

BUSINESS DEPOSITORY CERTIFICATE (Limited Liability Company)☒ NEW ☐ CHANGE

ACCOUNT NO.

ACCOUNT TITLE (DBA(s) on the following page(s) if applicable)
KOSAM LLC

BANK NAME/NUMBER

Digital Account Opening

BRANCH NAME AND NO.

DATE

09/21/2024

PREPARED BY

BUSINESS ADDRESS

8885 LINTON LANE BROWNSBURG, IN 46112

PHONE NO.

7723411152

TAXPAYER ID NO.

PRODUCT TYPE

Chase Business Complete Checking

Legal Name of Organization: KOSAM LLC

(the "Organization")

State of Organization: IN

Type of Organization (check one):

☒ Limited liability company managed by its members☐ Limited liability company managed by one or more managers

The individuals signing this Certificate certify to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- the Organization is a limited liability company, duly organized under the laws of the state of organization listed above;
- the individuals signing this Certificate are, or are authorized representatives of, all of the members (if managed by its members) ("Members") or managers (if managed by managers) ("Managers") of the Organization; and
- the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

Any of the people listed below ("Authorized Persons"), acting alone, may:

- Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;
- Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;
- Sign all agreements or other documents relating to any depository accounts or other business of the Organization. These agreements & other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

Deposit and Withdrawal Authorization

Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, wire transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing so causes or increases an overdraft. Each Authorized Person may endorse for cash, collection, deposit, or negotiation any checks, drafts, notes, bills of exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized by any Authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person.

Print Name

HONG PHUONG NGUYEN

Title

Member

Facsimile Signatures

HONG PHUONG NGUYEN

SIGNER(S) TO BE ADDED LATER**Facsimile Signature Authorization**

The Bank is authorized and directed to pay checks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any facsimile or computer-generated signature, the Organization will be solely responsible for any check bearing a similar signature.

Further Authorizations

Each Member or Manager, as applicable, acting alone, is authorized to certify to the Bank the name, title, specimen signature and facsimile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or revocation.

FOR THE PRECEDING PURPOSES, each of the undersigned has signed his/her name(s) on the date indicated above.

Exemption from FATCA reporting code (if any) _____. [According to the IRS Form W-9 instructions, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.]

CERTIFICATION

Name (as shown on your income tax return) KOSAM LLC

Taxpayer Identification Number

The undersigned certifies under penalties of perjury that (1) the number shown above is my correct Taxpayer Identification Number, and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person (as defined in the Form W-9 Instructions), and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above.

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(Limited Liability Company)**



ACCOUNT NO. _____

Note: For a disregarded entity, if the owner is not signing below, he, she or it must submit IRS Form W-9 or the appropriate Form W-8.

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

Electronically signed by: HONG PHUONG NGUYEN _____ 09/21/2024 _____

Member or Manager _____ Date _____

Printed Name: HONG PHUONG NGUYEN _____

Member or Manager _____ Date _____

Printed Name: _____

Member or Manager _____ Date _____

Printed Name: _____

Member or Manager _____ Date _____

Printed Name: _____

Member or Manager _____ Date _____

Printed Name: _____

Member or Manager _____ Date _____

Printed Name: _____

Member or Manager _____ Date _____

Printed Name: _____

Member or Manager _____ Date _____

Printed Name: _____

(Attach additional pages if necessary to reflect all Members or Managers)

DISTRIBUTION: 1) National Account Services 2) Customer