TRUIST RESOLUTION FOR DEPOSIT ACCOUNT

CITY OF STONE MOUNTAIN		58-6000670
Name of Entity	, i	TIN
☐ Corporation ☐ Unincorporated Association ☐ Limited Liability Company	⊠ Government Entity General Partnership Limited Partnership	☐ Sole Proprietorship☐ Non-Profit Corporation☐ Other
existing under the laws of GEORGIA that I have reviewed the governing documents and below are adopted by and, are not inconsistent requirements are current and have not been amende I. That the Bank is designated as a dep Deposit Account the Entity will be bound by the B	relevant records of the Entity and co with the governing documents or d or rescinded. ository institution for the Entity and tank's deposit account agreement nov for deposit any check, drafts or other	f records for the above-named Entity, organized and, represents to Truist Bank ("Bank") ertify that resolutions or requirements similar to those records of the Entity, and that such resolutions or that by execution and delivery of this Resolution for w existing or as may be amended. Any officer, agent instruments payable to the Entity, which endorsement orging
II. That any one individual named below	(a "Designated Representative") is a ount. Any one Designated Represen	authorized to open accounts on behalf of the Entity, to tative may appoint others (an "Authorized Signer") to
Resignated Representative (Signature)	Printed Name	Title
At Dever G Jones May Or.	BEVERLY JONES	MAYOR
Entity, all checks, drafts, or other orders for payments. IV. That any one Designated Representate agreement, enter into an agreement for cash man	nt, withdrawal or transfer of money f tive may appoint, remove or replace tagement services, lease a safe depe enter into an agreement relating to	e an Authorized Signer, enter into a night depository osit box, enter into an agreement for deposit access foreign exchange and obtain online foreign exchange
	9	
BRIGETTE HYRAMS 34805	FOR BANK USE ONLY	04/02/2025
Prepared By Center 8750001		Bank No. 404 State GA

Forward to: Centralized Document Scanning Operations M/C 100-99-15-11 V. That any prior resolutions or requirements have been revoked or are no longer binding, and that this Resolution for Deposit Account applies to all accounts at the Bank and will remain in full force and effect until rescinded, replaced or modified in writing in a form acceptable to the Bank and after the Bank has had a reasonable time to act on such change.

VI. That any transaction by an officer, employee or agent of the Entity prior to the delivery of this Resolution for Deposit Account is hereby ratified and approved.

DATED:

SIGNATURE

PRINTED NAM

NAME AND ADDRESS OF D	EPOSITOR			
CITY OF STONE MOU	NTAIN			
STORM WATER UTILI	TY			
875 MAIN ST				
STONE MOUNTAIN		GA 3	30083-3620	
ACCOUNT NUMBER	OWNERSHIP DESIGNATIO		ACCOUNT OPENING DATE 12/02/2015	REVISED CARD DATE
Opened/Updated By BRIGETTE	E HYRAMS 34805	Approved By	<u> </u>	1

SSID Type of ID Issued	GA ID Number	IDENTIFICATION	Expiration Date	Date of Birth
			Expiration Date	
			() Home Pho	
Address as listed on ID			Work Phor	
		IDENTIFICATION	-	
Type of ID Issued E	By ID Number		Expiration Date	Date of Birth
	ssued By 1D Number		Expiration Date	
			er () Home Pho	
		_ Sair None Humo		
Address as listed on ID			work Phot	ne Number ()
Certification - Under penalities of 1. The Depositor's correct taxy 2. The Depositor is not subject the Internal Revenue Service Depositor that it is no longer 3. The Depositor is a U.S. citiz 4. The FATCA codes(s) entered Certification Instructions. You must because the Depositor has failed	perjury, I, as authorized agent of the payer identification number is printed to backup withholding because: (a (IRS) that it is subject to backup with subject to backup withholding, and or or other U.S. person (defined in the d on this form (if any) indicating that	e Depositor certify that: d below (or the Depositor it) y the Depositor is exempt the thholding as a result of a fix he instructions); and the Depositor is exempt fix positor has been notified on the Depositor's tax retur	by the IRS that the Depositor is curi	and opositor has not been notified by s, or (c) the IRS has notified the
• • • • • • • • • • • • • • • • • • • •	nly one beneficiary permitted i	-		
			Relationship):
_				
Name of Beneficiary:		SSN/EIN:	Relationship):
Address of Beneficiary:				***************************************
D:				
Name of Beneficiary:	·	SSN/EIN:	Relationship	:
Address of Beneficiary:				
D:				
			Services Agreement" and the "Busine	ss Deposit Accounts Fee Schedule"
	ree to the terms of each document;			
			ed Name, then a signature is not	
The Internal Revenue Serv box above which are requi	vice does not require your co ired to avoid backup withhold	onsent to any provisional ling.	of this document other than	n the certifications in the
	Y OF STONE MOUNTAL Printed Name of Depositor	MÁYÓR BEVER	Pres 4 person	4.2-25 DATE
TIN of Signer	Printed Name of Signer			DATE

ACCOUNT NUMBER	OWNERSHIP DESIGNATION STATE		ACCOUNT OPENII 12/02/2015	NG DATE	REVISED CARD DATE 04/02/2025
Opened/Updated By BRIGETTE	HYRAMS 34805 Approve		В		8750276
Opened/Opdated By	Approv	еа ву	в	ranch Location	
Type of ID SSID Issued By	y GA ID Number	NTIFICATION	Expiration Date		Date of Birth
	ued By ID Number		Expiration		
Employer					ne Number ()
Address as listed on ID				Work Phon	e Number ()
	IDEI	NTIFICATION			
	ID Number				Date of Birth
Second Type of ID Issu	ued By ID Number				
				Home Pho	ne Number ()
Address as listed on ID				Work Phon Number	e ()
	IDEI	NTIFICATION			Date of Birth
Type of ID issued By	ID Number		Expiration Date		
Second Type of ID Issu	ued By ID Number		Expiration	Date	
					ne Number ()
Address as listed on ID				Work Phon	e Number ()
Complete as applicable - only	y one beneficiary permitted if an	entity.			·· ··
Name of Beneficiary:		SSN/EIN:		Relationship	o:
Address of Beneficiary:					
ID:					
Name of Beneficiary:		SSN/EIN:		Relationship	D:
Address of Beneficiary:					*
ID:					
Name of Beneficiary:		SSN/EIN:		Relationship):
Address of Beneficiary:					
ID:					
BUSINESS ACCOUNTS					
By my/our signature below, I/	/We certify that: (1) I/We have rec				
Accounts Fee Schedule" and or references.	n behalf of the Depositor agree to the	he terms of each do	ocument; and (2) I/W	le give cons	ent to verify my/our credit
Please sign haside the Drinted	Name(s) only. If signature line doe	es not have a Drinto	d Name then a size	ature is set	required on that line
					·
The Internal Revenue Servi box above which are require	ice does not require your conse red to avoid backup withholding.	nt to any provisio	n of this documen	t other thai	n the certifications in the
· · · · · · · · · · · · · · · · · · ·		\wedge \wedge			
		112]		
N1/A		XXX)	1. 1		11.2.76
N/A BEVI	ERLY JONES Printed Name	WIDOM	ny pin	Les !	4-2-25 DATE
(X	- Inned Ivallie	MAYOR BEVE	RIMJONES		DATE
XI	566	BRX:			
N/A	Janu Tome	7' 1	7.00		·
TIN of Signer	Printed Name				DATE
N/A					
TIN of Signer	Printed Name			- 45	DATE

NAME AND ADDRESS OF DE	EPOSITOR			
CITY OF STONE MOU	NTAIN			
DOWNTOWN DEVELO	PMENT AUTHORITY			
875 MAIN ST				
STONE MOUNTAIN		0.4	20002 2620	
	Tauring projection		30083-3620	I nervine na inchina
ACCOUNT NUMBER	OWNERSHIP DESIGNATION STATE	N 	ACCOUNT OPENING DATE 05/11/2016	04/02/2025
Opened/Updated By BRIGETTE	HYRAMS 34805	Approved By	Branch Location	8750276
SSID Type of ID Issued B	GA ID Number DA-170	IDENTIFICATION 076816	Expiration Date	Date of Birth
···			Expiration Date	
Employer		Call Phone Number	() Home Pho	ne Number /
			Work Phon	
Address as listed on ID	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	IDENTIFICATION	work Priori	e Number
Type of ID Issued B	v ID Number		Expiration Date	Date of Birth
	sued By ID Number		Expiration Date	
	sued By 10 Number		per () Home Pho	
		_ Celi Priorie Num	· 	
Address as listed on ID			Work Phon	e Number ()
disregarded from the owner unless that is disregarded from the owner state is disregarded from the owner state is disregarded from the owner state of the from the owner state of the from the owner. Exemptions: See Instructions Exe Certification - Under penalities of p. 1. The Depositor's correct taxy the Internal Revenue Service Depositor that it is no longer 3. The Depositor is a U.S. citize 4. The FATCA codes(s) entered Certification Instructions. You mus because the Depositor has falled in Form W-9 Instructions. Instructions: Complete as applicable - on Name of Beneficiary: Address of Beneficiary:	the owner of the LLC is another LLC inhould check the appropriate box for the inhould check the appropriate box for the inhould check the appropriate box for the inhould check the payer identification number is printed to backup withholding because: (a, (RS) that it is subject to backup withholding, and or or other U.S. person (defined in the or other U.S. person (defined in the or other U.S. person (affined in the or other U.S. person (affined in the or other U.S. person (affined in the tother or other or other or other other or other or other other or other other or other other or other ot	that is not disregarded from the tax classification of its of the control of the	g code (if any) N/A (applies to acc is waiting for a number to be issued), a from backup withholding, or (b) the De ailure to report all interest or dividend from FATCA reporting is correct. by the IRS that the Depositor is curren.	counts maintained outside the U.S.) and spositor has not been notified by s, or (c) the IRS has notified the ently subject to back withholding
Name of Beneficiary:		SSN/EIN:	Relationship	c
Address of Beneficiary:			· "	
D:				
and on behalf of the Depositor agr Please sign beside the Printed The Internal Revenue Serv box above which are requi	name(s) only. If signature line vice does not require your corred to avoid backup withhold	and (2) I/We give consent e does not have a Print	Services Agreement" and the "Busine to verify my/our credit references. ed Name, then a signature is not on of this document other than	required on that line.
TIN of Depositor	Printed Name of Depositor Printed Name of Signer	MAYOR/BEVE	ŔĹŸ JONES	DATE

DDIOCTTC	OWNERSHIP DESIGNATIO	N	ACCOUNT OPENIN 05/11/2016	G DATE	REVISED CARD DATE 04/02/2025
Opened/Updated By BRIGETTE	HYRAMS 34805	Approved By N/A	Bn	ench Location	8750276
openios openios sy		pproved by		SHOT EGGETION	
		IDENTIFICATION			
Type of ID SSID Issued B	y GA ID Number DA-170	76816	Expiration Date		Date of Birth
Second Type of ID Issu	ued By ID Number		Expiration		
Employer					ne Number ()
Address as listed on ID				_ Work Phon	ne Number ()
		IDENTIFICATION			
	ID Number				
	sued By ID Number				one Number ()
Address as listed on ID		_ GENT NOTIC HUMBER			
				Number	
	/ ID Number	IDENTIFICATION			Date of Birth
	sued By ID Number				_
Employer					one Number ()
Complete as applicable - onl					
Name of Beneficiary:	•	•		Relationshi	n·
Address of Beneficiary:				. Controlle	r'
ID:					
Name of Beneficiary:		SSN/EIN:		Relationshi	p:
Address of Beneficiary:					
ID:					
Name of Beneficiary:				Relationshi	p:
Address of Beneficiary:					
ID:					
		MARKA W. 11.		. <u> </u>	
BUSINESS ACCOUNTS By mylour signature below. I	/We certify that: (1) I/We have	e received the "Comme	rcial Bank Services A	greement"	and the "Business Denosit
By my/our signature below, I Accounts Fee Schedule" and o					
By my/our signature below, I Accounts Fee Schedule" and o					
By my/our signature below, I Accounts Fee Schedule" and o references.	on behalf of the Depositor agree	e to the terms of each do	ocument; and (2) I/We	give cons	sent to verify my/our credit
By my/our signature below, I. Accounts Fee Schedule" and o references. Please sign beside the Printed	on behalf of the Depositor agree	e to the terms of each do	ocument; and (2) I/We	e give cons	sent to verify my/our credit
By my/our signature below, I. Accounts Fee Schedule" and o references. Please sign beside the Printed The Internal Revenue Servi	on behalf of the Depositor agree	e to the terms of each do	ocument; and (2) I/We	e give cons	sent to verify my/our credit
By my/our signature below, I. Accounts Fee Schedule" and o references. Please sign beside the Printed The Internal Revenue Serv.	on behalf of the Depositor agree	e to the terms of each do	ocument; and (2) I/We	e give cons	sent to verify my/our credit
By my/our signature below, I Accounts Fee Schedule" and o references. Please sign beside the Printed The Internal Revenue Servi	on behalf of the Depositor agree	e to the terms of each do	ocument; and (2) I/We	e give cons	sent to verify my/our credit
By my/our signature below, Il Accounts Fee Schedule" and o references. Please sign beside the Printed The Internal Revenue Servi box above which are requir	on behalf of the Depositor agree Name(s) only. If signature line rice does not require your co red to avoid backup withholo	e to the terms of each do	ocument; and (2) I/We	e give cons	sent to verify my/our credit
By my/our signature below, Il Accounts Fee Schedule" and o references. Please sign beside the Printed The Internal Revenue Servi box above which are requir	on behalf of the Depositor agree	e to the terms of each do	ed Name, then a signal on of this document	e give cons	sent to verify my/our credit
By my/our signature below, It Accounts Fee Schedule" and o references. Please sign beside the Printed The Internal Revenue Servi box above which are required.	on behalf of the Depositor agree Name(s) only. If signature line rice does not require your co red to avoid backup withhold YOR BEVERLY JONES	e to the terms of each do	ocument; and (2) I/We	e give cons	sent to verify my/our credit
By my/our signature below, I Accounts Fee Schedule" and o references. Please sign beside the Printed The Internal Revenue Servi box above which are requir N/A TIN of Signer	on behalf of the Depositor agree Name(s) only. If signature line rice does not require your co red to avoid backup withhold YOR BEVERLY JONES	e to the terms of each do	ed Name, then a signal on of this document	e give cons	sent to verify my/our credit
By my/our signature below, It Accounts Fee Schedule" and o references. Please sign beside the Printed The Internal Revenue Servi box above which are required.	on behalf of the Depositor agree Name(s) only. If signature line rice does not require your co red to avoid backup withhold YOR BEVERLY JONES	e to the terms of each do	ed Name, then a signal on of this document	e give cons	sent to verify my/our credit
By my/our signature below, It Accounts Fee Schedule" and o references. Please sign beside the Printed The Internal Revenue Servicus above which are required by TIN of Signer N/A	n behalf of the Depositor agree Name(s) only. If signature line rice does not require your correct to avoid backup withholo OR BEVERLY JONES Printed Name	e to the terms of each do	ed Name, then a signal on of this document	e give cons	required on that line. In the certifications in the DATE
By my/our signature below, It Accounts Fee Schedule" and o references. Please sign beside the Printed The Internal Revenue Servicus above which are required by TIN of Signer N/A	n behalf of the Depositor agree Name(s) only. If signature line rice does not require your correct to avoid backup withholo OR BEVERLY JONES Printed Name	e to the terms of each do	ed Name, then a signal on of this document	e give cons	required on that line. In the certifications in the DATE

