

**BEFORE THE
FEDERAL MARITIME COMMISSION**

DOCKET NO. 15-10

**REVOCATION OF LICENSE NO. 017843
WASHINGTON MOVERS, INC.**

**RESPONDENT'S SUPPLEMENTAL RESPONSES TO THE BUREAU OF
ENFORCEMENT'S DISCOVERY REQUESTS**

Pursuant to the Honorable Clay G. Guthridge's July 27, 2016 order to supplement the record, Respondent Washington Movers respectfully supplements its discovery responses to the following:

TAX INFORMATION

1. Identify the person who signed the federal and state income tax returns for Washington Movers for 2013. If Washington Movers contends that it was a person other than Sam Ghanem, Washington Movers is ordered to serve and file copies of the cover page and the signed signature page of Washington Movers' federal and state tax returns for 2013.

ANSWER:

Name: Sam Ghanem
Title: Former President, Respondent
Business Address: N/A

2. Identify the person who signed the federal and state income tax returns for Washington Movers for 2014. If Washington Movers contends that it was a person other than Sam Ghanem, Washington Movers is ordered to serve and file copies of the cover page and the signed signature page of Washington Movers' federal and state tax returns for 2014.

ANSWER:

Name: Mrs. Nonna Ghanem

Title: President, Secretary, & Treasurer.

Employer: Washington Movers International, Inc.

Business Address: 7913 Cryden Way, District Heights, MD 20747 Business Phone: 301-516-3000

Business E-mail: nonna@wmius.com

Respondent's 2014 state tax return is attached hereto. See Attachment 1. Respondent is not in possession, custody, or control of its signed 2014 federal tax return. Respondent is able to request a copy of its 2014 federal tax return via the IRS's Form 4506, but delivery of such return takes 75 days. Respondent, through its counsel, confirmed the same via a teleconference with an IRS representative. The Respondent is able to request a "transcript" of its 2014 return in a shorter period of time, however the "transcript" does not include information as to signatories.

WASHINGTON MOVERS' BANK ACCOUNTS

1. Identify the authorized signer or signers for the Industrial Bank account for the period November 12, 2014, through August 14, 2015, and provide all signature cards in effect during this period.

ANSWER:

Name: Industrial Bank

Account: Small Business Checking

Address: 4812 George Ave., NW, Washington, DC 20011

Tel: 202-722-2000

Signatories: Sam Ghanem (November 2014-August 2015)

Sam Ghanem and Norma Ghanem (August 2015-March 2016)

Norma Ghanem (March 2016 – Present).

See Attachment 2, the Signature Cards.

2. Identify all Washington Movers financial accounts for the period January 1, 2014, and the present and provide copies of all signature cards in effect during this period.

ANSWER:

Upon information and belief, Respondent had 4 bank accounts starting from January 1, 2014.

1. Name: BB&T Bank
Dates Open: May 2011- February 2014
Signatories: Respondent stipulates that Sam Ghanem and Norma Ghanem were signatories for this account, which is closed. BB&T refused to provide signature cards to Ms. Ghanem, but did provide the attached screenshot. See Attachment 3.

2. Name: SunTrust Bank
Dates Open: February 2014- October 2014
Signatories: Respondent stipulates that Sam Ghanem was the signatory for this account. SunTrust Bank refused to provide signature cards to Ms. Ghanem.

3. PNC Bank
Account: Receivables Account
Address: 3448 Donnell Drive, Forestville, MD 20747
Dates Open: October 2014 -November 2014
Signatories: Respondent stipulates that Sam Ghanem was the signatory for this account, which is closed.
See Attachment 4.

4. Name: Industrial Bank
Account: Small Business Checking
Address: 4812 George Ave., NW, Washington, DC 20011
Tel: 202-722-2000
Signatories: Sam Ghanem (November 2014-August 2015)
Sam Ghanem and Norma Ghanem (August 2015-March 2016)
Norma Ghanem (March 2016 – Present).
See Attachment 2, the Signature Cards.

DATED: August 9, 2016

Respectfully Submitted,

/s/ George R.A. Doumar

George R.A. Doumar, VSB No. 26490

Raj H. Patel, VSB No. 87893

Doumar Martin PLLC

2000 N. 14th Street - Suite 210

Arlington, VA 22201

Tel: 703-243-3737

Fax: 703-524-7610

gdoumar@doumarmartin.com

rpatel@doumarmartin.com

CERTIFICATE OF SERVICE

I certify that I sent a copy of the foregoing document on August 9, 2016 via e-mail and first class mail, postage prepaid to:

Brian L. Troiano	Office of the Secretary
Brenda Doty	Federal Maritime
Bureau of Enforcement	Commission
Federal Maritime	800 N. Capitol Street, NW.,
Commission	Washington, DC 20573-0001
800 N. Capitol Street, NW	secretary@fmc.gov
Washington, DC 20573	
btroiano@fmc.gov	
bdoty@fmc.gov	

