

## APPLICATION FOR RENTAL

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

|                                                                                             |                                                  |                                    |                                                                                                                              |
|---------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| BUILDING/APARTMENT:<br>Apt # 607                                                            | RENT:                                            | SECURITY DEPOSIT:                  | AGENT:                                                                                                                       |
| START DATE:                                                                                 | LEASE LENGTH:                                    | BROKER:                            | BROKER PHONE:                                                                                                                |
| <b>APPLICANT INFORMATION</b>                                                                |                                                  |                                    |                                                                                                                              |
| FIRST NAME<br>Chibunkem                                                                     | M.I.<br>Chiememna                                | LAST NAME<br>Ezenekwe              | SUFFIX<br>SSN<br>***-**-****                                                                                                 |
| HOME PHONE<br>(310) 989-3867                                                                | WORK PHONE                                       | CELL PHONE<br>(   )                | EMAIL<br>chibunkemezenekwe@gmail.com                                                                                         |
| STREET ADDRESS                                                                              |                                                  | CITY                               | STATE      ZIP                                                                                                               |
| LANDLORD/MANAGING AGENT NAME                                                                |                                                  | LANDLORD/MANAGING AGENT PHONE      | LANDLORD/MANAGING AGENT FAX      LANDLORD/MANAGING AGENT EMAIL                                                               |
| MONTHLY RENT                                                                                | DATE IN                                          | DATE OUT                           | REASON FOR LEAVING<br>Would like a change of apartment/scenery                                                               |
| <b>BACKGROUND INFORMATION</b>                                                               |                                                  |                                    |                                                                                                                              |
| HAVE YOU EVER BEEN CONVICTED OF A FELONY?<br>NO                                             |                                                  |                                    |                                                                                                                              |
| DO YOU HAVE ANY CRIMINAL CHARGES PENDING, AWAITING DISPOSITION OR LOOMING IN ANY WAY?<br>NO |                                                  |                                    |                                                                                                                              |
| <b>BANK INFORMATION</b>                                                                     |                                                  |                                    |                                                                                                                              |
| CHECKING ACCOUNT BANK NAME                                                                  | ACCOUNT NUMBER                                   |                                    | PHONE NUMBER<br>(   )                                                                                                        |
| SAVINGS ACCOUNT BANK NAME                                                                   | ACCOUNT NUMBER                                   |                                    | PHONE NUMBER<br>(   )                                                                                                        |
| OTHER ACCOUNT BANK NAME                                                                     | ACCOUNT NUMBER                                   |                                    | PHONE NUMBER<br>(   )                                                                                                        |
| <b>EMPLOYMENT &amp; INCOME INFORMATION</b>                                                  |                                                  |                                    |                                                                                                                              |
| OCCUPATION - PRESENT<br>Attorney                                                            | EMPLOYER/COMPANY<br>Cravath, Swaine & Moore, LLP | SUPERVISOR NAME<br>Jonathan Mooney | SUPERVISOR PHONE<br>SUPERVISOR FAX<br>SUPERVISOR EMAIL<br>jmooney@cravath.com      SALARY<br>\$32,500.00/Yr.      START DATE |
| OCCUPATION - <input type="checkbox"/> ADD'L <input type="checkbox"/> PREVIOUS               | EMPLOYER/COMPANY                                 | SUPERVISOR NAME                    | SUPERVISOR PHONE<br>(   )      SUPERVISOR FAX      SUPERVISOR EMAIL      ANNUAL SALARY      START DATE                       |
| <b>BUSINESS/CPA REFERENCES (if self-employed)</b>                                           |                                                  |                                    |                                                                                                                              |
| NAME                                                                                        | ADDRESS                                          | PHONE<br>(   )                     | RELATIONSHIP                                                                                                                 |

I warrant that all statements above set forth are true. I further represent that I am not renting a room or an apartment under any other name, nor have I ever been dispossessed from any apartment, nor am I now being dispossessed. I hereby give my permission to conduct inquiries concerning my income, credit history, residence, banking relationships, character and reputation for the purpose of verifying information, provided by me, on any apartment rental/purchase application. If this application is approved, I further authorize Owner or its agent(s) to conduct further credit inquiries. I understand there are no limitations or restrictions regarding what may be discussed or revealed. I am aware that a credit history, OFAC search, and landlord/tenant court record search will be done in conjunction with my application. I hereby hold On-Site Manager, Inc., Owner, and its agents free and harmless of any liability for providing written or verbal information and/or discussing the quality of my tenancy with current and former landlords property managers, supervisors, or employers. No representations or agreements by Salespersons, Brokers or others are to be binding on Owner, and/or any party connected with its business organization unless included in the written lease proposed to be executed. By submitting this application, I represent that Owner makes no guarantee regarding the status of this application or the availability of any apartment. If a lease is approved and executed, this completed application form becomes a part of that certain lease.

#### NEW YORK CITY TENANT FAIR CHANCE ACT

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

- 1) The application information you provide will be used by this community's owner or designated agent (the "Owner") to obtain a tenant screening report on you, and the Owner may use this report to determine your suitability for housing.
- 2) If your application is denied or other adverse action is taken against you on the basis of information contained in the tenant screening report, the Owner must tell you that such action was taken and provide you with the contact information of the screening company that provided the tenant screening report.
- 3) You may obtain a free copy of the report and dispute inaccurate or incorrect information on the report directly with the screening company at: Attn: On-Site c/o RealPage, 2201 Lakeside Boulevard, Richardson, TX 75082; 1-877-222-0384; [www.on-site.com/renter-relations/](http://www.on-site.com/renter-relations/).
- 4) You are entitled to one free tenant screening report from each national consumer reporting agency annually, in addition to a credit report which can be obtained from [www.annualcreditreport.com](http://www.annualcreditreport.com).

An electronic signature was received on March 16, 2026 by CHIBUNKEM EZENEKWE.



Signed by Chibunkem Chiememna Ezenekwe  
Mon Mar 16 2026 02:04:36 PM EDT  
Key: C0A9F439; IP Address: 10.33.14.4

Chibunkem Chiememna Ezenekwe (Applicant)

Date

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

#### Application Fee for Chibunkem Chiememna Ezenekwe - Charge Details

| Name on Card                                                                                              | Account Number   | Reference Number | Authorized |
|-----------------------------------------------------------------------------------------------------------|------------------|------------------|------------|
| Chibunkem Ezenekwe                                                                                        | XXXXXXXXXXXX6204 | 16515284         | \$20.00    |
| This card has been authorized for the amount above and will be charged when the application is processed. |                  |                  |            |



## AUTHORIZATION TO RELEASE RECORDS

EMAIL TO: [verifications@on-site.com](mailto:verifications@on-site.com)

I authorize the below parties to verify any and all requested information and to provide written support as necessary to On-Site.com.

\_\_\_\_\_  
(PRINT Applicant Name)

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
Date

*Please ensure that the below information is completed IN FULL. Inform your references that On-Site.com will be contacting them, and indicate the importance of a prompt response.*

**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 Chibunkem Chiememna Ezenekwe****The property's screening criteria result**

**9.6 / 10**  
**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 3/18/2026.**

**Score for Chibunkem Chiememna Ezenekwe: 9.6 / 10**

|                                                                                        | Importance | Result |
|----------------------------------------------------------------------------------------|------------|--------|
| Total monthly income to rent ratio exceeds 3.0                                         | Extremely  |        |
| Gross monthly income after rent and estimated debt exceeds 25.0% of the monthly income | Extremely  |        |
| Maximum percentage of past due negative accounts is less than 25.0%                    | Very       |        |
| Unpaid collections and grossly delinquent past due balances do not exceed \$50.00      | Very       |        |
| May have been through a bankruptcy                                                     | Extremely  |        |



**Credit Quick Summary****Custom scoring for this report:**Medical collections not considered  
Do not consider mortgages in default.

Student loans not considered

Do not consider foreclosures.

|                                              |                                              |  |
|----------------------------------------------|----------------------------------------------|--|
| Total monthly income (reported by Applicant) | \$27,708.33                                  |  |
| Total combined monthly income to rent ratio  | 6.98 (based on rent of \$3,970.00)           |  |
| Estimated monthly debt and rent payments     | \$4,307.00 (16% of monthly income)           |  |
| Total number of accounts                     | 5                                            |  |
| Accounts with no late payments               | 5 (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                    | \$16,444.00 (\$0.00 past due)                |  |
| Outstanding revolving debt                   | \$16,444.00 (14% 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                                       |  |

| Identity           | From Application             | From Equifax       |
|--------------------|------------------------------|--------------------|
| <b>Name:</b>       | Chibunkem Chiememna Ezenekwe | CHIBUNKEM EZENEKWE |
| <b>SSN:</b>        | ***_**_****                  | ***_**_****        |
| <b>Birth Date:</b> | 9/**/1997                    | 9/**/1997          |

| Addresses | From Application                                             | From Equifax                                                                                                                                                                                                                                     |
|-----------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           | 2754 Frederick Douglass Boulevard<br>New York, NY 10039 - US | 2754 FREDERICK DOUGLASS BLVD 7B<br>NEW YORK, NY 10039 (Applicant)<br>Reported 3/2026<br><br>1847 E ABBOTTSON ST.<br>CARSON, CA 90746 (Applicant)<br>Reported 3/2024<br><br>55 M ST NE 523<br>WASHINGTON, DC 20002 (Applicant)<br>Reported 8/2021 |

| Employment        | From Application                                                                                  | From Equifax |
|-------------------|---------------------------------------------------------------------------------------------------|--------------|
| <b>Applicant:</b> | Attorney<br>Cravath, Swaine & Moore, LLP<br>\$332,500.00/Yr. Total monthly Income:<br>\$27,708.33 |              |

