYANEZ
1427 AVENUE C LOT 9
CHEYENNE WY 82007-3232



226

AMOUNT
ENCLOSED

\$

CAPITAL ONE RETAIL SERVICES
PO BOX 60504
CITY OF INDUSTRY CA 91716-0504



0008306200002700000600430099257822600226_00242
AA0607



Transactions

Payments/Returns/Credits

| Trans Date | Post Date | Description of Transaction or Credit | Reference Number | Amount |
|--|-----------|--------------------------------------|------------------------|-----------|
| 09/11/18 | 09/12/18 | RETURNED MERCHANDISE | T182550210003070000009 | -\$335.18 |
| 09/11/18 | 09/12/18 | RETURNED MERCHANDISE | T182550210003070000010 | -\$56.82 |
| Total Payments/Returns/Credits For This Period | | | | -\$392.00 |

Purchases/Debits

| Trans Date | Post Date | Description of Transaction or Credit | Purchase Type | Reference Number | Amount |
|---------------------------------|-----------|--------------------------------------|---------------|------------------------|------------|
| 09/04/18 | 09/05/18 | PURCHASE, GRAND ISLAND NE | Reg - Purch | T182480210003140000054 | \$13.07 |
| 09/04/18 | 09/05/18 | PURCHASE, GRAND ISLAND NE | Same As Cash | T182480210003140000075 | \$973.33 |
| 09/10/18 | 09/11/18 | PURCHASE, GRAND ISLAND NE | Reg - Purch | T182540210003060000009 | \$123.49 |
| 09/10/18 | 09/11/18 | PURCHASE, GRAND ISLAND NE | Reg - Purch | T182540210003060000107 | \$112.73 |
| Total Purchases For This Period | | | | | \$1,222.62 |

Fees

| Trans Date | Post Date | Description of Fees | Reference Number | Amount |
|----------------------------|-----------|---------------------|------------------|--------|
| Total Fees For This Period | | | | \$0.00 |

Interest Charged

| Description of Interest Charge | Amount |
|--------------------------------|--------|
| INTEREST CHARGE ON PURCHASES | \$0.00 |
| Total Interest For This Period | \$0.00 |

Totals Year to Date

| | |
|------------------------|--------|
| Total fees charged | \$0.00 |
| Total interest charged | \$0.00 |

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

| Type of Balance | Annual Percentage Rate (APR) | Balance Subject to Interest Rate | Interest Charge |
|-------------------------|------------------------------|----------------------------------|-----------------|
| Same As Cash 46498 - 03 | 26.74% (v) | \$0.00 | \$0.00 |

v=Variable Rate

Credit Plan Information

To avoid paying Deferred Interest Charges on your Same as Cash Credit plan(s), pay your Promotional Payoff Amount by each Promotion Expiration Date listed below. In addition, minimum payments due must be paid by the Payment Due Date. If you have Debt Protection or Credit Insurance on your account, the Promotional Payoff Amount to avoid Deferred Interest Charges may not be the same as the New Balance of your promotional plan.

| Credit Plan/Promotion Type | Purchase Date | Promotional Expiration Date | Previous Balance | New Balance | Minimum Payment | Deferred Interest | Promotional Payoff Amount |
|----------------------------|---------------|-----------------------------|------------------|-------------|-----------------|-------------------|---------------------------|
| Same As Cash 46498 - 03 | 09/04/2018 | 03/14/2019 | \$0.00 | \$830.62 | \$27.00 | \$10.63 | \$830.62 |

Customer News

Use your BIG Card today and start earning Rebates.

Customer News

Thank you for rating us #1, "Highest in Customer Satisfaction with Home Improvement Retail Stores." Menards received the highest score in the J.D. Power 2018 Home Improvement Retailer Satisfaction Study of customers' satisfaction with major home improvement retailers. Visit jdpower.com/awards



STORE # 3104 GISL
3620 West State Street
Grand Island, NE 68803

PHONE: (308) 389-3929
FAX: (308) 389-3986

PICKING LIST - GUEST COPY

GISL 77321



PAGE 1 OF 1

SOLD BY: KIM S.
DATE: 09/04/18

GUEST NAME - ADDRESS - PHONE

Leon, Zoila
1427 Ave C lot 9
Cheyenne, WY 82007-3232

Ph: (702) 969-2556
JOB DESC:

| QUANTITY | DESCRIPTION | SKU NUMBER |
|----------|--------------------|------------------------|
| 1 EACH | CTOP CARRARA PEARL | 4 FEET HI RES 485-1987 |
| 1 EACH | CTOP CARRARA PEARL | 6 FEET HI RES 485-1988 |

**TO AVOID PRODUCT NOT BEING AVAILABLE ON A LATER DATE
PLEASE PICK UP ALL MERCHANDISE TODAY. THANK YOU.**

This is a quote valid today. Upon payment this quote becomes a yard picking list subject to the terms and conditions below. Quantities listed above may exceed quantities available for immediate pick-up. Product is not held for a specific guest, but instead is available to the buying public on a first come, first serve basis. Please pickup all purchases made on this picking list immediately. Failure to pick up products on this picking list today will result in additional charge to you if, on the day of pick up, the retail price of the products are higher than on the day purchased. Menards liability to you is limited to refunding your original purchase price for any product not picked up.

Guest Instructions:

1. Take this picking list to a cashier to pay for the merchandise.
2. Enter the outside yard to pick up your merchandise. (All vehicles are subject to inspection.)
3. Load your merchandise. (Menards Team Members will gladly help you load your materials but cannot be held liable for damage to your vehicle.)
4. When exiting the yard, present this list to the Gate Attendant. (The Gate Attendant will record the items you are taking with you.)
5. Sign the Gate Attendant's signature pad verifying you've received the merchandise.

PRE-TAX TOTAL: 124.98

Our insurance does not allow us to tie down or secure your load, trunk lid, etc. For your convenience, we supply twine, but you will have to decide whether or not your load is secure and if the twine supplied is strong enough. If you do not believe the twine will suffice, stronger material can be purchased inside the store.

READ THE TERMS AND CONDITIONS CAREFULLY. All returns are subject to Menards' posted return policy. In consideration for Menards low prices you agree that if any merchandise purchased by you is defective, Menards will agree to exchange the merchandise or refund the purchase price based on the form of original payment. You agree that there shall be no other remedy available to you. If there is a warranty provided by the manufacturer, that warranty shall govern your rights and Menards shall be selling the product "AS IS." Oral statements do not constitute warranties, and are not a part of this contract. The guest agrees to inspect all merchandise prior to installing or using it. **UNDER NO CIRCUMSTANCES SHALL MENARDS BE LIABLE FOR ANY SPECIAL, INCIDENTAL, OR CONSEQUENTIAL DAMAGES.** MENARDS MAKES NO WARRANTIES, EXPRESS OR IMPLIED, AS TO MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OF THE MERCHANDISE. Any controversy or claim arising out of or relating to this contract, or the breach thereof, shall be settled by arbitration administered by the American Arbitration Association under its applicable Consumer or Commercial Arbitration Rules, and judgments on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof. The guest agrees to these terms and conditions through purchase of merchandise contained on this document.

THIS IS NOT A RECEIPT GATE ATTENDANT-SCAN HERE ==>



00244

AA0609



STORE # 3104 GISL
3620 West State Street
Grand Island, NE 68803

PHONE: (308) 389-3929
FAX: (308) 389-3936

PICKING LIST - GUEST COPY

GISL 77325



PAGE 1 OF 1

SOLD BY: DAYTON R.
DATE: 09/04/18

GUEST NAME - ADDRESS - PHONE

Leon, Zoila
1427 Avenue C Lot 9
Cheyenne, WY 82007-3232

Ph: (702) 969-2556
JOB DESC:

| QUANTITY | DESCRIPTION | SKU NUMBER |
|----------|-----------------------------------|------------|
| 20 EACH | 1/4X3X5 NOM. PERMABASE TILEBACKER | 131-5039 |

**TO AVOID PRODUCT NOT BEING AVAILABLE ON A LATER DATE
PLEASE PICK UP ALL MERCHANDISE TODAY. THANK YOU.**

This is a quote valid today. Upon payment this quote becomes a yard picking list subject to the terms and conditions below. Quantities listed above may exceed quantities available for immediate pick-up. Product is not held for a specific guest, but instead is available to the buying public on a first come, first serve basis. Please pickup all purchases made on this picking list immediately. Failure to pick up products on this picking list today will result in additional charge to you if, on the day of pick up, the retail price of the products are higher than on the day purchased. Menards liability to you is limited to refunding your original purchase price for any product not picked up.

Guest Instructions:

1. Take this picking list to a cashier to pay for the merchandise.
2. Enter the outside yard to pick up your merchandise. (All vehicles are subject to inspection.)
3. Load your merchandise. (Menards Team Members will gladly help you load your materials but cannot be held liable for damage to your vehicle.)
4. When exiting the yard, present this list to the Gate Attendant. (The Gate Attendant will record the items you are taking with you.)
5. Sign the Gate Attendant's signature pad verifying you've received the merchandise.

PRE-TAX TOTAL: 199.40

Our insurance does not allow us to tie down or secure your load, trunk lid, etc. For your convenience, we supply twine, but you will have to decide whether or not your load is secure and if the twine supplied is strong enough. If you do not believe the twine will suffice, stronger material can be purchased inside the store.

READ THE TERMS AND CONDITIONS CAREFULLY. All returns are subject to Menards' posted return policy. In consideration for Menards low prices you agree that if any merchandise purchased by you is defective, Menards will agree to exchange the merchandise or refund the purchase price based on the form of original payment. You agree that there shall be no other remedy available to you. If there is a warranty provided by the manufacturer, that warranty shall govern your rights and Menards shall be selling the product "AS IS." Oral statements do not constitute warranties, and are not a part of this contract. The guest agrees to inspect all merchandise prior to installing or using it. **UNDER NO CIRCUMSTANCES SHALL MENARDS BE LIABLE FOR ANY SPECIAL, INCIDENTAL, OR CONSEQUENTIAL DAMAGES.** MENARDS MAKES NO WARRANTIES, EXPRESS OR IMPLIED, AS TO MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OF THE MERCHANDISE. Any controversy or claim arising out of or relating to this contract, or the breach thereof, shall be settled by arbitration administered by the American Arbitration Association under its applicable Consumer or Commercial Arbitration Rules, and judgments on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof. The guest agrees to these terms and conditions through purchase of merchandise contained on this document.

