150 CLERMONT AVE

APPLICATION FOR RENTAL

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

The undersigned hereby makes application to rent an Apartment at **150 CLERMONT AVE**.

APPLICANT INFORMATION

LAST NAME	FIRST NAME	M.I.	SSN	DRIVER'S LICENSE #
Merk	Sean	Elliott	***-**-****	

BIRTH DATE	PHONE #1	ALTERNATE PHONE	EMAIL
1/19/1996	(973) 865-2346		smerk87@gmail.com

CURRENT ADDRESS

STREET ADDRESS	CITY
248 Duffield St	Brooklyn

STATE	ZIP	DATE IN	DATE OUT	MONTHLY RENT
NY	11205	12/1/2023	current	$4,630.00 / Mo.

LANDLORD NAME	LANDLORD PHONE
Prospect Management	(718) 302-8383

PREVIOUS ADDRESS

STREET ADDRESS	CITY
171 Clermont Ave	Brooklyn

STATE	ZIP	DATE IN	DATE OUT	MONTHLY RENT
NY	11205	8/1/2021	12/1/2023	$2,200.00 / Mo.

LANDLORD NAME	LANDLORD PHONE
IBEC Living	(718) 369-2145

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY	SALARY
Senior Designer	BUCK DESIGN LLC	$114,000.00/Yr.

SUPERVISOR	SUPERVISOR PHONE	START DATE	END DATE
Mercy Lomelin			current

EMPLOYER ADDRESS	CITY	STATE	ZIP
33 35th St., Suite A600	Brooklyn	NY	11232

BACKGROUND INFORMATION

Have you ever filed for bankruptcy?

NO

Have you ever willfully or intentionally refused to pay rent when due?

NO

Have you ever been evicted from a tenancy or left owing money? If yes, please provide Property Name, City, State, and Landlord Name.

NO

ADDITIONAL INFORMATION

AQUARIUM?	WATERBED?	BOAT?	MOTORHOME?	MOTORCYCLE?	OTHER?
NO	NO	NO	NO	NO	NO

PET(S)

1. TYPE	BREED	NAME
cat	Tortoiseshell	French Fry

SEX	AGE	WEIGHT	COLOR
female	2.5 years	4.8kgs	Black/Brown

OTHER INFORMATION

HOW DID YOU HEAR ABOUT THIS PROPERTY?

Streeteasy.com

UNIT APPLYING FOR:	PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION
3I	We'd be interested in a two year lease (if possible). We plan to stay in our next apartment for awhile.

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 **150 CLERMONT AVE** 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 **150 CLERMONT AVE** 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 **150 CLERMONT AVE**, 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 **150 CLERMONT AVE** 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 **150 CLERMONT AVE**, 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 FOR SEAN ELLIOTT MERK SUBMITTED ONLINE on October 5, 2025

Signed by Sean Elliott Merk
Sun Oct 5 2025 08:25:55 PM EDT
Key: E242723A; IP Address: 10.33.14.4

Sean Elliott Merk *(Applicant)* *Date*

The following charge(s) will appear on your card statement as *"150 CLERMONT AVE"*

Application Fee for Sean Elliott Merk - Charge Details			
Name on Card	**Account Number**	**Reference Number**	**Authorized**
Sean E Merk	XXXXXXXXXXX6403	16205401	$20.00
This card has been authorized for the amount above and will be charged when the application is processed.			

Commission On Human Rights

NYC Fair Chance Housing Notice: Criminal Records

As of January 1, 2025, in NYC, it is illegal for most housing providers to discriminate on the basis of a conviction history in rentals or sales, including co-ops and condos.

The protections of the NYC Fair Chance Housing Law apply to current tenants as well as applicants.

It is a violation of the Law for covered housing providers to:	
Make statements about criminal background checks or criminal records or express limitations on this basis in ads and applications	Treat applicants or tenants differently because of a conviction history except as allowed by the Fair Chance Housing Law.

Covered housing providers **may NEVER** change the terms of a sale or lease because of a conviction history. Covered housing providers **may** revoke a housing offer or decline to renew a lease **ONLY** based on limited kinds of convictions and **ONLY** when they follow the requirements of the Fair Chance Housing Law.

The NYC Fair Chance Housing Law does not require housing providers to run criminal background checks. Any housing provider can accept a renter or buyer without following the steps below. The steps below are only for covered housing providers that choose to run a background check.

If a Covered Housing Provider Chooses to Run a Criminal Background Check: You Have Rights.

Covered housing providers **must first** consider your general housing eligibility (ability to meet lease terms) AND make a conditional offer of housing. **Only after** this conditional offer is it lawful for a covered housing provider to run a criminal background check.

Before conducting a criminal background check, covered housing providers must:

- Make you a conditional offer of housing AND
- Give you a copy of this notice explaining your rights

Housing providers are also responsible for compliance with laws governing the collection and use of personal information, such as Federal and State Fair Credit Reporting Acts.

Conditional Offer of Housing

A conditional offer of housing is a **written lease, rental agreement, or agreement for a sale** that conditionally commits a unit(s) to a renter or buyer and can only be revoked in limited circumstances. Next a covered housing provider chooses either:

NOT to conduct a criminal background check	TO conduct a criminal background check
At this time, the housing provider can either finalize the offer or revoke it for a lawful, non-discriminatory purpose that is unrelated to conviction history.	It is illegal for the housing provider to seek or review your conviction history before you have a conditional offer.

CONTACT 22 Reade Street, New York, NY 10007 212-416-0197 www.nyc.gov/HumanRights

Criminal Background Check

If a covered housing provider chooses to run a criminal background check after making you a conditional offer, they may only consider **very limited** categories of convictions:

- convictions that require registration on a sex offense registry at the time of the background check
- felony convictions from the last 5 years, except those below
- misdemeanor convictions from the last 3 years, except those below

The 3 or 5 years are measured from the **actual date of release OR the sentencing date** (if the sentence does not include jail or prison time), regardless of probation or parole status.

A covered housing provider can **NEVER** consider arrests or pending cases, or:

- convictions that were sealed, expunged, are under an executive pardon or certificate of relief from disabilities, or legally nullified or vacated
- convictions for violations, which are non-criminal offenses such as disorderly conduct
- convictions under federal law or another state's law for conduct related to reproductive or gender affirming care that is lawful in New York State
- convictions under federal law or another state's law for cannabis possession that does not constitute a felony in New York State
- Adjournments in Contemplation of Dismissal (ACDs)
- adjudications as a youthful offender or for juvenile delinquency
- terminations in favor of an individual, including but not limited to, acquittals, reversals upon appeal, and exonerations)
- Dispositions of criminal matters under federal law or another state's law that are comparable to those listed here.

It is illegal for a covered housing provider to consider information in these categories. In addition, tenant screening companies may be held liable under federal fair housing laws for discriminatory decisions by housing providers.

Right to Provide Support for Your Application

After considering only reviewable convictions, a covered housing provider that wants to revoke a housing offer must **FOLLOW THE FAIR CHANCE HOUSING PROCESS** while holding a unit open. They must:

1. Give you a copy of all criminal history information they received and/or reviewed
2. Allow you 5 business days to respond by:
   - pointing out errors in the conviction history
   - identifying any information that should not have been considered (any information outside the lawfully reviewable convictions)
   - sharing information on your background, personal and professional references, and/or any information that supports your application.

You are not required to provide information to support your application at this stage. A housing provider must complete an individualized assessment even if you do not provide supporting information.

Right to an Individualized Assessment of Your Application

A covered housing provider must conduct an individualized assessment of the reviewable convictions, together with any other information that you have timely submitted.

CONTACT 22 Reade Street, New York, NY 10007 212-416-0197 www.nyc.gov/HumanRights

A covered housing provider CANNOT revoke a conditional offer of housing after running a criminal background check except in two **limited circumstances:**	
After conducting an individualized assessment if they show in writing BOTH: • a legitimate business interest AND • how the legitimate business interest is linked to your individual history.	If they show *new information, unrelated to criminal history,* that impacts your qualifications for tenancy and that they did not know at the time of your conditional offer.

Legitimate Business Interest

A covered housing provider's legitimate business interest must be specific and objective. Compliance with a particular lease term is a permissible legitimate business interest. Purely discriminatory motives, stigma, stereotypes, or assumptions never constitute a legitimate business interest.

A covered housing provider that shows a legitimate business interest must also **explain** the link between that interest and your particular individual history in light of the individual information you shared to justify a decision to revoke your conditional offer of housing. **The existence of a conviction alone never creates that link.**

The following are not legitimate business interests and do not establish a sufficient link to justify a housing provider's decision to revoke an offer:

- "I don't want a hot spot for law enforcement"
- "The applicant seems likely to commit another crime and I want tenant safety"
- "This is a family building"
- "We don't want bad guys hanging around"
- "My tenants don't want criminals"
- "My insurance rates will go up"
- "This will impact my property value"

Revoking a Conditional Offer of Housing

Before a covered housing provider can revoke a conditional offer because of your criminal history, the housing provider **MUST** take the following steps:

1. Do an individualized assessment of your reviewable convictions **AND** the information you provided
2. Give you copies of all documents that it received and/or reviewed
3. Give you a written statement that explains:
   - the decision to revoke based on your conviction history **AND** the link to a legitimate business interest
   - how your individual information and circumstances were taken into account

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Exemptions for Housing Providers

- Housing provider-occupied properties with 2 or fewer rooms or units are not covered by the NYC Fair Chance Housing Law.
- State or federally funded housing providers, including public housing authorities that are required or authorized to take specific actions related to criminal history **CAN** take such specific actions without violating the NYC Fair Chance Housing Law.

For additional information about tenants' and buyers' rights & housing providers' responsibilities under the NYC Fair Chance Housing Law, and to see this notice in multiple languages, visit NYC.gov/FairChanceHousing.

REMINDER: All New Yorkers have a right to be free from retaliation in housing. It is illegal for housing providers in NYC to punish you or treat you negatively for telling them about your rights or for reporting discrimination or harassment.

CONTACT 22 Reade Street, New York, NY 10007 212-416-0197 www.nyc.gov/HumanRights

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 Sean Elliott Merk

The property's screening criteria result	
APPROVE	This application meets your requirements based on your Property's Screening Criteria. On-Site makes no independent assessment of an applicant's qualifications. **Application Approved by Malgorzata Warchol on 10/6/2025**.

Score for Sean Elliott Merk: 821		
	Importance	**Result**
AI Score	Pass/Fail	
No Credit	Pass/Conditional	
Total annual income to rent ratio exceeds 30.0	Pass/Fail	
May have been through a bankruptcy	Pass/Fail	
No rental collections	Pass/Fail	

NOTIFICATION(S)

APPLICANT: no matching SSN found
The SSN for the primary applicantdoes not match the names or aliases on file. Please check if you entered the SSN 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)	$114,000.00
Total combined annual income to rent ratio	52.0 (based on rent of $4,500.00)
Total number of accounts	9
Accounts with no late payments	9 (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	$9,818.00 ($0.00 past due)
Outstanding revolving debt	$1,935.00 (4% of limit) ($0.00 past due)
Outstanding loan balance	$7,883.00 ($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:	Sean Elliott Merk	SEAN E. MERK
SSN:	***-**-****	***-**-****
Birth Date:	1/**/1996	1/**/1996

Addresses	From Application	From Equifax
	248 Duffield St Brooklyn, NY 11205 - US	248 DUFFIELD ST. 3D BROOKLYN, NY 11201 (Applicant) Reported 9/2025 171 CLERMONT AVE. 3N BROOKLYN, NY 11205 (Applicant) Reported 12/2023 5973 LOWER MACUNGIE RD. MACUNGIE, PA 18062 (Applicant) Reported 7/2022 313 JACKSON ST. 201 HOBOKEN, NJ 07030 (Applicant) Reported 8/2021 529 MADISON ST. 1 HOBOKEN, NJ 07030 (Applicant) Reported 7/2020 12 FRANKLIN RD. DENVILLE, NJ 07834 (Applicant) Reported 8/2015

Employment	From Application	From Equifax
Applicant:	Senior Designer BUCK DESIGN LLC $114,000.00/Yr. Total annual Income: $114,000.00	