I certify that I sent a copy of the foregoing document on August 9, 2016 via e-mail and UPS to:

Office of Administrative Law Judges
Federal Maritime Commission
800 North Capitol Street, NW
Washington, DC 20573-0001
Judges@FMC.gov

/s/ George R.A. Doumar
George R.A. Doumar, VSB No. 26490
Raj H. Patel, VSB No. 87893
Doumar Martin PLLC
2000 N. 14th Street - Suite 210
Arlington, VA 22201
Tel: 703-243-3737
Fax: 703-524-7610
gdoumar@doumarmartin.com
rpatel@doumarmartin.com

ATTACHMENT "1"



13CRA0049

SECTION A: All applicants must complete this section.

1 a. 9 digit Federal Employer Identification Number (FEIN) (See Instructions.) b. Social Security Number (SSN) of owner, officer or agent responsible for taxes (Required by law.)

54-1880051

2. Legal name of dealer, employer, corporation or owner 3. Trade name (if different from Legal name of dealer, employer, corporation or owner.)

Washington Mover Inc

4. Street Address of physical business location (P.O. box not acceptable) City County State ZIP code (9 digits if known)

7913 Cryden Way

District Hts

P. George

MD

20747

Telephone number Fax number E-mail address

(301) 516-1616

5. Mailing address (P.O. box acceptable) City State ZIP code (9 digits if known)

6. Reason for applying: (Check all that apply.)
 New business Additional location(s) Merger Purchased going business **Re-activate/Re-open**
 Change of entity Remit use tax on purchases Reorganization Other (describe) _____

7. Previous owner's name: First Name or Corporation Name Last Name Title Telephone number

Street address (P.O. box acceptable) City State ZIP code (9 digits if known)

<p>8. ▶ Type of registration: (must check appropriate box(es))</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">a. Sales and use tax</td> <td style="width: 10%; text-align: center;">▶</td> <td style="width: 60%;">_____</td> </tr> <tr> <td>b. Sales and use tax exemption for nonprofit organizations</td> <td style="text-align: center;">▶</td> <td>_____</td> </tr> <tr> <td>c. Tire recycling fee</td> <td style="text-align: center;">▶</td> <td>_____</td> </tr> <tr> <td>d. Admissions & amusement tax</td> <td style="text-align: center;">▶</td> <td>_____</td> </tr> <tr> <td>e. Employer withholding tax</td> <td style="text-align: center;">▶</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>f. Unemployment insurance</td> <td style="text-align: center;">▶</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>g. Alcohol tax</td> <td style="text-align: center;">▶</td> <td>_____</td> </tr> <tr> <td>h. Tobacco tax</td> <td style="text-align: center;">▶</td> <td>_____</td> </tr> <tr> <td>i. Motor fuel tax</td> <td style="text-align: center;">▶</td> <td>_____</td> </tr> <tr> <td>j. Transient vendor license</td> <td style="text-align: center;">▶</td> <td>_____</td> </tr> </table>	a. Sales and use tax	▶	_____	b. Sales and use tax exemption for nonprofit organizations	▶	_____	c. Tire recycling fee	▶	_____	d. Admissions & amusement tax	▶	_____	e. Employer withholding tax	▶	<input checked="" type="checkbox"/>	f. Unemployment insurance	▶	<input checked="" type="checkbox"/>	g. Alcohol tax	▶	_____	h. Tobacco tax	▶	_____	i. Motor fuel tax	▶	_____	j. Transient vendor license	▶	_____	<p>Maryland Number if registered: _____</p> <p>9. ▶ Type of ownership: (Check one box)</p> <table border="0" style="width: 100%;"> <tr> <td>a. <input type="checkbox"/> Sole proprietorship</td> <td>f. <input type="checkbox"/> Non-Maryland corporation</td> </tr> <tr> <td>b. <input type="checkbox"/> Partnership</td> <td>g. <input type="checkbox"/> Governmental</td> </tr> <tr> <td>c. <input type="checkbox"/> Nonprofit organization</td> <td>h. <input type="checkbox"/> Fiduciary</td> </tr> <tr> <td>d. <input checked="" type="checkbox"/> Maryland corporation</td> <td>i. <input type="checkbox"/> Business trust</td> </tr> <tr> <td>e. <input type="checkbox"/> Limited liability company</td> <td></td> </tr> </table> <p>10. Date first sales made in Maryland: (mmddyyyy) ▶ _____</p> <p>11. Date first wages paid in Maryland subject to withholding: (mmddyyyy) ▶ <u>10/15/2015</u></p> <p>12. If you currently file a consolidated sales and use tax return, enter the 8-digit CR number of your account: ▶ _____</p>	a. <input type="checkbox"/> Sole proprietorship	f. <input type="checkbox"/> Non-Maryland corporation	b. <input type="checkbox"/> Partnership	g. <input type="checkbox"/> Governmental	c. <input type="checkbox"/> Nonprofit organization	h. <input type="checkbox"/> Fiduciary	d. <input checked="" type="checkbox"/> Maryland corporation	i. <input type="checkbox"/> Business trust	e. <input type="checkbox"/> Limited liability company	
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j. Transient vendor license	▶	_____																																							
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e. <input type="checkbox"/> Limited liability company																																									