NAME AND ADDRESS OF DE	POSITOR		
CITY OF STONE MOUN	ITAIN		
ARPA FUND 12			
375 MAIN ST			
STONE MOUNTAIN	GA	30083-3620	
ACCOUNT NUMBER	OWNERSHIP DESIGNATION STATE	ACCOUNT OPENING DATE 08/24/2021	REVISED CARD DATE 04/02/2025
Opened/Updated By BRIGETTE	HYRAMS 34805 Approved By	Branch Location	8750276
SSID Type of ID Issued B	y GA ID Number	Evolution Palo	Date of Rith
	ued By ID Number		
		Number () Horne Pho	
Address as listed on ID	IDENTIFICATION	Work Phon	e Number ()
	ID Number		
		Expiration Date	
imployer	Cell Phos	ne Number () Home Pho	ne Number()
Address as listed on ID			e Number ()
Other (See Instructions.) Exemptions: See Instructions Exer Certification - Under penalities of p 1. The Depositor's correct taxpa 2. The Depositor's correct taxpa the Internal Revenue Service (pepositor that it is no longers 3. The Depositor that it is no longers 4. The FATCA codes(s) entered Certification Instructions. You must because the Depositor has failed to	mpt Payee code (if any) Exemption from FATCA n erjury, I, as authorized agent of the Depositor certify t yer identification number is printed below (or the Dep to backup withholding because: (a) the Depositor is e fixed that it is subject to backup withholding as a resu subject to backup withholding, and to or other U.S. person (defined in the instructions); an on on this form (if any) indicating that the Depositor is e to cross out item 2 above if the Depositor has been n to report all interest and dividends on the Depositor's to the Form W-9, including definitions, are available upon or	reporting code (if any) N/A (applies to act that: Nositor is waiting for a number to be issued), seempt from backup withholding, or (b) the Delt of a failure to report all interest or dividend and exempt from FATCA reporting is correct. Notified by the IRS that the Depositor is curtax return.	and spositor has not been notified by s, or (c) the IRS has notified the
Complete as applicable - onl	y one beneficiary permitted if an entity.		
lame of Beneficiary:	SSN/EIN:	Relationship	·:
Address of Beneficiary:		77 77 77 77 77 77 77 77 77 77 77 77 77	
D:			
lame of Beneficiary:	SSN/EIN:	Relationship	:
ddress of Beneficiary:			
D:			
lame of Beneficiary:	SSN/EIN:	Relationship	:
ddress of Beneficiary:		· · · · · · · · · · · · · · · · · · ·	
D:			
and on behalf of the Depositor agre-	certify that: (1) I/We have received the "Commercial se to the terms of each document; and (2) I/We give contents of the terms of each document; and (2) I/We give contents of the terms of each document; and (2) I/We give contents of the terms of the te	consent to verify mylour credit references. a Printed Name, then a signature is not	required on that line.
58-6000670 CITY	of STONE MOUNTAL	Brand Mills	The certifications in the DATE
TIN of Signer	Printed Name of Signer		DATE

	OWNERSHIP DESIGNAT STATE	ION	ACCOUNT OPENI 08/24/2021	NG DATE	REVISED CARD DATE 04/02/2025
Opened/Updated By BRIGETTE	HYRAMS 34805	_Approved By N/A		Branch Location	8750276
		IDENTIFICATION			
ype of ID SSID Issued I	By GA ID Number		Expiration Date		Date of Birth
second Type of ID Is	sued By ID Number _		Expiratio		
					ne Number ()
ddress as listed on ID				Work Phon	e Number ()
		IDENTIFICATION			
	By ID Number ssued By ID Number _				
	ssued by to Number _				ne Number()
	-				
				Number	
	3y 1D Number	IDENTIFICATION	Foreign Body		Date of Birth
	ssued By ID Number _				
					ne Number ()_
ddress as listed on ID				Work Phon	e Number ()
	nly one beneficiary permitte				
		-		Relationshir	o:
ddress of Beneficiary:					
):					
ame of Beneficiary:		SSN/EIN:		Relationship	D:
ddress of Beneficiary:					
D:					
		0014711			
ddress of Beneficiary:				Relationship	
duress of beneficially.					
D:					
	I/We certify that: (1) I/We h				
y my/our signature below, ccounts Fee Schedule" and	I/We certify that: (1) I/We fon behalf of the Depositor ag				
by my/our signature below, accounts Fee Schedule" and					
by my/our signature below, accounts Fee Schedule" and eferences.	on behalf of the Depositor ag	ree to the terms of each d	ocument; and (2) I/V	Ve give cons	ent to verify my/our credit
ly my/our signature below, accounts Fee Schedule" and eferences.	on behalf of the Depositor ag	ree to the terms of each di	ocument; and (2) I/V	Ve give cons	required on that line.
y my/our signature below, coounts Fee Schedule" and eferences. lease sign beside the Printer The Internal Revenue Sen	on behalf of the Depositor ag	iree to the terms of each di	ocument; and (2) I/V	Ve give cons	required on that line.
by my/our signature below, accounts Fee Schedule" and afterences. Please sign beside the Printer The Internal Revenue Sen	on behalf of the Depositor ag d Name(s) only. If signature vice does not require your	iree to the terms of each di	ocument; and (2) I/V	Ve give cons	required on that line.
by my/our signature below, accounts Fee Schedule" and afterences. Please sign beside the Printer The Internal Revenue Sen	on behalf of the Depositor ag d Name(s) only. If signature vice does not require your	iree to the terms of each di	ocument; and (2) I/V	Ve give cons	required on that line.
ly my/our signature below, coounts Fee Schedule" and aferences. Please sign beside the Printed The Internal Revenue Sen box above which are required.	on behalf of the Depositor ag d Name(s) only. If signature vice does not require your ired to avoid backup withh	iree to the terms of each di	ocument; and (2) I/V	Ve give cons	required on that line.
y my/our signature below, coounts Fee Schedule" and eferences. lease sign beside the Printed The Internal Revenue Sen box above which are required.	on behalf of the Depositor ag d Name(s) only. If signature vice does not require your	line does not have a Printe consent to any provisional ding.	ocument; and (2) I/V	Ve give cons	required on that line.
by my/our signature below, accounts Fee Schedule" and eferences. Please sign beside the Printer The Internal Revenue Sentox above which are required.	on behalf of the Depositor ag d Name(s) only. If signature vice does not require your ired to avoid backup withhe	iree to the terms of each di	ocument; and (2) I/V	Ve give cons	required on that line.
By my/our signature below, accounts Fee Schedule" and eferences. Please sign beside the Printer The Internal Revenue Sen box above which are required.	on behalf of the Depositor ag d Name(s) only. If signature vice does not require your ired to avoid backup withhe	line does not have a Printe consent to any provisional ding.	ocument; and (2) I/V	Ve give cons	required on that line.
ty my/our signature below, accounts Fee Schedule" and eferences. Please sign beside the Printer The Internal Revenue Sen box above which are required. I/A TIN of Signer	on behalf of the Depositor ag d Name(s) only. If signature vice does not require your ired to avoid backup withhe	line does not have a Printe consent to any provisional ding.	ocument; and (2) I/V	Ve give cons	required on that line.
y my/our signature below, accounts Fee Schedule" and eferences. Please sign beside the Printed The Internal Revenue Sen box above which are required. N/A TIN of Signer N/A	on behalf of the Depositor ag d Name(s) only. If signature vice does not require your irred to avoid backup withhe	line does not have a Printe consent to any provisional ding.	ocument; and (2) I/V	Ve give cons	required on that line. In the certifications in the DATE
By my/our signature below, accounts Fee Schedule" and eferences. Please sign beside the Printer The Internal Revenue Sen box above which are required. N/A TIN of Signer N/A	on behalf of the Depositor ag d Name(s) only. If signature vice does not require your irred to avoid backup withhe	line does not have a Printe consent to any provisional ding.	ocument; and (2) I/V	Ve give cons	required on that line. In the certifications in the

	POSITOR			
CITY OF STONE MOUNT	TAIN			
PAYROLL ACCT				
375 MAIN ST				
TONE MOUNTAIN		GA 3	0083-3620	
	OWNERSHIP DESIGNATION STATE		ACCOUNT OPENING DATE	REVISED CARD DATE 04/02/2025
pened/Updated By BRIGETTE H	HYRAMS 34805	oved By		8750276
COID		ENTIFICATION		
	GA ID Number			
lssue	ed By ID Number		Expiration Date	
			() Home Ph	
adress as listed on ID		ENTIFICATION	Work Pho	ne Number \
ype of ID Issued By _	ID Number		Expiration Date	Date of Birth
econd Type of ID issue	ed By ID Number		Expiration Date	
mployer		Cell Phone Number	r () Home Ph	one Number ()
· · · · · · · · · · · · · · · · · · ·			Work Pho	ne Number ()
heck Appropriate Box for Depositor				
ertification - Under penalities of per 1. The Depositor's correct taxpays 2. The Depositor is not subject to the Internal Revenue Service (IR Depositor that it is no longer su 3. The Depositor is a U.S. citzen o 4. The FATCA codes(s) entered or ertification instructions. You must c acause the Depositor has failed to r omm W-9 instructions. Instructions to t	pt Payee code (if any) Exemption fury, I, as authorized agent of the De er identification number is printed be backup withholding because: (a) the RSJ that it is subject to backup withholding and or other U.S. person (defined in the inn this form (if any) indicating that the cross out item 2 above if the Deposireport all interest and dividends on the the Form W-9, including definitions, are one beneficiary permitted if any	positor certify that: low for the Depositor is Depositor is exempt fi Idding as a result of a fa instructions); and Depositor is exempt fr Itor has been notified i the Depositor's tax retur available upon request.	waiting for a number to be issued), om backup withholding, or (b) the D illure to report all interest or dividence on FATCA reporting is correct. By the IRS that the Depositor is curn.	and epositor has not been notified by is, or (c) the IRS has notified the rently subject to back withholdin
ame of Beneficiary:		_ SSN/EIN:	Relationshi	p:
ddress of Beneficiary:		········	1 THE WILL	***************************************
):				
ame of Beneficiary:		SSN/EIN:	D-4-41	
ddress of Beneficians			Relationshi	p:
y.			Kelationshi	p:
			Kelationshi	p:
!		CONIEINI.		
o:ame of Beneficiary:		_ SSN/EIN:		
o:ame of Beneficiary:		SSN/EIN:		
or:ame of Beneficiary:		SSN/EIN:		
ame of Beneficiary:	vertify that: (1) I/We have received to to the terms of each document; and ame(s) only. If signature line does not require your const	ne "Commercial Bank S (2) I/We give consent t es not have a Printe ent to any provisio	Relationshi ervices Agreement* and the *Busin o verify my/our credit references. d Name, then a signature is not	p:ess Deposit Accounts Fee Schedurequired on that line.
ame of Beneficiary: ddress of Beneficiary: D: BUSINESS ACCOUNTS By mylour signature below, I/We cound on behalf of the Depositor agree lease sign beside the Printed Note Internal Revenue Service box above which are required.	certify that: (1) I/We have received to the terms of each document; and arme(s) only. If signature line do	ne "Commercial Bank S (2) I/We give consent t es not have a Printe ent to any provisio	Relationshi ervices Agreement* and the *Busin o verify my/our credit references. d Name, then a signature is not	ps:ess Deposit Accounts Fee Schedurequired on that line.

