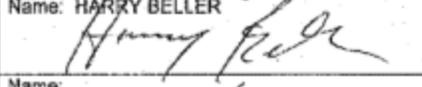


FirstBank Virgin Islands - Signature Card

Account type: MICHELLE'S TRANSPORTATION COMPANY LLC	Account number: [REDACTED]	Sigs. Req. 1	Date: 11/19/07
Address: [REDACTED] St. Thomas		Home: [REDACTED]	Work: [REDACTED]
Name: JEFFREY ERSTEIN 	SSN: [REDACTED]	ID Type: US PP	No: [REDACTED]
Name: DARREN INDYKE 	SSN: [REDACTED]	ID Type: US PP	No: [REDACTED]
Name: HARRY BELLER 	SSN: [REDACTED]	ID Type: NY DL	No: [REDACTED]
Name:	SSN:	ID Type:	No:
Prepared by: U. MCNEIL 		Authorized by: 	

NA101E S/2007  
NNNS-0001

**SUPERCEDING**

Instructions for completion

Please print this form 3 times and complete in triplicate in blue or black ink.

Please insert the name of the company or the account title under account name.

Please print the name of each authorized signatory to the account together with a sample of their signature in each field under the name. If there are more than four signatories please use additional signature cards as necessary.

The Bank will complete the remaining fields.