**Restricted Person Search**

|                                                      |                               |                              |
|------------------------------------------------------|-------------------------------|------------------------------|
| <b>Requested For</b><br>Chibunkem Chiememna Ezenekwe | <b>Requested</b><br>3/16/2026 | <b>Returned</b><br>3/16/2026 |
| <b>Results</b><br><i>No Records Found</i>            |                               |                              |

## From Equifax

## Credit Accounts

## From Equifax

|                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |              |                                       |            |                 |                |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------|---------------------------------------|------------|-----------------|----------------|
| <b>Account Name</b><br>JPMCB CARD<br>SERVICES<br>(Applicant) | <b>Opened</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Last Active</b> | <b>30-59</b> | <b>60-89</b>                          | <b>90+</b> | <b>Past Due</b> | <b>Balance</b> |
|                                                              | 12/2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1/2026             |              |                                       |            |                 | \$2,614.00     |
|                                                              | <b>Monthly Payment</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>High Credit</b> | <b>Type</b>  |                                       |            |                 |                |
|                                                              | \$40.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$5,211.00         | REVOLVING    | Rate/Status 1: Pays account as agreed |            |                 |                |
|                                                              | <b>Payment History</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |              |                                       |            |                 |                |
|                                                              | <div style="background-color: #00ff00; padding: 2px;"> <span>0</span><span>0</span><span>0</span><span>0</span><span>0</span><span>0</span><span>0</span><span>0</span><span>0</span><span>0</span><span>0</span><span>0</span><span>0</span><span>0</span><span>0</span><span>0</span><span>0</span><span>0</span><span>0</span><span>0</span><span>0</span><span>0</span><span>0</span><span>0</span><span>0</span><span>0</span> </div> <div style="font-size: small; margin-top: 2px;">             2/<br/>26    12/<br/>25    10/<br/>25    8/<br/>25    6/<br/>25    4/<br/>25    2/<br/>25    12/<br/>24    10/<br/>24    8/<br/>24    6/<br/>24    4/<br/>24           </div> |                    |              |                                       |            |                 |                |

|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                   |                                                   |     |          |                       |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------|---------------------------------------------------|-----|----------|-----------------------|
| Account Name<br>CITICARDS CBNA<br>(Applicant) | Opened<br>8/2024                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Last Active<br>1/2026     | 30-59             | 60-89                                             | 90+ | Past Due | Balance<br>\$1,659.00 |
|                                               | Monthly<br>Payment<br>\$41.00                                                                                                                                                                                                                                                                                                                                                                                                                                       | High Credit<br>\$4,752.00 | Type<br>REVOLVING | Comments<br>Rate/Status 1: Pays account as agreed |     |          |                       |
|                                               | Payment History                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                   |                                                   |     |          |                       |
|                                               | <div><div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div></div><div><div>3/<br/>26</div><div>1/<br/>26</div><div>11/<br/>25</div><div>9/<br/>25</div><div>7/<br/>25</div><div>5/<br/>25</div><div>3/<br/>25</div><div>1/<br/>25</div><div>11/<br/>24</div><div>9/<br/>24</div></div></div> |                           |                   |                                                   |     |          |                       |
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| Account Name<br>JPMCB CARD<br>SERVICES<br>(Applicant) | Opened<br>9/2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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Balance<br>\$1,412.00 |
|                                                       | Monthly<br>Payment<br>\$40.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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          |
|                                                       | Payment History                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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|                           |                   |                                                   |     |          |                       |

## Rental Report for Chibunkem Chiememna Ezenekwe, 3/16/2026 for 607 at 1975 MADISON

[illegible]

|                                                                                                                                                                                                                                                                                                                                       |                        |                    |              |                                                     |            |                 |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------|--------------|-----------------------------------------------------|------------|-----------------|----------------|
| <b>Account Name</b><br>DEPT OF<br>ED/AIDVANTAG<br>(Applicant)<br><br>Tradeline filtered due<br>to setting: Student<br>loans not considered                                                                                                                                                                                            | <b>Opened</b>          | <b>Last Active</b> | <b>30-59</b> | <b>60-89</b>                                        | <b>90+</b> | <b>Past Due</b> | <b>Balance</b> |
|                                                                                                                                                                                                                                                                                                                                       | 9/2022                 | 12/2025            |              |                                                     |            |                 | \$25,455.00    |
|                                                                                                                                                                                                                                                                                                                                       | <b>Monthly Payment</b> | <b>High Credit</b> | <b>Type</b>  | <b>Comments</b>                                     |            |                 |                |
|                                                                                                                                                                                                                                                                                                                                       | \$88.00                | \$24,136.00        | INSTALLME    | FIXED RATE<br>Rate/Status 1: Pays account as agreed |            |                 |                |
| <b>Payment History</b>                                                                                                                                                                                                                                                                                                                |                        |                    |              |                                                     |            |                 |                |
| <div> <div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div> </div> |                        |                    |              |                                                     |            |                 |                |
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| <div>Account Name</div> <div>DEPT OF<br/>ED/AIDVANTAG<br/>(Applicant)</div> <div>Tradeline filtered due<br/>to setting: Student<br/>loans not considered</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------|-----------------------------------------------------------------|-----|----------|------------------------|
| Account Name<br>DEPT OF<br>ED/AIDVANTAG<br>(Applicant)<br><br>Tradeline filtered due<br>to setting: Student<br>loans not considered | Opened<br>2/2022                                                                                                     | Last Active<br>12/2025     | 30-59             | 60-89                                                           | 90+ | Past Due | Balance<br>\$13,494.00 |
|                                                                                                                                     | Monthly<br>Payment<br>\$46.00                                                                                        | High Credit<br>\$12,859.00 | Type<br>INSTALLME | Comments<br>FIXED RATE<br>Rate/Status 1: Pays account as agreed |     |          |                        |
|                                                                                                                                     | Payment History                                                                                                      |                            |                   |                                                                 |     |          |                        |
|                                                                                                                                     | <div><div>000000000000000000000000</div><div>1/11/9/7/5/3/1/11/9/7/5/3/</div><div>2625252525252424242424</div></div> |                            |                   |                                                                 |     |          |                        |

| Previous Credit Inquiries |                  |
|---------------------------|------------------|
| From Equifax              |                  |
| 8/2024                    | CBNA (Applicant) |

Para información en español, visite [www.consumerfinance.gov/learnmore](http://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](http://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](http://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](http://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](http://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 from 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](http://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<br>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<br>1700 G Street, N.W.<br>Washington, DC 20552<br>b. Federal Trade Commission<br>Consumer Response Center<br>600 Pennsylvania Avenue, N.W.<br>Washington, DC 20580<br>(877) 382-4357                                                                                                                                                                                                                                                                                             |
| 2. To the extent not included in item 1 above:<br>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks<br>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.<br>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations<br>d. Federal Credit Unions | a. Office of the Comptroller of the Currency<br>Customer Assistance Group<br>1301 McKinney Street, Suite 3450<br>Houston, TX 77010-9050<br>b. Federal Reserve Consumer Help Center<br>P.O. Box 1200<br>Minneapolis, MN 55480<br>c. FDIC Consumer Response Center<br>1100 Walnut Street, Box #11<br>Kansas City, MO 64106<br>d. National Credit Union Administration<br>Office of Consumer Financial Protection (OCFP)<br>Division of Consumer Compliance Policy and Outreach<br>1775 Duke Street<br>Alexandria, VA 22314 |
| 3. Air carriers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Asst. General Counsel for Aviation Enforcement & Proceedings<br>Aviation Consumer Protection Division<br>Department of Transportation<br>1200 New Jersey Avenue, S.E.<br>Washington, DC 20590                                                                                                                                                                                                                                                                                                                            |
| 4. Creditors Subject to the Surface Transportation Board                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Office of Proceedings, Surface Transportation Board<br>Department of Transportation<br>395 E Street, S.W.<br>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<br>United States Small Business Administration<br>409 Third Street, S.W., Suite 8200<br>Washington, DC 20416                                                                                                                                                                                                                                                                                                                                                           |
| 7. Brokers and Dealers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Securities and Exchange Commission<br>100 F Street, N.E.<br>Washington, DC 20549                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Farm Credit Administration<br>1501 Farm Credit Drive<br>McLean, VA 22102-5090                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Federal Trade Commission<br>Consumer Response Center<br>600 Pennsylvania Avenue, N.W.<br>Washington, DC 20580<br>(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](http://www.transunion.com/personal-credit/credit-disputes/credit-freezes.page)

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

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

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

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

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

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

# California USA DRIVER LICENSE

FEDERAL  
LIMITS  
APPLY



DL **Y2891029**

CLASS C

EXP **09/24/2027**

END NONE

LN **EZENEKWE**

FN **CHIBUNKEM CHIEMENMA**

1847 E ABBOTSON ST  
CARSON, CA 90746

DOB **09/24/1997**

RSTR NONE

09241997

*[Handwritten signature]*

SEX F

HAIR BLK

EYES BRN

HGT 5'-08"

WGT 155 lb

CE97

ISS

DD 08/10/2018581RB/BBFD/27

01/05/2023



Claire DeCampo  
cdecampo@cravath.com  
T+1-212-474-3402  
New York

**CONFIDENTIAL**

March 16, 2026

To Whom It May Concern:

This will confirm that Chibunkem Ezenekwe has been employed by the New York office of Cravath, Swaine & Moore LLP as a Law Clerk from October 16, 2023, through September 22, 2024, and as an Associate Attorney from September 23, 2024, to present.

Chibunkem's current base salary is \$260,000. In December 2025, Chibunkem received a \$30,000 year-end bonus and a \$10,000 special bonus.

If you need any additional information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Claire DeCampo".