Restricted Person Search		
Requested For Sean Elliott Merk	**Requested** 10/6/2025	**Returned** 10/6/2025
Results *No Records Found*		

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	821	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)	772	Lack of sufficient credit history on bankcard or revolving accounts Lack of sufficient relevant first mortgage account information The balances on your accounts are too high compared to loan amounts 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
DEPT OF ED (Applicant)	8/2016	7/2025					$4,090.00

Monthly Payment	High Credit	Type	Comments
$56.00	$5,500.00	INSTALLMENT	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
8/ 25	6/ 25	4/ 25	2/ 25	12/ 24	10/ 24	8/ 24	6/ 24	4/ 24	2/ 24	12/ 23	10/ 23												

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	8/2015	7/2025					$2,192.00

Monthly Payment	High Credit	Type	Comments
$46.00	$4,500.00	INSTALLMENT	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
8/ 25	6/ 25	4/ 25	2/ 25	12/ 24	10/ 24	8/ 24	6/ 24	4/ 24	2/ 24	12/ 23	10/ 23												

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	6/2018	8/2025					$1,935.00

Monthly Payment	High Credit	Type	Comments
$40.00	$3,983.00	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
9/ 25	7/ 25	5/ 25	3/ 25	1/ 25	11/ 24	9/ 24	7/ 24	5/ 24	3/ 24	1/ 24	11/ 23												

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	8/2016	7/2025					$1,601.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$22.00	$2,000.00	INSTALLMENT	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
8/25		6/25		4/25		2/25		12/24		10/24		8/24		6/24		4/24		2/24		12/23		10/23	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
NELNET LOAN SERVICIN (Applicant)	8/2014	4/2022					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$25,000.00	INSTALLMENT	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
6/22		4/22		2/22		12/21		10/21		8/21		6/21		4/21		2/21		12/20		10/20		8/20	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	8/2017	11/2024					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$5,500.00	INSTALLMENT	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
12/24		10/24		8/24		6/24		4/24		2/24		12/23		10/23		8/23		6/23		4/23		2/23	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	8/2014	11/2023					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$3,500.00	INSTALLMENT	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
1/24		11/23		9/23		7/23		5/23		3/23		1/23		11/22		9/22		7/22		5/22		3/22	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	8/2015	11/2024					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$2,000.00	INSTALLMENT	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
12/24		10/24		8/24		6/24		4/24		2/24		12/23		10/23		8/23		6/23		4/23		2/23	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	8/2014	11/2023					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$2,000.00	INSTALLMENT	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
1/24		11/23		9/23		7/23		5/23		3/23		1/23		11/22		9/22		7/22		5/22		3/22	

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.


NEW YORK STATE USA
DRIVER LICENSE
Mark J.F. Schroeder
Commissioner of Motor Vehicles
ID 564 462 826
Class D
MERK
SEAN,ELLIOTT
171 CLERMONT AVE 3N
BROOKLYN, NY 11205
Sex M Height 6'-02" Eyes HAZ
DOB 01/19/1996
Expires 01/19/2026
E NONE
R NONE
Issued 10/07/2021
JAN 96
EXCELSIOR

dmv.ny.gov

01216 011367419 63

Doc # JWJIURU300

I hereby make an anatomical gift

v2.0

SIGNATURE

ENTER ADDRESS CHANGE

You must notify DMV within 10 days

October 3, 2025

Letter of Employment

To whom it may concern, Please accept this letter as confirmation of Sean Merk's employment with BUCK Design, LLC.

Name: Sean Merk
Title: 2D Senior Animator
Reporting Office: New York
Start Date: August 31, 2020
Annual Salary: $114,000
Status: Active

Please let me know if you have any additional questions at hr@buck.co. Best Regards,

Yunilda Bocio
Global Head of HR
BUCK Design, LLC

LOS ANGELES
120 S San Pedro, 4th Floor
Los Angeles, CA 90012
United States
+1 213 623 0111
NEW YORK
33 35th St, Suite A600
Brooklyn, NY 11232
United States
+1.212.668.0111
SYDNEY
Level 1, 52 Albion St.
Surry Hills, NSW 2010
Australia
+61.2.838.3445
AMSTERDAM
Achtergracht 14
1017 WP Amsterdam
The Netherlands
+31.0.20.3997137

charles SCHWAB BANK

SEAN ELLIOTT MERK

Account Number
440022196297

Statement Period
July 1-31, 2025

Customer Service Information

Call Toll Free: **(888) 403-9000**
Visit the Schwab Website: **www.schwab.com**

Send Written Inquiries to:
Charles Schwab Bank
P.O. Box 982605
El Paso, TX 79998-2605

Send Deposits to:
Charles Schwab Bank
P.O. Box 628291
Orlando, FL 32862-9925

31/07-CB14A121-016950-SML-11201534400 255039 *
SEAN ELLIOTT MERK
248 DUFFIELD ST APT 3D
BROOKLYN NY 11201-5344

Schwab Bank News

Submit your travel plans and confirm or update your contact information online.

If you are traveling this summer,make sure to confirm or update your contact information and submit a travel notice online. To get started:

- To review and update your contact information, log into schwab.com and click on "Profile"

For travel plans, log in to your Investor Checking account and click on "Debit Card Travel Notice" under Bank Services, then the "Add Travel Notice" link under Debit Cards. (0519-9TS6)
Thank you for choosing Schwab Bank.

Your business is important to us, and we look forward to serving your banking needs. If you have any questions or need assistance, please call a Schwab Bank Customer Service Representative at 1-888-403-9000. We're available 24/7.
(0425-C3P9)

Schwab Bank Investor Checking™

Account Number: 440022196297

Summary	Amount
Beginning Balance	$99,665.71
Deposits and Credits	5,374.30
Interest Paid	4.18
Withdrawals and Other Debits	(6,663.81)
Other Fees	0.00
Ending Balance	**$98,380.38**

Nonsufficient Funds Fees	This Period	Year to Date
Total Overdraft Fees	$0.00	$0.00
Total Returned Item Fees	$0.00	$0.00

Activity

Date Posted	Description	Debits	Credits	Balance
07/01	Beginning Balance			$99,665.71
07/01	Electronic Withdrawal CLICKPAY PROPRTYPAY 250630 2315.00,0.00,PCT01,0	$2,315.00		$97,350.71
07/07	Electronic Withdrawal CHASE CREDIT CRD AUTOPAY 250703	$902.23		$96,448.48
07/08	Electronic Withdrawal VENMO PAYMENT 250707	$39.00		$96,409.48
07/11	Electronic Deposit BUCK DESIGN LLC DIRECT DEP 250711~ Tran: ACHDD		$2,657.20	$99,066.68

Schwab Bank Investor Checking™ *(continued)*

Account Number: 440022196297

Activity *(continued)*

Date Posted	Description	Debits	Credits	Balance
07/11	Electronic Withdrawal VERIZON WIRELESS PAYMENTS 250710~ Tran: ACHDW	$87.84		$98,978.84
07/14	Electronic Withdrawal VENMO PAYMENT 250713	$114.00		$98,864.84
07/16	Visa Debit Card Point of Sale Purchase RUNWAY PRO PLAN RUNWAYML.COM, NY, US	$38.11		$98,826.73
07/16	Visa Debit Card Point of Sale Purchase OPENAI *CHATGPT SUBSCR OPENAI.COM, CA, US	$21.78		$98,804.95
07/17	Visa Debit Card Point of Sale Purchase VERIZON*RECURRING PAY 800-VERIZON, FL, US	$54.99		$98,749.96
07/18	Electronic Withdrawal NATIONWIDE PET PAYMENTS 250717~ Tran: ACHDW	$39.07		$98,710.89
07/24	Electronic Withdrawal VENMO PAYMENT 250723	$65.00		$98,645.89
07/25	Electronic Deposit BUCK DESIGN LLC DIRECT DEP 250725~ Tran: ACHDD		$2,657.21	$101,303.10
07/28	Electronic Withdrawal VENMO PAYMENT 250725	$671.79		$100,631.31
07/30	Electronic Withdrawal CLICKPAY PROPRTYPAY 250729 2315.00,0.00,PCT01,0	$2,315.00		$98,316.31
07/30	Electronic Deposit BUCK DESIGN LLC AB-TSLR3NQ 250730		$59.89	$98,376.20

Schwab Bank Investor Checking™ *(continued)*

Account Number: 440022196297

Activity *(continued)*

Date Posted	Description	Debits	Credits	Balance
07/31	Interest Paid		$4.18	$98,380.38
07/31	**Ending Balance**			**$98,380.38**

Interest Earned

Interest Earned	07/01/2025 to 07/31/2025	31 day(s)	Annual Percentage Yield Earned	0.05%
Average Daily Balance		$98,543.16	Interest Earned this Period	$4.18
Interest Rate as of	07/31/2025	0.05%	Interest Paid Year to Date	$27.20

IMPORTANT DEPOSIT ACCOUNT INFORMATION

Electronic Transfers: If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you can call us at the telephone number on the first page of this statement to find out whether or not the deposit has been made.

In Case of Errors or Questions About Your Electronic Fund Transfers: Telephone us or write us at the phone number or the address shown on the first page of this statement as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or transfer you are unsure about. Explain as clearly as you can why you believe there is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

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

If you are a debtor in bankruptcy or you discharged your personal liability for your loan in bankruptcy, we are providing this statement to you for informational and compliance purposes only and this statement is not an attempt to collect a debt against you. If you have filed a Chapter 13 bankruptcy and your bankruptcy plan requires you to send your regular monthly loan payments to the Trustee, you should pay the Trustee instead of us and contact your attorney or Trustee if you have questions. If you want to stop receiving or having access to your statements, write to us.

charles SCHWAB BANK

SEAN ELLIOTT MERK

Account Number
440022196297

Statement Period
August 1-29, 2025

Customer Service Information

Call Toll Free: **(888) 403-9000**

Visit the Schwab Website: **www.schwab.com**

Send Written Inquiries to:
Charles Schwab Bank
P.O. Box 982605
El Paso, TX 79998-2605

Send Deposits to:
Charles Schwab Bank
P.O. Box 628291
Orlando, FL 32862-9925

29/08-CB43A121-017517-SML-11201534400 253431 *
SEAN ELLIOTT MERK
248 DUFFIELD ST APT 3D
BROOKLYN NY 11201-5344

Schwab Bank News

Text Alerts
Enjoy extra security and convenience! Schwab Bank Visa Two-Way-Fraud Text messages alert you of suspicious debit card account activity 24/7. With a simple text from Visa, you will be able to instantly engage with us to confirm your debit card transactions.

Please take care to update your mobile phone number where you can be contacted on via Schwab.com under "Profile/Contact Information" to take advantage of this service.
(0825-ELSB)
Thank you for choosing Schwab Bank.

Your business is important to us, and we look forward to serving your banking needs. If you have any questions or need assistance, please call a Schwab Bank Customer Service Representative at 1-888-403-9000. We're available 24/7.

