Rental Application for **The Copper**

Notice: All adult applicants (18 years or older) must complete a separate application for rental.

APPLICANT INFORMATION

LAST NAME	FIRST NAME	M.I.	SUFFIX
Bober	Ryan	N.	

SSN	BIRTH DATE	PHONE - TYPE
-**-*	8/9/1990	(609) 202 - 0438 - Mobile

EMAIL
rbobermd@gmail.com

OTHER RESIDENTS

NAME	BIRTH DATE	RELATIONSHIP	SSN
Sela R. Bober (Dependent)	5/22/2024	dependent	

EMERGENCY CONTACT

NAME	ADDRESS
Wenxi Bober	1521 Greenfield Avenue Apt 305, Los Angeles, 6 90025

PHONE	EMAIL ADDRESS	RELATIONSHIP
(912) 577 - 8926	wenxibober@gmail.com	wife

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
1521 Greenfield Avenue, Apt 305	Los Angeles	CA	90025

MOVE IN DATE	MOVE OUT DATE	MONTHLY RENT
	current	$89,200.00 / Yr.

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY
Physician	Atria

SUPERVISOR	SUPERVISOR PHONE	SALARY	START DATE
Alan Tisch	(212) 600 - 2000	$650,000.00/Yr.	

EMPLOYER ADDRESS	CITY	STATE	ZIP
36 E 57th St	New York	NY	10022

BACKGROUND INFORMATION

Have you ever filed for bankruptcy?	Have you ever willfully refused to pay rent when due?
NO	NO
Have you ever been evicted from a tenancy or left owing money?	**Have you ever been convicted of a crime?**
NO	NO

VEHICLE INFORMATION

1. MAKE	MODEL	YEAR
Hyundai	Santa Fe Hybrid	2024

COLOR	PLATE	STATE
White	9MLJ071	CA

SUPPLEMENTAL QUESTIONS

Will the tenant be receiving stove knob covers from property?
☒ Yes, I want stove knob covers or replacement stove knob covers for my stove, and I have a child under age six residing in my apartment.

Window Guards:
☒ Children 10 years of age or younger live in my apartment

Were you referred by a broker?
NO

I (we) have seen the actual apartment for which I (we) are applying?:
NO

Initials: R.B. B40C7521

Preferred Mailing Address:

1521 Greenfield Avenue, Apt 305, Los Angeles, CA 90025 - US

NEW YORK CITY TENANT FAIR CHANCE ACT

Pursuant to the laws of the federal government, New York State, and NYC Admin. Code § 20-807 et seq., we are required to provide you with the following disclosure:

1) The application information you provide will be used by this community's owner or designated agent (the "Owner") to obtain a tenant screening report on you, and the Owner may use this report to determine your suitability for housing.

2) If your application is denied or other adverse action is taken against you on the basis of information contained in the tenant screening report, the Owner must tell you that such action was taken and provide you with the contact information of the screening company that provided the tenant screening report.

3) You may obtain a free copy of the report and dispute inaccurate or incorrect information on the report directly with the screening company at: Attn: On-Site c/o RealPage, 2201 Lakeside Boulevard, Richardson, TX 75082; 1-877-222-0384; www.on-site.com/renter-relations/.

4) You are entitled to one free tenant screening report from each national consumer reporting agency annually, in addition to a credit report which can be obtained from www.annualcreditreport.com.

APPLICATION CONSENT

I hereby warrant that all statements set forth above are true.

I understand that a consumer report and/or an investigative consumer report may be requested in connection with my prospective or continuing housing or guarantor application with **The Copper** through RP On-Site LLC (On-Site). I understand that these reports may include information concerning my character, employment and income verification, general reputation, personal characteristics, public records information, criminal records information, education, qualifications, motor vehicle record, mode of living, credit and indebtedness information, and any other information which may reflect upon my potential for tenancy or guarantor status gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information.

I understand that **The Copper** may require income and employment verification in connection with my application. I further understand that income and employment verification require access to my employment, income, and payroll related information. I authorize and consent to the access to, use, and release of such information by On-Site, Trans Union LLC, and other applicable credit bureaus for the purpose of providing the verification services in relation to my application and during the course of any ongoing lease obligation arising from such application.

I understand that if an investigative consumer report is requested about me, I have the right to make a written request to **The Copper**, within a reasonable period of time, for complete and accurate disclosure of the nature and scope of the investigation requested.

I consent to the delivery of all notices or disclosures required by law via any medium so chosen by **The Copper** or On-Site, including but not limited to email or other electronic transmission. I understand that all notices shall be deemed received upon being sent.

By submitting this application, I certify that I have read and fully understand the disclosures and my rights detailed above and authorize On-Site to obtain, for the purpose of determining my eligibility for initial or continued tenancy or guarantor status, a consumer report and/or investigative consumer report and to disclose all information obtained by On-Site to **The Copper**, its affiliates, and assigns now and in the future. I also certify that I have read and fully understand my rights under the FCRA available at https://www.on-site.com/resources/consent/fcraDisclosuresConsent.pdf.

I understand that, upon written request, I will be informed whether or not a consumer report or an investigative consumer report was requested and, if such a report was requested, informed of the name and address of the credit reporting agency that furnished the report. With regard to "investigative consumer reports", I further understand that when I receive the name and address of the consumer reporting agency, I may request a copy of such report by contacting such agency. I acknowledge that I have received and read Article 23-A of the New York Correction Law (https://www.on-site.com/resources/consent/correctionLawArticle23a.pdf)

☒ *Application consent was digitally accepted by Ryan N. Bober*

Signed by Ryan N. Bober
Thu Feb 6 2025 07:49:55 PM EST
Key: B40C7521; IP Address: 76.117.105.63

Ryan N. Bober *(Applicant)* *Date*

The following charge(s) will appear on your card statement as *"ClickPay"*

Application Fee - Charge Details

Name on Card	Account Number	Reference Number	Authorized
Ryan Bober	XXXXXXXXXXXX3161	15513990	$21.50

This card has been authorized for the amount above and will be charged when the application is processed.

Initials: R.B. B40C7521

Rental Application for **The Copper**

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LAST NAME	FIRST NAME	M.I.	SUFFIX
Bober	Wenxi		

SSN	BIRTH DATE	PHONE - TYPE
-**-*	12/31/1992	(912) 577 - 8926 - Mobile

EMAIL
wenxibober@gmail.com

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☒ *Application consent was digitally accepted by Wenxi Bober (Occupant)*

Wenxi Bober *(Applicant)* *Date*

The following charge(s) will appear on your card statement as *"ClickPay"*

Application Fee - Charge Details			
Name on Card	**Account Number**	**Reference Number**	**Authorized**
Ryan Bober	XXXXXXXXXXXX3161	15516495	$21.50
Transaction		**Transaction Date**	**Charged**
T2502071459_AK8YH4		2/7/2025 11:59 AM PST	$21.50

Initials: _____

California Required Notices

This report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records, and information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report.

An investigative consumer reporting agency shall provide a consumer seeking to obtain a copy of a report or making a request to review a file, a written notice in simple, plain English and Spanish setting forth the terms and conditions of his or her right to receive all disclosures, as provided in CA Civil Code Section 1786.26.

This report was prepared using software provided by RP On-Site LLC, which can be contacted at: 2201 Lakeside Blvd., Richardson, TX 75082; 1-877-222-0384; or https://www.on-site.com/request-rental-report-or-submit-dispute/.

Avisos obligatorios en el estado de California

El presente informe no garantiza la exactitud ni la veracidad de la información con respecto al tema de investigación, sino únicamente que es una copia exacta de los registros públicos y es posible que la información generada como consecuencia del robo de identidad, incluidos los registros de antecedentes delictivos, se haya asociado por error con el consumidor objeto del presente informe.

Una agencia de investigación de verificación de crédito proporcionará al consumidor que desee obtener una copia de un informe o que solicite la revisión de un archivo un aviso por escrito en inglés y español, escrito en un lenguaje simple y claro, que establezca los términos y condiciones de su derecho a recibir todas las divulgaciones conforme a la Sección 1786.26 del Código Civil de California.

Este informe se preparo con el software proporcionado pro RP On-Site LLC, que puede contractarse en: 2201 Lakeside Blvd., Richardson, TX 75082; 1-877-222-0384; or https://www.on-site.com/request-rental-report-or-submit-dispute/.

Rental Report for Ryan N. Bober

The property's screening criteria result	
PENDING	There is screening pending and no overall recommendation yet. Any scores are preliminary, and do not necessarily reflect the final recommendation.

Score for Ryan N. Bober: 827			
		Importance	**Result**
AI Score		Pass/Fail	👍
No Credit		Pass/Conditional	👍
Total annual income to rent ratio exceeds 40.0		Pass/Fail	PENDING
May have been through a bankruptcy		Pass/Fail	👍
No unpaid rental collections		Pass/Fail	👍
Employment verification must not be Verified False		Pass/Fail	PENDING
Criminal and Other Public Records: Felony Convictions		Pass/Fail	👍
Total Considered Felony Convictions	None	Pass/Fail	👍
Alcohol	None ever	Pass/Fail	👍
Bad Check	None ever	Pass/Fail	👍
Criminal Other	None ever	Pass/Fail	👍
Drug Manufacture Distribution	None ever	Pass/Fail	👍
Drug Marijuana Use	None ever	Pass/Fail	👍
Drug Meth Manufacture	None ever	Pass/Fail	👍
Drug Use	None ever	Pass/Fail	👍
Fraud	None ever	Pass/Fail	👍

Government Obstruction	None ever	Pass/Fail	👍
Kidnapping	None ever	Pass/Fail	👍
Property Destruction	None ever	Pass/Fail	👍
Property Other	None ever	Pass/Fail	👍
Property Theft	None ever	Pass/Fail	👍
Prostitution	None ever	Pass/Fail	👍
Sex Offense Coerced	None ever	Pass/Fail	👍
Sex Offense Willful	None ever	Pass/Fail	👍
Society Other	None ever	Pass/Fail	👍
Violent Fatal	None ever	Pass/Fail	👍
Violent Non Fatal	None ever	Pass/Fail	👍
Weapons	None ever	Pass/Fail	👍
Wildlife	None ever	Pass/Fail	👍
Criminal and Other Public Records: Misdemeanor Convictions		Pass/Fail	👍
Total Considered Misdemeanor Convictions	None	Pass/Fail	👍
Alcohol	None ever	Pass/Fail	👍
Bad Check	None ever	Pass/Fail	👍
Criminal Other	None ever	Pass/Fail	👍
Drug Manufacture Distribution	None ever	Pass/Fail	👍
Drug Marijuana Use	None ever	Pass/Fail	👍
Drug Meth Manufacture	None ever	Pass/Fail	👍
Drug Use	None ever	Pass/Fail	👍
Fraud	None ever	Pass/Fail	👍
Government Obstruction	None ever	Pass/Fail	👍
Kidnapping	None ever	Pass/Fail	👍
Property Destruction	None ever	Pass/Fail	👍
Property Other	None ever	Pass/Fail	👍
Property Theft	None ever	Pass/Fail	👍
Prostitution	None ever	Pass/Fail	👍
Sex Offense Coerced	None ever	Pass/Fail	👍
Sex Offense Willful	None ever	Pass/Fail	👍
Society Other	None ever	Pass/Fail	👍
Violent Fatal	None ever	Pass/Fail	👍
Violent Non Fatal	None ever	Pass/Fail	👍
Weapons	None ever	Pass/Fail	👍
Wildlife	None ever	Pass/Fail	👍
Is not a registered sex offender		Pass/Fail	👍

