



Document Checklist for Business Accounts File

Important note: Please refer to the Account Opening Procedures for specific information on the various types of documents required at account opening.

Account Title: <u>LST Employees LLC</u>	Account Number: XXXXXXXXXX	Date Opened: <u>1/23/2012</u>
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General Documents	Check <input checked="" type="checkbox"/> if is completed or N/A if not applicable	Remarks
Signature Cards		
Customer Due Diligence for Business – Entities (eff. 6/11/2010)	✓	
Customer Due Diligence for Additional signers or Authorized Signatures on Business Entities Accounts (eff. 6/11/2010)	✓	
Observations at Place of Business		
OFAC/PLC (print evidence of verification) (6/11/2010 for new account clients without an active deposit account at the time of account opening)	N/A	
Document Checklist for Business Accounts File –NNNS-2464-0711R	✓	
ECR Checklist Individual Account for Personal Purposes NNNS-2544 (Eff. 6/11/2010)	N/A	
ECR Individual Account for Commercial Purposes NNNS-2540 (eff. 06/11/2010)	N/A	
ECR Checklist for Unincorporated Association or Organizations Account (league, Club, Class, Fund raising, religious, civic, etc) NNNS-2538 (eff. 6/11/2010)	N/A	
ECR Checklist for Corporate Accounts (For-profit or not-for-profit) NNS-1281 (eff. 6/11/2010)	N/A	
ECR Checklist for Special Partnership Account (for profit and not-for-profit) NNNS-2539 (eff. 6/11/2010)	✓	
Covered Person Certification NNNS-1303 (eff. 6/11/2010)	N/A	
Appropriate W-8 Form or W-9 Form (if non-U.S. entity) (eff. 6/11/2010)		
Disclosures that must be given to client:		
Rates and Fees Schedule		
Account Agreement		
FDIC Insuring Your Deposit Brochure (USVI only)		
Notice of Negative Information Disclosure		
Other Documents	Check <input checked="" type="checkbox"/> if is completed or N/A if not applicable	Remarks
Corporation		
Certificate of Incorporation or Certificate of Qualification (if a U.S. based corporation)		
Business/Trade License (current)		
Certificate of Good Standing		
Articles of Incorporation (stamped by the Office of the Lieutenant Governor if USVI and the Registrar of Companies in the BVI)		
Certificate of Trade Name		
Corporate Resolution (with Corporate Seal)		
Corporate Resolution and Corporate Authorization and Indemnity Agreement for Telephone/Telex/Facsimile/Written Instructions. (This document is only required if client requests fund transfers by phone, fax or messenger)		
Partnerships		
Partnership Letter and Security Agreement		
Business/Trade License (current)		
Partnership Agreement (if it exists)		
Certificate of Trade Name (if applicable)		
Certificate of Limited Partnership (if applicable)		
Resolution where Partnership contains Corporation as a Partner (if applicable)		
Partnership Contains Limited Liability Company as a Partner (if applicable)		
Partnership Contains Trust as a Partner (if applicable)		
Partnership Contains Joint Venture as a Partner (if applicable)		
Security Procedure Agreement for Telephone/Fax Issuance of Payment Orders or Request for International Drafts (if requested)		
		SDNY_GM_00013788

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business entities.		
Interest on Lawyers Trust Accounts (IOLTA) – USVI only		
IOLTA Account Notice of Financial Institution		
VILAF Account Notice of Financial Institution		
Business License (current)		
Certificate of Trade Name (if applicable)		
Refer to the Account Opening Procedures for additional documents required for different types of business entities.		
Trust (this account type requires prior authorization)		
A legal document(s) in which it states the name of the person acting as administrator, tutor, executor or fiduciary and establishes his/her authorities		
Political Action Committee (PAC)		
If the PAC is an Unincorporated Association, then a letter signed by the president of the association stating the association purpose and an Unincorporated Association Resolution is required.		
If the PAC is a <i>Not for Profit Corporation</i> , a Certificate of Incorporation for a Non-Stock Corporation is required.		
A certification from the Virgin Islands Board of Elections		
Additional Documents (supporting documents)	Check <input checked="" type="checkbox"/> if is obtained or N/A if not applicable	Remarks
Income Verification		
Professional association directory		
Marketing brochures, business Web site and other market media		
Site Photos, Utilities invoices (water, electricity, telephone)		
Sample of entity stationery (presentation card, letter head paper, envelopes...)		
Other:		

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FirstBankPR000953

EFTA_00124433

EFTA01269600



Together we are one

Checklist for Special Partnership Account (For profit and not-for-profit)

Branch Number

132

Account Number

[Redacted]

Document	Action	Comments	Initials and Review Date	
			1 st Reviewer Date: 1/23/12	2 nd Reviewer Date: 2/10/12
Basic documents for ALL types of accounts				
Customer Due Diligence Commercial/Entities NNNS-1307	I	Account file	Complete for business entity.	Ln CA
Customer Due Diligence <u>Authorized Signatures</u> NNNS-1306	I	Account file	One per each signer	Ln CA
Account Referral Sheet NNNS-1272	I	Account file	Only when the client is not present	Ln CA
Observation at Place of Business (OPB) NNNS-2466	I	Account file		Ln CA
Partnership Bylaws or Articles of Incorporation	E	Account file	Copy	Ln CA
Partnership, LLC, LLP Security Agreement NNNS-2198-0410R, or NNNS-2199-0802 NNNS-2200-0802, or NNNS-2201-0604R	I	Account file		Ln CA
ID Verification Results Summary (ID CHECK & OFAC) or evidence of the verification used in contingency.	I	Account file	One per entity and one per each signer, if applicable	N/A N/A
CHEXSYSTEM Report Result	I	Account file	One per entity and one per each signer, if applicable	N/A N/A
Business License	E	Account file	Photocopy of original document	N/A N/A
Territorial Election Commission Certification	E	Account file	Applies to candidates for government elective positions. Photocopy of original document.	N/A N/A
Signature cards	M	Cardholder: one alphabetical and one numerical	Digitalize for checking accounts	Ln CA
Deposit Account Agreement NNNS-2092-0508R USVI NNNS-2377-1104 BVI	P	Provide to client		Ln CA
Additional documents for CHECKING ACCOUNTS				
Rates and Fees Schedule Disclosure NNNS-2091-1006R USVI NNNS-2132-1206 BVI	I	Provide to client		Ln CA
Additional documents for CERTIFICATES OF DEPOSIT				
Certificate of Deposit Agreement NNNS-0958	M	One for file and one for client		N/A N/A
Evidence of Negotiated Interest Rate, if applicable	I	Account file	Only if there was a special quote.	N/A N/A

Legend: P = Purchasing M = Mosaic I = Intranet E = External (s) Spanish (e) English

NNNS-2539-0611R

SDNY_GM_00013791

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EFTA_00124434

EFTA01269601

Account Type: Commercial Checking	Account Number: [REDACTED]	Sign. Req. 1	Date: 5/3/13
Address: 6100 Red Hook, QTR E [REDACTED] St. Thomas, VI. 00802		Tel: 340-775-2525	
Name: LSJE, LLC	EIN: [REDACTED]		
Name: Jeanne Brennan <i>Jeanne Brennan</i>	SSN: [REDACTED]	ID Type: US Passport No: [REDACTED]	
Name:	SSN:	ID Type: No:	
Name:	SSN:	ID Type: No:	
I/We hereby acknowledge having received the Deposit Account Agreement, the First Bancorp Information Sharing and Privacy Policy, and the product rates and fees.	Prepared by: [Signature] Authorized by: [Signature]		

NA 101E 7/2002
NNS-0001

Superseding-Current-Reason Change of Company Name
Date: 5/22/13 Initial: [Signature]

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 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 the original signatures (no photocopies).

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FirstBankPR000955

EFTA_00124435

EFTA01269602

Account Type: Commercial Checking	Account Number: [REDACTED]	Sign. Req. 1	Date: 5/2/13
Address: 6100 Red Hook, QTR B3 St. Thomas, VI. 00802		Tel: 340-775-2525	
Name: LSJE, LLC	EIN:	[REDACTED]	
Name: Harry Beller <i>Harry Beller</i>	SSN:	[REDACTED]	
Name:	ID Type:	[REDACTED]	
Name:	No:	[REDACTED]	
Name:	SSN:	[REDACTED]	
Name:	ID Type:	[REDACTED]	
Name:	No:	[REDACTED]	
I/We hereby acknowledge having received the Deposit Account Agreement, the First Bancorp Information Sharing and Privacy Policy, and the product rates and fees.	Prepared by: <i>[Signature]</i>	Authorized by: <i>[Signature]</i>	

NA 101E 7/2002
NNS-0001

Superseding-Current-Reason: *change of company name*
Date: *5/2/13* Initial: *[Signature]*

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 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 the original signatures (no photocopies).