(0425-C3P9)

Schwab Bank Investor Checking™

Account Number: 440022196297

Summary	Amount
Beginning Balance	$98,380.38
Deposits and Credits	5,314.42
Interest Paid	3.95
Withdrawals and Other Debits	(2,080.55)
Other Fees	0.00
Ending Balance	**$101,618.20**

Nonsufficient Funds Fees	This Period	Year to Date
Total Overdraft Fees	$0.00	$0.00
Total Returned Item Fees	$0.00	$0.00

Activity

Date Posted	Description	Debits	Credits	Balance
08/01	Beginning Balance			$98,380.38
08/04	Electronic Withdrawal CHASE CREDIT CRD AUTOPAY 250803	$1,513.89		$96,866.49
08/05	Electronic Withdrawal VENMO PAYMENT 250804	$204.00		$96,662.49
08/07	Electronic Withdrawal VENMO PAYMENT 250806	$37.00		$96,625.49
08/08	Electronic Deposit BUCK DESIGN LLC PAYROLL 250808~ Tran: ACHDD		$2,657.21	$99,282.70

Schwab Bank Investor Checking™ *(continued)*

Account Number: 440022196297

Activity *(continued)*

Date Posted	Description	Debits	Credits	Balance
08/08	Electronic Withdrawal VENMO PAYMENT 250807	$72.00		$99,210.70
08/11	Electronic Withdrawal VERIZON WIRELESS PAYMENTS 250811	$87.82		$99,122.88
08/16	Visa Debit Card Point of Sale Purchase OPENAI *CHATGPT SUBSCR OPENAI.COM, CA, US	$21.78		$99,101.10
08/18	Visa Debit Card Point of Sale Purchase VERIZON*RECURRING PAY 800-VERIZON, FL, US	$54.99		$99,046.11
08/19	Electronic Withdrawal NATIONWIDE PET PAYMENTS 250817~ Tran: ACHDW	$39.07		$99,007.04
08/22	Electronic Deposit BUCK DESIGN LLC PAYROLL 250822~ Tran: ACHDD		$2,657.21	$101,664.25
08/26	Electronic Withdrawal VENMO PAYMENT 250825	$50.00		$101,614.25
08/29	Interest Paid		$3.95	$101,618.20
08/29	**Ending Balance**			**$101,618.20**

Interest Earned

Interest Earned	08/01/2025 to 08/29/2025	29 day(s)	Annual Percentage Yield Earned	0.05%
Average Daily Balance		$99,399.59	Interest Earned this Period	$3.95
Interest Rate as of	08/29/2025	0.05%	Interest Paid Year to Date	$31.15

Schwab Bank Investor Checking™ *(continued)*

Account Number: 440022196297

IMPORTANT DEPOSIT ACCOUNT INFORMATION

Electronic Transfers: If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you can call us at the telephone number on the first page of this statement to find out whether or not the deposit has been made.

In Case of Errors or Questions About Your Electronic Fund Transfers: Telephone us or write us at the phone number or the address shown on the first page of this statement as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or transfer you are unsure about. Explain as clearly as you can why you believe there is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

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

If you are a debtor in bankruptcy or you discharged your personal liability for your loan in bankruptcy, we are providing this statement to you for informational and compliance purposes only and this statement is not an attempt to collect a debt against you. If you have filed a Chapter 13 bankruptcy and your bankruptcy plan requires you to send your regular monthly loan payments to the Trustee, you should pay the Trustee instead of us and contact your attorney or Trustee if you have questions. If you want to stop receiving or having access to your statements, write to us.

charles SCHWAB BANK

SEAN ELLIOTT MERK

Account Number
440022196297

Statement Period
August 30, 2025 to
September 30, 2025

Customer Service Information

Call Toll Free: **(888) 403-9000**

Visit the Schwab Website: **www.schwab.com**

Send Written Inquiries to:
Charles Schwab Bank
P.O. Box 982605
El Paso, TX 79998-2605

Send Deposits to:
Charles Schwab Bank
P.O. Box 628291
Orlando, FL 32862-9925

30/09-CB75A122-011600-SML-11201534400 730635 *
SEAN ELLIOTT MERK
248 DUFFIELD ST APT 3D
BROOKLYN NY 11201-5344

Schwab Bank News

You can add your Charles Schwab Bank Visa® Platinum Debit Card to your mobile wallet to make touchless payments

When you need to go out to make essential purchases like groceries or prescriptions, it might be easier by adding your Schwab Bank Visa® Platinum Debit Card to your mobile wallet. Your Schwab Bank Visa® Platinum Debit Card is compatible with Apple Pay, Google Pay and Samsung Pay. Making a purchase with your mobile wallet is easy, touch-free, and you get the benefit of an extra layer of security. Go to www.schwab.com/mobilewallet for more information. (See page 2 for further details)

Thank you for choosing Schwab Bank.

Your business is important to us, and we look forward to serving your banking needs. If you have any questions or need assistance, please call a Schwab Bank Customer Service Representative at 1-888-403-9000. We're available 24/7.

(0425-C3P9)

Schwab Bank News *(continued)*

You can add Your Schwab Bank Visa® Platinum Debit Card to Apple Pay, Google Pay or Samsung Pay **to make touchless payments**

1. Use of your card through a mobile wallet is also subject to the terms and conditions of your Schwab Bank Deposit Account Agreement (which contains information on any potential liability for unauthorized transactions), your Visa Debit Card Agreement, the terms and conditions of the mobile wallet you use, the privacy policy set forth at Schwab.com, and the privacy policy of the mobile wallet you use.
2. Apple, the Apple logo, iPhone, and iPad are trademarks of Apple Inc., registered in the U.S. and other countries. Apple Pay, Touch ID and Apple Watch are trademarks of Apple Inc.
3. Samsung, Samsung Pay, Samsung Gear, Galaxy S and Gear S (and other device names) are trademarks or registered trademarks of Samsung Electronics Co., Ltd. Use only in accordance with law. Other company and product names mentioned may be trademarks of their respective owners. Samsung Pay is available on select Samsung devices.
4. Android, Google Play, and Google Pay are trademarks of Google Inc. Use of these trademarks are subject to Google Permissions.

(1020-015N)

Schwab Bank Investor Checking™

Account Number: 440022196297

Summary	Amount
Beginning Balance	$101,618.20
Deposits and Credits	5,399.07
Interest Paid	4.49
Withdrawals and Other Debits	(5,564.84)
Other Fees	0.00
Ending Balance	**$101,456.92**

Nonsufficient Funds Fees	This Period	Year to Date
Total Overdraft Fees	$0.00	$0.00
Total Returned Item Fees	$0.00	$0.00

Activity

Date Posted	Description	Debits	Credits	Balance
08/30	Beginning Balance			$101,618.20
09/02	Electronic Withdrawal CLICKPAY PROPRTYPAY 250829 815.00,0.00,PCT01,0	$815.00		$100,803.20
09/04	Electronic Withdrawal CHASE CREDIT CRD AUTOPAY 250903	$1,209.40		$99,593.80
09/05	Electronic Deposit BUCK DESIGN LLC PAYROLL 250905~ Tran: ACHDD		$2,657.21	$102,251.01
09/10	Electronic Withdrawal DEPT EDUCATION STUDENT LN 250909	$235.47		$102,015.54

Schwab Bank Investor Checking™ *(continued)*

Account Number: 440022196297

Activity *(continued)*

Date Posted	Description	Debits	Credits	Balance
09/11	Electronic Withdrawal VERIZON WIRELESS PAYMENTS 250910~ Tran: ACHDW	$87.82		$101,927.72
09/16	Visa Debit Card Point of Sale Purchase OPENAI *CHATGPT SUBSCR OPENAI.COM, CA, US	$21.78		$101,905.94
09/17	Visa Debit Card Point of Sale Purchase VERIZON*RECURRING PAY 800-VERIZON, FL, US	$54.99		$101,850.95
09/18	Electronic Withdrawal NATIONWIDE PET PAYMENTS 250917~ Tran: ACHDW	$39.07		$101,811.88
09/19	Electronic Deposit BUCK DESIGN LLC PAYROLL 250919~ Tran: ACHDD		$2,657.20	$104,469.08
09/21	Visa Debit Card Point of Sale Purchase COSTCO WHSE #0318 BROOKLYN, NY, US	$378.64		$104,090.44
09/22	Electronic Withdrawal VENMO PAYMENT 250920	$407.67		$103,682.77
09/25	Electronic Deposit BUCK DESIGN LLC AB-TDGIZQT 250925		$24.19	$103,706.96
09/25	Electronic Deposit BUCK DESIGN LLC AB-T8ACQWL 250925		$24.23	$103,731.19
09/25	Electronic Deposit BUCK DESIGN LLC AB-TAA73A9 250925		$36.24	$103,767.43
09/30	Electronic Withdrawal CLICKPAY PROPRTYPAY 250929 2315.00,0.00,PCT01,0	$2,315.00		$101,452.43

Schwab Bank Investor Checking™ *(continued)*

Account Number: 440022196297

Activity *(continued)*

Date Posted	Description	Debits	Credits	Balance
09/30	Interest Paid		$4.49	$101,456.92
09/30	**Ending Balance**			**$101,456.92**

Interest Earned

Interest Earned	08/30/2025 to 09/30/2025	32 day(s)	Annual Percentage Yield Earned	0.05%
Average Daily Balance		$102,465.60	Interest Earned this Period	$4.49
Interest Rate as of	09/30/2025	0.05%	Interest Paid Year to Date	$35.64

IMPORTANT DEPOSIT ACCOUNT INFORMATION

Electronic Transfers: If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you can call us at the telephone number on the first page of this statement to find out whether or not the deposit has been made.

In Case of Errors or Questions About Your Electronic Fund Transfers: Telephone us or write us at the phone number or the address shown on the first page of this statement as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or transfer you are unsure about. Explain as clearly as you can why you believe there is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

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

If you are a debtor in bankruptcy or you discharged your personal liability for your loan in bankruptcy, we are providing this statement to you for informational and compliance purposes only and this statement is not an attempt to collect a debt against you. If you have filed a Chapter 13 bankruptcy and your bankruptcy plan requires you to send your regular monthly loan payments to the Trustee, you should pay the Trustee instead of us and contact your attorney or Trustee if you have questions. If you want to stop receiving or having access to your statements, write to us.

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2024 W-2 and EARNINGS SUMMARY

Employee Reference Copy

W-2 Wage and Tax Statement **2024**

OMB No. 1545-0008

Copy C for employee's records.

d Control number	Dept.	Corp.	Employer use only
001465 LOSA/3XA	500200		A 145

c Employer's name, address, and ZIP code

BUCK DESIGN LLC
120 S SAN PEDRO STREET
LOS ANGELES CA 90012

Batch #02488

e/f Employee's name, address, and ZIP code

SEAN MERK
248 DUFFIELD STREET
APT 3D
BROOKLYN NY 11201

b Employer's FED ID number	a Employee's SSA number
47-4568608	XXX-XX-2986

1 Wages, tips, other comp. 94101.88	2 Federal income tax withheld 12535.93
3 Social security wages 101056.07	4 Social security tax withheld 6265.48
5 Medicare wages and tips 101056.07	6 Medicare tax withheld 1465.31
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 34.58
14 Other 31.20 SDI 333.25 NY PFL	12b D 6954.19
	12c DD 9267.12
	12d
	13 Stat emp. Ret. plan X 3rd party sick pay
15 State NY Employer's state ID no. 47-4568608	16 State wages, tips, etc. 94101.88
17 State income tax 4637.19	18 Local wages, tips, etc. 94101.88
19 Local income tax 3471.33	20 Locality name NYC RES

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY. State Wages, Tips, Etc. Box 16 of W-2	NYC RES Local Wages, Tips, Etc. Box 18 of W-2
Gross Pay	104,000.05	104,000.05	104,000.05	104,000.05	104,000.05
Plus GTL (C-Box 12)	34.58	34.58	34.58	34.58	34.58
Less 401(k) (D-Box 12)	6,954.19	N/A	N/A	6,954.19	6,954.19
Less Other Cafe 125	2,978.56	2,978.56	2,978.56	2,978.56	2,978.56
Reported W-2 Wages	**94,101.88**	**101,056.07**	**101,056.07**	**94,101.88**	**94,101.88**

2. Employee Name and Address.

SEAN MERK
248 DUFFIELD STREET
APT 3D
BROOKLYN NY 11201

1 Wages, tips, other comp. 94101.88 | 2 Federal income tax withheld 12535.93
3 Social security wages 101056.07 | 4 Social security tax withheld 6265.48
5 Medicare wages and tips 101056.07 | 6 Medicare tax withheld 1465.31
d Control number 001465 LOSA/3XA | Dept. 500200 | Corp. | Employer use only A 145
c Employer's name, address, and ZIP code: BUCK DESIGN LLC, 120 S SAN PEDRO STREET, LOS ANGELES CA 90012
b Employer's FED ID number 47-4568608 | a Employee's SSA number XXX-XX-2986
7 Social security tips | 8 Allocated tips
9 | 10 Dependent care benefits
11 Nonqualified plans | 12a See instructions for box 12 C 34.58
14 Other 31.20 SDI 333.25 NY PFL | 12b D 6954.19 | 12c DD 9267.12 | 12d
13 Stat emp. | Ret. plan X | 3rd party sick pay
e/f Employee's name, address and ZIP code: SEAN MERK, 248 DUFFIELD STREET, APT 3D, BROOKLYN NY 11201
15 State NY Employer's state ID no. 47-4568608 | 16 State wages, tips, etc. 94101.88
17 State income tax 4637.19 | 18 Local wages, tips, etc. 94101.88
19 Local income tax 3471.33 | 20 Locality name NYC RES