THIS IS NOT A RECEIPT GATE ATTENDANT-SCAN HERE ==>



00245

AA0610



STORE #3104 GISL
3620 West State Street
Grand Island, NE 68803

PHONE: (308) 389-3929
FAX: (308) 389-3986

GISL 77319

PICKING LIST - GUEST COPY

PAGE 1 OF 1



SOLD BY: T.J. B.
DATE: 09/04/18

GUEST NAME - ADDRESS - PHONE

Leon, Zoila
1427 Avenue C
Cheyenne, WY 82007-3232

Ph: (702) 969-2556
JOB DESC:

| QUANTITY | DESCRIPTION | SKU NUMBER |
|----------|------------------------|-----------------------|
| 1 EACH | ACCUCOLOR GROUT SANDED | ALMOND-25# 705-6752 |
| 4 EACH | STURDIFLEX MORTAR | WHITE 50# 705-6888 |
| 18 PKG | 12X12 SALINA BONE | CERAMIC TILE 738-1946 |

**TO AVOID PRODUCT NOT BEING AVAILABLE ON A LATER DATE
PLEASE PICK UP ALL MERCHANDISE TODAY. THANK YOU.**

This is a quote valid today. Upon payment this quote becomes a yard picking list subject to the terms and conditions below. Quantities listed above may exceed quantities available for immediate pick-up. Product is not held for a specific guest, but instead is available to the buying public on a first come, first serve basis. Please pickup all purchases made on this picking list immediately. Failure to pick up products on this picking list today will result in additional charge to you if, on the day of pick up, the retail price of the products are higher than on the day purchased. Menards liability to you is limited to refunding your original purchase price for any product not picked up.

Guest Instructions:

1. Take this picking list to a cashier to pay for the merchandise.
2. Enter the outside yard to pick up your merchandise. (All vehicles are subject to inspection.)
3. Load your merchandise. (Menards Team Members will gladly help you load your materials but cannot be held liable for damage to your vehicle.)
4. When exiting the yard, present this list to the Gate Attendant. (The Gate Attendant will record the items you are taking with you.)
5. Sign the Gate Attendant's signature pad verifying you've received the merchandise.

PRE-TAX TOTAL: 241.05

Our insurance does not allow us to tie down or secure your load, trunk lid, etc. For your convenience, we supply twine, but you will have to decide whether or not your load is secure and if the twine supplied is strong enough. If you do not believe the twine will suffice, stronger material can be purchased inside the store.

READ THE TERMS AND CONDITIONS CAREFULLY. All returns are subject to Menards' posted return policy. In consideration for Menards low prices you agree that if any merchandise purchased by you is defective, Menards will agree to exchange the merchandise or refund the purchase price based on the form of original payment. You agree that there shall be no other remedy available to you. If there is a warranty provided by the manufacturer, that warranty shall govern your rights and Menards shall be selling the product "AS IS." Oral statements do not constitute warranties, and are not a part of this contract. The guest agrees to inspect all merchandise prior to installing or using it. **UNDER NO CIRCUMSTANCES SHALL MENARDS BE LIABLE FOR ANY SPECIAL, INCIDENTAL, OR CONSEQUENTIAL DAMAGES.** **MENARDS MAKES NO WARRANTIES, EXPRESS OR IMPLIED, AS TO MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OF THE MERCHANDISE.** Any controversy or claim arising out of or relating to this contract, or the breach thereof, shall be settled by arbitration administered by the American Arbitration Association under its applicable Consumer or Commercial Arbitration Rules, and judgments on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof. The guest agrees to these terms and conditions through purchase of merchandise contained on this document.

THIS IS NOT A RECEIPT GATE ATTENDANT-SCAN HERE ==>



00246

AA0611



bill 420.



Menards Account Statement
Account Number 6004-3009-9257-8226
From June 20, 2018 to July 20, 2018

Page 1 of 3

Summary of Account Activity

| | |
|------------------------|---------------|
| Previous Balance | \$0.00 |
| Payments | \$867.08 |
| Other Credits | \$0.00 |
| Purchases/Debits | \$882.97 |
| Past Due Amount | \$0.00 |
| Fees Charged | \$0.00 |
| Interest Charged | \$0.00 |
| New Balance | \$15.89 |
| Credit Limit | \$11,200.00 |
| Credit Available | \$11,184.11 |
| Statement Closing Date | July 20, 2018 |
| Days in Billing Cycle | 31 |

Payment Information

| | |
|---------------------|-----------------|
| New Balance | \$15.89 |
| Minimum Payment Due | \$15.89 |
| Payment Due Date | August 14, 2018 |

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$35.00 and your APRs may be increased to the Penalty APR of 29.74%.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

| | | |
|---|--|---|
| If you make no additional charges using this card and each month you pay... | You will pay off the balance shown on this statement in about... | And you will end up paying an estimated total of... |
| Only the minimum Payment | 2 Months | \$16 |

If you would like information about credit counseling services call 1-866-569-2227.

Questions?
Customer Service

1-800-871-2800

Payment Address: Capital One Retail Services, PO Box 60504, City of Industry, CA 91716-0504

Billing Inquiries: Retail Services, PO Box 30257, Salt Lake City, UT 84130-0257

Manage Your account online at www.hrsaccount.com/menards

Important Information

You can pay your bill online or over the phone. It's free!

How payments are applied to your account: We apply the amount of your payment equal to the Minimum Payment Due at our discretion and generally to the Minimum Payment Due calculated on each credit plan. We apply any payment in excess of the Minimum Payment Due on your account to higher APR balances before lower APR balances. If you have a Same As Cash Credit Plan(s), we will automatically apply payments received during the final two complete billing cycles and up to the date of expiration first to the required Minimum Payment Due and next to the plan(s) that is expiring, in order of expiration; at other times, we will treat your Same As Cash Credit Plan as having a 0% APR for purposes of determining payment application.

We noticed you've been enjoying our easy, mail-free payment options, so we will no longer be including return envelopes. If you haven't already, you can make things even easier by selecting the paperless statement option on your account online.

Detach and return bottom portion with your payment.

226801 5 19

STMTAM D 98819

See reverse side for Important Information

| | |
|---------------------|---------------------|
| Account Number: | 6004-3009-9257-8226 |
| New Balance | \$15.89 |
| Minimum Payment Due | \$15.89 |
| Payment Due Date | 08/14/2018 |

Include account number on check to Capital One Retail Services. Do not send cash. Please send your payment 7 to 10 days prior to the payment due date to ensure timely delivery.

226 AMOUNT
ENCLOSED \$

1072047 02 MB 0.421 **AUTO TO 0.4967 82007-323209 -C37-P72137-1 2345678



ZOILA LEONYANEZ
1427 AVENUE C LOT 9
CHEYENNE WY 82007-3232



CAPITAL ONE RETAIL SERVICES
PO BOX 60504
CITY OF INDUSTRY CA 91716-0504



00001589000015890006004300992578226002262
AA0612

00247



Menards Account Statement
Account Number 6004-3009-9257-8226
From June 20, 2018 to July 20, 2018

Page 2 of 3

Transactions

Payments/Returns/Credits

| Trans Date | Post Date | Description of Transaction or Credit | Reference Number | Amount |
|--|-----------|--------------------------------------|------------------------|-----------|
| 07/12/18 | 07/16/18 | RETURNED MERCHANDISE | T181940210011350000006 | -\$867.08 |
| Total Payments/Returns/Credits For This Period | | | | -\$867.08 |

Purchases/Debits

| Trans Date | Post Date | Description of Transaction or Credit | Purchase Type | Reference Number | Amount |
|---------------------------------|-----------|--------------------------------------|---------------|------------------------|----------|
| 07/12/18 | 07/16/18 | PURCHASE, CHEYENNE WY | Same As Cash | T181940210011340000033 | \$882.97 |
| Total Purchases For This Period | | | | | \$882.97 |

Fees

| Trans Date | Post Date | Description of Fees | Reference Number | Amount |
|----------------------------|-----------|---------------------|------------------|--------|
| Total Fees For This Period | | | | \$0.00 |

Interest Charged

| Description of Interest Charge | Amount |
|--------------------------------|--------|
| INTEREST CHARGE ON PURCHASES | \$0.00 |
| Total Interest For This Period | \$0.00 |

Totals Year to Date

| | |
|------------------------|--------|
| Total fees charged | \$0.00 |
| Total interest charged | \$0.00 |

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

| Type of Balance | Annual Percentage Rate (APR) | Balance Subject to Interest Rate | Interest Charge |
|-------------------------|------------------------------|----------------------------------|-----------------|
| Same As Cash 46498 - 02 | 26.49% (v) | \$0.00 | \$0.00 |
| v=Variable Rate | | | |

Credit Plan Information

To avoid paying Deferred Interest Charges on your Same as Cash Credit plan(s), pay your Promotional Payoff Amount by each Promotion Expiration Date listed below. In addition, minimum payments due must be paid by the Payment Due Date. If you have Debt Protection or Credit Insurance on your account, the Promotional Payoff Amount to avoid Deferred Interest Charges may not be the same as the New Balance of your promotional plan.

| Credit Plan/Promotion Type | Purchase Date | Promotional Expiration Date | Previous Balance | New Balance | Minimum Payment | Deferred Interest | Promotional Payoff Amount |
|----------------------------|---------------|-----------------------------|------------------|-------------|-----------------|-------------------|---------------------------|
| Same As Cash 46498 - 02 | 07/12/2018 | 01/14/2019 | \$0.00 | \$15.89 | \$15.89 | \$0.10 | \$15.89 |

Customer News

Use your BIG Card today and start earning Rebates.

Customer News

Create the deck of your dreams with the Online Deck Store. Design your deck to fit your style and get an immediate price and buy online! Visit MENARDS.COM to get started. Keyword: Design-It



420



Menards Account Statement
Account Number 6004-3009-9257-8226
From September 20, 2018 to October 19, 2018

Page 1 of 2

Summary of Account Activity

| | | |
|------------------------|---|------------------|
| Previous Balance | | \$830.62 |
| Payments | - | \$100.00 |
| Other Credits | - | \$0.00 |
| Purchases/Debits | + | \$0.00 |
| Past Due Amount | | \$0.00 |
| Fees Charged | + | \$0.00 |
| Interest Charged | + | \$0.00 |
| New Balance | | \$730.62 |
| Credit Limit | | \$16,200.00 |
| Credit Available | | \$15,469.38 |
| Statement Closing Date | | October 19, 2018 |
| Days in Billing Cycle | | 30 |

Payment Information

| | |
|---------------------|-------------------|
| New Balance | \$730.62 |
| Minimum Payment Due | \$27.00 |
| Payment Due Date | November 14, 2018 |

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$38.00 and your APRs may be increased to the Penalty APR of 29.99%.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

| If you make no additional charges using this card and each month you pay... | You will pay off the balance shown on this statement in about... | And you will end up paying an estimated total of... |
|---|--|---|
| Only the minimum payment | 4 Years | \$1,214 |
| \$31 | 3 Years | \$1,116 (savings = \$98) |

If you would like information about credit counseling services call 1-866-569-2227.

Questions?

Customer Service

1-800-871-2800

Payment Address: Capital One Retail Services, PO Box 60504, City Of Industry, CA 91716-0504

Billing Inquiries: Retail Services, PO Box 30257, Salt Lake City, UT 84130-0257

Manage Your account online at www.hrsaccount.com/menards

Important Information

You can pay your bill online or over the phone. It's free!

