



Trading Authorization for Limited Liability Company Account

PO Box 2760 • Omaha, NE 68103-2760
Fax: 866-468-6268

1. AGREEMENT

Account Number:

Limited Liability Company:
Southern Financial LLC

State of Organization:
U.S. Virgin Islands

The undersigned members of the above-named Limited Liability Company (LLC) duly organized in the above-named state hereby authorize TD Ameritrade Clearing, Inc. ("Clearing Firm"), to open an account for the LLC. The undersigned hereby authorize

Authorized Agent Name:
Bruce R. Galloway

Authorized Agent Name:

Authorized Agent Name:

Authorized Agent Name:

("Authorized Managers"), or any one of them, as the LLC's agents and attorneys-in-fact to buy, sell (including short sales), and trade in stocks, bonds, and other securities and/or contracts relating to the same, on margin or otherwise, for the LLC's account and risk, and in the LLC's name or number on Clearing Firm's books, in accordance with the Client Agreement set forth in its Standard Account Agreement (including arbitration of disputes) and those terms and conditions otherwise established by Clearing Firm.

Clearing Firm is authorized to follow the instructions of Authorized Managers, or any one of them, in every respect concerning the LLC's account with Clearing Firm, and make deliveries of securities and payment of monies to them or as they may order or direct. In all matters and things aforementioned, as well as in all other things necessary or incidental to the administration of the LLC's account, Authorized Managers, or any one of them, are authorized to act for and on behalf of the LLC in the same force and effect as the undersigned might or could do, and are authorized to receive on behalf of the LLC's account demands, notices, confirmations, reports, statements of account, and communications of every kind, to make agreements on behalf of the LLC's account, to terminate or modify same or waive any provisions thereof, and generally to deal on behalf of the LLC's account as fully and completely as if Authorized Managers were interested in said account, all without notice to the other partners of the LLC.

The undersigned hereby ratify and confirm any and all transactions with Clearing Firm heretofore or hereafter made by Authorized Managers, or any one of them, for the LLC's account. This authorization is in addition to (and in no way limits or restricts) any rights Clearing Firm may have under any other agreement between the undersigned and Clearing Firm.

This authorization is binding on the undersigned and the LLC and for their respective successors and assigns, and is also a continuing one and shall remain in full force and effect until revoked by the undersigned, or their respective successors, and assigned by a written notice addressed to Clearing Firm and delivered to 200 South 108th Avenue, Omaha, NE 68154-2631. In the event any of the undersigned cease to be members of the LLC, Clearing Firm is authorized (a) to continue to treat such person as a member for all purposes, and as bound by this authorization until such time as one of the undersigned, or such person's representative, delivers a written notice to Clearing Firm, at the address set forth above, to the effect that such person has ceased to be a member and will no longer be bound by this authorization, and (b) to take such proceedings, require such papers, retain such portion of, or restrict transactions in the LLC's account as Clearing Firm may deem advisable to protect it against any liability, penalty, or loss under any present or future law or otherwise. It is further agreed that, in the event any of the undersigned cease to be a member of the LLC, the remaining member(s) will immediately cause you to be notified of such fact. No notice of revocation, or of any of the undersigned ceasing to be a member of the LLC, shall affect any authority hereby granted or any liability in any way resulting from transactions initiated prior to the receipt of the written notice thereof by Clearing Firm. This authorization shall inure to the benefit of Clearing Firm, and of any successor firm, irrespective of any change at any time in the personnel thereof, for any cause whatsoever, and of the assigns of Clearing Firm or any successor firm.

We acknowledge receiving account documentation, agreements, and risk disclosure forms including the account "Client Agreement." The undersigned agree that this authorization is consistent with the Client Agreement set forth in any LLC Agreement or other governing instrument of the LLC, and any and all rules and regulations, whether express or implied of the LLC.

We, the undersigned, jointly and severally indemnify TD Ameritrade, Inc., its divisions and affiliates thereof ("TD Ameritrade") and hold TD Ameritrade harmless from any liability for effecting any transactions if TD Ameritrade acts pursuant to instructions given by the Authorized Agents.

We agree to inform TD Ameritrade, immediately in writing, of any amendment to the LLC Operating Agreement, any change in composition of the Authorized Agents or members, or any other event which would materially alter the certifications made above.

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person authorized to trade on an account.

What this means for you: When you are authorized to trade on an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents.



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2. AUTHORIZED AGENT INFORMATION

Name Prefix (optional): Mr. Mrs. Ms. Dr. Rev.