Federal Filing Copy

W-2 Wage and Tax Statement **2024**

OMB No. 1545-0008

Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 94101.88 | 2 Federal income tax withheld 12535.93
3 Social security wages 101056.07 | 4 Social security tax withheld 6265.48
5 Medicare wages and tips 101056.07 | 6 Medicare tax withheld 1465.31
d Control number 001465 LOSA/3XA | Dept. 500200 | Corp. | Employer use only A 145
c Employer's name, address, and ZIP code: BUCK DESIGN LLC, 120 S SAN PEDRO STREET, LOS ANGELES CA 90012
b Employer's FED ID number 47-4568608 | a Employee's SSA number XXX-XX-2986
7 Social security tips | 8 Allocated tips
9 | 10 Dependent care benefits
11 Nonqualified plans | 12a C 34.58
14 Other 31.20 SDI 333.25 NY PFL | 12b D 6954.19 | 12c DD 9267.12 | 12d
13 Stat emp. | Ret. plan X | 3rd party sick pay
e/f Employee's name, address and ZIP code: SEAN MERK, 248 DUFFIELD STREET, APT 3D, BROOKLYN NY 11201
15 State NY Employer's state ID no. 47-4568608 | 16 State wages, tips, etc. 94101.88
17 State income tax 4637.19 | 18 Local wages, tips, etc. 94101.88
19 Local income tax 3471.33 | 20 Locality name NYC RES

NY.State Filing Copy

W-2 Wage and Tax Statement **2024**

OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 94101.88 | 2 Federal income tax withheld 12535.93
3 Social security wages 101056.07 | 4 Social security tax withheld 6265.48
5 Medicare wages and tips 101056.07 | 6 Medicare tax withheld 1465.31
d Control number 001465 LOSA/3XA | Dept. 500200 | Corp. | Employer use only A 145
c Employer's name, address, and ZIP code: BUCK DESIGN LLC, 120 S SAN PEDRO STREET, LOS ANGELES CA 90012
b Employer's FED ID number 47-4568608 | a Employee's SSA number XXX-XX-2986
7 Social security tips | 8 Allocated tips
9 | 10 Dependent care benefits
11 Nonqualified plans | 12a C 34.58
14 Other 31.20 SDI 333.25 NY PFL | 12b D 6954.19 | 12c DD 9267.12 | 12d
13 Stat emp. | Ret. plan X | 3rd party sick pay
e/f Employee's name, address and ZIP code: SEAN MERK, 248 DUFFIELD STREET, APT 3D, BROOKLYN NY 11201
15 State NY Employer's state ID no. 47-4568608 | 16 State wages, tips, etc. 94101.88
17 State income tax 4637.19 | 18 Local wages, tips, etc. 94101.88
19 Local income tax 3471.33 | 20 Locality name NYC RES

City or Local Filing Copy

W-2 Wage and Tax Statement **2024**

OMB No. 1545-0008

Copy 2 to be filed with employee's City or Local Income Tax Return.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above $200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions. You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $23,000 ($16,000 if you only have SIMPLE plans; $26,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $23,000. Deferrals under code H are limited to $7,000. However, if you were at least age 50 in 2024, your employer may have allowed an additional deferral of up to $7,500 ($3,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan

T—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

II—Medicaid waiver payments excluded from gross income under Notice 2014-7.

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

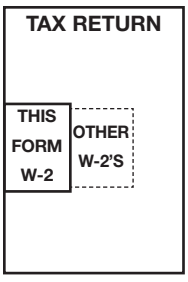
Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

IMPORTANT NOTE:
In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



Future developments. For the latest information about developments related to Form W-2, such as legislation enacted after it was published, go to *www.irs.gov/FormW2*.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income tax credit (EITC). You may be able to take the EITC for 2024 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EITC if your investment income is more than the specified amount for 2024 or if income is earned for services provided while you were an inmate at a penal institution. For 2024 income limits and more information, visit *www.irs.gov/EITC*. See also Pub. 596. **Any EITC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at *www.SSA.gov*.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2024 and more than $10,453.20 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than $6,129.90 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	070
3XA	001465	500200		0000360031	1

Earnings Statement

BUCK DESIGN LLC
120 S SAN PEDRO ST
LOS ANGELES CA 90012

Period Beginning: 08/16/2025
Period Ending: 08/29/2025
Pay Date: 09/05/2025

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

SEAN MERK
248 DUFFIELD STREET
APT 3D
BROOKLYN NY 11201

Earnings	rate	salary/hours	this period	year to date
Regular	4384.62	80.00	4,384.62	66,138.51
Holiday				1,738.46
PTO				8,238.46
Sick				1,269.23
Gross Pay			**$4,384.62**	77,384.66

Deductions	Statutory		
	Federal Income Tax	-528.18	9,217.86
	Social Security Tax	-264.30	4,661.99
	Medicare Tax	-61.81	1,090.30
	NY State Income Tax	-193.08	3,396.52
	New York Cit Income Tax	-144.09	2,537.72
	NY SDI Tax	-1.20	21.60
	NY Paid Family Leave Ins	-17.01	300.28
	Other		
	Dental	-7.62*	137.16
	Med125	-115.50*	2,079.00
	401K	-394.62*	6,880.04
	Net Pay	**$2,657.21**	
	Checking	-2,657.21	
	Net Check	**$0.00**	

*** Excluded from federal taxable wages**

Your federal taxable wages this period are $3,866.88

Other Benefits and Information	this period	total to date
Er Match	131.54	2,321.52
Gtl Txbl Prem	1.38	24.84
Pto Available	-1,040.00	
Sick Available	32.00	
Totl Hrs Worked	80.00	

Important Notes

COMPANY PH#: 213 623 0111

BASIS OF PAY: SALARY

Additional Tax Withholding Information

Taxable Marital Status:
NY: Single
New York Cit: Single
Exemptions/Allowances:
NY: 0
New York Cit: 0

BUCK DESIGN LLC
120 S SAN PEDRO ST
LOS ANGELES CA 90012

Advice number: **00000360031**
Pay date: 09/05/2025

Deposited to the account of	account number	transit ABA	amount
SEAN MERK	xxxxxxxx6297	xxxx xxxx	$2,657.21

NON-NEGOTIABLE

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	070
3XA	001465	500200		0000380031	1

Earnings Statement

BUCK DESIGN LLC
120 S SAN PEDRO ST
LOS ANGELES CA 90012

Period Beginning: 08/30/2025
Period Ending: 09/12/2025
Pay Date: 09/19/2025

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

SEAN MERK
248 DUFFIELD STREET
APT 3D
BROOKLYN NY 11201

Earnings	rate	salary/hours	this period	year to date
Regular	4384.62	32.00	1,753.85	67,892.36
Holiday	54.8078	8.00	438.46	2,176.92
PTO	54.8078	40.00	2,192.31	10,430.77
Sick				1,269.23
Gross Pay			**$4,384.62**	81,769.28

Deductions	Statutory		
	Federal Income Tax	-528.18	9,746.04
	Social Security Tax	-264.30	4,926.29
	Medicare Tax	-61.82	1,152.12
	NY State Income Tax	-193.08	3,589.60
	New York Cit Income Tax	-144.09	2,681.81
	NY SDI Tax	-1.20	22.80
	NY Paid Family Leave Ins	-17.01	317.29
	Other		
	Dental	-7.62*	144.78
	Med125	-115.50*	2,194.50
	401K	-394.62*	7,274.66
	Net Pay	**$2,657.20**	
	Checking	-2,657.20	
	Net Check	**$0.00**	

*** Excluded from federal taxable wages**

Your federal taxable wages this period are $3,866.88

Other Benefits and Information	this period	total to date
Er Match	131.54	2,453.06
Gtl Txbl Prem	1.38	26.22
Pto Available	-1,080.00	
Sick Available	32.00	
Totl Hrs Worked	40.00	

Important Notes

COMPANY PH#: 213 623 0111

BASIS OF PAY: SALARY

Additional Tax Withholding Information

Taxable Marital Status:
NY: Single
New York Cit: Single
Exemptions/Allowances:
NY: 0
New York Cit: 0

BUCK DESIGN LLC
120 S SAN PEDRO ST
LOS ANGELES CA 90012

Advice number: **00000380031**
Pay date: 09/19/2025

Deposited to the account of	account number	transit ABA	amount
SEAN MERK	xxxxxxxx6297	xxxx xxxx	$2,657.20

NON-NEGOTIABLE

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	070
3XA	001465	500200		0000400032	1

Earnings Statement

BUCK DESIGN LLC
120 S SAN PEDRO ST
LOS ANGELES CA 90012

Period Beginning: 09/13/2025
Period Ending: 09/26/2025
Pay Date: 10/03/2025

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

SEAN MERK
248 DUFFIELD STREET
APT 3D
BROOKLYN NY 11201

Earnings	rate	salary/hours	this period	year to date
Regular	4384.62	40.00	2,192.31	70,084.67
PTO	54.8078	40.00	2,192.31	12,623.08
Holiday				2,176.92
Sick				1,269.23
Gross Pay			**$4,384.62**	86,153.90

Deductions	Statutory		
Federal Income Tax	-528.18		10,274.22
Social Security Tax	-264.29		5,190.58
Medicare Tax	-61.81		1,213.93
NY State Income Tax	-193.08		3,782.68
New York Cit Income Tax	-144.09		2,825.90
NY SDI Tax	-1.20		24.00
NY Paid Family Leave Ins	-17.01		334.30
Other			
Dental	-7.62*		152.40
Med125	-115.50*		2,310.00
401K	-394.62*		7,669.28
Net Pay			**$2,657.22**
Checking	-2,657.22		
Net Check			**$0.00**

*** Excluded from federal taxable wages**

Your federal taxable wages this period are $3,866.88

Other Benefits and Information	this period	total to date
Er Match	131.54	2,584.60
Gtl Txbl Prem	1.38	27.60
Pto Available	-1,120.00	
Sick Available	32.00	
Totl Hrs Worked	40.00	

Important Notes

COMPANY PH#: 213 623 0111

BASIS OF PAY: SALARY

Additional Tax Withholding Information

Taxable Marital Status:
NY: Single
New York Cit: Single
Exemptions/Allowances:
NY: 0
New York Cit: 0

BUCK DESIGN LLC
120 S SAN PEDRO ST
LOS ANGELES CA 90012

Advice number: **00000400032**
Pay date: 10/03/2025

Deposited to the account of	account number	transit ABA	amount
SEAN MERK	xxxxxxxx6297	xxxx xxxx	$2,657.22

NON-NEGOTIABLE

Bond Vet Cobble Hill

217 Court St Brooklyn, NY 11201 US
(718) 673-6763
ch@bondvet.com

BondVet

Owner:	Sean Merk	Patient:	French Fry	Sex:	Female (Spayed)
Phone:	(973) 865-2346	Age:	2 years 2 months	Microchip:	985113007807115
Email:	smerk87@gmail.com	Species:	Feline	Allergies:	(None listed)
Address:	248 Duffield St Apt 3d Brooklyn New York 11201	Breed:	Domestic Short Hair (dsh)	Patient ID:	283835424
		Weight:	4.8 kg	DOB:	Jun 30, 2022

Immunizations with "

Sep 1, 2024

Rabies vaccine Feline (1 year)

Historical | Administered: 2023-06-29 | Next Due Date: 2024-06-29

FVRCP vaccine

Administered: 2024-09-01 | Next Due Date: 2024-09-22 | Expiration Date: 2026-04-18

Lot Number: 66344BJ42 | Manufacturer: Boehringer Ingelheim | Site: right front leg

Provider: Dr. Anna Kaufman

Rabies vaccine Feline (3 year)

Administered: 2024-09-01 | Next Due Date: 2027-09-01 | Expiration Date: 2025-08-29

Lot Number: 19046 - PureVax | Manufacturer: Boehringer Ingelheim | Site: right rear leg

Provider: Dr. Anna Kaufman

150 CLERMONT AVE

APPLICATION FOR RENTAL

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

The undersigned hereby makes application to rent an Apartment at **150 CLERMONT AVE**.