Credit Quick Summary	
Total annual income (reported by Applicant)	$650,000.00
Total **verified** annual income	$318,169.80
Total **verified** combined annual income to rent ratio	31.71 (based on rent of $10,034.25)
Total number of accounts	7
Accounts with no late payments	7 (0 unpaid past due)
Accounts paid 30-59 days past due	0 (0 unpaid past due)
Accounts paid 60-89 days past due	0 (0 unpaid past due)
Accounts paid more than 90 days past due	0 (0 unpaid past due)
Total outstanding balance	$47,384.00 ($0.00 past due)
Outstanding revolving debt	$10,632.00 (11% of limit) ($0.00 past due)
Outstanding loan balance	$36,752.00 ($0.00 past due)
Bankruptcies, foreclosures, and legal items	0
Collection total balance (includes past due)	$0.00
Rental History records found	0

Identity	From Application	From Equifax
Name:	Ryan N. Bober	RYAN BOBER
SSN:	***-**-****	***-**-****
Birth Date:	8/**/1990	8/**/1990

Addresses	From Application	From Equifax
	1521 Greenfield Avenue, Apt 305 Los Angeles, CA 90025 - US	1521 GREENFIELD AVE. 305 LOS ANGELES, CA 90025 (Applicant) Reported 2/2025 135 W 52ND ST. 16C NEW YORK, NY 10019 (Applicant) Reported 1/2025 1852 HOLMBY AVE. LOS ANGELES, CA 90025 (Applicant) Reported 4/2024 439 E 71ST ST. 3 NEW YORK, NY 10021 (Applicant) Reported 1/2023 180 RIVERSIDE BLVD 10D NEW YORK, NY 10069 (Applicant) Reported 6/2021 108 CEDAR CT. SWEDESBORO, NJ 08085 (Applicant) Reported 5/2020 1413 YORK AVE. 16 NEW YORK, NY 10021 (Applicant) Reported 4/2017 1313 KINGS HWY. WOODSTOWN, NJ 08098 (Applicant) Reported 12/2011

Employment	From Application	From Equifax
Applicant:	Physician Atria $650,000.00/Yr. Total annual Income: $650,000.00	

Income Verifications

Requested For		Requested Date	
Ryan N Bober		2/6/2025	
Date 2/6/2025	**Consumer Provided Income Source** Bank connection	**Total Deposits (90 Days)** $79,542.45	**Verified Annual Income** $318,169.81 *Income amount used in scoring
Bank Institution Chase	**Account Type** Checking	**Account Holder** RYAN N BOBER WENXI ZHANG	**Total Deposits (90 Days)** $79,542.45
Bank Institution Chase	**Account Type** Checking	**Account Holder** RYAN N BOBER WENXI ZHANG	**Total Deposits (90 Days)** $79,542.45

Date 11/21/2024	**Income Source** MEDICAL GROUP DIRECT DEP PPD ID: 9111111103	**Amount** $7,664.02
Date 12/5/2024	**Income Source** MEDICAL GROUP DIRECT DEP PPD ID: 9111111103	**Amount** $7,664.02
Date 12/19/2024	**Income Source** MEDICAL GROUP DIRECT DEP PPD ID: 9111111103	**Amount** $7,670.61
Date 1/2/2025	**Income Source** MEDICAL GROUP DIRECT DEP PPD ID: 9111111103	**Amount** $7,658.67
Date 1/16/2025	**Income Source** MEDICAL GROUP DIRECT DEP PPD ID: 9111111103	**Amount** $7,658.68
Date 1/30/2025	**Income Source** MEDICAL GROUP DIRECT DEP PPD ID: 9111111103	**Amount** $7,658.67
Date 12/17/2024	**Income Source** Atria Health PFL5RVVSBV PPD ID: 9186939000	**Amount** $735.00
Date 1/31/2025	**Income Source** Atria Health PFL5RVVSBV PPD ID: 9186939000	**Amount** $27,438.78
Date 2/4/2025	**Income Source** Atria Health PFL5RVVSBV PPD ID: 9186939000	**Amount** $1,194.00
Date 2/4/2025	**Income Source** Atria Health PFL5RVVSBV PPD ID: 9186939000	**Amount** $4,200.00
Date 11/21/2024	**Income Source** MEDICAL GROUP DIRECT DEP PPD ID: 9111111103	**Amount** $7,664.02
Date 12/5/2024	**Income Source** MEDICAL GROUP DIRECT DEP PPD ID: 9111111103	**Amount** $7,664.02
Date 12/19/2024	**Income Source** MEDICAL GROUP DIRECT DEP PPD ID: 9111111103	**Amount** $7,670.61
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Date 2/4/2025	**Income Source** Atria Health PFL5RVVSBV PPD ID: 9186939000	**Amount** $4,200.00

From RealPage				
Requested For Ryan N. Bober Requested Date 2/7/2025	**Employer** Atria	**Position Held** Physician	**Annual Salary** $650,000.00	**Supervisor** Alan Tisch (212) 600 - 2000
	Results Pending			

Criminal and Other Public Records

Requested For	Location Searched	Period Searched	Requested	Returned
Ryan N. Bober	Multistate Search	2/7/2018 - 2/7/2025	2/7/2025	2/7/2025

Results
No Records Found

National Sex Offender Registry History

Requested For	Date Requested	Date Returned
Ryan N. Bober	2/7/2025	2/7/2025

Results
No Records Found

Restricted Person Search

Requested For	Requested	Returned
Ryan N. Bober	2/7/2025	2/7/2025

Results
No Records Found

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	827	Tradeline scoring Debt-to-income ratio Credit Score Rental Payment History

Description
RealPage AI Score uses machine-learning and data patterns in credit score, debt/liability types, trade lines, rental payment history, and renter behavior to achieve reduced bad debt. The RealPage AI Score range is between 1 and 1000 (the higher the score, the less risky the consumer).

From Equifax

Risk Model Name	Score	Score Factors
Credit Score (Applicant)	777	Lack of sufficient credit history on bankcard or revolving accounts Total of all balances on bankcard or revolving accounts is too high Lack of sufficient relevant first mortgage account information The date that you opened your oldest account is too recent

Description
This credit score is a widely used risk model that uses credit report data to predict the likelihood of default. The credit score range is between 300 and 850 (the higher the score, the less risky the consumer).

Credit Accounts

From Equifax

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
HYUNDAI MOTOR FINANC (Applicant)	5/2024	11/2024					$36,752.00

Monthly Payment	High Credit	Type	Comments
$670.00	$39,999.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed

Payment History

12/24	10/24	8/24	6/24
0 0 0 0 0 0 0			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	8/2019	1/2025					$5,510.00

Monthly Payment	High Credit	Type	Comments
$55.00	$26,391.00	REVOLVING	CONSUMER DISPUTES AFTER RESOLUTION Rate/Status 1: Pays account as agreed

Payment History

2/25	12/24	10/24	8/24	6/24	4/24	2/24	12/23	10/23	8/23	6/23	4/23
0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0										

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMERICAN EXPRESS (Applicant)	7/2023	12/2024					$5,122.00

Monthly Payment	High Credit	Type	Comments
	$12,154.00	OPEN ACCOUNT	Rate/Status 1: Pays account as agreed

Payment History

1/25	11/24	9/24	7/24	5/24	3/24	1/24	11/23	9/23
0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0							

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
FIRST FINANCIAL BK S (Applicant)	9/2008	9/2016					$0.00

Monthly Payment	High Credit	Type	Comments
	$4,649.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST Rate/Status 1: Pays account as agreed

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
FIRST FINANCIAL BK S (Applicant)	9/2008	7/2016					$0.00

Monthly Payment	High Credit	Type	Comments
	$4,649.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST Rate/Status 1: Pays account as agreed

Payment History

12/19	10/19	8/19	6/19	4/19	2/19	12/18	10/18	8/18	6/18	4/18	2/18
0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0										

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
TD BANK (Applicant)	4/2016	7/2019					$0.00

Monthly Payment	High Credit	Type	Comments
	$3,513.00	REVOLVING	ACCOUNT CLOSED DUE TO INACTIVITY Rate/Status 1: Pays account as agreed

Payment History

11/20	9/20	7/20	5/20	3/20	1/20	11/19	9/19	7/19	5/19	3/19	1/19
0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0										

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	12/2019	12/2024					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$3,028.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1/ 25		11/ 24		9/ 24		7/ 24		5/ 24		3/ 24		1/ 24		11/ 23		9/ 23		7/ 23		5/ 23		3/ 23	

Previous Credit Inquiries	
From Equifax	
9/2023	GL LBT LLC (Applicant)

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This report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records, and information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report.

An investigative consumer reporting agency shall provide a consumer seeking to obtain a copy of a report or making a request to review a file, a written notice in simple, plain English and Spanish setting forth the terms and conditions of his or her right to receive all disclosures, as provided in CA Civil Code Section 1786.26.

This report was prepared using software provided by RP On-Site LLC, which can be contacted at: 2201 Lakeside Blvd., Richardson, TX 75082; 1-877-222-0384; or https://www.on-site.com/request-rental-report-or-submit-dispute/.

Avisos obligatorios en el estado de California

El presente informe no garantiza la exactitud ni la veracidad de la información con respecto al tema de investigación, sino únicamente que es una copia exacta de los registros públicos y es posible que la información generada como consecuencia del robo de identidad, incluidos los registros de antecedentes delictivos, se haya asociado por error con el consumidor objeto del presente informe.

Una agencia de investigación de verificación de crédito proporcionará al consumidor que desee obtener una copia de un informe o que solicite la revisión de un archivo un aviso por escrito en inglés y español, escrito en un lenguaje simple y claro, que establezca los términos y condiciones de su derecho a recibir todas las divulgaciones conforme a la Sección 1786.26 del Código Civil de California.

Este informe se preparo con el software proporcionado pro RP On-Site LLC, que puede contractarse en: 2201 Lakeside Blvd., Richardson, TX 75082; 1-877-222-0384; or https://www.on-site.com/request-rental-report-or-submit-dispute/.

Rental Report for Wenxi Bober (Occupant)

The property's screening criteria result	
PENDING	There is screening pending and no overall recommendation yet. Any scores are preliminary, and do not necessarily reflect the final recommendation.

Score for Wenxi Bober (Occupant): 833			
		Importance	Result
AI Score		Pass/Fail	👍
No Credit		Pass/Conditional	👍
No unpaid rental collections		Pass/Fail	👍
Criminal and Other Public Records: Felony Convictions		Pass/Fail	👍
Total Considered Felony Convictions	None	Pass/Fail	👍
Alcohol	None ever	Pass/Fail	👍
Bad Check	None ever	Pass/Fail	👍
Criminal Other	None ever	Pass/Fail	👍
Drug Manufacture Distribution	None ever	Pass/Fail	👍
Drug Marijuana Use	None ever	Pass/Fail	👍
Drug Meth Manufacture	None ever	Pass/Fail	👍
Drug Use	None ever	Pass/Fail	👍
Fraud	None ever	Pass/Fail	👍
Government Obstruction	None ever	Pass/Fail	👍
Kidnapping	None ever	Pass/Fail	👍
Property Destruction	None ever	Pass/Fail	👍

Property Other	None ever	Pass/Fail	
Property Theft	None ever	Pass/Fail	
Prostitution	None ever	Pass/Fail	
Sex Offense Coerced	None ever	Pass/Fail	
Sex Offense Willful	None ever	Pass/Fail	
Society Other	None ever	Pass/Fail	
Violent Fatal	None ever	Pass/Fail	
Violent Non Fatal	None ever	Pass/Fail	
Weapons	None ever	Pass/Fail	
Wildlife	None ever	Pass/Fail	
Criminal and Other Public Records: Misdemeanor Convictions		Pass/Fail	
Total Considered Misdemeanor Convictions	None	Pass/Fail	
Alcohol	None ever	Pass/Fail	
Bad Check	None ever	Pass/Fail	
Criminal Other	None ever	Pass/Fail	
Drug Manufacture Distribution	None ever	Pass/Fail	
Drug Marijuana Use	None ever	Pass/Fail	
Drug Meth Manufacture	None ever	Pass/Fail	
Drug Use	None ever	Pass/Fail	
Fraud	None ever	Pass/Fail	
Government Obstruction	None ever	Pass/Fail	
Kidnapping	None ever	Pass/Fail	
Property Destruction	None ever	Pass/Fail	
Property Other	None ever	Pass/Fail	
Property Theft	None ever	Pass/Fail	
Prostitution	None ever	Pass/Fail	
Sex Offense Coerced	None ever	Pass/Fail	
Sex Offense Willful	None ever	Pass/Fail	
Society Other	None ever	Pass/Fail	
Violent Fatal	None ever	Pass/Fail	
Violent Non Fatal	None ever	Pass/Fail	
Weapons	None ever	Pass/Fail	
Wildlife	None ever	Pass/Fail	
Is not a registered sex offender		Pass/Fail	

NOTIFICATION(S)

APPLICANT: no matching name found

The name for the primary applicant does not match any records on file. Please check if you entered the name accurately and re-run the report if necessary. This warning means that the applicant fraudulently submitted incorrect information or that the record on file is incorrect. You should carefully verify the information on the application before proceeding.