	STATE		04/18/2007		04/02/2025
Opened/Updated By BRIGETT	E HYRAMS 34805	Approved By N/A		_ Branch Location	8750276
vpe of ID SSID Issue	ed By GA ID Number	IDENTIFICATION	Expiration Date		Date of Birth
	Issued By ID Num			ation Date	
	issued By ID Num				ne Number ()
		OGET HOTE NUMBER			e Number ()
					, , , , , , , , , , , , , , , , , , ,
	IDM	IDENTIFICATION			
		ber			
					ne Number ()
					e ()
duress as listed off to		,		Number	e ()
		IDENTIFICATION			Date of Birth
econd Type of ID	Issued By ID Num	ber	Expira	ation Date	
mployer		Cell Phone Number	er ()	Home Pho	ne Number ()
ddress as listed on ID				Work Phon	e Number ()
				<u> </u>	
Complete as applicable - o	only one beneficiary pern	nitted if an entity.			
lame of Beneficiary:		SSN/EIN:		Relationshir	o:
		00/42/11.			179972001
D:					******
·					
Jame of Beneficiary:		SSN/EIN:		Relationshir	n'
Address of Beneficiary:					*
ID:					
ID					
slame of Repolicies.		SSN/EIN:		Dolations	
value of belieficiary.				Relationship	J
Address of Donafisions					
Address of Beneficiary:					
Address of Beneficiary:					
Address of Beneficiary:					
D:					
D:BUSINESS.ACCOUNTS	w. I/We certify that: (1) I/V	We have received the "Comm	ercial Bank Service	es Agreement"	and the "Business Deposi
D: BUSINESS ACCOUNTS By my/our signature below Accounts Fee Schedule" and		We have received the "Commo or agree to the terms of each c			
D: BUSINESS ACCOUNTS By my/our signature below Accounts Fee Schedule" and					
D: BUSINESS ACCOUNTS By my/our signature below Accounts Fee Schedule" and					
D:	id on behalf of the Deposito		ocument; and (2)	I/We give cons	ent to verify my/our credit
BUSINESS ACCOUNTS BY my/our signature below Accounts Fee Schedule" and eferences. Please sign beside the Print The Internal Revenue Se	ted Name(s) only. If signat	or agree to the terms of each	ocument; and (2)	I/We give cons	ent to verify my/our credit
BUSINESS ACCOUNTS By my/our signature belov Accounts Fee Schedule" and references. Please sign beside the Print The Internal Revenue Se	d on behalf of the Deposito	or agree to the terms of each	ocument; and (2)	I/We give cons	ent to verify my/our credit
BUSINESS ACCOUNTS By my/our signature below Accounts Fee Schedule" and references. Please sign beside the Print The Internal Revenue Se	ted Name(s) only. If signat	or agree to the terms of each	ocument; and (2)	I/We give cons	ent to verify my/our credit
BUSINESS ACCOUNTS By my/our signature belov Accounts Fee Schedule" and references. Please sign beside the Print The Internal Revenue Se	ted Name(s) only. If signat	or agree to the terms of each	ocument; and (2)	I/We give cons	ent to verify my/our credit
BUSINESS ACCOUNTS By my/our signature below Accounts Fee Schedule" and references. Please sign beside the Print The Internal Revenue Se box above which are req	ted Name(s) only. If signat	or agree to the terms of each	ocument; and (2)	I/We give cons	ent to verify my/our credit
BUSINESS ACCOUNTS By my/our signature below Accounts Fee Schedule" and eferences. Please sign beside the Print The Internal Revenue Se box above which are req	ed on behalf of the Deposito ted Name(s) only. If signat ervice does not require y puired to avoid backup wi	or agree to the terms of each of of e	ed Name, then a son of this docum	I/We give cons	ent to verify my/our credit
BUSINESS ACCOUNTS By my/our signature below Accounts Fee Schedule* and references. Please sign beside the Print The Internal Revenue Se box above which are req	ted Name(s) only. If signat ervice does not require y quired to avoid backup wi	or agree to the terms of each	ed Name, then a son of this docum	I/We give cons	ent to verify my/our credit
BUSINESS ACCOUNTS By my/our signature belov Accounts Fee Schedule" and eferences. Please sign beside the Print The Internal Revenue Se box above which are req	ted Name(s) only. If signat ervice does not require y quired to avoid backup wi	or agree to the terms of each of of e	ed Name, then a son of this docum	I/We give cons	ent to verify my/our credit
BUSINESS ACCOUNTS By my/our signature belov Accounts Fee Schedule" and eferences. Please sign beside the Print The Internal Revenue Se box above which are reg N/A BE TIN of Signer	ted Name(s) only. If signate ervice does not require yquired to avoid backup with the even of the even	or agree to the terms of each of of e	ed Name, then a son of this docum	I/We give cons	required on that line. In the certifications in the
BUSINESS ACCOUNTS By mylour signature belov Accounts Fee Schedule" and eferences. Please sign beside the Print The Internal Revenue Se box above which are req	ted Name(s) only. If signat ervice does not require y quired to avoid backup wi	or agree to the terms of each of of e	ed Name, then a son of this docum	I/We give cons	ent to verify my/our credit
BUSINESS ACCOUNTS By my/our signature belov Accounts Fee Schedule" and eferences. Please sign beside the Print The Internal Revenue Se box above which are required. N/A BE TIN of Signer	ted Name(s) only. If signate ervice does not require yquired to avoid backup with the even of the even	or agree to the terms of each of each of the terms of each of each of the terms of each o	ed Name, then a son of this docum	I/We give cons	required on that line. In the certifications in the
BUSINESS ACCOUNTS By my/our signature belov Accounts Fee Schedule" and eferences. Please sign beside the Print The Internal Revenue Se box above which are reg N/A BE TIN of Signer	ted Name(s) only. If signate ervice does not require yquired to avoid backup with the even of the even	or agree to the terms of each of each of the terms of each of each of the terms of each o	ed Name, then a son of this document	I/We give cons	required on that line. In the certifications in the

NAME AND ADDRESS	OF DEPOSITOR			
CITY OF STONE N	MOUNTAIN			
SEIZED FUNDS FO	OR HOLDING			
875 MAIN ST				
STONE MOUNTAI	N	GA	30083-3620	
ACCOUNT NUMBER	OWNERSHIP DESIGNATIO		ACCOUNT OPENING DATE	REVISED CARD DATE
Opened/Updated By BRIGE	STATE ETTE HYRAMS 34805	Approved By	02/24/2017 Branch Location	04/02/25 8750276
			- Cranon Edulari	
SSID Type of ID	Issued By GA ID Number	IDENTIFICATION	Evolration Date	Date of Ridh
	Issued By ID Number			
Employer		Cell Phone Number	() Home Pho	ne Number ()
		IDENTIFICATION		
Type of ID Is	ssued By ID Number		Expiration Date	Date of Birth
	Issued By ID Number			
	,		ber () Home Pho	
Address as listed on ID				ne Number ()
			Work Phor	ie wumber ()
1 '	Depositor ietor / single-member LLC		on Partnership Trust/Esta	nte Limited Liability Company
disregarded from the owner that is disregarded from the o	box in line above for the tax classification of unless the owner of the LLC is another LLC i owner should check the appropriate box for th	that is not disregarded from	n the owner for U.S. federal tax purposes	
Other (See Instruction	rs.) Ins Exempt Payee code (if any) Exemp	ation from FATCA reporting	un code (if any) N/A (annlies to ac	counts maintained outside the U.S.
Certification - Under penalit	ies of perjury, I, as authorized agent of the	Depositor certify that:	<u></u>	1
The Depositor is not s the Internal Revenue S Depositor that it is no I The Depositor is a U.S	at taxpayer identification number is printed ubject to backup withholding because: (a) ervice (IRS) that it is subject to backup wit onger subject to backup withholding, and c. citizen or other U.S. person (defined in the intered on this form (if any) indicating that) the Depositor is exempt thholding as a result of a ne instructions); and	from backup withholding, or (b) the De failure to report all interest or dividend	positor has not been notified by
	unust cross out item 2 above if the Dep		·	ently subject to back withholding
because the Depositor has	failed to report all interest and dividends o	on the Depositor's tax retu	IFN.	only only on the order to the order of
Form W-9 Instructions. Instru	ctions to the Form W-9, including definitions,	are available upon request		
Complete as applicable	e - only one beneficiary permitted i	if an entity.		
Name of Beneficiary:		\$\$N/EIN:	Relationship	DI:
Address of Beneficiary:				
ID:	· · · · · · · · · · · · · · · · · · ·			
Name of Beneficiary:		SSN/FIN:	Relationship	
Address of Beneficiary:		0014/2114.	/\elationsinp	
ID:				
Name of Beneficiary:		SSN/EIN:	Relationship	· · · · · · · · · · · · · · · · · · ·
Address of Beneficiary:	***************************************		74741	
ID				
BUSINESS ACCOUN				
By my/our signature below and on behalf of the Deposit	w, I/We certify that: (1) I/We have receive tor agree to the terms of each document; a	ed the "Commercial Bank and (2) I/We give consent	Services Agreement" and the "Busine to verify my/our credit references.	ss Deposit Accounts Fee Schedule"
Please sign beside the Pi	rinted Name(s) only. If signature line	does not have a Print	ed Name, then a signature is not	required on that line.
The Internal Revenue box above which are	Service does not require your co required to avoid backup withhold	nsent to any provisi ing.	on of this document other than	the certifications in the
		Ø F		
58-6000670 TIN of Depositor	CITY OF STONE MOUNTAL Printed Name of Depositor	MAYOR BEVE	RLYJONES TO	DATE DATE
			/	
TIN of Signer	Printed Name of Signer			DATE

	OWNERSHIP DESIGN	NATION	ACCOUNT OPENING DATE 02/24/2017	REVISED CARD DATE 04/02/25
Opened/Updated By BRIGETTE	<u> </u>	Approved By N/A	Branch Locatio	
			Signal Essale	
		IDENTIFICATION		
			Expiration Date	Date of Birth
Second Type of ID is		ber	Expiration Date	
			(N/A) Home Ph	
Address as listed on ID			work Pho	one Number ()
	ID Mantag	IDENTIFICATION		
Type of ID Issued B Second Type of ID Is			Expiration Date	
			ber N/A) Home Pt	
Address as listed on ID			Work Pho	one ()
			Number	Date of Birth
Type of ID issued B	3v ID Number	IDENTIFICATION	Expiration Date	Date of Birth
			Expiration Date	
			ber () Home Pt	
Address as listed on ID			Work Phe	one Number ()
				<u>.</u>
Complete as applicable - on	nly one beneficiary perm	nitted if an entity.		
Name of Beneficiary:		SSN/EIN:	Relationsh	nip:
Address of Beneficiary:				
ID:				
		SSN/EIN:	Relationsh	nip:
Address of Beneficiary:				
ID:				
Name of Repeticions		SCNI/EINI-	Relationsh	vio:
Address of Beneficiary:			Relationsr	iip.
ID:				
BUSINESS ACCOUNTS	I/We certify that: (1) I/V	Ve have received the "Comm	nercial Bank Services Agreemen	t" and the "Business Deposit
BUSINESS ACCOUNTS By mylour signature below, Accounts Fee Schedule" and			nercial Bank Services Agreement document; and (2) I/We give cor	
BUSINESS ACCOUNTS By mylour signature below, Accounts Fee Schedule" and				
BUSINESS ACCOUNTS By my/our signature below, Accounts Fee Schedule" and references.	on behalf of the Deposito	or agree to the terms of each	document; and (2) i/We give cor	nsent to verify my/our credit
BUSINESS ACCOUNTS By mylour signature below, Accounts Fee Schedule" and references. Please sign beside the Printer	on behalf of the Deposito	or agree to the terms of each	document; and (2) I/We give con	nsent to verify my/our credit
BUSINESS ACCOUNTS By mylour signature below, Accounts Fee Schedule" and references. Please sign beside the Printer	on behalf of the Deposito d Name(s) only. If signate vice does not require y	or agree to the terms of each ure line does not have a Prin	document; and (2) i/We give cor	nsent to verify my/our credit
BUSINESS ACCOUNTS By my/our signature below, Accounts Fee Schedule" and references. Please sign beside the Printed The Internal Revenue Ser	on behalf of the Deposito d Name(s) only. If signate vice does not require y	or agree to the terms of each ure line does not have a Prin	document; and (2) I/We give con	nsent to verify my/our credit
BUSINESS ACCOUNTS By my/our signature below, Accounts Fee Schedule" and references. Please sign beside the Printed The Internal Revenue Sen	on behalf of the Deposito d Name(s) only. If signate vice does not require y	or agree to the terms of each ure line does not have a Prin	document; and (2) I/We give con	nsent to verify my/our credit
BUSINESS ACCOUNTS By my/our signature below, Accounts Fee Schedule" and references. Please sign beside the Printed The Internal Revenue Sen box above which are requi	on behalf of the Deposito d Name(s) only. If signate vice does not require y ired to avoid backup with	or agree to the terms of each ure line does not have a Prin	document; and (2) I/We give con	nsent to verify my/our credit
BUSINESS ACCOUNTS By my/our signature below, Accounts Fee Schedule" and references. Please sign beside the Printed The Internal Revenue Sen box above which are requi	on behalf of the Deposito d Name(s) only. If signate vice does not require y	ure line does not have a Prin	document; and (2) I/We give con	nsent to verify my/our credit
BUSINESS ACCOUNTS By my/our signature below, Accounts Fee Schedule" and references. Please sign beside the Printer The Internal Revenue Sen box above which are requi	on behalf of the Deposito d Name(s) only. If signate vice does not require y irred to avoid backup with	or agree to the terms of each ure line does not have a Prin	document; and (2) I/We give con	nsent to verify my/our credit
BUSINESS ACCOUNTS By mylour signature below, Accounts Fee Schedule" and references. Please sign beside the Printed The Internal Revenue Sen box above which are requi	on behalf of the Deposito d Name(s) only. If signate vice does not require y irred to avoid backup with	ure line does not have a Prin	document; and (2) I/We give con	nsent to verify my/our credit
BUSINESS ACCOUNTS By my/our signature below, Accounts Fee Schedule" and references. Please sign beside the Printer The Internal Revenue Sen box above which are requi	on behalf of the Deposito d Name(s) only. If signate vice does not require y irred to avoid backup with	ure line does not have a Prin	document; and (2) I/We give con	nsent to verify my/our credit
BUSINESS ACCOUNTS By my/our signature below, Accounts Fee Schedule" and references. Please sign beside the Printed The Internal Revenue Sen box above which are require N/A TIN of Signer N/A	on behalf of the Deposito d Name(s) only. If signaturized does not require yeard to avoid backup wind to avoid ba	ure line does not have a Prin	document; and (2) I/We give con	ot required on that line. an the certifications in the
BUSINESS ACCOUNTS By mylour signature below, Accounts Fee Schedule" and references. Please sign beside the Printed The Internal Revenue Sen box above which are require N/A TIN of Signer N/A	on behalf of the Deposito d Name(s) only. If signaturized does not require yeard to avoid backup wind to avoid ba	ure line does not have a Prin	document; and (2) I/We give con	ot required on that line. an the certifications in the