APPLICANT INFORMATION

LAST NAME	FIRST NAME	M.I.	SSN	DRIVER'S LICENSE #
Mayer	Isabella	Eve Sondra	***-**-****	

BIRTH DATE	PHONE #1	ALTERNATE PHONE	EMAIL
11/12/1997	(630) 432-7875		isabellaesmayer@gmail.com

CURRENT ADDRESS

STREET ADDRESS	CITY
248 Duffield St	Brooklyn

STATE	ZIP	DATE IN	DATE OUT	MONTHLY RENT
NY	11201	12/1/2023	current	$4,630.00 / Mo.

LANDLORD NAME	LANDLORD PHONE
Prospect Management	(718) 302-8383

PREVIOUS ADDRESS

STREET ADDRESS	CITY
228 Atlantic Ave	Brooklyn

STATE	ZIP	DATE IN	DATE OUT	MONTHLY RENT
NY	11201	2/1/2020	12/1/2023	$4,350.00 / Mo.

LANDLORD NAME	LANDLORD PHONE
A&E REALESTATE	(212) 721-5500

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY	SALARY
Event Planner	Golub Capital	$120,000.00/Yr.

SUPERVISOR	SUPERVISOR PHONE	START DATE	END DATE
Kate Teegarden			current

EMPLOYER ADDRESS	CITY	STATE	ZIP
200 Park Ave	New York	NY	10166

BACKGROUND INFORMATION

Have you ever filed for bankruptcy?

NO

Have you ever willfully or intentionally refused to pay rent when due?

NO

Have you ever been evicted from a tenancy or left owing money? If yes, please provide Property Name, City, State, and Landlord Name.

NO

ADDITIONAL INFORMATION

AQUARIUM?	WATERBED?	BOAT?	MOTORHOME?	MOTORCYCLE?	OTHER?
NO	NO	NO	NO	NO	NO

PET(S)

1. TYPE	BREED	NAME
cat	Tortoiseshell	French Fry

SEX	AGE	WEIGHT	COLOR
female	2.5 years	4.8kgs	Black/Brown

OTHER INFORMATION

HOW DID YOU HEAR ABOUT THIS PROPERTY?

Streeteasy.com

UNIT APPLYING FOR:	PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION
3I	We'd be interested in a two year lease (if possible). We plan to stay in our next apartment for awhile.

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 **150 CLERMONT AVE** 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 **150 CLERMONT AVE** 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 **150 CLERMONT AVE**, 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 **150 CLERMONT AVE** 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 **150 CLERMONT AVE**, 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 FOR ISABELLA EVE SONDRA MAYER SUBMITTED ONLINE on October 5, 2025

Signed by Isabella Eve Sondra Mayer
Sun Oct 5 2025 08:25:56 PM EDT
Key: 53D725E8; IP Address: 10.33.14.4

Isabella Eve Sondra Mayer *(Applicant)* *Date*

The following charge(s) will appear on your card statement as *"150 CLERMONT AVE"*

Application Fee for Isabella Eve Sondra Mayer - Charge Details			
Name on Card	**Account Number**	**Reference Number**	**Authorized**
Sean E Merk	XXXXXXXXXXX6403	16205402	$20.00
This card has been authorized for the amount above and will be charged when the application is processed.			

Commission On Human Rights

NYC Fair Chance Housing Notice: Criminal Records

As of January 1, 2025, in NYC, it is illegal for most housing providers to discriminate on the basis of a conviction history in rentals or sales, including co-ops and condos.

The protections of the NYC Fair Chance Housing Law apply to current tenants as well as applicants.

It is a violation of the Law for covered housing providers to:	
Make statements about criminal background checks or criminal records or express limitations on this basis in ads and applications	Treat applicants or tenants differently because of a conviction history except as allowed by the Fair Chance Housing Law.

Covered housing providers **may NEVER** change the terms of a sale or lease because of a conviction history. Covered housing providers **may** revoke a housing offer or decline to renew a lease **ONLY** based on limited kinds of convictions and **ONLY** when they follow the requirements of the Fair Chance Housing Law.

The NYC Fair Chance Housing Law does not require housing providers to run criminal background checks. Any housing provider can accept a renter or buyer without following the steps below. The steps below are only for covered housing providers that choose to run a background check.

If a Covered Housing Provider Chooses to Run a Criminal Background Check: You Have Rights.

Covered housing providers **must first** consider your general housing eligibility (ability to meet lease terms) AND make a conditional offer of housing. **Only after** this conditional offer is it lawful for a covered housing provider to run a criminal background check.

Before conducting a criminal background check, covered housing providers must:

- Make you a conditional offer of housing AND
- Give you a copy of this notice explaining your rights

Housing providers are also responsible for compliance with laws governing the collection and use of personal information, such as Federal and State Fair Credit Reporting Acts.

Conditional Offer of Housing

A conditional offer of housing is a **written lease, rental agreement, or agreement for a sale** that conditionally commits a unit(s) to a renter or buyer and can only be revoked in limited circumstances. Next a covered housing provider chooses either:

NOT to conduct a criminal background check	TO conduct a criminal background check
At this time, the housing provider can either finalize the offer or revoke it for a lawful, non-discriminatory purpose that is unrelated to conviction history.	It is illegal for the housing provider to seek or review your conviction history before you have a conditional offer.

CONTACT 22 Reade Street, New York, NY 10007 212-416-0197 www.nyc.gov/HumanRights

Criminal Background Check

If a covered housing provider chooses to run a criminal background check after making you a conditional offer, they may only consider **very limited** categories of convictions:

- convictions that require registration on a sex offense registry at the time of the background check
- felony convictions from the last 5 years, except those below
- misdemeanor convictions from the last 3 years, except those below

The 3 or 5 years are measured from the **actual date of release OR the sentencing date** (if the sentence does not include jail or prison time), regardless of probation or parole status.

A covered housing provider can **NEVER** consider arrests or pending cases, or:

- convictions that were sealed, expunged, are under an executive pardon or certificate of relief from disabilities, or legally nullified or vacated
- convictions for violations, which are non-criminal offenses such as disorderly conduct
- convictions under federal law or another state's law for conduct related to reproductive or gender affirming care that is lawful in New York State
- convictions under federal law or another state's law for cannabis possession that does not constitute a felony in New York State
- Adjournments in Contemplation of Dismissal (ACDs)
- adjudications as a youthful offender or for juvenile delinquency
- terminations in favor of an individual, including but not limited to, acquittals, reversals upon appeal, and exonerations)
- Dispositions of criminal matters under federal law or another state's law that are comparable to those listed here.

It is illegal for a covered housing provider to consider information in these categories. In addition, tenant screening companies may be held liable under federal fair housing laws for discriminatory decisions by housing providers.

Right to Provide Support for Your Application

After considering only reviewable convictions, a covered housing provider that wants to revoke a housing offer must **FOLLOW THE FAIR CHANCE HOUSING PROCESS** while holding a unit open. They must:

1. Give you a copy of all criminal history information they received and/or reviewed
2. Allow you 5 business days to respond by:
   - pointing out errors in the conviction history
   - identifying any information that should not have been considered (any information outside the lawfully reviewable convictions)
   - sharing information on your background, personal and professional references, and/or any information that supports your application.

You are not required to provide information to support your application at this stage. A housing provider must complete an individualized assessment even if you do not provide supporting information.

Right to an Individualized Assessment of Your Application

A covered housing provider must conduct an individualized assessment of the reviewable convictions, together with any other information that you have timely submitted.

CONTACT 22 Reade Street, New York, NY 10007 212-416-0197 www.nyc.gov/HumanRights

A covered housing provider CANNOT revoke a conditional offer of housing after running a criminal background check except in two **limited circumstances:**	
After conducting an individualized assessment if they show in writing BOTH: • a legitimate business interest AND • how the legitimate business interest is linked to your individual history.	If they show *new information, unrelated to criminal history,* that impacts your qualifications for tenancy and that they did not know at the time of your conditional offer.

Legitimate Business Interest

A covered housing provider's legitimate business interest must be specific and objective. Compliance with a particular lease term is a permissible legitimate business interest. Purely discriminatory motives, stigma, stereotypes, or assumptions never constitute a legitimate business interest.

A covered housing provider that shows a legitimate business interest must also **explain** the link between that interest and your particular individual history in light of the individual information you shared to justify a decision to revoke your conditional offer of housing. **The existence of a conviction alone never creates that link.**

The following are not legitimate business interests and do not establish a sufficient link to justify a housing provider's decision to revoke an offer:

- "I don't want a hot spot for law enforcement"
- "The applicant seems likely to commit another crime and I want tenant safety"
- "This is a family building"
- "We don't want bad guys hanging around"
- "My tenants don't want criminals"
- "My insurance rates will go up"
- "This will impact my property value"

Revoking a Conditional Offer of Housing

Before a covered housing provider can revoke a conditional offer because of your criminal history, the housing provider **MUST** take the following steps:

1. Do an individualized assessment of your reviewable convictions **AND** the information you provided
2. Give you copies of all documents that it received and/or reviewed
3. Give you a written statement that explains:
   - the decision to revoke based on your conviction history **AND** the link to a legitimate business interest
   - how your individual information and circumstances were taken into account

---

Exemptions for Housing Providers

- Housing provider-occupied properties with 2 or fewer rooms or units are not covered by the NYC Fair Chance Housing Law.
- State or federally funded housing providers, including public housing authorities that are required or authorized to take specific actions related to criminal history **CAN** take such specific actions without violating the NYC Fair Chance Housing Law.

For additional information about tenants' and buyers' rights & housing providers' responsibilities under the NYC Fair Chance Housing Law, and to see this notice in multiple languages, visit NYC.gov/FairChanceHousing.

REMINDER: All New Yorkers have a right to be free from retaliation in housing. It is illegal for housing providers in NYC to punish you or treat you negatively for telling them about your rights or for reporting discrimination or harassment.

CONTACT 22 Reade Street, New York, NY 10007 212-416-0197 www.nyc.gov/HumanRights

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 Isabella Eve Sondra Mayer

The property's screening criteria result	
APPROVE	This application meets your requirements based on your Property's Screening Criteria. On-Site makes no independent assessment of an applicant's qualifications. **Application Approved by Malgorzata Warchol on 10/6/2025**.

Score for Isabella Eve Sondra Mayer: 825		
	Importance	**Result**
AI Score	Pass/Fail	
No Credit	Pass/Conditional	
Total annual income to rent ratio exceeds 30.0	Pass/Fail	
May have been through a bankruptcy	Pass/Fail	
No rental collections	Pass/Fail	

Credit Quick Summary	
Total annual income (reported by Applicant)	$120,000.00
Total combined annual income to rent ratio	52.0 (based on rent of $4,500.00)
Total number of accounts	3
Accounts with no late payments	3 (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	$2,348.00 ($0.00 past due)
Outstanding revolving debt	$2,348.00 (54% 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:	Isabella Eve Sondra Mayer	ISABELLA MAYER
SSN:	***-**-****	***-**-****
Birth Date:	11/**/1997	11/**/1997

Addresses	From Application	From Equifax
	248 Duffield St Brooklyn, NY 11201 - US	248 DUFFIELD ST. 3D BROOKLYN, NY 11201 (Applicant) Reported 9/2025 228 ATLANTIC AVE. 1 BROOKLYN, NY 11201 (Applicant) Reported 12/2023 1000 CHESTNUT ST. 11B SAN FRANCISCO, CA 94109 (Applicant) Reported 3/2020 6100 S ELM ST. BURR RIDGE, IL 60527 (Applicant) Reported 8/2019

Employment	From Application	From Equifax
Applicant:	Event Planner Golub Capital $120,000.00/Yr. Total annual Income: $120,000.00	

Restricted Person Search		
Requested For Isabella Eve Sondra Mayer	**Requested** 10/6/2025	**Returned** 10/6/2025
Results *No Records Found*		

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	825	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)	776	Lack of sufficient credit history on bankcard or revolving accounts You have either very few loans or too many loans with recent delinquencies 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).

