

EXCEPTION CARD

TYPE CARD [PREREISSUE] ACCOUNT NUMBER [REDACTED] DATE [06-01-04] 000 USER NUMBER 1559

NAME AND ADDRESS		TOTAL DUE	PAST DUE	NO. OF TIMES PAST DUE CHANGE	LISTINGS
[REDACTED]		\$.00	\$.00	000	
NES LLC 457 MADISON AVE FL 4 NEW YORK NY 10022-6843		PAST DUE AMOUNT BY RANGE OF DAYS	1-30 31-60 61-90 91-120 121-150 151+		
HOME TELEPHONE	BUSINESS TELEPHONE	CURRENT PAYMENT PLAN F - FIVE			
[REDACTED]	[REDACTED]	.00M			

AUTHORIZED USERS	NO. CARDS ISSUED	EXPIRES	RELATED ACCOUNT NUMBER
	1	07/04	[REDACTED]
AGENT	CYCLE	OFFICER	TYPE
1534	189999	B	V9

CURRENT BALANCE	CREDIT LINE	HIGHEST BALANCE	DISPUTE	SIX MONTHS MONETARY HISTORY			
CREDIT AVAILABLE	OVERLIMIT	CARD CREDIT LIMIT (INCREASE DATE OFFICER)	MONTH	PURCHASES	CASH ADVANCES	PAYMENTS	CREDITS
\$	\$	\$	NO	NO	NO	NO	AMOUNT
\$ 0	\$ 5000	\$ 3245					
\$ 5000	0	08-02 17371					
Statement History	PREVIOUS YEAR	CURRENT YEAR	04				
In Billing Cycle	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	03				
Statement Printed	XXXXXXXXXXXX	XXXXX	02				
Overlimit	XXX		01				
Past Due 1-30			12				
31-60			11				
61-90							
91+							

Number of Statements Since Account Opened: 7 Date of Last Statement: 03/17/03 LAST PAYMENT: .00 Date of Last Payment: 000000 OP-071102 | SS-00000000

LINE	DATE	TYPE	MESSAGE	FREE TEXT MESSAGES
1	031003	999999	*** LTR 1534 000059	
2	031003	909888	*CLSD ACCT PER JEFFREY D/BANK SBUNDY	
3	121402	423002	*USE SEEMS OK	
4	080902	909888	*INCREASE LIMIT PER AN N L/BANK SBUNDY	
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

NOTES

Colonial Bank
320 Lakeview Avenue
West Palm Beach, FL 33401
561-671-4386
Fax: 561-671-4390

facsimile transmittal

To: [REDACTED] Fax: [REDACTED]
From: [REDACTED]/Colonial Date: 6/17/2003
Re: Cards 2
CC:

Urgent For Review Please Comment Please Reply Please Recycle

[REDACTED]
Jeffrey Epstein MES
LLC.

If you have any questions pleas

cc:
corp. limit \$35,000
↓
[REDACTED] \$10,000
[REDACTED] \$5,000
[REDACTED] 4,000
[REDACTED] 4,000
23,000-

11/14/03

CONFIDENTIAL

EXCEPTION CARD

TYPE CARD ACCOUNT NUMBER DATE USER NUMBER
PREFEISSUR [REDACTED] **06-01-04** **000** **1559**

NAME AND ADDRESS		TOTAL DUE	PAST DUE	NO. OF TIMES PAST DUE	LISTINGS
NES LLC 457 MADISON AVE FL 4 NEW YORK NY 10022-6843		\$ 00	\$.00	000	
HOME TELEPHONE	BUSINESS TELEPHONE	CURRENT PAYMENT - RTR F - FIXED	PAST DUE		
		.00M	1-30 > .00		
			31-60 > .00		
			61-90 > .00		
			91-120 > .00		
			121-150 > .00		
			151+ > .00		
AUTHORIZED USERS: NO. CARDS ISSUED: 1 EXPIRES: 07/04		RELATED ACCOUNT NUMBER			
		[REDACTED]			
AGENT	CYCLE	OFFICER	TYPE	DEPT	STATUS
1534	169999	B			V9

CURRENT BALANCE	CREDIT LINE	HIGHEST BALANCE	DISPUTE	SIX MONTHS MONETARY HISTORY							
\$ 0	\$ 5000	\$ 4060		PURCHASES		CASH ADVANCES		PAYMENTS		CREDITS	
CREDIT AVAILABLE	OVERLIMIT	LAST CREDIT LINE INCREASE DATE	OFFICER	MONTH	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT	AMOUNT
\$ 5000	0	08-02	7371								
Statement	PREVIOUS YEAR	CURRENT YEAR									
History	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12									
In Billings	XXXXXXXXXXXXXX	XXXXXX									
Statement Printed	XXX										
Overlimit											
Past Due											
31-60											
61-90											
91+											
Number of Statements Since Account Opened	8	Date of Last Statement	03/7/03	Last Payment		Amount of Last Payment	.00	OP-071102	SS-000000000		

LINE	DATE	TYPE	TEXT	FREE TEXT MESSAGES
1	031003	999999	*** LTR 1534 000059	
5	031003	909888	*CLSD ACCT PER JEFFREY D/BANK SBUNDY	
5	022703	423010	*USE SEEMS OK.	
6	121902	423006	*MONITOR	
7	100502	423002	*USE SEEMS OK	
8	090902	423006	*USE SEEMS OK	
9	090502	423017	*USE SEEMS OK.	
10	090302	423017	*USE SEEMS OK.	
11	090302	423017	*MONITOR.	
12	080902	909888	*INCREASE LIMIT PER AN N L/BANK SBUNDY	
13				
14				
15				
16				
17				
18				
19				
20				

NOTES

Attn: [Redacted]

(Thanks!)

A/P Tracking Number:

Metavante Corporation
Credit Card Services

**CREDIT CARD COLLECTIONS
AND MONETARY CHANGES**

Account Number: [Redacted]

Name: [Redacted]

Street Address 457 Madison Ave Fl 4

City New York NY

State _____

ZIP 10022

Business Name: NCS, LLC

Collections

- Restrict Account - R9
- Close Account - V9
- Delete Cardholder _____
- Zero Cards to Reissue
- List on Exception File
- Restrict on ATM Access
- Stop Interest
- Stop Late Charge
- Stop Statements
- Stop Overlimit / Past Due Notices
- Minimum Payment Due This Cycle \$ _____
- Fix Payment \$ _____
- Re-Age account
- Erase Past Due Status
 - 1-30 # times _____
 - 31-60 # times _____
 - 61-90 # times _____
 - 91-120 # times _____
 - Erase All
- Remove R9 Restrictions

Monetary Changes

- Limit Increase to \$ 7,000.
- Limit Decrease to \$ _____
- Change Corporate Account Limit to \$ _____
- Reverse Finance Charge of \$ _____
- Reverse Late Charge Fee of \$ _____
- Reverse Over Limit fee of \$ _____
- Reverse Insurance Fee of \$ _____
- Reverse Current Membership Fee
- Waive Membership Fee Permanently
- Reverse Replacement Card Fee \$ _____
- Reverse Convenience Fee \$ _____
- Reverse NSF Fee \$ _____
- Reverse Insurance Premium Fee \$ _____
- Reverse Returned Check Fee \$ _____

Free Text Messages/Miscellaneous Instructions

Financial Institution Name: Colonial Bank

Date: 12/10/03

Authorized Signature: [Redacted]

Bank # 1559 Agent # [Redacted]

Print Name: [Redacted]

Telephone # [Redacted]

Ext. _____

For Metavante Use Only

Completed by _____
Verification _____

Date _____

Date _____

233-099b MIDSbc (12/01)

Fax R9 requests to Collections, 608-240-7601; others to Account Processing, 608-240-7605

EXCEPTION CARD

TYPE CARD ACCOUNT NUMBER DATE USER NUMBER
PREREISSUE [REDACTED] **03-01-04** **000** **1559**

NAME AND ADDRESS [REDACTED] NES LLC 457 MADISON AVE FL 4 NEW YORK NY 10022-6843		TOTAL DUE \$.00	PAST DUE \$.00	NO. OF TIMES PAST DUE CHANGED 000	LISTINGS
HOME TELEPHONE	BUSINESS TELEPHONE	CURRENT PAYMENT M - MIN F - FIXED \$.00M	PAST DUE AMOUNT BY RANGE OF DAYS		
			1-30 .00		
			31-60 .00		
			61-90 .00		
			91-120 .00		
			121-150 .00		
			151+ .00		
AUTHORIZED USERS	NO. CARDS ISSUED	EXPIRES	RELATED ACCOUNT NUMBER		
	1	04/04	[REDACTED]		
CURRENT BALANCE		CREDIT LINE	HIGHEST BALANCE	DISPUTE	SIX MONTHS MONETARY HISTORY
\$ 0		\$ 5000	\$ 4965		PURCHASES CASH ADVANCES PAYMENTS CREDITS
CREDIT AVAILABLE	OVERLIMIT	LAST CREDIT LINE INCREASE DATE	OFFICER	MONTH	NO AMOUNT NO AMOUNT NO AMOUNT AMOUNT
\$ 5000	\$ 0	00-00	0000		
Statement History	PREVIOUS YEAR	CURRENT YEAR			
In Billing Cycle	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12			
Statement Printed	XXXXXXXXXXXXXX	XX			
Overlimit					
Past Due 1-30					
31-60					
61-90					
91+					
Number of Statements Since Account Opened	4	Date of Last Statement	081602	Last Payment	.00
				Date of Last Payment	000000
				OP-041002	SS-00000000
1	DATE	NO. OF PAST DUE	COLLECTION MESSAGES	FREE TEXT MESSAGES	
1	080902		909888 *CLSD ACCT PER ANN L/B		
2	052902		ANK SBUNDY		
3	042202		423004 *USE SEEMS OK.		
4			909888 *ADD OFFICER CODE PER		
5			ANN L/BANK SBUNDY		
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
NOTES					

Metavante Corporation
Credit Card Services

COMMERCIAL CARD PRODUCTS
ACCOUNT MAINTENANCE

Company Name NES LLC

Company Number [REDACTED]

Change Request For:

- Corporate Account #
- Individual Account # [REDACTED]
- Control Account #

Individual Account Name Michael D Friedman
Control Account Name

- Address Change Company Individual
- Name Change From: _____ To: _____
- Add/Change Phone Number
- Corporate Limit Increase to \$ _____ Corporate Limit Decrease to \$ _____
- Control Account Limit Increase to \$ _____ Control Account Limit Decrease to \$ _____
- Individual Limit Increase to \$ _____ Individual Limit Decrease to \$ _____
- Reverse Finance Charge of \$ _____ Reverse Over Limit Fee of \$ _____
- Reverse Late Charge Fee of \$ _____ Reverse Insurance Fee of \$ _____
- Reverse Current Membership Fee
- Add Home Banking Delete Home Banking
- Add Credit Rating
- Add Automatic Payment Deduction Minimum Payment Previous Balance
- T/R# _____ Checking Acct# _____
- Order PIN Change ATM Access-Cash Advance Only _____ %
- Waive Membership Fee One Year Waive Membership Fee Permanently
- Charge Cardholder Replacement Card Fee of \$ _____
- Order New Card for _____
- Send Card Normal Delivery - 7-10 days
- Fastcard \$20 (next day - if received at Metavante by 12:00 p.m. CST)
- Express Delivery - 2 days \$10 Address to Mail Card: _____
- Saturday Delivery Add \$10
- Charge Cardholder
- Charge Financial Institution
- Add Account R9 Rating Remove R9 Rating
- List on Exception File
- Zero Cards to Reissue
- Stop Interest Fix Payment - Date to Start Fix Payment _____
- Re-Age Account
- Erase Past Due Status
- # Times 1-30 _____ 31-60 _____ 61-90 _____ 91-120 _____ Erase All _____
- MRO Reissue
- Re-Open Account
- Close Account

Free Text/Miscellaneous Instruction: _____

Please attach additional documentation for the following options:

- Add MCC Add MEA Add Level Add Group
- Reassign Cardholder to another level/group Change Report Options Add or Delete Cash/Purchase Table

Financial Institution Name: Colonial Bank Agent #: [REDACTED] Bank #: 1559
Authorized Signature: [REDACTED] Date: 4/30/04

FOR METAVANTE USE ONLY

Account _____ Code _____
Name Line 1 _____ Date _____
Keyed by _____ Verified by _____ CSC DOC # _____

Please indicate Commercial Card Product type: VISA MasterCard
 Business Corporate Purchasing

Company Name: NES LLC Company Number: Corporate Account: [REDACTED]

SECTION I - AUTHORIZED USERS

Name	Credit Line	Cash Advance Capability "D" or % of Limit	Pin Y/N	Reporting Unit (Optional)				General Ledger # Assigned *	Taxable Y/N*	MEA Y/N*
				Div. ID	Div. Name	Dept. ID	Dept. Name			
[REDACTED]	3,000	N								

Mothers Maiden Name (Optional): Social Security Number: Home telephone # (Optional): Account Number (Metavante Use):

Cardholder billing address: 457 Madison Ave, Fourth Floor City: New York State: NY ZIP Code: 10022

Special Handling Instructions: Federal Express

Plastic address if different from Cardholder billing address: City: State: ZIP Code:

Name	Credit Line	Cash Advance Capability "D" or % of Limit	Pin Y/N	Reporting Unit (Optional)				General Ledger # Assigned *	Taxable Y/N*	MEA Y/N*
				Div. ID	Div. Name	Dept. ID	Dept. Name			
[REDACTED]										

Mothers Maiden Name (Optional): Social Security Number (Optional): Home telephone # (Optional): Account Number (Metavante Use):

Cardholder billing address: City: State: ZIP Code:

Special Handling Instructions: Federal Express

Plastic address if different from Cardholder billing address: City: State: ZIP Code:

Name	Credit Line	Cash Advance Capability "D" or % of Limit	Pin Y/N	Reporting Unit (Optional)				General Ledger # Assigned *	Taxable Y/N*	MEA Y/N*
				Div. ID	Div. Name	Dept. ID	Dept. Name			
[REDACTED]										

Mothers Maiden Name (Optional): Social Security Number (Optional): Home telephone # (Optional): Account Number (Metavante Use):

Cardholder billing address: City: State: ZIP Code:

Special Handling Instructions: Federal Express

Plastic address if different from Cardholder billing address: City: State: ZIP Code:

* Visa Purchasing Card Options Y=Yes, N=No, D=Default to Company Set-up (if yes, indicate % of limit available for cash)
 Financial Institution Name: [REDACTED] Agent #: [REDACTED] Bank #: 1559
 Authorized Signature: [REDACTED] Date: 4/30/04

Metavante Corporation
P.O. Box 1111
Madison, WI 53701-1111
metavante.com



Fax

Date: 07-05-04 Pages: 2

To: [REDACTED] From: [REDACTED]
COLONIAL BANK Metavante Corporation

Fax: [REDACTED] Senders Fax: [REDACTED]

Phone: [REDACTED] Senders Phone: [REDACTED]

Comments:

Please see the following page(s) for information regarding a possible compromise of account numbers for your financial institution.

Please contact me if you have any questions.

The information contained in this facsimile message is privileged and confidential information intended for the use of the addressee listed above. If you are neither the intended recipient, nor the employee or the agent responsible for delivering this message to the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of action in reliance on the contents of the telefaxed information is strictly prohibited. If you have received this telefax in error, please notify us by telephone to arrange for the return of the original document to us.