Claire DeCampo  
Legal Talent Manager

**NEW YORK**

Two Manhattan West  
375 Ninth Avenue  
New York, NY 10001  
T+1-212-474-1000  
F+1-212-474-3700

**LONDON**

100 Cheapside  
London, EC2V 6DT  
T+44-20-7453-1000  
F+44-20-7860-1150

**WASHINGTON, D.C.**

1601 K Street NW  
Washington, D.C. 20006  
T+1-202-869-7700  
F+1-202-869-7600

**CRAVATH, SWAINE & MOORE LLP**

# Earnings Statement



**CRAVATH, SWAINE & MOORE LLP**

TWO MANHATTAN WEST  
375 NINTH AVENUE  
NEW YORK, NY 10001

Period Beginning: 02/09/2026  
Period Ending: 02/22/2026  
Pay Date: 02/26/2026

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

**CHIBUNKEM EZENEKWE**  
**2754 FREDERICK DOUGLASS BLVD**  
**APARTMENT 7B**  
**NEW YORK NY 10039**

| Earnings         | rate     | hours | this period        | year to date |
|------------------|----------|-------|--------------------|--------------|
| Regular          | 10000.00 | 75.00 | 10,000.00          | 39,711.54    |
| <b>Gross Pay</b> |          |       | <b>\$10,000.00</b> | 39,711.54    |

Your NY taxable wages this period are \$9,159.42  
Your New York Cit taxable wages this period are \$9,159.42

| Deductions               | Statutory |          |  |
|--------------------------|-----------|----------|--|
| Federal Income Tax       | -1,827.32 | 7,218.18 |  |
| Social Security Tax      | -611.28   | 2,426.23 |  |
| Medicare Tax             | -142.97   | 567.43   |  |
| NY State Income Tax      | -572.92   | 2,259.11 |  |
| New York Cit Income Tax  | -365.76   | 1,450.94 |  |
| NY SDI Tax               | -1.20     | 4.80     |  |
| NY Paid Family Leave Ins | -43.20    | 171.55   |  |

| Other Benefits and Information | this period | total to date |
|--------------------------------|-------------|---------------|
| Group Life Txbl                | 6.09        | 24.36         |
| Totl Hrs Worked                | 75.00       |               |

**Important Notes**  
YOUR COMPANY'S PHONE NUMBER IS 212-474-1000

| Other            |                   |          |
|------------------|-------------------|----------|
| Cigna Medical    | -137.41*          | 549.64   |
| MetLife Dental   | -9.26*            | 37.04    |
| 401k Plan        | -700.00*          | 2,779.81 |
| EyeMed           |                   | 16.40    |
| <b>Net Pay</b>   | <b>\$5,588.68</b> |          |
| Checking         | -5,588.68         |          |
| <b>Net Check</b> | <b>\$0.00</b>     |          |

## Additional Tax Withholding Information

Taxable Marital Status:  
NY: Single  
New York Cit: Single  
Exemptions/Allowances:  
NY: 2  
New York Cit: 2

\* Excluded from federal taxable wages

Your federal taxable wages this period are \$9,159.42

**CRAVATH, SWAINE & MOORE LLP**

TWO MANHATTAN WEST  
375 NINTH AVENUE  
NEW YORK, NY 10001

Advice number: 0000090308  
Pay date: 02/26/2026

| Deposited to the account of | account number | transit ABA | amount     |
|-----------------------------|----------------|-------------|------------|
| CHIBUNKEM EZENEKWE          | XXXX 0827      | XXXX XXXX   | \$5,588.68 |

THIS IS NOT A CHECK

**NON-NEGOTIABLE**

# Earnings Statement



**CRAVATH, SWAINE & MOORE LLP**

TWO MANHATTAN WEST  
375 NINTH AVENUE  
NEW YORK, NY 10001

Period Beginning: 02/23/2026  
Period Ending: 03/08/2026  
Pay Date: 03/12/2026

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

**CHIBUNKEM EZENEKWE**  
**2754 FREDERICK DOUGLASS BLVD**  
**APARTMENT 7B**  
**NEW YORK NY 10039**

| Earnings         | rate     | hours | this period        | year to date |
|------------------|----------|-------|--------------------|--------------|
| Regular          | 10000.00 | 75.00 | 10,000.00          | 49,711.54    |
| <b>Gross Pay</b> |          |       | <b>\$10,000.00</b> | 49,711.54    |

Your NY taxable wages this period are \$9,151.22  
Your New York Cit taxable wages this period are \$9,151.22

| Deductions               | Statutory |          |  |
|--------------------------|-----------|----------|--|
| Federal Income Tax       | -1,824.69 | 9,042.87 |  |
| Social Security Tax      | -610.78   | 3,037.01 |  |
| Medicare Tax             | -142.84   | 710.27   |  |
| NY State Income Tax      | -571.98   | 2,831.09 |  |
| New York Cit Income Tax  | -365.41   | 1,816.35 |  |
| NY SDI Tax               | -1.20     | 6.00     |  |
| NY Paid Family Leave Ins | -43.20    | 214.75   |  |

| Other Benefits and Information | this period | total to date |
|--------------------------------|-------------|---------------|
| Group Life Txbl                | 6.09        | 30.45         |
| Totl Hrs Worked                | 75.00       |               |

**Important Notes**  
YOUR COMPANY'S PHONE NUMBER IS 212-474-1000

| Other            |                   |          |
|------------------|-------------------|----------|
| Cigna Medical    | -137.41*          | 687.05   |
| EyeMed           | -8.20*            | 24.60    |
| MetLife Dental   | -9.26*            | 46.30    |
| 401k Plan        | -700.00*          | 3,479.81 |
| <b>Net Pay</b>   | <b>\$5,585.03</b> |          |
| Checking         | -5,585.03         |          |
| <b>Net Check</b> | <b>\$0.00</b>     |          |

## Additional Tax Withholding Information

Taxable Marital Status:  
NY: Single  
New York Cit: Single  
Exemptions/Allowances:  
NY: 2  
New York Cit: 2

\* Excluded from federal taxable wages

Your federal taxable wages this period are \$9,151.22

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**CRAVATH, SWAINE & MOORE LLP**

TWO MANHATTAN WEST  
375 NINTH AVENUE  
NEW YORK, NY 10001

Advice number: 00000110304  
Pay date: 03/12/2026

| Deposited to the account of | account number | transit | ABA  | amount     |
|-----------------------------|----------------|---------|------|------------|
| CHIBUNKEM EZENEKWE          | XXXX 9827      | XXXX    | XXXX | \$5,585.03 |

THIS IS NOT A CHECK  
THIS IS NOT A CHECK

**NON-NEGOTIABLE**



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

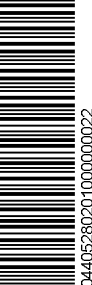
February 13, 2026 through March 12, 2026  
Account Number: **000000717929827**

### 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

00440528 DRE 703 219 07226 NNNNNNNNNN 1 000000000 09 0000

CHIBUNKEM C EZENEKWE  
2754 FREDERICK DOUGLASS BLVD APT 7B  
NEW YORK NY 10039-3050



00440528020100000002

## CHECKING SUMMARY

Chase College Checking

|                              | AMOUNT             |
|------------------------------|--------------------|
| <b>Beginning Balance</b>     | <b>\$16,542.13</b> |
| Deposits and Additions       | 11,576.18          |
| ATM & Debit Card Withdrawals | -1,718.93          |
| Electronic Withdrawals       | -11,336.30         |
| <b>Ending Balance</b>        | <b>\$15,063.08</b> |

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

- **Have electronic deposits made into this account totaling \$500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNow<sup>SM</sup> network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.**  
(Your total electronic deposits this period were \$22,094.75. Note: some deposits may be listed on your previous statement)
- **OR, keep an average ending day balance of \$1,500.00 or more in this account.**

## TRANSACTION DETAIL

| DATE  | DESCRIPTION                                                                  | AMOUNT        | BALANCE            |
|-------|------------------------------------------------------------------------------|---------------|--------------------|
|       | <b>Beginning Balance</b>                                                     |               | <b>\$16,542.13</b> |
| 02/13 | Card Purchase 02/12 Starbucks Store 11648 New York NY Card 6204              | -13.03        | 16,529.10          |
| 02/17 | Card Purchase Return 02/14 Urbanoutfitters.Com Philadelphia PA Card 6204     | <b>149.00</b> | 16,678.10          |
| 02/17 | Card Purchase Return 02/14 Afterpay San Francisco CA Card 6204               | <b>108.45</b> | 16,786.55          |
| 02/17 | Card Purchase Return 02/14 Afterpay San Francisco CA Card 6204               | <b>84.13</b>  | 16,870.68          |
| 02/17 | Card Purchase Return 02/14 Afterpay San Francisco CA Card 6204               | <b>60.89</b>  | 16,931.57          |
| 02/17 | Card Purchase 02/13 Sq *The Oma, Shop Coffe New York NY Card 6204            | -9.36         | 16,922.21          |
| 02/17 | Card Purchase With Pin 02/14 Uber *One Membership San Francisco CA Card 6204 | -9.99         | 16,912.22          |
| 02/17 | Card Purchase 02/14 Mta*Nyct Paygo New York NY Card 6204                     | -3.00         | 16,909.22          |
| 02/17 | Card Purchase 02/14 Krispy Kreme #1937 New York NY Card 6204                 | -2.69         | 16,906.53          |
| 02/17 | Card Purchase 02/14 Urban Outfitters 0015 180-02822200 NY Card 6204          | -5.00         | 16,901.53          |