Credit Quick Summary	
Total annual income (reported by Applicant)	$0.00
Total **verified** annual income	Pending
Total **verified** combined annual income to rent ratio	Pending (based on rent of $12,041.10)
Total number of accounts	11
Accounts with no late payments	11 (0 unpaid past due)
Accounts paid 30-59 days past due	0 (0 unpaid past due)
Accounts paid 60-89 days past due	0 (0 unpaid past due)
Accounts paid more than 90 days past due	0 (0 unpaid past due)
Total outstanding balance	$12,939.00 ($0.00 past due)
Outstanding revolving debt	$12,939.00 (9% of limit) ($0.00 past due)
Outstanding loan balance	$0.00 ($0.00 past due)
Bankruptcies, foreclosures, and legal items	0
Collection total balance (includes past due)	$0.00
Rental History records found	0

Identity	From Application	From Equifax
Name:	Wenxi Bober (Occupant)	WENXI ZHANG
SSN:	***-**-****	***-**-****
Birth Date:	12/**/1992	12/**/1992

Addresses	From Application	From Equifax

	1521 Greenfield Ave Los Angeles, CA 90025 - US	1521 GREENFIELD AVE. 305 LOS ANGELES, CA 90025 (Applicant) Reported 2/2025 123 WASHINGTON ST. 45H NEW YORK, NY 10006 (Applicant) Reported 1/2025 135 W 52ND ST. 16C NEW YORK, NY 10019 (Applicant) Reported 1/2025 3323 S LA CIENEGA BLVD 444 LOS ANGELES, CA 90016 (Applicant) Reported 1/2025 114 RIVERA DR. ST SIMONS IS, GA 31522 (Applicant) Reported 6/2024 1852 HOLMBY AVE. LOS ANGELES, CA 90025 (Applicant) Reported 4/2024 20 BROAD ST. 2508 NEW YORK, NY 10005 (Applicant) Reported 11/2020 229 S 22ND ST. 4F PHILADELPHIA, PA 19103 (Applicant) Reported 11/2019 184 13TH ST. 203 OAKLAND, CA 94612 (Applicant) Reported 10/2018 1732 WEBSTER ST. 307 OAKLAND, CA 94612 (Applicant) Reported 2/2016

Employment	**From Application**	**From Equifax**
Applicant:	Total annual Income:	

Criminal and Other Public Records

Requested For	**Location Searched**	**Period Searched**	**Requested**	**Returned**
Wenxi Bober (Occupant)	Multistate Search	2/7/2018 - 2/7/2025	2/7/2025	2/7/2025

Results
No Records Found

National Sex Offender Registry History

Requested For	**Date Requested**	**Date Returned**
Wenxi Bober (Occupant)	2/7/2025	2/7/2025

Results
No Records Found

Restricted Person Search

Requested For	**Requested**	**Returned**
Wenxi Bober	2/7/2025	2/7/2025

Results
No Records Found

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	833	Tradeline scoring Debt-to-income ratio Credit Score Rental Payment History

Description

RealPage AI Score uses machine-learning and data patterns in credit score, debt/liability types, trade lines, rental payment history, and renter behavior to achieve reduced bad debt. The RealPage AI Score range is between 1 and 1000 (the higher the score, the less risky the consumer).

From Equifax

Risk Model Name	Score	Score Factors
Credit Score (Applicant)	783	Lack of sufficient credit history on bankcard or revolving accounts Total of all balances on bankcard or revolving accounts is too high Lack of sufficient relevant first mortgage account information You have either very few loans or too many loans with recent delinquencies

Description

This credit score is a widely used risk model that uses credit report data to predict the likelihood of default. The credit score range is between 300 and 850 (the higher the score, the less risky the consumer).

Credit Accounts

From Equifax

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMERICAN EXPRESS (Applicant)	4/2023	12/2024					$5,122.00

Monthly Payment	High Credit	Type	Comments
	$12,154.00	OPEN ACCOUNT	Rate/Status 1: Pays account as agreed

Payment History

1/25	11/24	9/24	7/24	5/24	3/24	1/24	11/23	9/23	7/23	5/23
0	0	0	0	0	0	0	0	0	0	0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMERICAN EXPRESS (Applicant)	5/2022	12/2024					$5,122.00

Monthly Payment	High Credit	Type	Comments
	$12,154.00	OPEN ACCOUNT	Rate/Status 1: Pays account as agreed

Payment History

1/25	11/24	9/24	7/24	5/24	3/24	1/24	11/23	9/23	7/23	5/23	3/23
0	0	0	0	0	0	0	0	0	0	0	0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	4/2021	12/2024					$2,495.00

Monthly Payment	High Credit	Type	Comments
$35.00	$2,830.00	REVOLVING	Rate/Status 1: Pays account as agreed

Payment History

1/25	11/24	9/24	7/24	5/24	3/24	1/24	11/23	9/23	7/23	5/23	3/23
0	0	0	0	0	0	0	0	0	0	0	0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
WELLS FARGO CARD SER (Applicant)	10/2011	12/2024					$200.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$55.00	$8,293.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

1/25	11/24	9/24	7/24	5/24	3/24	1/24	11/23	9/23	7/23	5/23	3/23
0 0	0	0	0	0	0	0	0	0	0	0	0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
FED LOAN SERVICING (Applicant)	8/2018	11/2019					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$20,500.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			

Payment History

12/19	10/19	8/19	6/19	4/19	2/19	12/18	10/18
0 0	0	0	0	0	0	0	0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	8/2017	4/2024					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$20,500.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			

Payment History

5/24	3/24	1/24	11/23	9/23	7/23	5/23	3/23	1/23	11/22	9/22	7/22
0 0	0	0	0	0	0	0	0	0	0	0	0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	8/2016	4/2024					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$20,500.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			

Payment History

5/24	3/24	1/24	11/23	9/23	7/23	5/23	3/23	1/23	11/22	9/22	7/22
0 0	0	0	0	0	0	0	0	0	0	0	0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
WELLS FARGO EFS (Applicant)	8/2016	8/2019					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$20,000.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	11/2019	10/2023					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$11,852.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST			

Payment History

12/23	10/23	8/23	6/23	4/23	2/23	12/22	10/22	8/22	6/22	4/22	2/22
0 0	0	0	0	0	0	0	0	0	0	0	0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CAPITAL ONE BANK USA (Applicant)	8/2019	9/2020					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$9,247.00	REVOLVING	ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed			

Payment History

5/23	3/23	1/23	11/22	9/22	7/22	5/22	3/22	1/22	11/21	9/21	7/21
0 0	0	0	0	0	0	0	0	0	0	0	0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
WELLS FARGO CARD SER (Applicant)	2/2019	2/2023					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$7,336.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1/ 25		11/ 24		9/ 24		7/ 24		5/ 24		3/ 24		1/ 24		11/ 23		9/ 23		7/ 23		5/ 23		3/ 23	

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address form the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

  CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

  You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

  As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

  A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357

A Summary of Your Additional Rights in New York

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer credit reporting agency from releasing information in your credit report without your express authorization. A security freeze must be requested in writing by certified or overnight mail. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent.

To place a security freeze on your credit report, you must contact each of these credit reporting agencies:

Equifax Security Freeze
P.O. Box 105788
Atlanta, GA 30348
(800) 685-1111
https://www.freeze.equifax.com

Experian Security Freeze
P.O. Box 9554
Allen, TX 75013
(888) 397-3742
https://www.experian.com/freeze/center.html

TransUnion LLC
P.O. Box 2000
Chester, PA 19022-2000
(888) 909-8872
www.transunion.com/personal-credit/credit-disputes/credit-freezes.page

However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit mortgage, government services or payments, insurance, rental housing, employment, investment, license, cellular phone, utilities, digital signature, Internet credit card transaction, or other services, including an extension of credit at point of sale. When you place a security freeze on your credit report, you will be provided a personal identification number or password to use if you choose to remove the freeze on your credit report or authorize the release of your credit report to a specific party or for a period of time after the freeze is in place. To provide that authorization you must contact the consumer credit reporting agency and provide all of the following:

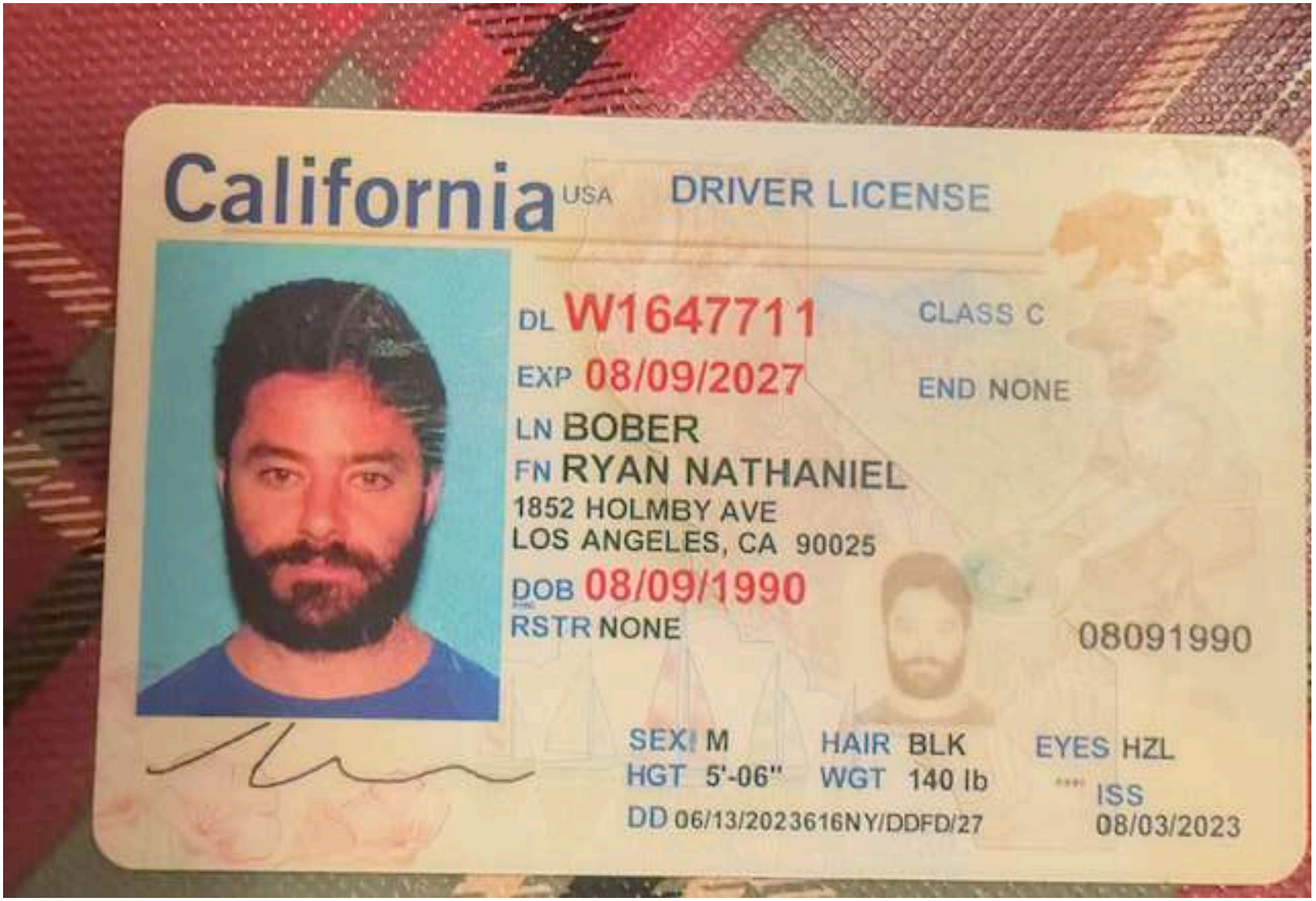
1. The personal identification number or password;
2. Proper identification to verify your identity;
3. The proper information regarding the party or parties who are to receive the credit report or the period of time for which the report shall be available to users of the credit report; and
4. Payment of any applicable fee.