Metavante Corporation
Credit Card Services

CREDIT CARD ACCOUNT MAINTENANCE

Account Record, Card, PIN

Acct # [REDACTED]
Name [REDACTED]
Business Name NCS LLC

For Marital Property States Only

Married Not Married Legally Separate

Spouse's Name _____

Street Address _____

City, State, ZIP _____

Account Record Changes

- Close Account
 - Cards Returned Cards Not Returned
- Re-Open Account Remove Reissue Block
- Add Soc. Sec. #: _____
- Add Telephone # Home _____
 Business _____
- Name Change From: _____ To: _____
- Address Change to City, State, ZIP _____
- Add Cardholder Order Card Do Not Order Card
- Delete Cardholder
- Add Authorized User Order Card Do Not Order Card
- Delete Authorized User
- Add Credit Rating _____ Delete Credit Rating _____
- Add Type Code _____ Delete Type Code _____
- Add Automatic Payment Deduction
T/R# _____ Checking Acct# _____
 Minimum payment Previous balance
- Delete Automatic Payment Deduction
- Add E-mail Address _____
- Add Mother's Maiden Name _____
- Add Secondary CH SS# _____
- Add Secondary CH DOB _____
- Add Secondary CH Daytime Phone _____
- Add Fax Number _____
- Add Cell Phone# _____
- Add Pager Number _____
- Privacy Option _____

Card Issuance

Order New Card for Same [REDACTED]
Must mark below to indicate the type of card ordered

Send Card:

- Normal Delivery - 7 to 10 days
- Express Delivery - 2 days (\$10.00 charge)
- Saturday Delivery (Add \$10.00)
- Fastcard - 1 day (\$20.00 charge)
- Saturday Delivery (Add \$10.00)

Charge: Cardholder Financial Institution

Address to Mail Card:

Name NCS, LLC
Street Address 457 Madison Ave 4th FL
City, ST, ZIP New York, N.Y. 10022

Charge Cardholder Replacement Card Fee of \$ _____

PIN Issuance

- Order PIN Reminder
- PIN Federal Express - 3 days (\$10.00 charge)
Charge: Cardholder Financial Institution

Send PIN to Alternate Address Below

Name _____
Street Address _____

City, State, ZIP _____

Balance / Payment Transfers

Transfer balance of \$ _____
From account # _____
To account # _____

Transfer payment of \$ _____
From account # _____
To account # _____

Insurance

Add Insurance Delete Insurance
** If adding insurance, attach a signed copy of the insurance application*

Free Text Messages/Miscellaneous Instructions

Card was possibly compromised. Please block account and issue new card

Convenience Checks

Send Convenience Checks - # of books _____
Name _____
Street Address _____
City, State, ZIP _____

Financial Institution Name: Colonial Bank

Authorized Signature [REDACTED]

Print Name: _____

233-099a MIDSbc (12/01)

Bank # 1559

Telephone: [REDACTED]

Date: 7/6/04

Agent # [REDACTED]

Ext. _____

A/P Tracking Number:

Metavante Corporation
Credit Card Services

**CREDIT CARD COLLECTIONS
AND MONETARY CHANGES**

Account

Name:

Street Address 457 Madison Ave, Fl 4

City New York

State NY

ZIP 10022

Business Name: NES LLC

Collections

- Restrict Account - R9
- Close Account - V9
- Delete Cardholder _____
- Zero Cards to Reissue
- List on Exception File
- Restrict on ATM Access
- Stop Interest
- Stop Late Charge
- Stop Statements
- Stop Overlimit / Past Due Notices
- Minimum Payment Due This Cycle \$ _____
- Fix Payment \$ _____
- Re-Age account
- Erase Past Due Status
 - 1-30 # times _____
 - 31-60 # times _____ 61-90 # times _____
 - 91-120 # times _____ Erase All
- Remove R9 Restrictions

Monetary Changes

- Limit Increase to \$ 3,000
- Limit Decrease to \$ _____
- Change Corporate Account Limit to \$ _____
- Reverse Finance Charge of \$ _____
- Reverse Late Charge Fee of \$ _____
- Reverse Over Limit fee of \$ _____
- Reverse Insurance Fee of \$ _____
- Reverse Current Membership Fee
- Waive Membership Fee Permanently
- Reverse Replacement Card Fee \$ _____
- Reverse Convenience Fee \$ _____
- Reverse NSF Fee \$ _____
- Reverse Insurance Premium Fee \$ _____
- Reverse Returned Check Fee \$ _____

Free Text Messages/Miscellaneous Instructions

MEMORY TRANSMISSION REPORT

TIME : DEC-20-2004 05:24PM
 TEL NUMBER :
 NAME :

FILE NUMBER : 703
 DATE : DEC-20 05:20PM
 TO : [REDACTED]
 DOCUMENT PAGES : 001
 START TIME : DEC-20 05:20PM
 END TIME : DEC-20 05:24PM
 SENT PAGES : 001
 STATUS : OK
 FILE NUMBER : 703

*** SUCCESSFUL TX NOTICE ***

AT Tracking Number:

Metavante Corporation Credit Card Services	CREDIT CARD COLLECTIONS AND MONETARY CHANGES
Account Number: [REDACTED]	
Name: [REDACTED]	
Street Address: [REDACTED]	
City: <u>New York</u>	State: <u>NY</u>
Business Name: <u>NYS LLC</u>	ZIP: <u>10023</u>

Collections <input type="checkbox"/> Reactivate Account - R9 <input type="checkbox"/> Close Account - V9 <input type="checkbox"/> Delete Cardholder <input type="checkbox"/> Zero Cards to Reissue <input type="checkbox"/> List on Exception File <input type="checkbox"/> Restrict on ATM Access <input type="checkbox"/> Stop Interest <input type="checkbox"/> Stop Late Charge <input type="checkbox"/> Stop Statements <input type="checkbox"/> Stop Overlimit / Past Due Notices <input type="checkbox"/> Minimum Payment Due This Cycle \$ <input type="checkbox"/> Fix Payment \$ <input type="checkbox"/> Re-Age account <input type="checkbox"/> Erase Past Due Status <input type="checkbox"/> 1-30 # times <input type="checkbox"/> 31-60 # times <input type="checkbox"/> 61-90 # times <input type="checkbox"/> 91-120 # times <input type="checkbox"/> Erase All <input type="checkbox"/> Remove R9 Restrictions	Monetary Changes <input checked="" type="checkbox"/> Limit Increase to \$ <u>3,000</u> <input type="checkbox"/> Limit Decrease to \$ <input type="checkbox"/> Change Corporate Account Limit to \$ <input type="checkbox"/> Reverse Finance Charge of \$ <input type="checkbox"/> Reverse Late Charge Fee of \$ <input type="checkbox"/> Reverse Over Limit fee of \$ <input type="checkbox"/> Reverse Insurance Fee of \$ <input type="checkbox"/> Reverse Current Membership Fee <input type="checkbox"/> Waive Membership Fee Permanently <input type="checkbox"/> Reverse Replacement Card Fee \$ <input type="checkbox"/> Reverse Convenience Fee \$ <input type="checkbox"/> Reverse NSF Fee \$ <input type="checkbox"/> Reverse Insurance Premium Fee \$ <input type="checkbox"/> Reverse Returned Check Fee \$
Free Text Messages/Miscellaneous Instructions	

Metavante Corporation
Credit Card Services

COMMERCIAL CARD PRODUCTS
ACCOUNT MAINTENANCE

Company Name NES LLC Company Number _____

Change Request For:

Corporate Account # _____

Individual Account # _____ Individual Account Name _____

Control Account # _____ Control Account Name _____

Address Change Company _____

Name Change From: _____ To: _____

Add/Change Phone Number _____

Corporate Limit Increase to \$ 40,000 Corporate Limit Decrease to \$ _____

Control Account Limit Increase to \$ _____ Control Account Limit Decrease to \$ _____

Individual Limit Increase to \$ _____ Individual Limit Decrease to \$ _____

Reverse Finance Charge of \$ _____ Reverse Over Limit Fee of \$ _____

Reverse Late Charge Fee of \$ _____ Reverse Insurance Fee of \$ _____

Reverse Current Membership Fee _____

Add Home Banking Delete Home Banking

Add Credit Rating _____

Add Automatic Payment Deduction Minimum Payment _____ Previous Balance _____

T/R# _____ Checking Acct# _____

Order PIN Change ATM Access-Cash Advance Only _____ %

Waive Membership Fee One Year Waive Membership Fee Permanently

Charge Cardholder Replacement Card Fee of \$ _____

Order New Card for _____

Send Card Normal Delivery - 7-10 days

Fastcard \$20 (next day - if received at Metavante by 12:00 p.m. CST)

Express Delivery - 2 days \$10 Address to Mail Card: _____

Saturday Delivery Add \$10

Charge Cardholder

Charge Financial Institution

Add Account R9 Rating Remove R9 Rating

List on Exception File

Zero Cards to Reissue

Stop Interest Fix Payment - Date to Start Fix Payment _____

Re-Age Account

Erase Past Due Status

Times 1-30 _____ 31-60 _____ 61-90 _____ 91-120 _____ Erase All _____

MRO Reissue

Re-Open Account

Close Account

Free Text/Miscellaneous Instruction: _____

Please attach additional documentation for the following options:

Add MCC Add MEA Add Level Add Group

Metavante Corporation
Credit Card Services

ATTN: DEL

A/P Tracking Number:
COMMERCIAL CARD PRODUCTS
ACCOUNT MAINTENANCE

Company Name NCSS LLC Company Number [REDACTED]
 Change Request For:
 Corporate Account # [REDACTED]
 Individual Account # _____ Individual Account Name _____
 Control Account # _____ Control Account Name _____

- Address Change Company _____
- Name Change Individual _____
- Add/Change Phone Number
- Corporate Limit Increase to \$ 45,000 Corporate Limit Decrease to \$ _____
- Control Account Limit Increase to \$ _____ Control Account Limit Decrease to \$ _____
- Individual Limit Increase to \$ _____ Individual Limit Decrease to \$ _____
- Reverse Finance Charge of \$ _____ Reverse Over Limit Fee of \$ _____
- Reverse Late Charge Fee of \$ _____ Reverse Insurance Fee of \$ _____
- Reverse Current Membership Fee
- Add Home Banking Delete Home Banking
- Add Credit Rating _____
- Add Automatic Payment Deduction Minimum Payment Previous Balance
- Order PIN Change ATM Access-Cash Advance Only _____ %
- Waive Membership Fee One Year Waive Membership Fee Permanently
- Charge Cardholder Replacement Card Fee of \$ _____
- Order New Card for _____
- Send Card Normal Delivery - 7-10 days
- Fastcard \$20 (next day - if received at Metavante by 12:00 p.m. CST)
- Express Delivery - 2 days \$10 Saturday Delivery Add \$10
- Charge Cardholder
- Charge Financial Institution
- Add Account R9 Rating Remove R9-Rating
- List on Exception File
- Zero Cards to Reissue
- Stop Interest Fix Payment - Date to Start Fix Payment _____
- Re-Age Account
- Erase Past Due Status
- # Times 1-30 _____ 31-60 _____ 61-90 _____ 91-120 _____ Erase All _____
- MRO Reissue
- Re-Open Account
- Close Account

Free Text/Miscellaneous Instruction: _____

Please attach additional documentation for the following options:
Add MCC Add MFA Add Travel

Metavante Corporation
Credit Card Services

COMMERCIAL CARD PRODUCTS
ACCOUNT MAINTENANCE

Company Name NES LLC Company Number [REDACTED]

Change Request For:

Corporate Account # _____

Individual Account # [REDACTED] Individual Account Name [REDACTED]

Control Account # _____ Control Account Name _____

Address Change Company _____

Name Change Individual _____

From: _____

To: _____

Add/Change Phone Number _____

Corporate Limit Increase to \$ _____ Corporate Limit Decrease to \$ _____

Control Account Limit Increase to \$ _____ Control Account Limit Decrease to \$ _____

Individual Limit Increase to \$ _____ Individual Limit Decrease to \$ _____

Reverse Finance Charge of \$ _____ Reverse Over Limit Fee of \$ _____

Reverse Late Charge Fee of \$ _____ Reverse Insurance Fee of \$ _____

Reverse Current Membership Fee _____

Add Home Banking Delete Home Banking

Add Credit Rating _____

Add Automatic Payment Deduction Minimum Payment Previous Balance

T/R# _____ Checking Acct# _____

Order PIN Change ATM Access-Cash Advance Only _____ %

Waive Membership Fee One Year Waive Membership Fee Permanently

Charge Cardholder Replacement Card Fee of \$ _____

Order New Card for _____

Send Card Normal Delivery - 7-10 days

Fastcard \$20 (next day - if received at Metavante by 12:00 p.m. CST)

Express Delivery - 2 days \$10 Address to Mail Card: _____

Saturday Delivery Add \$10

Charge Cardholder _____

Charge Financial Institution _____

Add Account R9 Rating Remove R9 Rating

List on Exception File

Zero Cards to Reissue

Stop Interest Fix Payment - Date to Start Fix Payment _____

Re-Age Account

Erase Past Due Status

Times 1-30 _____ 31-60 _____ 61-90 _____ 91-120 _____ Erase All _____

MRO Reissue

Re-Open Account

Close Account

Free Text/Miscellaneous Instruction: _____

Please attach additional documentation for the following options:

Add MCC Add MFA Add Level Add Group

Metavante Corporation
Credit Card Services

COMMERCIAL CARD PRODUCTS
ACCOUNT MAINTENANCE

Company Name NYS, LLC

Company Number [REDACTED]

Change Request For:

- Corporate Account #
- Individual Account #
- Control Account #

Individual Account Name [REDACTED]

Control Account Name [REDACTED]

Address Change

Company

Individual

Name Change

From:

To:

Add/Change Phone Number

Corporate Limit Increase to \$

Corporate Limit Decrease to \$

Control Account Limit Increase to \$

Control Account Limit Decrease to \$

Individual Limit Increase to \$

Individual Limit Decrease to \$

Reverse Finance Charge of \$

Reverse Over Limit Fee of \$

Reverse Late Charge Fee of \$

Reverse Insurance Fee of \$

Reverse Current Membership Fee

Add Home Banking

Delete Home Banking

Add Credit Rating

Add Automatic Payment Deduction

Minimum Payment

Previous Balance

T/R#

Checking Acct#

Order PIN

Change ATM Access-Cash Advance Only %

Waive Membership Fee One Year

Waive Membership Fee Permanently

Charge Cardholder Replacement Card Fee of \$

Order New Card for

Send Card

Normal Delivery - 7-10 days

Fastcard \$20 (next day - if received at Metavante by 12:00 p.m. CST)

Express Delivery - 2 days \$10

Address to Mail Card:

Saturday Delivery Add \$10

Charge Cardholder

Charge Financial Institution

Add Account R9 Rating

Remove R9 Rating

List on Exception File

Zero Cards to Reissue

Stop Interest

Fix Payment - Date to Start Fix Payment

Re-Age Account

Erase Past Due Status

Times 1-30

31-60

61-90

91-120

Erase All

MRO Reissue

Re-Open Account

Close Account

Free Text/Miscellaneous Instruction:

Please attach additional documentation for the following options:

Add MCC

Add MEA

Add Level

Add Group

MEMORY TRANSMISSION REPORT

TIME : FEB-08-2005 03:58PM
TEL NUMBER :
NAME :

FILE NUMBER : 899
DATE : FEB-08 03:57PM
TO : [REDACTED]
DOCUMENT PAGES : 003
START TIME : FEB-08 03:57PM
END TIME : FEB-08 03:58PM
SENT PAGES : 003
STATUS : OK
FILE NUMBER : 899

*** SUCCESSFUL TX NOTICE ***

Colonial Bank
2000 Palm Beach Lakes Blvd
West Palm Beach, FL 33409
Tel: 561-616-4065
Fax: 561-616-4092

facsimile transmittal

To: **Metavanto** Fax: [REDACTED]

[REDACTED] / Colonial Bank Date: **2/8/2005**

Re: **Card Request** **3**

CC:

Urgent For Review Please Comment Please Reply Please Recycle

Greetings,
Please contact me if you have any questions. Thank you.
Jeffrey Desmond
Merchant Services
Colonial Bank
Ph: 561-616-4065
Fax: 561-616-4092

Colonial Bank
2000 Palm Beach Lakes Blvd
West Palm Beach, FL 33409
561-253-8351
Fax: 561-253-8665

facsimile transmittal

To: [REDACTED] Fax: [REDACTED]
From: [REDACTED] /Colonial Bank Date: 10/22/2004
Re: Statement 6
CC:
 Urgent For Review Please Comment Please Reply Please Recycle

[REDACTED]

Here is a copy of your most recent statement. The balance on the statement is \$13,940.04. The other amount I gave you, \$19,445.08, is the balance as of today. Please let me know if you have any questions or need further assistance. Thank you.

[REDACTED]
Merchant Services
Colonial Bank
Ph: [REDACTED]
Fax: [REDACTED]

PO BOX 1111
MADISON WI 53701-1111

COLONIAL BANK
CREDIT CARD PROCESSING CENTER
PO BOX 3052
MILWAUKEE WI 53201-3052

NES LLC
CORPORATE ACCOUNT
457 MADISON AVE FL 4
NEW YORK NY 10022-6843

COLONIAL BANK

ACCOUNT NUMBER [REDACTED]
PAYMENT DUE DATE 11-12-04
AMOUNT DUE \$897.00
CURRENT BALANCE \$13,840.04

AMOUNT ENCLOSED
\$ [REDACTED]

PLEASE MAKE CHECK PAYABLE
TO BANKCARD SERVICES



Please tear payment coupon at perforation.