How payments are applied to your account: We apply the amount of your payment equal to the Minimum Payment Due at our discretion and generally to the Minimum Payment Due calculated on each credit plan. We apply any payment in excess of the Minimum Payment Due on your account to higher APR balances before lower APR balances. If you have a Same As Cash Credit Plan(s), we will automatically apply payments received during the final two complete billing cycles and up to the date of expiration first to the required Minimum Payment Due and next to the plan(s) that is expiring, in order of expiration; at other times, we will treat your Same As Cash Credit Plan as having a 0% APR for purposes of determining payment application.

We noticed you've been enjoying our easy, mail-free payment options, so we will no longer be including return envelopes. If you haven't already, you can make things even easier by selecting the paperless statement option on your account online.

Detach and return bottom portion with your payment.

226601 5 19

STMTAM D 76505

See reverse side for Important Information

Account Number: 6004-3009-9257-8226

New Balance \$730.62

Minimum Payment Due \$27.00

Payment Due Date 11/14/2018

Include account number on check to Capital One Retail Services. Do not send cash. Please send your payment 7 to 10 days prior to the payment due date to ensure timely delivery.

226 AMOUNT ENCLOSED \$

CAPITAL ONE RETAIL SERVICES
PO BOX 60504
CITY OF INDUSTRY CA 91716-0504

1054897 02 MB 0.421 **AUTO T2 0 5240 82007-323209 -C37-P54969-I 2345678



ZOILA LEONYANEZ
1427 AVENUE C LOT 9
CHEYENNE WY 82007-3232



00073062000027000006004300992578226002263
AA0615

00250

**Transactions****Payments/Returns/Credits**

| Trans Date | Post Date | Description of Transaction or Credit | Reference Number | Amount |
|--|-----------|--------------------------------------|-------------------------|-----------|
| 10/10/18 | 10/11/18 | PAYMENT BY PHONE - THANK YOU | 60006008283194RZFG50W0P | -\$100.00 |
| Total Payments/Returns/Credits For This Period | | | | -\$100.00 |

Fees

| Trans Date | Post Date | Description of Fees | Reference Number | Amount |
|----------------------------|-----------|---------------------|------------------|--------|
| Total Fees For This Period | | | | \$0.00 |

Interest Charged

| Description of Interest Charge | Amount |
|--------------------------------|--------|
| INTEREST CHARGE ON PURCHASES | \$0.00 |
| Total Interest For This Period | \$0.00 |

Totals Year to Date

| | |
|------------------------|--------|
| Total fees charged | \$0.00 |
| Total interest charged | \$0.00 |

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

| Type of Balance | Annual Percentage Rate (APR) | Balance Subject to Interest Rate | Interest Charge |
|-------------------------|------------------------------|----------------------------------|-----------------|
| Same As Cash 46498 - 03 | 26.74% (v) | \$0.00 | \$0.00 |
| v=Variable Rate | | | |

Credit Plan Information

To avoid paying Deferred Interest Charges on your Same as Cash Credit plan(s), pay your Promotional Payoff Amount by each Promotion Expiration Date listed below. In addition, minimum payments due must be paid by the Payment Due Date. If you have Debt Protection or Credit Insurance on your account, the Promotional Payoff Amount to avoid Deferred Interest Charges may not be the same as the New Balance of your promotional plan.

| Credit Plan/Promotion Type | Purchase Date | Promotional Expiration Date | Previous Balance | New Balance | Minimum Payment | Deferred Interest | Promotional Payoff Amount |
|----------------------------|---------------|-----------------------------|------------------|-------------|-----------------|-------------------|---------------------------|
| Same As Cash 46498 - 03 | 09/04/2018 | 03/14/2019 | \$830.62 | \$730.62 | \$27.00 | \$28.58 | \$730.62 |

Customer News

Use your BIG Card today and start earning Rebates.

Customer News

Thank you for rating us #1, "Highest in Customer Satisfaction with Home Improvement Retail Stores." Menards received the highest score in the J.D. Power 2018 Home Improvement Retailer Satisfaction Study of customers' satisfaction with major home improvement retailers. Visit jdpower.com/awards

MENARDS - GRAND ISLAND
3620 WEST STATE
STREET
GRAND ISLAND, NE
68803

KEEP YOUR RECEIPT
 RETURN POLICY VARIES BY PRODUCT TYPE

Unless noted below allowable returns for items on this receipt will be in the form of an in-store credit voucher. If the return is done after 12/03/18

If you have questions regarding the charges on your receipt, please call us at:
 815.170.1000



Sale Transaction

BEA 12' RIBBON CABLE
 2614462
 STARBUCKS (REG) ...
 2730653

TOTAL 14.39
 TAX GRAND ISLAND-NE 7% 0.99
 TOTAL SALE 15.37
 Menard Card 8226 13.07
 Shipped

THE FOLLOWING RECEIPT RECEIPTS WERE
 PRINTED FOR THIS TRANSACTION:
 4498

GUEST COPY

The Cardholder acknowledges receipt of goods/services in the total amount shown hereon and agrees to pay the card issuer according to its current terms.

THIS IS YOUR CREDIT CARD SALES SLIP
 PLEASE RETAIN FOR YOUR RECORDS.

MENARDS - GRAND ISLAND
3620 WEST STATE
STREET
GRAND ISLAND, NE
68803

KEEP YOUR RECEIPT
 RETURN POLICY VARIES BY PRODUCT TYPE

Unless noted below allowable returns for items on this receipt will be in the form of an in-store credit voucher. If the return is done after 12/10/18

If you have questions regarding the charges on your receipt, please call us at:
 815.170.1000



Sale Transaction

MARIANNA HI SHOWER CH
 675613 79.99
 TOTAL 79.99
 TAX GRAND ISLAND-NE 7% 5.60
 TOTAL SALE 85.59
 VISA CREDIT 2979 85.59
 Auth Code: 011610
 Card Issued
 8000000031010
 TC - 101784834651

TOTAL NUMBER OF ITEMS = 1

GUEST COPY

The Cardholder acknowledges receipt of goods/services in the total amount shown hereon and agrees to pay the card issuer according to its current terms.

THIS IS YOUR CREDIT CARD SALES SLIP
 PLEASE RETAIN FOR YOUR RECORDS.

MENARDS - GRAND ISLAND
3620 WEST STATE
STREET
GRAND ISLAND, NE
68803

KEEP YOUR RECEIPT
 RETURN POLICY VARIES BY PRODUCT TYPE

Unless noted below allowable returns for items on this receipt will be in the form of an in-store credit voucher. If the return is done after 12/03/18

If you have questions regarding the charges on your receipt, please call us at:
 815.170.1000



Sale Transaction

1-5.99" ALL PURPOSE SCREW
 2-445 2.00 \$0.99
 ADDITIONAL GROUT SAMPON
 7-379 14.37
 TOTAL 16.36
 TAX GRAND ISLAND-NE 7% 1.14
 TOTAL SALE 17.50
 Menard Card 8226 121.49
 Shipped

TOTAL SAVINGS 4.50

TOTAL NUMBER OF ITEMS = 11

GUEST COPY

The Cardholder acknowledges receipt of goods/services in the total amount shown hereon and agrees to pay the card issuer according to its current terms.

Use Your  2%
BIG CARD REBATE

MENARDS®

MENARDS - GRND ISLND
3620 WEST STATE
STREET
GRAND ISLAND, NE
68803

If you have questions regarding the
charges on your receipt, please
email us at:

GISLfrontend@menards.com



Merchandise Return

CTOP CARRARA PEARL
4851988 74.99-
ORIG STORE: 3104 5 5189 09/04/2018
CTOP CARRARA PEARL
4851987 49.99-
ORIG STORE: 3104 5 5189 09/04/2018
12X12 SALINA BONE
7381946 270 @0.64 172.80-
ORIG STORE: 3104 5 5189 09/04/2018
4" ALL PURPOSE SCREW
2293268 15.47-
ORIG STORE: 3104 5 5189 09/04/2018

TOTAL 313.25-
TAX GRAND ISLAND-NE 7X 21.93-
TOTAL SALE 335.18-
Menard Card 8226 335.18-

TOTAL NUMBER OF ITEMS = 273

GUEST COPY

Menards has released this transaction
to your financial institution. Your
financial institution is responsible
for processing this refund to your
account. Please contact your financial
institution for fund availability.

THIS IS YOUR CREDIT CARD SALES SLIP
PLEASE RETAIN FOR YOUR RECORDS.

NOW HIRING!

Extra \$3/HR on Weekends

Overtime Opportunities Available

Please Apply in Person

Or at Menards.com/Careers

THANK YOU, YOUR CASHIER, CASSIDY

0015 60 5567 09/11/18 04:51PM 3104

Use Your  2%
BIG CARD REBATE

MENARDS®

MENARDS - GRND ISLND
3620 WEST STATE
STREET
GRAND ISLAND, NE
68803

If you have questions regarding the
charges on your receipt, please
email us at:

GISLfrontend@menards.com



Merchandise Return

12X12 SALINA BONE
7381946 90 @0.59 53.10-
ORIG STORE: 3104 2 996 09/10/2018
TOTAL 53.10-
TAX GRAND ISLAND-NE 7X 3.72-
TOTAL SALE 56.82-
Menard Card 8226 56.82-

TOTAL NUMBER OF ITEMS = 90

GUEST COPY

Menards has released this transaction
to your financial institution. Your
financial institution is responsible
for processing this refund to your
account. Please contact your financial
institution for fund availability.

THIS IS YOUR CREDIT CARD SALES SLIP
PLEASE RETAIN FOR YOUR RECORDS.

NOW HIRING!

Extra \$3/HR on Weekends

Overtime Opportunities Available

Please Apply in Person

Or at Menards.com/Careers

THANK YOU, YOUR CASHIER, CASSIDY

30015 60 5569 09/11/18 04:55PM 3104

MENARDS®

MENARDS - GRND ISLND
3620 WEST STATE
STREET
GRAND ISLAND, NE
68803

KEEP YOUR RECEIPT
RETURN POLICY VARIES BY PRODUCT TYPE

Unless noted below allowable returns for
items on this receipt will be in the form
of an in store credit voucher if the
return is done after 12/03/18

If you have questions regarding the
charges on your receipt, please
email us at:

GISLfrontend@menards.com



Sale Transaction

Cust name: Leon, Zolla
CRUNCHY CHEETO 3.98 NT
5736037
CHEETOS PUFFS 1.98 NT
5736180
SC ENTRY TYLO KNOB 14.47
2218722
BROOKSVILLE 2H KITCHEN C 89.99
8736042
4" ALL PURPOSE SCREW 15.47
2293268
VIBRATING MASSAGER 3.00
5750142
EXT. BACK SCRATCHER 3.00
5750068
PLUS 3 COMPOUND PATL-BLU 5.99
1312661
TRADITIONS DBL UTY PK BK 2.78
2200020 2 @1.39
DBL BML SINK 33X22X6 22G 59.95
8724105
ORDER 77321
CTOP CARRARA PEARL PICK SEQ# 1 49.99
4851987
CTOP CARRARA PEARL PICK SEQ# 2 74.99
4851988
END OF ORDER
ORDER 77319
12X12 SALINA BONE PICK 172.80
7381946 18 PKG @9.60/PKG
STURDIFLEX MORTAR PICK 53.88
7056888 4 @13.47
ACCUCOLOR GROUT SANDED PICK 14.37
7056752
END OF ORDER
SPECIAL ORDER 30291350
PRIME WOODLITE PICK SEQ# 1 58
4003466 184.00
END OF ORDER
ORDER 77325
1/4X3X5 NON. PERMABASE PICK 199.40
1315038 20 @9.97
END OF ORDER

TOTAL 910.04
TAX GRAND ISLAND-NE 7X 63.29
TOTAL SALE 973.33
Menard Card 8226 973.33
039452
Swiped

TOTAL NUMBER OF ITEMS = 57

Interest charges on the promotional
purchase if paid in full within 6 months.
If the balance attributed to the
promotional purchase is not paid in full
within 6 months, interest charges will be
imposed from the date of the purchase at
your Standard APR. This APR will vary
with the market based on the prime rate.
Minimum payments the greater of \$25 or 3%
of the purchase required.



