DELSON INTERNATIONAL, INC.
33 West 19th Street, 4th Fl.
New York, NY 10011
T: ███████ ; F: ████████ ; ████████

CERTIFICATION OF LAWRENCE DELSON

The undersigned, Lawrence Delson, for and on behalf of the firm of George V. Delson Associates, accountants of Mr. Jeffrey Epstein during the years 2009, 2010, and 2011, hereby certifies that the firm of George V. Delson Associates prepared Department of the Treasury form TD F 90-22-1, Report of Foreign Bank and Financial Accounts, for Mr. Jeffrey Epstein for the year ended December 31, 2010. A true and correct copy of said Report as so prepared is attached hereto, redacting therefrom any account information other than information pertaining to Mr. Epstein's accounts at HSBC Private Bank SA in Geneva, Switzerland. As office manager of the firm, I personally supervised the preparation of said Report. In addition, I personally delivered the said Report to Mr. Epstein, witnessed him signing the same and subsequently caused the said Report to be deposited on June 30, 2011 with the United States Post Office for mailing to the Department of Treasury.

George V. Delson, the sole owner of the firm George V. Delson Associates, died on February 22, 2012. The firm ceased to exist as of January 31, 2013. This certification is submitted both in my capacity as office manager of the said firm and as executor of the Estate of George V. Delson.

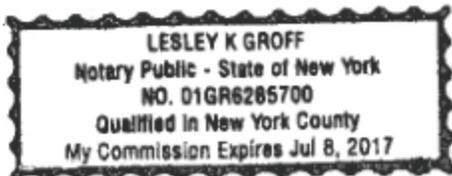**IN WITNESS WHEREOF,** the undersigned has signed this Certificate this 1st day of October, 2014.

Lawrence Delson

Sworn to before me this 1st day of October, 2014

Lesley K. Groff
Notary Public

```
LESLEY K GROFF
Notary Public - State of New York
NO. 01GR6285700
Qualified in New York County
My Commission Expires Jul 8, 2017
```

TD F 90-22.1

(Rev March 2011)
Department of the Treasury

Do not use previous editions of this form

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

OMB No. 1545-2038

1 This Report is for Calendar Year Ended 12/31

2010

Amended ☐

Part I Filer Information

2 Type of Filer

a [X] Individual b ☐ Partnership c ☐ Corporation d ☐ Consolidated e ☐ Fiduciary or Other — Enter type _____

3 U.S. Taxpayer Identification Number
090443348

If filer has no U.S. Identification Number complete Item 4.

4 Foreign identification (Complete only if Item 3 is not applicable)
a Type: ☐ Passport ☐ Other _____
b Number _____ c Country of Issue _____

5 Individual's Date of Birth MM/DD/YYYY
1/20/1953

6 Last Name or Organization Name
EPSTEIN

7 First Name
JEFFREY E.

8 Middle Initial

9 Address (Number, Street, and Apartment or Suite Number)
6100 Red Hook Qtr Ste 3B

10 City
St Thomas

11 State
VI

12 ZIP/Postal Code
00802

13 Country
US

14 Does the filer have a financial interest in 25 or more financial accounts?

☐ Yes If 'Yes' enter total number of accounts _____
(If 'Yes' is checked, do not complete Part II or Part III, but retain records of this information)

[X] No

Part II Information on Financial Account(s) Owned Separately

15 Maximum value of account during calendar year reported

16 Type of account a ☐ Bank b ☐ Securities c ☐ Other — Enter type below

17 Name of Financial Institution in which account is held

18 Account number or other designation

19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

20 City

21 State, if known

22 Zip/Postal Code, if known

23 Country

Signatures

44 Filer Signature
Signed by Client

45 Filer Title, if not reporting a personal account

46 Date (MM/DD/YYYY)

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350 (formerly 31 CFR 103.24). No report is required if the aggregate value of the accounts did not exceed $10,000. See Instructions For Definitions.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on TD F 90-22.1 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350 (formerly 31 CFR 103.24).

The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than $500,000 and imprisonment of not more than five years, are provided for failure to file a report, supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350 (formerly 31 CFR 103.24). The Social Security number will be used as a means to identify the individual who files the report.

The estimated average burden associated with this collection of information is 20 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Internal Revenue Service, Bank Secrecy Act Policy, 5000 Ellin Road C-3-242, Lanham MD 20706.

FDX25101L 03/29/11   APPRV #053   Form TD F 90-22.1 (Rev 3-2011)

Part III Continued – Information on Financial Account(s) Owned Separately

Complete a Separate Block for Each Account Owned Separately

This side can be copied as many times as necessary in order to provide information on all accounts.

Form TD F 90-22.1

Page Number

__2__ of __4__

1 Filing for calendar year	3-4 Check appropriate Identification Number	6 Last Name or Organization Name
_2010_	[X] Taxpayer Identification Number [ ] Foreign Identification Number Enter Identification number here: 090443348	EPSTEIN

15 Maximum value of account during calendar year reported	16 Type of account	a [ ] Bank	b [X] Securities	c [ ] Other — Enter type below
990,733.				

17 Name of Financial Institution in which account is held

HSBC Private Bank SA

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held
1207997	PO Box 3580

20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country
Geneva 3		CH-1211	Switzerland

15 Maximum value of account during calendar year reported	16 Type of account	a [ ] Bank	b [X] Securities	c [ ] Other — Enter type below
3,802,298.				