13. If you have employees, enter the number of your workers' compensation insurance policy or binder: ▶ 1

14. (a) Have you paid or do you anticipate paying wages to individuals, including corporate officers, for services performed in Maryland? ▶ Yes ▶ No

(b) If yes, enter date wages first paid (mmddyyyy): ▶ 10/15/2015

15. Number of employees: ▶ 3

16. Estimated gross wages paid in first quarter of operation: ▶ \$ 18,000.00

17. Do you need a sales and use tax account only to remit taxes on untaxed purchases? ▶ Yes ▶ No

18. Describe for profit or nonprofit business activity that generates revenue. Specify the product manufactured and/or sold, or the type of service performed.

MARYLAND FORM CRA Combined Registration Application



2014

FEIN or SSN 5 4 1 8 8 0 0 5 1

13CRA0149

19a. Are you a nonprofit organization applying for a sales and use tax exemption certificate? Yes No
 If yes, FAILURE TO ENCLOSE REQUIRED DOCUMENTS WILL RESULT IN YOUR APPLICATION BEING REJECTED AND RETURNED. Please provide a non-returnable copy of (1) IRS determination letter, (2) articles of incorporation, (3) bylaws, and (4) other organization documents as specified in the instructions. See page 4, Sales and Use Tax Exemption Checklist and instructions.

19b. Are you a non-profit organization exempt under Section 501(c)(3) of the Internal Revenue Code? Yes No
 If no, Section(c)() or Other: Section _____

20. Does the business have only one physical location in Maryland? (Do not count client sites or off site projects that will last less than one year) Yes No
 If no, specify how many: _____

21. Identify owners, partners, corporate officers, trustees, or members: (Please list person whose Social Security Number is listed in Section A.1b first.)
 *Partnerships and Nonprofit organizations must identify at least two owners, partners, corporate officers, trustees or members. If more space is required, attach a separate statement including the information as shown here.

	Last Name	First Name	Social Security Number	Title	
1	Ghanem	Norma	229-69-9168	Officer	
	Home Address				
	Street address	City	State	ZIP	Telephone
	6714 Forsythia street	Springfield	va	22150	
2					
	Home Address				
	Street address	City	State	ZIP	Telephone
3					
	Home Address				
	Street address	City	State	ZIP	Telephone

SECTION B: Complete this section to register for an unemployment insurance account.

PART 1

1. Will corporate officers receive compensation, salary or distribution of profits? Yes No
 If yes, enter date (mmddyyyy): 10 / 15 / 2015

2. Department Of Assessments and Taxation Entity Identification Number _____

3. Did you acquire by sale or otherwise, all or part of the assets, business, organization, or workforce of another employer? Yes No

4. If your answer to question 3 is "No," proceed to item 5 of this section. If your answer to question 3 is "Yes," provide the information below.

a. Is there any common ownership, management or control between the current business and the former business? Yes No

b. Percentage of assets or workforce acquired from former business: _____

c. Date former business was acquired by current business (mmddyyyy): _____

d. Unemployment insurance number of former business, if known: 00

e. Did the previous owner operate more than one location in Maryland? Yes No How many? _____

5. For employers of domestic help only:

a. Have you or will you have as an individual or local college club, college fraternity or sorority a total payroll of \$1,000 or more in the State of Maryland during any calendar quarter? Yes No

b. If yes, indicate the earliest quarter and calendar year (mmddyyyy): _____

6. For agricultural operating only:

a. Have you had or will you have 10 or more workers for 20 weeks or more in any calendar year or have you paid or will you pay \$20,000 or more in wages during any calendar quarter? Yes No

b. If yes, indicate the earliest quarter and calendar year (mmddyyyy): _____



7. For Limited Liability Companies only:

- a. As a Limited Liability Company, do you employ anyone other than a member? ▶ Yes ▶ No
- b. Has the Limited Liability Company filed IRS form 3832 whereby it elected to be classified as a corporation or is the Limited Liability Company automatically classified as a corporation for federal tax purposes? ▶ Yes ▶ No

PART 2. COMPLETE THIS PART IF YOU ARE A NONPROFIT ORGANIZATION.