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FirstBankPR000956

EFTA_00124436

EFTA01269603

Account Type: Commercial Checking	Account Number: [REDACTED]	Sign. Req. 1	Date: 5/3/13
Address: 6100 Red Hook, QTR B3 St. Thomas, VI. 00802		Tel: 340-775-2525	
Name: LSJE, LLC	[REDACTED]		
Name: Jeffrey Epstein	[REDACTED]		
Name:	SSN:	ID Type:	No:
Name:	SSN:	ID Type:	No:
I/We hereby acknowledge having received the Deposit Account Agreement, the First Bancorp Information Sharing and Privacy Policy, and the product rates and fees.	Prepared by: [Signature] Authorized by: [Signature]		

NA 101E 7/2002
NNS-0001

Superseding-Current-Reason

Change of Company name

Date: 5/22/13 Initial: [Signature]

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 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 the original signatures (no photocopies).

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FirstBankPR000957

EFTA_00124437

EFTA01269604

Account Type: Commercial Checking	Account Number: [REDACTED]	Sign. Req. 1	Date: 5/13/13
Address: 6100 Red Hook, QTR B3 St. Thomas, VI. 00802		Tel: 340-775-2525	
Name: LSJE, LLC	[REDACTED]		
Name: Darren Indyke <i>Darren Indyke</i>	[REDACTED]		
Name:	SSN:	ID Type:	No:
Name:	SSN:	ID Type:	No:
I/We hereby acknowledge having received the Deposit Account Agreement, the First Bancorp Information Sharing and Privacy Policy, and the product rates and fees.	Prepared by: <i>[Signature]</i> Authorized by: <i>[Signature]</i>		

NA 101E 7/2002
NNS-0001

Superseding-Current-Reason change of company name

Date: 5/2/13 Initial: *[Signature]*

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 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 the original signatures (no photocopies).

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EFTA_00124438

EFTA01269605

Existing Account Number 7322001709	New Account Number [REDACTED]
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1. Client Information

Business or Entity name: LSJ Employees LLC Operating Account	Employer Identification or Social Security Number [REDACTED]
DBA Name (if applicable):	Social Security Number (if applicable):
Physical Address: Little Saint James Island St. Thomas, USVI 00802	Mailing Address: 6100 Red Hook Quarters B3 St. Thomas, USVI 00802

Business Phone: (340)775-2525 Fax: Email:

2. Business/Entity Description

Type of Business: Household NAICS: 55114 Annual Sales: N/A

Date Established: 12/21/2011 Number of Employees: 10 Number of Offices: 0

Type of Entity: DBA Corporation Nonprofit Corporation Partnership
 Government Agency Unincorporated Association or Entity Limited Liability Company
 Other:

3. Type Of Product

Certificate of Deposit Checking Saving Loan Other, specify

4. Account Purpose

Payroll Operational Trust Public Funds ATM Machine Escrow Transfer Funds
 Corresponsal Investment Other:

5. Expected Transactions

		Monthly Transactions		
Credits	Transactions	<input checked="" type="checkbox"/> 1 - 10	<input type="checkbox"/> 11 - 20	<input type="checkbox"/> 21 or more.
	Total Amount	<input type="checkbox"/> \$1 - \$5,000	<input checked="" type="checkbox"/> \$5,001 - \$25,000	<input type="checkbox"/> \$25,001 or more.
	Transaction Type	<input type="checkbox"/> Cash <input type="checkbox"/> Payroll <input type="checkbox"/> Account Transfers <input type="checkbox"/> ACH <input type="checkbox"/> Checks <input type="checkbox"/> POS <input type="checkbox"/> Electronic Transfers <input type="checkbox"/> Other:		
Debits	Transactions	<input type="checkbox"/> 1 - 10	<input checked="" type="checkbox"/> 11 - 20	<input type="checkbox"/> 21 or more.
	Total Amount	<input type="checkbox"/> \$1 - \$5,000	<input checked="" type="checkbox"/> \$5,001 - \$25,000	<input type="checkbox"/> \$25,001 or more.
	Transaction Type	<input type="checkbox"/> Cash <input type="checkbox"/> Payroll <input type="checkbox"/> Account Transfers <input type="checkbox"/> ACH <input type="checkbox"/> Checks <input type="checkbox"/> POS <input type="checkbox"/> Electronic Transfers <input type="checkbox"/> Other:		

International Transactions - Wire Transfers

<input checked="" type="checkbox"/> Incoming Transfers		<input type="checkbox"/> Outgoing Transfers		
<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> Monthly.		
Transactions <input checked="" type="checkbox"/> 1 - 10 <input type="checkbox"/> 11 - 20 <input type="checkbox"/> 21 - 50 <input type="checkbox"/> 51 or more.		Transactions <input type="checkbox"/> 1 - 10 <input type="checkbox"/> 11 - 20 <input type="checkbox"/> 21 - 50 <input type="checkbox"/> 51 or more.		
Total Amount <input type="checkbox"/> \$1 - \$25,000 <input type="checkbox"/> \$25,001 - \$500,000 <input type="checkbox"/> \$500,001 or more.		Total Amount <input type="checkbox"/> \$1 - \$25,000 <input type="checkbox"/> \$25,001 - \$500,000 <input type="checkbox"/> \$500,001 or more.		
Countries		Countries		

6. Initial Deposit and Origin of Funds

Initial Deposit: 5,000.00 Origin of Funds: [REDACTED]

If the initial deposit is greater than \$500,000; indicate the source of wealth:

7. Client Classification

If the answer is yes to at least one of the following, the client will be considered high risk and further action is needed as establish in the Due Diligence Checklist- Guidance For Individuals or Entities Considered as High Risk.

If the answer to D, E, or F is yes, then authorization from the Compliance Department- BSA Division is required.

A. Is the NAICS selected high risk?	Yes	No
B. Does the business have a private ATM machine on site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Is the business a nonprofit organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D. Is the business a political committee or organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E. Is the business related to an officer of a foreign government? Indicate the type of relationship:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F. Is the business engaged in activities related to Internet gambling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

8. Verification System - For use only as Contingency Plan if CHE SYSTEM was called

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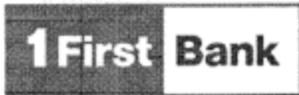
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FirstBankPR000959

EFTA_00124439

EFTA01269606



Customer Due Diligence For Additional Signers on Individual Accounts or Authorized Signatures on Business Entities Accounts

Existing Account Number [REDACTED]	Account Number which is attached to the Signer [REDACTED]
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1. Authorized Signer Information

Name: HARRY Initial: I Last Name: beller
 Date of Birth: [REDACTED] Place of Birth: NEW YORK Social Security: [REDACTED]
 Citizenship: US Home Phone: 212-750-1176 Other: N/A
 Physical Address: 12 GOLAR DRIVE Mailing Address: 6100 RED HOOK QUARTER B3
MONSEY, NY 10952 ST. THOMAS, VI 00802

Place of Employment: HBRK ASSOCIATES Employment Address: 301 EAST 66TH STREET, STE 10F
 Occupation: ACCOUNTANT NEW YORK, NY 10065
 Work Phone: 614-862-4814
 Email: NA
 Relation Account Title: ACCOUNTANT

ID	Type	Number	Country	Expiration (MM/DD/YYYY)
1st	D/LICENSE	[REDACTED]	NY	05/09/2019
2nd	US PPT	[REDACTED]	US	10/04/2014

2. Income

Recurrent Source: Own Business Private Government Other, specify: _____
 Annual Income: \$0.01 - \$50,001 \$50,001 - \$150,000 \$150,001 - \$250,000 Over \$250,000

3. Client Classification

If the answer is yes for A and C of the following questions, the client will be considered high risk and further action is needed as establish in the Due Diligence Checklist-Guidance For Individuals or Entities Considered as High Risk.
If the answer to C is yes, then authorization from the Compliance Department-BSA Division is required.