February 13, 2026 through March 12, 2026

Account Number: 000000717929827

**TRANSACTION DETAIL** (continued)

| DATE  | DESCRIPTION                                                               | AMOUNT          | BALANCE   |
|-------|---------------------------------------------------------------------------|-----------------|-----------|
| 02/17 | Card Purchase 02/14 Mta*Nyct Paygo New York NY Card 6204                  | -3.00           | 16,898.53 |
| 02/17 | Card Purchase 02/14 Mta*Nyct Paygo New York NY Card 6204                  | -3.00           | 16,895.53 |
| 02/17 | Card Purchase 02/17 Lyft *Ride Sun 7Pm Lyft.Com CA Card 6204              | -14.77          | 16,880.76 |
| 02/17 | Card Purchase 02/15 Cvs/Pharmacy #02737 New York NY Card 6204             | -2.49           | 16,878.27 |
| 02/17 | Card Purchase 02/15 Dijon Wine Inc New York NY Card 6204                  | -18.35          | 16,859.92 |
| 02/17 | Card Purchase 02/16 Sq *The Oma, Shop Coffe New York NY Card 6204         | -11.91          | 16,848.01 |
| 02/17 | Card Purchase 02/16 Mta*Nyct Paygo New York NY Card 6204                  | -3.00           | 16,845.01 |
| 02/17 | Card Purchase 02/16 Mta*Nyct Paygo New York NY Card 6204                  | -3.00           | 16,842.01 |
| 02/17 | Citi Card Online Payment 431935072824227 Web ID: Citictp                  | -4,605.70       | 12,236.31 |
| 02/17 | Discover E-Payment 4954 Web ID: 2510020270                                | -200.00         | 12,036.31 |
| 02/17 | Card Purchase 02/17 Afterpay 185-52896014 CA Card 6204                    | -147.25         | 11,889.06 |
| 02/17 | Card Purchase With Pin 02/17 Duane Reade Sto 383 W New York NY Card 6204  | -6.39           | 11,882.67 |
| 02/18 | Card Purchase 02/17 Mta*Nyct Paygo New York NY Card 6204                  | -3.00           | 11,879.67 |
| 02/18 | Card Purchase 02/17 Cravathnxt New York NY Card 6204                      | -0.56           | 11,879.11 |
| 02/18 | Card Purchase 02/17 Tst*Yono Sushi Group New York NY Card 6204            | -14.70          | 11,864.41 |
| 02/18 | Card Purchase 02/17 Mta*Nyct Paygo New York NY Card 6204                  | -3.00           | 11,861.41 |
| 02/18 | Card Purchase With Pin 02/18 Duane Reade Sto 320 W New York NY Card 6204  | -25.66          | 11,835.75 |
| 02/18 | Card Purchase With Pin 02/18 Duane Reade Sto 383 W New York NY Card 6204  | -17.99          | 11,817.76 |
| 02/19 | Card Purchase 02/18 Starbucks Store 11648 New York NY Card 6204           | -7.95           | 11,809.81 |
| 02/19 | Card Purchase With Pin 02/19 Foodtown#609 New York NY Card 6204           | -32.61          | 11,777.20 |
| 02/20 | Card Purchase 02/20 Afterpay 185-52896014 CA Card 6204                    | -199.73         | 11,577.47 |
| 02/20 | Card Purchase 02/20 Depop Www.Depop.Com NY Card 6204                      | -26.37          | 11,551.10 |
| 02/20 | Card Purchase With Pin 02/20 Duane Reade Sto 320 W New York NY Card 6204  | -14.69          | 11,536.41 |
| 02/23 | Card Purchase 02/20 Mcdonalds 17630 New York NY Card 6204                 | -21.91          | 11,514.50 |
| 02/23 | Card Purchase 02/21 Sq *The Oma, Shop Coffe New York NY Card 6204         | -5.14           | 11,509.36 |
| 02/23 | Card Purchase 02/21 Mta*Nyct Paygo New York NY Card 6204                  | -3.00           | 11,506.36 |
| 02/23 | Card Purchase 02/21 Genkiya New York NY Card 6204                         | -21.59          | 11,484.77 |
| 02/23 | Card Purchase 02/21 Mta*Nyct Paygo New York NY Card 6204                  | -3.00           | 11,481.77 |
| 02/23 | Card Purchase 02/21 Mta*Nyct Paygo New York NY Card 6204                  | -3.00           | 11,478.77 |
| 02/23 | Card Purchase 02/21 South Bronx Mart Corp Bronx NY Card 6204              | -10.40          | 11,468.37 |
| 02/24 | Card Purchase With Pin 02/24 Usps PO 35962800 421 8 New York NY Card 6204 | -6.09           | 11,462.28 |
| 02/25 | Card Purchase 02/24 Mta*Nyct Paygo New York NY Card 6204                  | -3.00           | 11,459.28 |
| 02/25 | Card Purchase 02/24 Apple.Com/Bill 866-712-7753 CA Card 6204              | -0.99           | 11,458.29 |
| 02/25 | Card Purchase 02/24 Mta*Nyct Paygo New York NY Card 6204                  | -3.00           | 11,455.29 |
| 02/25 | Card Purchase 02/24 Chipotle 3216 New York NY Card 6204                   | -19.05          | 11,436.24 |
| 02/25 | Card Purchase 02/25 Afterpay 185-52896014 CA Card 6204                    | -132.03         | 11,304.21 |
| 02/26 | Cravath, Swaine Payroll PPD ID: 9111111101                                | <b>5,588.68</b> | 16,892.89 |
| 02/26 | Card Purchase 02/25 Mta*Nyct Paygo New York NY Card 6204                  | -3.00           | 16,889.89 |
| 02/26 | Card Purchase 02/25 Cravathcoffeebar New York NY Card 6204                | -3.26           | 16,886.63 |
| 02/26 | Goldman Sachs Ba Transfer 000300074751678 Web ID: 0124085260              | -5,000.00       | 11,886.63 |
| 02/27 | Card Purchase 02/25 8th Ave Organic Choice New York NY Card 6204          | -1.30           | 11,885.33 |
| 02/27 | Card Purchase 02/26 Sp Revice Revicedenim.C CA Card 6204                  | -64.13          | 11,821.20 |
| 03/02 | Card Purchase 02/28 Amazon Mark* Be1Dn48 Amazon.Com/MA WA Card 6204       | -47.94          | 11,773.26 |

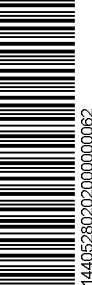


February 13, 2026 through March 12, 2026

Account Number: 000000717929827

**TRANSACTION DETAIL** (continued)

| DATE                  | DESCRIPTION                                                                 | AMOUNT          | BALANCE            |
|-----------------------|-----------------------------------------------------------------------------|-----------------|--------------------|
| 03/02                 | Card Purchase 02/28 Amazon Mark* Be0Fj38 Amazon.Com/MA WA Card 6204         | -20.68          | 11,752.58          |
| 03/02                 | Card Purchase 02/27 Mta*Nyct Paygo New York NY Card 6204                    | -3.00           | 11,749.58          |
| 03/02                 | Card Purchase 02/28 Tst* Just Salad - 334 W New York NY Card 6204           | -23.75          | 11,725.83          |
| 03/02                 | Card Purchase 02/27 Mta*Nyct Paygo New York NY Card 6204                    | -3.00           | 11,722.83          |
| 03/02                 | Card Purchase 02/28 Starbucks Evngs T1 Jfk Jamaica NY Card 6204             | -20.74          | 11,702.09          |
| 03/02                 | Recurring Card Purchase 03/01 Lemonade Insurance Comp New York NY Card 6204 | -15.17          | 11,686.92          |
| 03/02                 | Zelle Payment To Chiazom Ezenekwe Jpm99C7L24R7                              | -500.00         | 11,186.92          |
| 03/02                 | Recurring Card Purchase 03/02 Spotify USA 877-7781161 NY Card 6204          | -12.99          | 11,173.93          |
| 03/03                 | Card Purchase 03/03 Afterpay 185-52896014 CA Card 6204                      | -346.98         | 10,826.95          |
| 03/06                 | 03/06 Payment To Chase Card Ending IN 1231                                  | -1,002.60       | 9,824.35           |
| 03/09                 | Card Purchase 03/07 Amazon Reta* Be4P07R Www.Amazon.CO WA Card 6204         | -19.10          | 9,805.25           |
| 03/10                 | Card Purchase 03/09 Dd/Br #345537 Q35 New York NY Card 6204                 | -10.60          | 9,794.65           |
| 03/10                 | Recurring Card Purchase 03/09 Apple.Com/Bill 866-712-7753 CA Card 6204      | -12.99          | 9,781.66           |
| 03/10                 | Card Purchase 03/09 Starbucks Store 11648 New York NY Card 6204             | -8.35           | 9,773.31           |
| 03/10                 | Card Purchase 03/10 Afterpay 185-52896014 CA Card 6204                      | -132.03         | 9,641.28           |
| 03/11                 | Card Purchase 03/10 Mta*Nyct Paygo New York NY Card 6204                    | -3.00           | 9,638.28           |
| 03/11                 | Card Purchase 03/10 Cravathcoffeebar New York NY Card 6204                  | -5.50           | 9,632.78           |
| 03/11                 | Card Purchase 03/10 Cravathnxt New York NY Card 6204                        | -1.04           | 9,631.74           |
| 03/11                 | Card Purchase 03/10 Afterpay 185-52896014 CA Card 6204                      | -72.59          | 9,559.15           |
| 03/11                 | Card Purchase 03/11 Amazon Reta* Bd0I77P Www.Amazon.CO WA Card 6204         | -19.10          | 9,540.05           |
| 03/11                 | Venmo Payment 1048861071701 Web ID: 3264681992                              | -28.00          | 9,512.05           |
| 03/12                 | Cravath, Swaine Payroll PPD ID: 9111111101                                  | <b>5,585.03</b> | 15,097.08          |
| 03/12                 | Payment Sent 03/11 Apple Cash Sent Mone 1Infinetloop CA Card 6204           | -25.00          | 15,072.08          |
| 03/12                 | Card Purchase 03/11 Mta*Nyct Paygo New York NY Card 6204                    | -3.00           | 15,069.08          |
| 03/12                 | Card Purchase 03/11 Mta*Nyct Paygo New York NY Card 6204                    | -3.00           | 15,066.08          |
| 03/12                 | Card Purchase 03/11 Mta*Nyct Paygo New York NY Card 6204                    | -3.00           | 15,063.08          |
| <b>Ending Balance</b> |                                                                             |                 | <b>\$15,063.08</b> |