CORPORATE ACCOUNT SUMMARY							
NEB LLC 4470 1163 4000 5213 Company Total	Previous Balance	Purchases + And Other Debts	Cash + Advances	Finance Charges	Credits	Payments	= New Balance
	\$11,789.64	\$14,308.35	\$0.00	\$0.00	\$988.31	\$11,789.64	\$13,840.04

CARDHOLDER NEW ACTIVITY SUMMARY				
	Credits	Purchases And Other Debts	Cash Advances	Total Activity
Credit Limit \$5,000	\$0.00	\$1,198.40	\$0.00	\$1,198.40
Credit Limit \$10,000	\$988.31	\$5,883.81	\$0.00	\$6,872.12
Credit Limit \$4,000	\$0.00	\$1,628.13	\$0.00	\$1,628.13
Credit Limit \$4,000	\$0.00	\$3,350.95	\$0.00	\$3,350.95
Credit Limit \$2,500	\$0.00	\$1,842.56	\$0.00	\$1,842.56
Credit Limit \$1,000	\$0.00	\$46.49	\$0.00	\$46.49

Statement Date	10-18-04	Payment Due Date	11-12-04
Credit Limit	\$35,000	Amount Due	\$897.00
Cash Advance Balance	\$00	New Balance	\$13,840.04
Available Credit	\$21,060		
NES LLC			
[REDACTED]			

CARDHOLDER NEW ACTIVITY SUMMARY				
[REDACTED]				
Credit Limit \$1,000	\$0.00	\$258.21	\$0.00	\$258.21

CORPORATE ACCOUNT ACTIVITY				
NES LLC 4470-1153-4000-5213		TOTAL CORPORATE ACTIVITY \$11,788.84 CR		
Post Date	Tran Date	Reference Number	Transaction Description	Amount
10-01	10-01	74470904275000000100858	PAYMENT RECEIVED - THANK YOU	11,788.84 PY

CARDHOLDER ACTIVITY					
VALDSON COTRIN 4470-1153-4000-5601		CREDITS \$0.00	PURCHASES \$1,188.40	CASH ADV \$0.00	TOTAL ACTIVITY \$1,188.40
Post Date	Tran Date	Reference Number	Transaction Description	Amount	
09-17	09-17	[REDACTED]	FRANPRIX DURET 3618218 7SPARIS (FOREIGN CURRENCY) \$37.39 EUR 09/18 (RATE) 0.9108	46.11	
09-24	09-24	[REDACTED]	CARREFOUR AUTEUI2581798 PARIS (FOREIGN CURRENCY) \$272.05 EUR 09/27 (RATE) 0.8054	337.78	
09-30	09-29	[REDACTED]	SHELL FOCH 18208 7SPARIS 18 (FOREIGN CURRENCY) \$88.72 EUR 10/01 (RATE) 0.7857	86.36	
10-01	10-01	[REDACTED]	PONCELET PRIMEUR3021907 7SPARIS (FOREIGN CURRENCY) \$48.83 EUR 10/03 (RATE) 0.7978	61.20	
10-01	09-28	[REDACTED]	NESPRESSO FR 4233849 PARIS 17 (FOREIGN CURRENCY) \$58.00 EUR 10/02 (RATE) 0.7979	72.69	
10-04	10-02	[REDACTED]	CARREFOUR AUTEUI2581798 PARIS	43.86	
10-04	10-02	[REDACTED]	CARREFOUR AUTEUI2581798 PARIS	550.40	

Statement Date	10-18-04	Payment Due Date	11-12-04
Credit Limit	\$35,000	Amount Due	\$697.00
Cash Advance Balance	\$00	New Balance	\$13,940.04
Available Credit	\$21,060		
NES LLC			

CARDHOLDER ACTIVITY					
[REDACTED]		CREDITS	PURCHASES	CASH ADV	TOTAL ACTIVITY
[REDACTED]		\$388.31	\$5,883.81	\$0.00	\$6,515.30
Post Date	Tran Date	Reference Number	Transaction Description	Amount	
10-04	10-03	[REDACTED]	MUVICO PARISIAN 20 W PALM BEACH FL	32.00	
10-04	10-04	[REDACTED]	ARISTOKIOS 581-8323586 FL	47.70	
10-04	10-03	[REDACTED]	PUBLIX #181 SA1 PALM BEACH FL	113.13	
10-04	10-03	[REDACTED]	WILLIAMSSONOMA01004883 WEST PALM BEA FL	395.12	
10-05	10-04	[REDACTED]	CIRCUIT CITY 33 #0882 W PALM BEACH FL	95.35	
10-05	10-04	[REDACTED]	BARNES & NOBLE #2855 PALM BEACH FL	128.84	
10-06	10-05	[REDACTED]	BLOOMINGDALE'S NY NEW YORK NY	331.31 CR	
10-06	10-05	[REDACTED]	BETTER YOUR HOME NEW YORK NY	15.76	
10-06	10-05	[REDACTED]	STAPLES #374 MANHATTAN NY	27.48	
10-06	10-05	[REDACTED]	BORDERS BOOKS 01002005 NEW YORK NY	73.88	
10-07	10-07	[REDACTED]	SALON AKS NEW YORK NY	234.34	
10-07	10-06	[REDACTED]	RCS COMPUTER EXPERIENCE NEW YORK NY	970.42	
10-08	10-07	[REDACTED]	GRACIOUS HOME 1 NEW YORK NY	84.71	
10-08	10-08	[REDACTED]	GALERIA ART & FRAMING NEW YORK NY	211.11	
10-08	10-07	[REDACTED]	POLOSPORT RALPH LAUREN 07 NEW YORK NY	744.08	
10-11	10-08	[REDACTED]	MUVICO PARISIAN 20 W PALM BEACH FL	13.00 CR	
10-11	10-09	[REDACTED]	MUVICO PARISIAN 20 W PALM BEACH FL	55.00	
10-11	10-08	[REDACTED]	OFFICE DEPOT #102 WEST PALM BEA FL	166.40	
10-14	10-13	[REDACTED]	POLO #827 PALM BEACH FL	209.00	
10-18	10-18	[REDACTED]	CHIASSO 800-654-3570 TX	71.50	
10-18	10-18	[REDACTED]	PUBLIX #181 SA1 PALM BEACH FL	74.79	
[REDACTED]		CREDITS	PURCHASES	CASH ADV	TOTAL ACTIVITY
[REDACTED]		\$0.00	\$1,828.13	\$0.00	\$1,828.13
Post Date	Tran Date	Reference Number	Transaction Description	Amount	
09-24	09-24	24184074288048000100223	POTTERY BARN 00007389 800-8229934 CA	47.00	
09-24	09-23	24610434288010178078545	THE HOME DEPOT 3502 ALBUQUERQUE NM	58.18	
09-28	09-28	24399004272142050588009	WALGREEN 00039347 SANTA FE NM	47.85	
09-28	09-28	24445004273830888555957	JACKALOPE, INC. SANTA FE NM	88.24	
09-28	09-28	24781974273275338010205	DANSK #8068 SANTA FE NM	25.35	
09-29	09-28	24445744273931061742906	OFFICE DEPOT #984 SANTA FE NM	76.71	
09-29	09-28	24248514273554005197587	BED BATH & BEYOND #594 SANTA FE NM		

Statement Date	10-18-04	Payment Due Date	11-12-04
Credit Limit	\$35,000	Amount Due	\$687.00
Cash Advance Balance	\$00	New Balance	\$13,940.04
Available Credit	\$21,060		
NES LLC			

CARDHOLDER ACTIVITY					
		CREDITS	PURCHASES	CASH ADV	TOTAL ACTIVITY
		\$0.00	\$3,350.95	\$0.00	\$3,350.95
Post Date	Tran Date	Reference Number	Transaction Description	Amount	
08-20	09-20		PETSMART 00001750 ALBUQUERQUE NM	56.00	
08-21	09-20		THE HOME DEPOT 3502 ALBUQUERQUE NM	83.30	
08-24	09-23		THE HOME DEPOT 3502 ALBUQUERQUE NM	24.04	
08-24	09-24		OFFICE DEPOT #905 ALBUQUERQUE NM	42.41	
09-24	09-24		EL MIRADOR FINE FRAMING ALBUQUERQUE NM	150.87	
08-30	09-30		WIRELESS REPAIR INC ALBUQUERQUE NM	21.21	
10-01	10-01		SHERWIN WILLIAMS #7329 RIO RANCHO NM	1,007.44	
10-05	10-05		CLKBANK.COM DOWNLOAD 800-380-8035 ID	29.85	
10-08	10-05		LOWE'S #759 ALBUQUERQUE NM	585.05	
10-07	10-07		PETSMART 00001743 ALBUQUERQUE NM	29.97	
10-07	10-07		SAFETY FLARE ALBUQUERQUE NM	710.83	
10-08	10-07		THE PEPCOYS 00007863 ALBUQUERQUE NM	30.73	
10-08	10-08		STAPLES #786 ALBUQUERQUE NM	517.55	
10-14	10-14		PREMIER MOTORCARS ALBUQUERQUE NM	18.27	
10-15	10-14		THE HOME DEPOT 3502 ALBUQUERQUE NM	45.33	

CARDHOLDER ACTIVITY					
		CREDITS	PURCHASES	CASH ADV	TOTAL ACTIVITY
		\$0.00	\$1,942.56	\$0.00	\$1,942.56
Post Date	Tran Date	Reference Number	Transaction Description	Amount	
10-13	10-12		SUNOCO WEST PALM BLV FL	55.53	
10-13	10-13		CARMINES GOURMET SCA PALM BEACH GA FL	288.24	
10-14	10-13		SFRJA WPB KIOSK W PALM BCH FL	5.50	
10-14	10-13		SFRJA WPB KIOSK W PALM BCH FL	5.50	
10-14	10-13		TEXACO 00302958 WEST PALM BEA FL	18.00	
10-14	10-13		PUBLIX #181 SA1 PALM BEACH FL	40.53	
10-14	10-13		TEXACO 00302958 WEST PALM BEA FL	51.53	
10-14	10-13		PUBLIX #181 BA1 PALM BEACH FL	82.33	
10-15	10-15		MAIN STREET NEWS PALM BEACH FL	5.48	
10-15	10-14		STARBUCKS 00082834 WEST PALM BEA FL	6.78	
10-15	10-15		PUBLIX #181 SA1 PALM BEACH FL	10.45	
10-15	10-14		STARBUCKS 00082834 WEST PALM BEA FL	12.34	
10-15	10-14		MAIN STREET NEWS PALM BEACH FL		

Statement Date	10-18-04	Payment Due Date	11-12-04
Credit Limit	\$35,000	Amount Due	\$697.00
Cash Advance Balance	\$00	New Balance	\$13,040.04
Available Credit	\$21,060		
NES LLC 4470 1153 4000 5213			

CARDHOLDER ACTIVITY					
		CREDITS	PURCHASES	CASH ADV	TOTAL ACTIVITY
		\$0.00	\$258.21	\$0.00	\$258.21
Post Date	Tran Date	Reference Number	Transaction Description	Amount	
10-07	10-07		ROSA ROSA NEW YORK NY	103.20	
10-08	10-07		AMOCO OIL 05018435 NEW YORK NY	30.00	
10-11	10-10		AMOCO OIL 03046315 JAMAICA NY	25.01	
10-11	10-09		ROSA ROSA NEW YORK NY	100.00	

Metavante Corporation
Credit Card Services

PL EASC
RUSH

COMMERCIAL CARD PRODUCTS
ACCOUNT MAINTENANCE

Company Name

NES, LLC

Company Number

Change Request For:

- Corporate Account #
- Individual Account #
- Control Account #

Individual Account Name
Control Account Name

Luciano Fontana, Th

- Address Change
 - Name Change
 - Add/Change Phone Number
 - Corporate Limit Increase to \$
 - Control Account Limit Increase to \$
 - Individual Limit Increase to \$ 5,000
 - Reverse Finance Charge of \$
 - Reverse Late Charge Fee of \$
 - Reverse Current Membership Fee
 - Add Home Banking
 - Add Credit Rating
 - Add Automatic Payment Deduction
 - Order PIN
 - Waive Membership Fee One Year
 - Charge Cardholder Replacement Card Fee of \$
 - Order New Card for
 - Send Card
 - Normal Delivery - 7-10 days
 - Fastcard \$20 (next day - if received at Metavante by 12:00 p.m. CST)
 - Express Delivery - 2 days \$10
 - Saturday Delivery Add \$10
 - Charge Cardholder
 - Charge Financial Institution
 - Add Account R9 Rating
 - List on Exception File
 - Zero Cards to Reissue
 - Stop Interest
 - Re-Age Account
 - Erase Past Due Status
 - MRO Reissue
 - Re-Open Account
 - Close Account
- Free Text/Miscellaneous Instruction:

Company
 Individual

From:
To:

- Corporate Limit Decrease to \$
- Control Account Limit Decrease to \$
- Individual Limit Decrease to \$
- Reverse Over Limit Fee of \$
- Reverse Insurance Fee of \$

Minimum Payment
 Previous Balance
Checking Acct#

Change ATM Access-Cash Advance Only %

Waive Membership Fee Permanently

Fix Payment - Date to Start Fix Payment

Times 1-30 31-60 61-90 91-120 Erase All

Please attach additional documentation for the following options:

Add MCC Add MEA Add Level Add Group

Colonial Bank
2000 Palm Beach Lakes Blvd
West Palm Beach, FL 33409
Tel: 561-616-4065
Fax: 561-616-4092

facsimile transmittal

To: [REDACTED] Fax: [REDACTED]

From: [REDACTED] Colonial Bank Date: 6/14/2005

Re: Request 2

CC:

Urgent For Review Please Comment Please Reply Please Recycle

PLEASE RUSH

Please contact me if you have any questions. Thank you.

[REDACTED]
Merchant Services
Colonial Bank
Ph: [REDACTED]
Fax: [REDACTED]

MEMORY TRANSMISSION REPORT

TIME : JUN-14-2005 01:06PM
 TEL NUMBER :
 NAME :

FILE NUMBER : 537
 DATE : JUN-14 01:01PM
 TO : [REDACTED]
 DOCUMENT PAGES : 001
 START TIME : JUN-14 01:01PM
 END TIME : JUN-14 01:06PM
 SENT PAGES : 001
 STATUS : OK
 FILE NUMBER : 537

*** SUCCESSFUL TX NOTICE ***

Metavante Corporation Credit Card Services		ATTN: PLEASE RUSH		AT Tracking Number	
Company Name: NCS, LLC		Company Number: [REDACTED]		COMMERCIAL CARD PRODUCTS ACCOUNT MAINTENANCE	
<input type="checkbox"/>	Change Request For:	Individual Account # [REDACTED]		Individual Account Name [REDACTED]	
<input type="checkbox"/>	Corporate Account #	Control Account #		Control Account Name	
<input type="checkbox"/>	Address Change	<input type="checkbox"/>	Company		
<input type="checkbox"/>	Name Change	<input type="checkbox"/>	Individual		
<input type="checkbox"/>	Add/Change Phone Number	From:			
<input type="checkbox"/>	Corporate Limit Increase to \$	To:			
<input type="checkbox"/>	Control Account Limit Increase to \$			<input type="checkbox"/>	Corporate Limit Decrease to \$
<input type="checkbox"/>	Individual Limit Increase to \$	5,000		<input type="checkbox"/>	Control Account Limit Decrease to \$
<input type="checkbox"/>	Reverse Finance Charge of \$			<input type="checkbox"/>	Individual Limit Decrease to \$
<input type="checkbox"/>	Reverse Late Charge Fee of \$			<input type="checkbox"/>	Reverse Over Limit Fee of \$
<input type="checkbox"/>	Reverse Current Membership Fee			<input type="checkbox"/>	Reverse Insurance Fee of \$
<input type="checkbox"/>	Add Home Banking	<input type="checkbox"/>	Delete Home Banking		
<input type="checkbox"/>	Add Credit Rating	<input type="checkbox"/>	Minimum Payment	<input type="checkbox"/> Previous Balance	
<input type="checkbox"/>	Add Automatic Payment Deduction	Checking Acct#			
<input type="checkbox"/>	T/R#	Change ATM Access-Cash Advances Only		%	
<input type="checkbox"/>	Order PIN	Waive Membership Fee Permanently			
<input type="checkbox"/>	Waive Membership Fee One Year	Charge Cardholder Replacement Card Fee of \$			
<input type="checkbox"/>	Charge Cardholder Replacement Card Fee of \$	Order New Card for			
<input type="checkbox"/>	Order New Card for	Send Card			
<input type="checkbox"/>	Normal Delivery - 7-10 days	<input type="checkbox"/>		Address to Mail Card:	
<input type="checkbox"/>	Fastest \$20 (next day - If received at Metavante by 12:00 p.m. CST)	<input type="checkbox"/>			
<input type="checkbox"/>	Express Delivery - 2 days \$10	<input type="checkbox"/>			
<input type="checkbox"/>	Saturday Delivery Add \$10	<input type="checkbox"/>			
<input type="checkbox"/>	Change Cardholder	<input type="checkbox"/>			
<input type="checkbox"/>	Charge Financial Institution	<input type="checkbox"/>			
<input type="checkbox"/>	Add Account R9 Rating	<input type="checkbox"/>		Remove R9 Rating	
<input type="checkbox"/>	List on Exception File	<input type="checkbox"/>		Fix Payment - Date to Start Fix Payment	
<input type="checkbox"/>	Zero Cards to Reissue	<input type="checkbox"/>			
<input type="checkbox"/>	Stop Interest	<input type="checkbox"/>			
<input type="checkbox"/>	Re-Age Account	<input type="checkbox"/>			
<input type="checkbox"/>	Erase Past Due Status	<input type="checkbox"/>			
<input type="checkbox"/>	# Times 1-30	31-60 <input type="checkbox"/>		61-90 <input type="checkbox"/>	
<input type="checkbox"/>	MRO Release	91-120 <input type="checkbox"/>		Erase All <input type="checkbox"/>	
<input type="checkbox"/>	Re-Open Account				
<input type="checkbox"/>	Close Account				
<input type="checkbox"/>	Free Text/Miscellaneous Instructions				