17 Name of Financial Institution in which account is held

HSBC Private Bank SA

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held
4093	PO Box 3580

20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country
Geneva 3		CH-1211	Switzerland

15 Maximum value of account during calendar year reported	16 Type of account	a [ ] Bank	b [ ] Securities	c [ ] Other — Enter type below

17 Name of Financial Institution in which account is held

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country

15 Maximum value of account during calendar year reported	16 Type of account	a [ ] Bank	b [ ] Securities	c [ ] Other — Enter type below

17 Name of Financial Institution in which account is held

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country

15 Maximum value of account during calendar year reported	16 Type of account	a [ ] Bank	b [ ] Securities	c [ ] Other — Enter type below

17 Name of Financial Institution in which account is held

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country

15 Maximum value of account during calendar year reported	16 Type of account	a [ ] Bank	b [ ] Securities	c [ ] Other — Enter type below

17 Name of Financial Institution in which account is held

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country

Part II Information on Financial Account(s) Owned Jointly

Complete a Separate Block for Each Account Owned Jointly

This side can be copied as many times as necessary in order to provide information on all accounts.

Form TD F 90-22.1

Page Number

3 of 4

1 Filing for calendar year	3-4 Check appropriate Identification Number	6 Last Name or Organization Name
_ 2010 _	[X] Taxpayer Identification Number [ ] Foreign Identification Number Enter Identification number here: 090443348	EPSTEIN

15 Maximum value of account during calendar year reported

16 Type of account   a [ ] Bank   b [ ] Securities   c [ ] Other — Enter type below

17 Name of Financial Institution in which account is held

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country

24 Number of joint owners for this account	25 Taxpayer Identification Number of principal joint owner, if known. See instructions.

26 Last Name or Organization Name of principal joint owner	27 First Name of principal joint owner, if known	28 Middle Initial, if known

29 Address (Number, Street, Suite or Apartment) of principal joint owner, if known

30 City, if known	31 State, if known	32 Zip/Postal Code, if known	33 Country, if known

15 Maximum value of account during calendar year reported

16 Type of account   a [ ] Bank   b [ ] Securities   c [ ] Other — Enter type below

17 Name of Financial Institution in which account is held

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country

24 Number of joint owners for this account	25 Taxpayer Identification Number of principal joint owner, if known. See instructions.

26 Last Name or Organization Name of principal joint owner	27 First Name of principal joint owner, if known	28 Middle Initial, if known

29 Address (Number, Street, Suite or Apartment) of principal joint owner, if known

30 City, if known	31 State, if known	32 Zip/Postal Code, if known	33 Country, if known

15 Maximum value of account during calendar year reported

16 Type of account   a [ ] Bank   b [ ] Securities   c [ ] Other — Enter type below

17 Name of Financial Institution in which account is held

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country

24 Number of joint owners for this account	25 Taxpayer Identification Number of principal joint owner, if known. See instructions.

26 Last Name or Organization Name of principal joint owner	27 First Name of principal joint owner, if known	28 Middle Initial, if known

29 Address (Number, Street, Suite or Apartment) of principal joint owner, if known

30 City, if known	31 State, if known	32 Zip/Postal Code, if known	33 Country, if known

EFTA00614945

Part V Information **on Financial Account(s) Where Filer has Signature Authority but No Financial Interest in the Account(s)**

Complete a Separate **Block for Each Account**

This side can be copied as many times as necessary in order to provide information on all accounts.

Form TD F 90-22.1
Page Number
4 of 4

1 Filing for calendar year	3-4 Check appropriate Identification Number	5 Last Name or Organization Name
2010	[X] Taxpayer Identification Number [ ] Foreign Identification Number Enter Identification number here: 090443348	EPSTEIN

15 Maximum value of account during calendar year reported	16 Type of account	a [ ] Bank	b [ ] Securities	c [ ] Other — Enter type below

17 Name of Financial Institution with which account is held

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country

34 Last Name or Organization Name of Account Owner	35 Taxpayer Identification Number of Account Owner

36 First Name	37 Middle Initial	38 Address (Number, Street, and Apartment or Suite No.)

39 City	40 State	41 Zip/Postal Code	42 Country

43 Filer's Title with this Owner

15 Maximum value of account during calendar year reported	16 Type of account	a [ ] Bank	b [ ] Securities	c [ ] Other — Enter type below

17 Name of Financial Institution with which account is held

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country

34 Last Name or Organization Name of Account Owner	35 Taxpayer Identification Number of Account Owner

36 First Name	37 Middle Initial	38 Address (Number, Street, and Apartment or Suite No.)

39 City	40 State	41 Zip/Postal Code	42 Country

43 Filer's Title with this Owner

15 Maximum value of account during calendar year reported	16 Type of account	a [ ] Bank	b [ ] Securities	c [ ] Other — Enter type below

17 Name of Financial Institution with which account is held

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country

34 Last Name or Organization Name of Account Owner	35 Taxpayer Identification Number of Account Owner

36 First Name	37 Middle Initial	38 Address (Number, Street, and Apartment or Suite No.)

39 City	40 State	41 Zip/Postal Code	42 Country

43 Filer's Title with this Owner