CITY OF STONE MOU	JNTAIN			
PLOST FUND 09				
375 MAIN ST				
STONE MOUNTAIN		GA	30083-3620	
ACCOUNT NUMBER	OWNERSHIP DESIGNATION	ON	ACCOUNT OPENING DAT 04/19/2018	E REVISED CARD DATE 04/02/2025
Opened/Updated By BRIGETT	E HYRAMS 34805	_ Approved By	Branch Loca	8750276
CCID		IDENTIFICATION		
Type of ID SSID Issued	d By GA ID Number		Expiration Date	Date of Birth
Second Type of ID	Issued By ID Number		Expiration Date	
Employer		Cell Phone Nur	nber () Home I	Phone Number ()
Address as listed on ID			Work F	Phone Number ()
		IDENTIFICATION		
Type of ID Issued	By ID Number		Expiration Date	Date of Birth
Second Type of ID	Issued By ID Number		Expiration Date	
Employer	2004	Cell Phone N	lumber (Home	Phone Number ()
Address as listed on ID			Work F	Phone Number ()
Check Appropriate Box for Depo			min Nation /	
The Depositor's correct tax The Depositor is not subjet the Internal Revenue Servic Depositor that it is no long The Depositor is a U.S. citi The FATCA codes(s) enter Certification Instructions. You m because the Depositor has failed.	ct to backup withholding because: (ec (IRS) that it is subject to backup wer subject to backup withholding, an izen or other U.S. person (defined in ed on this form (if any) indicating th ust cross out item 2 above if the D d to report all interest and dividends	ted below (or the Deposi (a) the Depositor is exer- witholding as a result of the instructions); and at the Depositor is exen- pepositor has been notics on the Depositor's tax	tor is waiting for a number to be issue npt from backup withholding, or (b) the f a failure to report all interest or divide pt from FATCA reporting is correct. Fied by the IRS that the Depositor is of return.	Depositor has not been notified by ends, or (c) the IRS has notified the
Form W-9 instructions. Instruction	ns to the Form W-9, including definitions	s, are available upon requ	est.	
• • • • • • • • • • • • • • • • • • • •	only one beneficiary permitted	-		
		SSN/EIN:	Relations	ship:
Address of Beneficiary: D:				
D				
Name of Beneficiary:		SSN/EIN:	Relations	ship:
Address of Beneficiary: D:				
D				
lame of Beneficiary:		SSN/EIN:	Relations	ship:
Address of Beneficiary:				
D:				
and on behalf of the Depositor a Please sign beside the Printe The Internal Revenue Ser box above which are requ	We certify that: (1) I/We have receigree to the terms of each document and Name(s) only. If signature lin rvice does not require your cuired to avoid backup withhole	at: and (2) I/We give constitute does not have a Proposent to any providing.	ank Services Agreement" and the "Busent to verify my/our credit references. rinted Name, then a signature is noticing of this document other the	ot required on that line.
58-6000670 CIT	Printed Name of Depositor	MAYOR BE	SPREY / TON PERLY JONES	es Y.d.

IDENTIFICATION Expiration	Branch Location Date Expiration Date Mork Pho Date Expiration Date Expiration Date Expiration Date Expiration Date Home Pho Number Date Expiration Date Work Pho Work Pho	Date of Birth Date of Birth
Type of ID SSID Issued By GA ID Number Employer Cell Phone Number (NA) Address as listed on ID IDENTIFICATION Expirate Second Type of ID Issued By ID Number Cell Phone Number NA IDENTIFICATION Expirate Second Type of ID Issued By ID Number Cell Phone Number NA IDENTIFICATION Expirate Second Type of ID Issued By ID Number Cell Phone Number NA IDENTIFICATION Expirate Second Type of ID Issued By ID Number Cell Phone Number NA IDENTIFICATION Expirate Second Type of ID Issued By ID Number Cell Phone Number Cell Phon	Expiration Date Expiration Date Expiration Date Work Pho Work Pho Number Expiration Date Expiration Date Work Pho Work Pho Work Pho Work Pho Work Pho	Date of Birth Date of Birth
ssued By GA ID Number Expirate econd Type of ID Issued By ID Number Expirate econd Type of ID Issued By ID Number Cell Phone Number (N/A)	Expiration Date Work Pho Date Expiration Date Home Ph Work Pho Number Date Expiration Date Work Pho Number Home Ph Work Pho Work Pho	Date of Birth
Indicated Research Indicat	Expiration Date Work Pho Date Expiration Date Home Ph Work Pho Number Date Expiration Date Work Pho Number Home Ph Work Pho Work Pho	Date of Birth
Address as listed on ID IDENTIFICATION Expirate	Mork Pho Work Pho Date Expiration Date Home Ph Work Pho Number Date Expiration Date Work Pho Work Pho Work Pho	one Number ()
Address as listed on ID	work Pho	Date of Birth
Type of ID Issued By ID Number Expiral Second Type of ID Issued By ID Number Cell Phone Number NVA	on Date Home Ph Work Pho Number on Date Expiration Date Home Ph Work Pho Work Pho	Date of Birth
Issued By	Expiration Date Home Ph Work Pho Number on Date Expiration Date Home Ph Work Pho	one Number () Date of Birth one Number () ne Number ()
Issued By	Expiration Date Home Ph Work Pho Number on Date Expiration Date Home Ph Work Pho	one Number () Date of Birth one Number () ne Number ()
Cell Phone Number NA	Home Ph Work Pho Number on Date Expiration Date Home Ph Work Pho	one Number ()
Address as listed on ID IDENTIFICATION	Work Pho Number on Date Expiration Date Home Ph Work Pho	Date of Birth Date of Birth one Number () ne Number ()
IDENTIFICATION Second Type of ID	Number on Date Expiration Date Home Ph Work Pho	Date of Birth
Type of ID Issued By ID Number Expirate Second Type of ID Issued By ID Number Cell Phone Number (Address as listed on ID Cell Phone Number (Address as listed on ID SSN/EIN:	Expiration DateHome Ph	one Number ()
Issued By ID Number Cell Phone Number	Expiration DateHome Ph	one Number ()
Complete as applicable - only one beneficiary permitted if an entity. Complete as applicable - only one beneficiary permitted if an entity.	Home Ph Work Pho	one Number ()
Complete as applicable - only one beneficiary permitted if an entity. Name of Beneficiary: D: Name of Beneficiary: SSN/EIN: Name of Beneficiary: SSN/EIN: Name of Beneficiary: SSN/EIN: Name of Beneficiary: SSN/EIN: SSN/EIN: Name of Beneficiary: SSN/EIN: SSN/EIN: D: Name of Beneficiary: SSN/EIN: SSN/EIN: SSN/EIN: D: D: D: D: D: D: D: D: D:	Work Pho	ne Number ()
Complete as applicable - only one beneficiary permitted if an entity. Name of Beneficiary:		
Complete as applicable - only one beneficiary permitted if an entity. Name of Beneficiary:		jp:
Name of Beneficiary:	Relationsh	p:
Address of Beneficiary:	Relationsh	p:
D:		
Name of Beneficiary: Address of Beneficiary: SSN/EIN:		
Address of Beneficiary: ID:		
Address of Beneficiary: ID:	Salan -	- .
Name of Beneficiary: Naddress of Beneficiary: SSN/EIN: SSN/EIN: D: BUSINESS ACCOUNTS BY my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Accounts Fee Schedule" and on behalf of the Depositor agree to the terms of each document; eferences. Please sign beside the Printed Name(s) only. If signature line does not have a Printed Name, The Internal Revenue Service does not require your consent to any provision of this	Relationsh	p:
Name of Beneficiary:		
D:		
D:	Relationsh	n·
BUSINESS ACCOUNTS BY my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Accounts Fee Schedule" and on behalf of the Depositor agree to the terms of each document; references. Please sign beside the Printed Name(s) only. If signature line does not have a Printed Name, The Internal Revenue Service does not require your consent to any provision of this	relationship	F:
BUSINESS ACCOUNTS By my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Accounts Fee Schedule" and on behalf of the Depositor agree to the terms of each document; references. Please sign beside the Printed Name(s) only. If signature line does not have a Printed Name, The Internal Revenue Service does not require your consent to any provision of this		
BUSINESS ACCOUNTS By my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Accounts Fee Schedule" and on behalf of the Depositor agree to the terms of each document; references. Please sign beside the Printed Name(s) only. If signature line does not have a Printed Name, The Internal Revenue Service does not require your consent to any provision of this		
By my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Accounts Fee Schedule" and on behalf of the Depositor agree to the terms of each document; references. Please sign beside the Printed Name(s) only. If signature line does not have a Printed Name, The Internal Revenue Service does not require your consent to any provision of this		
By my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Accounts Fee Schedule" and on behalf of the Depositor agree to the terms of each document; references. Please sign beside the Printed Name(s) only. If signature line does not have a Printed Name, The Internal Revenue Service does not require your consent to any provision of this		
By my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Accounts Fee Schedule" and on behalf of the Depositor agree to the terms of each document; references. Please sign beside the Printed Name(s) only. If signature line does not have a Printed Name, The Internal Revenue Service does not require your consent to any provision of this		
By my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Accounts Fee Schedule" and on behalf of the Depositor agree to the terms of each document; references. Please sign beside the Printed Name(s) only. If signature line does not have a Printed Name, The Internal Revenue Service does not require your consent to any provision of this		
By my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Accounts Fee Schedule" and on behalf of the Depositor agree to the terms of each document; eferences. Please sign beside the Printed Name(s) only. If signature line does not have a Printed Name, The Internal Revenue Service does not require your consent to any provision of this		
Accounts Fee Schedule" and on behalf of the Depositor agree to the terms of each document; references. Please sign beside the Printed Name(s) only. If signature line does not have a Printed Name, The Internal Revenue Service does not require your consent to any provision of this	O	
Please sign beside the Printed Name(s) only. If signature line does not have a Printed Name, The Internal Revenue Service does not require your consent to any provision of this	nnd (2) I/We give con	sent to verify my/our credit
The Internal Revenue Service does not require your consent to any provision of this		
The Internal Revenue Service does not require your consent to any provision of this		
The Internal Revenue Service does not require your consent to any provision of this box above which are required to avoid backup withholding.	hen a signature is no	required on that line.
DOX above which are required to avoid backup withholding.		n the certifications in the
_ <i>/</i>	document other tha	
\sim \sim	document other that	
-N ×	document other tha	
N/A BEVERLY JONES	document other that	es 4.21
TIN of Signer Printed Name	document other the	DATE
WINTON BEVEREE PO	Jan	
N/A	NES	
TIN of Signer Printed Name	Jan	
	Jan	DATE
N/A	Jan	DATE
V/A TIN of Signer Printed Name	Jan	DATE