A consumer reporting agency must authorize the release of your credit report no later than three business days after receiving the above information.

A security freeze does not apply to circumstances in which you have an existing account relationship and a copy of your report is requested by your existing creditor or its agents or affiliates for certain types of account review, collection, fraud control or similar activities.

If you are actively seeking credit, you should understand that the procedures involved in lifting a security freeze may slow your application for credit. You should plan ahead and lift a freeze, either completely if you are shopping around, or specifically for a certain creditor, before applying for new credit.

Additional rights under your state's law, which are also in the federal Fair Credit Reporting Act, are explained in the enclosed Summary of Your Rights under the Fair Credit Reporting Act.


California USA DRIVER LICENSE
DL W1647711
CLASS C
EXP 08/09/2027
END NONE
LN BOBER
FN RYAN NATHANIEL
1852 HOLMBY AVE
LOS ANGELES, CA 90025
DOB 08/09/1990
RSTR NONE
08091990
SEX M
HAIR BLK
EYES HZL
HGT 5'-06"
WGT 140 lb
ISS
DD 06/13/2023616NY/DDFD/27
08/03/2023

Form **1040** Department of the Treasury-Internal Revenue Service **U.S. Individual Income Tax Return** **2023** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
RYAN N	BOBER	***-**-5730
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
WENXI	BOBER	***-**-6523

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.: 1521 GREENFIELD AVE 305

City, town, or post office. If you have a foreign address, also complete spaces below. State: LOS ANGELES CA ZIP code: 90025

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status Check only one box.
- ☐ Single
- ☒ Married filing jointly (even if only one had income)
- ☐ Married filing separately (MFS)
- ☐ Head of household (HOH)
- ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) . . ☒ Yes ☐ No

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1959 ☐ Are blind Spouse: ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here . . ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	507,718.
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	507,718.
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a	4,463.	b Ordinary dividends	3b	6,166.
4a	IRA distributions	4a	6,502.	b Taxable amount	4b	2.
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	273.
8	Additional income from Schedule 1, line 10				8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income.**				9	514,159.
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	514,159.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	27,700.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	42.
14	Add lines 12 and 13				14	27,742.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	486,417.

Standard Deduction for-
- Single or Married filing separately, $13,850
- Married filing jointly or Qualifying surviving spouse, $27,700
- Head of household, $20,800
- If you checked any box under *Standard Deduction*, see instructions.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____		16	113,087.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	113,087.
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	24.
	21	Add lines 19 and 20		21	24.
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	113,063.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	3,232.
	24	Add lines 22 and 23. This is your **total tax**		24	116,295.
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 99,784.		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c 346.		
	d	Add lines 25a through 25c		25d	100,130.
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return		26	
	27	Earned income credit (EIC) NO	27		
	28	Additional child tax credit from Schedule 8812	28		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Reserved for future use	30		
	31	Amount from Schedule 3, line 15	31 9,933.		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**		32	9,933.
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	110,063.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	0.
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	0.
Direct deposit? See instructions.	b	Routing number	c Type: ☐ Checking ☐ Savings		
	d	Account number			
	36	Amount of line 34 you want **applied to your 2024 estimated tax**	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions		37	6,232.
	38	Estimated tax penalty (see instructions)	38		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☒ **Yes.** Complete below. ☐ **No**

Designee's name **KRISH PERINKULAM,EA,MST** Phone no. **480-442-7063** Personal identification number (PIN) **49608**

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		DOCTOR	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		REAL ESTATE LAWYER	
Phone no. **(609)202-0438**	Email address	**RBoberMD@gmail.com**	

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if:
KRISH PERINKULAM,EA,MST	04/29/2024	**P****9608	☐ Self-employed
Preparer's name **KRISH PERINKULAM,EA,MST**	Phone no. **(480)442-7063**		
Firm's name **PHOENIX ITIN & TAX SERVICES, LLC**			
Firm's address **P.O.BOX 72831, PHOENIX, AZ, 85050-1031**		Firm's EIN	**-***3377

SCHEDULE 2 (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

RYAN N and WENXI BOBER

Your social security number

***-**-5730

Part I Tax

1	Alternative minimum tax. Attach Form 6251		1	
2	Excess advance premium tax credit repayment. Attach Form 8962		2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17		3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE		4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6		
7	Total additional social security and Medicare tax. Add lines 5 and 6		7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐		8	25.
9	Household employment taxes. Attach Schedule H		9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required		10	
11	Additional Medicare Tax. Attach Form 8959		11	2,962.
12	Net investment income tax. Attach Form 8960		12	245.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12		13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares		14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000		15	
16	Recapture of low-income housing credit. Attach Form 8611		16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount:	17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
c	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
e	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
l	Tax on accumulation distribution of trusts	17l		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR.	17o		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:	17z		
18	Total additional taxes. Add lines 17a through 17z		18	
19	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	3,232.

PHYSICIAN EMPLOYMENT AGREEMENT

THIS **PHYSICIAN EMPLOYMENT AGREEMENT** (this "Agreement") is made and entered into as of December 10, 2024 (the "Execution Date"), by and between Atria Physician Practice, P.A., a Delaware professional corporation ("Practice"), and Ryan Bober, M.D., an individual ("Physician"). Practice and Physician are sometimes referred to herein, individually, as a "Party" and, together, as the "Parties."

RECITALS

WHEREAS, Practice operates a medical practice that provides medical, health, and wellness services to patients, and has a need for duly licensed and qualified physicians to provide such services to its patients;

WHEREAS, Physician is a physician licensed to practice medicine in one or more states identified in this Agreement; and

WHEREAS, the Parties desire that Physician provide certain services for Practice as an employee of Practice, according to the terms and conditions of this Agreement.

AGREEMENT

NOW, THEREFORE, in consideration of the mutual covenants and agreements contained herein and other good and valuable consideration, the receipt and sufficiency of which consideration is hereby acknowledged, Practice and Physician hereby agree as follows:

1. Employment. Practice hereby employs Physician and Physician hereby accepts such employment pursuant to the terms and conditions set forth herein and within the attached Exhibit A ("Terms and Conditions for Physician Employment") and Exhibit B ("Standard Terms and Conditions").

2. Employment Contingencies. Physician's employment is contingent upon a satisfactory reference check and satisfactory proof of Physician's right to work in the United States. If Practice informs Physician that Physician is required to complete a background check, this Agreement and Physician's offer of employment is contingent upon satisfactory clearance of such background check. Physician agrees to assist as needed and to complete any documentation at Practice's request to meet these conditions. Physician's employment is also contingent upon Practice's determination, in its sole and reasonable discretion, that (i) Physician is duly licensed and qualified to practice medicine in each License State (as identified in Exhibit A), (ii) Physician has completed all application materials and documentation requested by Practice's malpractice insurance carrier and is covered by Practice's malpractice insurance policy, and (iii) Physician has appropriately "opted out" of the Medicare program.

3. Counterparts. This Agreement may be executed in multiple counterparts (including by means of telecopied signature pages), any one of which need not contain the signatures of more than one party, but all such counterparts taken together will constitute one and the same instrument. Delivery of an executed counterpart of a signature page to this Agreement may be made by

[redacted]

4. Entire Agreement. This Agreement, together with the Exhibits attached hereto, represents Physician's entire understanding with Practice with respect to the subject matter of this Agreement and supersedes all previous understandings, written or oral. Each Party acknowledges and agrees it is not relying on any representations other than the terms set forth in this Agreement, together with the Exhibits attached hereto.

Physician and Practice certify and acknowledge that they have carefully read all of the provisions of this Agreement, including the Exhibits attached hereto, and that they understand and will fully and faithfully comply with such provisions. The Practice has caused its duly authorized representative to sign this Agreement, and such signature is sufficient to bind the Practice to this Agreement.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the Execution Date.

PRACTICE:

Atria Physician Practice, P.A.

By: Signed by: Alan Tisch ECD02A0F463B401...