February 13, 2026 through March 12, 2026

Account Number: **000000717929827**

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

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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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**JPMorgan Chase Bank, N.A. Member FDIC**

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

January 15, 2026 through February 12, 2026

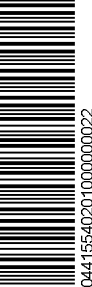
Account Number: **000000717929827**

## 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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CHIBUNKEM C EZENEKWE  
2754 FREDERICK DOUGLASS BLVD APT 7B  
NEW YORK NY 10039-3050



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## CHECKING SUMMARY

Chase College Checking

|                              | AMOUNT             |
|------------------------------|--------------------|
| <b>Beginning Balance</b>     | <b>\$8,687.05</b>  |
| Deposits and Additions       | 22,901.70          |
| ATM & Debit Card Withdrawals | -5,608.84          |
| Electronic Withdrawals       | -9,434.78          |
| Fees                         | -3.00              |
| <b>Ending Balance</b>        | <b>\$16,542.13</b> |

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

- **Have electronic deposits made into this account totaling \$500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNow<sup>SM</sup> network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.**  
(Your total electronic deposits this period were \$21,977.73. Note: some deposits may be listed on your previous statement)
- **OR, keep an average ending day balance of \$1,500.00 or more in this account.**

## TRANSACTION DETAIL

| DATE  | DESCRIPTION                                                         | AMOUNT          | BALANCE           |
|-------|---------------------------------------------------------------------|-----------------|-------------------|
|       | <b>Beginning Balance</b>                                            |                 | <b>\$8,687.05</b> |
| 01/15 | Cravath, Swaine Payroll PPD ID: 9111111101                          | <b>5,468.01</b> | 14,155.06         |
| 01/15 | Card Purchase 01/14 Amazon.Com*Vm3Xt0O63 Amzn.Com/Bill WA Card 6204 | -10.04          | 14,145.02         |
| 01/15 | Card Purchase 01/14 Mta*Nyct Paygo New York NY Card 6204            | -3.00           | 14,142.02         |
| 01/15 | Card Purchase 01/14 Cravathcoffeebar New York NY Card 6204          | -3.85           | 14,138.17         |
| 01/15 | Card Purchase 01/14 Mta*Nyct Paygo New York NY Card 6204            | -3.00           | 14,135.17         |
| 01/15 | Card Purchase 01/14 Harlem Wine Gallery 164-69129365 NY Card 6204   | -17.42          | 14,117.75         |
| 01/15 | Goldman Sachs Ba Transfer 000300074751678 Web ID: 0124085260        | -5,000.00       | 9,117.75          |
| 01/16 | Card Purchase 01/15 Mta*Nyct Paygo New York NY Card 6204            | -3.00           | 9,114.75          |
| 01/16 | Card Purchase 01/15 Mta*Nyct Paygo New York NY Card 6204            | -3.00           | 9,111.75          |
| 01/16 | Card Purchase With Pin 01/16 Foodtown#609 New York NY Card 6204     | -52.65          | 9,059.10          |
| 01/20 | Card Purchase 01/17 Klarna* Klarna Klarna.Com OH Card 6204          | -204.85         | 8,854.25          |



January 15, 2026 through February 12, 2026

Account Number: 000000717929827

**TRANSACTION DETAIL** (continued)

| DATE  | DESCRIPTION                                                                | AMOUNT   | BALANCE   |
|-------|----------------------------------------------------------------------------|----------|-----------|
| 01/20 | Card Purchase 01/17 Popeyes 03875 New York NY Card 6204                    | -4.34    | 8,849.91  |
| 01/20 | Card Purchase 01/17 Amazon MktpL*Ur25P54 Amzn.Com/Bill WA Card 6204        | -109.26  | 8,740.65  |
| 01/20 | Card Purchase 01/17 Mta*Nyct Paygo New York NY Card 6204                   | -3.00    | 8,737.65  |
| 01/20 | Card Purchase 01/17 Sq *Rivareno Gelato New York NY Card 6204              | -10.91   | 8,726.74  |
| 01/20 | Card Purchase 01/17 Mta*Nyct Paygo New York NY Card 6204                   | -3.00    | 8,723.74  |
| 01/20 | Card Purchase 01/18 Ls A2Z Hardware 164-65967131 NY Card 6204              | -26.03   | 8,697.71  |
| 01/20 | Card Purchase 01/18 Mta*Nyct Paygo New York NY Card 6204                   | -3.00    | 8,694.71  |
| 01/20 | Card Purchase 01/19 Starbucks Store 11648 New York NY Card 6204            | -6.39    | 8,688.32  |
| 01/20 | Card Purchase 01/19 Starbucks Store 11648 New York NY Card 6204            | -7.42    | 8,680.90  |
| 01/20 | Card Purchase 01/19 Mta*Nyct Paygo New York NY Card 6204                   | -3.00    | 8,677.90  |
| 01/20 | Card Purchase 01/19 Mta*Nyct Paygo New York NY Card 6204                   | -3.00    | 8,674.90  |
| 01/20 | Card Purchase With Pin 01/19 Wholefids Usq 101 4 Uni New York NY Card 6204 | -19.61   | 8,655.29  |
| 01/20 | Card Purchase 01/19 Mta*Nyct Paygo New York NY Card 6204                   | -3.00    | 8,652.29  |
| 01/20 | Card Purchase With Pin 01/19 Foodtown#609 New York NY Card 6204            | -8.98    | 8,643.31  |
| 01/20 | Card Purchase 01/20 Afterpay 185-52896014 CA Card 6204                     | -104.50  | 8,538.81  |
| 01/20 | Card Purchase 01/20 Sq *The Oma, Shop Coffe New York NY Card 6204          | -6.01    | 8,532.80  |
| 01/21 | Card Purchase 01/20 Mta*Nyct Paygo New York NY Card 6204                   | -3.00    | 8,529.80  |
| 01/21 | Card Purchase 01/20 Mta*Nyct Paygo New York NY Card 6204                   | -3.00    | 8,526.80  |
| 01/22 | Card Purchase 01/21 Mta*Nyct Paygo New York NY Card 6204                   | -3.00    | 8,523.80  |
| 01/22 | Card Purchase 01/21 Cravathcoffeebar New York NY Card 6204                 | -3.85    | 8,519.95  |
| 01/22 | Card Purchase 01/21 Mta*Nyct Paygo New York NY Card 6204                   | -3.00    | 8,516.95  |
| 01/22 | Card Purchase 01/22 Sq *The Oma, Shop Coffe New York NY Card 6204          | -6.01    | 8,510.94  |
| 01/23 | Card Purchase Return 01/22 Lyft *Ride Tue 11A San Francisco CA Card 6204   | 0.40     | 8,511.34  |
| 01/26 | Card Purchase 01/24 Popeyes 03875 New York NY Card 6204                    | -4.89    | 8,506.45  |
| 01/26 | Card Purchase 01/24 The UPS Store 5017 212-2228260 NY Card 6204            | -2.82    | 8,503.63  |
| 01/26 | Card Purchase 01/25 Afterpay 185-52896014 CA Card 6204                     | -93.05   | 8,410.58  |
| 01/27 | Card Purchase 01/27 Amazon.Com*Lp7Wf7Cq3 Amzn.Com/Bill WA Card 6204        | -9.97    | 8,400.61  |
| 01/27 | Card Purchase 01/27 Sq *The Oma, Shop Coffe New York NY Card 6204          | -6.01    | 8,394.60  |
| 01/28 | Card Purchase 01/28 Stript Offi 202-445-0335 MD Card 6204                  | -120.00  | 8,274.60  |
| 01/28 | Card Purchase 01/27 Mta*Nyct Paygo New York NY Card 6204                   | -3.00    | 8,271.60  |
| 01/28 | Card Purchase 01/27 Cravathcoffeebar New York NY Card 6204                 | -3.85    | 8,267.75  |
| 01/28 | Card Purchase 01/27 Mta*Nyct Paygo New York NY Card 6204                   | -3.00    | 8,264.75  |
| 01/28 | ATM Withdrawal 01/28 350 W 125th St New York NY Card 6204                  | -60.00   | 8,204.75  |
| 01/29 | Cravath, Swaine Payroll PPD ID: 9111111101                                 | 5,588.68 | 13,793.43 |
| 01/29 | Card Purchase 01/28 Mta*Nyct Paygo New York NY Card 6204                   | -3.00    | 13,790.43 |
| 01/29 | Card Purchase 01/28 Cravathcoffeebar New York NY Card 6204                 | -3.26    | 13,787.17 |
| 01/29 | Card Purchase 01/28 Mta*Nyct Paygo New York NY Card 6204                   | -3.00    | 13,784.17 |
| 01/29 | Card Purchase 01/29 Harlem Wine Gallery 164-69129365 NY Card 6204          | -17.42   | 13,766.75 |
| 01/30 | Card Purchase 01/30 Depop Www.Depop.Com NY Card 6204                       | -19.28   | 13,747.47 |
| 02/02 | Card Purchase 01/31 Popeyes 03875 New York NY Card 6204                    | -5.44    | 13,742.03 |
| 02/02 | Card Purchase 01/31 Popeyes 03875 New York NY Card 6204                    | -0.54    | 13,741.49 |
| 02/02 | Card Purchase 01/31 Poshmark 650-488-7740 CA Card 6204                     | -56.49   | 13,685.00 |