**\*Important\*** Please provide each signature card in triplicate with original signatures (no photocopies).

*FirstBank is a subsidiary of First Bancorp (NYSE:FBP)*

Send form 48/6 11/20/07

SDNY\_GM\_00013345

**CONFIDENTIAL**

CONFIDENTIAL

FirstBankPR000508

EFTA\_00123988

EFTA01269192

<b>1. Business Information</b>	
Account Title ("Depositor"): <u>Michelle's Transportation Company, Llc</u>	Account Number: <u>[REDACTED]</u>
Physical Address: <u>[REDACTED]</u> St. Thomas, US Virgin Islands 00802	Mailing Address: Same
Business Telephone # <u>[REDACTED]</u> Business Fax # <u>[REDACTED]</u> Internet/Website Address: <u>N/A</u>	
Line of Business: <u>Holding Company</u> NAICS Code <u>483000</u> Date Established: <u>5/9/2007</u>	
Annual Sales: <u>\$0</u> Nbr. of Offices/Branches: <u>1</u> Nbr. of Employees: <u>0</u>	
Property Status: <input type="checkbox"/> Own <input checked="" type="checkbox"/> Lease Referred By: <input type="checkbox"/> Advertisement <input checked="" type="checkbox"/> Current Client <input type="checkbox"/> Other:	
Contact Person Name & Title: <u>Jeanne Brennan</u> Contact Person Telephone # <u>[REDACTED]</u>	
<b>2. Account Type</b>	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> LLP <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Commercial Checking <input type="checkbox"/> Commercial DBA Checking <input type="checkbox"/> Government Checking <input type="checkbox"/> Commercial Checking IOLTA	<input type="checkbox"/> Arranged CD <input type="checkbox"/> Arranged CD Offshore (BVI) <input type="checkbox"/> Arranged CD DBA <input type="checkbox"/> Government Statement SV
<input type="checkbox"/> Commercial Statement SV <input type="checkbox"/> Commercial DBA Statement SV <input type="checkbox"/> Commercial Maximizer SV <input type="checkbox"/> Commercial DBA Maximizer SV	<input type="checkbox"/> Commercial Passbook Savings <input type="checkbox"/> Government Passbook Savings <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Other:
<b>3. Authorized Signer (Complete the following information for each authorized signer.)</b>	
Authorized Signer Name: <u>Jeffrey Epstein</u>	Profession: <u>Financial Consultant</u> Corporate Title: <u>Member</u>
Physical (Home) Address: <u>Little Saint James Island</u> St. Thomas, US Virgin Islands	Personal Mailing Address: <u>[REDACTED]</u> St. Thomas US Virgin Islands
Social Security Number: <u>[REDACTED]</u> Date Of Birth: <u>1/20/1953</u> Place Of Birth: <u>New York</u> Citizen Of: <u>USA</u>	Home Telephone Number: <u>[REDACTED]</u> Business Telephone Number: <u>[REDACTED]</u> Business Fax Number: <u>[REDACTED]</u> Mobile Number: <u>[REDACTED]</u> Email Address: <u>[REDACTED]</u>
Years in Occupation: <u>30</u> Photo Identification Type & Number: <u>VI Drivers License [REDACTED]</u> Identification Expiration Date: <u>01/20/09</u>	
<input checked="" type="checkbox"/> OFAC <input checked="" type="checkbox"/> CHEXSYSTEMS called <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, explain why. SSN Response: Year: <u>1967</u> State: <u>NY</u> ID Response: <u>no record/no record</u>	
<input checked="" type="checkbox"/> PLC <input checked="" type="checkbox"/> BANK REFERENCE requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, explain why: <u>existing accounts</u> Response:	
<input checked="" type="checkbox"/> Check here if there are additional signers on reverse side of the Client Information Sheet (KYC) Business Accounts.	
<b>4. Account Agreement Acceptance and Taxpayer Status Certification</b>	
<p>The Depositor hereby certifies that the FirstBank has been designated as a depository of the depositor and that it has reviewed the information contained in this Client Information Sheet (KYC) and finds it accurate on this date. The Depositor has received and agrees to the Terms and Agreements for Commercial Accounts and Rates and Fees Schedule currently in effect and as may be amended for the type of account and services it has selected.</p> <p>Under penalties of perjury, the Depositor certifies that: (1) The number shown on this form is the correct tax identification number and (2) that the Depositor is not subject to backup withholding either because: (a) it has not been notified by the Internal Revenue Service (IRS) that it is subject to withholding as a result of failure to report all interest or dividends, or (b) that the IRS has notified the Depositor that it is no longer subject to backup withholding or it is exempt from backup withholding, (3) the Depositor is a U.S. entity. (Cross out subpart 2(a) if it is not true. If Statement 3 is not true, cross out and complete an appropriate Form W-8)</p> <p>The Internal Revenue Service does not require your consent to any provision of this document other than the Certification required to avoid backup withholding.</p>	
Date: <u>10/23/2007</u>	Authorized Signature: <u>[Signature]</u> Title: (Secretary/Treasurer/Cashier) <u>Member</u>
<b>5. Initial Deposit</b>	
Type: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> Transfer	<input type="checkbox"/> Mgr Chk/ Money Order/ Travelers Chk <input type="checkbox"/> Other: _____ Amount: _____ <input type="checkbox"/> If the initial deposit is over \$500,000 please document source of funds or source of wealth. (Refer to Guide for instructions)
<b>6. Expected Transactions (Monthly)</b>	
Do you intend to deposit checks with second endorsements? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you provide check cashing or remitter services? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Credits:	No. of Transactions: <input checked="" type="checkbox"/> 0-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> Other: _____
	Total Amount (\$): <input type="checkbox"/> \$0 - \$5,000 <input type="checkbox"/> \$5,001 - \$15,000 <input checked="" type="checkbox"/> \$15,001 - \$50,000 <input type="checkbox"/> Other: _____
	Type: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Checks <input type="checkbox"/> Account Transfers <input checked="" type="checkbox"/> Wire Transfers <input type="checkbox"/> POS <input type="checkbox"/> Payroll <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Manager's Checks/Money Orders <input type="checkbox"/> ACH <input type="checkbox"/> Other
Debits:	No. of Transactions: <input checked="" type="checkbox"/> 0-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> Other: _____
	Total Amount (\$): <input type="checkbox"/> \$0 - \$5,000 <input type="checkbox"/> \$5,001 - \$15,000 <input checked="" type="checkbox"/> \$15,001 - \$50,000 <input type="checkbox"/> Other: _____
	Type: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Checks <input type="checkbox"/> Account Transfers <input checked="" type="checkbox"/> Wire Transfers <input type="checkbox"/> POS <input type="checkbox"/> Payroll <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Manager's Checks/Money Orders <input type="checkbox"/> ACH <input type="checkbox"/> Other
<b>7. Related Accounts (List existing FirstBank and other financial institution bank accounts. If no existing financial institution relationships list prior accounts.)</b>	
Current <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Account # <u>7191372601</u>	Current <input type="checkbox"/> Yes <input type="checkbox"/> No Account # _____
Account Title: <u>Jeffrey Epstein</u>	Account Title: _____

**SUPERCEDING**

Hand from 406 2/11/07

FirstBank Virgin Islands is a Division of FirstBank Puerto Rico  
NNHS-2070-0207R