	Yes	No
A. Indicate whether the client is a nonresident alien: (NAICS #100000)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Indicate whether the client is a resident alien: (NAICS #200000)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Indicate whether the client is related to an officer of a foreign government and document the type of relationship: (NAICS #400000)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. Verification System- For use only as Contingency Plan if CHEXSYSTEM was called

Name of the Representative who attended your call: _____
 Response to Social Security: Year: _____ State: _____ Other: _____
 Response on Industry Behavior: _____
 Response on ID: _____

5. Account Opening Authorization

Approved Denied
Madelin Colon [Signature] 1082 2/10/12
 Name Signature Officer No. Date
 Comments, if applicable: _____
 Interviewed by: LEONA MALONE [Signature] 1/23/2012
 Name Signature Date



Customer Due Diligence For Additional Signers on Individual Accounts or Authorized Signatures on Business Entities Accounts

Existing Account Number [REDACTED]	Account Number which is attached to the Signer [REDACTED]
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1. Authorized Signer Information

Name: JEFFREY Initial: E Last Name: Epstein
 Date of Birth: 1/20/1953 Place of Birth: NY Social Security: [REDACTED]
 Citizenship: US Home Phone: 340-775-8100 Other: N/A
 Physical Address: Mailing Address:
 LITTLE SAINT JAMES ISLAND 6100 RED HOOK QUARTER B3
 ST. THOMAS, VI 00802 ST. THOMAS, VI 00802

Place of Employment: FINANCIAL TRUST COMPANY, INC. Employment Address:
 Occupation: FINANCIAL CONSULTANT 6100 RED HOOK QUARTER B3
 Work Phone: 340-775-2525 ST. THOMAS, VI 00802
 Email: jebrenn@attglobal.net
 Relation Account Title: Owner

ID	Type	Number	Country	Expiration (MM/DD/YYYY)
1st	D/LICENSE	[REDACTED]	USVI	01/20/2015
2nd	USPPT	[REDACTED]	US	10/10/2012

2. Income

Recurrent Source: Own Business Private Government Other, specify: _____
 Annual Income: \$0.01 - \$50,001 \$50,001 - \$150,000 \$150,001 - \$250,000 Over \$250,000

3. Client Classification

If the answer is yes for A and C of the following questions, the client will be considered high risk and further action is needed as establish in the Due Diligence Checklist-Guidance For Individuals or Entities Considered as High Risk.
If the answer to C is yes, then authorization from the Compliance Department-BSA Division is required.

	Yes	No
A. Indicate whether the client is a nonresident alien: (NAICS #100000)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Indicate whether the client is a resident alien: (NAICS #200000)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Indicate whether the client is related to an officer of a foreign government and document the type of relationship: (NAICS #400000)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. Verification System- For use only as Contingency Plan if CHEXSYSTEM was called

Name of the Representative who attended your call: _____
 Response to Social Security: Year: _____ State: _____ Other: _____
 Response on Industry Behavior: _____
 Response on ID: _____

5. Account Opening Authorization

Approved Denied
 Madelin Colon [Signature] 1082 2/10/12
 Name Signature Officer No. Date
 Comments, if applicable: _____
 Interviewed by: LEONA MALONE [Signature] 01/23/2012
 Name Signature Date



Customer Due Diligence For Additional Signers on Individual Accounts or Authorized Signatures on Business Entities Accounts

Existing Account Number [REDACTED]	Account Number which is attached to the Signer [REDACTED]
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1. Authorized Signer Information

Name: DARREN Initial: K Last Name: indyke
 Date of Birth: 2/19/1965 Place of Birth: NEW YORK Social Security: [REDACTED]
 Citizenship: US Home Phone: 852-485-6315 Other: 852-485-6315
 Physical Address: 2 KEAN CT Mailing Address: 6100 RED HOOK QUARTER B3
LIVINGSTON, NJ 07039 ST. THOMAS, VI 00802

Place of Employment: HBRK ASSOCIATES Employment Address: 301 EAST 66TH STREET 10F
 Occupation: ATTORNEY NEW YORK, NY 10065
 Work Phone: 614-862-4817
 Email: dkiesq@aol.com
 Relation Account Title: ATTORNEY

ID	Type	Number	Country	Expiration (MM/DD/YYYY)
1st	D/LICENSE	[REDACTED]	NJ	04/30/2014
2nd	USPPT	[REDACTED]	US	03/10/2012

2. Income

Recurrent Source: Own Business Private Government Other, specify: _____
 Annual Income: \$0.01 - \$50,001 \$50,001 - \$150,000 \$150,001 - \$250,000 Over \$250,000

3. Client Classification

If the answer is yes for A and C of the following questions, the client will be considered high risk and further action is needed as establish in the Due Diligence Checklist-Guidance For Individuals or Entities Considered as High Risk.
If the answer to C is yes, then authorization from the Compliance Department-BSA Division is required.

	Yes	No
A. Indicate whether the client is a nonresident alien: (NAICS #100000) _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Indicate whether the client is a resident alien: (NAICS #200000) _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Indicate whether the client is related to an officer of a foreign government and document the type of relationship: (NAICS #400000) _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. Verification System- For use only as Contingency Plan if CHEXSYSTEM was called

Name of the Representative who attended your call: _____
 Response to Social Security: Year: _____ State: _____ Other: _____
 Response on Industry Behavior: _____
 Response on ID: _____

5. Account Opening Authorization

Approved Denied

Madelin Colon [Signature] 1082 2/10/12
 Name Signature Officer No. Date

Comments, if applicable: _____

Interviewed by: LEONA MALONE [Signature] 1/23/2012
 Name Signature Date



Customer Due Diligence For Additional Signers on Individual Accounts or Authorized Signatures on Business Entities Accounts

Existing Account Number [REDACTED]	Account Number which is attached to the Signer [REDACTED]
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1. Authorized Signer Information

Name: JEANNE Initial: Last Name: brennan
 Date of Birth: 9/2/1960 Place of Birth: NY Social Security: [REDACTED]
 Citizenship: US Home Phone: 340-779-1736 Other: 340-690-1494
 Physical Address: Mailing Address:
 6L CABRITA POINT 6501 RED HOOK PLAZA, STE 201
 ST. THOMAS, VI 00802 ST. THOMAS, VI 00802

Place of Employment: FINANCIAL TRUST COMPANY, INC. Employment Address:
 Occupation: CPA 6100 RED HOOK PLAZA, STE 201
 Work Phone: 340-775-2525 ST. THOMAS, VI 00802
 Email: jebrenn@attglobal.net
 Relation Account Title: MANAGER

ID	Type	Number	Country	Expiration (MM/DD/YYYY)
1st	USPPT	[REDACTED]	US	05/19/2018
2nd	VOTERS ID	[REDACTED]	VI	N/A

2. Income

Recurrent Source: Own Business Private Government Other, specify: _____
 Annual Income: \$0.01 - \$50,001 \$50,001 - \$150,000 \$150,001 - \$250,000 Over \$250,000

3. Client Classification

If the answer is yes for A and C of the following questions, the client will be considered high risk and further action is needed as establish in the Due Diligence Checklist-Guidance For Individuals or Entities Considered as High Risk.
If the answer to C is yes, then authorization from the Compliance Department-BSA Division is required.

	Yes	No
A. Indicate whether the client is a nonresident alien: (NAICS #100000)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Indicate whether the client is a resident alien: (NAICS #200000)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Indicate whether the client is related to an officer of a foreign government and document the type of relationship: (NAICS #400000)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. Verification System- For use only as Contingency Plan if CHEXSYSTEM was called

Name of the Representative who attended your call: _____
 Response to Social Security: Year: State: Other: _____
 Response on Industry Behavior: _____
 Response on ID: _____

5. Account Opening Authorization

Approved Denied
 Madeline Colon Name [Signature] Signature 1082 Officer No. 2/10/12 Date
 Comments, if applicable: _____
 Interviewed by: LEONA MALONE Name [Signature] Signature 1/23/2012 Date

**Request for Taxpayer
Identification Number and Certification**

Give form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)
LSJ EMPLOYEES, I.L.C.