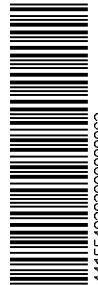


January 15, 2026 through February 12, 2026

Account Number: 000000717929827

**TRANSACTION DETAIL** (continued)

| DATE  | DESCRIPTION                                                                 | AMOUNT          | BALANCE   |
|-------|-----------------------------------------------------------------------------|-----------------|-----------|
| 02/02 | Card Purchase 01/31 Sq *Shipnation LLC Dhl New York NY Card 6204            | -4.79           | 13,680.21 |
| 02/02 | Card Purchase 01/31 Mta*Nyct Paygo New York NY Card 6204                    | -3.00           | 13,677.21 |
| 02/02 | Card Purchase 01/31 Mta*Nyct Paygo New York NY Card 6204                    | -3.00           | 13,674.21 |
| 02/02 | Recurring Card Purchase 02/01 Lemonade Insurance Comp New York NY Card 6204 | -15.17          | 13,659.04 |
| 02/02 | Card Purchase 02/01 Afterpay 185-52896014 CA Card 6204                      | -108.45         | 13,550.59 |
| 02/02 | Recurring Card Purchase 02/02 Spotify P3Ef758D65 New York NY Card 6204      | -11.99          | 13,538.60 |
| 02/03 | Card Purchase 02/02 Apf*Haussmann Acquisit 718-2133409 NY Card 6204         | -3,409.99       | 10,128.61 |
| 02/03 | Card Purchase 02/03 Afterpay 185-52896014 CA Card 6204                      | -93.05          | 10,035.56 |
| 02/04 | Card Purchase 02/03 Mta*Nyct Paygo New York NY Card 6204                    | -3.00           | 10,032.56 |
| 02/04 | Card Purchase 02/03 Cravathcoffeebar New York NY Card 6204                  | -3.85           | 10,028.71 |
| 02/04 | Card Purchase 02/03 Cravathmarket New York NY Card 6204                     | -4.09           | 10,024.62 |
| 02/05 | Card Purchase Return 01/09 Klarna*Klarna Columbus OH Card 6204              | <b>288.28</b>   | 10,312.90 |
| 02/05 | Card Purchase Return 12/20 Klarna*Ssense Columbus OH Card 6204              | <b>135.29</b>   | 10,448.19 |
| 02/05 | Card Purchase 02/04 Mta*Nyct Paygo New York NY Card 6204                    | -3.00           | 10,445.19 |
| 02/05 | Card Purchase 02/04 Cravathcoffeebar New York NY Card 6204                  | -3.76           | 10,441.43 |
| 02/05 | Card Purchase 02/04 Duane Reade #14335 New York NY Card 6204                | -3.26           | 10,438.17 |
| 02/05 | 02/05 Payment To Chase Card Ending IN 1231                                  | -1,034.69       | 9,403.48  |
| 02/06 | Non-Chase ATM Withdraw 02/06 3550 Broadway New York NY Card 6204            | -68.50          | 9,334.98  |
| 02/06 | Non-Chase ATM Fee-With                                                      | -3.00           | 9,331.98  |
| 02/09 | Zelle Payment From Chiazom Ezenekwe Baczinuvas2V                            | <b>500.00</b>   | 9,831.98  |
| 02/09 | Card Purchase 02/06 Sq *57 West Dermatology Gosq.Com NY Card 6204           | -7.50           | 9,824.48  |
| 02/09 | Card Purchase 02/07 Popeyes 03875 New York NY Card 6204                     | -4.89           | 9,819.59  |
| 02/09 | Card Purchase 02/07 Mta*Nyct Paygo New York NY Card 6204                    | -3.00           | 9,816.59  |
| 02/09 | Card Purchase 02/07 Tst*Laduree - Madison New York NY Card 6204             | -11.70          | 9,804.89  |
| 02/09 | Card Purchase 02/07 Mta*Nyct Paygo New York NY Card 6204                    | -3.00           | 9,801.89  |
| 02/09 | Card Purchase 02/09 Urbanoutfitters.Com Urbanoutfite PA Card 6204           | -76.48          | 9,725.41  |
| 02/10 | Recurring Card Purchase 02/09 Apple.Com/Bill 866-712-7753 CA Card 6204      | -12.99          | 9,712.42  |
| 02/10 | Card Purchase 02/10 Amazon Mark* U03Kc7X Amazon.Com/MA WA Card 6204         | -75.65          | 9,636.77  |
| 02/10 | Card Purchase 02/10 Afterpay 185-52896014 CA Card 6204                      | -147.25         | 9,489.52  |
| 02/10 | Card Purchase 02/09 Urbanoutfitters.Com Urbanoutfite PA Card 6204           | -87.47          | 9,402.05  |
| 02/10 | Card Purchase 02/10 Afterpay 185-52896014 CA Card 6204                      | -108.45         | 9,293.60  |
| 02/10 | Card Purchase With Pin 02/10 Duane Reade Sto 320 W New York NY Card 6204    | -27.20          | 9,266.40  |
| 02/11 | Card Purchase 02/10 Mta*Nyct Paygo New York NY Card 6204                    | -3.00           | 9,263.40  |
| 02/11 | Card Purchase 02/11 Amazon Mark* Sv7Mw34 Amazon.Com/MA WA Card 6204         | -55.48          | 9,207.92  |
| 02/11 | Card Purchase 02/10 Cravathnxt New York NY Card 6204                        | -0.75           | 9,207.17  |
| 02/11 | Card Purchase 02/10 Mta*Nyct Paygo New York NY Card 6204                    | -3.00           | 9,204.17  |
| 02/11 | Card Purchase 02/11 Sq *The Oma, Shop Coffe New York NY Card 6204           | -6.01           | 9,198.16  |
| 02/12 | Cravath, Swaine Payroll PPD ID: 9111111101                                  | <b>5,585.04</b> | 14,783.20 |
| 02/12 | Irs Treas 310 Tax Ref PPD ID: 9111036170                                    | <b>5,336.00</b> | 20,119.20 |
| 02/12 | Card Purchase 02/11 Revolve 188-844-2583 CA Card 6204                       | -152.43         | 19,966.77 |
| 02/12 | Card Purchase 02/11 Mta*Nyct Paygo New York NY Card 6204                    | -3.00           | 19,963.77 |
| 02/12 | Card Purchase 02/11 Cravathcoffeebar New York NY Card 6204                  | -3.85           | 19,959.92 |





January 15, 2026 through February 12, 2026

Account Number: **000000717929827**

## TRANSACTION DETAIL *(continued)*

| DATE           | DESCRIPTION                                                    | AMOUNT    | BALANCE            |
|----------------|----------------------------------------------------------------|-----------|--------------------|
| 02/12          | Card Purchase 02/11 Tst*Yono Sushi Group New York NY Card 6204 | -14.70    | 19,945.22          |
| 02/12          | Card Purchase 02/11 Mta*Nyct Paygo New York NY Card 6204       | -3.00     | 19,942.22          |
| 02/12          | 02/12 Payment To Chase Card Ending IN 6518                     | -3,007.27 | 16,934.95          |
| 02/12          | Advs Ed Serv Web Studntloan 6Rltkbg14G1 Web ID: 9102001102     | -392.82   | 16,542.13          |
| Ending Balance |                                                                |           | <b>\$16,542.13</b> |

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- 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**

135247/1525214/STMT/135247/0000/000000/274087 000 01 000000  
CHIBUNKEM EZENEKWE  
2754 FREDERICK DOUGLASS BLVD APT 7B  
NEW YORK NY 10039-3050

## ONLINE SAVINGS ACCOUNT STATEMENT

See reverse for important information

**Account Number** 300074751678  
**Account Name** Online Savings

### STATEMENT SUMMARY as of 02/28/2026

|                              |                    |
|------------------------------|--------------------|
| Beginning Balance            | \$46,235.80        |
| Deposits and Other Credits   | \$5,128.80         |
| Interest Paid this Period    | \$128.80           |
| Withdrawals and Other Debits | \$0.00             |
| <b>Ending Balance</b>        | <b>\$51,364.60</b> |

### EARNINGS DETAILS

|                                |                          |
|--------------------------------|--------------------------|
| Statement Period               | 02/01/2026 to 02/28/2026 |
| Days in Statement Period       | 28                       |
| Annual Percentage Yield Earned | 3.65%                    |
| Total Earnings Paid This Year  | \$262.49                 |

### ACCOUNT ACTIVITY

| Date              | Description                                                                      | Credits    | Debits | Balance            |
|-------------------|----------------------------------------------------------------------------------|------------|--------|--------------------|
| 02/01/2026        | Beginning Balance                                                                |            |        | \$46,235.80        |
| 02/26/2026        | ACH Deposit Internet transfer from JPMORGAN CHASE BANK, NA DDA account *****9827 | \$5,000.00 |        | \$51,235.80        |
| 02/28/2026        | Interest Paid                                                                    | \$128.80   |        | \$51,364.60        |
| <b>02/28/2026</b> | <b>Ending Balance</b>                                                            |            |        | <b>\$51,364.60</b> |

Streamline your savings growth with recurring deposits

Simplify your savings strategy. When you schedule recurring deposits to your Online Savings Account, you can automate your savings growth! To learn more, visit [marcus.com/automate](https://marcus.com/automate).

**In Case of Errors or Questions About Your Electronic Transfers:**

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, please telephone us at 1-855-730-7283 or write us at:

Goldman Sachs Bank USA  
PO Box 70379  
Philadelphia, PA 19176-0379

We must hear from you no later than sixty (60) days after we sent you the **FIRST** statement on which the error or problem appears.

**Give us the following information:**

1. Tell us your name and account number
2. Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe it to be an error or why you need more information
3. Tell us the dollar amount of the suspected error

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days 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 we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account.

For errors involving new accounts, point-of-sale, or foreign-initiated transactions, we may take up to 90 days to investigate your complaint or question. For new accounts, we may take up to 20 business days to credit your account for the amount you think is in error.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

**In Case of Errors or Questions About Your Non-Electronic Transactions:**

Contact us immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify us in writing no later than 30 days after the statement was made available to you. For more information, see the Deposit Account Agreement.