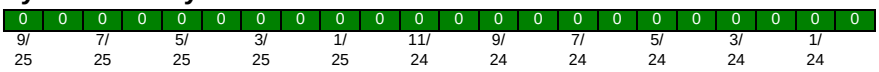
Credit Accounts

From Equifax

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	11/2023	8/2025					$2,337.00

Monthly Payment	High Credit	Type	Comments
$40.00	$2,337.00	REVOLVING	Rate/Status 1: Pays account as agreed

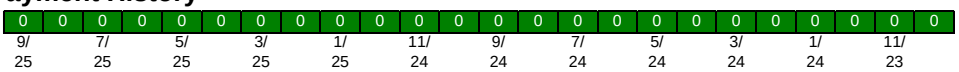
Payment History



Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	6/2019	8/2025					$11.00

Monthly Payment	High Credit	Type	Comments
$11.00	$1,950.00	REVOLVING	Rate/Status 1: Pays account as agreed

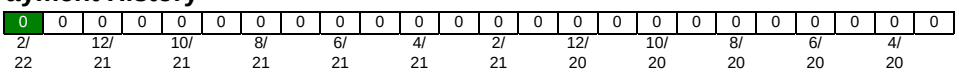
Payment History



Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
COMENITYBANK/VICTORI (Applicant)	3/2019	8/2019					$0.00

Monthly Payment	High Credit	Type	Comments
	$42.00	REVOLVING	ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed

Payment History



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.


NEW YORK STATE USA
DRIVER LICENSE
ID 880 915 902
Class D
MAYER
ISABELLA EVE SONDRA
248 DUFFIELD ST 3D
BROOKLYN, NY 11201
DOB 11/12/1997
Issued 08/18/2025
Expires 11/12/2033
E NONE
R B
Sex F Height 5'-09" Eyes BRO
Organ Donor
NOV 97

Form W-2 Wage and Tax Statement 2024

Copy C, for employee's records

c Employer's name, address, and ZIP code FIRST AGENCY SOLUTIONS INC 630 9TH AVE STE 310 NEW YORK NY 10036	d Control number: 0943-12117224 0000000387 - PLANNI Void b Employer identification number (EIN): 85-4220423 a Employee's social security number: 383-21-6634 13 Statutory employee: Retirement plan: X Third-party sick pay:	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 1 Wages, tips, other compensation: 59761.11 2 Federal income tax withheld: 9410.00 3 Social security wages: 66484.53 4 Social security tax withheld: 4122.04
e Employee's name, address, and ZIP code ISABELLA MAYER 228 ATLANTIC AVENUE APARTMENT 1 BROOKLYN NY 11201	12 See instructions for box 12 C 10.54 D 6723.42 14 Other 401K 3405.46 401K 6723.42 NYSDI 23.40 NYPFL 254.06	5 Medicare wages and tips: 66484.53 6 Medicare tax withheld: 964.03 7 Social Security Tips: 8 Allocated Tips: 10 Dependent care benefits: 11 Nonqualified plans:

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NY	854220423	59761.11	2936.16	59761.11	2166.59	NY NYC

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form W-2 Wage and Tax Statement 2024

Copy B, to be filed with employee's FEDERAL tax return

c Employer's name, address, and ZIP code FIRST AGENCY SOLUTIONS INC 630 9TH AVE STE 310 NEW YORK NY 10036	d Control number: 0943-12117224 0000000387 - PLANNI Void b Employer identification number (EIN): 85-4220423 a Employee's social security number: 383-21-6634 13 Statutory employee: Retirement plan: X Third-party sick pay:	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 1 Wages, tips, other compensation: 59761.11 2 Federal income tax withheld: 9410.00 3 Social security wages: 66484.53 4 Social security tax withheld: 4122.04
e Employee's name, address, and ZIP code ISABELLA MAYER 228 ATLANTIC AVENUE APARTMENT 1 BROOKLYN NY 11201	12 See instructions for box 12 C 10.54 D 6723.42 14 Other 401K 3405.46 401K 6723.42 NYSDI 23.40 NYPFL 254.06	5 Medicare wages and tips: 66484.53 6 Medicare tax withheld: 964.03 7 Social Security Tips: 8 Allocated Tips: 10 Dependent care benefits: 11 Nonqualified plans:

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NY	854220423	59761.11	2936.16	59761.11	2166.59	NY NYC

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form W-2 Wage and Tax Statement 2024

Copy 2, to be filed with employee's tax return for NY

c Employer's name, address, and ZIP code FIRST AGENCY SOLUTIONS INC 630 9TH AVE STE 310 NEW YORK NY 10036	d Control number: 0943-12117224 0000000387 - PLANNI Void b Employer identification number (EIN): 85-4220423 a Employee's social security number: 383-21-6634 13 Statutory employee: Retirement plan: X Third-party sick pay:	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 1 Wages, tips, other compensation: 59761.11 2 Federal income tax withheld: 9410.00 3 Social security wages: 66484.53 4 Social security tax withheld: 4122.04
e Employee's name, address, and ZIP code ISABELLA MAYER 228 ATLANTIC AVENUE APARTMENT 1 BROOKLYN NY 11201	12 See instructions for box 12 C 10.54 D 6723.42 14 Other 401K 3405.46 401K 6723.42 NYSDI 23.40 NYPFL 254.06	5 Medicare wages and tips: 66484.53 6 Medicare tax withheld: 964.03 7 Social Security Tips: 8 Allocated Tips: 10 Dependent care benefits: 11 Nonqualified plans:

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NY	854220423	59761.11	2936.16	59761.11	2166.59	NY NYC

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form W-2 Wage and Tax Statement 2024

c Employer's name, address, and ZIP code	d Control number Void: X b Employer identification number (EIN) a Employee's social security number 13 Statutory employee Retirement plan Third-party sick pay	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 1 Wages, tips, other compensation 2 Federal income tax withheld 3 Social security wages 4 Social security tax withheld
e Employee's name, address, and ZIP code	12 See instructions for box 12 14 Other	5 Medicare wages and tips 6 Medicare tax withheld 7 Social Security Tips 8 Allocated Tips 10 Dependent care benefits 11 Nonqualified plans

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EITC). You may be able to take the EITC for 2024 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EITC if your investment income is more than the specified amount for 2024 or if income is earned for services provided while you were an inmate at a penal institution. For 2024 income limits and more information, visit *www.irs.gov/EITC*. See also Pub. 596. **Any EITC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at *www.SSA.gov.*

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2024 and more than $10,453.20 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than $6,129.90 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above $200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $23,000 ($16,000 if you only have SIMPLE plans; $26,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $23,000. Deferrals under code H are limited to $7,000.

However, if you were at least age 50 in 2024, your employer may have allowed an additional deferral of up to $7,500 ($3,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan

T—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

II—Medicade waiver payments excluded from gross income under Notice 2014-7.

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

2024 W-2 and EARNINGS SUMMARY

Employee Reference Copy

W-2 Wage and Tax Statement **2024**

OMB No. 1545-0008

Copy C for employee's records.

d Control number	Dept.	Corp.	Employer use only
101326 CLIF/RI7	MARKTG		A 692

c Employer's name, address, and ZIP code

GOLUB CAPITAL LLC
200 PARK AVE 25TH FLOOR
NEW YORK NY 10166

Batch #03231

e/f Employee's name, address, and ZIP code

ISABELLA MAYER
248 DUFFIELD STREET
APT 3D
BROOKLYN NY 11201

b Employer's FED ID number	a Employee's SSA number
20-5683269	XXX-XX-6634

1 Wages, tips, other comp. 37827.42	2 Federal income tax withheld 6027.36
3 Social security wages 37784.95	4 Social security tax withheld 2342.67
5 Medicare wages and tips 37784.95	6 Medicare tax withheld 547.88
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 36.86
14 Other 42.47 LTD	12b W 375.00
	12c DD 2084.46
	12d
	13 Stat emp. Ret. plan 3rd party sick pay

15 State	Employer's state ID no.	16 State wages, tips, etc.
NY	20-5683269	37827.42
17 State income tax 2070.33		18 Local wages, tips, etc. 37827.42
19 Local income tax 1454.13		20 Locality name NYC RES

Federal Filing Copy

W-2 Wage and Tax Statement **2024**

OMB No. 1545-0008

Copy B to be filed with employee's Federal Income Tax Return.

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	37,790.56	37,790.56	37,790.56	37,790.56
Plus GTL (C-Box 12)	36.86	36.86	36.86	36.86
Less Misc. Non Taxable Comp.	N/A	42.47	42.47	N/A
Reported W-2 Wages	**37,827.42**	**37,784.95**	**37,784.95**	**37,827.42**

2. Employee Name and Address.

ISABELLA MAYER
248 DUFFIELD STREET
APT 3D
BROOKLYN NY 11201

1 Wages, tips, other comp. 37827.42	2 Federal income tax withheld 6027.36
3 Social security wages 37784.95	4 Social security tax withheld 2342.67
5 Medicare wages and tips 37784.95	6 Medicare tax withheld 547.88
d Control number 101326 CLIF/RI7 / Dept. MARKTG / Corp. / Employer use only A 692	

c Employer's name, address, and ZIP code: GOLUB CAPITAL LLC, 200 PARK AVE 25TH FLOOR, NEW YORK NY 10166

b Employer's FED ID number 20-5683269	a Employee's SSA number XXX-XX-6634
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 36.86
14 Other 42.47 LTD	12b W 375.00
	12c DD 2084.46
	12d
	13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code: ISABELLA MAYER, 248 DUFFIELD STREET, APT 3D, BROOKLYN NY 11201

15 State	Employer's state ID no.	16 State wages, tips, etc.
NY	20-5683269	37827.42
17 State income tax 2070.33		18 Local wages, tips, etc. 37827.42
19 Local income tax 1454.13		20 Locality name NYC RES

NY.State Reference Copy

W-2 Wage and Tax Statement **2024**

OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 37827.42	2 Federal income tax withheld 6027.36
3 Social security wages 37784.95	4 Social security tax withheld 2342.67
5 Medicare wages and tips 37784.95	6 Medicare tax withheld 547.88
d Control number 101326 CLIF/RI7 / Dept. MARKTG / Corp. / Employer use only A 692	

c Employer's name, address, and ZIP code: GOLUB CAPITAL LLC, 200 PARK AVE 25TH FLOOR, NEW YORK NY 10166

b Employer's FED ID number 20-5683269	a Employee's SSA number XXX-XX-6634
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a C 36.86
14 Other 42.47 LTD	12b W 375.00
	12c DD 2084.46
	12d
	13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code: ISABELLA MAYER, 248 DUFFIELD STREET, APT 3D, BROOKLYN NY 11201

15 State	Employer's state ID no.	16 State wages, tips, etc.
NY	20-5683269	37827.42
17 State income tax 2070.33		18 Local wages, tips, etc. 37827.42
19 Local income tax 1454.13		20 Locality name NYC RES

NY.State Filing Copy

W-2 Wage and Tax Statement **2024**

OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

2024 W-2 and EARNINGS SUMMARY

City or Local Reference Copy

W-2 Wage and Tax Statement **2024**

OMB No. 1545-0008

Copy 2 to be filed with employee's City or Local Income Tax Return.

d Control number	Dept.	Corp.	Employer use only
101326 CLIF/RI7	MARKTG		A 693

c Employer's name, address, and ZIP code

GOLUB CAPITAL LLC
200 PARK AVE 25TH FLOOR
NEW YORK NY 10166

Batch #03231

e/f Employee's name, address, and ZIP code

ISABELLA MAYER
248 DUFFIELD STREET
APT 3D
BROOKLYN NY 11201

b Employer's FED ID number	a Employee's SSA number
20-5683269	XXX-XX-6634

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11 Nonqualified plans	12a See instructions for box 12 C 36.86
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	12c DD 2084.46
	12d
	13 Stat emp. Ret. plan 3rd party sick pay

15 State	Employer's state ID no.	16 State wages, tips, etc.
17 State income tax		18 Local wages, tips, etc. 37827.42
19 Local income tax 1454.13		20 Locality name NYC RES

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5 Medicare wages and tips 37784.95	6 Medicare tax withheld 547.88

d Control number	Dept.	Corp.	Employer use only
101326 CLIF/RI7	MARKTG		A 693

c Employer's name, address, and ZIP code

GOLUB CAPITAL LLC
200 PARK AVE 25TH FLOOR
NEW YORK NY 10166

b Employer's FED ID number	a Employee's SSA number
20-5683269	XXX-XX-6634

7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 36.86
14 Other	12b W 375.00
	12c DD 2084.46
	12d
	13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code

ISABELLA MAYER
248 DUFFIELD STREET
APT 3D
BROOKLYN NY 11201

15 State	Employer's state ID no.	16 State wages, tips, etc.
17 State income tax		18 Local wages, tips, etc. 37827.42
19 Local income tax 1454.13		20 Locality name NYC RES

City or Local Filing Copy

W-2 Wage and Tax Statement **2024**

OMB No. 1545-0008

Copy 2 to be filed with employee's City or Local Income Tax Return.