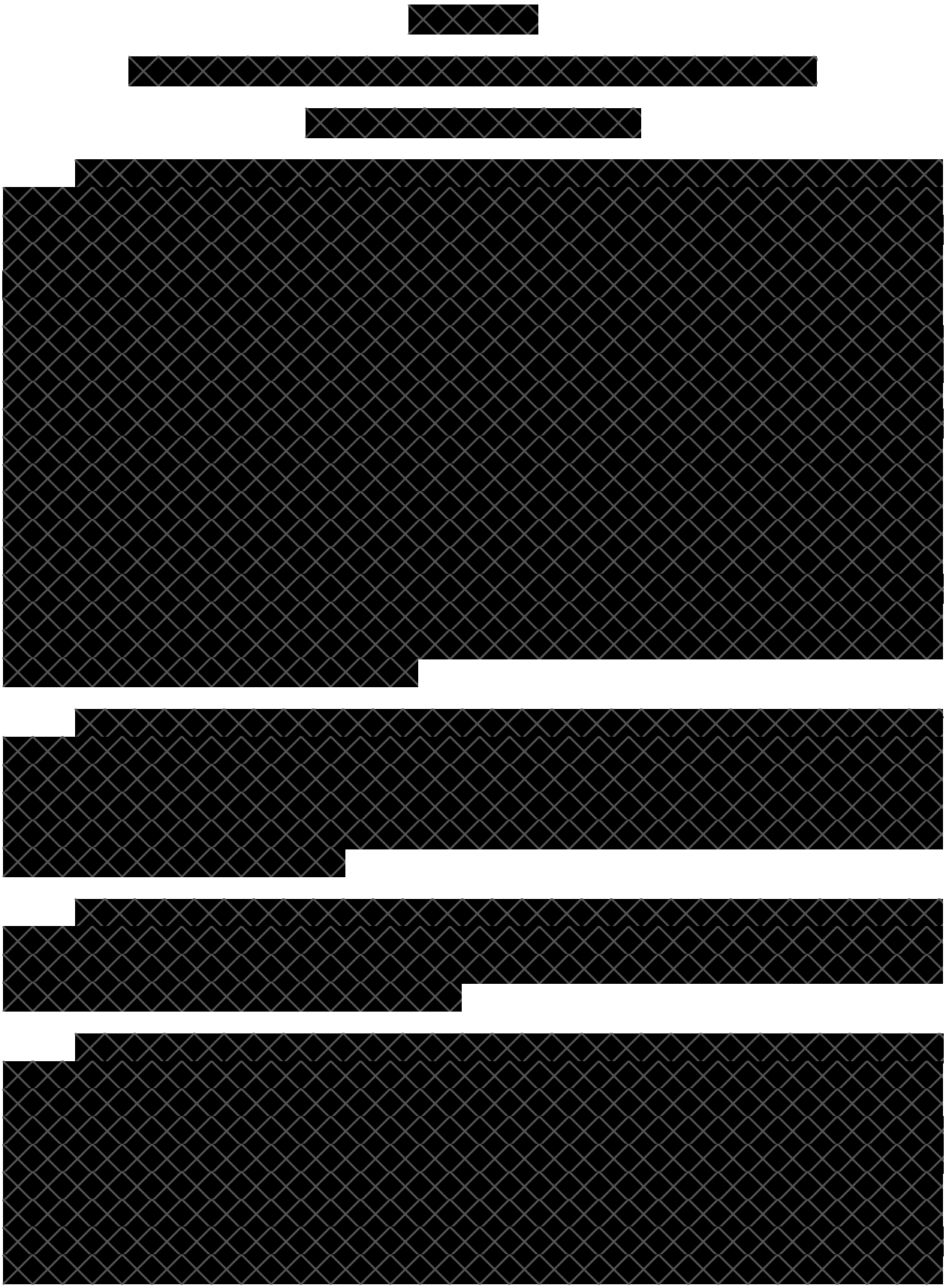
Name: Alan Tisch

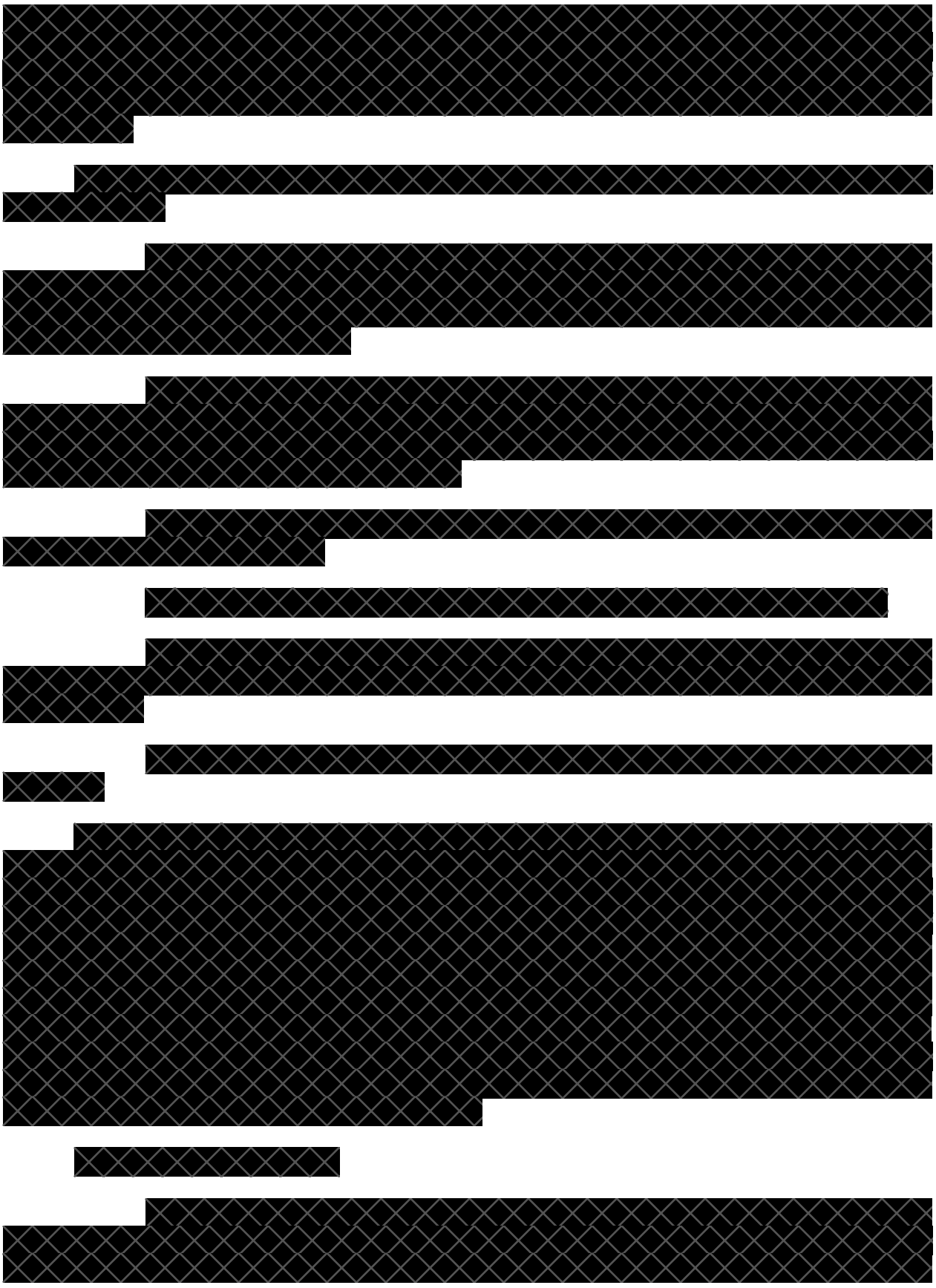
Title: Chief Operating Officer

PHYSICIAN:

Ryan Bober, M.D.

By: DocuSigned by: Ryan Bober, MD DCA54AB9B88941E...





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Section II. Practice Obligations

1. Compensation. In exchange for Physician's performance of the Services, Practice shall pay to Physician the compensation set forth on Schedule 1 to this Exhibit A, less applicable withholdings and deductions. Physician shall be paid in accordance with Practice's regular payroll practices, which may be modified from time to time.

[redacted]

[redacted]

[redacted]

Section III. Term and Termination

1. Commencement Date. This Agreement and Physician's employment shall commence on March 15, 2025, or such other date mutually agreed upon in writing by the Parties (the "Commencement Date") and unless terminated earlier in accordance with this Agreement, shall continue through the third anniversary of the Commencement Date. This Agreement shall automatically renew for successive one (1) year periods thereafter, unless either Party delivers to the other written notice of non-renewal not less than ninety (90) days prior to the expiration of the preceding period, or this Agreement otherwise terminates in accordance with the terms herein.

[redacted]

[redacted]

[redacted]

[redacted]

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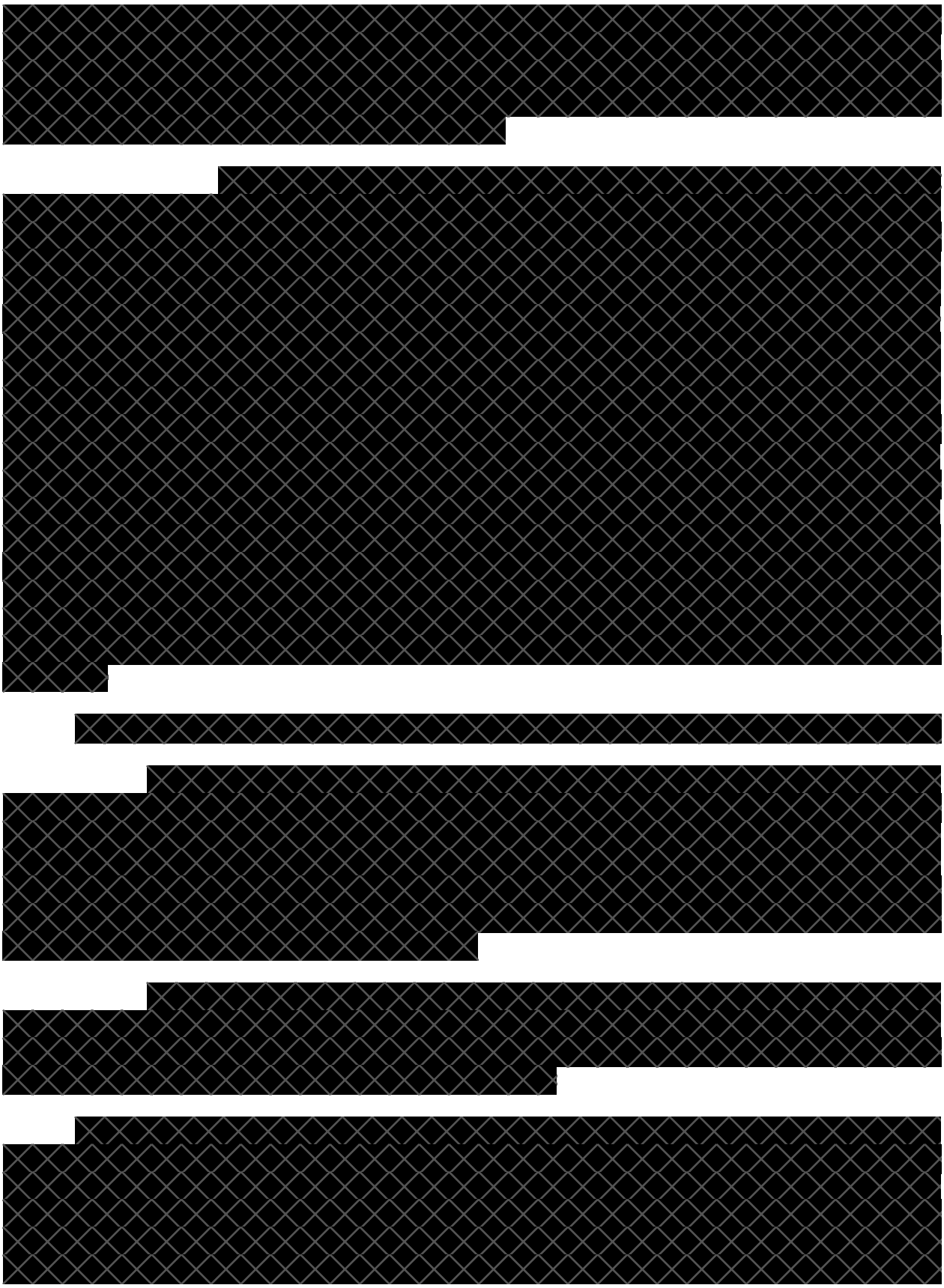
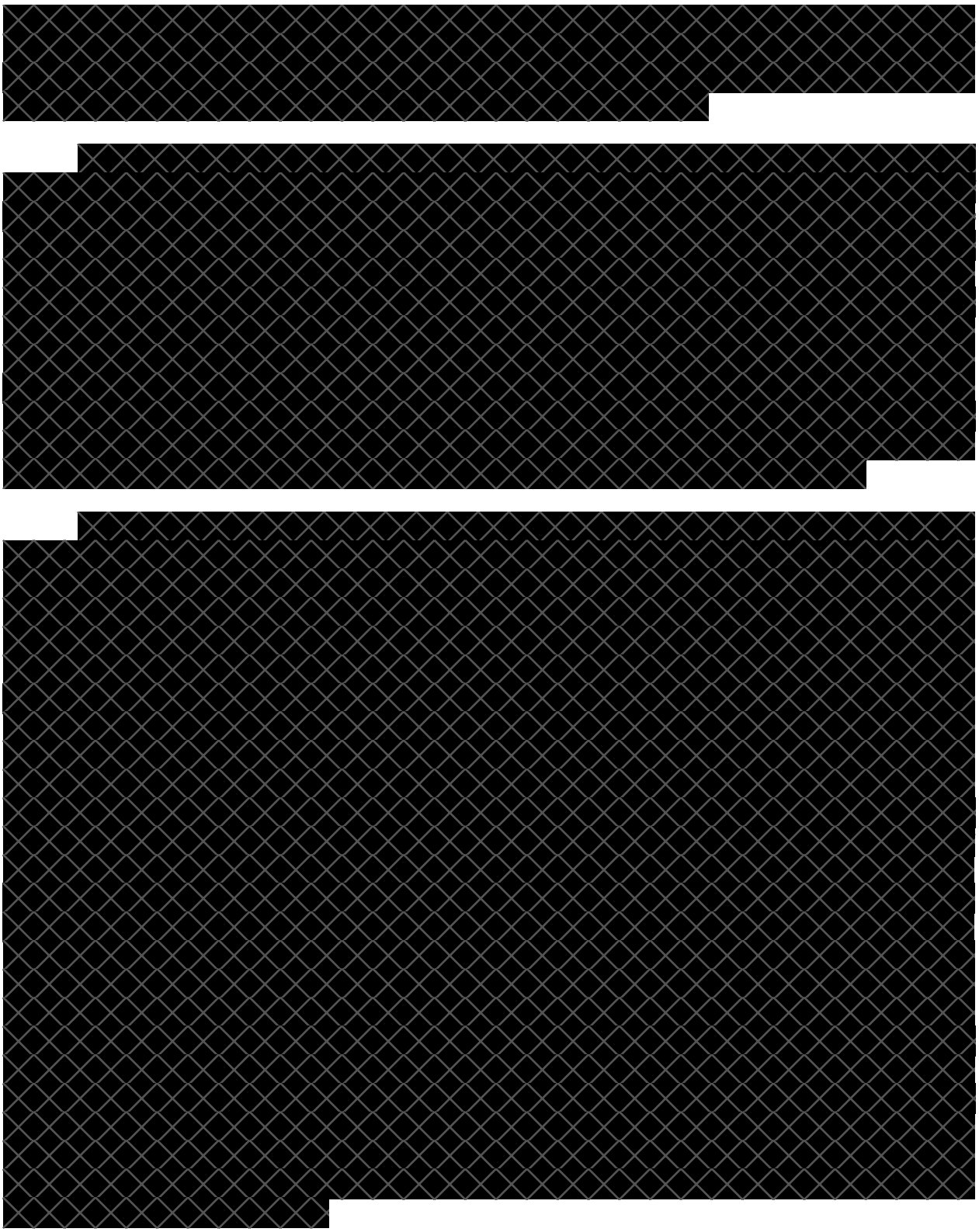