**CONFIDENTIAL**

SDNY\_GM\_00013346

CONFIDENTIAL

FirstBankPR000509

EFTA\_00123989

EFTA01269193

Financial Institution: First Bank		Financial Institution:	
<b>8. Additional Authorized Signers (Complete the following information for each authorized signer.)</b>			
Authorized Signer Name: <u>Darren Indyke</u>		Profession: <u>Attorney</u>	Corporate Title: <u>Attorney</u>
Physical (Home) Address: <u>[REDACTED]</u> <u>St. Thomas USVI 00802</u>		Personal Mailing Address: <u>[REDACTED]</u> <u>St. Thomas USVI 00802</u>	
Social Security Number: <u>[REDACTED]</u>	Date Of Birth: <u>[REDACTED]</u>	Place Of Birth: <u>New York</u>	Citizen Of: <u>USA</u>
Home Telephone Number: <u>[REDACTED]</u>	Business Telephone Number: <u>[REDACTED]</u>	Business Fax Number: <u>[REDACTED]</u>	Mobile Number: <u>[REDACTED]</u>
Email Address: <u>[REDACTED]</u>	Identification Expiration Date: <u>03/11/2012</u>		
Years in Occupation: <u>20</u>	Photo Identification Type & Number: <u>USPASSPORT [REDACTED]</u>		Identification Expiration Date: <u>03/11/2012</u>
<input checked="" type="checkbox"/> OFAC	<input checked="" type="checkbox"/> CHEXSYSTEMS called <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, explain why: SSN Response: Year: <u>1974</u> State: <u>NY</u> ID Response: <u>no record/no retail</u>		<u>ETUNDS</u>
<input checked="" type="checkbox"/> PLC	<input checked="" type="checkbox"/> BANK REFERENCE requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, explain why: Response:		
Authorized Signer Name: <u>Harry Beller</u>		Profession: <u>Accountant</u>	Corporate Title: <u>Accountant</u>
Physical (Home) Address: <u>[REDACTED]</u> <u>Muncy New York</u>		Personal Mailing Address: <u>[REDACTED]</u> <u>Muncy NY 10952</u>	
Social Security Number: <u>[REDACTED]</u>	Date Of Birth: <u>[REDACTED]</u>	Place Of Birth: <u>New York</u>	Citizen Of: <u>USA</u>
Home Telephone Number: <u>[REDACTED]</u>	Business Telephone Number: <u>[REDACTED]</u>	Business Fax Number: <u>[REDACTED]</u>	Mobile Number: <u>[REDACTED]</u>
Email Address: <u>[REDACTED]</u>	Identification Expiration Date: <u>[REDACTED]</u>		
Years in Occupation: <u>25</u>	Photo Identification Type & Number: <u>NY Driver Licence 626679340</u>		Identification Expiration Date: <u>[REDACTED]</u>
<input checked="" type="checkbox"/> OFAC	<input checked="" type="checkbox"/> CHEXSYSTEMS called <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, explain why: SSN Response: Year: <u>1972</u> State: <u>NY</u> ID Response: <u>no record/no retail</u>		<u>ETUNDS</u>
<input checked="" type="checkbox"/> PLC	<input checked="" type="checkbox"/> BANK REFERENCE requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, explain why: Response: <u>existing client</u>		
Authorized Signer Name: _____		Profession: _____	Corporate Title: _____
Physical (Home) Address: _____		Personal Mailing Address: _____	
<b>SUPERCEDING</b>			
Social Security Number: _____	Date Of Birth: _____	Place Of Birth: _____	Citizen Of: _____
Home Telephone Number: _____	Business Telephone Number: _____	Business Fax Number: _____	Mobile Number: _____
Email Address: _____	Identification Expiration Date: _____		
Years in Occupation: _____	Photo Identification Type & Number: _____		Identification Expiration Date: _____
<input type="checkbox"/> OFAC	<input type="checkbox"/> CHEXSYSTEMS called <input type="checkbox"/> Yes <input type="checkbox"/> No, explain why: SSN Response: Year: _____ State: _____ ID Response: _____		
<input type="checkbox"/> PLC	<input type="checkbox"/> BANK REFERENCE requested <input type="checkbox"/> Yes <input type="checkbox"/> No, explain why: Response: _____		
Authorized Signer Name: _____		Profession: _____	Corporate Title: _____
Physical (Home) Address: _____		Personal Mailing Address: _____	
Social Security Number: _____	Date Of Birth: _____	Place Of Birth: _____	Citizen Of: _____
Home Telephone Number: _____	Business Telephone Number: _____	Business Fax Number: _____	Mobile Number: _____
Email Address: _____	Identification Expiration Date: _____		
Years in Occupation: _____	Photo Identification Type & Number: _____		Identification Expiration Date: _____
<input type="checkbox"/> OFAC	<input type="checkbox"/> CHEXSYSTEMS called <input type="checkbox"/> Yes <input type="checkbox"/> No, explain why: SSN Response: Year: _____ State: _____ ID Response: _____		
<input type="checkbox"/> PLC	<input type="checkbox"/> BANK REFERENCE requested <input type="checkbox"/> Yes <input type="checkbox"/> No, explain why: Response: _____		
<b>9. Management Review</b>			
<input checked="" type="checkbox"/> Copies of all ID & signature(s) verified <input checked="" type="checkbox"/> Signature cards received <input checked="" type="checkbox"/> All legal documents received (File Document Checklist attached)		Interviewer (Banking Consultant) <u>[Signature]</u> Employee ID No. <u>10594</u>	Account Opening Date: <u>9/14/07</u>
<input checked="" type="checkbox"/> OFAC & PLC (Fraudulent Account List Verified By): <u>[Signature]</u>		<input checked="" type="checkbox"/> Management Review By: <u>[Signature]</u>	
Comments: <u>[Signature]</u> <u>11/19/07</u>			
Reason For Denying Account: _____			
<b>10. Sales Referrals</b>			
<input type="checkbox"/> Merchant Card Services <input type="checkbox"/> Credit Card <input type="checkbox"/> Overdraft Line <input type="checkbox"/> Line Of Credit		<input type="checkbox"/> e-FirstBank (Internet) <input type="checkbox"/> First Fax <input type="checkbox"/> Payroll	
		<input type="checkbox"/> Cash Management <input type="checkbox"/> Night Depository <input type="checkbox"/> Other _____	