2024 W-2 and EARNINGS SUMMARY



Employee Reference Copy

Wage and Tax Statement

2024

OMB No. 1545-0008

Copy C for employee's records.

d Control number

016105

Dept.

CLI2/V30

Corp.

120000

Employer use only

A

233

c Employer's name, address, and ZIP code

CRAVATH SWAINE & MOORE L  
LLP  
375 NINTH AVENUE  
NEW YORK NY 10001-7475

Batch #02448

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

CHIBUNKEM EZENEKWE  
2754 FREDERICK DOUGLASS BLVD  
APARTMENT 7B  
NEW YORK NY 10039

b Employer's FED ID number

13-5015405

a Employee's SSA number

XXX-XX-0815

1 Wages, tips, other comp.

230161.51

2 Federal income tax withheld

44257.05

3 Social security wages

168600.00

4 Social security tax withheld

10453.20

5 Medicare wages and tips

241911.46

6 Medicare tax withheld

3884.92

7 Social security tips

8 Allocated tips

9

10 Dependent care benefits

11 Nonqualified plans

12a See instructions for box 12

C

129.48

14 Other

31.20 SDI

333.25 NY PFL

12b D

11749.95

12c DD

15691.78

12d

13 Stat emp

Ret. plan

3rd party sick pay

X

15 State

NY

Employer's state ID no.

13-5015405

16 State wages, tips, etc.

230161.51

17 State income tax

15286.43

18 Local wages, tips, etc.

230161.51

19 Local income tax

9170.29

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<br>Box 1 of W-2 | Social Security Wages<br>Box 3 of W-2 | Medicare Wages<br>Box 5 of W-2 | NY. State Wages, Tips, Etc.<br>Box 16 of W-2 | NYC RES Local Wages, Tips, Etc.<br>Box 18 of W-2 |
|------------------------------|-------------------------------------------------|---------------------------------------|--------------------------------|----------------------------------------------|--------------------------------------------------|
| Gross Pay                    | 257 , 451 . 79                                  | 257 , 451 . 79                        | 257 , 451 . 79                 | 257 , 451 . 79                               | 257 , 451 . 79                                   |
| Plus GTL (C-Box 12)          | 129 . 48                                        | 129 . 48                              | 129 . 48                       | 129 . 48                                     | 129 . 48                                         |
| Less Misc. Non Taxable Comp. | 6 , 836 . 31                                    | 6 , 836 . 31                          | 6 , 836 . 31                   | 6 , 836 . 31                                 | 6 , 836 . 31                                     |
| Less 401(k) (D-Box 12)       | 11 , 749 . 95                                   | N/A                                   | N/A                            | 11 , 749 . 95                                | 11 , 749 . 95                                    |
| Less Other Cafe 125          | 8 , 833 . 50                                    | 8 , 833 . 50                          | 8 , 833 . 50                   | 8 , 833 . 50                                 | 8 , 833 . 50                                     |
| Wages Over Limit             | N/A                                             | 73 , 311 . 46                         | N/A                            | N/A                                          | N/A                                              |
| Reported W-2 Wages           | 230,161.51                                      | 168,600.00                            | 241,911.46                     | 230,161.51                                   | 230,161.51                                       |

2. Employee Name and Address.

CHIBUNKEM EZENEKWE  
2754 FREDERICK DOUGLASS BLVD  
APARTMENT 7B  
NEW YORK NY 10039

© 2024 ADP, Inc.

1 Wages, tips, other comp.

230161.51

2 Federal income tax withheld

44257.05

3 Social security wages

168600.00

4 Social security tax withheld

10453.20

5 Medicare wages and tips

241911.46

6 Medicare tax withheld

3884.92

d Control number

016105

Dept.

CLI2/V30

Corp.

120000

Employer use only

A

233

c Employer's name, address, and ZIP code

CRAVATH SWAINE & MOORE L  
LLP  
375 NINTH AVENUE  
NEW YORK NY 10001-7475

b Employer's FED ID number

13-5015405

a Employee's SSA number

XXX-XX-0815

7 Social security tips

8 Allocated tips

9

10 Dependent care benefits

11 Nonqualified plans

12a See instructions for box 12

C

129.48

14 Other

31.20 SDI

333.25 NY PFL

12b D

11749.95

12c DD

15691.78

12d

13 Stat emp

Ret. plan

3rd party sick pay

X

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

CHIBUNKEM EZENEKWE  
2754 FREDERICK DOUGLASS BLVD  
APARTMENT 7B  
NEW YORK NY 10039

15 State

NY

Employer's state ID no.

13-5015405

16 State wages, tips, etc.

230161.51

17 State income tax

15286.43

18 Local wages, tips, etc.

230161.51

19 Local income tax

9170.29

20 Locality name

NYC RES

Federal Filing Copy

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.

230161.51

2 Federal income tax withheld

44257.05

3 Social security wages

168600.00

4 Social security tax withheld

10453.20

5 Medicare wages and tips

241911.46

6 Medicare tax withheld

3884.92

d Control number

016105

Dept.

CLI2/V30

Corp.

120000

Employer use only

A

233

c Employer's name, address, and ZIP code

CRAVATH SWAINE & MOORE L  
LLP  
375 NINTH AVENUE  
NEW YORK NY 10001-7475

b Employer's FED ID number

13-5015405

a Employee's SSA number

XXX-XX-0815

7 Social security tips

8 Allocated tips

9

10 Dependent care benefits

11 Nonqualified plans

12a See instructions for box 12

C

129.48

14 Other

31.20 SDI

333.25 NY PFL

12b D

11749.95

12c DD

15691.78

12d

13 Stat emp

Ret. plan

3rd party sick pay

X

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

CHIBUNKEM EZENEKWE  
2754 FREDERICK DOUGLASS BLVD  
APARTMENT 7B  
NEW YORK NY 10039

15 State

NY

Employer's state ID no.

13-5015405

16 State wages, tips, etc.

230161.51

17 State income tax

15286.43

18 Local wages, tips, etc.

230161.51

19 Local income tax

9170.29

20 Locality name

NYC RES

NY. State Filing Copy

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.

230161.51

2 Federal income tax withheld

44257.05

3 Social security wages

168600.00

4 Social security tax withheld

10453.20

5 Medicare wages and tips

241911.46

6 Medicare tax withheld

3884.92

d Control number

016105

Dept.

CLI2/V30

Corp.

120000

Employer use only

A

233

c Employer's name, address, and ZIP code

CRAVATH SWAINE & MOORE L  
LLP  
375 NINTH AVENUE  
NEW YORK NY 10001-7475

b Employer's FED ID number

13-5015405

a Employee's SSA number

XXX-XX-0815

7 Social security tips

8 Allocated tips

9

10 Dependent care benefits

11 Nonqualified plans

12a See instructions for box 12

C

129.48

14 Other

31.20 SDI

333.25 NY PFL

12b D

11749.95

12c DD

15691.78

12d

13 Stat emp

Ret. plan

3rd party sick pay

X

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

CHIBUNKEM EZENEKWE  
2754 FREDERICK DOUGLASS BLVD  
APARTMENT 7B  
NEW YORK NY 10039

15 State

NY

Employer's state ID no.

13-5015405

16 State wages, tips, etc.

230161.51

17 State income tax

15286.43

18 Local wages, tips, etc.

230161.51

19 Local income tax

9170.29

20 Locality name

NYC RES

City or Local Filing Copy

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.

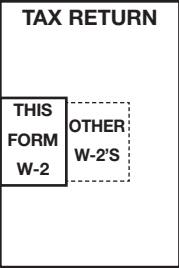
Department of the Treasury - Internal Revenue Service

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](http://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](http://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](http://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.



Employee Reference Copy

Wage and Tax Statement

2025

Copy C for employee's records.

OMB No. 1545-0029

|                  |          |        |                   |
|------------------|----------|--------|-------------------|
| d Control number | Dept.    | Corp.  | Employer use only |
| 016105           | CLI2/V30 | 120000 | A 218             |

c Employer's name, address, and ZIP code

CRAVATH SWAINE & MOORE  
LLP  
375 9TH AVE  
NEW YORK NY 10001-1696

Batch #02520

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

CHIBUNKEM EZENEKWE  
2754 FREDERICK DOUGLASS BLVD  
APARTMENT 7B  
NEW YORK NY 10039

|                            |                         |
|----------------------------|-------------------------|
| b Employer's FED ID number | a Employee's SSA number |
| 13-5015405                 | XXX-XX-0815             |

|                            |                               |
|----------------------------|-------------------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| 257927.15                  | 49935.91                      |

|                         |                                |
|-------------------------|--------------------------------|
| 3 Social security wages | 4 Social security tax withheld |
| 176100.00               | 10918.20                       |

|                           |                         |
|---------------------------|-------------------------|
| 5 Medicare wages and tips | 6 Medicare tax withheld |
| 273174.48                 | 4619.60                 |

|                        |                  |
|------------------------|------------------|
| 7 Social security tips | 8 Allocated tips |
|                        |                  |

|   |                            |
|---|----------------------------|
| 9 | 10 Dependent care benefits |
|   |                            |

|                       |                                 |
|-----------------------|---------------------------------|
| 11 Nonqualified plans | 12a See instructions for box 12 |
|                       | C 136.62                        |

|               |                                          |
|---------------|------------------------------------------|
| 14 Other      | 12b D 15247.33                           |
| 31.20 SDI     | 12c DD 18561.69                          |
| 354.53 NY PFL | 12d                                      |
|               | 13 Stat emp Ret. plan 3rd party sick pay |
|               | X                                        |

|          |                         |                            |
|----------|-------------------------|----------------------------|
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. |
| NY       | 13-5015405              | 257927.15                  |

|                     |                            |
|---------------------|----------------------------|
| 17 State income tax | 18 Local wages, tips, etc. |
| 17779.72            | 257927.15                  |