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ Exempt payee
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
6100 Red Hook Quarters B3

City, state, and ZIP code
St. Thomas, VI 00002

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

OR

Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ *John Bunn* Date ▶ *1/24/12*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

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Date of this notice: 12-09-2011

Employer Identification Number:
[REDACTED]

Form: SS-4

Number of this notice: CP 575 G

LSJ EMPLOYEES LLC
JEFFREY EPSTEIN SOLE MBR
9100 HAVENSIGHT 15 16
ST THOMAS, VI 00802

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 66-0776615. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub. Thank you for your cooperation.

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Keep this part for your records.

CP 575 G (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

999999999

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 12-09-2011
EMPLOYER IDENTIFICATION NUMBER: [REDACTED]
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023
[Barcode]

LSJ EMPLOYEES LLC
JEFFREY EPSTEIN SOLE MBR
9100 HAVENSIGHT 15 16
ST THOMAS, VI 00802

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Virgin Islands

Limited Liability Company Letter and Security Agreement

Date 12/12/2011

We the undersigned Members, Managers, or Officers of LSJ Employees LLC

("Company") located at Little Saint James Islands 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

and the following Manager or Officer(s): Jeanne Brennan

(Indicate Name of Manager or Name(s) or Title(s) of Officer(s))

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) Jeffrey Epstein, Member Darren Indyke, Attorney Jeanne Brennan, Manager Harry Beller, Accountant

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, or 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 Jeffrey Epstein, 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 give mortgages, deeds of trust, security agreements, instruments of transfer, assignment or pledge, powers of attorney and other agreements or instruments

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another or others and now or hereafter coming 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 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,

LSJ Employees LLC

Name of Company

Little Saint James Island St. Thomas USVI

Address

By: Jeffrey Epstein

Title: Member
(Manager, Member, or Official Title)

By: Jeanne Brennan

Title: Manager
(Manager, Member, or Official Title)



Virgin Islands

Limited Liability Company Authorization and Indemnity Agreement For Telephone/Telex/Facsimile/Written Instructions

- 1. Authorization.** The undersigned hereby requests and authorizes FirstBank (the "Bank") to accept and act upon any instructions ("Instructions") delivered by telephone or telex or written or facsimile transmission given or purportedly given by a person or persons authorized to transact business with the Bank as shown on the resolution or other evidence or advice of authority from time to time maintained in the records of the Bank.
- 2. No Liability of Bank.** The undersigned accepts the risk that instructions may be given by an unauthorized person and agrees that the Bank will have no liability or responsibility for acting in accordance with any Instructions, whether or not genuine or duly authorized. The Bank shall have no liability or responsibility for any misunderstandings arising out of any telephone Instructions.
- 3. Security Procedures.** The security procedure agreed upon for verifying the authenticity of Instructions is a call back to any of the following individuals, whether or not such individual has initiated any such transfer. (The Bank recommends that the persons designated below should not be persons who generally issue Instructions. Whenever possible, the Bank will endeavor to call someone other than the issuer of the instructions.)

Name and Title	Telephone Number (Include country/Area Code)
Leanne Brennan, Manager	340-775-2525
Harry Beller, Accountant	646-862-4814
	6'

Alternatively, at the Bank's option, the call back may be made to any person designated on the signature cards or any other account documentation on file with the Bank for the undersigned's accounts as authorized to issue Instructions or otherwise transact business on such account.

In addition to call back, the parties agree that for Instructions received by facsimile transmission, or in writing, the Bank will determine whether the Instructions purport to bear the signature of any individual who is designated on the current signature cards or other account documentation on file with the Bank for the undersigned's account(s) as authorized to issue Instructions or otherwise transact business on such accounts.

The security procedures and other terms specified in this Agreement also apply to amendments and cancellations of Instructions. It is understood that these security procedures are designed to verify the authenticity, and not the correctness, of Instructions.

The Bank may, at its option, record (electronically or otherwise) any call back made pursuant to this Agreement, any Instructions or other instructions given by telephone and any other telephone discussions relating to Instructions.

The undersigned agrees that its rights and duties and those of the Bank hereunder shall be governed by the terms of the Bank's Account Terms and Conditions (as may be amended from time to time) applicable to the undersigned's accounts at the Bank. The undersigned agrees that the security procedures set forth herein constitute a commercially reasonable method of providing security against unauthorized Instructions. The undersigned agrees to be bound by any Instruction, whether or not authorized, issued in the undersigned's name and accepted by the Bank in compliance with the security procedure set forth herein and the undersigned agrees to indemnify and hold the Bank harmless from any loss suffered or liability incurred by the Bank in, or arising from the Bank's execution of Instructions believed by the Bank in good faith to have been given (or signed in the case of any facsimile transmission) by a person authorized as provided above, provided the Bank has complied with such security procedure.

- 4. Bank May Decline to Act.** It is understood that the Bank shall have no obligation to execute any instruction unless and until such instruction is verified in accordance with the security procedures set forth herein, and the undersigned will indemnify and hold the Bank harmless from any loss suffered or liability incurred by the Bank in refraining from processing an instruction after all reasonable efforts to verify such instruction in accordance with this agreement have failed or in delaying the execution of an instruction until such verification is obtained. Upon notice to the undersigned, the Bank may also, at its option, refuse to execute any instruction or part thereof for any other reason without incurring any responsibility for any loss, liability or expense arising out of such refusal.
- 5. Indemnity.** The undersigned agrees to indemnify the Bank, its affiliates, subsidiaries and their directors, officers, representatives and agents on demand for all losses, claims, damages or expenses (including legal fees and disbursements) which it or any of them may suffer or incur in connection with this Agreement, including, but not limited to, acting or refusing to act on any Telephone or Telex or Facsimile or Written Instruction, whether or not genuine or duly authorized.
- 6.** Our continued issuance of Transfer Instructions following our receipt, execution and return of this letter to the bank will constitute our agreement to the security procedures and other terms specified herein.

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Virgin Islands

Limited Liability Company Resolutions For Telephone/ Telex/Facsimile/Written Instructions

We the undersigned Members, Managers, or Officers of

LSJ Employees LLC

A company duly organized and existing under the laws of

U.S. Virgin Islands

Held at American Yacht Harbor, St. Thomas on the 12 day of December, 20 11.

IT WAS RESOLVED

1. That the company issue in favor of FirstBank (the "Bank") a Limited Liability Company Authorization and Indemnity Agreement For Telephone/Telex/Facsimile/Written Instructions in the form required by the Bank, a copy of such form having been presented to and approved by the Members, Managers, or Officers.

2. That Jeanne Brennan, Manager and / Jeffrey Epstein, Member be authorized to execute the said Authorization and Indemnity Agreement in favor of the Bank.

IN WITNESS WHEREOF, I have hereunto set my hand as Member/Manager/Officer of the Limited Liability Company this 12 day of December, 20 11.

Handwritten signature of Jeanne Brennan

Signature

Jeanne Brennan, Manager Name and Title

* Select One

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AFFIDAVIT RE NOT DOING BUSINESS

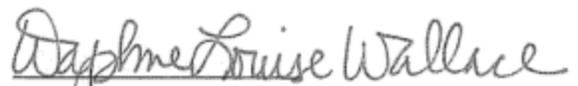
Jeanne Brennan being of lawful age and after having been duly sworn, state that:

1. I am, and have been from the date of the filing of the Articles of Organization, a copy of which is attached hereto, the Manager of LSJ Employees, L.L.C. ("the Company").
2. I hereby confirm that the Company never did any business of any kind from the date of the filing of the Articles of Organization through the date of this statement and we further state that the Company has no intention of doing any business in the foreseeable future.
3. I hereby further confirm that the Company did not do business and does not intend to do business because it is a holding company, which was not and is not intended to be used for any type of business other than to employ household employees.
4. I hereby further confirm that the Company will not do any business of any kind prior to applying for and obtaining a United States Virgin Islands Business License, a copy of which will be delivered to the Bank.
5. The Company requires a bank account for the purpose of corporate expenses.
6. I have personal knowledge of the facts herein stated.