MENARDS - GRND ISLND
3620 WEST STATE
STREET
GRAND ISLAND, NE
68803

KEEP YOUR RECEIPT
RETURN POLICY VARIES BY PRODUCT TYPE

Unless noted below allowable returns for
items on this receipt will be in the form
of an in store credit voucher if the
return is done after 12/02/18

If you have questions regarding the
charges on your receipt, please
email us at:
GTSIfrontend@menards.com



Sale Transaction

| | |
|--------------------------|--------|
| HAID DEEP REACH FOG 4PK | CI |
| 2633462 5 06.77 | 33.85 |
| PARAMNT CEILING PAINT FL | |
| 5511704 | 40.98 |
| MASTER SPC PAINT KIT | |
| 3610260 | 10.99 |
| FLY SHATTER - METAL HNDL | |
| 2632220 | 0.88 |
| ARA INT OIL POLY GLOSS | |
| 3553374 | 34.97 |
| 3D INT PAINT S-G WH/PAST | |
| 5511878 2 \$149.00 | 298.00 |
| TOTAL | 419.67 |
| TAX GRAND ISLAND-NE 7% | 29.38 |
| TOTAL SALE | 449.05 |
| MasterCard 2909 | 449.05 |
| Auth Code:084955 | |
| Chip Inserted | |
| 0000000041010 | |
| TC - 1057bc8f46b09c1d | |

NUMBER OF ITEMS = 11

THE FOLLOWING REBATE RECEIPTS WERE
PRINTED FOR THIS TRANSACTION:
4488

GUEST COPY

The Cardholder acknowledges receipt of
goods/services in the total amount shown
hereon and agrees to pay the card issuer
according to its current terms.

THIS IS YOUR CREDIT CARD SALES SLIP
PLEASE RETAIN FOR YOUR RECORDS.

If opened, we cannot accept returns
of this chemical item. Opened chemical
items will be replaced or refunded with
an in-store credit voucher. Guest will
keep the opened item. Unopened chemical
items may be returned in accordance with
the regular return policy.

See menards.com for return policy details

NOW HIRING!

Extra \$3/HR on Weekends

Overtime Opportunities Available

Please Apply in Person

Or at Menards.com/Careers

THANK YOU, YOUR CASHIER, RUBY

0022 07 4108 09/03/18 08:18PM 3104



MENARDS - GRND ISLND
3620 WEST STATE
STREET
GRAND ISLAND, NE
68803

KEEP YOUR RECEIPT
RETURN POLICY VARIES BY PRODUCT TYPE

Unless noted below allowable returns for
items on this receipt will be in the form
of an in store credit voucher if the
return is done after 12/02/18

If you have questions regarding the
charges on your receipt, please
email us at:
GTSIfrontend@menards.com



Sale Transaction

| | |
|-------------------------------------|---------|
| PURDY 9"x1/2" MARATHON [®] | |
| 5610824 | 11.97 |
| GOLF PLAYING LADIES | |
| 5750141 3 | 180 |
| 6PK COTTON PAINT | |
| 5613576 | 5.54 |
| SANDING SPONGE | |
| 5623262 | 5.54 |
| GOLD GLITTER | |
| 5428700 | 6.97 |
| EMERY | |
| 5622030 | 3.97 |
| 3M WD | |
| 5622241 | 11.78 |
| GLAZE CUNT MARK IN EPOXY | |
| 5550736 | 22.98 |
| ROCKSTAR ENERGY | |
| 5736030 | 1.50 NT |
| WATRITIE 1X WIPER PAINT | |
| 5507926 | 20.77 |
| TOTAL | 105.45 |
| TAX GRAND ISLAND-NE 7% | 7.26 |
| TOTAL SALE | 112.73 |
| Menard Card 8226 | 112.73 |
| 639188 | |
| Shipped | |

TOTAL NUMBER OF ITEMS = 14

GUEST COPY

The Cardholder acknowledges receipt of
goods/services in the total amount shown
hereon and agrees to pay the card issuer
according to its current terms.

THIS IS YOUR CREDIT CARD SALES SLIP
PLEASE RETAIN FOR YOUR RECORDS.

NOW HIRING!

Extra \$3/HR on Weekends

Overtime Opportunities Available

Please Apply in Person

Or at Menards.com/Careers

THANK YOU, YOUR CASHIER, JEREMY

29/80 07 5111 09/10/18 12:21PM 3104



MENARDS - GRND ISLND
3620 WEST STATE
STREET
GRAND ISLAND, NE
68803

If you have questions regarding the
charges on your receipt, please
email us at:

GTSIfrontend@menards.com



Merchandise Return

PARAMNT CEILING PAINT FL
5511704 40.98-
ORIG STORE: 3104 7 4108 09/03/2018

| | |
|------------------------|--------|
| TOTAL | 40.98- |
| TAX GRAND ISLAND-NE 7% | 2.87- |
| TOTAL SALE | 43.85- |
| MASTERCARD 2909 | 43.85- |

TOTAL NUMBER OF ITEMS = 1

GUEST COPY

Menards has released this transaction
to your financial institution. Your
financial institution is responsible
for processing this refund to your
account. Please contact your financial
institution for fund availability.

THIS IS YOUR CREDIT CARD SALES SLIP
PLEASE RETAIN FOR YOUR RECORDS.

NOW HIRING!