SDNY\_GM\_00013347

**CONFIDENTIAL**

CONFIDENTIAL

FirstBankPR000510

EFTA\_00123990

EFTA01269194



NAME AND ADDRESS MAINTENANCE FORM (RM)

Branch: 732

Account: [REDACTED]

PERSONAL OR COMMERCIAL  TBA NAICS CODE (if apply): 530000

Select:  RM  IM  ST  AM  XS  RE  TC  Other: \_\_\_\_\_

Prepared u.mcnell	Auth <i>[Signature]</i>	Entered
Date 11/21/07	Date 11/21/07	Date

**NAME & LEGAL TITLE MAINTENANCE**

Actual Name: MICHELLE'S TRANSPORTATION COMPANY,LLC

New Name: NEW SIGNER TO BE ADDED TO THIS ACCOUNT

New Legal Title: EIN NUMBER [REDACTED]

Connector Code: \_\_\_\_\_

**SUPERCEDING**

**CUSTOMER & PROFILE DATA MAINTENANCE**

Name: DARREN INDYKE

Address 1: [REDACTED]

Address 2: [REDACTED]

City: ST THOMAS State: VI Zip Code: 00802

Home Phone: [REDACTED] Work Phone: [REDACTED] Extension: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_ Alt Phone Type: \_\_\_\_\_ Pager ID: \_\_\_\_\_

Contact Pref.: WORKDAY Time: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Citizen: USA Social Security: [REDACTED] Birth Date: 02/19/1965

Primary ID: PASSPORT Origin: USA ID Number: [REDACTED]

Secondary ID: \_\_\_\_\_ Origin: \_\_\_\_\_ ID Number: \_\_\_\_\_

Gender: MALE Language: ENGLISH Home Owners: RENTS

Off / Employee: LAWYER Marital Status: UNKNOWN

Spouse Information:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Customer Remarks: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Employer: FINANCIAL TRUST COMPANY

Employee Since: 1 YEAR Occupation: LAWYER

Address: [REDACTED]

City: ST THOMAS State: VI Zip Code: 00802

Employer Phone: [REDACTED] Annual Gross: \$150,000.00

Employment Status: FULL TIME

[Signature] Customer Signature \_\_\_\_\_ Customer Signature

NNIS-0163-0508R

SDNY\_GM\_00013348

CONFIDENTIAL

CONFIDENTIAL

FirstBankPR000511

EFTA\_00123991

EFTA01269195



Virgin Islands

Limited Liability Company Letter and Security Agreement

Date \_\_\_\_\_

We the undersigned Members, Managers, or Officers of Michelle's Transportation Company, LLC ("Company") located at American Yacht Harbor St. Thomas