A/P Tracking Number:

Keyed by:

Date:

Code:

Metavante Corporation
Credit Card Services

COMMERCIAL CARD PRODUCTS - INDIVIDUAL ACCOUNT

Please indicate Commercial Card Product type:

- VISA
- MasterCard
- Business
- Corporate
- Purchasing

Company Name: NYS LLC

Company Number:

Corporate Account:

SECTION 1 - AUTHORIZED USERS

Name	Credit Line	Cash Advance Capability "D" or % of Limit Pin Y/N	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name	Ger
[Redacted]	3000					
Mothers Maiden Name (Optional)	Social Security Number (Optional)	Home telephone # (Optional)	Account Number			
[Redacted]	[Redacted]	()				
Cardholder billing address			City	State		
[Redacted]			New York	NY		

Special Handling Instructions: Federal Express

Plastic address if different from Cardholder billing address:

Name	Credit Line	Cash Advance Capability "D" or % of Limit Pin Y/N	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name	Ger
[Redacted]						
Mothers Maiden Name (Optional)	Social Security Number (Optional)	Home telephone # (Optional)	Account Number			
[Redacted]	[Redacted]	()				
Cardholder billing address			City	State		
[Redacted]						

Special Handling Instructions: Federal Express

Plastic address if different from Cardholder billing address:

Name	Credit Line	Cash Advance Capability "D" or % of Limit Pin Y/N	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name	Ger
[Redacted]						
Mothers Maiden Name (Optional)	Social Security Number (Optional)	Home telephone # (Optional)	Account Number			
[Redacted]	[Redacted]	()				
Cardholder billing address			City	State		
[Redacted]						

Special Handling Instructions: Federal Express

Plastic address if different from Cardholder billing address:

Name	Credit Line	Cash Advance Capability "D" or % of Limit Pin Y/N	Div. ID	Div. Name	Reporting Unit (Optional) Dept. ID Dept. Name	Ger
[Redacted]						
Mothers Maiden Name (Optional)	Social Security Number (Optional)	Home telephone # (Optional)	Account Number			
[Redacted]	[Redacted]	()				
Cardholder billing address			City	State		
[Redacted]						

* Visa Purchasing Card Options Agent # [Redacted] Ba

Financial Institution Name: Colonial Bank Date: 2/14/05

Authorized Signature: [Redacted]

MEMORY TRANSMISSION REPORT

TIME : FEB-14-2005 01:56PM
TEL NUMBER :
NAME :

FILE NUMBER : 933
DATE : FEB-14 01:55PM
TO : [REDACTED]
DOCUMENT PAGES : 002
START TIME : FEB-14 01:55PM
END TIME : FEB-14 01:56PM
SENT PAGES : 002
STATUS : OK

FILE NUMBER : 933

*** SUCCESSFUL TX NOTICE ***

Colonial Bank
2000 Palm Beach Lakes Blvd
West Palm Beach, FL 33409
Tel: 561-616-4005
Fax: 561-616-4002

facsimile transmittal

To: [REDACTED] Fax: [REDACTED]

From: [REDACTED] Colonial Bank Date: 2/14/2005

Re: Card Request 2

CC:

Urgent For Review Please Comment Please Reply Please Recycle

Greetings,

Please contact me if you have any questions. Thank you.

[REDACTED]
Merchant Services
Colonial Bank
Ph: [REDACTED]

Colonial Bank
2000 Palm Beach Lakes Blvd
West Palm Beach, Fl 33409
Tel: 561-616-4065
Fax: 561-616-4092

facsimile transmittal

To: **Metavante** Fax: [REDACTED]

From: [REDACTED]/Colonial Bank Date: **6/28/2006**

Re: **Maintenance** **2**

CC:

Urgent For Review Please Comment Please Reply Please Recycle

Please contact me if you have any questions. Thank you.

[REDACTED]
Merchant Services
Colonial Bank
Ph: [REDACTED]
[REDACTED]

Rich Kahn (rkahn@nysgmail.com)
New York Strategy Group, LLC
457 Madison Avenue
Fourth Floor
New York, New York, 10022
tel 212-891-6430 fax 212-750-2408

**New York Strategy
Group, LLC**

Fax

To: [REDACTED] **From:** [REDACTED] for Jeffrey Epstein

Fax: [REDACTED] **Pages:** 2

Phone: [REDACTED] **Date:** 6/28/2006

Re: NES LLC - new credit card **CC:**

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

Please contact me with any questions.

Thank you

From (please print and press hard)
8-10-01 Sender's FedEx Account Number **1778-5837-4**
 Recipient's Name: [Redacted] Phone: [Redacted]
 Company: **PALM BEACH NATIONAL BANK TRCO**
 Address: **3931 RCA BLVD STE 3102**
 Dept./Floor/Suite/Room: [Redacted]
PALM BEACH GARDENS State **FL** ZIP **33410**

Your Internal Billing Reference Information (Optional) (First 24 characters will appear on invoice)

To (please print and press hard)
 Recipient's Name: **ERIC GANY** Phone: [Redacted]
 Company: **NES.**
 Address: [Redacted] Dept./Floor/Suite/Room: [Redacted]
 City: **New York** State **NY** ZIP **10021**

For HOLD at FedEx Location check here
 Hold Weekday (Not available with FedEx First Overnight)
 Hold Saturday (Not available at all locations) (Available for FedEx Priority Overnight and FedEx 2Day only)
 For WEEKEND Delivery check here
 Saturday Delivery (Available for FedEx Priority Overnight and FedEx 2Day only)
 NEW Sunday Delivery (Available for FedEx Priority Overnight only)

Service Conditions, Declared Value, and Limit of Liability - By using this Airbill, you agree to the service conditions in our current Service Guide or U.S. Government Service Guide. Both are available on request. SEE BACK OF SENDER'S COPY OF THIS AIRBILL FOR INFORMATION AND ADDITIONAL TERMS. We will not be responsible for any claim in excess of \$100 per package whether the result of loss, damage, or delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, and document your actual loss in a timely manner. Your right to recover from us for any loss includes intrinsic value of the package, loss of sales, interest, profit, attorney's fees, costs, and other forms of damage, whether direct, incidental, consequential, or special, and is limited to the greater of \$100 or the declared value but cannot exceed actual documented loss. The maximum declared value for any FedEx Letter and FedEx Pak is \$500. Federal Express may, upon your request, and with some limitations, refund all transportation charges paid. See the FedEx Service Guide for further details.

Questions? Call 1-800-Go-FedEx® (800)463-3339

The World On Time

0085824324

4a Express Package Service Packages under 150 lbs. Delivery commitment may be later in some areas.
 FedEx Priority Overnight (Next business morning) FedEx Standard Overnight (Next business afternoon)
 FedEx First Overnight (Earliest next business morning delivery to select locations) (Higher rates apply)
 FedEx 2Day (Second business day) FedEx Express Saver (Third business day)
 FedEx Letter Rate not available. Minimum charge: One pound rate.

4b Express Freight Service Packages over 150 lbs. Delivery commitment may be later in some areas.
 FedEx Overnight Freight (Second business day) FedEx 2Day Freight (Second business day) FedEx Express Saver Freight (Up to 3 business days)
 (Call for delivery schedule. See back for detailed descriptions of freight services.)

5 Packaging FedEx Letter FedEx Pak FedEx Box FedEx Tube Other Pkg.
 Declared value limit \$500.

6 Special Handling (One box must be checked)
 Does this shipment contain dangerous goods? No Yes (See attached Shipper's Declaration) Yes (Shipper's Declaration not required)
 Dry Ice Cargo Aircraft Only
 Dry Ice, 3, UN 1845, _____ x _____ kg. *Dangerous Goods cannot be shipped in FedEx packaging.

7 Payment
 Bill to: Sender (Account No. in Section 7 will be billed) Recipient Third Party Credit Card Cash/Check
 (Enter FedEx Account No. or Credit Card No. below)

FedEx Account No. _____ Exp. Date _____
 Credit Card No. _____

Total Packages	Total Weight	Total Declared Value*	Total Charges
		\$ _____	_____
		_____	_____

*When declaring a value higher than \$100 per shipment, you pay an additional charge. See SERVICE CONDITIONS, DECLARED VALUE, AND LIMIT OF LIABILITY section for further information.

8 [Redacted Signature Area]

321

WCSL 0208 Rev. Date 7/98 Fax #1502331 ©1994-98 FedEx PRINTED IN U.S.A.

Eric Gany

I Hope THIS COVERS
EVERYTHING. IF YOU
HAVE ANY QUESTIONS
GIVE ME A CALL.



NEW YORK STRATEGY GROUP LLC
The Villard House
457 Madison Avenue
Fourth Floor
New York, New York 10022

Eric T. Gany

Telephone: [REDACTED]
Telefax: [REDACTED]

EFTA01701031

CUSTOMER PROFILE - BALANCE SUMMARY

NEXT = PAGE 1
07/25/01 11:50:13

BANK 534 CUST # 00000002550
CUST NAME JEFFREY E EPSTEIN
265 SUNRISE AVE
PALM BEACH FL 33480-4730

REMARKS
HISTORICAL INFO

STATUS OPEN TAX ID S 090-44-3348
DATE OPENED 03-08-1991 HOME PHONE [REDACTED]
DATE CLOSED [REDACTED] BUS PHONE [REDACTED]
BRANCH PALM BEACH OFFICE PRIM OFFICER DOROTHY WILSON
COST CENTER 0000200 SEC OFFICER DOROTHY WILSON
BIRTH

BNK APPL	ACCOUNT NUMBER	S	OPEN	P	RELATION	CDTYP	BALANCE	SPA
534 CC	[REDACTED]	O	11-98	P	AUTH SIGN		0	
534 DP	[REDACTED]	O	03-91	P	SOLE OWNE	N 015	6,691	N *
534 DP	[REDACTED]	O	03-91	P	SOLE OWNE	N 015	54,582	N *
534 DP	[REDACTED]	O	01-94	P	SOLE OWNE	M 014	965,373	N *
534 DP	[REDACTED]	P	02-95	S	AUTH SIGN	D 075	0	N
534 DP	[REDACTED]	O	10-97	P	SOLE OWNE	N 015	6,812	N *
534 DP	[REDACTED]	O	01-01	S	AUTH SIGN	D 075	21,410	N
534 DP	[REDACTED]	O	08-99	P	SOLE OWNE	C 028	111,263	N

CIC3209 - P [REDACTED] GE OR USE OPERATOR LOGICAL PAGING COMMANDS

[REDACTED]

Two entities

[REDACTED]



**PALM BEACH NATIONAL BANK
& TRUST COMPANY**

Bankcard Department
3931 RCA Blvd, Suite 3102
Palm Beach Gardens, FL 33410
Phone: 561-776-2448
Fax: 561-776-8941

Fax Transmission cover Sheet

Date: 8/9/01

To: Eric Gany [REDACTED]

Sender: [REDACTED]

Re: Jeffery Epstein

You should receive 2 pages(s), including this cover sheet. If you do not receive all the pages, please call

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Message:



**PALM BEACH NATIONAL BANK
& TRUST COMPANY**

3931 RCA Blvd, Suite 3102
Palm Beach Gardens, FL 33410

Fax Transmission cover Sheet

Date: 8/21/01

To: Credit Services 608-240-7496
(Applications and Business card maintenance)

Sender: [REDACTED]

Re: NES LLC

You should receive 4 pages(s), including this cover sheet. If you do not receive all the pages, please call [REDACTED]

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Type: Visa Business
Limit: \$25,000.00
Bank: 1559
Agent: [REDACTED]
Rate Code: 4 No Annual Fee

CREDIT CARD UNDERWRITING WORKSHEET

Applicant Jeffrey Epstein Beacon Score 698
NES, LLC

Co-Applicant _____ Beacon Score _____

INCOME:

DEBT:

Gross Monthly: _____ Mortgage/Rent: _____

_____ Equity Line/Loan: _____

Other: _____ Auto Loan: _____

Total Income(A) _____ Installment Pymts: _____

BANKING: Yes No Revolving Pymts: _____
(5% of bal from credit report)

Checking _____ Savings _____ Alimony/Child Support: _____

Other: _____ Other: _____

Established since: _____ Proposed Payment: _____
(5% of credit limit)

EMPLOYMENT

Verified on: _____ Total Expenses(B) _____

Verified with: _____

(B) \$ _____ divided by (A) \$ _____ = _____ %

Visa Visa Gold _____ MC _____ MC Gold _____ Secured _____

BUSINESS
Credit Limit: \$ 25,000.00

Referring Branch: _____
Officer No.: _____

Overdraft Protection: Yes No Auto Pay: Yes No

Approved By:  Date: _____

Approved By: _____ Date: _____

Exceptions to policy: NO financial statements/Personal
or business tax returns
Justification: _____

VISA BUSINESS CREDIT CARD APPLICATION

CREDITOR: PALM BEACH NATIONAL BANK & TRUST CO. BRANCH # _____ REFERRED BY: _____

1. COMPANY APPLICANT
 COMPANY NAME: NES, LLC NATURE (TYPE) OF THE BUSINESS: Real Estate

INDICATE TITLE DESIRED ON THE CARD: (LIMITED TO 24 SPACES)
 Business Card

BILLING ADDRESS: 9 East 71st Street STREET: _____ CITY: New York STATE: New York ZIP CODE: 10021

TYPE OF ORGANIZATION (PLEASE CHECK): LLC DATE BUSINESS ESTABLISHED: _____ FEDERAL EIN NUMBER: _____
 CORPORATION PARTNERSHIP PROPRIETORSHIP
 NAME OF CONTACT PERSON: Eric Gany COMPANY TELEPHONE NUMBER: _____

2. OWNER/OFFICER/PARTNER INFORMATION
 OWNER(S)/OFFICER(S)/PARTNER(S) WILL BE REQUIRED TO PERSONALLY GUARANTEE ACCOUNT(S). GUARANTOR(S) MUST COMPLETE THIS SECTION AND SIGN AT THE BOTTOM OF THE REVERSE SIDE OF THIS APPLICATION.