NAME AND ADDRESS	S OF DEPOSITO	R				
CITY OF STONE	MOUNTAIN					
OWNTOWN DEV	VELOPMENT	AUTHORITY				
75 MAIN ST						
TONE MOUNTA	IN		GA	30083-3620		
CCOUNT NUMBER	OWNER STATI	RSHIP DESIGNATION	N	ACCOUNT OP 11/05/2011	ENING DATE	REVISED CARD DATE 04/02/2025
pened/Updated By BRIG	ETTE HYRA	MS 34805 A	pproved By		Branch Location	8750276
SSID SSID	Issued By GA	ID Number DA-170	IDENTIFICATION 76816	Expiration Date		Date of Birth
econd Type of ID	Issued By	ID Number		Expira	ation Date	
mployer			Cell Phone Nun	ber ()	Home Pho	ne Number ()
ddress as listed on ID			- 2000		Work Phon	e Number ()
			IDENTIFICATION			
pe of ID	Issued By	ID Number		Expiration Date _		Date of Birth
econd Type of ID	Issued By	ID Number		Expin	ation Date	
mployer			. Celi Phone N	umber ()	Home Pho	ne Number ()
ddress as listed on ID					Work Phor	ne Number ()
Note: Check the appryriate disregarded from the owne that is disregarded from the Country of the	e box in line above is or unless the owner of a owner should check ons.) ions Exempt Payee littles of perjury, I, as ect taxpayer identification in the subject to backup or Service (IRS) that it is olonger subject to to the control of the control of the subject to the subjec	if the LLC is another LLC it the appropriate box for the code (if any) Exemple authorized agent of the cation number is printed withholding because: (a) is subject to backup with ackup withholding, and LS. person (defined in the (if any) indicating that item 2 above if the Depinterest and dividends of W-9, including definitions, meficiary permitted in the appropriate box of the appropriate that the propriate in the control of the control	the single-member ow that is not disregarded that is not disregarded that classification of it tion from FATCA repo Depositor certify that it below (or the Depositor is exempholding as a result o te instructions); and the Depositor is exempositor has been noting in the Depositor's tax, are available upon required.	rom the owner for U.S. fee owner. ting code (if any) \(\sum \) N or is waiting for a numbor or is waiting for a numbor of the owner owner owner. I waiting the owner owner. Note that the owner own	ieral tax purposes I/A (applies to acc er to be issued), iling, or (b) the De erest or dividend is correct. Depositor is curr	positor has not been notified by s, or (c) the IRS has notified the entry subject to back withholding
·						
ame of Beneficiary:			SSN/EIN:		Relationship	
ddress of Beneficiary: :						
ame of Beneficiary:			SSN/EIN:		Relationship	:
ddress of Beneficiary:):						
nd on behalf of the Depos lease sign beside the f	ow, I/We certify the sitor agree to the te Printed Name(s) are Service does a required to avoid CITY OF ST	only. If signature line	does not have a P	ent to verify my/our cred inted Name, then a si	gnature is not	required on that line. In the certifications in the
o osposioi	Finited Nan	is an arepositor	MAŸÓR BE	ĚŘĹÝ JONES	/	DATE

STATE 11/05/2011 04/02/2025	
Type of ID SSID Issued by GA ID Number DA-17076816 Expiration Date Date of Birth Second Type of ID Issued By ID Number Coll Phone Number (NI/A) Home Phone Number (
Type of ID	
Type of ID	
Second Type of ID	
Employer	
Address as listed on ID	
Type of ID	
Type of ID	
Second Type of ID	
Address as listed on ID	
Number Number Date of Birth Date of Date of Date Date	
Type of ID Issued By ID Number Expiration Date Second Type of ID Issued By ID Number Expiration Date Employer Cell Phone Number () Home Phone Number () Address as listed on ID	
Type of ID Issued By ID Number Expiration Date Second Type of ID Issued By ID Number Expiration Date Employer Cell Phone Number Home Phone Number Address as fisted on ID Address as fisted on ID Work Phone Number	
Second Type of ID	
Employer	
Complete as applicable - only one beneficiary permitted if an entity. Name of Beneficiary:	
Complete as applicable - only one beneficiary permitted if an entity. Name of Beneficiary: SSN/EIN: Relationship:	
Name of Beneficiary:	
Address of Beneficiary: D:	-
Address of Beneficiary: D:	
Name of Beneficiary: SSN/EIN: Relationship: Address of Beneficiary: SSN/EIN: Relationship: Name of Beneficiary: SSN/EIN: Relationship:	_
Address of Beneficiary: ID: Name of Beneficiary: Relationship: Address of Beneficiary:	
Address of Beneficiary: ID: Name of Beneficiary: Relationship: Address of Beneficiary:	
ID: Name of Beneficiary: SSN/EIN: Relationship: Address of Beneficiary:	
Name of Beneficiary: SSN/EIN: Relationship: Address of Beneficiary:	
Address of Beneficiary:	
Address of Beneficiary:	
ID:	_
ID:	
	_
BUSINESS ACCOUNTS	
By my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Services Agreement" and the "Business Depo Accounts Fee Schedule" and on behalf of the Depositor agree to the terms of each document; and (2) I/We give consent to verify my/our cred	sit it
references.	
Please sign beside the Printed Name(s) only. If signature line does not have a Printed Name, then a signature is not required on that line.	
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications in the control of	
box above which are required to avoid backup withholding.	he
\sim // \sim	he
$\mathcal{N} \not= \mathcal{N}$	the
N/A MAYOR BEVERLY JONES / 4.2	the
TIN of Signer Printed Name MAYOR BEVERLY JONES DATE	the
/ (/	the 2
N/A	the 2
TIN of Signer Printed Name DATE	the
	the 2
N/A	the 2
TIN of Signer Printed Name DATE	the 2

CONFISCATED FUND STONE MOUNTAIN GA 30083-3620 ACCOUNT OPENING DATE REVISED CARD DATE OF 1/18/2003 ACCOUNT OPENING DATE REVISED CARD DATE OF 1/18/2003 ACCOUNT NUMBER STONE MOUNTAIN GA 30083-3620 ACCOUNT OPENING DATE REVISED CARD DATE OF 1/18/2003 ACCOUNT OPENING	NAME AND ADDRESS OF DE	POSITOR			
STONE MOUNTAIN GA 30083-3620 OWNERSHIP DESIGNATION ACCOUNT OPENING DATE REVISED CARD DATE O7/18/2003 O4/02/2025 O4/02/2025	CITY OF STONE MOUN	NTAIN			
COUNT NUMBER OWNERSHIP DESIGNATION ACCOUNT OPENING DATE REVISED CARD DATE Off 20205	ONFISCATED FUND				
COUNT NUMBER OWNERSHIP DESIGNATION STATE DESIGNATION STATE DESIGNATION STATE DESIGNATION SEQUENCE SE	75 MAIN ST				
OWNERSHIP DESIGNATION STATE ACCOUNT OPENING DATE O4/02/2025 STATE O7/18/2003 Branch Location 8750276 Date of DSSID Branch Branch Location 8750276 Branch Location 8750276 Branch Location 8750276 Date of Branch Location 8750276 Branch Location 8750276 Date of Branch Locatio	TONE MOUNTAIN		GA (30083-3620	
DEMPERATION SSID SSID SSID SEARCH Location SSID SERVINDENT DATA DEMPERATION DEMPERATION Expiration Date Code of Birth Lissued By ID Number Cod Phone Number Cod Phone Number Cod Phone Number Expiration Date Description Date Descr	CCOUNT NUMBER			ACCOUNT OPENING DATE	1 1
DENTIFICATION SSID	Despedit Industrial By BRIGETTE		royed By		
SSID	-peried/operied by	Αργ	oved by	Brailes Location	
Interest	SSID Issued B	GA ID Number	DENTIFICATION	Evniration Date	Date of Rirth
IDENTIFICATION					
Second Type of ID	Employer		Cell Phone Number	() Home Pho	ne Number ()
Special Doctor Secure Se	Address as listed on ID	27774 707 748 1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -		Work Phon	e Number ()
In Number Expiration Date Homo Phone Number () Homo Phone Numbe		ID	ENTIFICATION		
Coll Phone Number (Type of ID Issued By	ID Number		Expiration Date	Date of Birth
Address as listed on ID	Second Type of ID Iss	ued By ID Number		Expiration Date	
The check Appropriate Box for Depositor Individual / Sole Proprietor / single-member LLC C Corporation S Corporation Partmership Trust/Estate Limited Liability Comparison Enter the tax classification of C C comparation, S - S composition Partmership Trust/Estate Limited Liability Comparison Com	mployer	· ·	Cell Phone Numb	er () Home Pho	ne Number ()
Individual / Sole Proprietor / single-member LLC C Corporation S Corporation Partnership Trust/Estate Limited Liability CompaEnter that sclassification (c) e Corporation S Corporation Partnership Trust/Estate Limited Liability CompaEnter that sclassification of S Corporation Partnership Trust/Estate Limited Liability CompaEnter that se disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that it disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LL that is disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LL that is disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LL that is disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LL that is disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LL that is disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LL that is disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LL that is a disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LL that is a disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LL that is a disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LL that is a disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LL that is a disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LL that is a disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LL that is a disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LL that is a disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LL that is described from the Ception of the Information of the	Address as listed on ID			Work Phon	e Number ()
Individual / Sole Proprietor / single-member LLC C Corporation S Corporation Partnership Trust/Estate Limited Liability Compa Enter that sealistication (C - Corporation S - Partnership Prust/Estate Limited Liability Compa Enter that sealistication (C - Corporation S - Partnership Prust/Estate Limited Liability Compa Enter that sealistication (C - Corporation S - Partnership Partnership Prust/Estate Limited Liability Compa Enter that sealistication be into above for that as a single-member owner. Do not check LLC if the LLC is classification of the single-member LL that is addisregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LL that is disregarded from the owner should check the appropriate box for the tax classification of its owner. Conflication - Under parallelies of perjury, I, as authorized agent of the Depositor is seeing that the companies of perjury, I, as authorized agent of the Depositor for the Depositor's cornect taxpeyer identification under is printed below (or the Depositor is waiting for a number to be issued), and 1. The Depositor's cornect taxpeyer identification under is printed below (or the Depositor is exempt from backup withholding, or (b) the Depositor is a security of the Depositor is one taxpeyer identification under is printed below (or the Depositor is exempt from backup withholding, or (b) the Depositor has not been notified by the Internal Revenue Service (RIS) that it is subject to backup withholding, and 3. The Depositor is a U.S. citizen or other U.S. person (defined in the instructions); and 4. The FATCA codes(s) entered on this form (if any) indicating that the Depositor is exempt from FATCA reporting is correct. Conflication Instructions. You must cross out item 2 above if the Depositor is exempt from FATCA reporting is correct. Conflication Instructions. Senders of Beneficiary: Decomposition Instructions. You must cross out item 2 above if the Depositor is exempt from FATCA reporting is correct. Composi	MANUFACTA				
didress of Beneficiary: SSN/EIN: Relationship:	Exemptions: See Instructions Exercerification - Under penalities of p 1. The Depositor's correct taxue 2. The Depositor's rot subject to the Internal Revenue Service (Depositor that it is no longer s 3. The Depositor is a U.S. clüzer 4. The FATCA codes(s) entered Certification Instructions. You must because the Depositor has failed to Form W-9 Instructions. Instructions to Complete as applicable - only lame of Beneficiary: Laddress of Beneficiary:	regiury, I, as authorized agent of the De oper identification number is printed be to backup withholding because: (a) the IRS) that it is subject to backup withholding, and no rother U.S. person (defined in the it on this form (if any) indicating that the tross out item 2 above if the Depos or peport all interest and dividends on to the Form W-9, including definitions, are y one beneficiary permitted if a	epositor certify that: elow (or the Depositor is exempt is olding as a result of a fi instructions); and e Depositor is exempt fi sitor has been notified the Depositor's tax reture e available upon request. SSN/EIN:	s waiting for a number to be issued), a room backup withholding, or (b) the De illure to report all interest or dividend com FATCA reporting is correct. by the IRS that the Depositor is current. Relationship	and positor has not been notified by s, or (c) the IRS has notified the ently subject to back withholding
Islame of Beneficiary: SSN/EIN: Relationship: SSN/EIN: Relationship: BUSINESS ACCOUNTS By my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Services Agreement" and the "Business Deposit Accounts Fee Schedule on behalf of the Depositor agree to the terms of each document; and (2) I/We give consent to verify my/our credit references. Ilease sign beside the Printed Name(s) only. If signature line does not have a Printed Name, then a signature is not required on that line. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications in the			SSN/EIN:	Relationship	·
ame of Beneficiary:	· 				
ddress of Beneficiary: BUSINESS ACCOUNTS By my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Services Agreement" and the "Business Deposit Accounts Fee Scher and on behalf of the Depositor agree to the terms of each document; and (2) I/We give consent to verify my/our credit references. ease sign beside the Printed Name(s) only. If signature line does not have a Printed Name, then a signature is not required on that line. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications in the					
BUSINESS ACCOUNTS By mylour signature below, I/We certify that: (1) I/We have received the "Commercial Bank Services Agreement" and the "Business Deposit Accounts Fee Scheding on behalf of the Depositor agree to the terms of each document; and (2) I/We give consent to verify mylour credit references. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications in the	•		SSN/EIN:	Relationship	;
BUSINESS ACCOUNTS By my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Services Agreement" and the "Business Deposit Accounts Fee Scheding on behalf of the Depositor agree to the terms of each document; and (2) I/We give consent to verify my/our credit references. Lease sign beside the Printed Name(s) only. If signature line does not have a Printed Name, then a signature is not required on that line. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications in the					
box above which are required to avoid backup withholding.	BUSINESS ACCOUNTS By my/our signature below, I/We and on behalf of the Depositor agree lease sign beside the Printed I The Internal Revenue Servi	ee to the terms of each document; and Name(s) only. If signature line do ice does not require your cons	d (2) I/We give consent pes not have a Printe	to verify my/our credit references.	required on that line.
58-6000670 TIN of Depositor CITY OF STONE MOUNTAL Printed Name of Depositor MAYOR BEVERLY JONES DATE		Printed Name of Depositor	MAYOR BEVER	DERLY JONES / DEN	es 4.2.2
TIN of Signer Printed Name of Signer DATE	TIN of Signor	Printed Name of Signer		/	DATE