1. Are you subject to tax under the Federal Unemployment Tax Act? ▶ Yes ▶ No
- If not, are you exempt under Section 3306(c)(8) of the Federal Unemployment Tax Act? ▶ Yes ▶ No

2. Are you a non-profit organization as described in Section 501(c)(3) of the United States Internal Revenue Code which is exempt from Income Tax under Section 501(a) of such code? ▶ Yes ▶ No
- If YES, attach a copy of your exemption from Internal Revenue Service.

3. Elect option to finance unemployment insurance coverage. See instructions.
- a. Contributions
- b. Reimbursement of trust fund
- If b. is checked, indicate the total taxable payroll (\$6,500 maximum per individual per calendar year) \$ _____ for calendar year 20____
- Type of collateral (check one) Letter of credit Surety bond Security deposit Cash in escrow

SECTION C: Complete this section if you are applying for an alcohol or tobacco tax license.

1. Will you engage in any business activity pertaining to the manufacture, sale, distribution, or storage of alcoholic beverages (excludes retail)? ▶ Yes ▶ No
2. Will you engage in any wholesale activity regarding the sale and/or distribution of tobacco in Maryland (excludes retail)? ▶ Yes ▶ No

SECTION D: Complete this section if you plan to sell, use or transport any fuels in Maryland.

1. Do you plan to import or purchase in Maryland, any of the following fuels for resale, distribution, or for your use? ▶ Yes ▶ No
- If yes, check type(s) below:
- Gasoline (including av/gas) Turbine/jet fuel Special fuel (any fuel other than gasoline)
2. Do you transport petroleum in any device having a carrying capacity exceeding 1,749 gallons? ▶ Yes ▶ No
3. Do you store any motor fuel in Maryland? ▶ Yes ▶ No
4. Do you have a commercial vehicle that will travel interstate? ▶ Yes ▶ No

If you have answered yes to any question in Section C or D, call the Motor-fuel, Alcohol and Tobacco Tax Unit 410-260-7131 for the license application.

SECTION E: Complete this section to request paper coupons.

We provide a free and secure electronic method to file sales and use tax and withholding tax returns, using bFile on the Comptroller's Web site www.marylandtaxes.com. If you prefer instead to receive your future tax filing coupons by mail, check here ▶ _____

SECTION F: All applicants must complete this section.

I DECLARE UNDER PENALTIES OF PERJURY THAT THIS APPLICATION HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS TRUE, CORRECT, AND COMPLETE.

[Signature] Norma Ghanem President 11-4-15

Signature Print Name Title Date

Name of Preparer other than applicant

Phone

E-mail address

If the business is a corporation, an officer of the corporation authorized to sign on behalf of the corporation must sign; if a partnership, one partner must sign; if an unincorporated association, one member must sign; if a sole proprietorship, the proprietor must sign. (The signature of any other person will not be accepted.)

ATTACHMENT "2"



Business Account Signature Card

Branch: 8	Account Number: 1227017	Port Number: 89114
Account Title: WASHINGTON MOVERS, INC		Address: 7915 CRYDEN WAY DISTRICT HTS MD 20747
Account Type: SMALL BUSINESS CHECKING ACCT		Tax ID Number: 54-1880051
Authorized Signature(s)		
Name/Title: 1. SAM R GHANEM	Debit Card Y N	Signature:
2.		
3.		
4.		
5.		
6.		
Date Opened: 11/12/2014	Date Revised: 11/12/2014	Reason: BUSINESS ACCOUNT
Prepared By: LORETTA JONES	User ID: 149	Branch: 8

Industrial Bank ("Bank")

It is agreed that all transactions between the Bank and the entity listed in the above Account Title ("Depositor") shall be governed by the rules and regulations for this account and the above signed as the authorized agent(s) of the Depositor hereby acknowledge(s) receipt of such rules and regulations and the funds availability policy. The Depositor also acknowledges the funds availability policy has been explained. At our discretion, we may change the interest rate on the account at anytime. **Check Appropriate Box:**

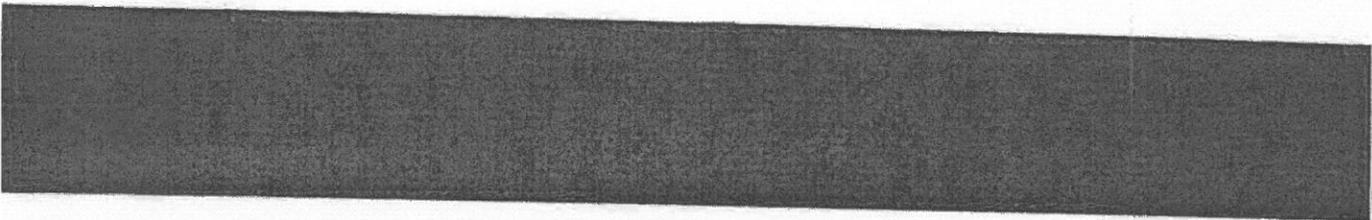
- Sole Proprietor
 Corporation-For Profit
 Corporation-Nonprofit
 Partnership
 Trust/Estate
 Limited Liability Company
 Exempt Recipient(s)

TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION: The Depositor, under penalty of perjury certifies: (1) The number shown above is my correct Taxpayer Identification Number (TIN), (2) I am not subject from backholding because: (a) the Depositor is exempt from backup withholding, or (b) the Depositor has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest of dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including U.S. Resident Alien).