GUARANTOR 1: FIRST NAME Jeffrey E. MIDDLE INITIAL Epstein LAST NAME _____ DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____
 RESIDENTIAL ADDRESS: STREET: _____ APT#: _____ CITY: Palm Beach, FL STATE: _____ ZIP CODE: 33480 YEARS AT ADDRESS: 10
 OWNERSHIP STATUS: OWN RENT OTHER: MONTHLY MORTGAGE/RENTAL PAYMENT: n/a \$ _____ HOME TELEPHONE NUMBER: _____
 POSITION WITH COMPANY: Sole Member % OF OWNERSHIP: 100 TIME WITH COMPANY: 3 yrs OFFICE TELEPHONE NUMBER: _____

GUARANTOR 2: FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____ DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____
 RESIDENTIAL ADDRESS: STREET: _____ APT#: _____ CITY: _____ STATE: _____ ZIP CODE: _____ YEARS AT ADDRESS: _____
 OWNERSHIP STATUS: _____ MONTHLY MORTGAGE/RENTAL PAYMENT: \$ _____ HOME TELEPHONE NUMBER: _____
 OWN RENT OTHER: _____
 POSITION WITH COMPANY: _____ % OF OWNERSHIP: _____ TIME WITH COMPANY: _____ OFFICE TELEPHONE NUMBER: _____

3. BANKING & OTHER CREDIT CARD RELATIONSHIPS
 PRIMARY BANK: Chase Bank BUSINESS CHECKING ACCOUNT # _____ OTHER ACCOUNTS: LOAN SAVINGS ACCT CREDIT CARD
 OTHER BANK: Palm Beach Bank TYPE(S) OF ACCOUNT(S): CHECKING ACCOUNT LOAN SAVINGS ACCOUNT CREDIT CARD
 AMERICAN EXPRESS ACCOUNT NUMBER: _____ DATE OPENED: _____ BALANCE: \$ _____
 CORPORATE CARD? YES NO
 VISA BUSINESS OR CORPORATE CARD? YES NO ACCOUNT NUMBER: _____ DATE OPENED: _____ BALANCE: \$ _____
 MASTERCARD BUSINESS OR CORPORATE CARD? YES NO ACCOUNT NUMBER: _____ DATE OPENED: _____ BALANCE: \$ _____

4. AUTHORIZED INDIVIDUAL CARDHOLDER(S)

LIST THE NAMES OF ALL EMPLOYEES TO WHOM CARDS ARE TO BE ISSUED FOR BUSINESS PURPOSES:

NAME (PRINT)	SOCIAL SECURITY #	SIGNATURE	CASH ADVANCE ACCESS?	CREDIT LIMIT
_____	_____	_____	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	\$ <u>10,000.00</u>
_____	_____	_____	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	\$ <u>10,000.00</u>
_____	_____	_____	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	\$ <u>5,000.00</u>
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____

TOTAL CORPORATE CREDIT LIMIT REQUESTED: \$ _____

5. BILLING OPTIONS
 ONE CONSOLIDATED MONTHLY STATEMENT INDIVIDUAL ACCOUNTS BILLED SEPARATELY EACH MONTH
 STANDARD QUARTERLY REPORTS PACKAGE ENHANCED REPORTS PACKAGE OPTION (CALL US FOR DETAILS)

6. SIGNATURE
 Applicant represents that this information is true and complete, and authorizes creditor to verify the information and obtain additional information concerning Company's credit standing, and to furnish such credit information to others. Company agrees to be bound by and obligated according to the creditor's VISA Business Card Regulations.
 Applicant represents and warrants that the credit card account will be used primarily (50% or more) for other than personal, family household or agricultural purposes. Applicant understands that this representation is to confirm that no disclosures are required under the Federal Truth-in-Lending law.
 Applicant requests establishment of an account for each authorized user designated above or on the attached list, as may be amended in writing from time to time by Applicant. Each such designated person is an authorized user and shall have the authority to use the account designated for such authorized user until the creditor is notified to the contrary in writing by the Company.

APPLICANT SIGNATURE: Jeffrey Epstein DATE: 8/10/11
 PRINT NAME: JEFFREY EPSTEIN CORPORATE TITLE: MEMBER

VISA® Business Card Regulations

Palm Beach National Bank & Trust Co.
3931 RCA Blvd. Suite 3102
Palm Beach Gardens, Florida 33410

The undersigned Holder agree the following terms and conditions:

Dated this 6 day of August, 2001.
~~January~~ NES, LLC
Name of Holder
By: [Signature]
Authorized Signature
Member
Title

1. Agreement. These regulations govern the possession and use of VISA Business Cards ("card") issued by Issuing Financial Institution ("Issuer"). Each party that applies for a VISA Business Card is referred to in these regulations as a Holder. Issuer shall establish an account for each person designated by Holder as an authorized user ("Authorized User"). Holder consents and agrees to these regulations and to the terms contained on the cards, any sales drafts, credit adjustment memos or cash advance drafts signed by or given to Holder or any Authorized User. The provisions of these regulations, as they may be amended from time to time as provided in these regulations, govern Holder's obligations, notwithstanding any additional or different terms contained in the cards, sales drafts, credit adjustment memos and cash advance drafts or any other documents evidencing an account transaction. Holder authorizes an investigation of its credit standing prior to the issuance of cards and at any time thereafter, and authorizes disclosure of information to third parties relating to its credit standing. If Holder or Authorized User requests any VISA Business Card services, Holder or Authorized User consents to the release of Holder's or Authorized User's personal data to VISA USA, Inc. and its member financial institutions and/or their respective contractors for the purposes of providing such services.

2. Membership Fees. A nonrefundable annual membership fee of \$ n/a will be assessed per card for the first n/a card(s) issued, \$ n/a per card if n/a cards are issued, \$ n/a per card if n/a cards are issued, and \$ n/a per card if n/a cards are issued. Holder represents that cards will be used exclusively for business purposes and not for personal, family, household or agricultural purposes.

3. Use of Card. Credit for purchases from a merchant or cash advances from a participating financial institution may be obtained by presenting the card to the merchant or participating financial institution, and, if requested, by providing the proper identifying information and signing the appropriate drafts. Failure to sign a draft does not relieve the Holder of liability for purchases made or cash received. The card may also be used to obtain cash advances from certain automated equipment provided it is used with the correct personal identification number ("PIN"). The amount and frequency of cash withdrawals may be limited. Except as provided below with respect to Holder's liability for unauthorized use where Issuer has issued ten (10) or more cards at Holder's request, Holder will be liable up to a maximum of \$50.00 for the unauthorized use of a card or PIN issued at Holder's request for charges that occur before Issuer receives notification orally or in writing of loss, theft or possible unauthorized use of a card or PIN. If Issuer has issued ten (10) or more cards at Holder's request, Holder will be liable for any and all unauthorized use of a card. Unauthorized use is any use by an individual other than Authorized User if without the knowledge or consent of the Holder. Any use of the card or PIN by an Authorized User, or by any other with the knowledge or consent of the Authorized User, or Holder, is authorized use. Lost or stolen cards or PINs should be reported immediately to Issuer by notifying Bankcard Center, P.O. Box 1111, Madison, WI 53701-1111, Telephone (608) 829-6100 or 1-800-221-5920. Holder shall be liable for all charges, fees and other costs that accrue on each account.

4. Credit Line. Holder will from time to time be informed of the amount of the approved credit line under each account established for Holder, and Holder covenants not to make, authorize or allow credit purchases or borrowings in excess of the amount. However, notwithstanding such credit line, Holder is liable for all purchases and borrowings made with its cards by it or by anyone authorized to use the cards.

5. Payment. Holder will be furnished at the address identified by Holder, a monthly statement for each account for each billing period at the end of which there is an undisputed debit or credit balance of \$1.00 or more. The full amount billed ("New Balance") is due on demand. If Issuer does not demand payment of the New Balance on the monthly billing statement, either (a) the New Balance or, (b) a Minimum Payment of the greater of \$ 20. or 5 % of the New Balance, shall be paid within 25 days after the Closing Date of that billing statement. Payments must be made at Bankcard Center, Milwaukee, Wisconsin, 53288-0200. Payments made at any other location may cause delay in crediting the account. Payments received after 2:00 P.M. on any Monday through Friday, but excluding federal legal holidays, or at any time on any non-banking day will be considered as payments made on the following banking day. All payments will be applied first to interest, second to additional fees, if any, in the order of their entry to the account, third to previously billed cash advances, purchases and other similar charges in the order of their entry to the account, and then to current cash advances, purchases and other similar charges in the order of their entry to the account.

6. Finance Charges. Interest shall accrue on each account as shown on the monthly statements, for each billing period in which there is a cash advance or the Previous Balance is not paid in full prior to the Closing Date of the billing statement. Interest is computed by applying the monthly periodic rate of 1.28 % (ANNUAL PERCENTAGE RATE OF 14.5 %) to the average daily balance of the account. To get the average daily balance, we take the beginning balance of the account each day, add any new cash advances, credit purchases and other charges, and subtract

any payments or credits, unpaid late charges, unpaid membership fees and other unpaid fees. This gives us the daily balance. Then, we add up all of the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This gives us the average daily balance. Interest accrues on credit purchases beginning on the date the purchase is posted to the account unless the Previous Balance shown on the statement is paid in full prior to the Closing Date of the statement. Credit purchases made during the statement period and the Previous Balance will be excluded from the calculation of average daily balance if the Previous Balance shown on the front of the statement is paid in full prior to the Closing Date. Interest on cash advances begins to accrue on the date the advance is posted to the account. Additional interest on an account may be avoided by paying in full the New Balance shown on the account's monthly statement within 25 days after the Closing Date for that statement.

7. Additional Fees. Each account shall be subject to the following additional fees: (1) \$ 25. /or n/a % late charge if any minimum payment is not paid in full on or before the due date shown on the monthly statement issued immediately after the monthly statement on which the unpaid minimum payment first appears; (2) \$ 10.00 for each cash advance; (3) \$5 for replacement of a card; and (4) reasonable charges according to the then current fee schedule for additional copies of monthly statements, drafts and receipts requested. Fees imposed will be posted to the account.

8. Foreign Transactions. If a Holder's card is used to effect a transaction in a foreign currency, the transaction amount will be converted to U.S. dollars by VISA International. VISA converts foreign currency to U.S. dollars using either the government mandated exchange rate or the wholesale exchange rate, in effect one day before the date of the conversion, as applicable. The exchange rate is increased by 1% if the conversion is made in connection with a charge to an account and decreased by 1% if the conversion is made in connection with a credit to an account. The date of conversion by VISA may differ from the purchase date and the posting date identified in the monthly statement for the account. Holder agrees to pay charges and accept credits for the converted transaction amounts in accordance with the terms of this paragraph.

9. Disputes. Issuer is not responsible for refusal by any merchant, financial institution or automated equipment to honor or accept a card. Issuer has no responsibility for merchandise or services obtained with a card and any dispute concerning merchandise or services will be independently settled by Holder with the merchant concerned.

10. Default. Holder covenants to observe and comply with these regulations and not to permit an event of default to occur. Holder further covenants not to take any action or permit any event to occur which materially impairs Holder's ability to pay when due. Upon the occurrence of any one or more of the following events of default; (a) Holder fails to pay at least the Minimum Payment when due; (b) Holder dies, ceases to exist, changes residency to another state, becomes insolvent or the subject of bankruptcy or insolvency proceedings; (c) Holder fails to observe any covenant or duty contained in these regulations; (d) any item in any financial statement delivered by Holder to Issuer is false in any material respect when given; or (e) the occurrence of default under any agreement securing the obligations hereunder; the full amount of Holder's account shall, at Issuer's option become immediately due and payable. Holder agrees to pay all costs of collection before and after judgment, including reasonable attorneys' fees (including those incurred in successful defense or settlement of any counterclaim brought by Holder or incident to any action or proceeding involving Holder brought pursuant to the United States Bankruptcy Code).

11. Termination. Holder's consent to these regulations may be terminated at any time by surrendering the cards issued to Holder or at Holder's request, but such termination shall not affect Holder's obligations as to any balances or charges outstanding at the time of termination. Termination by any Holder shall be binding on each Authorized User. Unless sooner terminated, the privilege to use the cards shall expire on the date shown on the cards. At any time, without liability to Holder and without affecting Holder's liability for credit previously extended, Holder's privilege to use the cards may be revoked or limited by Issuer to the extent not prohibited by law. The cards are and shall remain the property of Issuer and Holder agrees to surrender them to Issuer upon demand. Holder agrees to notify Issuer of any cancellation of an Authorized User's charging privileges. Holder shall return to Issuer any cards issued to Authorized Users whose privileges have been terminated.

12. Amendments. Issuer may amend these regulations and may amend the charge terms from time to time and will mail to Holder at Holder's last known address as shown on the records of Issuer written notice of any such change not less than 15 days prior to its effective date, or as otherwise required by law. Invalidity of any provision of these regulations shall not affect the validity of any other provisions.

13. Governing Law. Holder agrees to be governed by Florida law with respect to all aspects of the transactions arising under these regulations.

If the application for the Account is approved, then the following Guaranty will be effective. If the application for the Account is not approved, then the following Guaranty is null and void.

CONTINUING UNLIMITED GUARANTY. For good and valuable consideration, and for the purpose(s) of inducing Palm Beach National Bank & Trust Company ("Bank") to

extend, make, renew, modify and or continue to extend, make, renew or modify the Business Credit Card Account of _____ (the "Borrower") the undersigned Guarantor (jointly and severally, if more than one, "Guarantor") absolutely and unconditionally guarantees and promises to pay to Bank or its order, on demand, in lawfully obtained legal tender of the United States of America, the Account indebtedness of the Borrower to Bank on the terms and conditions set forth in this Guaranty. Under this Guaranty, the liability of Guarantor is unlimited and the obligations of Guarantor are continuing.

NATURE OF GUARANTY. Guarantor's liability under this Guaranty shall be open and continuous for so long as this Guaranty remains in force. Guarantor intends to guarantee at all times the performance and prompt payment when due, whether at maturity or earlier by reason of acceleration or otherwise, of all Account indebtedness. Accordingly, no payments made upon the Account indebtedness will discharge or diminish the continuing liability of Guarantor in connection with any remaining portions of the Account indebtedness or any of the Account indebtedness which subsequently arises or is thereafter incurred or contracted. This is not a special guaranty.

DURATION OF GUARANTY. This Guaranty will take effect when received by Bank without the necessity of any acceptance by Bank, or any notice to Guarantor or the Business, and will continue in full force until all Account indebtedness incurred or contracted before receipt by Bank of any notice of revocation shall have been fully and finally paid and satisfied and all other obligations of Guarantor under this Guaranty shall have been performed in full. If Guarantor elects to revoke this Guaranty, Guarantor may only do so in writing. Written revocation of this Guaranty will apply only to advances or new Account indebtedness created after actual receipt by Bank of Guarantor's written revocation.

This Guaranty and Guarantor's obligations hereunder remains fully enforceable irrespective of any claim, defense or counterclaim which Borrower may assert on the Account indebtedness, including but not limited to failure of consideration, breach of warranty, payment, statute of frauds, statute of limitations, accord and satisfaction, and usury, some of which Guarantor hereby waives along with any standing by Guarantor to assert any said claim, defense or counter claim.

GUARANTOR'S AUTHORIZATION TO PALM BEACH NATIONAL BANK & TRUST COMPANY. Guarantor authorizes Bank, either before or after any revocation hereof, without notice or demand and without lessening Guarantor's liability under this Guaranty, from time to time to alter, supplement, compromise, modify, renew, extend, terminate, accelerate, waive or otherwise change one or more times the time for payment or other terms, conditions, or provisions of the Account.

GUARANTOR'S REPRESENTATIONS AND WARRANTIES. Guarantor represents and warrants to Bank that (a) no representations or agreements of any kind have been made to Guarantor which would limit or qualify in any way the terms of this Guaranty; (b) Guarantor has, to its own satisfaction, independently investigated (and relies exclusively on); (i) Borrower's credit history; (ii) Borrower's payment history with Bank, if any; and (iii) Borrower's past, current, and projected financial condition; (c) Upon Bank's request, Guarantor will provide to Bank financial and credit information in form acceptable to Bank and (d) Guarantor has established adequate means of obtaining from Borrower on a continuing basis information regarding Borrower's financial condition. Guarantor agrees to keep adequately informed from such means of any facts, events, or circumstances which might in any way affect Guarantor's risks under this Guaranty, and Guarantor further agrees that, absent a request for information, Bank shall have no obligation to disclose to Guarantor any information or documents acquired by Bank in the course of its relationship with Borrower.

GUARANTOR'S WAIVERS. Except as prohibited by applicable law, Guarantor waives any right to require Bank (a) to make any presentment, protest, demand, or notice of any kind, including notice of any nonpayment of the Account indebtedness or notice of any action or non-action on the part of Borrower or (b) to resort for payment or to proceed directly or at once against any person, including Borrower or any other Guarantor.

If now or hereafter Borrower shall be or become insolvent, Guarantor hereby forever waives and relinquishes in favor of Bank and Borrower, and their respective successors, any claim, right or remedy to payment Guarantor may now have or hereafter have or acquire against Borrower that arises hereunder and/or performance by any guarantor including without limitations, any claim, remedy or right of subrogation, reimbursement, exoneration, indemnification, or participation in any claim, right or remedy of Bank against Borrower, whether or not such claim, right or remedy arises in equity, under contract, statute, common law or otherwise, by subrogation or otherwise, so that at no time shall Guarantor be or become a "creditor" of Borrower within the meaning of 11 U.S.C. Section 547(b), or any successor provision of the Federal bankruptcy laws.

