

Signature Card

Financial Institution

Synovus Bank
1148 Broadway
Columbus, GA 31901-0000

Account Owner

THE HEYWOODS GROUP CORPORATION
2145 ROSWELL RD SUITE 140
MARIETTA GA 30062, --

Date: June 14, 2019

Replacement Card

This Signature Card replaces all previous Cards for the Accounts described.

Important Account Opening Information

Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Account(s) - Type, Number, Initial Deposit

- **Pro Business Checking** - Account Number: 1003045430
- **Maintenance By:** Beekman, Felicia

Ownership of Account

The ownership you have selected and intend is: **Corporation - For Profit.**

Owner/Signer Information

THE HEYWOODS GROUP CORPORATION.

EIN: 272-93-0808
Phone: 404-410-7997
Type of Entity: corporation
State/Country: Georgia
Date of Organization: 00002009
Address: 2145 ROSWELL RD SUITE 140,
MARIETTA, GA 30062-0000
Authorization Resolution Date: June 14, 2019

PATRICK GERARD GEBRAYEL.

Birth Date: 07/01/1967
Government Issued Photo ID:
Type: Drivers License Number
Number: 049099234
State: Georgia

Issue Date: 06/01/2009

Expiration Date: 07/01/2019

MICHELE GEBRAYEL.

Birth Date: 04/26/1969
Government Issued Photo ID:
Type: Drivers License Number
Number: 049099227
State: Georgia
Issue Date: 04/19/2019
Expiration Date: 04/26/2027

JOHN KENNY.

Birth Date: 06/04/1950
Government Issued Photo ID:
Type: Drivers License Number

Number: 031072238
State: Georgia
Issue Date: 06/11/2006
Expiration Date: 06/11/2016

JACK L LINDER.

Birth Date: 02/07/1951
Government Issued Photo ID:
Type: Drivers License Number
Number: 045971582
State: Georgia
Issue Date: 12/29/2016
Expiration Date: 02/07/2025
Other ID: Major Credit Card [REDACTED] 6253
CHASE SAPPHIRE Issued: 02/27/2018 Exp:
02/27/2022

SCOTT L LINDER.

Birth Date: 01/17/1955
Government Issued Photo ID:
Type: Drivers License Number

Number: L536792550170
State: Florida
Issue Date: 01/04/2013
Expiration Date: 01/17/2021

ROSS J LINDER.

Birth Date: 07/12/1990
Government Issued Photo ID:
Type: Drivers License Number
Number: 053255685
State: Georgia
Issue Date: 03/20/2018
Expiration Date: 07/12/2023
Government Issued Photo ID:
Type: Passport Number
Number: 5335662612
State: UNITED STATES
Issue Date: 08/24/2015
Expiration Date: 08/23/2025

Additional Information

Number of signatures required for withdrawal: 1

FACSIMILE SIGNATURE(S) ALLOWED? Yes No

X _____

Signatures & Certifications

By signing below you certify under penalty of perjury that the following statements are true:

The Taxpayer Identification Number (TIN) shown on this form is my correct TIN (or I am waiting for a number to be issued to me); and

I am not subject to backup withholding either because I am exempt from backup withholding, I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding; and

I am a U.S. citizen or other U.S. person (as defined for purposes of IRS form W-9); and


The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Further, the undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy, and agree to the terms, of the following agreements and/or disclosures located in the Understanding Your Deposit Account booklet, Terms and Conditions of Your Account, Arbitration Clause, Privacy Policy, Truth in Savings, Substitute Checks and Your Rights, Your Availability to Withdraw Funds, Electronic Fund Transfers: Your Rights and Responsibilities, and Notice of ATM/Night Deposit Facility User Precautions.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.


THE HEYWOODS GROUP CORPORATION


 _____
PATRICK GERARD GEBRAYEL Date
Authorized Signer

 _____
MICHELE GEBRAYEL Date
Authorized Signer

 _____
JOHN KENNY Date
Authorized Signer

 _____
JACK L LINDER Date
Authorized Signer

 _____
SCOTT L LINDER Date
Authorized Signer

 _____
ROSS J LINDER Date
Authorized Signer

TO: SYNOVUS BANK
(referred to in this document as the "Financial Institution")

BY: THE HEYWOODS GROUP CORPORATION
(referred to in this document as the "Company")