SCHEDULE 1 TO EXHIBIT A

DETAILED DESCRIPTION OF LICENSE STATES AND COMPENSATION

License States. Physician is licensed to practice medicine in each of the following states as of the Commencement Date:

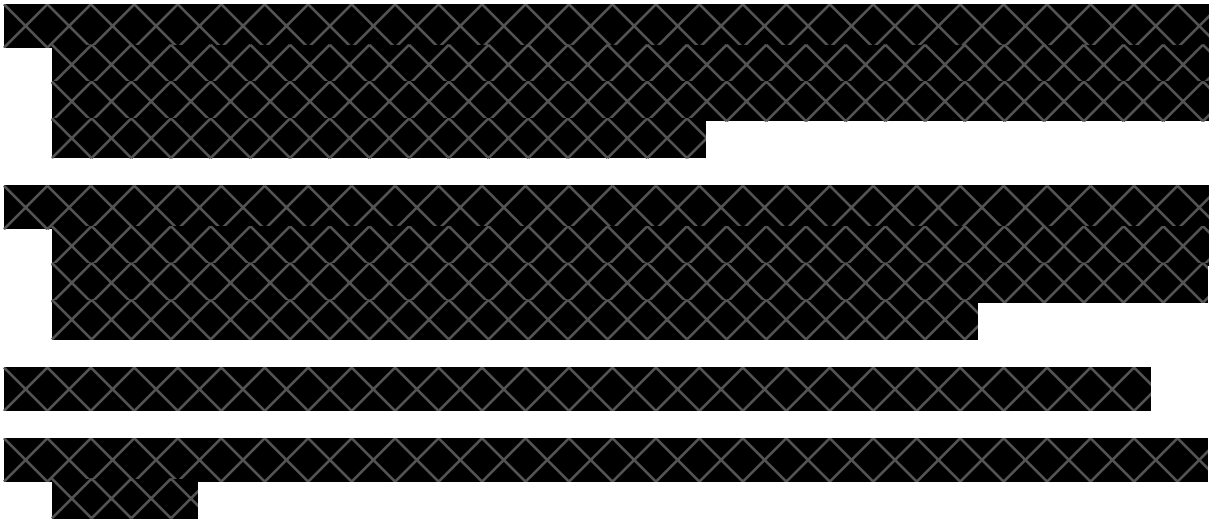
- New York

Physician agrees to obtain licenses to practice medicine in such other states following the Commencement Date as mutually agreed upon by Physician and Practice (once obtained, each such state shall also be considered a License State for purposes of the Agreement).

Title. Chief Medical Officer (Primary Care Physician)

Compensation.

- Practice will pay Physician an initial base salary (as adjusted herein, the "Base Salary") of $12,500 per week ($650,000 annualized). Practice will increase the base salary for the Physician to $14,423.08 per week ($750,000 annualized) once Physician's adult panel size is 150 patients. The Parties acknowledge that the compensation set forth herein is consistent with fair market value and not based on the volume or value of referrals or other business generated between the Parties.



- Physician will be eligible for a bonus following six (6) months of service, on an annual review schedule with the rest of the company. Bonuses are based 50% on individual performance and 50% on company performance.

- Practice shall have the right to collect or withhold from compensation due to Physician under this Agreement any and all taxes and assessments required by applicable federal, state, and local withholding rules for all cash payments made pursuant to this Agreement.

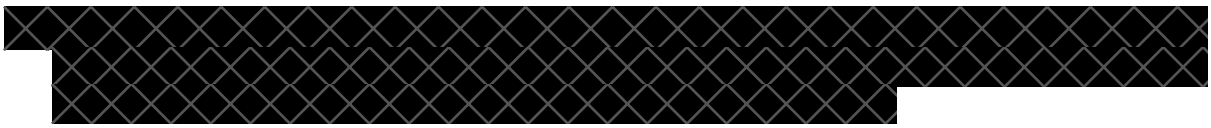


EXHIBIT B

STANDARD TERMS AND CONDITIONS

1. Intellectual Property and Confidential Information. Physician shall enter into that certain Employee Confidential Information and Inventions Assignment Agreement with Practice, which is incorporated herein by reference (the "CIIAA").

2. Return of Materials. At any time upon Practice's request, and when Physician's employment with Practice is over, Physician will return all files, data, equipment, document, or other materials of the Practice or that contain or disclose any Confidential Information or Company Inventions (as such terms are defined in the CIIAA) (including all copies thereof), as well as any keys, pass cards, identification cards, computers, printers, pagers, cell phones, smartphones, personal digital assistants or similar items or devices that Practice has provided to Physician. Physician shall also provide any passwords or other information applicable to Practice as necessary for Practice to transition Physician's work with minimal interruption. If requested, Physician will provide Practice with a written certification of Physician's compliance with Physician's obligations under this Section.

3. No Violation of Rights of Third Parties. During Physician's employment with Practice, Physician will not (a) breach any agreement to keep in confidence any confidential or proprietary information, knowledge, or data acquired by Physician prior to Physician's employment with Practice or (b) disclose to Practice, or use or induce Practice to use, any confidential or proprietary information or material belonging to any previous employer or any other third party. Physician is not currently a party, and will not become a party, to any other agreement that is in conflict, or will prevent Physician from complying, with this Agreement. This provision does not interfere in any way with Physician's right to discuss the terms and conditions of Physician's employment with third parties. Physician agrees to not bring onto the premises of the Practice any documents or any property belonging to any former employer or other person to whom Physician has an obligation of confidentiality, unless consented to in writing by such prior employer, person or entity and the Practice.

4. No Solicitation. During Physician's employment with Practice and for one (1) year thereafter, Physician will not solicit, encourage, or cause others to solicit or encourage any physicians, independent contractors, or employees of Practice to terminate their employment with Practice. During Physician's employment with Practice, Physician will not engage in conduct that would violate Physician's duties to the Practice, including soliciting patients to discontinue receiving services from the Practice. During Physician's employment, and for one (1) year thereafter, Physician will not solicit patients directly or indirectly to discontinue receiving services from the Practice. Notwithstanding the foregoing, Physician shall not be deemed to have violated this provision with respect to: (i) Patients who independently initiate contact with Physician without any direct or indirect solicitation by Physician; or (ii) Patients who voluntarily seek medical services from Physician without any encouragement or inducement by Physician.

1. No Disparagement. During Physician's employment with Practice and after the termination thereof, (i) Physician agrees not to disparage Practice, the MSO, their services, their agents, their employees, or the Practice's physicians, to the extent permitted by applicable Law, and (ii) Practice agrees to instruct its officers not to disparage Physician or his services, to the extent permitted by applicable Law.

5. Remedies. Physician agrees that if Physician violates this Agreement, Practice will suffer irreparable and continuing damage for which money damages are insufficient, and Practice is entitled to injunctive relief, a decree for specific performance, and all other relief as may be proper (including money damages if appropriate), to the extent permitted by applicable Law, without the need to post a bond or prove actual damages. In addition, the prevailing party in any action to enforce this Agreement will pay the other party's actual attorney's fees and costs incurred in enforcing this Agreement.

6. Arbitration Agreement. To ensure the rapid and economical resolution of disputes that may arise in connection with Physician's employment with Practice, Physician and Practice agree that any and all disputes, claims, or causes of action, in law or equity, including but not limited to statutory claims, arising from or relating to the enforcement, breach, performance, or interpretation of this Agreement, Physician's employment with Practice, or the termination of Physician's employment, shall be resolved pursuant to the Federal Arbitration Act, 9 U.S.C. § 1-16, to the fullest extent permitted by law,

by final, binding and confidential arbitration conducted by JAMS or its successor, under JAMS' then applicable rules and procedures appropriate to the relief being sought (available upon request and also currently available at the following web addresses: (i) https://www.jamsadr.com/rules-employment-arbitration/ and (ii) https://www.jamsadr.com/rules-comprehensive-arbitration/). Physician acknowledges that by agreeing to this arbitration procedure, both Physician and Practice waive the right to resolve any such dispute through a trial by jury or judge or administrative proceeding. In addition, all claims, disputes, or causes of action under this section, whether by Physician or Practice, must be brought in an individual capacity, and shall not be brought as a plaintiff (or claimant) or class member in any purported class or representative proceeding, nor joined or consolidated with the claims of any other person or entity. The arbitrator may not consolidate the claims of more than one person or entity, and may not preside over any form of representative or class proceeding. To the extent that the preceding sentences regarding class claims or proceedings are found to violate applicable law or are otherwise found unenforceable, any claim(s) alleged or brought on behalf of a class shall proceed in a court of law rather than by arbitration. This paragraph shall not apply to any action or claim that cannot be subject to mandatory arbitration as a matter of law, including, without limitation, sexual harassment claims, to the extent such claims are not permitted by applicable law(s) to be submitted to mandatory arbitration and the applicable law(s) are not preempted by the Federal Arbitration Act or otherwise invalid (collectively, the "Excluded Claims"). In the event Physician intends to bring multiple claims, including one of the Excluded Claims listed above, the Excluded Claims may be filed with a court, while any other claims will remain subject to mandatory arbitration. Physician will have the right to be represented by legal counsel at any arbitration proceeding. Questions of whether a claim is subject to arbitration under this agreement shall be decided by the arbitrator. Likewise, procedural questions which grow out of the dispute and bear on the final disposition are also matters for the arbitrator. The arbitrator shall: (a) have the authority to compel adequate discovery for the resolution of the dispute and to award such relief as would otherwise be permitted by law; and (b) issue a written statement signed by the arbitrator regarding the disposition of each claim and the relief, if any, awarded as to each claim, the reasons for the award, and the arbitrator's essential findings and conclusions on which the award is based. The arbitrator shall be authorized to award all relief that Physician or Practice would be entitled to seek in a court of law. Physician and Practice shall equally share all JAMS' arbitration fees, or such fees shall be paid in such other manner to the extent required by, and in accordance with, applicable law to effectuate Physician's and Practice's agreement to arbitrate. To the extent JAMS does not collect or Physician otherwise does not pay to JAMS an equal share of all JAMS' arbitration fees for any reason, and Practice pays JAMS Physician's share, Physician acknowledges and agrees that Practice shall be entitled to recover from Physician half of the JAMS arbitration fees invoiced to the parties (less any amounts you paid to JAMS) in a federal or state court of competent jurisdiction. Each party is responsible for its own attorneys' fees, except as expressly set forth in the CIIAA. Nothing in this section is intended to prevent either Physician or Practice from obtaining injunctive relief in court to prevent irreparable harm pending the conclusion of any such arbitration. Any awards or orders in such arbitrations may be entered and enforced as judgments in the federal and state courts of any competent jurisdiction.