Guarantor also waives any and all rights or defenses arising by reason of any election of remedies by Bank which destroys or otherwise adversely affects Guarantor's subrogation rights or Guarantor's rights to proceed against Borrower for reimbursement, including without limitation, any loss of rights Guarantor may suffer by reason of any law limiting, qualifying, or discharging the Account indebtedness. If payment is made by Borrower, whether voluntarily or otherwise, or by any third party, on the Account indebtedness and thereafter Bank is forced to remit the amount of that payment to Borrower's trustee in bankruptcy or to any similar person under any federal or state bankruptcy law or law for the relief of debtors, the indebtedness shall be considered unpaid for the purpose of enforcement of this Guaranty. This provision shall survive termination of this Guaranty.

RIGHT OF SETOFF. Guarantor authorizes Bank, to the extent permitted by applicable law, to charge, withdraw or setoff all sums owing on the Account against any and all the accounts set forth below in the Accounts section without prior demand or notice to Guarantor.

ACCOUNTS. Accounts shall include all Guarantor's deposits, accounts (whether checking savings, or some other account) or securities now or hereafter in the possession of or on deposit with Bank or with any Bank's affiliate or subsidiary including without limitation all accounts held jointly with someone else and all accounts Guarantor may open in the future, excluding, however, all IRA, Keogh and trust accounts.

MISCELLANEOUS PROVISIONS. The following miscellaneous provisions are a part of this Guaranty:

Amendments. This Guaranty constitutes the entire understanding, and agreement of the parties as to the matters set forth in this Guaranty and supersedes all prior understanding and correspondence, oral or written, with respect to the subject matter hereof. No alteration of or amendment to this Guaranty shall be effective unless given in writing and signed by the party or parties sought to be charged or bound by the alteration or amendment.

Applicable Law. This Guaranty shall be governed by and construed in accordance with the laws of the state where the issuing Bank referenced above maintains its principal office.

Attorney's Fee; Expenses. Guarantor agrees to pay upon demand all of Bank's costs and expenses, including reasonable attorney's fees and Bank's legal expenses, incurred in connection with the Account or the enforcement of this Guaranty. Bank may pay someone else to help enforce this Guaranty and Guarantor shall pay the costs and expenses of such enforcement. Costs and expenses include Bank's reasonable attorneys' fees and legal expenses whether or not there is a lawsuit, for bankruptcy proceedings (and including efforts to modify or vacate any automatic stay or injunction), appeals, and any anticipated post-judgment collection services. Guarantor also shall pay all court costs and such additional fees as may be directed by the court.

Interpretation. In all cases where there is more than one Borrower or Guarantor, then all words used in this Guaranty in the singular shall be deemed to have been used in the plural where the context and construction so require; and where there is more than one Borrower named in this Guaranty or when this Guaranty is executed by more than one Guarantor, the words Borrower and "Guarantor" respectively shall mean all and any one or more of them. The words "Guarantor," "Borrower," and "Bank," include the heirs, successors, assigns, and transferees of each of them. Caption headings in this Guaranty are for convenience purposes only and are not to be used to interpret or define the provisions of this Guaranty. If a court of competent jurisdiction finds any provision of this Guaranty to be invalid or unenforceable as to any person or circumstance, such finding shall not render that provision invalid or unenforceable as to any other persons or circumstances, and all provisions of this Guaranty in all other respects shall remain valid and enforceable.

Waiver. Bank shall not be deemed to have waived any rights under this Guaranty unless such waiver is given in writing and signed by Bank. No delay or omission on the part of Bank in exercising any right shall operate as a waiver of such right or any other right. A waiver by Bank of a provision of this Guaranty shall not prejudice or constitute a waiver of Bank's right otherwise to demand strict compliance with that provision or any other provision of this Guaranty. No prior waiver by Bank, nor any course of dealing between Bank and Guarantor, shall constitute a waiver of any of Bank's rights or of any of Guarantor's obligations as to any future transactions. Whenever the consent of Bank is required under this Guaranty, the granting of such consent by Bank in any instance shall not constitute continuing consent to subsequent instances where such consent is required and in all cases such consent may be granted or withheld in the sole discretion of Bank.

There are costs associated with the use of this credit card. For specific information regarding the costs, please write us at Palm Beach National Bank & Trust Company, P.O. Box 14218, North Palm Beach, Florida 33408 or call us at 561-624-7365.

The undersigned certifies that all statements in this Application and on each document required to be submitted in connection herewith, including federal income tax returns, are true, correct and complete. The undersigned authorizes Palm Beach National Bank & Trust Company to rely upon such statements, make such inquires, and gather such information as Palm Beach National Bank & Trust Company deems necessary and reasonable to verify any information provided to Palm Beach National Bank & Trust Company on this Application on any such required document, including inquires to the Internal Revenue Service, business credit reporting and credit bureau agencies and associations, and further authorizes Palm Beach National Bank & Trust Company, its holding company and affiliates and related service corporations to exchange this application, the information contained in or submitted with this Application and all banking relationship information with each other and with business credit reporting or credit bureau agencies and associations and creditors of the undersigned. The undersigned further agrees to notify Palm Beach National Bank & Trust Company promptly of any material change in any such information.

The undersigned certifies that he/she has full authority to act on behalf of Applicant in connection with this credit request.

EACH UNDERSIGNED GUARANTOR ACKNOWLEDGES HAVING READ ALL THE PROVISIONS OF THIS GUARANTY AND AGREES TO ITS TERMS.

GUARANTOR NAME PRINTED: JEFFREY EPSTEIN SIGNATURE (WITHOUT TITLE): [Signature] DATE: 8/01

RESOLUTIONS

The Corporation named on this resolution resolves that,

- (1) ~~The~~ Financial Institution is designated as a depository for the funds of the ~~Corporation~~ ^{member} and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the ~~Board of Directors~~ ^{members} of the ~~Corporation~~ and certified to the Financial Institution as governing the operation of this corporation's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the ~~Corporation~~ ^{LLC}. Any Agent, so long as they act in a representative capacity as agents of the ~~Corporation~~ ^{LLC}, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the ~~Corporation~~ ^{LLC} with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The ~~Corporation~~ ^{LLC} agrees to the terms and conditions of any account agreement, properly opened by any Agent of the ~~Corporation~~ ^{LLC}. The ~~Corporation~~ ^{LLC} authorizes the Financial Institution, at any time, to charge the Corporation for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The ~~Corporation~~ ^{LLC} acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Corporation to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The ~~Corporation~~ ^{LLC} acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Corporation with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The ~~Corporation~~ ^{LLC} authorizes each Agent to have custody of the ~~Corporation~~ ^{LLC}'s private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on _____ (date) by _____ (initials) This resolution is superseded by resolution dated _____

Comments:

Dated this 6 day of August, 2001.

Name of Holder

By:

Authorized Signature

Title

NES, LLC

Palm Beach National Bank & Trust Co.
3931 RCA Blvd. Suite 3102
Palm Beach Gardens, Florida 33410

1. **Agreement.** These regulations govern the possession and use of VISA Business Cards ("card") issued by Issuing Financial Institution ("Issuer"). Each party that applies for a VISA Business Card is referred to in these regulations as a Holder. Issuer shall establish an account for each person designated by Holder as an authorized user ("Authorized User"). Holder consents and agrees to these regulations and to the terms contained on the cards, any sales drafts, credit adjustment memos or cash advance drafts signed by or given to Holder or any Authorized User. The provisions of these regulations, as they may be amended from time to time, as provided in these regulations, govern Holder's obligations, notwithstanding any additional or different terms contained in the cards; sales drafts, credit adjustment memos and cash advance drafts or any other documents evidencing an account transaction. Holder authorizes an investigation of its credit standing prior to the issuance of cards and at any time thereafter, and authorizes disclosure of information to third parties relating to its credit standing. If Holder or Authorized User requests any VISA Business Card services, Holder or Authorized User consents to the release of Holder's or Authorized User's personal data to VISA USA, Inc. and its member financial institutions and/or their respective contractors for the purposes of providing such services.

2. **Membership Fees.** A nonrefundable annual membership fee of \$ n/a will be assessed per card for the first n/a card(s) issued, \$ n/a per card if n/a cards are issued, \$ n/a per card if n/a cards are issued, and \$ n/a per card if n/a cards are issued. Holder represents that cards will be used exclusively for business purposes and not for personal, family, household or agricultural purposes.

3. **Use of Card.** Credit for purchases from a merchant or cash advances from a participating financial institution may be obtained by presenting the card to the merchant or participating financial institution, and, if requested, by providing the proper identifying information and signing the appropriate drafts. Failure to sign a draft does not relieve the Holder of liability for purchases made or cash received. The card may also be used to obtain cash advances from certain automated equipment provided it is used with the correct personal identification number ("PIN"). The amount and frequency of cash withdrawals may be limited. Except as provided below with respect to Holder's liability for unauthorized use where Issuer has issued ten (10) or more cards at Holder's request, Holder will be liable up to a maximum of \$50.00 for the unauthorized use of a card or PIN issued at Holder's request for charges that occur before Issuer receives notification orally or in writing of loss, theft or possible unauthorized use of a card or PIN. If Issuer has issued ten (10) or more cards at Holder's request, Holder will be liable for any and all unauthorized use of a card. Unauthorized use is any use by an individual other than Authorized User if without the knowledge or consent of the Holder. Any use of the card or PIN by an Authorized User, or by any other with the knowledge or consent of the Authorized User, or Holder, is authorized use. Lost or stolen cards or PINs should be reported immediately to Issuer by notifying Bankcard Center, P.O. Box 1111, Madison, WI 53701-1111, Telephone (608) 829-6100 or 1-800-221-5920. Holder shall be liable for all charges, fees and other costs that accrue on each account.

4. **Credit Line.** Holder will from time to time be informed of the amount of the approved credit line under each account established for Holder, and Holder covenants not to make, authorize or allow credit purchases or borrowings in excess of the amount. However, notwithstanding such credit line, Holder is liable for all purchases and borrowings made with its cards by it or by anyone authorized to use the cards.

5. **Payment.** Holder will be furnished at the address identified by Holder, a monthly statement for each account for each billing period at the end of which there is an undisputed debit or credit balance of \$1.00 or more. The full amount billed ("New Balance") is due on demand. If Issuer does not demand payment of the New Balance on the monthly billing statement, either (a) the New Balance or, (b) a Minimum Payment of the greater of \$ 20 or 5 % of the New Balance, shall be paid within 25 days after the Closing Date of that billing statement. Payments must

any payments or credits, unpaid late charges, unpaid membership fees and other unpaid fees. This gives us the daily balance. Then, we add up all of the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This gives us the average daily balance. Interest accrues on credit purchases beginning on the date the purchase is posted to the account unless the Previous Balance shown on the statement is paid in full prior to the Closing Date of the statement. Credit purchases made during the statement period and the Previous Balance will be excluded from the calculation of average daily balance if the Previous Balance shown on the front of the statement is paid in full prior to the Closing Date. Interest on cash advances begins to accrue on the date the advance is posted to the account. Additional interest on an account may be avoided by paying in full the New Balance shown on the account's monthly statement within 25 days after the Closing Date for that statement.

7. **Additional Fees.** Each account shall be subject to the following additional fees: (1) \$ 25 /or n/a % late charge if any minimum payment is not paid in full on or before the due date shown on the monthly statement issued immediately after the monthly statement on which the unpaid minimum payment first appears; (2) \$ 10.00 for each cash advance; (3) \$ 5 for replacement of a card; and (4) reasonable charges according to the then current fee schedule for additional copies of monthly statements, drafts and receipts requested. Fees imposed will be posted to the account.

8. **Foreign Transactions.** If a Holder's card is used to effect a transaction in a foreign currency, the transaction amount will be converted to U.S. dollars by VISA International. VISA converts foreign currency to U.S. dollars using either the government mandated exchange rate or the wholesale exchange rate, in effect one day before the date of the conversion, as applicable. The exchange rate is increased by 1% if the conversion is made in connection with a charge to an account and decreased by 1% if the conversion is made in connection with a credit to an account. The date of conversion by VISA may differ from the purchase date and the posting date identified in the monthly statement for the account. Holder agrees to pay charges and accept credits for the converted transaction amounts in accordance with the terms of this paragraph.

9. **Disputes.** Issuer is not responsible for refusal by any merchant, financial institution or automated equipment to honor or accept a card. Issuer has no responsibility for merchandise or services obtained with a card and any dispute concerning merchandise or services will be independently settled by Holder with the merchant concerned.

10. **Default.** Holder covenants to observe and comply with these regulations and not to permit an event of default to occur. Holder further covenants not to take any action or permit any event to occur which materially impairs Holder's ability to pay when due. Upon the occurrence of any one or more of the following events of default: (a) Holder fails to pay at least the Minimum Payment when due; (b) Holder dies, ceases to exist, changes residency to another state, becomes insolvent or the subject of bankruptcy or insolvency proceedings; (c) Holder fails to observe any covenant or duty contained in these regulations; (d) any item in any financial statement delivered by Holder to Issuer is false in any material respect when given; or (e) the occurrence of default under any agreement securing the obligations hereunder; the full amount of Holder's account shall, at Issuer's option become immediately due and payable. Holder agrees to pay all costs of collection before and after judgment, including reasonable attorneys' fees (including those incurred in successful defense or settlement of any counterclaim brought by Holder or incident to any action or proceeding involving Holder brought pursuant to the United States Bankruptcy Code).

11. **Termination.** Holder's consent to these regulations may be terminated at any time by surrendering the cards issued to Holder or at Holder's request, but such termination shall not affect Holder's obligations as to any balances or charges outstanding at the time of termination. Termination by any Holder shall be binding on each Authorized User. Unless sooner terminated, the privilege to use the cards shall expire on the date shown on the cards. At any time, without liability to Holder and without affecting Holder's liability for credit previously extended, Holder's privilege to use the cards

MEMORANDUM

TO: [REDACTED]
FROM: [REDACTED], [REDACTED]
DATE: August 7, 2001
REF: Jeffrey Epstein

Nancy,

I am waiving the requirement for financial statements on the application for three corporate credit cards totaling \$25,000 for Jeffrey's company NES, LLC issued in the names of [REDACTED], [REDACTED] and [REDACTED] [REDACTED] which are being guaranteed by Mr. Epstein.

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501

DATE OF THIS NOTICE: 12-11-2000
NUMBER OF THIS NOTICE: CP 575 A
EMPLOYER IDENTIFICATION NUMBER: 13-4146141
FORM: SS-4
1925527256 B

FOR ASSISTANCE CALL US AT
1-800-829-1040

NES LLC
EPSTEIN JEFFREY E SOLE MEMBER
457 MADISON AVE 4TH FLR
NEW YORK NY 10022

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 13-4146141. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following form(s) by the date we show.

Form 941	01/31/2001
Form 940	01/31/2001

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a determination on your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.

Start your business off right - pay your taxes the easy way. Pay through the Electronic Federal Tax Payment System (EFTPS). For information about EFTPS, call 1-800-829-3676 and request Publication 966, EFTPS Answers to the Most Commonly Asked Questions.

*State of New York }
Department of State }^{ss:}*

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.

Witness my hand and seal of the Department of State on

AUG 17 1998



A handwritten signature in cursive script, appearing to read "J. Clark", followed by a long horizontal line extending to the right.

Special Deputy Secretary of State

DOS-1266 (5/96)

FILING RECEIPT

ENTITY NAME : NES, LLC

DOCUMENT TYPE : ARTICLES OF ORGANIZATION (DOM LLC)

COUNTY: NEWY

SERVICE COMPANY : CT CORPORATION SYSTEM

SERVICE CODE: 07

FILED: 08/13/1998 DURATION: ***** CASH #: 980813000438 FILM #: 98081300041

ADDRESS FOR PROCESS

EXIST DATE

THE LLC
EAST 71ST STREET
NEW YORK, NY 10021

08/13/1998

REGISTERED AGENT



THIS FILING HAS AN ASSOCIATED PUBLICATION REQUIREMENT. THE NEWSPAPERS IN WHICH THIS PUBLICATION IS TO BE MADE ARE DESIGNATED BY THE COUNTY CLERK OF THE COUNTY IN WHICH THE ENTITY'S OFFICE IS LOCATED. CONTACT THE RESPECTIVE COUNTY CLERK FOR FURTHER INFORMATION.