|                     |                  |
|---------------------|------------------|
| 19 Local income tax | 20 Locality name |
| 10326.92            | 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<br>Box 1 of W-2 | Social Security Wages<br>Box 3 of W-2 | Medicare Wages<br>Box 5 of W-2 | NY. State Wages, Tips, Etc.<br>Box 16 of W-2 | NYC RES Local Wages, Tips, Etc.<br>Box 18 of W-2 |
|------------------------------|-------------------------------------------------|---------------------------------------|--------------------------------|----------------------------------------------|--------------------------------------------------|
| Gross Pay                    | 290 ,064 .74                                    | 290 ,064 .74                          | 290 ,064 .74                   | 290 ,064 .74                                 | 290 ,064 .74                                     |
| Plus GTL (C-Box 12)          | 136 .62                                         | 136 .62                               | 136 .62                        | 136 .62                                      | 136 .62                                          |
| Less Misc. Non Taxable Comp. | 6 ,487 .85                                      | 6 ,487 .85                            | 6 ,487 .85                     | 6 ,487 .85                                   | 6 ,487 .85                                       |
| Less 401(k) (D-Box 12)       | 15 ,247 .33                                     | N/A                                   | N/A                            | 15 ,247 .33                                  | 15 ,247 .33                                      |
| Less Other Cafe 125          | 10 ,539 .03                                     | 10 ,539 .03                           | 10 ,539 .03                    | 10 ,539 .03                                  | 10 ,539 .03                                      |
| Wages Over Limit             | N/A                                             | 97 ,074 .48                           | N/A                            | N/A                                          | N/A                                              |
| Reported W-2 Wages           | 257,927.15                                      | 176,100.00                            | 273,174.48                     | 257,927.15                                   | 257,927.15                                       |

2. Employee Name and Address.

CHIBUNKEM EZENEKWE  
2754 FREDERICK DOUGLASS BLVD  
APARTMENT 7B  
NEW YORK NY 10039

© 2025 ADP, Inc.

|                            |                               |
|----------------------------|-------------------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| 257927.15                  | 49935.91                      |

|                         |                                |
|-------------------------|--------------------------------|
| 3 Social security wages | 4 Social security tax withheld |
| 176100.00               | 10918.20                       |

|                           |                         |
|---------------------------|-------------------------|
| 5 Medicare wages and tips | 6 Medicare tax withheld |
| 273174.48                 | 4619.60                 |

|                  |          |        |                   |
|------------------|----------|--------|-------------------|
| d Control number | Dept.    | Corp.  | Employer use only |
| 016105           | CLI2/V30 | 120000 | A 218             |

c Employer's name, address, and ZIP code

CRAVATH SWAINE & MOORE  
LLP  
375 9TH AVE  
NEW YORK NY 10001-1696

|                            |                         |
|----------------------------|-------------------------|
| b Employer's FED ID number | a Employee's SSA number |
| 13-5015405                 | XXX-XX-0815             |

|                        |                  |
|------------------------|------------------|
| 7 Social security tips | 8 Allocated tips |
|                        |                  |

|   |                            |
|---|----------------------------|
| 9 | 10 Dependent care benefits |
|   |                            |

|                       |                                 |
|-----------------------|---------------------------------|
| 11 Nonqualified plans | 12a See instructions for box 12 |
|                       | C 136.62                        |

|               |                                          |
|---------------|------------------------------------------|
| 14 Other      | 12b D 15247.33                           |
| 31.20 SDI     | 12c DD 18561.69                          |
| 354.53 NY PFL | 12d                                      |
|               | 13 Stat emp Ret. plan 3rd party sick pay |
|               | X                                        |

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

CHIBUNKEM EZENEKWE  
2754 FREDERICK DOUGLASS BLVD  
APARTMENT 7B  
NEW YORK NY 10039

|          |                         |                            |
|----------|-------------------------|----------------------------|
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. |
| NY       | 13-5015405              | 257927.15                  |

|                     |                            |
|---------------------|----------------------------|
| 17 State income tax | 18 Local wages, tips, etc. |
| 17779.72            | 257927.15                  |

|                     |                  |
|---------------------|------------------|
| 19 Local income tax | 20 Locality name |
| 10326.92            | NYC RES          |

Federal Filing Copy

W-2 Wage and Tax Statement

2025

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

OMB No. 1545-0029

|                            |                               |
|----------------------------|-------------------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| 257927.15                  | 49935.91                      |

|                         |                                |
|-------------------------|--------------------------------|
| 3 Social security wages | 4 Social security tax withheld |
| 176100.00               | 10918.20                       |

|                           |                         |
|---------------------------|-------------------------|
| 5 Medicare wages and tips | 6 Medicare tax withheld |
| 273174.48                 | 4619.60                 |

|                  |          |        |                   |
|------------------|----------|--------|-------------------|
| d Control number | Dept.    | Corp.  | Employer use only |
| 016105           | CLI2/V30 | 120000 | A 218             |

c Employer's name, address, and ZIP code

CRAVATH SWAINE & MOORE  
LLP  
375 9TH AVE  
NEW YORK NY 10001-1696

|                            |                         |
|----------------------------|-------------------------|
| b Employer's FED ID number | a Employee's SSA number |
| 13-5015405                 | XXX-XX-0815             |

|                        |                  |
|------------------------|------------------|
| 7 Social security tips | 8 Allocated tips |
|                        |                  |

|   |                            |
|---|----------------------------|
| 9 | 10 Dependent care benefits |
|   |                            |

|                       |                                 |
|-----------------------|---------------------------------|
| 11 Nonqualified plans | 12a See instructions for box 12 |
|                       | C 136.62                        |

|               |                                          |
|---------------|------------------------------------------|
| 14 Other      | 12b D 15247.33                           |
| 31.20 SDI     | 12c DD 18561.69                          |
| 354.53 NY PFL | 12d                                      |
|               | 13 Stat emp Ret. plan 3rd party sick pay |
|               | X                                        |

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

CHIBUNKEM EZENEKWE  
2754 FREDERICK DOUGLASS BLVD  
APARTMENT 7B  
NEW YORK NY 10039

|          |                         |                            |
|----------|-------------------------|----------------------------|
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. |
| NY       | 13-5015405              | 257927.15                  |

|                     |                            |
|---------------------|----------------------------|
| 17 State income tax | 18 Local wages, tips, etc. |
| 17779.72            | 257927.15                  |

|                     |                  |
|---------------------|------------------|
| 19 Local income tax | 20 Locality name |
| 10326.92            | NYC RES          |

NY. State Filing Copy

W-2 Wage and Tax Statement

2025

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

OMB No. 1545-0029

|                            |                               |
|----------------------------|-------------------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld |
| 257927.15                  | 49935.91                      |

|                         |                                |
|-------------------------|--------------------------------|
| 3 Social security wages | 4 Social security tax withheld |
| 176100.00               | 10918.20                       |

|                           |                         |
|---------------------------|-------------------------|
| 5 Medicare wages and tips | 6 Medicare tax withheld |
| 273174.48                 | 4619.60                 |

|                  |          |        |                   |
|------------------|----------|--------|-------------------|
| d Control number | Dept.    | Corp.  | Employer use only |
| 016105           | CLI2/V30 | 120000 | A 218             |

c Employer's name, address, and ZIP code

CRAVATH SWAINE & MOORE  
LLP  
375 9TH AVE  
NEW YORK NY 10001-1696

|                            |                         |
|----------------------------|-------------------------|
| b Employer's FED ID number | a Employee's SSA number |
| 13-5015405                 | XXX-XX-0815             |

|                        |                  |
|------------------------|------------------|
| 7 Social security tips | 8 Allocated tips |
|                        |                  |

|   |                            |
|---|----------------------------|
| 9 | 10 Dependent care benefits |
|   |                            |

|                       |                                 |
|-----------------------|---------------------------------|
| 11 Nonqualified plans | 12a See instructions for box 12 |
|                       | C 136.62                        |

|               |                                          |
|---------------|------------------------------------------|
| 14 Other      | 12b D 15247.33                           |
| 31.20 SDI     | 12c DD 18561.69                          |
| 354.53 NY PFL | 12d                                      |
|               | 13 Stat emp Ret. plan 3rd party sick pay |
|               | X                                        |

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

CHIBUNKEM EZENEKWE  
2754 FREDERICK DOUGLASS BLVD  
APARTMENT 7B  
NEW YORK NY 10039

|          |                         |                            |
|----------|-------------------------|----------------------------|
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. |
| NY       | 13-5015405              | 257927.15                  |

|                     |                            |
|---------------------|----------------------------|
| 17 State income tax | 18 Local wages, tips, etc. |
| 17779.72            | 257927.15                  |

|                     |                  |
|---------------------|------------------|
| 19 Local income tax | 20 Locality name |
| 10326.92            | NYC RES          |

City or Local Filing Copy

W-2 Wage and Tax Statement

2025

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

OMB No. 1545-0029

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 \$23,500 (Generally, \$16,500 for SIMPLE plans; \$26,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under

code G are limited to \$23,500. Deferrals under code H are limited to \$7,000. However, if you were at least age 50 in 2025, your employer may have allowed an additional elective deferral or designated Roth contribution (catch-up contribution) to your plan. For information about the limits on these catch-up contributions, including the higher limit if you were age 60 through 63 as of December 31, 2025, see Pub. 525. 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 (this includes elective deferrals made to a Roth SEP IRA)

**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 (this includes salary reduction contributions made to a Roth SIMPLE IRA)

**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.

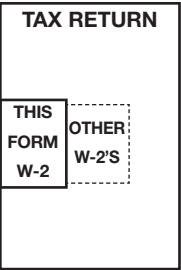
Department of the Treasury - Internal Revenue Service

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](http://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 2025 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 2025 or if income is earned for services provided while you were an inmate at a penal institution. For 2025 income limits and more information, visit [www.irs.gov/EITC](http://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](http://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 2025 and more than \$10,918.20 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 \$6,409.20 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.