IN WITNESS WHEREOF the parties have signed and sealed this agreement this 21ST day of DECEMBER 2011

SUBSCRIBED AND SWORN to me this 21ST day of DECEMBER, 2011


Notary Public

NOTARY PUBLIC
Name: *Daphne Louise Wallace*
My Commission Exp: January 6, 2014
NP Commission # NP-007-10
St. Thomas/St. John, USVI District

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FirstBankPR000971

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**OPERATING AGREEMENT
OF
LSJ EMPLOYEES, LLC
A U.S. Virgin Islands Limited Liability Company**

THIS OPERATING AGREEMENT (this "Agreement") is made and entered into as of December __, 2011 by Jeffrey E. Epstein (hereinafter referred to as "Sole Member"), with an address at 6100 Red Hook Quarter, Suite B-3, St. Thomas, USVI 00802 and who hereby forms LSJ EMPLOYEES, LLC, a U.S. Virgin Islands limited liability company (the "Company") pursuant to the U.S. Virgin Islands Uniform Limited Liability Company Act (the "Act") upon the following terms and conditions:

**SECTION I
ORGANIZATION & FORMATION**

A. Formation. The Company has been organized as a U.S. Virgin Islands limited liability company under and pursuant to the U.S. Virgin Islands Limited Liability Company Act (the "Act") by the filing of Articles of Organization ("Articles") with the Office of the Lieutenant Governor, on October 27, 2011, as required by the Act.

B. Name. The name of the Company shall be "LSJ EMPLOYEES, LLC". The Company upon proper notice and filing with the Office of the Lieutenant Governor of the U.S. Virgin Islands may conduct its business under one or more assumed names.

C. Purposes. The purpose of the Company is to engage in any lawful activity, operate any lawful enterprise or to have any other lawful purpose permitted by the law of the territory of the U.S. Virgin Islands. The Company shall have all the powers necessary or convenient to affect any purpose for which it is formed, including all powers granted by the Act.

D. Duration. The Company shall continue in existence perpetually, beginning on the date of filing of the Articles, unless terminated by law or dissolved and terminated.

E. Registered Office and Resident Agent and Place of Business. The Registered Office and Resident Agent of the Company for service of process within the territory shall be: Erika A. Kellerhals, at 9100 Havensight, Port of Sale, Suite 15/16, St. Thomas, U.S. Virgin Islands 00802. The Company's principal place of business is 6100 Red Hook Quarter, Suite B-3, St. Thomas U.S. Virgin Islands 00802 or such other place or places as the Sole Member may hereafter determine.

SECTION II
CAPITAL STRUCTURE: MEMBERSHIP UNITS AND
CONTRIBUTIONS/TRANSFER OF MEMBERSHIP UNITS

A. Capital Contribution by the Sole Member; Initial Issuance. The Sole Member's ownership rights in the Company shall be reflected in "Membership Units," as recorded in the Company's records. Upon the formation of the Company, the Sole Member shall make a capital contribution to the capital of the Company in the amount of cash, or of the property-in-kind, or both, set forth opposite the Sole Member's name on the Schedule of Capital Contributions attached hereto. The Company shall thereupon issue to the Sole Member that number and class of Units so subscribed and contributed for. The Sole Member may make additional capital contributions at any time and in any amount that it may desire.

B. Transfer of Membership Units. The Sole Member may transfer any or all of its Membership Units to any person or persons, at any time and from time to time. Subject to the provisions of this Section, the Sole Member may assign its Membership Units in the Company in whole or in part. The assignment of a Membership Unit does not itself entitle the assignee to participate in the management and affairs of the Company or to become a member. Such assignee is only entitled to receive, to the extent assigned, the distributions the assigning Sole Member would otherwise be entitled to, and such assignee shall only become an assignee of a Membership Unit and not a substituted member. An assignee of a Membership Unit shall be admitted as a substitute member and shall be entitled to all the rights and powers of the assignor only if all the members consent. If admitted, the substitute member, has to the extent assigned, all of the rights and powers, and is subject to all of the restrictions and liabilities of the members. Notwithstanding the foregoing, the Sole Member may, by a duly executed agreement, assign all of its Membership Units together with the management and voting rights in the Company.

C. No Interest; No Return of Capital. Capital contributions to the Company shall not earn interest, except as otherwise expressly provided for in this Agreement. Except as otherwise provided in this Agreement, the Sole Member shall not be entitled to withdraw, or to receive a return of, a capital contribution or any portion thereof.

SECTION III
CAPITAL ACCOUNT

A. Capital Account. A capital account ("Capital Account") shall be maintained for the Sole Member, and any additional member in accordance with the provision of this Article.

1. Increases in Capital Account. The Capital Account of the members shall be increased by:

(a) The fair market value of the members' initial capital contribution and any additional capital contributions by the members to the Company. If any property, other than cash, is contributed to or distributed by the Company, the adjustments to

Capital Accounts required by Treasury Regulation Section 1.704-1(b)(2)(iv)(d), (e), (f) and (g) and Section 1.704-1(b)(4)(I) shall be made.

(b) The members' share of the increase in the tax basis of Company property, if any, arising out of the recapture of any tax credit.

(c) Allocations to the members of Profit.

(d) Company income or gain (including income and gain exempt from income taxation) as provided under this Agreement, or otherwise by Regulation Section 1.704-1(b)(2)(iv).

(e) The amount of Company liabilities that are assumed by the Sole Member.

2. Decreases in Capital Account. The Capital Account of the members shall be decreased by:

(a) The amount of money distributed to the members by the Company pursuant to any provision of this Agreement.

(b) The fair market value of property distributed to the members by the Company (net of liabilities secured by such distributed property that such members are considered to assume or take subject to under Code Section 752).

(c) Allocations to the members of Losses.

(d) Allocations to the members of deductions, expenses, Nonrecourse Deductions and net losses allocated to them pursuant to this Agreement, and the members' share of Company expenditures which are neither deductible nor properly chargeable to Capital Accounts under Code Section 705(a)(2)(B) or are treated as such expenditures under Treasury Regulation Section 1.704-1(b)(2)(iv)(i). "Nonrecourse Deductions" shall have the meaning set forth in Treasury Regulation Section 1.704-2.

(e) The amount of any liabilities of the members that are assumed by the Company.

SECTION IV ALLOCATIONS AND DISTRIBUTIONS

A. Allocations. For purposes of maintaining the Sole Member's Capital Account, all of the Company's net profits, net losses, expenses and other items of income, gain, loss, and credit shall be allocated to the Sole Member. All items of Company taxable income, gain, loss, deduction, and credit recognized or allowable for Federal income tax purposes shall be allocated and credited or charged to the Sole Member.

B. Distributions. Net cash flow shall be distributed in the following priority:

1. First, to the Sole Member in repayment of any advance of funds to the Company as a lender, to the extent of and in proportion to such advances, including interest thereon, if any;

2. Additional distributions, if any will be made to the Sole Member, in such amounts and at such times as determined by the Sole Member.

C. Distribution upon Liquidation of the Company.

1. At the termination of the Company and after the Company has satisfied or provided for the satisfaction of all the Company's debts and other obligations, the Company's assets will be distributed in cash to the Sole Member and any dissociated members whose Membership Units have not been previously redeemed first, in discharge of their respective Capital Accounts; and then, in proportion to the Membership Units.

2. If the Company lacks sufficient assets to make the distributions described in the foregoing paragraph, the Company will make distributions in proportion to the amount of the respective Capital Accounts of the Sole Member and any dissociated members whose interests have not been previously redeemed.

SECTION V MANAGEMENT OF BUSINESS

A. In General. The Company shall be manager-managed. The initial Manager of the Company shall be Jeanne Brennan. The Manager shall manage the business and affairs of the Company and shall have full and complete authority, power and discretion to do all things necessary or convenient to manage, control and carry out the business, affairs and properties of the Company, to make all decisions regarding those matters and to perform any and all other acts or activities customary or incident to the management of the Company's business.

B. Limitation of Manager's Authority. Notwithstanding the authority of the Manager, the written consent of the Sole Member shall be required for the Manager to:

1. Sell, transfer, assign, convey, or otherwise dispose of any part of the Company's assets;
2. Cause the Company to incur any debt in excess of \$5,000, whether or not in the ordinary course of business;
3. Cause the Company to incur any debt less than \$5,000 other than in the ordinary course of business;
4. Cause the Company to encumber any assets in connection with any debt referred to in clause 2 or 3 above;

5. Issue, sell, transfer, assign, convey or otherwise dispose of any Membership Interest in the Company;
6. Adopt, amend or repeal the Operating Agreement of the Company;
7. Appoint or fill the vacancy of the Manager;
8. Approve a plan of merger of the Company with any other entity;
9. Amend, alter, repeal, or take any action inconsistent with any resolution of the Sole Member; and
10. Incur any single expense or combination of related expenses in excess of \$5,000.