Extra \$3/HR on Weekends

Overtime Opportunities Available

Please Apply in Person

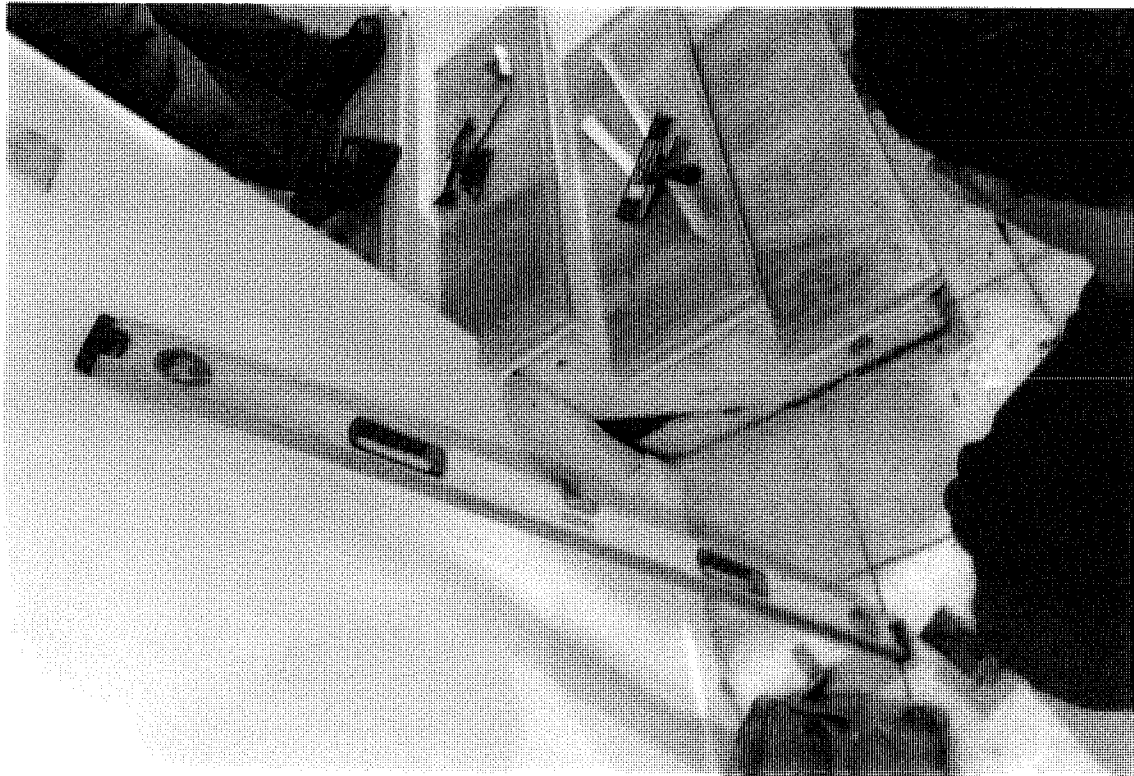
Or at Menards.com/Careers

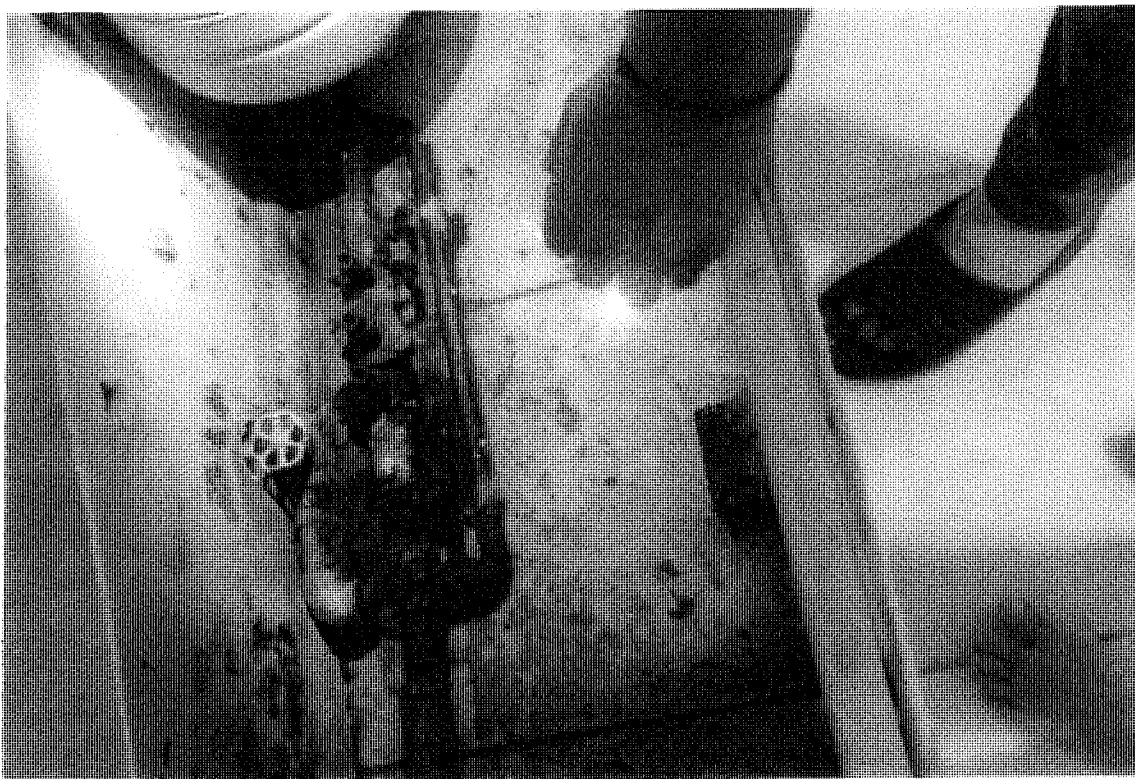
THANK YOU, YOUR CASHIER, CASSIDY

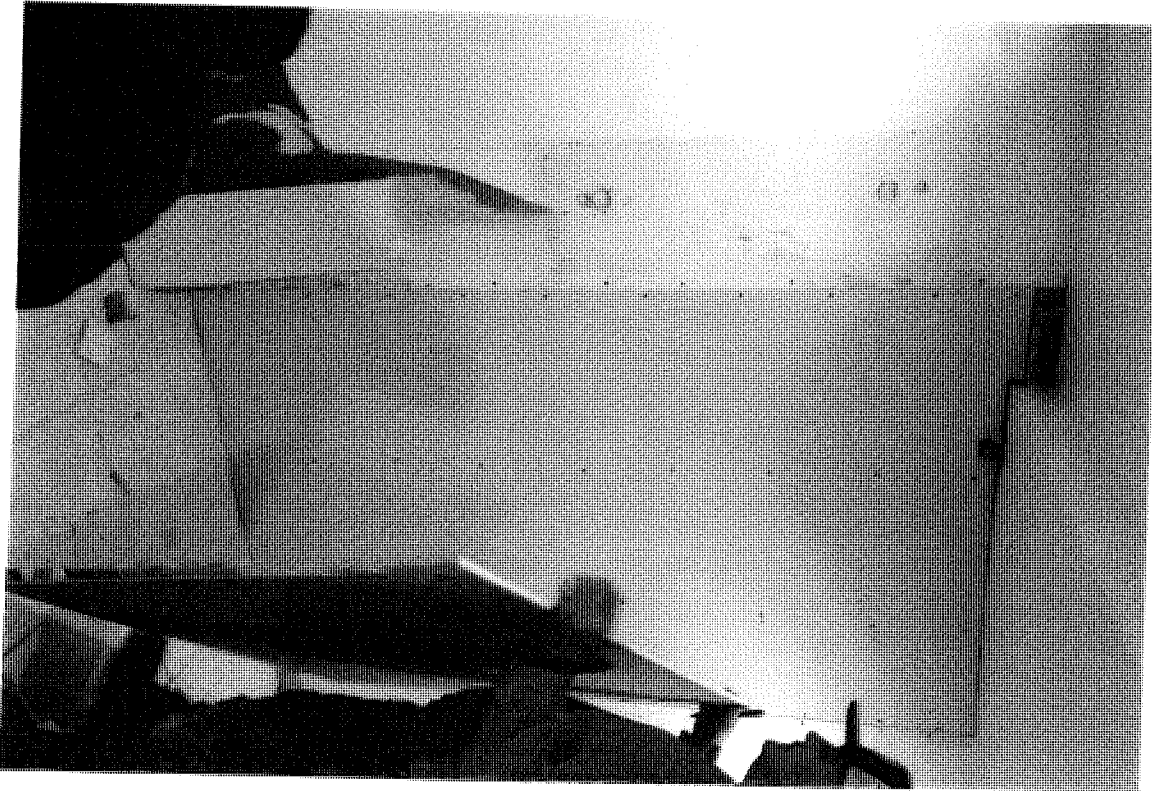
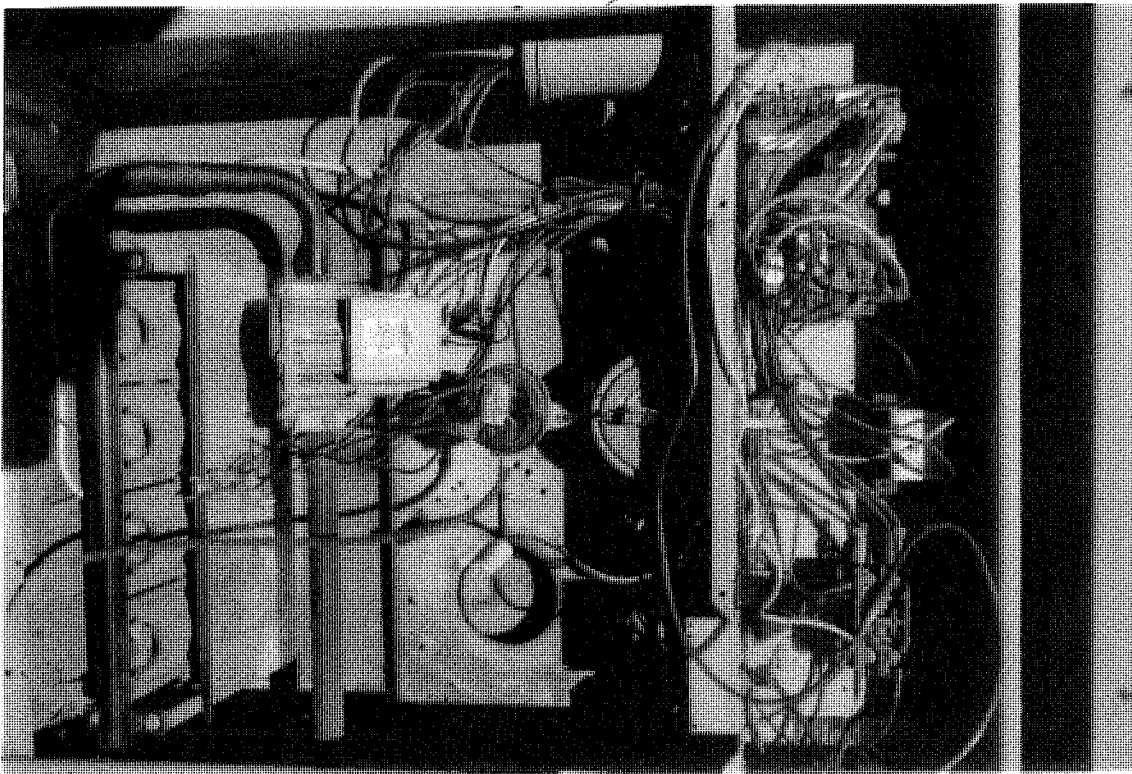
30015 60 5568 09/11/18 04:53PM 3104

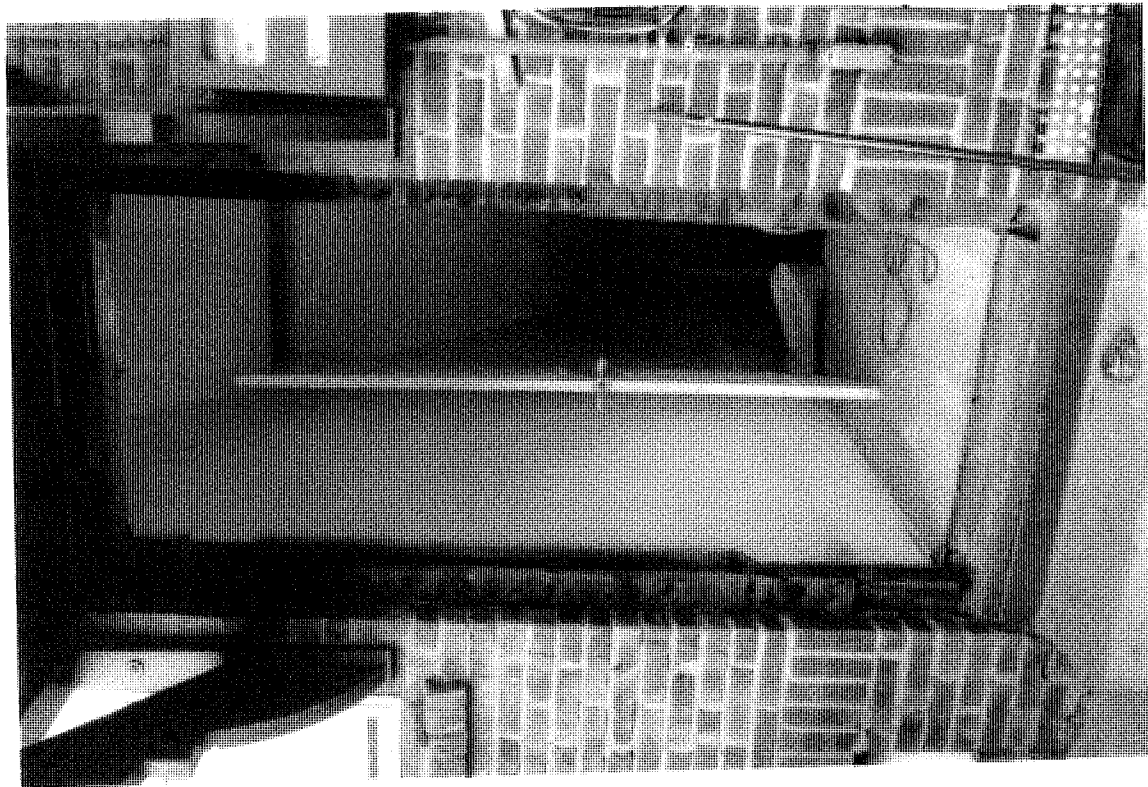
Exhibit "18"

