



Statement Period Date: 2/4/2014 - 2/28/2014  
 Account Type: 5/3 Bus Standard Ckg  
 Account Number: [REDACTED]



REQUIRO SCIENTIA LLC  
 27 HIGH TECH BLVD  
 THOMASVILLE NC 27360-5560



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Relationship Manager Name: Philip Fintchre  
 Phone: [REDACTED]  
 Commercial Client Services: [REDACTED]

4419

**Account Summary -** [REDACTED]

<b>02/04</b>	<b>Beginning Balance</b>	<b>\$0.00</b>	Number of Days in Period	25
	Checks			
	Withdrawals / Debits			
1	Deposits / Credits	\$500.00		
<b>02/28</b>	<b>Ending Balance</b>	<b>\$500.00</b>		

**Deposits / Credits** **1 item totaling \$500.00**

Date	Amount	Description
02/07	500.00	FUNDS TRANSFER FROM CK: XXXXXX2323 REF # 00601099133

**Daily Balance Summary**

Date	Amount
02/07	500.00

[REDACTED]

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