HEREBY CERTIFY that Company, a Limited Liability Company formed pursuant to U.S. Virgin Islands Law, (State Information)

is composed of the following Members:

Jeffrey Epstein, Member

and the following Manager or Officer(s): Jeanne Brennan, Manager (Indicate Name of Manager, Officer(s) or Title(s) of Officer(s))

SUPERSEDING

To induce you in your discretion to act and rely hereon and on the signature of any of the designated present or future Managers, Members, Officers, employees or agents of Company ("Authorized Person(s)"), we agree and certify on behalf of Company as follows:

- 1. FirstBank ("Bank") is hereby designated as depository of Company, and any Authorized Person is authorized to deposit or designate for deposit any funds of Company in Bank at any of its branches. Bank may at any time refuse to accept and/or may return by ordinary mail or otherwise the whole or any part of a deposit.
2. The following duly appointed Authorized Person(s) Member, Harry Beller, Darren Indyke

signing singly (For purposes of signing items, indicate e.g., singly, any two, etc.)

and their successors are hereby authorized to sign, by hand or by facsimile (including, but not limited to, computer generated) signature(s), checks, drafts, acceptances and other instruments (hereinafter each collectively referred to as "item(s)"). Notwithstanding the above, any Authorized Person is authorized singly to: (1) initiate Automated Clearing House ("ACH") debits without a signature; (2) initiate payments by use of Depository Transfer Checks ("DTC") without a signature other than the name of Company printed on the DTC; or (3) give instructions, by means other than the signing of an item, with respect to any account transaction, including, but not limited to the payment, transfer or withdrawal of funds by wire, computer or other electronic means, or otherwise, of money, credits, items or property at any time held by Bank for account of Company ("instructions").

- 3. Bank is hereby authorized to honor and pay items, whether signed by hand or by facsimile (including, but not limited to, computer generated) signature(s). In the case of facsimile signatures, Bank is authorized to pay any item if the signature, regardless of how or by whom affixed, and whether or not the form of signature used on such item was actually prepared by or for Company, resembles the specimens filed with Bank by Company. Bank is further authorized to honor and pay DTCs, ACHs, instructions, and other orders given singly by any Authorized Person, including such as may bring about or increase an overdraft and such as may be payable to or for the benefit of any Authorized Person or other Manager or Member or employee individually, without inquiry as to the circumstances of the issuance or the disposition of the proceeds thereof and without limit as to amount.

- 4. Bank is hereby authorized to accept for deposit, for credit, or for collection, or otherwise, items endorsed by any person or by stamp or other impression in the name or account number of Company without inquiry as to the circumstances of the endorsement or any lack of endorsement or the disposition of the proceeds.

- 5. The following Authorized Persons Member, (Indicate by name those authorized to effect Loans, Advances, etc.)

of Company, signing singly (Indicate how notes, etc. are to be signed, e.g. singly, any two, etc.)

are hereby authorized to effect loans and advances and obtain credit at any time for Company from Bank (and guarantee on behalf of Company the obligations of others to Bank), secured or unsecured, and for such loans and advances and credit and guarantees to make, execute and deliver promissory notes and other written obligations or evidence of indebtedness of Company, applications for letters of credit, instruments of guarantee an \* indemnity and any agreements or undertakings, general or specific, with respect to any of the foregoing, and as security for the payment of loans, advances, indebtedness, guarantees and liabilities of, or credit given to, Company or others to pledge, hypothecate, mortgage, assign, transfer, grant liens and security interests in, give rights with respect to, endorse and deliver property of any description, real or personal, and any interest therein and evidence of any thereof at any time held by company, and to execute mortgages, deeds of trust, security agreements, instruments of transfer, assignment or pledge, powers of attorney and other agreements or instruments which may be necessary or desirable in connection therewith; and also to sell to, or discount with, Bank, commercial paper, bills receivable, accounts receivable, stocks, bonds or any other securities or property at any time held by Company, and to that end to endorse, assign, transfer and deliver the same; to execute and deliver instruments or agreements of subordination and assignment satisfactory to Bank and also to give any orders or consents for the delivery, sale, exchange or other disposition of any property or interest therein or evidence thereof belonging to Company and at any time in the hands of Bank, whether as collateral or otherwise, and to execute and deliver such other agreements, instruments and documents and to do such other acts and things as may be necessary or desirable or required by Bank in connection with any of the foregoing and Bank is hereby authorized to honor, accept and execute any of the transactions described above.