C. Voting of Membership Units. A Membership Unit is entitled to be voted only if it is owned by a member and each such Membership Unit shall be entitled to one vote. Neither an assignee nor a transferee may vote a Membership Unit unless such assignee or transferee is admitted as a member.

SECTION VI EXCULPATION OF LIABILITY: INDEMNIFICATION

A. Exculpation of Liability. Unless otherwise provided by law or expressly assumed pursuant to a written instrument signed by such Person, neither the Sole Member nor the Manager shall be personally liable for the acts, debts or liabilities of the Company.

B. Indemnification.

1. Except as otherwise provided in this Section, the Company, its receiver or its trustee shall indemnify, defend and hold harmless the Sole Member and the Manager and their respective heirs, personal representatives, and successors, and may indemnify, defend and hold harmless any employee or agent, who was or is a party or is threatened to be made a party to a threatened, pending or completed action, suit or proceeding, from and against any expense, loss, damage or liability incurred or connected with, or any claim, suit, demand, loss, judgment, liability, cost or expense, including, without limitation, reasonable attorney's fees, arising from or related to, the Company or any act or omission of the Sole Member, the Manager or such employee or agent on behalf of the Company, and amounts paid in settlement of any of the above, provided that such amounts were not the result of fraud, gross negligence, or reckless or intentional misconduct on the part of the Sole Member, the Manager or such employee or agent against whom a claim is asserted. The Company may advance to the Sole Member, the Manager or any such employee or agent and their respective heirs, personal representatives, and successors the costs of defending any claim, suit or action against such Person if such Person undertakes to repay the funds advanced, with interest, if the Person is not entitled to indemnification under this Section.

2. To the extent that the Sole Member, the Manager, or any such employee or agent of the Company has been successful on the merits or otherwise in defense of an action, suit or proceeding or in defense of any claim, issue or other matter in the action, suit or proceeding, such person shall be indemnified against actual and reasonable expenses, including, without limitation, attorneys' fees, incurred by such person in connection with the action, suit or

proceeding and any action, suit or proceeding brought to enforce the mandatory indemnification provided herein.

3. Any indemnification permitted under this Section, unless ordered by a court, shall be made by the Company only as authorized in the specific case upon a determination that the indemnification is proper under the circumstances because the person to be indemnified has met the applicable standard of conduct and upon an evaluation of the reasonableness of expenses and amounts paid in settlement. This determination and evaluation shall be made by the vote of the majority of the Membership Units of the members who are not parties or threatened to be made parties to the action, suit or proceeding. Notwithstanding the foregoing to the contrary, no indemnification shall be provided to any Manager, employee or agent of the Company for or in connection with the receipt of a financial benefit to which such person is not entitled, voting for or assenting to a distribution to the members in violation of this Agreement or the Act, or a knowing violation of law.

SECTION VII LIQUIDATION

The Company shall be dissolved, and shall terminate and wind up its affairs, upon the determination of the Sole Member to do so.

SECTION VIII MISCELLANEOUS PROVISIONS

A. Section Headings. The Section headings and numbers contained in this Agreement have been inserted only as a matter of convenience and for reference, and in no way shall be construed to define, limit or describe the scope or intent of any provision of this Agreement.

B. Severability. The invalidity or unenforceability of any particular provision of this Agreement shall not affect the other provisions hereof, and this Agreement shall be construed in all respects as if such invalid or unenforceable provisions were omitted.

C. Amendment. This Agreement may be amended or revoked at any time, in writing, with the consent of the Sole Member. No change or modification to this Agreement shall be valid unless in writing and signed by the Sole Member.

D. Binding Effect. Subject to the provisions of this Agreement relating to transferability, this Agreement will be binding upon and shall inure to the benefit of the parties, and their respective distributees, heirs, successors and assigns.

E. Governing Law. Regardless of the place where this Agreement may be executed by the Sole Member, the rights and obligations of the Sole Member, and any claims and disputes relating thereto, shall be subject to and governed by, and construed and enforced in accordance with the laws of the Territory of the U.S. Virgin Islands.

IN WITNESS WHEREOF, the Sole Member makes and executes this Operating Agreement on the day and year first written above.

WITNESSETH:

Jeffrey E. Epstein

By: _____

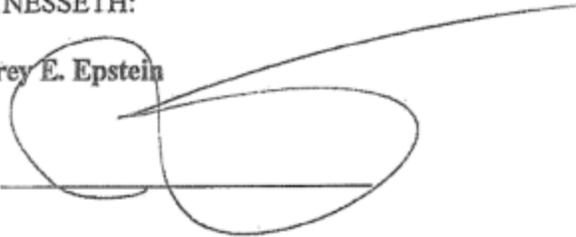
A large, handwritten signature in black ink, appearing to be "Jeffrey E. Epstein", is written over the signature line and extends upwards and to the right.

EXHIBIT A

MEMBER LISTING; CAPITAL CONTRIBUTIONS

Members	Capital Contributed	Membership Units	Percentage Interest
JEFFREY E. EPSTEIN	\$1000.00	100	100%

ACCEPTED AND AGREED:

By: _____

JEFFREY E. EPSTEIN

October 27, 2011

DATE

ARTICLES OF ORGANIZATION
OF
LSJ EMPLOYEES, LLC

DATE STAMPED
COPY

I, the undersigned natural person of the age of eighteen years or more, acting as organizer of a limited liability company under the Uniform Limited Liability Company Act, Chapter 15, Title 13, Virgin Islands Code ("Uniform Limited Liability Company Act"), do hereby adopt the following Articles of Organization for such limited liability company:

ARTICLE ONE
NAME, ADDRESS AND PRINCIPAL OFFICE

Name and Address

1. The name and address of the limited liability company shall be LSJ EMPLOYEES, LLC (the "Company"), 9100 Havensight, Port of Sale, Suite 15-16, St. Thomas, U.S. Virgin Islands 00802. The physical address of the Company shall be 9100 Havensight, Port of Sale, Suite 15-16, St. Thomas, U.S. Virgin Islands 00802.

Principal Office

2. The principal office and permanent address for the transaction of business of the Company shall be the address stated in Paragraph 1 of these Articles as the physical address of the Company.

Resident Agent and Office

3. The mailing address of the Company's initial designated office is 9100 Havensight, Port of Sale, Suite 15-16, St. Thomas, U.S. Virgin Islands 00802.

The physical address of the Company's designated office is 9100 Havensight, Port of Sale, Suite 15-16, St. Thomas, U.S. Virgin Islands 00802.

The name of its initial resident agent at such address is Kellerhals Ferguson LLP.

The business address of the resident agent and the physical address of the designated office are identical.

ARTICLE TWO
PURPOSE

The purpose for which the Company is organized is to engage in any and all lawful business for which a limited liability company may be organized under the Uniform Limited Liability Company Act and the other laws of the U.S. Virgin Islands.

CONFIDENTIAL

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FirstBankPR000980

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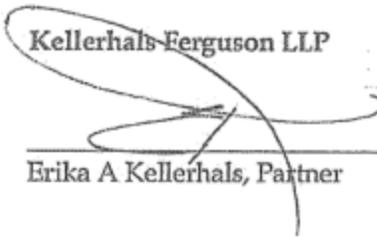
Consent of Agent for Service of Process

DATE STAMPED
COPY

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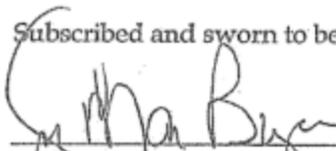
This writing witnesseth that the undersigned *Kellerhals Ferguson LLP* having been designated by *LSJ Employees, LLC*, as agent of the said company upon whom service of process may be made in all suits arising against the said company in the Courts of the Virgin Islands, do hereby consent to act as such agent and that service of process may be made upon me in accordance with Title 13 of the Virgin Islands Code.

IN WITNESS WHEREOF, I have hereunto set my signature this 27th day of October, 2011.

Kellerhals Ferguson LLP


Erika A Kellerhals, Partner

Subscribed and sworn to before me this 27th day of October, 2011.



Notary Public in and for the Territory of the United States Virgin Islands
My commission expires: 9/28/13

GINA MARIE BRYAN
NOTARY PUBLIC NP 069-09
COMMISSION EXPIRES 09/28/2013
ST. THOMAS/ST. JOHN USVI

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Corp No. 581737

**GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES
— O —
CHARLOTTE AMALIE, ST. THOMAS, VI 00802**

CERTIFICATE OF EXISTENCE

To All To Whom These Presents Shall Come:

I, GREGORY R. FRANCIS, Lieutenant Governor of the Virgin Islands do hereby certify that I am, by virtue of the laws of the Virgin Islands, the custodian of the corporate records and the proper officer to execute this certificate.