Full Legal Name:
Bruce R. Galloway

Date of Birth: (MM-DD-YYYY) [REDACTED]

U.S. Social Security Number: (SSN) [REDACTED]

Home Address: (No PO box or mail drop) [REDACTED]

City:
Sunny Isles Beach

State:
FL

ZIP Code: 3 3 1 6 0

Please specify if you are:
 Unemployed Retired Homemaker Student Self-Employed

Source of income (if retired or unemployed):

Employer Name:
Jacobs Investments, Inc.

Occupation/Type of Business:
Investor/Investments

Employer Street Address: [REDACTED]

City:
Sunny Isles Beach

State:
FL

ZIP Code: 3 3 1 6 0

X Signature: *Bruce R. Galloway*

Date: 05-05-2014

Original signatures are required, electronic signatures and/or fonts are not authorized.

Name Prefix (optional): Mr. Mrs. Ms. Dr. Rev.

Full Legal Name:

Date of Birth: (MM-DD-YYYY) _____

U.S. Social Security Number: (SSN) _____

Home Address: (No PO box or mail drop)

City: _____

State: _____

ZIP Code: _____

Please specify if you are:
 Unemployed Retired Homemaker Student Self-Employed

Source of income (if retired or unemployed):

Employer Name:

Occupation/Type of Business:

Employer Street Address:

City: _____

State: _____

ZIP Code: _____

X Signature: _____

Date: _____

Original signatures are required, electronic signatures and/or fonts are not authorized.

2. AUTHORIZED AGENT INFORMATION (continued)

Name Prefix (optional): Mr. Mrs. Ms. Dr. Rev.

Full Legal Name:

Date of Birth:
(MM-DD-YYYY)

U.S. Social Security Number:
(SSN)

Home Address:
(No PO box or mail drop)

City:

State:

ZIP Code:

Please specify if you are:

Unemployed Retired Homemaker Student Self-Employed

Source of Income (if retired or unemployed):

Employer Name:

Occupation/Type of Business:

Employer Street Address:

City:

State:

ZIP Code:

Signature:

Date:

Original signatures are required, electronic signatures and/or fonts are not authorized.

Name Prefix (optional): Mr. Mrs. Ms. Dr. Rev.

Full Legal Name:

Date of Birth:
(MM-DD-YYYY)

U.S. Social Security Number:
(SSN)

Home Address:
(No PO box or mail drop)

City:

State:

ZIP Code:

Please specify if you are:

Unemployed Retired Homemaker Student Self-Employed

Source of Income (if retired or unemployed):

Employer Name:

Occupation/Type of Business:

Employer Street Address:

City:

State:

ZIP Code:

Signature:

Date:

Original signatures are required, electronic signatures and/or fonts are not authorized.

3. AFFILIATIONS

Check here if any Authorized Agent, any member of their immediate family, or any business associate of theirs is a senior political figure (SPF). Specify the name of the Authorized Agent, the name of the SPF, political title, relationship to the Authorized Agent, and country of office:

Check here if any Authorized Agent is a director, 10% shareholder, or policy-making officer of a publicly traded company. Specify the name of the Authorized Agent, the company ticker symbol, name, address, city, and state/province:

Check here if any Authorized Agent is licensed or employed by a registered broker/dealer, securities exchange, or member of a securities exchange. We must receive a compliance letter along with this application. Specify the name of the Authorized Agent:

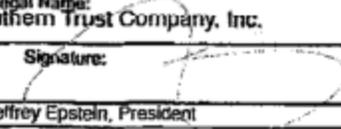
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4. LIMITED LIABILITY MEMBER SIGNATURE PAGE FOR TRADING AUTHORIZATION

The undersigned are all members of the aforesaid LLC.

Original signatures are required, electronic signatures and/or fonts are not authorized.

Full Legal Name:
Southern Trust Company, Inc.

Signature: 

By: Jeffrey Epstein, President

Full Legal Name:

Signature:

Full Legal Name:

Signature:

Full Legal Name:

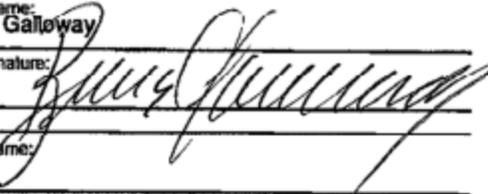
Signature:

Full Legal Name:

Signature:

Please make additional copies if necessary.

Full Legal Name:
Bruce R. Galloway

Signature: 

Full Legal Name:

Signature:

Full Legal Name:

Signature:

Full Legal Name:

Signature:

Full Legal Name:

Signature:

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

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