CERTIFICATION INSTRUCTIONS: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax form.

Signature of U.S. Person:

Date: 11/12/2014



INDUSTRIAL BANK

CORPORATE AUTHORIZATION RESOLUTION

By: WASHINGTON MOVERS, INC
7913 CRYDEN WAY
DISTRICT HEIGHTS MD 20747

Referred to in this document as "Financial Institution"

Referred to in this document as "Corporation"

I, SAMR. GHANEM, certify that I am Secretary (clerk) of the above named corporation organized under the laws of MARYLAND, Federal Employer I.D. Number 541880061, engaged in business under the trade name of WASHINGTON MOVERS, INC, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Board of Directors of the Corporation duly and properly called and held on 11-10-2014 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>SAM R GHANEM</u>	X 	X _____
B. _____	X _____	X _____
C. _____	X _____	X _____
D. _____	X _____	X _____
E. _____	X _____	X _____
F. _____	X _____	X _____

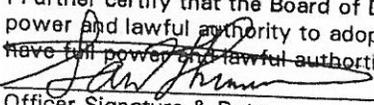
RESOLUTIONS

The Corporation named on this resolution resolves that,

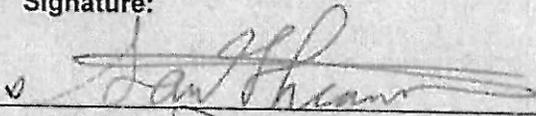
- The Financial Institution is designated as a depository for the funds of the Corporation and to provide other financial accommodations indicated in this resolution.
- This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Board of Directors of the Corporation and certified to the Financial Institutions as governing the operation of this corporation's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an 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 the changes.
- The Signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Corporation. Any Agent, so long as they act in a representative capacity as an Agent of the Corporation, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- All Transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Corporation with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- The Corporation agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Corporation. The Corporation authorizes the Financial Institution, at any time, to charge the Corporation for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- The Corporation acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Corporation to facilitate those powers authorized by this resolution or other resolutions in effect at this time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- The Corporation acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent 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. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Corporation with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Corporation authorizes each agent to have custody of the Corporation's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

CERTIFICATION OF AUTHORITY

I further certify that the Board of Director of the Corporation has, as at the time of adoption of this resolution, had full power and lawful authority to adopt this resolution and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same.


Officer Signature & Date

Secretary Signature & Date

Branch: 8	Account Number: 1227017	89114
Account Title: WASHINGTON <u>MOVERS INC</u>	Address: 7913 CRYDEN WAY DISTRICT HTS MD 20747-4508	
Account Type: SMALL BUSINESS CHECKING ACCT	Tax ID Number: 54-1880051	
Authorized Signature(s)		
Name/Title: 1. SAM GHANEM	Debit Card Y N	Signature: 
2. NORMA GHANEM		
3.		
4.		
5.		
6.		
Date Opened: 11/12/2014	Date Revised: 08/14/2015	Reason: ADD SIGNER
Prepared By: DENISE BANKS	User ID: 1153	Branch: 8

Industrial Bank ("Bank")

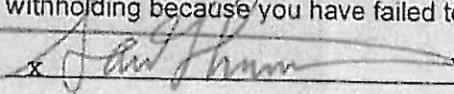
It is agreed that all transactions between the Bank and the entity listed in the above Account Title ("Depositor") shall be governed by the rules and regulations for this account and the above signed as the authorized agent(s) of the Depositor hereby acknowledge(s) receipt of such rules and regulations and the funds availability policy. The Depositor also acknowledges the funds availability policy has been explained.

Check Appropriate Box:

- Sole Proprietor
 Corporation-For Profit
 Corporation-Nonprofit
 Partnership
 Trust/Estate
 Limited Liability Company
 Exempt Recipient(s)
 Other _____

TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION: The Depositor, under penalty of perjury certifies. (1) The number shown above is my correct Taxpayer Identification Number (TIN), (2) I am not subject from backholding because: (a) the Depositor is exempt from backup withholding, or (b) the Depositor has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest of dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including U.S. Resident Alien).

CERTIFICATION INSTRUCTIONS: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax form.