AA0620

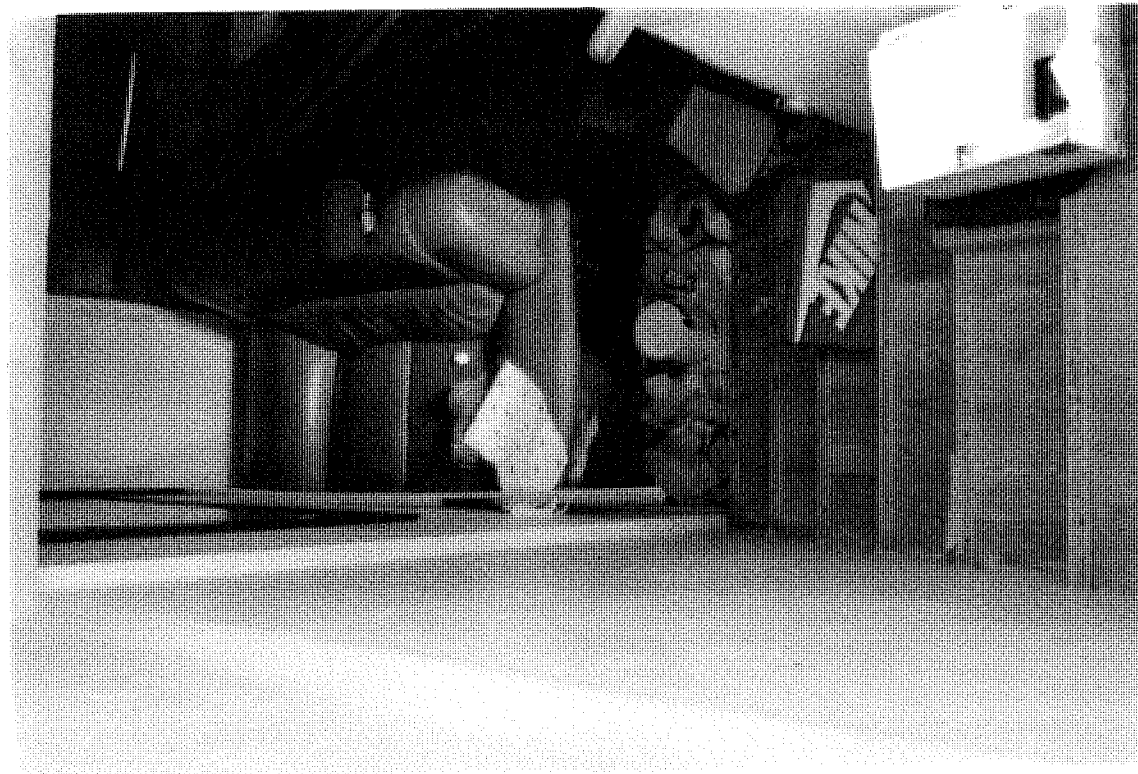




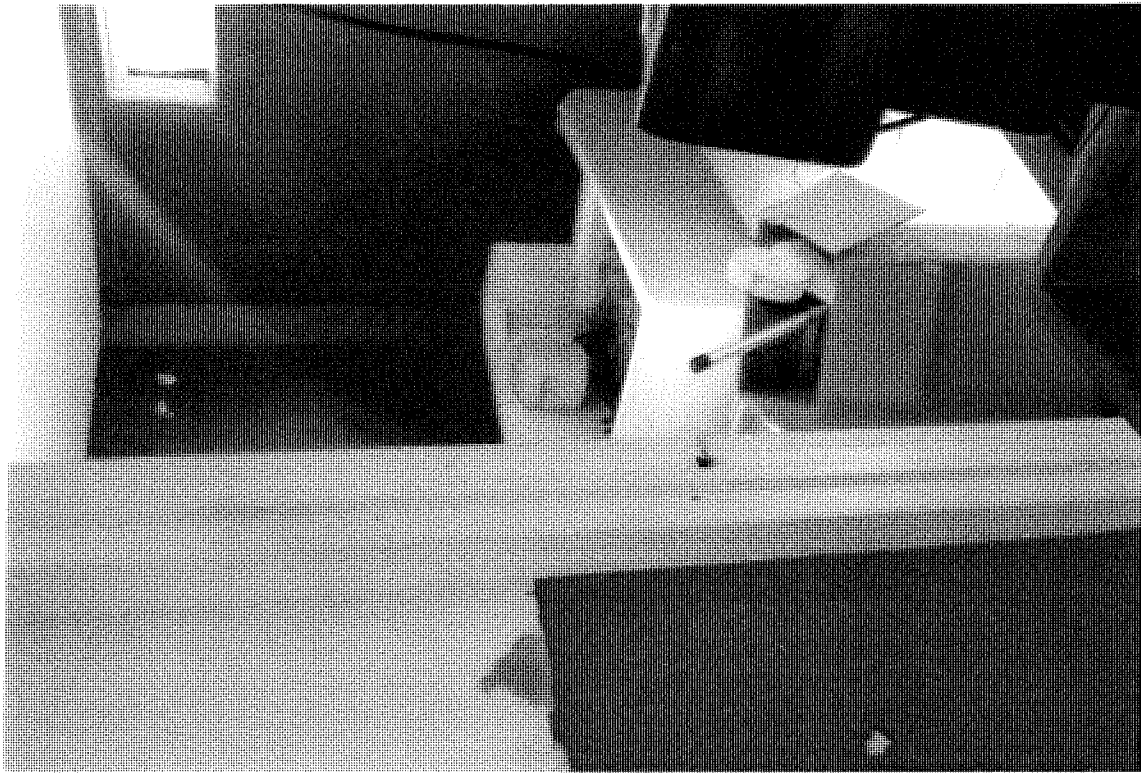
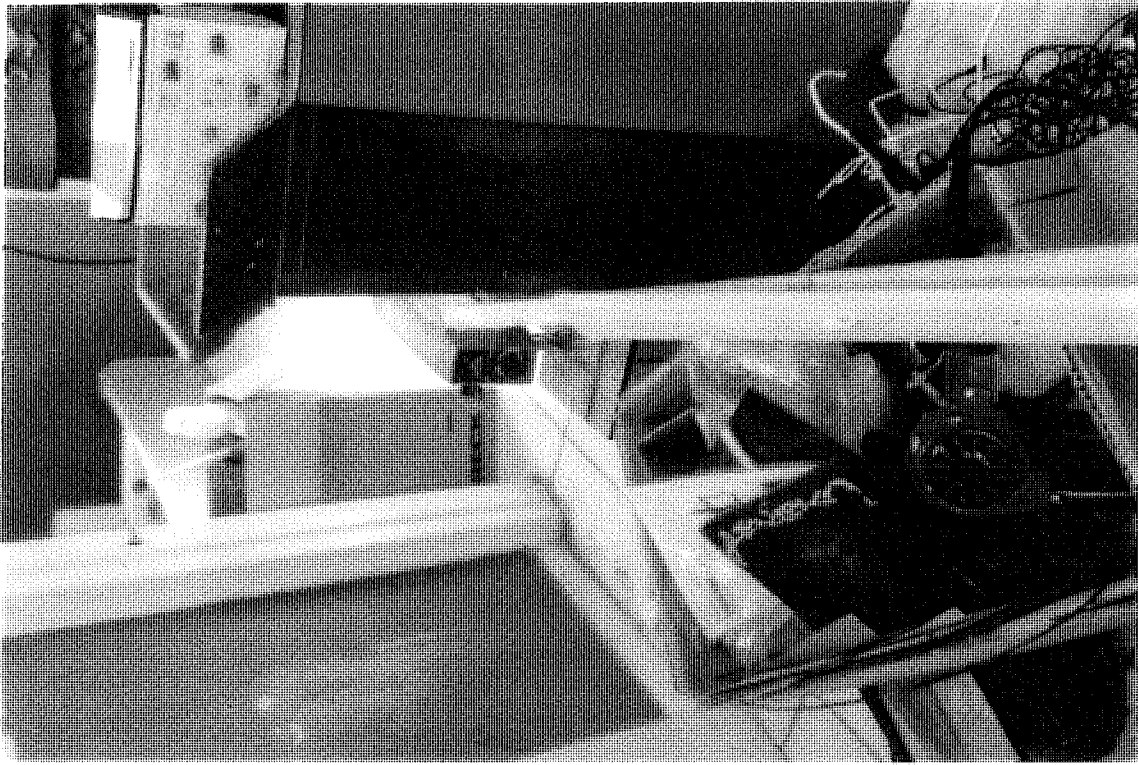












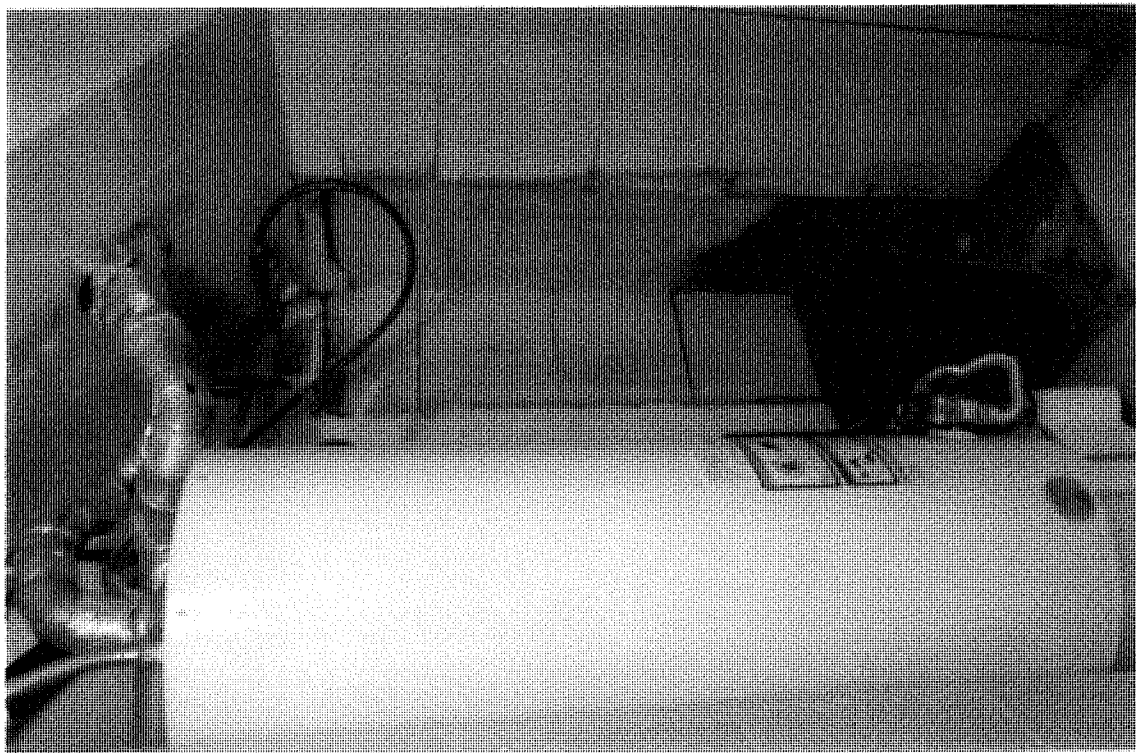
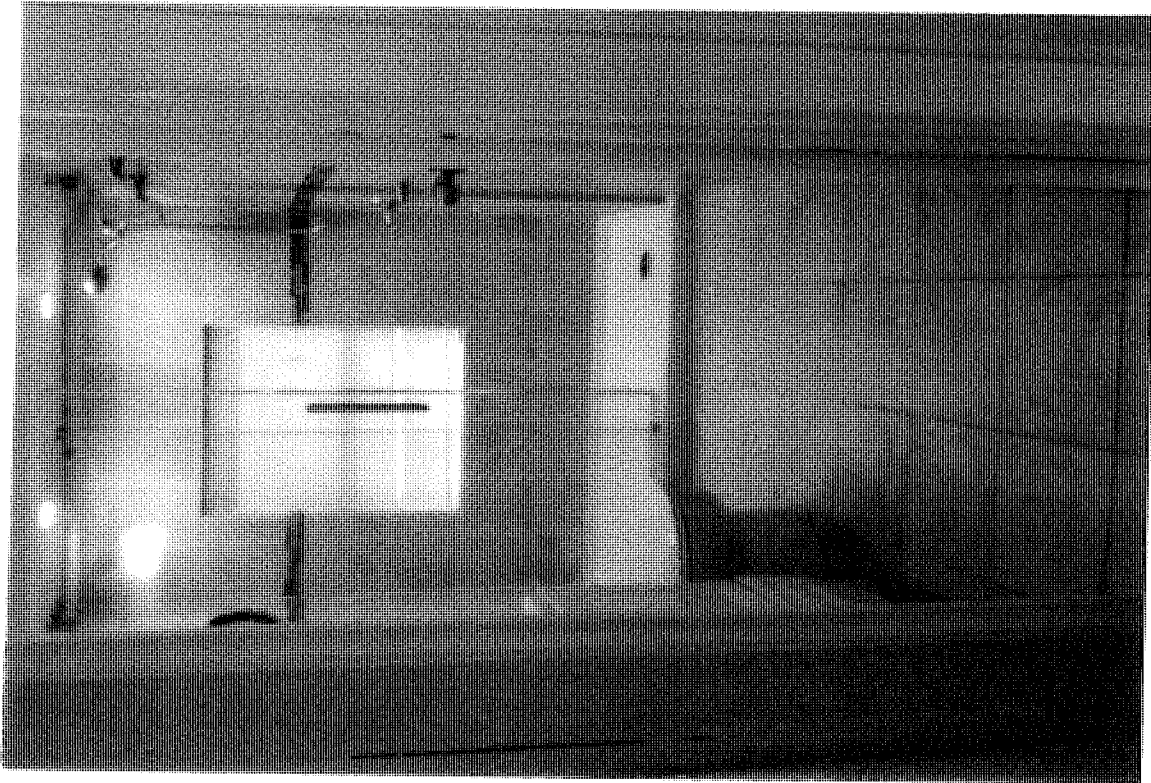