	OWNERSHIP I	DESIGNATION		ACCOUNT OPENING DATE 07/18/2003	REVISED CARD DATE 04/02/2025
Opened/Updated By BRIGETTE	 HYRAMS	34805 Approved B	I N/A		<u> </u>
Opened/Updated By	21111011110	Approved B	y <u>14/74</u>	Branch Locati	on_0/302/0
			· · · · · · · · · · · · · · · · · · ·		
Type of ID SSID Issued	GA INV	IDENTIF	CATION	*	Date of Birth
	ssued By	ID Number	Cell Phone Number	N/A Expiration Date	none Number ()
Address as listed on ID			Sell I Holle Hallidel		one Number ()
					\
Time of ID	D. ID Nor	IDENTIFI			B
Type of ID Issued B Second Type of ID I				Expiration Date	
					hone Number ()
Address as listed on ID				Work Pf	
				Number	
		IDENTIFE.			Date of Birth
Type of ID Issued E Second Type of ID				Expiration Date	
Employer	issued By	ID Number		Expiration Date	hone Number (
Address as listed on ID					one Number ()
					(
Complete as applicable - or	nly one beneficia	ry permitted if an ent	tity.		
Name of Beneficiary:		s	SSN/EIN:	Relations	hip:
Address of Beneficiary:					
D:					
			SSN/EIN:	Relations	hip:
Address of Beneficiary:					
ID:					
		.			
Name of Beneficiary:		{		Relations	hip:
Name of Beneficiary:		{		Relations	hip:
ID: Name of Beneficiary: Address of Beneficiary:		{		Relations	hip:
Name of Beneficiary:		{		Relations	hip:
Name of Beneficiary:		{		Relations	hip:
Name of Beneficiary:		{		Relations	hip:
Name of Beneficiary:		{		Relations	hip:
Name of Beneficiary:		{		Relations	hip:
Name of Beneficiary: Address of Beneficiary: D:		{		Relations	hip:
Name of Beneficiary: Address of Beneficiary: D: BUSINESS ACCOUNTS By my/our signature below,	, I/We certify that:	: (1) I/We have receiv	ed the "Comme	rcial Bank Services Agreemer	t" and the "Business Deposit
Name of Beneficiary: Address of Beneficiary: D: BUSINESS ACCOUNTS By my/our signature below, Accounts Fee Schedule" and	, I/We certify that:	: (1) I/We have receiv	ed the "Comme		t" and the "Business Deposit
Name of Beneficiary: Address of Beneficiary: D: BUSINESS ACCOUNTS By my/our signature below, Accounts Fee Schedule" and	, I/We certify that:	: (1) I/We have receiv	ed the "Comme	rcial Bank Services Agreemer	t" and the "Business Deposit
Name of Beneficiary: Address of Beneficiary: D: BUSINESS ACCOUNTS By my/our signature below, Accounts Fee Schedule" and references.	, I/We certify that on behalf of the D	: (1) I/We have receive positor agree to the	ed the "Commer terms of each do	rcial Bank Services Agreemer ccument; and (2) I/We give co	t" and the "Business Deposit nsent to verify my/our credit
Name of Beneficiary:	, I/We certify that on behalf of the D	: (1) I/We have receive epositor agree to the	ed the "Comme terms of each do ot have a Printe	rcial Bank Services Agreemer ocument; and (2) I/We give co d Name, then a signature is n	t" and the "Business Deposit nsent to verify my/our credit ot required on that line.
Name of Beneficiary:	, I/We certify that: on behalf of the D ad Name(s) only. It	: (1) I/We have receive positor agree to the fine fine does not be signature line does not guire your consent to see the second	ed the "Comme terms of each do ot have a Printe	rcial Bank Services Agreemer ocument; and (2) I/We give co d Name, then a signature is n	t" and the "Business Deposit nsent to verify my/our credit
Name of Beneficiary:	, I/We certify that: on behalf of the D ad Name(s) only. It	: (1) I/We have receive positor agree to the fine fine does not be signature line does not guire your consent to see the second	ed the "Comme terms of each do ot have a Printe	rcial Bank Services Agreemer ocument; and (2) I/We give co d Name, then a signature is n	t" and the "Business Deposit nsent to verify my/our credit ot required on that line.
Name of Beneficiary:	, I/We certify that: on behalf of the D ad Name(s) only. It	: (1) I/We have receive positor agree to the fine fine does not be signature line does not guire your consent to see the second	ed the "Comme terms of each do ot have a Printe	rcial Bank Services Agreemer ocument; and (2) I/We give co d Name, then a signature is n	t" and the "Business Deposit nsent to verify my/our credit ot required on that line.
Address of Beneficiary: D: BUSINESS ACCOUNTS By my/our signature below, Accounts Fee Schedule" and references. Please sign beside the Printe The Internal Revenue Ser box above which are requ	, I/We certify that: on behalf of the D and Name(s) only. It rvice does not re uired to avoid bac	: (1) I/We have receive positor agree to the final signature line does not again a signature vour consent to kup withholding.	ed the "Comme terms of each do ot have a Printe	rcial Bank Services Agreemer ocument; and (2) I/We give co d Name, then a signature is n	t" and the "Business Deposit nsent to verify my/our credit ot required on that line.
Address of Beneficiary: D: BUSINESS ACCOUNTS By my/our signature below, Accounts Fee Schedule" and eferences. Please sign beside the Printe The Internal Revenue Ser box above which are requ	, I/We certify that: on behalf of the D and Name(s) only. It rvice does not re- tired to avoid bac	: (1) I/We have receive positor agree to the standard for agreement to the standard fo	ed the "Comme terms of each do ot have a Printe	rcial Bank Services Agreemer ocument; and (2) I/We give co d Name, then a signature is n	t" and the "Business Deposit nsent to verify my/our credit ot required on that line.
Address of Beneficiary: D: BUSINESS ACCOUNTS By my/our signature below, Accounts Fee Schedule" and eferences. Please sign beside the Printe The Internal Revenue Ser box above which are requ	, I/We certify that: on behalf of the D and Name(s) only. It rvice does not re uired to avoid bac	: (1) I/We have receive positor agree to the standard for agreement to the standard fo	ed the "Commerterms of each do	rcial Bank Services Agreemer ocument; and (2) I/We give co d Name, then a signature is n	t" and the "Business Deposit nsent to verify my/our credit ot required on that line.
Address of Beneficiary: Address of Beneficiary: D: BUSINESS ACCOUNTS By my/our signature below, Accounts Fee Schedule" and references. Please sign beside the Printe The Internal Revenue Ser box above which are requ	, I/We certify that: on behalf of the D and Name(s) only. It rvice does not re- tired to avoid bac	(1) I/We have receive positor agree to the fragmature line does not agree to the withholding.	ed the "Commerterms of each do	rcial Bank Services Agreemer ocument; and (2) I/We give co d Name, then a signature is n	t" and the "Business Deposit nsent to verify my/our credit ot required on that line.
Name of Beneficiary: Address of Beneficiary: D: BUSINESS ACCOUNTS By my/our signature below, Accounts Fee Schedule" and eferences. Please sign beside the Printe The Internal Revenue Serbox above which are required. N/A BE TIN of Signer	on behalf of the Ded Name(s) only. It is received to avoid back VERLY JONES	(1) I/We have receive epositor agree to the efficiency of signature line does not a signature line does not skup withholding.	ed the "Commerterms of each do	rcial Bank Services Agreemer ocument; and (2) I/We give co d Name, then a signature is n	t" and the "Business Deposit nsent to verify my/our credit ot required on that line.
Address of Beneficiary: Address of Beneficiary: D: BUSINESS ACCOUNTS By my/our signature below, Accounts Fee Schedule" and eferences. Please sign beside the Printe The Internal Revenue Ser box above which are requ	, I/We certify that: on behalf of the D and Name(s) only. It rvice does not re- tired to avoid bac	(1) I/We have receive epositor agree to the efficiency of signature line does not a signature line does not skup withholding.	ed the "Commerterms of each do	rcial Bank Services Agreemer ocument; and (2) I/We give co d Name, then a signature is n	t" and the "Business Deposit nsent to verify my/our credit ot required on that line.
Address of Beneficiary: Address of Beneficiary: D: BUSINESS ACCOUNTS BY my/our signature below, accounts Fee Schedule" and eferences. Please sign beside the Printe The Internal Revenue Serbox above which are required. N/A BE TIN of Signer	on behalf of the Ded Name(s) only. It is received to avoid back VERLY JONES	(1) I/We have receive epositor agree to the efficiency of signature line does not a signature line does not skup withholding.	ed the "Commerterms of each do	rcial Bank Services Agreemer ocument; and (2) I/We give co d Name, then a signature is n	t" and the "Business Deposit nsent to verify my/our credit of required on that line. It is an the certifications in the DATE
Name of Beneficiary: Address of Beneficiary: D: BUSINESS ACCOUNTS By mylour signature below, Accounts Fee Schedule" and references. Please sign beside the Printe The Internal Revenue Ser box above which are required. N/A BE TIN of Signer	on behalf of the Ded Name(s) only. It is received to avoid back VERLY JONES	(1) I/We have receive epositor agree to the efficiency of signature line does not a signature line does not skup withholding.	ed the "Commerterms of each do	rcial Bank Services Agreemer ocument; and (2) I/We give co d Name, then a signature is n	t" and the "Business Deposit neent to verify my/our credit of required on that line. The certifications in the DATE