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	NYC RES Local Wages, Tips, Etc. Box 18 of W-2
Gross Pay	37,790.56
Plus GTL (C-Box 12)	36.86
Less Misc. Non Taxable Comp.	N/A
Reported W-2 Wages	**37,827.42**

2. Employee Name and Address.

ISABELLA MAYER
248 DUFFIELD STREET
APT 3D
BROOKLYN NY 11201

INTENTIONALLY LEFT BLANK

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above $200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions. You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $23,000 ($16,000 if you only have SIMPLE plans; $26,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $23,000. Deferrals under code H are limited to $7,000. However, if you were at least age 50 in 2024, your employer may have allowed an additional deferral of up to $7,500 ($3,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan

T—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

II—Medicaid waiver payments excluded from gross income under Notice 2014-7.

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

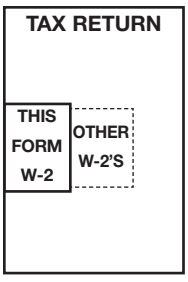
Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

IMPORTANT NOTE:
In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



Future developments. For the latest information about developments related to Form W-2, such as legislation enacted after it was published, go to *www.irs.gov/FormW2*.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income tax credit (EITC). You may be able to take the EITC for 2024 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EITC if your investment income is more than the specified amount for 2024 or if income is earned for services provided while you were an inmate at a penal institution. For 2024 income limits and more information, visit *www.irs.gov/EITC*. See also Pub. 596. **Any EITC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at *www.SSA.gov*.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2024 and more than $10,453.20 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than $6,129.90 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	020
RI7	101326	MARKTG		0000350889	1

Earnings Statement

GOLUB CAPITAL LLC
200 PARK AVE, 25TH FLOOR
NEW YORK NY 10166

Period Beginning: 08/16/2025
Period Ending: 08/31/2025
Pay Date: 08/29/2025

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

ISABELLA MAYER
248 DUFFIELD STREET
APT 3D
BROOKLYN NY 11201

Earnings	rate	salary/hours	this period	year to date
Regular	5000.00		5,000.00	80,000.00
Bonus				15,000.00
Gross Pay			**$5,000.00**	95,000.00

Deductions	Statutory		
	Federal Income Tax	-663.85	13,404.60
	Social Security Tax	-310.35	5,895.65
	Medicare Tax	-72.58	1,378.82
	NY State Income Tax	-237.19	5,268.25
	New York Cit Income Tax	-173.81	3,318.58
	Other		
	Roth	-400.00	8,750.00
	401K	-400.00*	8,750.00
	PersonalAmexExp		59.23
	Net Pay	**$2,742.22**	
	Checking	-2,742.22	
	Hsa Direct Depo		1,500.00
	Net Check	**$0.00**	

Other Benefits and Information	this period	total to date
Group Term Life	5.70	91.20
401K Match	150.00	2,850.00
Hsa Employer Co		1,500.00

Important Notes

COMPANY PH#:+1 212 750 3780

BASIS OF PAY: SALARY

Additional Tax Withholding Information

Taxable Marital Status:
NY: Single
New York Cit: Single
Exemptions/Allowances:
NY: 0
New York Cit: 0

*** Excluded from federal taxable wages**

Your federal taxable wages this period are $4,605.70

GOLUB CAPITAL LLC
200 PARK AVE, 25TH FLOOR
NEW YORK NY 10166

Advice number: **00000350889**
Pay date: 08/29/2025

Deposited to the account of	account number	transit ABA	amount
ISABELLA MAYER	xxxxx7796	xxxx xxxx	$2,742.22

NON-NEGOTIABLE

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	020
RI7	101326	MARKTG		0000370862	1

Earnings Statement

GOLUB CAPITAL LLC
200 PARK AVE, 25TH FLOOR
NEW YORK NY 10166

Period Beginning: 09/01/2025
Period Ending: 09/15/2025
Pay Date: 09/15/2025

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

ISABELLA MAYER
248 DUFFIELD STREET
APT 3D
BROOKLYN NY 11201

Earnings	rate	salary/hours	this period	year to date
Regular	5000.00		5,000.00	85,000.00
Bonus				15,000.00
Gross Pay			**$5,000.00**	100,000.00

Deductions	Statutory		
	Federal Income Tax	-663.85	14,068.45
	Social Security Tax	-310.36	6,206.01
	Medicare Tax	-72.59	1,451.41
	NY State Income Tax	-237.19	5,505.44
	New York Cit Income Tax	-173.81	3,492.39
	Other		
	Roth	-400.00	9,150.00
	401K	-400.00*	9,150.00
	PersonalAmexExp		59.23
	Net Pay	**$2,742.20**	
	Checking	-2,742.20	
	Hsa Direct Depo		1,500.00
	Net Check	**$0.00**	

Other Benefits and Information	this period	total to date
Group Term Life	5.70	96.90
401K Match	150.00	3,000.00
Hsa Employer Co		1,500.00

Important Notes

COMPANY PH#:+1 212 750 3780

BASIS OF PAY: SALARY

Additional Tax Withholding Information

Taxable Marital Status:
NY: Single
New York Cit: Single
Exemptions/Allowances:
NY: 0
New York Cit: 0

*** Excluded from federal taxable wages**

Your federal taxable wages this period are $4,605.70

GOLUB CAPITAL LLC
200 PARK AVE, 25TH FLOOR
NEW YORK NY 10166

Advice number: **00000370862**
Pay date: 09/15/2025

Deposited to the account of	account number	transit ABA	amount
ISABELLA MAYER	xxxxx7796	xxxx xxxx	$2,742.20

NON-NEGOTIABLE

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	020
RI7	101326	MARKTG		0000400870	1

Earnings Statement

GOLUB CAPITAL LLC
200 PARK AVE, 25TH FLOOR
NEW YORK NY 10166

Period Beginning: 09/16/2025
Period Ending: 09/30/2025
Pay Date: 09/30/2025

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

ISABELLA MAYER
248 DUFFIELD STREET
APT 3D
BROOKLYN NY 11201

Earnings	rate	salary/hours	this period	year to date
Regular	5000.00		5,000.00	90,000.00
Bonus				15,000.00
Gross Pay			**$5,000.00**	105,000.00

Deductions	Statutory		
	Federal Income Tax	-663.85	14,732.30
	Social Security Tax	-310.35	6,516.36
	Medicare Tax	-72.58	1,523.99
	NY State Income Tax	-237.19	5,742.63
	New York Cit Income Tax	-173.81	3,666.20
	Other		
	Roth	-400.00	9,550.00
	401K	-400.00*	9,550.00
	PersonalAmexExp		59.23
	Net Pay	**$2,742.22**	
	Checking	-2,742.22	
	Hsa Direct Depo		1,500.00
	Net Check	**$0.00**	

Other Benefits and Information	this period	total to date
Group Term Life	5.70	102.60
401K Match	150.00	3,150.00
Hsa Employer Co		1,500.00

Important Notes

COMPANY PH#:+1 212 750 3780

BASIS OF PAY: SALARY

Additional Tax Withholding Information

Taxable Marital Status:
NY: Single
New York Cit: Single
Exemptions/Allowances:
NY: 0
New York Cit: 0

*** Excluded from federal taxable wages**

Your federal taxable wages this period are $4,605.70

GOLUB CAPITAL LLC
200 PARK AVE, 25TH FLOOR
NEW YORK NY 10166

Advice number: **00000400870**
Pay date: 09/30/2025

Deposited to the account of	account number	transit ABA	amount
ISABELLA MAYER	xxxxx7796	xxxx xxxx	$2,742.22

NON-NEGOTIABLE

October 3, 2025

Isabella Mayer
248 Duffield Street
Apt. 3D
Brooklyn, NY 11201

RE: Verification of Employment for Isabella Mayer

To Whom It May Concern:

This letter verifies that as of October 3, 2025, Isabella was employed as a Senior Associate within the Marketing Team at Golub Capital LLC in our New York office.

Ms. Mayer joined the Firm on September 23, 2024, and her current annual salary is $120,000. She is also eligible for a discretionary annual performance bonus. We disclaim any obligation to update this verification if the employee listed above ceases employment with our Firm.

Should you have any questions, please contact my colleague Lauren Mulford at 312.420.2957.

Sincerely,

GOLUB CAPITAL LLC

By: _____
Name: Carey N. Willis, Jr.
Title: Chief People Officer

CHASE

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

July 26, 2025 through August 26, 2025
Account Number: 000003788585355

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

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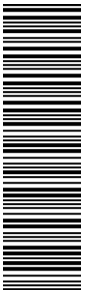
ISABELLA E MAYER
248 DUFFIELD ST APT 3D
BROOKLYN NY 11201-5344



SAVINGS SUMMARY

Chase Savings

	AMOUNT
Beginning Balance	$43,969.45
Deposits and Additions	1,500.37
Electronic Withdrawals	-2,500.00
Ending Balance	$42,969.82
Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	$0.37
Interest Paid Year-to-Date	$2.61

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		$43,969.45
07/29	07/29 Online Transfer To Chk ...7796 Transaction#: 25649117350	-2,500.00	41,469.45
08/01	Online Transfer From Chk ...7796 Transaction#: 25684524257	750.00	42,219.45
08/18	Online Transfer From Chk ...7796 Transaction#: 25873406325	750.00	42,969.45
08/26	Interest Payment	0.37	42,969.82
	Ending Balance		$42,969.82

A monthly Service Fee was not charged to your Chase Savings account. You can continue to avoid this fee during any statement period by keeping a minimum daily balance in your account of $300.00 or more.
(Your minimum daily balance was $41,469)

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 provide provisional credit to 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, our practice is to follow the procedures described above as detailed in your Deposit Account Agreement or other applicable agreements, but we are not legally required to do so. For example, we require you to notify us no later than 30 days after we sent you the first statement on which the error appeared. We may require you to provide us with a written statement that the disputed transaction was unauthorized. We are also not required to give provisional credit.

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

June 27, 2025 through July 25, 2025
Account Number: 000003788585355

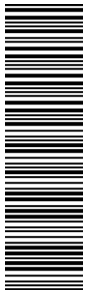
CUSTOMER SERVICE INFORMATION

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

00330013 DRE 111 212 20725 NNNNNNNNNNN 1 000000000 18 0000

ISABELLA E MAYER
248 DUFFIELD ST APT 3D
BROOKLYN NY 11201-5344



We're making changes to help better protect your account

1. You may be required to use a trusted device for certain account and digital services

   Starting September 21, 2025, you may need to use a trusted device to manage your account and digital profile, access or use certain account product and services (including certain wire transfers), make certain payments and transfers, or to provide authentication or approvals. A trusted device is a smartphone that has been enrolled with us based on specific criteria.

   You may need to enroll a device

   You may already be using a trusted device. If not, you'll receive instructions to make your device trusted the next time you try to perform an action that requires it.

   For more details, please see the Amendment in the Deposit Account Agreement and the new Section V. D. Using trusted devices.

2. How we treat third-party endorsed check deposits is changing

   A third-party endorsed check is a check that was originally payable to another person/entity that you attempt to deposit or cash. Beginning September 1, 2025, we may not accept a third-party check for deposit or to cash or we may require verification of endorsements. If we refuse a deposit, we may return the check or provide a substitute check to you.

   You can find this update in Section III. A. Our rights and responsibilities for deposits.