Signature of U.S. Person: 

Date: 08/14/2015

CORPORATE AUTHORIZATION RESOLUTION

INDUSTRIAL BANK

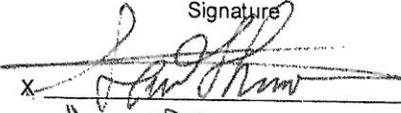
By: WASHINGTON MOVERS INC

Referred to in this document as "Financial Institution"

Referred to in this document as "Corporation"

NORM GHANEM, certify that I am Secretary (clerk) of the above named corporation organized under the laws of MARYLAND, Federal Employer I.D. Number 54-1880051, engaged in business under the trade name of WASHINGTON MOVERS, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Board of Directors of the Corporation duly and properly called and held on 08/14/2015 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>SAM GHANEM / PRESIDENT</u>	X 	X _____
B. <u>NORMA GHANEM / VICE PRESIDENT</u>	X 	X _____
C. _____	X _____	X _____
D. _____	X _____	X _____
E. _____	X _____	X _____
F. _____	X _____	X _____

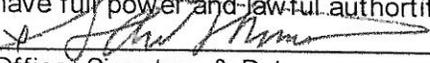
RESOLUTIONS

The Corporation named on this resolution resolves that,

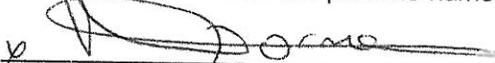
- (1) The Financial Institution is designated as a depository for the funds of the Corporation and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Board of Directors of the Corporation and certified to the Financial Institutions as governing the operation of this corporation's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an 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 the changes.
- (3) The Signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Corporation. Any Agent, so long as they act in a representative capacity as an Agent of the Corporation, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All Transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Corporation with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Corporation agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Corporation. The Corporation authorizes the Financial Institution, at any time, to charge the Corporation for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Corporation acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Corporation to facilitate those powers authorized by this resolution or other resolutions in effect at this time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Corporation acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent 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. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Corporation with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Corporation authorizes each agent to have custody of the Corporation's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

CERTIFICATION OF AUTHORITY

I Further certify that the Board of Director of the Corporation has, an at the time of adoption of this resolution, had full power and law ful authority to adopt this resolution and to confer the powers granted above to the persons named who have full power and law ful authority to exercise the same.



Officer Signature & Date



Secretary Signature & Date



Getting Things Done.

4812 Georgia Ave., NW, Washington, DC 20011 202-722-2000 Fax: 202-722-2040 www.industrial-bank.com

March 23 2016

TO WHOM IT MAY CONCERN;

The customer Norma Ghanem Has asked Industrial Bank to verify that she is a authorized and only signer on the business checking and that there is no limitation placed on her account. By signing below she has authorized Industrial Bank to release this information regarding the following account.

Name: Washington Movers

Account: # [REDACTED]

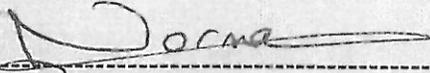
Routing: # [REDACTED]

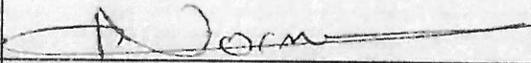
Open: November 2014

This letter shall serve as certification that the following is accurate as of the date indicated above If you have any further questions please feel free to contact me at (202) 722-2000 Ext 3211

Sincerely,

Denise D Banks
Banking Center Manager
Forestville, MD 20747

Authorized By: x -----
Norma Ghanem

Branch: 8	Account Number: [REDACTED]	[REDACTED]
Account Title: WASHINGTON MOVERS, INC	Address: 7913 CRYDEN WAY DISTRICT HTS MD 20747-4508	
Account Type: SMALL BUSINESS CHECKING ACCT	Tax ID Number: [REDACTED]	
Authorized Signature(s)		
Name/Title: 1 NORMA GHANEM	Debit Card Y N	Signature: 
2.		
3.		
4.		
5.		
6.		
Date Opened: 11/12/2014	Date Revised: 03/23/2016	Reason: CHANGE SIGNERS
Prepared By: DENISE BANKS	User ID: [REDACTED]	Branch: 8

Industrial Bank ("Bank")

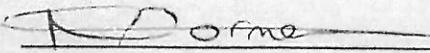
It is agreed that all transactions between the Bank and the entity listed in the above Account Title ("Depositor") shall be governed by the rules and regulations for this account and the above signed as the authorized agent(s) of the Depositor hereby acknowledge(s) receipt of such rules and regulations and the funds availability policy. The Depositor also acknowledges the funds availability policy has been explained.

Check Appropriate Box:

- Sole Proprietor
 Corporation-For Profit
 Corporation-Nonprofit
 Partnership
 Trust/Estate
 Limited Liability Company
 Exempt Recipient(s)
 Other _____

TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION: The Depositor, under penalty of perjury certifies: (1) The number shown above is my correct Taxpayer Identification Number (TIN), (2) I am not subject from backholding because: (a) the Depositor is exempt from backup withholding, or (b) the Depositor has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest of dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including U.S. Resident Alien).

CERTIFICATION INSTRUCTIONS: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax form.