	SS OF DEPOSITOR			
CITY OF STONE SPLOST II	: MOUNTAIN			
875 MAIN ST				
STONE MOUNTA	ΔIN	0.4	20002 2000	
ACCOUNT NUMBER		GA P DESIGNATION	30083-3620	DEVICED CARD DATE
ACCOUNT NOMBER	STATE	DESIGNATION	ACCOUNT OPENING DATE 02/02/2024	REVISED CARD DATE 04/02/2025
Opened/Updated By BRIC	SETTE HYRAMS 3	34805 Approved By	Branch Location	8750276
SSID	GΛ	IDENTIFICATION		
Type of ID			Expiration Date	
second Type of ID			Expiration Date	
Employer			mber () Home Pho	
Address as listed on ID		IDENTIFICATION	Work Pho	ne Number (
Гуре of ID	Issued By ID N	umber	Expiration Date	Date of Birth
Second Type of ID	Issued By	ID Number	Expiration Date	- Parameter -
			Number () Home Ph	
Address as listed on ID	-,,,,,		Work Pho	ne Number ()
Check Appropriate Box f	for Doppositor			
	•	C Corporation S Corpor	ration Partnership Trust/Est	ate Limited Liability Company
Enter the tax classi.	fication (C = C corporation , S	= S corporation, P = Partnership)	wner. Do not check LLC if the LLC is classii	ind as a single-member I I C that is
disregarded from the own	ner unless the owner of the Li	LC is another LLC that is not disregarded propriate box for the tax classification of i	I from the owner for U.S. federal tax purpose	c. Otherwise, a single-member LLC
Other (See Instruct		propriate box for the tax classification of i	is owner.	
Exemptions: See Instruc	tions Exempt Payee code (if any) Exemption from FATCA rep	orting code (if any) N/A (applies to ac	counts maintained outside the U.S.
		orized agent of the Depositor certify that		
The Depositor's cor The Depositor is no	rrect taxpayer identification of subject to backup withho	number is printed below (or the Depos Iding because: (a) the Depositor is exe	sitor is waiting for a number to be issued), empt from backup withholding, or (b) the D	and epositor has not been notified by
the Internal Revenue	e Service (IRS) that it is sub no longer subject to backup	ject to backup withholding as a result o	of a failure to report all interest or dividence	s, or (c) the IRS has notified the
3. The Depositor is a	U.S. citizen or other U.S. per	rson (defined in the instructions); and		
		ny) indicating that the Depositor is exer	• •	
		z above if the Depositor has been hot st and dividends on the Depositor's tax	lified by the IRS that the Depositor is cur return.	ently subject to back withholding
Form W-9 Instructions. In	structions to the Form W-9, in	cluding definitions, are available upon req	uest.	
Complete as applica	ble - only one benefici	ary permitted if an entity.		
lame of Beneficiary:		SSN/EIN:	Relationshi	o:
Address of Beneficiary: _				
D:				
Name of Beneficiary:		SSN/EiN:	Relationshi	o:
Address of Beneficiary: _				
D:				
			Relationshi);
lame of Beneficiary:		SSN/EIN:	Relationshl);
lame of Beneficiary:		SSN/EIN:	Relationshi	:
Name of Beneficiary: Nddress of Beneficiary: _ D:		SSN/EIN:	Relationshi):
lame of Beneficiary: Address of Beneficiary: _ D: BUSINESS ACCOL By my/our signature be	UNTS elow, I/We certify that: (1)	SSN/EIN:	Bank Services Agreement" and the "Busin	
lame of Beneficiary: Address of Beneficiary: _ D: BUSINESS ACCOL By my/our signature be	UNTS elow, I/We certify that: (1)	SSN/EIN:	Bank Services Agreement" and the "Busin	
lame of Beneficiary:	UNTS elow, I/We certify that: (1) loositor agree to the terms of	SSN/EIN: I/We have received the "Commercial B each document; and (2) I/We give con-	Bank Services Agreement" and the "Busin	ss Deposit Accounts Fee Schedule
Name of Beneficiary:	UNTS slow, I/We certify that: (1) ositor agree to the terms of Printed Name(s) only.	SSN/EIN:	Bank Services Agreement" and the "Busing sent to verify my/our credit references.	ss Deposit Accounts Fee Schedule
Name of Beneficiary:	UNTS Blow, I/We certify that: (1) toositor agree to the terms of the Printed Name(s) only.	SSN/EIN:	Bank Services Agreement" and the "Busine sent to verify my/our credit references. Printed Name, then a signature is not	ss Deposit Accounts Fee Schedule
Name of Beneficiary:	UNTS slow, I/We certify that: (1) ositor agree to the terms of Printed Name(s) only.	SSN/EIN:	Bank Services Agreement" and the "Busine sent to verify my/our credit references. Printed Name, then a signature is not	ss Deposit Accounts Fee Schedule
Name of Beneficiary:	UNTS slow, I/We certify that: (1) sositor agree to the terms of e Printed Name(s) only. sue Service does not re re required to avoid ba	I/We have received the "Commercial B each document; and (2) I/We give const signature line does not have a Pequire your consent to any procedup withholding.	Bank Services Agreement" and the "Busine sent to verify my/our credit references. Printed Name, then a signature is not	ss Deposit Accounts Fee Schedule
Name of Beneficiary:	UNTS slow, I/We certify that: (1) ositor agree to the terms of Printed Name(s) only.	I/We have received the "Commercial Be each document; and (2) I/We give confirmed in the signature line does not have a Pequire your consent to any procedup withholding.	Bank Services Agreement" and the "Busine sent to verify my/our credit references. Printed Name, then a signature is not vision of this document other than the same of the sa	ss Deposit Accounts Fee Schedule
Name of Beneficiary:	UNTS slow, I/We certify that: (1) sositor agree to the terms of e Printed Name(s) only. sue Service does not re required to avoid ba	I/We have received the "Commercial B each document; and (2) I/We give const signature line does not have a Pequire your consent to any procedup withholding.	Bank Services Agreement" and the "Busine sent to verify my/our credit references. Printed Name, then a signature is not vision of this document other than the same of the sa	ss Deposit Accounts Fee Schedule
Name of Beneficiary:	UNTS slow, I/We certify that: (1) sositor agree to the terms of e Printed Name(s) only. sue Service does not re required to avoid ba	I/We have received the "Commercial Be each document; and (2) I/We give confirmed in the signature line does not have a Pequire your consent to any procedup withholding.	Bank Services Agreement" and the "Busine sent to verify my/our credit references. Printed Name, then a signature is not vision of this document other than the same of the sa	ss Deposit Accounts Fee Schedule
Name of Beneficiary:	UNTS slow, I/We certify that: (1) sositor agree to the terms of e Printed Name(s) only. sue Service does not re required to avoid ba	I/We have received the "Commercial B leach document; and (2) I/We give constitution of the signature line does not have a Pequire your consent to any procedup withholding. E MOUNTAL MAYOR BEY	Bank Services Agreement" and the "Busine sent to verify my/our credit references. Printed Name, then a signature is not vision of this document other than the same of the sa	ss Deposit Accounts Fee Schedule

ACCOUNT NUMBER	OWNERSHIP DESIGNATE	TION	ACCOUNT OPENING 07/18/2003	DATE REVISED CARD DATE 04/02/2025
Opened/Updated By BRIGETTE	HYRAMS 34805	Approved By N/A	Branch	1 Location 8750276
· ·· · · ccip	64	IDENTIFICATION		
ype of ID 331D Issued B	y GA ID Number		Expiration Date	Date of Birth
econd Type of ID Iss				
mployer				Hame Phone Number ()
ddress as listed on ID		44	v	Vork Phone Number ()
		IDENTIFICATION		
ype of ID issued By second Type of ID .	ID Number		Expiration Date	Date of Birth
				Home Phone Number ()
Address as listed on ID				Vork Phone ()
				Number
		IDENTIFICATION		Date of Birth
ype of ID Issued By				
	,			Home Phone Number ()
www.ss as listed on ID	***************************************		· · · · · · · · · · · · · · · · · · ·	Nork Phone Number ()
Complete as applicable - on		•		
lame of Beneficiary:		SSN/EIN:	Re	lationship:
Address of Beneficiary:				
D:				
		SSN/EIN:	Re	lationship:
Address of Beneficiary:				
ID:				1
			Re	lationship:
Address of Beneficiary:				
D:				
BUSINESS ACCOUNTS				
By my/our signature below,	/We certify that: (1) I/We	have received the "Comme	rcial Bank Services Agre	ement" and the "Business Deposit
Accounts Fee Schedule" and c references.	on behalf of the Depositor a	gree to the terms of each de	ocument; and (2) I/We gi	ve consent to verify my/our credit
Please sign beside the Printed	Name(s) only. If signature	line does not have a Printe	d Name, then a signatur	e is not required on that line
box above which are requi	red to avoid backup withh	olding.	on or this document of	her than the certifications in the
		//		1
		$\alpha \mathcal{A}$	()	1
N/A BEV	EDLY IONEO	$\mathcal{A}(\mathcal{A})$		Conen de s:
TIN of Signer	ERLY JONES Printed Name	144	ner	DATE DATE
÷		- MAYOR BEVE	RLYJONES	DATE
.1/A			/	
	Printed Name		/	
N/A TIN of Signer	Printed Name			DATE
	Printed Name			DATE
N/A TIN of Signer N/A TIN of Signer	Printed Name		/	DATE

OWNERSHIP DESIGNATION ACCOUNT OPENING DATE REVISED CARD DATE	AME AND ADDRESS OF DE	EPOSITOR		•	
COLLET MILESCHICK CONTRIBUTION COUNTY OF THE COLLET CAPE OF THE COLLET CAPE OF THE COLLET CAPE OF THE COLLET CAPE OF THE CAP	ITY OF STONE MOUN	NIATN			
STONE MOUNTAIN GA 30083-3620 COULART AN MANAGEMEN STATE STATE					
OWNERSHIP DESIGNATION CCCOUNT OPENING DATE REVISED CARD DATE					
STATE O2/19/2008 O4/02/2025 SARD GARDETTE HYRAMS 34805 Approved by GARDETTE HYRAMS 34805 Appr			GA :	30083-3620	
SSID 1800 BY CA D Name of the Control of the Contro	CCOUNT NUMBER		N		
pas of D SSID Issued By GA D Namber Espiration Date Espiration Date Espiration Date Espiration Date Espiration Date Espiration Date Internal Price Number Mark Price Number	pened/Updated By BRIGETTE	HYRAMS 34805	pproved By	Branch Location	8750276
Second Type of ID	SSID Issued B	GA ID Number	IDENTIFICATION	Expiration Date	Date of Birth
Street as listed on ID Northern Description Descript					
DENTIFICATION Issued By Dentification	mployer		Cell Phone Number	() Home Pho	ne Number ()
page of ID	ddress as listed on ID				
record Type of ID			IDENTIFICATION		
Cell Phone Number (rpe of ID Issued By	ID Number		Expiration Date	Date of Birth
The control of the co	econd Type of ID Iss	sued By ID Number		Expiration Date	
The characteristic Box for Depositor Individual / Sole Proprietor / single-member LLC C Corporation S Corporation Partmership True/Estate Limited Liability Company Individual / Sole Proprietor / single-member LLC C Corporation S Corporation Partmership True/Estate Limited Liability Company Individual / Sole Proprietor Sol in this object for the scale sole of the separation of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is intergrated from the owner of the LLC is another LLC but a lot disrugated from the owner of the LLC is classified as a single-member LLC that is intergrated from the owner of the LLC is another LLC but in the straight of the owner of the LLC is another LLC but in the straight of the owner of the LLC is another LLC but in the straight of the owner of the LLC is another LLC but in the straight of the owner of the LLC is another LLC but in the straight of the owner of the LLC is another LLC but in the straight of the owner of the LLC is another LLC but in the straight of the owner of the LLC is another LLC but in the straight of the owner of the LLC is another LLC but in the straight of the owner of the LLC is another LLC but in the straight of the owner of the LLC is another LLC but in the straight of the straight o	nployer		Cell Phone Numb	er () Home Pho	ne Number ()
Individual / Sole Proprietor / Single-member LLC Corporation Partnership Trust/Estate Limited Liability Company Direct Check the apprints to be in line above for the tax disastification of the single-member comer. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner of the LLC is above for the tax classification of the single-member comer. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner wheeld check the appropriate box for the tax classification of its owner. Other (See Instructions.)	ddress as listed on ID			Work Phor	e Number ()
Individual / Sole Proprietor / single-member LLC Corporation Partnership Trust/Estate Limited Liability Company Distry the tax calisation (or Corporation, s. Parknership)					
complete as applicable - only one beneficiary permitted if an entity. ame of Beneficiary: stddress of Beneficiary: stdd	The Depositor is not subject the Internal Revenue Service to Depositor that it is no longer s. The Depositor is a U.S. citized 4. The FATCA codes(s) entered certification instructions. You must ecause the Depositor has failed to	to backup withholding because: (a) (IRS) that it is subject to backup with subject to backup withholding, and n or other U.S. person (defined in th I on this form (if any) indicating that t cross out item 2 above if the Dep to report all interest and dividends or	the Depositor is exempt hholding as a result of a li e instructions); and the Depositor is exempt i positor has been notified in the Depositor's tax returns the properties.	from backup withholding, or (b) the De allure to report all interest or dividend rom FATCA reporting is correct. by the IRS that the Depositor is curn.	positor has not been notified by s, or (c) the IRS has notified the
ame of Beneficiary: SSN/EIN: Relationship: Relationship:					
SSN/EIN:			-		
ame of Beneficiary:				Relationship	
didress of Beneficiary: SSN/EIN: Relationship:	-	,			
didress of Beneficiary: SSN/EIN: Relationship:					
ame of Beneficiary:			SSN/EIN:	Relationship	:
Assume of Beneficiary: SSN/EIN: Relationship:	• ——				
SUSINESS ACCOUNTS by my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Services Agreement" and the "Business Deposit Accounts Fee Schedul and on behalf of the Depositor agree to the terms of each document; and (2) I/We give consent to verify my/our credit references. Bease sign beside the Printed Name(s) only. If signature line does not have a Printed Name, then a signature is not required on that line. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications in the box above which are required to avoid backup withholding. B-6000670 CITY OF STONE MOUNTAL MAYOR BEVERLY ONES DATE	•				
SUSINESS ACCOUNTS by my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Services Agreement" and the "Business Deposit Accounts Fee Schedul on behalf of the Depositor agree to the terms of each document; and (2) I/We give consent to verify my/our credit references. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications in the box above which are required to avoid backup withholding. B-6000670 TIN of Depositor Printed Name of Depositor Tin of Depositor	-		SSN/EIN:	Relationship	:
BUSINESS ACCOUNTS by mylour signature below, I/We certify that: (1) I/We have received the "Commercial Bank Services Agreement" and the "Business Deposit Accounts Fee Schedund on behalf of the Depositor agree to the terms of each document; and (2) I/We give consent to verify mylour credit references. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications in the box above which are required to avoid backup withholding. B-6000670 TIN of Depositor Printed Name of Depositor Tin of Depositor				11 100	
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications in the box above which are required to avoid backup withholding. 8-6000670 TIN of Depositor Printed Name of Depositor MAYOR BEVERLY SONES DATE	<u> </u>				
ease sign beside the Printed Name(s) only. If signature line does not have a Printed Name, then a signature is not required on that line. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications in the box above which are required to avoid backup withholding. 8-6000670 TIN of Depositor Printed Name of Depositor RAYOR BEVERLY ONES TO BETT TO BE TO					
18-6000670 TIN of Depositor Printed Name of Depositor Printed Name of Depositor AAYOR BEVERLY ONES DATE					ss Deposit Accounts Fee Schedule
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications in the box above which are required to avoid backup withholding. 8-6000670 TIN of Depositor Printed Name of Depositor MAYOR BEVERLY ONES DATE	ease sign beside the Printed	Name(s) only. If signature line	does not have a Print	ed Name, then a signature is not	required on that line
8-6000670 TIN of Depositor Printed Name of Depositor Printed Name of Depositor AAYOR BEVERLY ONES DATE	The Internal Revenue Servi	ice does not require your co	nsent to any provisi		
TIN of Depositor Printed Name of Depositor MAYOR BEVERLY ONES DATE	box above which are requir	ed to avoid backup withholdi	ing.		
			A A MAYOR BEVE	sery ones	#2Q
	TIN of Signer	Printed Name of Signer		/	DATE