You can see the complete, updated Deposit Account Agreement beginning June 12, 2025, at chase.com/disclosures. If you have questions, please don't hesitate to contact us by calling the number on this statement.

CHASE

June 27, 2025 through July 25, 2025
Account Number: 000003788585355

SAVINGS SUMMARY

Chase Savings

	AMOUNT
Beginning Balance	$43,969.11
Deposits and Additions	1,500.34
Electronic Withdrawals	-1,500.00
Ending Balance	$43,969.45
Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	$0.34
Interest Paid Year-to-Date	$2.24

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		$43,969.11
06/30	06/28 Online Transfer To Chk ...7796 Transaction#: 25288207438	-1,500.00	42,469.11
07/01	Online Transfer From Chk ...7796 Transaction#: 25320136365	750.00	43,219.11
07/16	Online Transfer From Chk ...7796 Transaction#: 25500214522	750.00	43,969.11
07/25	Interest Payment	0.34	43,969.45
	Ending Balance		$43,969.45

A monthly Service Fee was not charged to your Chase Savings account. You can continue to avoid this fee during any statement period by keeping a minimum daily balance in your account of $300.00 or more.
(Your minimum daily balance was $42,469)

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 provide provisional credit to 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, our practice is to follow the procedures described above as detailed in your Deposit Account Agreement or other applicable agreements, but we are not legally required to do so. For example, we require you to notify us no later than 30 days after we sent you the first statement on which the error appeared. We may require you to provide us with a written statement that the disputed transaction was unauthorized. We are also not required to give provisional credit.

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

August 27, 2025 through September 25, 2025
Account Number: 000003788585355

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

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ISABELLA E MAYER
248 DUFFIELD ST APT 3D
BROOKLYN NY 11201-5344

03314070101000000021

SAVINGS SUMMARY

Chase Savings

	AMOUNT
Beginning Balance	$42,969.82
Deposits and Additions	1,500.35
Electronic Withdrawals	-3,000.00
Ending Balance	$41,470.17
Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	$0.35
Interest Paid Year-to-Date	$2.96

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		$42,969.82
09/02	Online Transfer From Chk ...7796 Transaction#: 26038737674	750.00	43,719.82
09/16	Online Transfer From Chk ...7796 Transaction#: 26242215599	750.00	44,469.82
09/22	09/21 Online Transfer To Chk ...7796 Transaction#: 26304521494	-3,000.00	41,469.82
09/25	Interest Payment	0.35	41,470.17
	Ending Balance		$41,470.17

A monthly Service Fee was not charged to your Chase Savings account. You can continue to avoid this fee during any statement period by keeping a minimum daily balance in your account of $300.00 or more.
(Your minimum daily balance was $41,469)

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- 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 provide provisional credit to 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.

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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

A-9-01

STANDARD FORM OF APARTMENT LEASE

(FOR APARTMENTS NOT SUBJECT TO THE RENT STABILIZATION LAW)

THE REAL ESTATE BOARD OF NEW YORK, INC.

PREAMBLE: This lease contains the agreements between You and Owner concerning Your rights and obligations and the rights and obligations of Owner. You and Owner have other rights and obligations which are set forth in government laws and regulations.

You should read this Lease and all of its attached parts carefully. If you have any questions, or if you do not understand any words or statements, get clarification. Once you and Owner sign this Lease You and Owner will be presumed to have read it and understood it. You and Owner admit that all agreements between You and Owner have been written into this Lease. You understand that any agreements made before or after this Lease was signed and not written into it will not be enforceable.

THIS LEASE is made on November 8th, 2023 (month / day / year) between

Owner, Triad Resi LLC

whose address is 101 Broadway, 5th Floor, Brooklyn NY 11249

and You, the Tenant, Isabella Mayer and Sean Merk; Jointly and Severally

whose address is 228 Atlantic, Bklyn , NY 11201 ; 171 Clermont Ave Bklyn , NY 11205

1. APARTMENT AND USE

☛ Owner agrees to lease to You Apartment 3D on the 3rd floor in the building at 248 Duffield Street Borough of Brooklyn, City and State of New York.

You shall use the Apartment for living purposes only. The Apartment may be occupied by the tenant or tenants named above and by the immediate family of the tenant or tenants and by occupants as defined in and only in accordance with Real Property Law § 235-f.

2. LENGTH OF LEASE

☛ The term (that means the length) of this Lease is 1 years, 0 months 0 days, beginning on December 1, 2023 and ending on November 30, 2024. If You do not do everything You agree to do in this Lease, Owner may have the right to end it before the above date. If Owner does not do everything that owner agrees to do in this Lease, You may have the right to end the Lease before ending date.

3. RENT

☛ Your monthly rent for the Apartment is $ $4,495

You must pay Owner the rent, in advance, on the first day of each month either at Owner's office or at another place that Owner may inform You of by written notice. You must pay the first month's rent to Owner when You sign this Lease if the lease begins on the first day of the month. If the Lease begins after the first day of the month, You must pay when you sign this lease (1) the part of the rent from the beginning date of this Lease until the last day of the month and (2) the full rent for the next full calendar month. If this Lease is a Renewal Lease, the rent for the first month of this Lease need not be paid until the first day of the month when the renewal term begins.

4. SECURITY DEPOSIT

☛ You are required to give Owner the sum of $ $4,495 when You Sign this Lease as a security deposit, which is called in law a trust. [illegible]

If You carry out all of your agreements in this Lease and if You move out of the Apartment and return it to Owner in the same condition it was in when You first occupied it, except for ordinary wear and tear or damage caused by fire or other casualty, Owner will return to You the full amount of your security deposit [illegible] 14 60 days after this Lease ends. However, If You do not carry out all your agreements in this Lease, Owner may keep all or part of your security deposit [illegible] necessary to pay Owner for any losses incurred, including missed payments.

If Owner sells or leases the building, Owner will turn over your security, [illegible], either to You or to the person buying or leasing (lessee) the building within 5 days after the sale or lease. Owner will then notify You, by registered or certified mail, of the name and address of the person or company to whom the deposit has been turned over. In such case, Owner will have no further responsibility to You for the security deposit. The new owner or lessee will become responsible to You for the security deposit.

☛ Space to be filled in.

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5. IF YOU ARE UNABLE TO MOVE IN

A situation could arise which might prevent Owner from letting You move into the Apartment on the beginning date set in this Lease. If this happens for reasons beyond Owner's reasonable control, Owner will not be responsible for Your damages or expenses, and this Lease will remain in effect. However, in such case, this Lease will start on the date when You can move in, and the ending date in Article 2 will be changed to a date reflecting the full term of years set forth in Article 2. You will not have to pay rent until the move-in date Owner gives You by written notice, or the date You move in, whichever is earlier. If Owner does not give You notice that the move-in date is within 30 days after the beginning date of the term of this Lease as stated in Article 2, You may tell Owner in writing, that Owner has 15 additional days to let You move in, or else the Lease will end. If Owner does not allow You to move in within those additional 15 days, then the Lease is ended. Any money paid by You on account of this Lease will then be refunded promptly by Owner.

6. CAPTIONS

In any dispute arising under this Lease, in the event of a conflict between the text and a caption, the text controls.

7. WARRANTY OF HABITABILITY

A. All of the sections of this Lease are subject to the provisions of the Warranty of Habitability Law in the form it may have from time to time during this Lease. Nothing in this Lease can be interpreted to mean that You have given up any of your rights under that law. Under that law, Owner agrees that the Apartment and the Building are fit for human habitation and that there will be no conditions which will be detrimental to life, health or safety.

B. You will do nothing to interfere or make more difficult Owner's efforts to provide You and all other occupants of the Building with the required facilities and services. Any condition caused by your misconduct or the misconduct of anyone under your direction or control shall not be a breach by Owner.

8. CARE OF YOUR APARTMENT-END OF LEASE-MOVING OUT

A. You will take good care of the apartment and will not permit or do any damage to it, except for damage which occurs through ordinary wear and tear. You will move out on or before the ending date of this lease and leave the Apartment in good order and in the same condition as it was when You first occupied it, except for ordinary wear and tear and damage caused by fire or other casualty.

B. When this Lease ends, You must remove all of your movable property. You must also remove at your own expense, any wall covering, bookcases, cabinets, mirrors, painted murals or any other installation or attachment You may have installed in the Apartment, even if it was done with Owner's consent. You must restore and repair to its original condition those portions of the Apartment affected by those installations and removals. You have not moved out until all persons, furniture and other property of yours is also out of the Apartment. If your property remains in the Apartment after the Lease ends, Owner may either treat You as still in occupancy and charge You for use, or may consider that You have given up the Apartment and any property remaining in the Apartment. In this event, Owner may either discard the property or store it at your expense. You agree to pay Owner for all costs and expenses incurred in removing such property. The provisions of this article will continue to be in effect after the end of this Lease.

9. CHANGES AND ALTERATIONS TO APARTMENT

You cannot build in, add to, change or alter, the Apartment in any way, including wallpapering, painting, repainting, or other decorating, without getting Owner's written consent before You do anything. Without Owner's prior written consent, You cannot install or use in the Apartment any of the following: dishwasher machines, clothes washing or drying machines, electric stoves, garbage disposal units, heating, ventilating or air conditioning units or any other electrical equipment which, in Owner's reasonable opinion, will overload the existing wiring installation in the Building or interfere with the use of such electrical wiring facilities by other tenants of the Building. Also, You cannot place in the Apartment water-filled furniture.

10. YOUR DUTY TO OBEY AND COMPLY WITH LAWS, REGULATIONS AND LEASE RULES

A. **Government Laws and Orders.** You will obey and comply (1) with all present and future city, state and federal laws and regulations, which affect the Building or the Apartment, and (2) with all orders and regulations of Insurance Rating Organizations which affect the Apartment and the Building. You will not allow any windows in the Apartment to be cleaned from the outside, unless the equipment and safety devices required by law are used.

B. **Owner's Rules Affecting You.** You will obey all Owner's rules listed in this Lease and all future reasonable rules of Owner or Owner's agent. Notice of all additional rules shall be delivered to You in writing or posted in the lobby or other public place in the building. Owner shall not be responsible to You for not enforcing any rules, regulations or provisions of another tenant's lease except to the extent required by law.

C. **Your Responsibility.** You are responsible for the behavior of yourself, of your immediate family, your servants and people who are visiting You. You will reimburse Owner as additional rent upon demand for the cost of all losses, damages, fines and reasonable legal expenses incurred by Owner because You, members of your immediate family, servants or people visiting You have not obeyed government laws and orders or the agreements or rules of this Lease.

11. OBJECTIONABLE CONDUCT

As a tenant in the Building, You will not engage in objectionable conduct. Objectionable conduct means behavior which makes or will make the Apartment or the Building less fit to live in for You or other occupants. It also means anything which interferes with the right of others to properly and peacefully enjoy their Apartments, or causes conditions that are dangerous, hazardous, unsanitary and detrimental to other tenants in the Building. Objectionable conduct by You gives Owner the right to end this Lease.

12. SERVICES AND FACILITIES

A. **Required Services.** Owner will provide cold and hot water and heat as required by law, repairs to the Apartment as required by law, elevator service if the Building has elevator equipment, and the utilities, if any, included in the rent, as set forth in sub-paragraph B. You are not entitled to any rent reduction because of a stoppage or reduction of any of the above services unless it is provided by law.

B. The following utilities are included in the rent gas and water

C. **Electricity and Other Utilities.** If Owner provides electricity or gas and the charges is included in the rent on Page 1, or if You buy electricity or gas from Owner for a separate (submetered) charge, your obligations are described in the Rider attached to this Lease. If electricity or gas is not included in the rent or is not charged separately by Owner, You must arrange for this service directly with the utility company. You must also pay directly for telephone service if it is not included in the rent.

D. **Appliances.** Appliances supplied by Owner in the Apartment are for your use. They will be maintained and repaired or replaced by Owner, but if repairs or replacement are made necessary because of your negligence or misuse, You will pay Owner for the cost of such repair or replacement as additional rent.

E. **Elevator Service.** If the elevator is the kind that requires an employee of Owner to operate it, Owner may end this service without reducing the rent if: (1) Owner gives You 10 days notice that this service will end; and (2) within a reasonable time

Space to be filled in.

Rider to be added, if necessary.

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