- 6. That all loans, discounts and advances heretofore obtained on behalf of Company and all notes and other obligations or evidences thereof (the foregoing being referred to as "Obligations") of Company held by Bank are hereby approved, ratified, and confirmed.

- 7. Company does hereby give to Bank a continuing lien for the amount of any and all liabilities and obligations of Company to Bank and claims of every nature and description of Bank against Company, whether now existing or hereafter incurred, originally contracted with Bank and/or with another or others and now or hereafter owing to or acquired in any manner by Bank, whether contracted by Company alone or jointly and/or severally with another or others, absolute or contingent, secured or unsecured, matured or unmatured (all of which are hereafter collectively

FirstBank Virgin Islands is a division of FirstBank Puerto Rico HMBG-2700-0282

SDNY\_GM\_00013349

CONFIDENTIAL

CONFIDENTIAL

FirstBankPR000512

EFTA\_00123992

EFTA01269196

called "Obligations") upon any and all moneys, securities and any and all other property of Company and the proceeds thereof, now or hereafter actually or constructively held or received by or in transit in any manner to or from Bank, its correspondents or agents from or for Company, whether for safekeeping, custody, pledge, transmission, collection or otherwise coming into the possession of Bank in any way.

- 8. In case of conflicting claims or disputes, or doubt on Bank's part as to the validity, extent, modification, revocation or exercise of any of the authorities herein contained, Bank may, but need not recognize nor give any effect to any notice from any Manager or Member of Company, or from any other person purporting to cancel, restrict or change any of said authorities, or the exercise thereof, unless Bank is required to do so by the judgment, decree or order of a court having jurisdiction of the subject matter and of the parties to such conflicting claims or disputes.
- 9. Company agrees to be bound by the Terms and Conditions for Business Accounts and Services, currently in effect and as amended hereafter, as well as any signature card, deposit ticket, checkbook, passbook, statement of account, receipt, instrument, document or other agreements, such as, but not limited to, funds transfer agreements, delivered or made available to Company from Bank and by all notices posted at the office of Bank at which the account of Company is maintained, in each case with the same effect as if each and every term thereof were set forth in full herein and made a part hereof.
- 10. Subject to paragraph 10 above, all the foregoing authorities shall remain in full force and effect until revoked or limited by written notice to Bank provided that such notice shall not be effective with respect to any revocation or modification of said authorities until Bank shall have had a reasonable opportunity to act thereon and in no event prior to the receipt or the payment of money or the withdrawal of funds dated on or prior to the date of such notice, but presented to Bank after receipt of such notice and Bank is hereby authorized at all times to rely upon the last notice, certification or communication received by it as to the persons who from time to time may be signatories of Company, or as to their respective specimen signatures and/or as to any other Company matters, and Bank shall be held harmless in such reliance.
- 11. The Managers, Members, and Officers of Company, or any one or more of them are hereby authorized to act for Company in all other matters and transactions relating to any of its business with Bank including, but not limited to, the execution and delivery of any agreements or contracts necessary to effect the foregoing Resolutions.
- 12. Company hereby represents and warrants that none of the authorities herein contained are contrary to or inconsistent with any other agreements among Members of Company, or between Company and other parties.
- 13. Bank is hereby released from any liability and shall be indemnified against any loss, liability or expense arising from honoring this Agreement.
- 14. The signature(s) below is/are the signature(s) of the Manager(s), if Company is manager-managed, the signature(s) of the Member(s) if Company is member-managed, or the signature(s) of the Officer(s) if Company is governed by a board of directors.

**NOTE:** In case the Manager, Member, or Officer is authorized to sign by the above provisions, this Agreement should be signed by a second Manager, Member, or Officer.

Very truly yours,

Michelle's Transportation Company, LLC

Name of Company

St. Thomas USVI 00602

Address

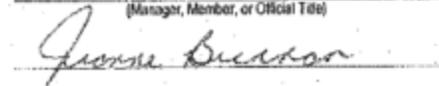
By:



Title: Member

(Manager, Member, or Official Title)

By:



Title: Manager

(Manager, Member, or Official Title)

**SUPERCEDING**

SDNY\_GM\_00013350

**CONFIDENTIAL**

CONFIDENTIAL

FirstBankPR000513

EFTA\_00123993

EFTA01269197