FILER	FEES		PAYMENTS	
██████████		210.00		210.00
457 MADISON AVENUE	FILING :	200.00	CASH :	0.00
FOURTH FLOOR	TAX :	0.00	CHECK :	0.00
NEW YORK, NY 10022	CERT :	0.00	BILLED:	210.00
	COPIES :	10.00		
	HANDLING:	0.00		
			REFUND:	0.00

JS-1025 (11/89)

CT-07

ARTICLES OF ORGANIZATION
OF
NES, LLC

980813000 419

(Pursuant to Section 203 of the Limited Liability Company Law)

The undersigned person, acting as an organizer of the limited liability company to be formed under the Limited Liability Company Law by the filing of these Articles, sets forth the following statements:

FIRST: The name of the limited liability company is NES, LLC (the "Company").

SECOND: The county within the State of New York in which the office of the Company is to be located is the County of New York.

THIRD: The Company is not to have a specific date of dissolution in addition to the events of dissolution set forth in Section 701 of the Limited Liability Company Law.

FOURTH: The Secretary of State of the State of New York is designated as agent of the Company upon whom process against it may be served. The post office address within the State of New York to which the Secretary of State of the State of New York shall mail a copy of any process against the Company served upon the Secretary of State is 9 East 71st Street, New York, New York 10021.

FIFTH: The Company is to be managed by one or more members.

SIXTH: There are no limitations on the authority of the members to bind the Company.

IN WITNESS WHEREOF, I have signed this document on the date set forth below and do hereby affirm, under penalties of perjury, that the statements contained herein have been examined by me and are true and correct.

Executed on this 12th day of August, 1998.



Organizer

F 980813000 419

CT-07

ARTICLES OF ORGANIZATION
OF
NES, LLC
(Pursuant to Section 203 of the Limited Liability Company Law)

RECEIVED

AUG 13 1 30 PM '98

RECEIVED

AUG 13 12 26 PM '98

CC

STATE OF NEW YORK
DEPARTMENT OF STATE
FILED AUG 13 1998
TAX \$ _____
BY: dn

Filer:

[Redacted]
457 Madison Avenue
Fourth Floor
New York, New York 10022
[Redacted]

dnf

980813000 438

Date: 08/21/2001 Time: 15:45 Operator: AL
 Department: LOAN_OPS Report Type: FX Reference: ANN LUFFT
 NM-EPSTEIN, JEFFERY.
 CA-358, BRILLO, WAY, PALM BEACH, FL, 33480.
 ID-SSS-090-44-3348.

ENH BEACON SCORE: 698 00022/00010/00014/00020
 ACCOUNT NOT PAID AS AGREED, PUBLIC RECORD OR COLLECTION AGENCY FILING
 PROPORTION OF BALANCES TO CREDIT LIMITS, TOO HIGH ON BANK/OTHER REVOLVING ACCTS
 LENGTH OF TIME ACCOUNTS HAVE BEEN ESTABLISHED
 LENGTH OF TIME SINCE DEROGATORY PUBLIC RECORD OR COLLECTION IS TOO SHORT

SSN ISSUED -67 STATE ISSUED-NY

GEO CODE: MSA STATE COUNTY CENSUS TRACT BLOCK GROUP
 358, BRILLO, WAY, PALM BEACH, FL, 33480.
 EQ CURRENT ADDRESS FULL ZIP NOT AVAILABLE

* 240 EQUIFAX CREDIT INFORMATION SERVICES, P O BOX 740241,
 , ATLANTA, GA, 30374-0241, 800/685-1111

*EPSTEIN, JEFFERY, E SINCE 04/22/77 FAD 07/10/01 FN-398
 457, MADISON, AVE, NEW YORK, NY, 10022, TAPE RPTD 01/99
 358, EL BRILLO, WAY, PALM BEACH, FL, 33480, TAPE RPTD 08/98
 TELEPHONE NUMBER [REDACTED] SPEC 02/01

265, E 66TH, ST, NEW YORK, NY, 10021, TAPE RPTD 04/98
 BDS [REDACTED], SSS [REDACTED] SSN VER - Y
 ES-, SELF EMPLOYED
 02 EF-CONSULTING PRES, J EPSTEIN CO, NEW YORK, NY
 03 E2-, BEARS STEARNS

*SUM-06/77-08/01, PR/OI-NO, COLL-YES, FB-NO, ACCTS:17, HC\$0-97320, 16-ONES, 1-OTHER

***** COLLECTION ITEMS *****

LIST	RPTD	AMT/BAL	DLA/ECOA	AGENCY/CLIENT	STATUS/SERIAL
10/98	12/98	\$180	08/98*	465YC93 DRS BUSBUR	UNPAID
		\$180	U	IMAGING ASSOCIA	2853977

FIRM / IDENT CODE	CS	RPTD	LIMIT	HICR	BAL \$	DLA MR (30-60-90+) MAX/DEL
ECOA/ACCOUNT NUMBER		OPND	P/DUE	TERM		24 MONTH HISTORY

CHASE NA *426BB3859	R1	07/01	17100	---	7313	07/01 60
[REDACTED]		03/85	---	120		

CREDIT CARD

BLMD/FDSB *404DC21	R1	07/01	2001	---	0	22
[REDACTED]		01/79	---	---		

CHARGE

BKCARD SER*668ON9235	R1	07/01	1000	---	0	12/00 31
[REDACTED]		11/98	---	---		

CREDIT CARD

CHASE NA *496ON598	R1	07/01	5000	---	525	07/01 33
[REDACTED]		10/98	---	10		

CREDIT CARD

HSBC BANK *100BB53	R1	04/01	---	8300	0	04/00 53
--------------------	----	-------	-----	------	---	----------

[REDACTED] 10/96 --- ---
 PAID ACCOUNT/ZERO BALAN
 ACCOUNT CLOSED BY CREDIT GRANTOR
 STBC CLASS*447ON17753 R1 05/94 2000 --- 0 37
 [REDACTED] 04/91 --- ---
 CREDIT CARD
 CHASE NA *426BB3859 R1 11/93 3800 --- 0 03/92 41
 [REDACTED] 12/88 --- ---
 CREDIT CARD

REVOLVING TOTALS 30901 8300 7838
 --- 130

AMEX *906ON259 01 08/01 --- 97320 97320 08/01 01
 [REDACTED] 10/77 --- ---
 AMEX *404BB8169 01 07/01 --- 23888 2784 07/01 01
 [REDACTED] 10/00 --- ---
 CREDIT CARD
 AMEX *906ON259 01 07/01 --- 0 0 07/01 01
 [REDACTED] 06/77 --- ---
 ATTWSNEPCS*444UT981 01 07/01 --- 0 0 13
 [REDACTED] 03/00 --- ---
 ATTWSSEPCS*465UT68 01 07/01 --- 0 0 08/99 40
 [REDACTED] 11/92 --- ---
 ATTWSSEPCS*465UT68 01 07/01 --- 0 0 08/99 40
 [REDACTED] 06/89 --- ---
 ATTWSNEPCS*444UT981 01 07/01 --- 0 0 16
 [REDACTED] 10/97 --- ---
 ATTWSNEPCS*444UT981 01 08/00 --- 0 0 06
 [REDACTED] 11/99 --- ---
 PAID ACCOUNT/ZERO BALANCE
 ATTWSNEPCS*444UT981 01 03/00 --- 0 0 09/99 20
 [REDACTED] 06/98 --- ---

OPEN TOTALS --- 121208 100104
 --- ---

GRAND TOTALS 30901 129508 107942
 --- 130

CHASE NA [REDACTED] 11/98 --- --- 06/97
 [REDACTED] 03/85

LOST OR STOLEN CARD
 CREDIT CARD
 AMOUNT IN H/C COLUMN IS CREDIT LIMIT

*INQS-TAMINSPEC 496IZ00338 07/10/01 AT&T 910UT16679 11/03/99
 &

END OF REPORT EQUIFAX AND AFFILIATES - 08/21/01 SAFESCANNED

Memorandum

To: [REDACTED] [REDACTED]
From: [REDACTED] [REDACTED]
Date: 8/6/01
Re: Credit card application

Enclosed please find a credit card application for NES, LLC. Jeffrey is the sole member (owner) of this company. We are requesting the maximum – \$25,000 – credit line. Please forward this application to [REDACTED] with a letter from the bank. We are not interested in giving Jeffrey's personal financial information. Thanks for your help.

AUTHORIZED INDIVIDUAL CARDHOLDER(S)

LIST THE NAMES OF ALL EMPLOYEES TO WHOM CARDS ARE TO BE ISSUED FOR BUSINESS PURPOSES:

NAME (PRINT)	SOCIAL SECURITY #	SIGNATURE	CASH ADVANCE ACCESS?	CREDIT LIMIT
			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	\$ 10,000 -
			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____

TOTAL CORPORATE CREDIT LIMIT REQUESTED: \$ _____

AUTHORIZED INDIVIDUAL CARDHOLDER(S)

LIST THE NAMES OF ALL EMPLOYEES TO WHOM CARDS ARE TO BE ISSUED FOR BUSINESS PURPOSES:

NAME (PRINT)	SOCIAL SECURITY #	SIGNATURE	CASH ADVANCE ACCESS?	CREDIT LIMIT
[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	\$ 10,000
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____

TOTAL CORPORATE CREDIT LIMIT REQUESTED: \$ _____

AUTHORIZED INDIVIDUAL CARDHOLDER(S)

LIST THE NAMES OF ALL EMPLOYEES TO WHOM CARDS ARE TO BE ISSUED FOR BUSINESS PURPOSES:

NAME (PRINT)	SOCIAL SECURITY #	SIGNATURE	CASH ADVANCE ACCESS?	CREDIT LIMIT
			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	\$ 5000
			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
			REQUESTED:	\$ _____

Attention:





PALM BEACH NATIONAL BANK & TRUST COMPANY



"It's Everywhere You Want to Be."

July 26, 2001

██████████
457 Madison Avenue
New York, New York 10022

RE: Visa Business Card/Jeffrey E. Epstein

Dear ██████████

We appreciate your request for a **VISA** Business Credit Card from Palm Beach National Bank & Trust Company.

In order to expedite your request, please provide the following applicable items:

- Business Card Application, with personal guaranty completed and signed (without corporate titles) on the reverse side of the application.
MINIMUM CREDIT LINE - \$5,000.00 MAXIMUM CREDIT LINE - \$25,000.00.
- Corporate/Partnership or Sole Proprietorship Authorization Resolution
- For credit line requests exceeding \$10,000.00
 1. Current year-to-date Business Financial Statement;
 2. Last two years of signed Corporate/Partnership Federal income tax returns OR an audited financial statement reflecting a minimum of the previous two years of financial information;
 3. Current signed Personal Financial Statement for each guarantor. **Guarantor(s) listed on the application must represent at least 51% of the ownership of the corporation/partnership;**
 4. Last two years of signed Personal Federal income tax returns for each guarantor. Guarantor(s) listed on the application must represent at least 51% of the ownership of the corporation/partnership.

NORTHCORP / RCA
3931 RCA BOULEVARD / SUITE 3102 / PALM BEACH GARDENS, FLORIDA 33410
PHONE (561) 627-1776 FAX (561) 776-0246

EFTA01701054

Page Two

July 26 2001

Please return all completed forms and financial information to my attention at:

BankCard Services
3931 RCA Blvd., Suite 3102
Palm Beach Gardens, FL 33410

If you have any further questions, please do not hesitate to contact us at [REDACTED]. Again, thank you for your interest in our **VISA** Business Credit Card program.

Sincerely,

[REDACTED]
Vice President, Director of BankCard Services

Enclosures

EFTA01701055

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

[REDACTED]

July 26, 2006

Colonial Bank
[REDACTED]

Re: Main account #: [REDACTED]

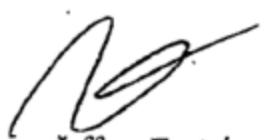
VIA FACSIMILE: [REDACTED]

Please make the following changes to the above main account number:

- Please change limit on [REDACTED] to \$6,000
- Please change limit on Brice M. Gordon to \$6,000

If you have any questions, feel free to contact me at the above number.

Thank you,
[REDACTED]


Jeffrey Epstein

Jeffrey Epstein
6100 Red Hook Quarter, B3
St Thomas, VI 00802-1348

June 28, 2006

[REDACTED]
Colonial Bank

Re: NES LLC Credit Card – Account Number [REDACTED]

Dear Jeff:

I would like to add a new credit card with a \$5,000 credit limit to the above referenced account. The credit card will be in the name of [REDACTED]. Her personal information is as follows:

Date of Birth:
Social Security #:
Home Address:

[REDACTED]
New York, NY 10021

I hereby grant permission for Richard Kahn to act on my behalf with any additional information that may be needed for this new credit card. In addition please mail the new credit card to Richard at:

[REDACTED]
C/o NES LLC
457 Madison Avenue, 4th Floor
New York, NY 10022

Thank you,


Jeffrey Epstein

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

TELEPHONE (212) 750-9790
TELEFAX (212) 371-8042

February 11, 2005

Jeffrey
Colonial Bank

Re: Main account #: [REDACTED]

VIA FACSIMILE: [REDACTED]

Please make the following changes to the above main account number:

- Add a new card for [REDACTED] with a credit limit of \$3,000, Social Security # [REDACTED] Signature attached.
-

If you have any questions, feel free to contact me at the above number.

Thank you,

[REDACTED]

[REDACTED]



Jeffrey Epstein



NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022



June 14, 2005

Colonial Bank



Re: Main account #: 

VIA FACSIMILE: 

Please make the following changes to the above main account number:

- Please change limit on  to \$5,000
-

If you have any questions, feel free to contact me at the above number.

Thank you,



Eric Gany

Jeffrey Epstein

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

[REDACTED]

February 7, 2005

[REDACTED]

Colonial Bank

Re: Main account #: [REDACTED]

VIA FACSIMILE: [REDACTED]

Please make the following changes to the above main account number:

- Please cancel card for [REDACTED]
- Please cancel card for [REDACTED]

If you have any questions, feel free to contact me at the above number.

Thank you,
[REDACTED]

Eric Gary



Jeffrey Epstein

REQUEST FOR CREDIT LIMIT INCREASE

NAME Nes, LLC DATE 1/13/05

ACCOUNT NO

PRESENT LIMIT: \$ 40,000 REQUESTED LIMIT: \$ 45,000

UPDATED FILE INFORMATION: (ie, address, place of employment, phone numbers, etc)

Past Due = 0 times last 36 months

Over limit = 0 times last 36 months

Account opened 8/01

COMMENTS: Limit was raised to \$40,000 1/10/05.
Customer is requesting \$45,000.

APPROVED BY

DATE

1/21/05

DECLINED BY

DATE

REQUEST FOR CREDIT LIMIT INCREASE

NAME NES LLC DATE 1/4/05

ACCOUNT NO. 

PRESENT LIMIT: \$ 35,000 REQUESTED LIMIT: \$ 45,000 - 0 \$40,000

UPDATED FILE INFORMATION: (ie, address, place of employment, phone numbers, etc)

- Current Balance = \$28,250.
- Limit = \$35,000
- Past Due \emptyset times in last 36 months
- Overlimit \emptyset times in last 36 months
- Account opened = 8/01

COMMENTS: NES, LLC is owned by Jeffrey Epstein. Mr Epstein has a significant relationship with Colonial Bank.