Exhibit "19"









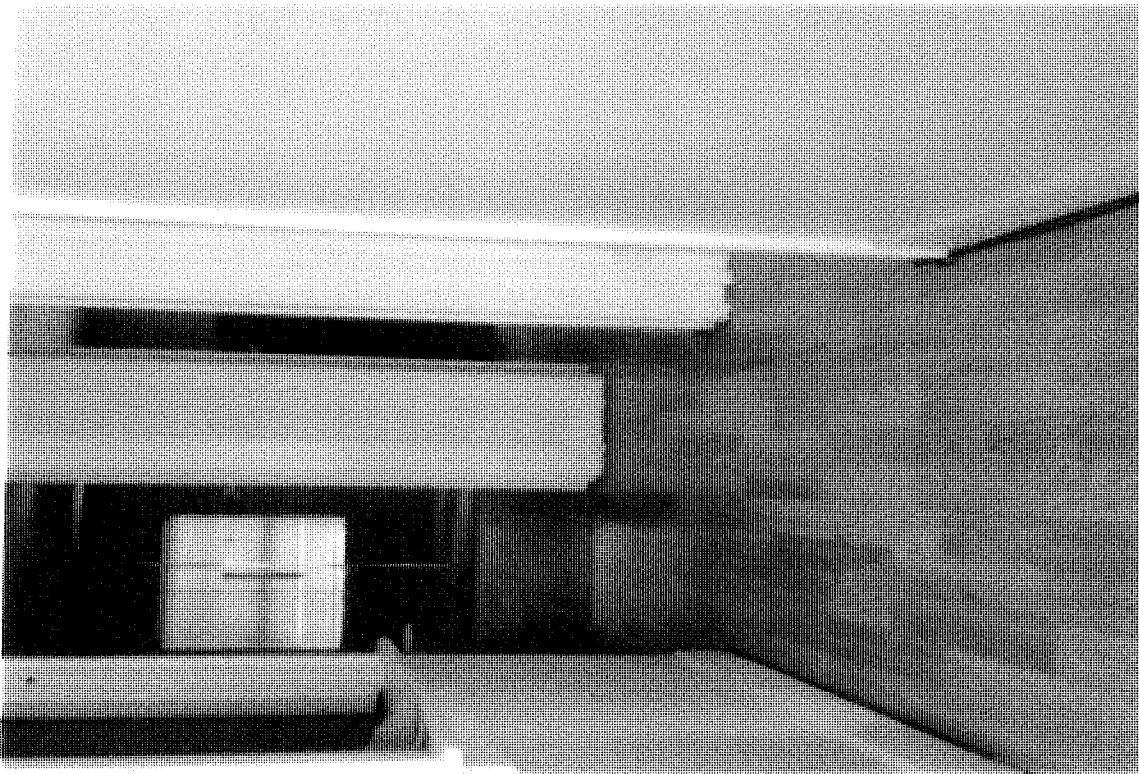
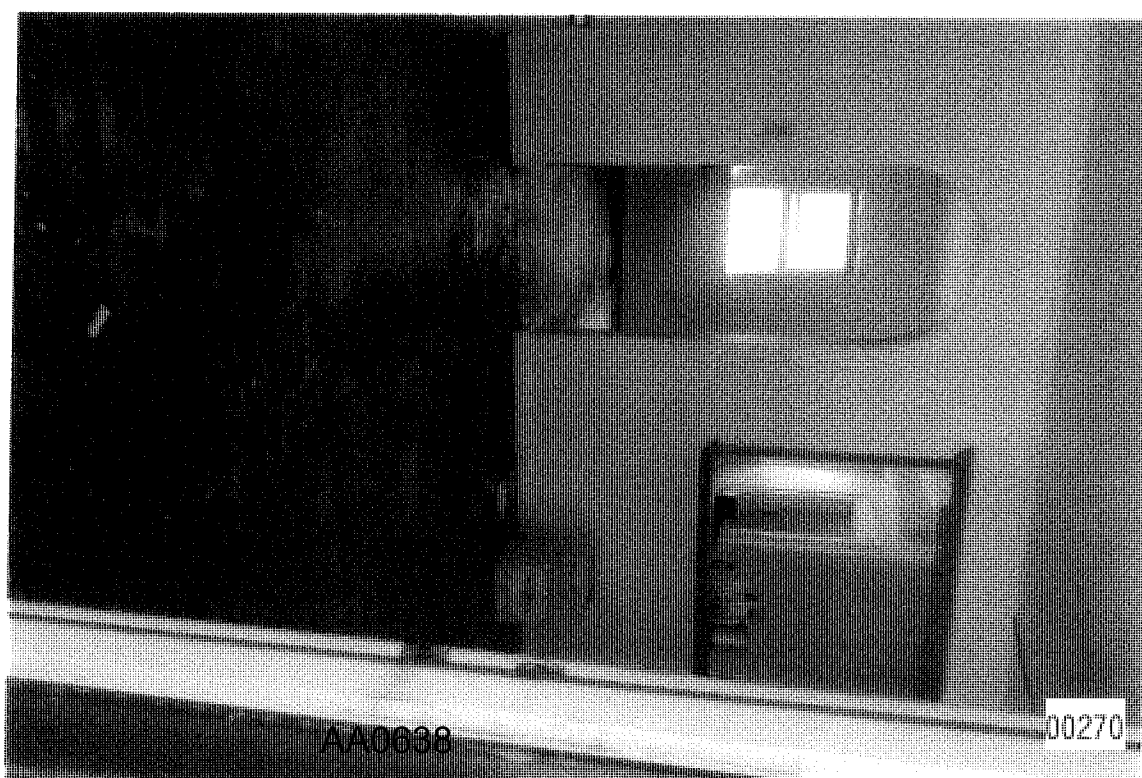
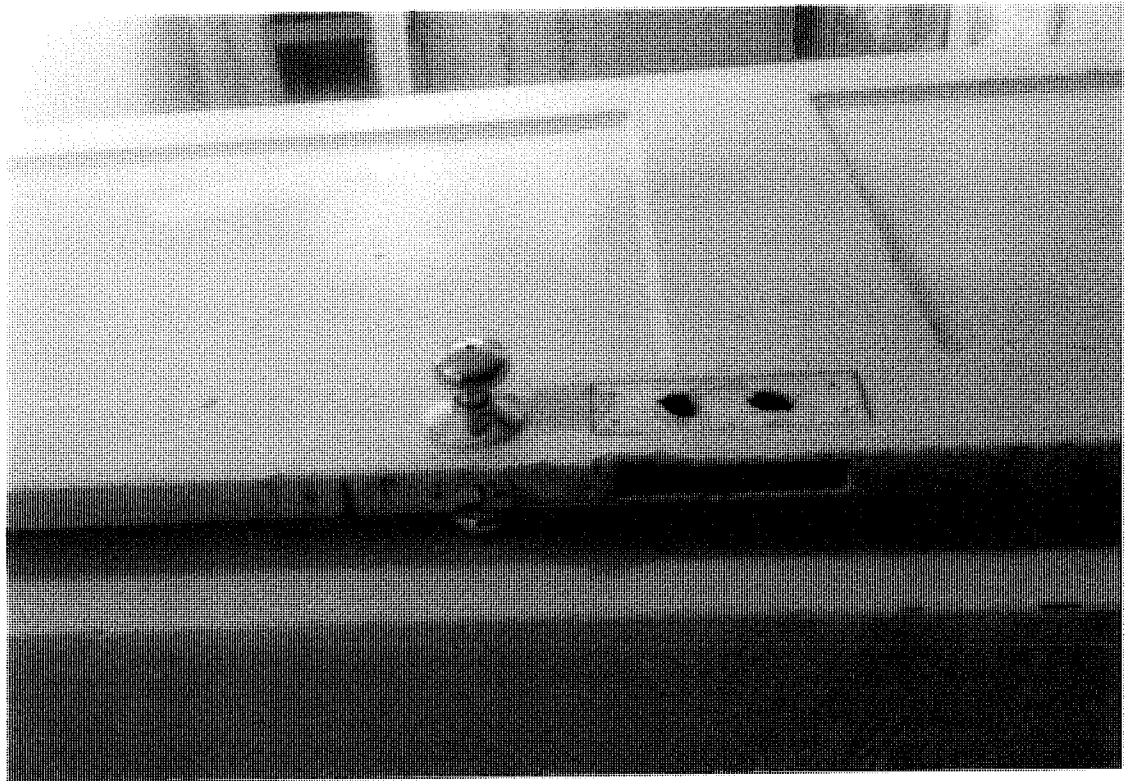




Exhibit "20"



