



Outgoing Transfer of Funds

Ref. No. or Test Key 2014102118219060	Amount 100,000.00	Currency USD	Rate 0.0
Commission 25.00	Transmission 25.00	USD Equivalent 0.00	Transaction Total 100,050.00
Branch Prefix and Name 193 VI-SUC MAIN BRANCH-193	Issue Date (MM-DD-YYYY) 4 10 2014	Recurring ID	Debit Account 896201088

Originator's Information

Name: TERRANCE E RABSATT-KAREN B RABSATT
 Business / Profession / Occupation: SELF EMPLOYED
 Address: 16-E ESTATE NADIR

City: ST THOMAS State: VIRGIN ISLANDS Country: VIRGIN ISLANDS, U.S. Zip Code: 00802

ID Type, Number and Country or State: LICENSE AND COUNTRY OF ORIGIN DDC35369 | VIRGIN ISLANDS, U.S.
 Expiration Date: 20-JUL-2015

Pay to Bank (Beneficiary's Bank): CIBC TRIST BANK
 Address: 25 PARK PLACE NE ATLANTA, GA 30303-0003
 Intermediary Bank Address: _____

ABA or SWIFT Code (Route and Transit Number): 061000104
 ABA or SWIFT Code (Route and Transit Number): _____

Beneficiary's Name: FUTURE TECHNOLOGIES VENTURE LLC
 Account Number or IBAN ID: 1000112552665
 Address: 300 PETTY ROAD SUITE B

City: LAWRENCEVILLE State: GEORGIA Country: _____ Zip Code: 30043

Special Instructions: _____ Notify by Telephone: _____

Authorized Person's Information

Name: TERRANCE E RABSATT
 Business / Profession / Occupation: SELF EMPLOYED
 Address: 16-E ESTATE NADIR

City: ST THOMAS State: VIRGIN ISLANDS Country: VIRGIN ISLANDS, U.S. Zip Code: 00802

ID Type, Number and Country or State: LICENSE AND COUNTRY OF ORIGIN DDC35369 | VIRGIN ISLANDS, U.S.
 Expiration Date: 20-JUL-2015

Info of the Person Placing the Order

Name: _____ Business / Profession / Occupation: _____
 Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

ID Type, Number and Country or State: _____ Expiration Date: _____

Purpose of Transaction: PMT FOR PURCHASE Personal, Family, Household Remittance

We certify the verification of the purpose of the payment in order to determine that it is not prohibited by any applicable regulation or policy.

Required Signatures

Signature(s) of Person(s) Placing the Order: _____

Officer's Name: _____ Employee No.: 18219
 Officer's Signature: _____ Phone: 193713
 Approving Officer's Name: _____ Employee No.: _____
 Approving Officer's Signature: _____

Officer's Signature & No. for Unavailable Funds Authorization: _____