BY SIGNING THIS AGREEMENT, I KNOWINGLY AND VOLUNTARILY WAIVE FOR ANY COVERED CLAIM THE RIGHT TO CLASS, AND COLLECTIVE PROCEDURES AND THE RIGHT TO TRIAL BY JURY OR JUDGE, TO THE FULL EXTENT PERMITTED BY APPLICABLE LAW. I RETAIN ALL OTHER RIGHTS, INCLUDING MY RIGHT TO COUNSEL, TO CALL AND CROSS-EXAMINE WITNESSES, AND TO HAVE MY CLAIMS ADDRESSED BY AN IMPARTIAL FACT FINDER. I ACKNOWLEDGE THAT I AM HEREBY ADVISED TO SEEK LEGAL ADVICE AS TO MY RIGHTS AND RESPONSIBILITIES UNDER THIS AGREEMENT AND HAVE AVAILED MYSELF OF THE ADVICE OF COUNSEL TO THE EXTENT I WISH TO DO SO.

7. Miscellaneous.

(a) Severability. If an arbitrator or court of law holds any provision of this Agreement to be illegal, invalid or unenforceable, (i) that provision shall be deemed amended to provide each Party the maximum protection permitted by applicable law and (ii) the legality, validity and enforceability of the remaining provisions of this Agreement shall not be affected.

(b) Waiver; Modification. If Practice waives any term, provision or breach by Physician of this Agreement, such waiver shall not be effective unless it is in writing and signed by Practice. No

[redacted]

[redacted]

[redacted]

[redacted]

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	070
LBY	001701	133200		0000050156	1

Earnings Statement

MEDICAL GROUP OF BEVERLY HILLS, INC.
6500 WILSHIRE BLVD 19TH FL
LOS ANGELES, CA 90048

Period Beginning: 01/13/2025
Period Ending: 01/26/2025
Pay Date: 01/30/2025

RYAN BOBER
1521 GREENFIELD AVE
APT 305
LOS ANGELES CA 90025-3466

Filing Status: Married filing jointly
Exemptions/Allowances:
Federal: Standard Withholding Table

Social Security Number: XXX-XX-5730

Earnings	rate	hours	this period	year to date
Regular	144.2308	72.00	10,384.62	28,846.16
Holiday	144.2308	8.00	1,153.85	3,461.55
Vacation				2,307.70
Gross Pay			**$11,538.47**	34,615.41

Deductions	Statutory		
Federal Income Tax	-1,928.02		5,784.06
Social Security Tax	-711.76		2,135.27
Medicare Tax	-166.46		499.38
CA State Income Tax	-860.02		2,580.06
CA SDI Tax	-137.76		413.28
Other			
Dental Cafe	-5.98*		17.94
Medical Cafe	-50.00*		150.00
Opt Ad&D	-4.25		12.75
Opt Life	-13.00		39.00
Vision Cafe	-2.55*		7.65
Net Pay			**$7,658.67**
Checking			-7,658.67
Net Check			**$0.00**

*** Excluded from federal taxable wages**

Your federal taxable wages this period are $11,479.94

Other Benefits and Information	this period	total to date
Totl Hrs Worked	72.00	
Cme Bal Hours		40.00
Sick Available		72.00
Vac Bal. Hours		32.00

Important Notes

COMPANY PH#: 310 385 3200

BASIS OF PAY: HOURLY

Additional Tax Withholding Information

Taxable Marital Status:
CA: Married
Exemptions/Allowances:
CA: 0

MEDICAL GROUP OF BEVERLY HILLS, INC.
6500 WILSHIRE BLVD 19TH FL
LOS ANGELES, CA 90048

Advice number: **00000050156**
Pay date: 01/30/2025

Deposited to the account of	account number	transit ABA	amount
RYAN BOBER	xxxxx7444	xxxx xxxx	$7,658.67

NON-NEGOTIABLE

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	070
LBY	001701	133200		0000030158	1

Earnings Statement

MEDICAL GROUP OF BEVERLY HILLS, INC.
6500 WILSHIRE BLVD 15TH FL
LOS ANGELES, CA 90048

Period Beginning: 12/30/2024
Period Ending: 01/12/2025
Pay Date: 01/16/2025

RYAN BOBER
1521 GREENFIELD AVE
APT 305
LOS ANGELES CA 90025-3466

Filing Status: Married filing jointly
Exemptions/Allowances:
Federal: Standard Withholding Table

Social Security Number: XXX-XX-5730

Earnings	rate	hours	this period	year to date
Regular	144.2308	64.00	9,230.77	18,461.54
Holiday	144.2308	8.00	1,153.85	2,307.70
Vacation	144.2308	8.00	1,153.85	2,307.70
Gross Pay			**$11,538.47**	23,076.94

Deductions	Statutory		
Federal Income Tax	-1,928.02		3,856.04
Social Security Tax	-711.75		1,423.51
Medicare Tax	-166.46		332.92
CA State Income Tax	-860.02		1,720.04
CA SDI Tax	-137.76		275.52
Other			
Dental Cafe	-5.98*		11.96
Medical Cafe	-50.00*		100.00
Opt Ad&D	-4.25		8.50
Opt Life	-13.00		26.00
Vision Cafe	-2.55*		5.10
Net Pay			**$7,658.68**
Checking			-7,658.68
Net Check			**$0.00**

*** Excluded from federal taxable wages**

Your federal taxable wages this period are $11,479.94

Other Benefits and Information	this period	total to date
Totl Hrs Worked	64.00	
Cme Bal Hours		40.00
Sick Available		72.00
Vac Bal. Hours		32.00

Important Notes

COMPANY PH#: 310 385 3200

BASIS OF PAY: HOURLY

Additional Tax Withholding Information

Taxable Marital Status:
CA: Married
Exemptions/Allowances:
CA: 0

MEDICAL GROUP OF BEVERLY HILLS, INC.
6500 WILSHIRE BLVD 15TH FL
LOS ANGELES, CA 90048

Advice number: **00000030158**
Pay date: 01/16/2025

Deposited to the account of	account number	transit ABA	amount
RYAN BOBER	xxxxx7444	xxxx xxxx	$7,658.68

NON-NEGOTIABLE

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	070
LBY	001701	133200		0000010156	1

Earnings Statement

MEDICAL GROUP OF BEVERLY HILLS, INC.
6500 WILSHIRE BLVD 15TH FL
LOS ANGELES, CA 90048

Period Beginning: 12/16/2024
Period Ending: 12/29/2024
Pay Date: 01/02/2025

RYAN BOBER
1521 GREENFIELD AVE
APT 305
LOS ANGELES CA 90025-3466

Filing Status: Married filing jointly
Exemptions/Allowances:
Federal: Standard Withholding Table

Social Security Number: XXX-XX-5730

Earnings	rate	hours	this period	year to date
Regular	144.2308	64.00	9,230.77	9,230.77
Holiday	144.2308	8.00	1,153.85	1,153.85
Vacation	144.2308	8.00	1,153.85	1,153.85
Gross Pay			**$11,538.47**	11,538.47

Deductions	Statutory		
Federal Income Tax	-1,928.02		1,928.02
Social Security Tax	-711.76		711.76
Medicare Tax	-166.46		166.46
CA State Income Tax	-860.02		860.02
CA SDI Tax	-137.76		137.76
Other			
Dental Cafe	-5.98*		5.98
Medical Cafe	-50.00*		50.00
Opt Ad&D	-4.25		4.25
Opt Life	-13.00		13.00
Vision Cafe	-2.55*		2.55
Net Pay			**$7,658.67**
Checking	-7,658.67		
Net Check			**$0.00**

Other Benefits and Information	this period	total to date
Totl Hrs Worked	64.00	
Cme Bal Hours		16.00
Sick Available		50.00
Vac Bal. Hours		40.00

Important Notes

COMPANY PH#: 310 385 3200

BASIS OF PAY: HOURLY

Additional Tax Withholding Information

Taxable Marital Status:
CA: Married
Exemptions/Allowances:
CA: 0

*** Excluded from federal taxable wages**

Your federal taxable wages this period are $11,479.94

MEDICAL GROUP OF BEVERLY HILLS, INC.
6500 WILSHIRE BLVD 15TH FL
LOS ANGELES, CA 90048

Advice number: **00000010156**
Pay date: 01/02/2025

Deposited to the account of	account number	transit ABA	amount
RYAN BOBER	xxxxx7444	xxxx xxxx	$7,658.67

NON-NEGOTIABLE

CHASE

JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

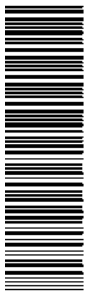
December 10, 2024 through January 09, 2025
Account Number: **000000563887444**

CUSTOMER SERVICE INFORMATION

Web site:	**Chase.com**
Service Center:	**1-800-935-9935**
Para Espanol:	1-877-312-4273
International Calls:	1-713-262-1679

We accept operator relay calls

00449018 DRE 802 219 01025 NNNNNNNNNNN 1 000000000 06 0000
RYAN N BOBER
OR WENXI ZHANG
1521 GREENFIELD AVE APT 305
LOS ANGELES CA 90025-3466



A reminder about incoming wire transfer fees

Due to a system issue, we may not have charged you for all incoming wires in the past. Beginning March 23, 2025, wire transfer fees will be charged for all incoming wires for Chase High School Checking℠, Chase College Checking℠, Chase Total Checking®, Chase Premier Plus Checking℠ and Chase Savings℠ accounts. Please visit **chase.com/disclosures** and review the Additional Banking Services and Fees document for more details.

Please note, we don't charge incoming wire transfer fees for Chase Sapphire℠ Checking, Chase Private Client Checking℠, Chase Private Client Savings℠, Chase Premier Savings℠ accounts and for Chase Premier Plus Checking℠ accounts with Military Enhanced Benefits.

As a reminder, Chase Secure Banking℠ and Chase First Banking℠ accounts cannot send or receive wire transfers.

If you have any questions, call the number on this statement.

CHECKING SUMMARY

Chase Total Checking

	AMOUNT
Beginning Balance	**$14,532.20**
Deposits and Additions	16,879.28
Electronic Withdrawals	-21,622.89
Ending Balance	**$9,788.59**

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		**$14,532.20**
12/10	Venmo Cashout PPD ID: 5264681992	**45.00**	14,577.20
12/13	Venmo Payment 1038904788770 Web ID: 3264681992	-700.00	13,877.20
12/16	Venmo Cashout PPD ID: 5264681992	**170.00**	14,047.20
12/17	Atria Health 25G268Lqk6 PPD ID: 9186939000	**735.00**	14,782.20
12/17	Zelle Payment To Sophia Jpm99At31Znf	-6,600.00	8,182.20
12/19	Medical Group Direct Dep PPD ID: 9111111103	**7,670.61**	15,852.81
12/19	Venmo Payment 1039057668183 Web ID: 3264681992	-700.00	15,152.81
12/19	12/19 Payment To Chase Card Ending IN 3161	-3,263.29	11,889.52
12/24	So Cal Gas Paid Scgc 0195446602 Web ID: 1992052494	-19.26	11,870.26
12/27	Zelle Payment From Roseann Bober Pncaa0Pgu06Y	**100.00**	11,970.26
12/30	Zelle Payment From Roseann Bober Pncaa0Pgn84B	**500.00**	12,470.26

TRANSACTION DETAIL *(continued)*

DATE	DESCRIPTION	AMOUNT	BALANCE
12/30	Hmf Hmfusa.Com PPD ID: 9200704262	-670.00	11,800.26
01/02	Medical Group Direct Dep PPD ID: 9111111103	**7,658.67**	19,458.93
01/02	01/01 Payment To Chase Card Ending IN 3161	-5,371.34	14,087.59
01/02	01/02 Payment To Chase Card Ending IN 0752	-99.00	13,988.59
01/06	Zelle Payment To Lawyer2 23300838287	-1.00	13,987.59
01/06	Zelle Payment To Lawyer2 23303491318	-1,999.00	11,988.59
01/07	Zelle Payment To Lawyer2 23307672233	-2,000.00	9,988.59
01/08	Zelle Payment To Lawyer2 23318530754	-200.00	9,788.59
	Ending Balance		**$9,788.59**

A Monthly Service Fee was **not** charged to your Chase Total Checking account. Here are the three ways you can avoid this fee during any statement period.