APPROVED BY

1-10-05
DATE

DECLINED BY

DATE

BNI W/BANKRUPTCY SCORE: 300 BNI W/BANKRUPTCY
REASON CODES: 00195 00191 00003 00148

NARRATIVES:

LACK OF RECENTLY REPORTED DEPARTMENT STORE ACCOUNT INFORMATION
LACK OF RECENTLY REPORTED CREDIT UNION ACCOUNT INFORMATION
LENGTH OF TIME ACCOUNTS HAVE BEEN ESTABLISHED
NUMBER OF RETAIL ACCOUNTS

BEACON 5.0 SCORE: 806 00011/00032
AMOUNT OWED ON REVOLVING ACCOUNT IS TOO HIGH
LACK OF RECENT INSTALLMENT LOAN INFORMATION
SSN ISSUED-67 STATE ISSUED-NY

* ADDRESS DISCREPANCY - NO SUBSTANTIAL DIFFERENCE OCCURRED *

GEO CODE: MSA 8960 STATE 12 COUNTY 099 CENSUS TRACT 0035.02 BLOCK GROUP 6
358, EL BRILLO, WAY, PALM BEACH, FL, 334804730.
INQ CURRENT ADDRESS (STANDARDIZED) FOUND ON GEO CODE DATABASE

* 240 EQUIFAX INFORMATION SERVICES LLC, P O BOX 740241,
, ATLANTA, GA, 30374-0241, 800/685-1111

*EPSTEIN, JEFFERY, E SINCE 04/22/77 FAD 02/05/04 FN-336
358, EL BRILLO, WAY, PALM BEACH, FL, 33480, TAPE RPTD 08/98
457, MADISON, AVE #4FL, NEW YORK, NY, 10022, TAPE RPTD 01/99
265, E 66TH, ST, NEW YORK, NY, 10021, TAPE RPTD 04/98
FN-EPSTEIN, JEFFREY, E
BDS- [REDACTED], SS [REDACTED]
01 ES-, SELF EMPLOYED
02 EF-CONSULTING PRES, J EPSTEIN CO, NEW YORK, NY
03 E2-, BEARS STEARNS

*SUM-02/77-12/04, PR/OI-NO, COLL-NO, FB-NO, ACCTS:10, HC\$1000-200K, 9-ONES, 1-OTHER

FIRM / IDENT CODE	CS	RPTD	LIMIT	HICR	BAL \$	DLA MR (30-60-90+) MAX/DEL
ECOA/ACCOUNT NUMBER		OPND	P/DUE	TERM		24 MONTH HISTORY
CHASE NA *426BB3859	R1	12/04	18600	---	363	12/04 45
[REDACTED]		03/85	---	10		
CREDIT CARD						
CHASE NA *4960N598	R1	10/04	---	5500	0	10/03 72
[REDACTED]		10/98	---	---		
ACCOUNT CLOSED AT CONSUMERS REQUEST CLOSED OR PAID ACCOUNT/ZERO BALANCE						
BKCARD SER*6680N9235	R1	01/04	---	1000	0	07/02 39
[REDACTED]		11/98	---	---		
CLOSED OR PAID ACCOUNT/ZERO BALANCE CREDIT CARD						

BKCARD SER*6680N9235 R1 09/02 1000 --- 0 07/02 45
 [REDACTED] 11/98 --- . ---
 CREDIT CARD

HSBC/HBSB *100BB53 R1 04/01 --- 8300 0 04/00 53
 [REDACTED] 10/96 --- ---
 CLOSED OR PAID ACCOUNT/ZERO BALANCE
 ACCOUNT CLOSED BY CREDIT GRANTOR

REVOLVING TOTALS 19600 14800 363
 --- 10

 AMEX *402BB48257 01 12/04 --- 59946 20945 12/04 01
 [REDACTED] 02/77 --- ---
 CREDIT CARD

AMEX *402BB48257 01 12/04 --- 1577 0 10/04 01
 [REDACTED] 06/77 --- ---
 CREDIT CARD

AMEX *402BB48257 01 12/04 --- 200K 200K 12/04 01
 [REDACTED] 10/77 --- ---
 CREDIT CARD

AMEX *402BB48257 01 12/04 --- 6729 966 12/04 01
 [REDACTED] 10/00 --- ---
 CREDIT CARD

OPEN TOTALS --- 268252 221911
 --- ---

 GRAND TOTALS 19600 283052 222274
 --- 10

 CHASE NA *426BB3859 10/04 --- --- --- 01/03
 [REDACTED] 03/85
 LOST OR STOLEN CARD
 CREDIT CARD
 AMOUNT IN H/C COLUMN IS CREDIT LIMIT

*INQS-COLONIAL 465BB24008 12/03/03 AT&T 910UT31386 10/21/03
 DAIMLER 458AN3198 09/25/03 VERIZON 910UT41240 09/25/03
 AMEX 190BB11128 03/21/03

* MEMBER #	COMP. NAME	TELEPHONE	* MEMBER #	COMP. NAME	TELEPHONE
[REDACTED]	CHASE NA	800-3565555	[REDACTED]	CHASE NA	800-3565555
[REDACTED]	BKCARD SER	MAIL ONLY	[REDACTED]	HSBC/HBSB	MAIL ONLY
[REDACTED]	AMEX	MAIL ONLY	[REDACTED]	COLONIAL	[REDACTED]
[REDACTED]	AT&T	MAIL ONLY	[REDACTED]	DAIMLER	[REDACTED]
[REDACTED]	VERIZON	[REDACTED]	[REDACTED]	AMEX	MAIL ONLY

END OF REPORT EQUIFAX AND AFFILIATES - 01/04/05

SAFESCANNED

CUSTOMER-TO-ACCOUNT RELATIONSHIP BROWSE

090-44-3348 JEFFREY E EPSTEIN

Rel	Cd	P/S/O	Appl	Account Number	Trlr	Balance
Stm	PR	D/I/R	Prod	Ctl1 Ctl2 Ctl3 Ctl4	Alrt? Status	Date Cur
-	PRI	IND	P	IM	[REDACTED]	57326.8
	N	N	D	031	[REDACTED]	
-	PRI	IND	P	IM	[REDACTED]	58971.6
	N	N	D	031	[REDACTED]	
-	PRI	IND	P	IM	[REDACTED]	4087.9
	N	N	D	031	[REDACTED]	
-	PRI	JOR	P	IM	[REDACTED]	.0
	N	N	D	031	[REDACTED]	
-	PRI	JOR	P	IM	[REDACTED]	11498.5
	N	N	D	012	[REDACTED]	
-	SEC	JNT	S	IM	[REDACTED]	186569.0
	N	N	D	010	[REDACTED]	
-	PRI	IND	P	ST	[REDACTED]	20865.6
	N	N	D	353	[REDACTED]	

PF1-Fwd PF5-CustAcctBr PF8-CustAddr PF11-CustSvc PF14-AcctNonLeg
 PF2-Bkwd PF6-CustRel PF9-SesSetUp PF13-AcctLegTtl PF21-Top
 RMPCABS1 RM3003 I: FIRST PAGE

LAST

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022



December 20, 2004

Colonial Bank
Jeff

Re: Main account # [REDACTED]

VIA FACSIMILE: [REDACTED]

Please make the following changes to the above main account number:

- Please change limit on Luciano Fontanilla to \$3,000

If you have any questions, feel free to contact me at the above number.

Thank you,




Jeffrey Epstein

Visa Fraud Control has notified Metavante Corporation of the possible compromise of the following card numbers for your institution. A hacker gained access to a US retail merchant's corporate web server. The merchant provided Visa with potentially compromised accounts for a time period of July 2003 thru the end of May 2004. The compromised information includes card numbers and track data including CVV.

Visa Fraud Control is seeing a pattern of fraud affecting non-US issuers at this time. Fraud has occurred in the following countries: Spain, Italy, Brazil and Australia. Fraudsters are retaining card data for longer periods of time for later use.

Your financial institution is responsible for reviewing the list and taking whatever steps you deem necessary.

Card Number	Financial Institution Name	Bank Number	Agent Number	Status	Date of Status	Cardholder's Name
[REDACTED]	COLONIAL BANK	1559	[REDACTED]			[REDACTED]

Please contact your Metavante client support representative with your approval for Metavante to block and reissue the cards. Your institution is responsible for contacting the cardholders involved.

If you have questions, call 877-615-8687.

Fax #



Attention of Ms



As requested, I am sending my signature for purposes of record.

Regards,



NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

April 27, 2004

Jeffrey
Colonial Bank

Re: Main account #: [REDACTED]

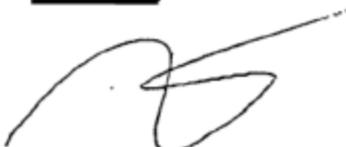
VIA FACSIMILE: [REDACTED]

Please make the following changes to the above main account number:

- Add a new card for Branakmana L. Mellawa with a credit limit of \$3,000, Social Security #: [REDACTED] Signature attached.
- Please cancel card for Michael D Friedman

If you have any questions, feel free to contact me at the above number.

Thank you,
[REDACTED]


Jeffrey Epstein

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022



March 15, 2004

Jeffrey
Colonial Bank

Re: Main account #: [REDACTED]

VIA FACSIMILE: [REDACTED]

Please make the following changes to the above main account number:

- Cancel the credit card for [REDACTED] Sub-Account # [REDACTED]

If you have any questions, feel free to contact me at the above number.

Jeffrey Epstein

A handwritten signature in black ink, appearing to be 'JEFFREY EPSTEIN', written over the typed name.

Jeffrey Epstein

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

[REDACTED]

December 10, 2003

Colonial Bank
Jeff

Re: Main account #: [REDACTED]

VIA FACSIMILE: [REDACTED]

Please make the following changes to the above main account number:

- Please change limit on [REDACTED] credit card to \$7,000.
-

If you have any questions, feel free to contact me at the above number.

Thank you,

[REDACTED]

[REDACTED]



Jeffrey Epstein

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

TELEPHONE (212) 750-9790
TELEFAX (212) 371-8042

August 5, 2003

Jeffrey
Colonial Bank

Re: Main account #: [REDACTED]

VIA FACSIMILE [REDACTED]

Please make the following changes to the above main account number:

- Cancel the credit card for [REDACTED], Sub-Account # [REDACTED]

If you have any questions, feel free to contact me at the above number.

Thank you,
[REDACTED]

Jeffrey Epstein

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

[REDACTED]

May 16, 2003

Jeffrey
Colonial Bank

Limit = \$35,000

Re: Main account #: [REDACTED] ✓

VIA FACSIMILE: [REDACTED]

Please make the following changes to the above main account number:

[REDACTED] Reduce the credit limit for [REDACTED], Sub-Account [REDACTED] to \$2,000. Limit = \$10,000.

- Add a new card for [REDACTED] with a credit limit of \$4,000, Social Security # [REDACTED] Signature attached.
- Add a new card for [REDACTED] with a credit limit of \$4,000, Social Security # [REDACTED] Signature attached.

If you have any questions, feel free to contact me at the above number.

Thank you

[REDACTED]

[REDACTED] - \$10,000
Valdson Cotrin - \$5,000



Jeffrey Epstein

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

[REDACTED]

March 4, 2003

Representative
Colonial Bank

Re: Main account #: [REDACTED]

VIA FACSIMILE: [REDACTED]
1 Page

Please make the following changes to the above main account number:

- Cancel the Visa card for [REDACTED], Sub-Account # [REDACTED]
- Cancel the Visa card for [REDACTED], Sub-Account # [REDACTED]

Leave the credit balance unallocated, I'll allocate it as needed later.

If you have any questions, feel free to contact me at the above number.

Thank you,

[REDACTED]


Jeffrey Epstein

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

[REDACTED]

August 9, 2002

[REDACTED]

PB National Bank

Re: Main account #: [REDACTED]

VIA FACSIMILE: [REDACTED]

Please make the following changes to the above main account number:

- Cancel the card for [REDACTED] Sub-Account # [REDACTED]
- Increase the credit limit for [REDACTED], Sub-Account # [REDACTED] to \$5,000.
- Increase the credit limit for [REDACTED], Sub-Account # [REDACTED] to \$5,000.
- Increase the credit limit for [REDACTED] Sub-Account # [REDACTED] to \$10,000.

This should have fully allocated the Company credit limit.

If you have any questions, feel free to contact me at the above number.

Thank you,

[REDACTED]



Jeffrey Epstein

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

September 22, 2004

Jeffrey
Colonial Bank

Re: Main account #: [REDACTED]

VIA FACSIMILE: [REDACTED]

Please make the following changes to the above main account number:

- Add a new card for [REDACTED] with a credit limit of \$2,500, Social Security # [REDACTED] Signature attached.
- Add a new card for Joseph Rueda with a credit limit of \$ 1,000, Social Security # [REDACTED] Signature attached
- Add a new card for Luciano Fontanilla with a credit limit of \$ 1,000. Socia security # [REDACTED] Signature attached

If you have any questions, feel free to contact me at the above number.

Thank you,

[REDACTED]
Eric Galy


Jeffrey Epstein

[Faint, illegible text]



Jeffrey E. Epstein



Nemo :



Signature:



NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

[REDACTED]

December 30, 2003

Jeffrey
Colonial Bank

Re: Main account #: [REDACTED]

VIA FACSIMILE: [REDACTED]

Please make the following changes to the above main account number:

- Add a new card for [REDACTED] with a credit limit of \$3,000, Social Security # [REDACTED] Signature attached.
- [REDACTED]

If you have any questions, feel free to contact me at the above number.

Thank you.

[REDACTED]



Jeffrey Epstein

FOR CREDIT CARD



NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

TELEPHONE (212) 750-9790
TELEFAX (212) 371-8042

November 14, 2003

Colonial Bank

Re: Main account #: [REDACTED]

VIA FACSIMILE: [REDACTED]

Please make the following changes to the above main account number:

- Add a new card for [REDACTED] with a credit limit of \$3,000, Social Security # [REDACTED] Signature attached.

If you have any questions, feel free to contact me at the above number.

Thank you,

[REDACTED]



Jeffrey Epstein

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022



November 14, 2003

Colonial Bank

Re: Main account #: [REDACTED]

VIA FACSIMILE: [REDACTED]

Please make the following changes to the above main account number:

- Add a new card for [REDACTED] with a credit limit of \$3,000, Social Security # [REDACTED] Signature attached.
-

If you have any questions, feel free to contact me at the above number.

Thank you, A



Jeffrey Epstein



NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

TELEPHONE (212) 750-9790
TELEFAX (212) 371-8042

July 11, 2002

[REDACTED]
PB National Bank

Re: Main account #: 4470 1153 4000 5213

VIA FACSIMILE: 561-776-8941
3 Pages

Please make the following changes to the above main account number:

- Add a new card for [REDACTED] with a credit limit of \$4,000, ID # [REDACTED] Signature attached.
- Add a new card for [REDACTED] [REDACTED] with a credit limit of \$2,000, ID # [REDACTED] Signature attached.

If you have any questions, feel free to contact me at the above number.

Thank you

[REDACTED]


Jeffrey Epstein



ID#





ID#



NES, LLC
THE VILLARD HOUSE
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

[REDACTED]

June 13, 2002

[REDACTED]

PB National Bank

Fax: 561-776-8941

Re: Credit card # [REDACTED]
Credit card name: [REDACTED]

Effective immediately please terminate the above credit card.

Thank you,

[REDACTED]



Jeffrey Epstein

NES, LLC
FOURTH FLOOR
457 MADISON AVENUE
NEW YORK, NEW YORK 10022

TELEPHONE (212) 750-9790
TELEFAX (212) 371-3042

April 9, 2002

[REDACTED]
PB National Bank

Re: Main account #: [REDACTED]

VIA FACSIMILE: [REDACTED] 2 PAGES

Please make the following changes to the above main account number:

- Increase the credit limit for [REDACTED] Sub-Account # [REDACTED] to \$5,000.
- Add a new card for [REDACTED] with a credit limit of \$5,000, Social Security # [REDACTED] Signature attached.

Leave the balance of \$3,000 unallocated.

If you have any questions, feel free to contact me at the above number.

Thank you
[REDACTED]

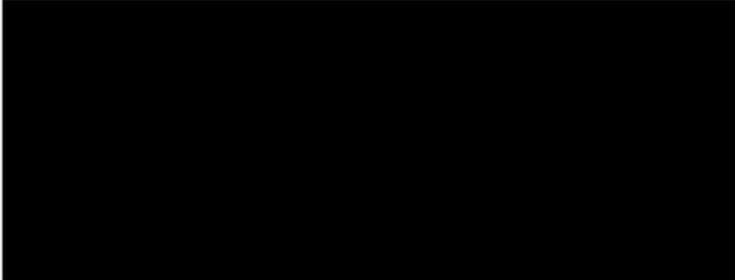
[REDACTED] Epstein

To: [REDACTED]

From: [REDACTED]

Date: 4/8/02

Re: Signature for company credit card



REQUEST FOR CREDIT LIMIT INCREASE

NAME NES, LLC / Jeffrey Epstein DATE 3/29/02

ACCOUNT NO. [REDACTED]

PRESENT LIMIT: \$ 25,000. REQUESTED LIMIT: \$ 35,000.00

UPDATED FILE INFORMATION: (ie, address, place of employment, phone numbers, etc)

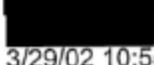
COMMENTS: _____

APPROVED BY [REDACTED]

3/29/02
DATE

DECLINED BY _____

DATE _____

From: 
To: 
Date: 3/29/02 10:55AM
Subject: Jeffrey Epstein

Hi Nancy. Mr.  called in from Utah this morning. He said to go ahead and put through the \$10,000 increase without having to require any financial statements and he will sign whatever you need him to when he gets back. He will be here on Wednesday so if there is anything you want him to sign, just send it to me and I'll put it in with all of his other mail. Thank you and have a wonderful Easter.

From: [REDACTED]
To: [REDACTED]
Date: 1/25/02 11:15AM
Subject: Change address

Dear [REDACTED],

Please change address on individual statements on
the Credit Card Acc# [REDACTED]
to : 457 Madison Avenue 4th Fl.,
New York, NY 10022

Best regards,

[REDACTED]