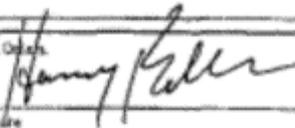
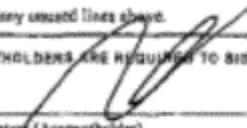


The Morgan Account
Funds Transfer Agreement for Entities



MORGAN USE ONLY US642 02109
Title _____
SPN _____
Priority CAS _____

B	ACCOUNT INFORMATION	Account Title _____	Account Number _____
		Account Title _____	Account Number _____
		Account Title _____	Account Number _____
C	APPOINTMENT OF AUTHORIZED PERSON(S)	Account holder hereby appoints the following Authorized Person(s) to give Payment Orders.	
		Print Name: <u>Harry Keller</u>	Signature: 
		Phone Number (Business): [REDACTED]	Phone Number (Other, please specify): _____
		Print Name: _____	Signature: _____
		Phone Number (Business): _____	Phone Number (Other, please specify): _____
		Print Name: _____	Signature: _____
		Phone Number (Business): _____	Phone Number (Other, please specify): _____
Cross out any unused lines above.			
SIGN HERE	<input checked="" type="checkbox"/>	ACCOUNTHOLDERS ARE REQUIRED TO SIGN BELOW:	
	<input checked="" type="checkbox"/>	Signature (Accountholder): 	Date: <u>4/18/07</u> Print Name: <u>Jeffrey Epstein</u>
		Phone Number (Home): _____	Phone Number (Business): [REDACTED]
	<input checked="" type="checkbox"/>	Signature (Additional Accountholder): _____	Date: _____ Print Name: _____
		Phone Number (Home): _____	Phone Number (Business): _____
	<input checked="" type="checkbox"/>	Signature (Additional Accountholder): _____	Date: _____ Print Name: _____
		Phone Number (Home): _____	Phone Number (Business): _____
	<input checked="" type="checkbox"/>	Signature (Additional Accountholder): _____	Date: _____ Print Name: _____
		Phone Number (Home): _____	Phone Number (Business): _____