1) ACCOUNT INFORMATION	Employer Identification Number 272-93-0808	Account number (if existing) 1003045430				
2) GOVERNING DOCUMENTS	The undersigned certifies that the undersigned has delivered or, contemporaneously herewith, will deliver to the Financial Institution true, correct and complete copies of the Company's Articles of Incorporation and Bylaws (and any other applicable organizational documents) and that the powers granted in this resolution are not in contravention with the Company's governing documents, including, but not limited to the Articles of Incorporation and the Bylaws (and any other applicable organizational documents).					
3) AUTHORIZING RESOLUTION	<p>The undersigned, Secretary of the above named corporation organized under the laws of Georgia (<i>state</i>), hereby certifies that the following is a true, correct, and complete copy of a resolution adopted at a meeting of the board of directors of the Company duly called and properly held on or before the execution of this resolution (<i>as set forth below</i>) at which a quorum was present. This resolution appears in the Company's minute book and has not been modified or rescinded and remains in full force and effect.</p> <p>The Board of Directors of the Company hereby resolves that:</p> <ul style="list-style-type: none"> a) The Financial Institution is designated as a depository for the funds of the Company and to provide other financial services as provided for in this resolution. b) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and accepted by the Financial Institution. Any and all prior resolutions adopted by the board of directors of the Company and relating to the Financial Institution as governing the operation of the Company's account(s), are, and shall continue (except as expressly modified hereby), in full force and effect, until the Financial Institution receives and acknowledges express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for such changes. c) Any and all transactions by or on behalf of the Company with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed. d) Any of the persons named in Section 4 below (each, an "Authorized Person") are each independently and without the need of any other Authorized Person authorized to make any and all contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated below, from time to time with the Financial Institution, concerning funds deposited with the Financial Institution, moneys borrowed from the Financial Institution or any other business transaction by and between the Company and the Financial Institution subject to any restrictions stated below, or otherwise agreed to in writing. e) The Company agrees to the terms and conditions of any account agreement, properly opened by any Authorized Person of the Company. The Company authorizes the Financial Institution, at any time, to charge the Company for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution. f) The Company acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to the Authorized Persons to facilitate the powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, debit cards and automated teller machines (ATM). g) The Company acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Authorized Persons named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing. If a facsimile signature has been filed separately with the Financial Institution by the Company, the Financial Institution is authorized to treat the facsimile signature as the signature of the Authorized Person(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature on file. 					
4) AUTHORIZED PERSON SIGNATURES	<p>The undersigned further certifies that each of the following persons are deemed Authorized Persons of the Company and have all of the powers indicated in the "Powers Granted" section set forth below. Each Authorized Person may bind the Company without the need of any other Authorized Person. The Financial Institution is hereby authorized to rely on any of the signatures subscribed hereto relating to transactions of any business on the Company's account(s).</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Name and Title or Position</td> <td style="width: 50%;">Signature</td> </tr> <tr> <td style="border-top: 1px solid black; height: 20px;"></td> <td style="border-top: 1px solid black; height: 20px;"></td> </tr> </table>		Name and Title or Position	Signature		
Name and Title or Position	Signature					

A. PATRICK GERARD GEBRAYEL, Authorized Signer



B. MICHELE GEBRAYEL, Authorized Signer



C. JOHN KENNY, Authorized Signer



D. JACK L LINDER, Authorized Signer



E. SCOTT L LINDER, Authorized Signer



F. ROSS J LINDER, Authorized Signer



POWERS GRANTED

Description of Power

- 1) Exercise all of the powers listed or otherwise contemplated in this resolution.
- 2) Open any deposit or share account(s) in the name of the Company.
- 3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with the Financial Institution.
- 4) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a safe deposit box in the Financial Institution.
- 5) Other:

5) **EFFECT ON PREVIOUS RESOLUTIONS** All prior resolutions of record at the Financial Institution remain in effect unless the Company notifies Financial Institution as provided herein.

6) **CERTIFICATION OF AUTHORITY** The undersigned further certifies that the board of directors of the Company has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolution and to confer the powers granted to the persons named above who have full power and lawful authority to exercise the same.

IN WITNESS WHEREOF, I have subscribed my name and affixed the seal of the Company on the date(s) set forth below:

SECRETARY

ATTEST BY ONE OTHER OFFICER



Signature: _____
Name: _____
Title: _____
Date: _____



Signature: _____
Name: _____
Title: _____
Date: _____

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on _____ (date) by _____ (initials) This resolution is superseded by resolution dated _____.



Patrick Gebrayel
2145 Roswell Road
Marietta, GA 30062

GATE 074538
Heywood's Provision Co

CARD IS VALID UNTIL 12/31/2019
CERTIFICATE EXPIRES 12/31/2021

Gary W. Black, Commissioner
Georgia Department of Agriculture