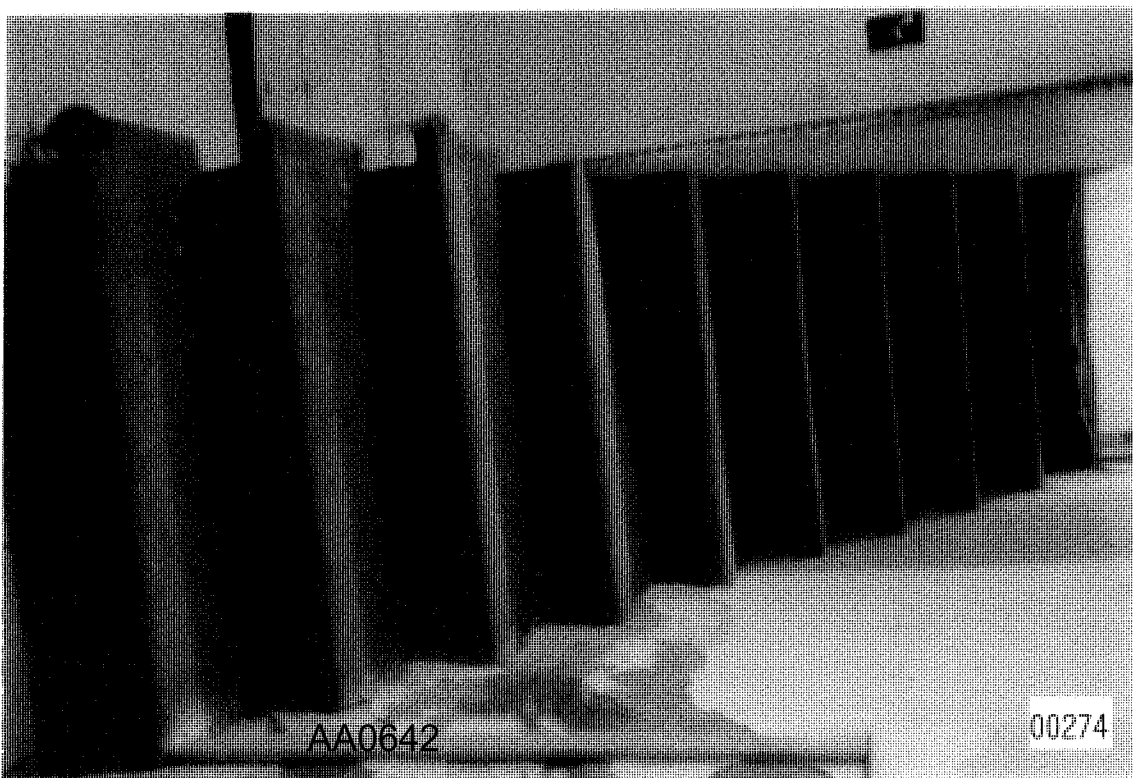


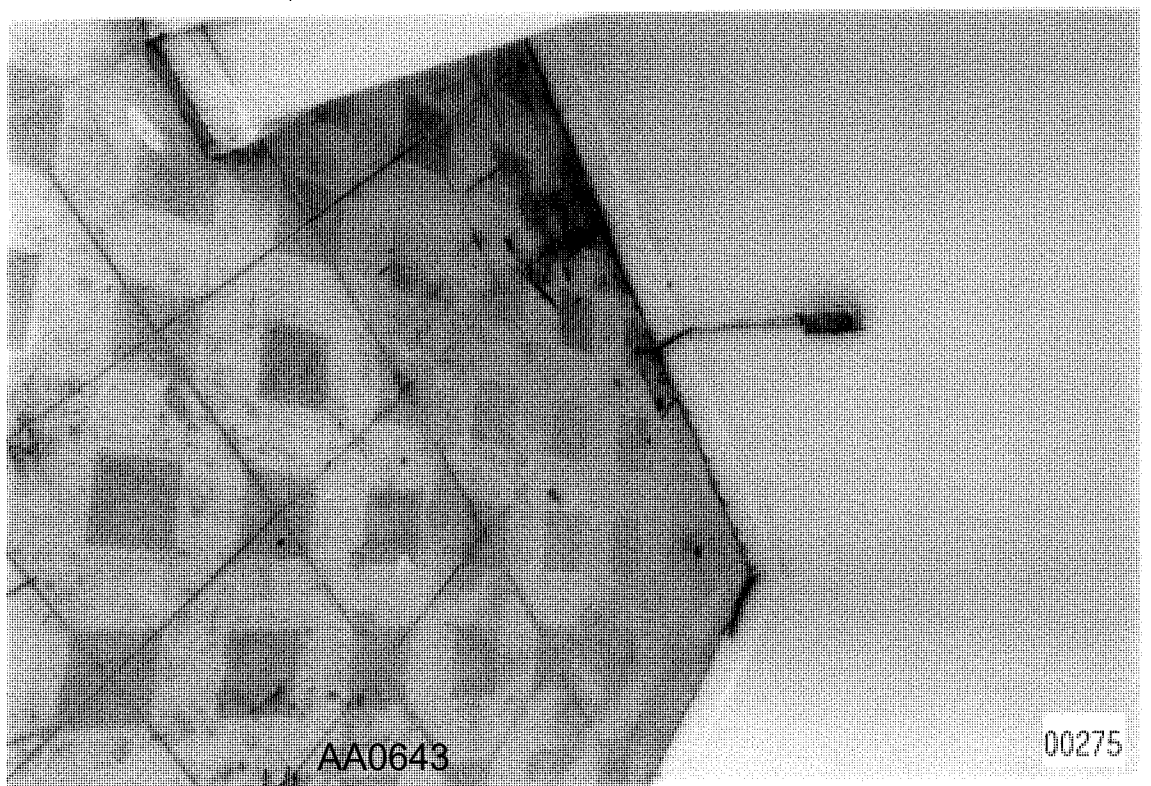
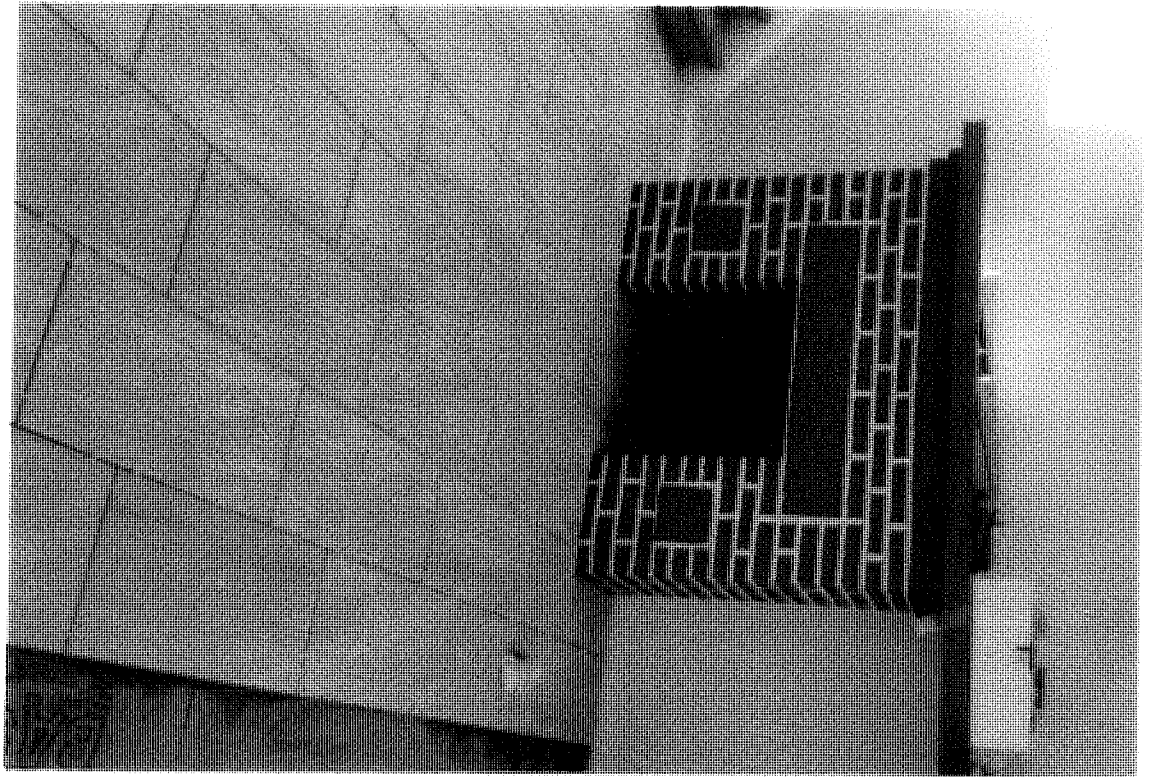




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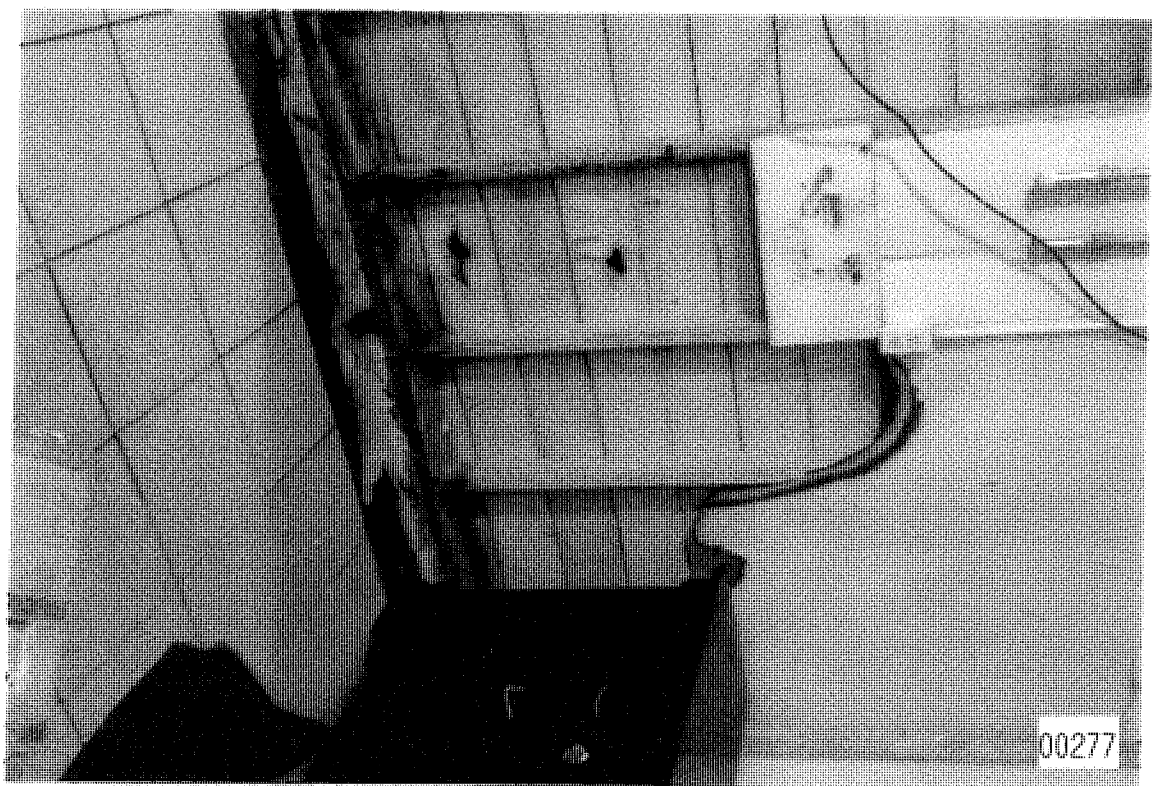


Exhibit "21"