I further certify that the records of this office disclose that

LSJ EMPLOYEES, LLC

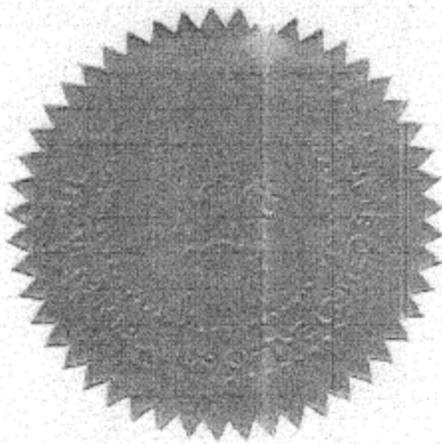
Limited Liability Company

was duly registered to conduct business in the Territory on **October 27, 2011** and has a legal existence as a Limited Liability Company so far as the records of this office show.

Witness my hand and the seal of the Government of the Virgin Islands of the United States, at Charlotte Amalie, St. Thomas, this 7th day of November, 2011.



GREGORY R. FRANCIS
Lieutenant Governor of the Virgin Islands



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CONFIDENTIAL

CONFIDENTIAL

FirstBankPR000982

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EFTA01269629

CERTIFICATION OF BENEFICIAL OWNER(S)

The information contained in this Certification is sought pursuant to Section 1020.230 of Title 31 of the United States Code of Federal Regulations (31 CFR 1020.230).

Person opening an account on behalf of a legal entity must provide the following information:			Account # [REDACTED]
1. First Name and title of Natural Person Opening Account JEFFREY	2. Last Name EPSTEIN	3. Middle Initial E	
4. Name and type of Legal Entity for Which the Account is Being Opened LSJE, LLC			
4a. Legal Entity Address 6100 Red Hook Quarter B3	4b. City St. Thomas	4c. State USVI	4d. ZIP/Postal Code 00802

SECTION I

(To add additional individuals, see page 3)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 20% or more of the equity interests of the legal entity listed above.

Check here if no individual meets this definition and complete Section II.

5. First Name Jeffrey	6. Last Name Epstein	7. M.I. E	8. Date of Birth 01/20/1953
9. Address 6100 Red Hook Quarter B3	10. City St. Thomas	11. State USVI	12. ZIP/Postal Code 00802
13. Country USA	14. SSN (U.S. Persons/ Non-U.S. Persons) [REDACTED]	15. Identification Number (SSN, Passport Number or other similar identification number) [REDACTED]	
15a. State of Issuance: USA	15b. Country of Issuance: USA	16. Ownership % 100	

NOTE: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

SECTION II

Please provide the following information for an individual with significant responsibility for managing or directing the entity, including, an executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or Any other individual who regularly performs similar functions.

17. First Name Jeffrey	18. Last Name Epstein	19. M.I. E	20. Date of Birth 01/20/1953
21. Address 6100 Red Hook Quarter B3	22. City St. Thomas	23. State USVI	24. ZIP/Postal Code 00802
25. Country USA	26. SSN SSN (U.S. Persons/ Non-U.S. Persons) [REDACTED]	27. Identification (SSN, Passport Number or other similar identification number) [REDACTED]	
27a. State of Issuance: USA	27b. Country of Issuance: USA		

NOTE: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

I, **JEFFREY EPSTEIN** (name of person opening account), hereby certify, to the best of my knowledge, that the information provided herein is true and correct. If any of the above mentioned information changes I agree to provide the financial institution written notification of such changes.

Signature: _____

Date: 02/11/2014
(MM/DD/YYYY)

NNG-1618-0418

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CONFIDENTIAL

CONFIDENTIAL

FirstBankPR000983

EFTA_00124463

EFTA01269630

Legal Entity Identifier(Optional): _____

NNNG-1618-0418

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SDNY_GM100013821

CONFIDENTIAL

FirstBankPR000984

EFTA_00124464

EFTA01269631

Additional Section 1 - Second Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 20% or more of the equity interests of the legal entity listed above.

5. First Name		6. Last Name		7. M.I.	8. Date of Birth
9. Address			10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons/ Non-U.S. Persons)		15. Identification Number (SSN, Passport Number or other similar identification number)		
15a. State of Issuance:		15b. Country of Issuance:		16. Ownership %	

NOTE: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Additional Section 1 - Third Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 20% or more of the equity interests of the legal entity listed above.

5. First Name		6. Last Name		7. M.I.	8. Date of Birth
9. Address			10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons/ Non-U.S. Persons)		15. Identification Number (SSN, Passport Number or other similar identification number)		
15a. State of Issuance:		15b. Country of Issuance:		16. Ownership %	

NOTE: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Additional Section 1 - Fourth Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 20% or more of the equity interests of the legal entity listed above.

5. First Name		6. Last Name		7. M.I.	8. Date of Birth
9. Address			10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons/ Non-U.S. Persons)		15. Identification Number (SSN, Passport Number or other similar identification number)		
15a. State of Issuance:		15b. Country of Issuance:		16. Ownership %	

NOTE: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Additional Section 1 - Fifth Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 20% or more of the equity interests of the legal entity listed above.

5. First Name		6. Last Name		7. M.I.	8. Date of Birth
9. Address			10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons/ Non-U.S. Persons)		15. Identification Number (SSN, Passport Number or other similar identification number)		
15a. State of Issuance:		15b. Country of Issuance:		16. Ownership %	

NOTE: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Additional Section 1 - Sixth Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 20% or more of the equity interests of the legal entity listed above.

5. First Name		6. Last Name		7. M.I.	8. Date of Birth
9. Address			10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons/ Non-U.S. Persons)		15. Identification Number (SSN, Passport Number or other similar identification number)		
15a. State of Issuance:		15b. Country of Issuance:		16. Ownership %	

NOTE: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Additional Section 1 - Seventh Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 20% or more of the equity interests of the legal entity listed above.

5. First Name		6. Last Name		7. M.I.	8. Date of Birth
9. Address			10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons/ Non-U.S. Persons)		15. Identification Number (SSN, Passport Number or other similar identification number)		
15a. State of Issuance:		15b. Country of Issuance:		16. Ownership %	

NOTE: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

New Account Visit Annual Visit

1. Account Title: LS Holding Inc BTN Little Switzerland

Visit Information

3. Date: 8/1/2014 4. Time: 9:30 5. Time Spent: 20 MIN 6. Visit Contact Name: Bervaline Bastien

7. Type of Corporation:

Domestic Corporation Holding Company Professional Corporation (C.S.P / P.S.C) Limited Liability Corporation (LLC)

Foreign Company Close Corporation Corporation of Individuals

If Other, describe: _____

Visit Description
Complete Visit Description Section Only For Annual Visit

8. Beneficial Ownership: Indicate if the beneficial owner participation changed since the account was opened. Yes No N/A
If any change occurred fill out the form NNWG-1355 Beneficial Ownership Enhanced Due Diligence Form.