Signature of U.S. Person:  Date: 03/23/2016

CORPORATE AUTHORIZATION RESOLUTION

INDUSTRIAL BANK

By: WASHINGTON MOVERS INC
7913 CRYDEN WAY
DISTRICT HEIGHTS, MD 20747

Referred to in this document as "Financial Institution"

Referred to in this document as "Corporation"

I, NORMA GHANEM, certify that I am Secretary (clerk) of the above named corporation organized under the laws of MARYLAND, Federal Employer I.D. Number [redacted], engaged in business under the trade name of WASHINGTON MOVERS INC, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Board of Directors of the Corporation duly and properly called and held on 03/23/2016 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Table with 3 columns: Name and Title or Position, Signature, Facsimile Signature (if used). Row A: NORMA GHANEM / OWNER with handwritten signature and 'X' marks.

RESOLUTIONS

The Corporation named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Corporation...
(2) This resolution shall continue to have effect until express written notice of its rescission...
(3) The Signature of an Agent on this resolution is conclusive evidence of their authority...
(4) All Transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings...
(5) The Corporation agrees to the terms and conditions of any account agreement...
(6) The Corporation acknowledges and agrees that the Financial Institution may furnish...
(7) The Corporation acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes...

CERTIFICATION OF AUTHORITY

I further certify that the Board of Director of the Corporation has, an at the time of adoption of this resolution, had full power and lawful authority to adopt this resolution and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same.

[Handwritten signature]
Officer Signature & Date

Secretary Signature & Date

ATTACHMENT "3"

What would you like to do?

- Prompt List
- Message Board
- Select Client
- Select Account
- Compare & Select Products
- Associate History Search
- Today's Clients

Clients You've Selected

Products You've Selected

Client's existing relationship qualifies for the following sales/service opportunities:

Recommended Products
Add BB&T Checking or BB&T@Work*

*Subject to approval

Employment	Income	Contact Preferences	Call History
General Info	Comments/Contacts	Financial Assessment	ID
Client Document Retrieval Generate Refer A Friend Code			
<p>The following errors occurred:</p> <ul style="list-style-type: none"> Please verify the existing identification for this client 			
Greeting <input type="text" value="-Select One-"/> First <input type="text" value="NORMA"/> Middle <input type="text" value=""/> Last <input type="text" value="GHANEM"/> <input type="text" value="-Select One-"/>			
Preferred Name <input type="text" value=""/> BB&T Employee <input type="text" value="Not an employee"/>			
Promotional Code <input type="text" value="-Select One-"/>			
Client Since: 05/13/2011 (5 Yrs) Branch: SPRINGFIELD/VA - MANCHESTER LAKES			
Relationship Manager			
Citizenship: <input checked="" type="radio"/> US Citizen <input type="radio"/> US Resident Alien <input type="radio"/> Non-Resident Alien			
<input checked="" type="radio"/> SSN <input type="radio"/> ITIN 229699168 BirthDate (mm/dd/yyyy) 02/04/1970 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Name ZOUBIDA			
Deceased Date (mm/dd/yyyy) <input type="text" value=""/>			
Physical Address (No PO Boxes)			
<input type="radio"/> Add new physical address <input type="radio"/> Correct existing physical address			
<input checked="" type="radio"/> U.S. Address <input type="radio"/> Non U.S. Address			
Address: <input type="text" value="6714 FORSYTHIA ST"/>			
<input type="text" value=""/>			
<input type="text" value=""/>			
City: <input type="text" value="SPRINGFIELD"/> State: <input type="text" value="VA"/>			
Zip: <input type="text" value="22150-1103"/>			
Source: <input type="text" value="-Select One-"/>			
At this address since (mm/yyyy) <input type="text" value="01/1999"/>			
Step 1 - Ask the client for a home phone number. If the client states that they don't have a home phone, or that they use their cell phone as their home phone, enter the cell phone number in the cell phone field only. If the client provides a phone number that is a landline, enter the number in the home phone number field.			
Step 2 - If the client has provided a landline number, ask the client if they want to provide a cell phone number. Enter the number in the cell phone field.			
Home Phone: <input type="text" value="(703) 971-3090"/>			
Work Phone: <input type="text" value="(301) 516-3000"/> Ext: <input type="text" value=""/>			
Cell Phone: <input type="text" value="(202) 498-6454"/>			
International Phone: <input type="text" value="011"/> <input type="text" value=""/> <input type="text" value=""/>			
Email: <input type="text" value="norma@vnius.com"/>			
<input checked="" type="checkbox"/> Address History (0 Addresses)			

[Select Additional Clients](#)
[Proceed to Compare and Select Products](#)
[Return to Search Results](#)
[Save](#)
[Cancel](#)

- What would you like to do?
- Account List
- Message Board
- Select Client
- Select Account
- Compare & Select Products
- Transaction History Search
- Today's Clients

