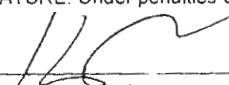
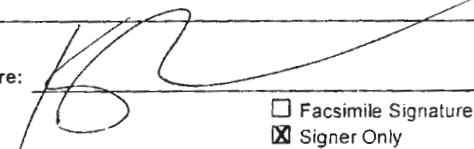
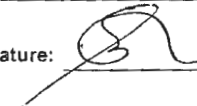
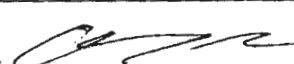


First National Bank of Pennsylvania Signature Card Agreement

OWNERSHIP OF ACCOUNT	PORTFOLIO 1175052 ACCOUNT: 95161039
Limited Liability Company	TITLE AND MAILING
ACCOUNT INFORMATION	ARTISTIC RENOVATIONS OF OHIO LLC
Type: FREE SMALL BUSINESS CHECKING11	
Date Opened: 04/17/2017	Facsimile Signature(s) Allowed No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
Opened By: 6312	Number of Signatures Required for Withdrawals: <u>1</u>
MAINTENANCE COMPLETED:	
Date Revised: 06/09/2017	Revised By: CANDRA ROERIG
Add/Remove a Business Signer	479 ELM COURT SEVEN HILLS OH 44131
TIN / BACKUP WITHHOLDING CERTIFICATION	
TAXPAYER NUMBER: The reporting number shown below is my correct taxpayer identification number.	
BACKUP WITHHOLDING: I am not subject to backup withholding because I am exempt from backup withholding; or because I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends; or because the Internal Revenue Service has notified me that I am no longer subject to backup withholding.	
SIGNATURE: Under penalties of perjury, I certify that the above statements are true and that I am a U.S. person (including a U.S. Resident alien).	
X 	Reporting Name/TIN: ARTISTIC RENOVATIONS OF OHIO LLC 26-0627184
Signatures of each account signer: The authorized individuals signing below agree, jointly and severally, if multiple signers, to the terms set forth in the Deposit Account Agreement, Fee Schedule, Truth in Savings Disclosure (if applicable), and our Privacy Policy. Each of the authorized individual(s) signing also acknowledges that the Financial Institution provided at least one copy of these deposit account documents. The undersigned further authorize 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.	
Name: KENNETH A PERRIN SSN: _____ DOB: _____ ID: DRIVER'S LICENSE ID #: RT535656 Issued By: OH Issue Date: 10/3/2016 Exp Date: 10/3/2019 Employer: _____ Occupation: _____	Primary Phone: _____ Work Phone: _____ E-mail Address: _____ Physical Address: _____ Mailing Address: _____ Signature:  <input type="checkbox"/> Facsimile Signature <input checked="" type="checkbox"/> Signer Only <input type="checkbox"/> Debit Card Requested
Name: SUSAN PERRIN SSN: 300-60-5925 DOB: 06/17/1961 ID: DRIVER'S LICENSE ID #: RS023712 Issued By: OH Issue Date: 6/17/2013 Exp Date: 6/17/2017 Employer: _____ Occupation: _____	Primary Phone: _____ Work Phone: _____ E-mail Address: sue@artisticreno.com Physical Address: _____ Mailing Address: _____ Signature:  <input type="checkbox"/> Facsimile Signature <input checked="" type="checkbox"/> Signer Only <input type="checkbox"/> Debit Card Requested
Name: ANTHONY PERRIN SSN: 273-02-5623 DOB: _____ ID: DRIVER'S LICENSE ID #: TU693250 Issued By: OH Issue Date: 6/8/2017 Exp Date: 11/20/2019 Employer: _____ Occupation: _____	Primary Phone: _____ Work Phone: _____ E-mail Address: _____ Physical Address: _____ Mailing Address: _____ Signature:  <input type="checkbox"/> Facsimile Signature <input checked="" type="checkbox"/> Signer Only <input type="checkbox"/> Debit Card Requested