Corporate Structure & History
If corporation is a public company you may substitute this part with the latest 10k report

9. If this company is the holding company of an economic group, please provide an organizational chart of its structure.

```

    graph TD
      EG[Economic Group] --> D1[Division 1]
      EG --> D2[Division 2]
      EG --> D3[Division 3]
      EG --> S1[Subsidiary 1]
      D1 --> DS1[Div 1 - Sub 1]
      D1 --> DS2[Div 1 - Sub 2]
      D3 --> DS3[Div 3 - Sub 1]
    
```

10. Provide Board Members.

Name	Position	On Board Since
<u>Ralph Christopher Cooper</u>	<u>President</u>	<u>4/9/2007</u>
<u>Lowell Rush</u>	<u>Treasurer</u>	<u>4/9/2007</u>
<u>Craig F Mzarek</u>	<u>Controller</u>	<u>4/9/2007</u>
<u>Cherise V Hodge</u>	<u>Assistance Controller</u>	<u>4/9/2007</u>

11. Provide Management Members.

Name	Position	In Company Since	In Position Since
<u>Delip Wadlani</u>	<u>Operations Mgr</u>		
<u>Jack Coote</u>	<u>VP Ops</u>		

12. Describe very briefly company's history and the key events that led to its current position/situation.

LS Holding has been banking with FirstBank for over 10 years. They are a Platinum Client and they are doing business as Little Switzerland. They have several stores here in St. Thomas as well as St. John. They keep an average balance of \$500,000.00 +. Little Switzerland has defined luxury in the Caribbean for more than 50 years. With over 25 stores across the Caribbean region, Little Switzerland offers the most desired collections of designer jewelry and watches including TAG Heuer, David Yurman, Breitling, Roberto Coin, Movado, Omega, John Hardy, Chopard, Pandora, Tiffany & Co. and Cartier

Corporate Description

13. Address of visited location.
5195 Dronningens Gade
St. Thomas, VI 00802

14. Location Type: Primary Office Secondary Location (Branch Office/Warehouse/etc.)

15. Type of space of visited location. Owned Rented If other, describe: _____

16. Estimated square footage / space occupied of visited location.
4000

17. Does the business have other locations? Yes No If Yes, indicate the number of all other locations: _____
List the physical addresses of the locations: (if more than four (4) include in a separate attachment)

a. <u>8288 Crown Bay Bldg C5</u> <u>St. Thomas, VI 00802</u>	c. <u>5091 Norre Gade</u> <u>St. Thomas, VI 00802</u>
b. <u>9002 Havensight Shop Ste D</u> <u>St. Thomas, VI 00802</u>	d. <u>38-A-2 & 37-A Dronningens Gade</u> <u>St. Thomas, VI 00802</u>

18. Indicate days and hours of corporate operations of this location.
Monday- Friday 8-5

19. Indicate the number of total employees of all locations if more than one.
125

20. How many employees do you see on premises on this location?
20

21. If number of employees on premises is not the same as the total number of employees, explain.
Some employees are off, on vacation, taking a break, working in other departments, etc.

22. Describe the corporation's operation, including products and services offer.

Product Name	Industry	Market Share	Main Competitor	% of Sales
Jewelry	Jewelry		Jewelry Stores	35%
Watches	Jewelry		Jewelry Stores	35%
Keep Sakes	Souvenirs		Other tourist shops	30%

23. Inventory Visible? Yes No If Yes, describe inventory (and the inventory match the type of Business):
Show cases of Jewelry, Watches, Keepsakes, key chains, Charms

24. Describe customer traffic or activity observed during visit.
High volume of customer traffic. It is located right on Main Street where tourists and locals are daily.

25. Suppliers Name.

Name	Country	% of COGS (Cost of Goods Sold)	Payment Terms
a. Tag Heuer	Switzerland		Card, Cash
b. Breitling	Switzerland		
c. Movado	Switzerland		

26. Customers Name.

Name	Country	% of Sales	Payment Terms
a. Locals	USA	25%	Checks, Cash, Cards
b. Tourists	All	70%	Cash, checks, cards
c. Businesses	USA	5%	

Related Companies

27. Subsidiaries.

Name	Industry	Type of Business	% Owned
Jewels	Jewelry	Jewelry Store	100%

28. Affiliates.

Name	Industry	Type of Business	% Owned
N/A			

Client's Banking Relationship

29. Relationship.

Bank Name	Credit Lines (US \$MM)	Maximum Tenor	Type of Security
FirstBank	N/A	N/A	N/A

Public Issues

30. Issues.

Debt or Equity	Issuer	Amount (US \$MM)	Maturity
N/A			

Account Activity

31. Describe the business anticipated volume of currency (cash) and nature of account activity, if any.
 Estimates about \$615,000.00. The nature of the accounts is checks drawn from the account, deposits, incoming and outgoing wires, ACH Debits.
 NOTE: Information provided at account opening available in the Customer Due Diligence Form (CDD)

32. Deposits are made in several branches? Yes No If Yes, indicate the name of the branch locations
 Water Front, Cruz Bay

33. Other relevant observations or information (Obtaining and reviewing the financial statements and audits; verifying the source and use of funds; evaluating large transactions, conducting reference checks.)
 None

34. Specify the customer's primary trade area and describe its proximity in relation to the bank branch where the account is domicile.
 The primary trade area is located right on Main Street about 2 blocks from the Waterfront branch where the account is domicile. LS Holding is a big store with show cases of jewelry and keepsakes.
 NOTE: If the Business is not located in your marketplace (i.e. Customer lives in Ponce or St Thomas and open an account in Fajardo or Miami Branch) the Bank Officer opening the account must indicate the reason for opening the account at that Branch, and why this explanation makes Business sense.

Deposit Section -- Applicable for Annual Visit

35. Indicate the total average monthly deposit amount if:

	DEPOSIT	DURING THE VISIT	CURRENT	DIFFERENCE
\$ Cash	57,000.00	% Cash	3.89	
\$ Checks	5,000.00	% Checks	0.34	
\$ Credit cards	800,000.00	% Credit Cards	54.53	
\$ Electronic Fund Transfer (EFT)	605,000.00	% EFT	41.24	
\$ POS		% POS		
(b) Average deposits	1,467,000.00	TOTAL	100.00	
(a) Average purchases by customers				
Difference:				
Percentage:				

International Transactions Activity

36. Does the business expected received and/or originated international transactions. Yes No If yes, please complete this section:

Incoming Transfer	Outgoing Transfer
Indicate from which countries it received or expected received wires /ACH transaction. <input checked="" type="checkbox"/> United States <input type="checkbox"/> Puerto Rico <input type="checkbox"/> Dominican Republic <input type="checkbox"/> Colombia <input checked="" type="checkbox"/> US Virgin Islands <input type="checkbox"/> Mexico <input type="checkbox"/> Venezuela <input type="checkbox"/> Netherlands <input checked="" type="checkbox"/> British Virgin Islands <input type="checkbox"/> England <input type="checkbox"/> Canada <input type="checkbox"/> Other	Indicate from which countries it originated or expected received wires /ACH transaction. <input checked="" type="checkbox"/> United States <input type="checkbox"/> Puerto Rico <input type="checkbox"/> Dominican Republic <input type="checkbox"/> Colombia <input type="checkbox"/> US Virgin Islands <input type="checkbox"/> Mexico <input type="checkbox"/> Venezuela <input type="checkbox"/> Netherlands <input checked="" type="checkbox"/> British Virgin Islands <input type="checkbox"/> England <input type="checkbox"/> Canada <input type="checkbox"/> Other
If Other, describe: Switzerland Explain the purpose: payment for goods	If Other, describe: Switzerland Explain the purpose: To pay vendors

Conclusion & Certification

37. Did your observations agree with your expectations for this type of business? Yes No
 Explain:
 My observations agree with my expectations. The business is being run accordingly. Little Switzerland has defined luxury in the Caribbean for more than 50 years. With over 25 stores across the Caribbean region, Little Switzerland offers the most desired collections of designer jewelry and watches including TAG Heuer, David Yurman, Breitling, Roberto Coin, Movado, Omega, John Hardy, Chopard, Pandora, Tiffany & Co. and Cartier

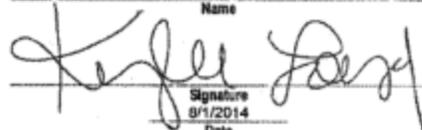
38. Conclusions/Comments/Information.
 See 37 above.

I PERSONALLY PHYSICALLY CONDUCTED THE ABOVE DESCRIBED PLACE OF BUSINESS VISIT. THE INFORMATION PROVIDED IS AN ACCURATE AND COMPLETE REPRESENTATION OF MY OBSERVATION AT THE PHYSICAL VISIT. I HAVE FOLLOWED THE CUSTOMER IDENTIFICATION DUE DILIGENCE PROCESS TO CONFIRM THE TRUE IDENTITY OF THE CUSTOMER, I HAVE OBTAINED AND REVIEWED ALL REQUIRED INFORMATION AND DOCUMENTS TO JUDGE THAT THE CUSTOMER IS REPUTABLE AND CONFIRM THAT THE CUSTOMER IS KNOW TO ME.

No Material information has been withheld from this report. Any misrepresentation of information could be grounds for corrective action, including dismissal.

FIRSTBANK OFFICE
 (Signature and Stamp)

Kylie Loyd
 Name


 Signature
 8/1/2014
 Date

STAMP

CONFIDENTIAL