- Clients You've Selected
- Products You've Selected

WASHINGTON MOVERS INTERNATIONAL INC • 541880051 •
WASHINMOVI0000

Business Information Account Servicing
Branch Banking and Trust Company

IMPORTANT: Client Information Validation Requested
BS&T will be reissuing all credit and debit cards to include EMV/Chip technology throughout 2016 and 2017. Please confirm the following client information is accurate, and encourage your client to sign up for BS&T Online Banking and Alerts if they have not yet done so.
*Name
*Physical Address
*Email

Manoche, Doreen
3448 Donnell Drive
Forestville, MD 20747
Branch (301) 817-3740
Fax (301) 516-1074

^ Sales and Service Prompts

\$ Client's existing relationship qualifies for the following sales/service opportunities:
Recommended Products
[Add Business Checking Product*](#)
*Subject to approval

Classification	Contact Preferences	Business Resolutions	Call History
General Info	Comments/Contacts	Financial Assessment	ID

^ Call Center Comments

^ CIF Comments

Search by: Category

Date	Entered By	Category	Comment	Expires	Delete
02/14/2014	B57890	Miscellaneous	BSA CLOSEOUT IN PROCESS. ACCEP ...	12/31/2049	Delete
04/24/2012	B69069	Unspecified	\$105 CLIENT REQUEST REFUND TO ...	12/31/2049	Delete
12/20/2011	C21780	Unspecified	RETURNED DEPOSIT ITEM 12/19 ...	12/31/2049	Delete

^ Problem Summary

^ Contacts/Referrals

Generated By/Type	Date / Time	Method	Subject	Status	Notes	Assigned To	Update
System Contact	12/12/2013	Telephone	Top 25 Clients Per Branch	System Expired	Yes	BUTLER, ANITA	RCC0360

ATTACHMENT "4"

For the period 10/28/2014 to 11/14/2014

WASHINGTON MOVERS INTERNATIONAL, IN
RECEIVABLES ACCOUNT
7913 CRYDEN WAY
DISTRICT HEIGHTS MD 20747-4508

Primary account number: ~~00000000~~

Page 1 of 2

Number of enclosures: 0

For 24-hour banking sign on to
 PNC Bank Online Banking on pnc.com
FREE Online Bill Pay

 For customer service call 1-877-BUS-BNKG
Monday - Friday: 7 AM - 10 PM ET
Saturday & Sunday: 8 AM - 5 PM ET

Para servicio en español, ~ 1-877-BUS-BNKG

Moving? Please contact your local branch.

Write to: Customer Service
PO Box 609
Pittsburgh, PA 15230-9738

 Visit us at PNC.com/mybusiness/

 TDD terminal: 1-800-531-1648
For hearing impaired clients only

Business Enterprise Checking Summary

Account number: 53-4357-6629

Overdraft Protection has not been established for this account.

Please contact us if you would like to set up this service.

Washington Movers International, In
Receivables Account

Balance Summary

Beginning balance	Deposits and other additions	Checks and other deductions	Ending balance
0.00	11,152.91	11,152.91	0.00
		Average ledger balance	Average collected balance
		3,043.68	1,593.90

Deposits and Other Additions

Description	Items	Amount
Deposits	1	10,152.91
Other Additions	1	1,000.00
Total	2	11,152.91

Checks and Other Deductions

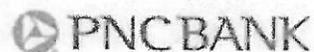
Description	Items	Amount
Other Deductions	1	11,152.91
Total	1	11,152.91

Daily Balance

Date	Ledger balance	Date	Ledger balance
10/28	0.00	11/12	11,152.91
11/10	10,152.91	11/14	0.00

Activity Detail

Deposits and Other Additions



Photocopy Request Exceptions

08/09/2016 at 12:03:56 PM

Requestor Information

Sent By Thomas Pope III/Consumer/GMD/PNC
Phone 301-817-2991
Fax 301-817-2995
Mailstop C4-C641-01-1

Section I - Introduction

This request should **only** be completed for one of the following reasons:

- The customer's account is closed and no longer appears on the Genesis Folder
- The customer is requesting a copy of a cashed savings bond
- The customer is requesting a copy of a cashed foreign check

Important! All other photocopy requests must be completed using the appropriate procedure in Policies and Procedures. See About Photocopying Requests for a list of photocopying requests and associated procedures.

Section II - Select the photocopy request

- Check Cashed Savings Bond
 Deposit Foreign Cashed Check
 Statement Other

Other

Customer Name	Sam Ghanem
Address	6714 Forsythia Street Springfield VA 22150

Describe your request below.

Customer is requestuing copies of signature card for account # 5343576629, account title Washington Movers International

Section III - Delivery Method

- Fax to branch Fax to customer
 Mail to branch Mail to customer

Fax number 301-516-1515

LFORMPCBUS610