- **Have electronic deposits made into this account totaling $500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNow℠ network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.**
  (Your total electronic deposits this period were $16,279.28. Note: some deposits may be listed on your previous statement)
- **OR, keep a balance at the beginning of each day of $1,500.00 or more in this account.**
  (Your lowest beginning day balance was $8,182.20)
- **OR, keep an average beginning day balance of $5,000.00 or more in qualifying linked deposits and investments.**
  (Your average beginning day balance of qualifying linked deposits and investments was $12,399.90)

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

Call us at 1-866-564-2262 or write us at the address on the front of this statement immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

For business accounts, see your deposit account agreement or other applicable agreements that govern your account for details.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your deposit account agreement or other applicable agreements that govern your account.

JPMorgan Chase Bank, N.A. Member FDIC

CHASE

JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

November 09, 2024 through December 09, 2024
Account Number: **000000563887444**

CUSTOMER SERVICE INFORMATION

Web site:	**Chase.com**
Service Center:	**1-800-935-9935**
Para Espanol:	1-877-312-4273
International Calls:	1-713-262-1679

We accept operator relay calls

00450677 DRE 802 219 34524 NNNNNNNNNNN 1 000000000 06 0000
RYAN N BOBER
OR WENXI ZHANG
1521 GREENFIELD AVE APT 305
LOS ANGELES CA 90025-3466

CHECKING SUMMARY

Chase Total Checking

	AMOUNT
Beginning Balance	**$34,071.58**
Deposits and Additions	15,328.04
Electronic Withdrawals	-34,867.42
Ending Balance	**$14,532.20**

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		**$34,071.58**
11/12	11/10 Payment To Chase Card Ending IN 3161	-1,872.11	32,199.47
11/12	Zelle Payment To Nanny Jpm99AR0Pqx4	-225.00	31,974.47
11/12	Vanguard Buy Investment 500815019083057 Web ID: Vmc Pur	-20,000.00	11,974.47
11/12	Venmo Payment 1038139364087 Web ID: 3264681992	-5.00	11,969.47
11/18	Zelle Payment To Jorge 22751337951	-4.00	11,965.47
11/21	Medical Group Direct Dep PPD ID: 9111111103	**7,664.02**	19,629.49
11/21	So Cal Gas Paid Scgc 0195446602 Web ID: 1992052494	-16.71	19,612.78
11/25	Zelle Payment To Sophia Jpm99Aro3Mif	-6,600.00	13,012.78
11/29	Hmf Hmfusa.Com PPD ID: 9200704262	-670.00	12,342.78
11/29	Venmo Payment 1038541712263 Web ID: 3264681992	-18.00	12,324.78
12/02	12/02 Payment To Chase Card Ending IN 3161	-5,056.60	7,268.18
12/03	Venmo Payment 1038675671716 Web ID: 3264681992	-400.00	6,868.18
12/05	Medical Group Direct Dep PPD ID: 9111111103	**7,664.02**	14,532.20
	Ending Balance		**$14,532.20**

A Monthly Service Fee was **not** charged to your Chase Total Checking account. Here are the three ways you can avoid this fee during any statement period.

- **Have electronic deposits made into this account totaling $500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNow℠ network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.**
  (Your total electronic deposits this period were $22,992.07. Note: some deposits may be listed on your previous statement)

- **OR, keep a balance at the beginning of each day of $1,500.00 or more in this account.**
  (Your lowest beginning day balance was $6,868.18)

- **OR, keep an average beginning day balance of $5,000.00 or more in qualifying linked deposits and investments.**
  (Your average beginning day balance of qualifying linked deposits and investments was $15,826.11)

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

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- The amount of the suspected error.

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For business accounts, see your deposit account agreement or other applicable agreements that govern your account for details.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your deposit account agreement or other applicable agreements that govern your account.

JPMorgan Chase Bank, N.A. Member FDIC

CHASE

JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

October 09, 2024 through November 08, 2024
Account Number: **000000563887444**

CUSTOMER SERVICE INFORMATION

Web site:	**Chase.com**
Service Center:	**1-800-935-9935**
Para Espanol:	1-877-312-4273
International Calls:	1-713-262-1679

We accept operator relay calls

00451458 DRE 802 219 31424 NNNNNNNNNNN 1 000000000 06 0000
RYAN N BOBER
OR WENXI ZHANG
1521 GREENFIELD AVE APT 305
LOS ANGELES CA 90025-3466

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Please review our overdraft service options at the end of this statement

We've included an overview of our overdraft services and fees that are available for personal checking account(s) at the end of this statement.

Please note, the following overdraft services are not available for certain accounts:

- Standard Overdraft Practice and Chase Debit Card Coverage℠ are not available for Chase High School Checking℠, Chase Secure Checking℠ and Chase First Checking℠.
- Overdraft Protection is not available for Chase Secure Checking℠ and Chase First Checking℠.

If you have questions, please visit **chase.com/overdraft** or call us at the number on this statement. We accept operator relay calls.

CHECKING SUMMARY

Chase Total Checking

	AMOUNT
Beginning Balance	**$4,983.54**
Deposits and Additions	42,451.40
Electronic Withdrawals	-13,363.36
Ending Balance	**$34,071.58**

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		**$4,983.54**
10/10	Medical Group Direct Dep PPD ID: 9111111103	**8,162.59**	13,146.13
10/11	Medical Group Direct Dep PPD ID: 9111111103	**18,090.01**	31,236.14
10/15	Zelle Payment To Nanny Jpm99Apdttxa	-200.00	31,036.14
10/15	Venmo Payment 1037572321730 Web ID: 3264681992	-25.00	31,011.14
10/15	Venmo Payment 1037521006029 Web ID: 3264681992	-15.00	30,996.14
10/24	Medical Group Direct Dep PPD ID: 9111111103	**7,664.02**	38,660.16
10/24	Zelle Payment To Sophia Jpm99Apx0Yej	-6,600.00	32,060.16
10/24	10/24 Payment To Chase Card Ending IN 3161	-4,274.09	27,786.07
10/28	Zelle Payment To Nanny Jpm99Aq48J51	-638.00	27,148.07
10/29	Hmf Hmfusa.Com PPD ID: 9200704262	-670.00	26,478.07
10/29	So Cal Gas Paid Scgc 0195446602 Web ID: 1992052494	-16.27	26,461.80
10/31	Zelle Payment To Nanny Jpm99Aqbr651	-925.00	25,536.80

TRANSACTION DETAIL *(continued)*

DATE	DESCRIPTION		AMOUNT	BALANCE
11/04	Venmo Cashout PPD ID: 5264681992		**25.00**	25,561.80
11/05	Remote Online Deposit 1		**845.75**	26,407.55
11/07	Medical Group Direct Dep PPD ID: 9111111103		**7,664.03**	34,071.58
	Ending Balance			**$34,071.58**

A Monthly Service Fee was **not** charged to your Chase Total Checking account. Here are the three ways you can avoid this fee during any statement period.

- **Have electronic deposits made into this account totaling $500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNow℠ network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.**
  (Your total electronic deposits this period were $41,605.65. Note: some deposits may be listed on your previous statement)
- **OR, keep a balance at the beginning of each day of $1,500.00 or more in this account.**
  (Your lowest beginning day balance was $4,983.54)
- **OR, keep an average beginning day balance of $5,000.00 or more in qualifying linked deposits and investments.**
  (Your average beginning day balance of qualifying linked deposits and investments was $26,865.63)

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

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For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

For business accounts, see your deposit account agreement or other applicable agreements that govern your account for details.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your deposit account agreement or other applicable agreements that govern your account.

JPMorgan Chase Bank, N.A. Member FDIC

Overdraft and Overdraft Fee Information for Your Chase Checking Account

What You Need to Know About Overdrafts and Overdraft Fees

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. Whether your account has enough money to cover a transaction is determined during our nightly processing. During our nightly processing, we take your previous end of day's balance and post credits. If there are any deposits not yet available for use or holds (such as a garnishment), these will reduce the account balance used to pay your transactions. Then we subtract any debit transactions presented during our nightly processing. The available balance shown to you during the day may not be the same amount used to pay your transactions as some transactions may not be displayed to you before nightly processing.

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize or pay any transactions presented for payment. If we do not authorize an overdraft, your transaction will be declined. If we do not pay an overdraft, your transaction will be returned. Additional information about overdrafts and your account features can be found in the *Deposit Account Agreement*.

We can cover your overdrafts in three different ways:

1. We have a Standard Overdraft Practice that comes with your account.
2. We offer Overdraft Protection through a link to a Chase savings account, which may be less expensive than our Standard Overdraft Practice. You can contact us to learn more.
3. We also offer Chase Debit Card Coverage℠, which allows you to choose how we treat your everyday debit card transactions (e.g. groceries, gasoline or dining out), in addition to our Standard Overdraft Practice.

This notice explains our Standard Overdraft Practice and Chase Debit Card Coverage.

- **What is the Standard Overdraft Practice that comes with my account?**
  We **do** authorize and pay overdrafts for the following types of transactions:
  - Checks and other transactions made using your checking account number
  - Recurring debit card transactions (e.g. movie subscriptions or gym memberships)

- **What is Chase Debit Card Coverage?**
  If you enroll in Chase Debit Card Coverage we **may** authorize and pay overdrafts for **everyday debit card transactions** (e.g. groceries, gasoline or dining out) in addition to our Standard Overdraft Practice.

- **What fees will I be charged if Chase pays my overdraft?**
  If we authorize and pay an overdraft, we'll charge you a $34 Overdraft Fee per transaction during our nightly processing beginning with the first transaction that overdraws your account balance by more than $50 (maximum of 3 fees per business day, up to $102).

  We won't charge you an Overdraft Fee in the following circumstances:
  - With Chase Overdraft Assist℠, we won't charge an Overdraft Fee if you're overdrawn by $50 or less at the end of the business day **OR** if you're overdrawn by more than $50 and you bring your account balance to overdrawn by $50 or less at the end of the next business day (you have until 11 p.m ET (8 p.m PT) to make a deposit or transfer). Chase Overdraft Assist does not require enrollment and comes with eligible Chase checking accounts.
  - We won't charge an Overdraft Fee for transactions that are $5 or less.
  - We won't charge an Overdraft Fee if your debit card transaction was authorized when there was a sufficient available balance in your account.
  - For Chase Sapphire℠ Checking and Chase Private Client Checking℠ accounts, there are no Overdraft Fees when item(s) are presented against an account with insufficient funds on the first four business days during the current and prior 12 statement periods. On a business day when we returned item(s), this counts toward the four business days when an Overdraft Fee will not be charged.

- **What if I want Chase to authorize and pay overdrafts on my everyday debit card transactions?**
  If you or a joint account owner want Chase to authorize overdrafts on your everyday debit card transactions, please make your Chase Debit Card Coverage selection. You can change your Chase Debit Card Coverage selection at any time by signing in to chase.com or Chase Mobile® to update your account settings, calling us at 1-800-935-9935 (or at 1-713-262-1679 if outside the U.S.), or visiting a Chase branch. We accept operator relay calls.

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California USA DRIVER LICENSE

DL F7328326

EXP 12/31/2028

LN BOBER

FN WENXI

1521 GREENFIELD AVE
LOS ANGELES, CA 90025

DOB 12/31/1992

RSTR CORR LENS

CLASS C

END NONE

12311992

SEX F

HAIR BLK

EYES BRN

HGT 5'-02"

WGT 117 lb

ISS 06/14/2024

DD 05/14/2024616E8/CCFD/28