	OWNERSHIP DESIGNAT	TION	ACCOUNT OPENIN 02/19/2008	G DATE	REVISED CARD DATE 04/02/2025
Opened/Updated By BRIGETTE	E HYRAMS 34805	Approved By N/A	Bra	nch Location	8750276
SSID	GΔ	IDENTIFICATION			
Type of ID SSID Issued	By GA ID Number				Date of Birth
	ssued By ID Number		N/A		ie Number ()
	***************************************				Number ()
					<u> </u>
Type of ID Issued I	By ID Number	IDENTIFICATION	Expiration Date		Date of Birth
	Issued By ID Number				
					ne Number ()
Address as listed on ID				Work Phone	e (<u>)</u>
		IDENTIFICATION		Number	Date of Birth
Type of ID Issued	By ID Number		Expiration Date		
	issued By ID Number				
					ne Number ()
Address as listed on ID	 			Work Phon	e Number ()
Complete as applicable - o	nly one beneficiary permitte	ed if an entity.			
Name of Beneficiary:		SSN/EIN:		Relationship	
Address of Beneficiary:					
D:					
Name of Box -ff-i :		CONTENT		Date:	
Name of Beneficiary: Address of Beneficiary:		>>N/EIN:		rkelationship	i:
ID:	•				
Name of Beneficiary:		SSN/EIN:		Relationship	:
ID:					
ID:					
D:					
D:					
D:					
				· · ·	
BUSINESS ACCOUNTS By mylour signature below	, I/We certify that: (1) I/We	have received the "Comme	rcial Bank Services A	greement"	and the "Business Deposit
BUSINESS ACCOUNTS By my/our signature below Accounts Fee Schedule" and	, I/We certify that: (1) I/We	have received the "Comme gree to the terms of each d	rcial Bank Services A ocument; and (2) I/We	greement"	and the "Business Deposit ent to verify my/our credit
BUSINESS ACCOUNTS By my/our signature below Accounts Fee Schedule" and	, I/We certify that: (1) I/We	have received the "Comme gree to the terms of each d	rcial Bank Services A ocument; and (2) I/We	greement" e give cons	and the "Business Deposit ent to verify my/our credit
BUSINESS ACCOUNTS By my/our signature below Accounts Fee Schedule" and references.	, I/We certify that: (1) I/We lon behalf of the Depositor a	gree to the terms of each d	ocument; and (2) I/We	give cons	ent to verify my/our credit
BUSINESS ACCOUNTS By my/our signature below Accounts Fee Schedule" and references. Please sign beside the Printe The Internal Revenue Sei	I/We certify that: (1) I/We on behalf of the Depositor ago of the Deposi	gree to the terms of each d line does not have a Printer	ocument; and (2) I/We	give cons	ent to verify my/our credit
BUSINESS ACCOUNTS By my/our signature below Accounts Fee Schedule" and references. Please sign beside the Printe The Internal Revenue Sei	, I/We certify that: (1) I/We I on behalf of the Depositor a ed Name(s) only. If signature	gree to the terms of each d line does not have a Printer	ocument; and (2) I/We	give cons	ent to verify my/our credit
By my/our signature below Accounts Fee Schedule" and references. Please sign beside the Printe The Internal Revenue Sei	I/We certify that: (1) I/We on behalf of the Depositor ago of the Deposi	gree to the terms of each d line does not have a Printer	ocument; and (2) I/We	give cons	ent to verify my/our credit
BUSINESS ACCOUNTS By my/our signature below Accounts Fee Schedule" and references. Please sign beside the Printe The Internal Revenue Sei	I/We certify that: (1) I/We on behalf of the Depositor ago of the Deposi	gree to the terms of each d line does not have a Printer	ocument; and (2) I/We	give cons	ent to verify my/our credit
BUSINESS ACCOUNTS By my/our signature below Accounts Fee Schedule" and references. Please sign beside the Printe The Internal Revenue Ser box above which are requ	I/We certify that: (1) I/We on behalf of the Depositor ago of the Deposi	gree to the terms of each d line does not have a Printer	ocument; and (2) I/We	give cons	ent to verify my/our credit
BUSINESS ACCOUNTS By my/our signature below Accounts Fee Schedule" and references. Please sign beside the Printe The Internal Revenue Ser box above which are requ	IVWe certify that: (1) I/We lead to behalf of the Depositor age of the D	gree to the terms of each d line does not have a Printer	and Name, then a signal on of this document	give cons	ent to verify my/our credit
BUSINESS ACCOUNTS By my/our signature below Accounts Fee Schedule" and references. Please sign beside the Printe The Internal Revenue Ser box above which are requ	In the certify that: (1) I/We led not behalf of the Depositor age and Name(s) only. If signature the control of the certific that is a cont	line does not have a Printe r consent to any provision tolding.	and Name, then a signal on of this document	give cons	ent to verify my/our credit
BUSINESS ACCOUNTS By my/our signature below Accounts Fee Schedule" and references. Please sign beside the Printe The Internal Revenue Ser box above which are requ N/A BE TIN of Signer	, I/We certify that: (1) I/We I on behalf of the Depositor and Table 1 of the Depositor and T	line does not have a Printe r consent to any provision tolding.	and Name, then a signal on of this document	give cons	required on that line. In the certifications in the
BUSINESS ACCOUNTS By my/our signature below Accounts Fee Schedule" and references. Please sign beside the Printe The Internal Revenue Ser box above which are requ N/A TIN of Signer	In the certify that: (1) I/We led not behalf of the Depositor age and Name(s) only. If signature the control of the certific that is a cont	line does not have a Printe r consent to any provision tolding.	and Name, then a signal on of this document	give cons	ent to verify my/our credit
BUSINESS ACCOUNTS By my/our signature below Accounts Fee Schedule" and references. Please sign beside the Printe The Internal Revenue Ser box above which are requ N/A BE TIN of Signer	, I/We certify that: (1) I/We I on behalf of the Depositor and Table 1 of the Depositor and T	line does not have a Printe r consent to any provision tolding.	and Name, then a signal on of this document	give cons	required on that line. In the certifications in the
BUSINESS ACCOUNTS By my/our signature below Accounts Fee Schedule" and references. Please sign beside the Printe The Internal Revenue Ser box above which are requ N/A BE TIN of Signer	, I/We certify that: (1) I/We I on behalf of the Depositor and Table 1 of the Depositor and T	line does not have a Printe r consent to any provision tolding.	and Name, then a signal on of this document	give cons	required on that line. In the certifications in the

NAME AND ADDRESS OF DEPO	SITOR		
CITY OF STONE MOUNTA	AIN		
OWNTOWN DEVELOPM	ENT AUTHORITY		
75 MAIN ST			
TONE MOUNTAIN	GA	30083-3620	
	WNERSHIP DESIGNATION	ACCOUNT OPENIN 07/25/2018	IG DATE REVISED CARD DATE 04/02/2025
pened/Updated By BRIGETTE HY	YRAMS 34805 Approved By	y Bra	nch Location 8750276
SSID G	IDENTIFIC	CATION	
pe of ID Issued By	GA ID Number DA-17076816	Expiration Date Expiration D	Date of Birth
			Home Phone Number ()
			Work Phone Number ()
	IDENTIFIC		
pe of ID Issued By	ID Number	Expiration Date	Date of Birth
cond Type of ID Issued	By ID Number	Expiration D	pate
nployer		Cell Phone Number ()	Home Phone Number ()
ddress as listed on ID			Work Phone Number ()
hack Anomorista Pay for Dana-	A DOMESTIC AND A DOME		
heck Appropriate Box for Depositor Individual / Sole Proprietor / single	e-member LLC Corporation	S Corporation Partnership	Trust/Estate Limited Liability Company
Enter the tax classification (C = C o	corporation , S = S corporation, P = Partnersh	hip)	
lote: Check the apprpriate box in line a	above for the tax classification of the single	-member owner. Do not check LLC if the LL	C is classified as a single-member LLC that is ax purposes. Otherwise, a single-member LLC
nsregarded from the owner unless the d hat is disregarded from the owner should	d check the appropriate box for the tax class	disregarded from the owner for U.S. federal to diffication of its owner.	ax purposes. Otherwise, a single-member LLC
Other (See Instructions.)			
xemptions: See Instructions Exempt	Payee code (if any) Exemption from	FATCA reporting code (if any) N/A (ap	oplies to accounts maintained outside the U.S
ertification - Under penalities of perjui	ry, I, as authorized agent of the Depositor	r certify that:	
		r the Depositor is waiting for a number to b	
			or (b) the Depositor has not been notified by or dividends, or (c) the IRS has notified the
Depositor that it is no longer subje		as a result of a failure to report all interest (or dividends, or (c) the IRS has notified the
	other U.S. person (defined in the instruct	tions); and sitor is exempt from FATCA reporting is co	
	oss out item 2 above if the Depositor has port all interest and dividends on the Dep		itor is currently subject to back withholding
orm W-9 Instructions. Instructions to the	Form W-9, including definitions, are availab	ole upon request.	
omplete as applicable - only or	ne beneficiary permitted if an enti	itv	
	• •	SN/EIN: F	Relationship
ddress of Beneficiary:			Colorionip.
:			
ame of Beneficiary:	S	SN/EIN: F	Relationship:
Idress of Beneficiary:			
:			
ame of Beneficiary:	S:	SN/EIN: F	Relationship:
dress of Beneficiary:			
:	<u> </u>		
BUSINESS ACCOUNTS			
y my/our signature below, I/We cer		ommercial Bank Services Agreement" and t Ve give consent to verify my/our credit refer	the "Business Deposit Accounts Fee Schedul
		ot have a Printed Name, then a signature of any provision of this document	
box above which are required to	to avoid backup withholding.	, //	sie volumento in the
	\mathcal{L}	r L	
	//	LI AT	naa IAA
	F STONE MOUNTA	30 Janeay/16	ines yidik
TIN of Depositor Printe	ed Name of Depositor	OR BEVERLY JONES	DATE
	WAI		
	WAI		
TIN of Signer Prin	ted Name of Signer		DATE

ACCOUNT NUMBER	OWNERSHIP DESIGNATION STATE	ACCOUNT OPEN 07/25/2018	ING DATE	REVISED CARD DATE 04/02/2025
Opened/Updated By BRIGETTE	l		D	<u> </u>
Opened/Opdated By	Approved By 177		Branch Location	
				
Type of ID SSID Issued R	y GA ID Number DA-17076816	N Expiration Date		Date of Birth
	ued By ID Number			Date of Birth
		ne Number (N/A)		one Number ()
Type of ID Issued Bu	ID Number			Date of Birth
	sued By ID Number			
				one Number ()
			Work Pho	
			Number	
	IDENTIFICATIO			Date of Birth
	ID Number			
	sued By ID Number			one Number ()
	Cell F			
nources as listed on ID	NAME OF THE PROPERTY OF THE PR		vvork Pho	THE MULTIDEF ()
Complete as applicable - on	y one beneficiary permitted if an entity.			
Name of Beneficiary:	SSN/EI	N:	Relationsh	ip:
Address of Beneficiary:				
D:				
Name of Beneficiary:	SSN/E	IN:	_ Relationsh	ip:
Address of Beneficiary:				
ID:				
Name of Beneficiary:	SSN/E	N:	Relationshi	p:
Address of Beneficiary:				
ID:				
				
BUSINESS ACCOUNTS By my/our signature below.	/We certify that: (1) I/We have received the	e "Commercial Bank Services	: Aareement	and the "Rusiness Denosit
Accounts Fee Schedule" and o	on behalf of the Depositor agree to the terms			
references.				
Please sign beside the Printed	Name(s) only. If signature line does not have	ve a Printed Name, then a sig	nature is no	t required on that line.
The Internal Revenue Serv	ice does not require your consent to an	y provision of this docume	nt other tha	n the certifications in the
box above which are requi	red to avoid backup withholding.			
	^^	1 (1/	
	\mathcal{U}		Y	
N/A MAY	OR BEVERLY JONES	Denulis	1100	181. 4.2.0
TIN of Signer	Printed Name MAYO	R BEVERLY JONES	1 en	DATE
	IVIATO	V PEAFUE 1 20MEA	,	
N/A		10		
TIN of Signer	Printed Name			DATE
- g	··			DAIL
N/A				
TIN of Signer	Printed Name			DATE

NAME AND ADDRES	S OF DEPOSITOR			
CITY OF STONE	MOUNTAIN			
SEIZED FUNDS I	FOR HOLDING			
875 MAIN ST				
STONE MOUNTA	AIN	GA	30083-3620	
ACCOUNT NUMBER	OWNERSHIP DESIGNA	TION	ACCOUNT OPENING DA	ATE REVISED CARD DATE 04/02/25
Dansod (Indiana By BRIC	SETTE HYRAMS 34805	Approved By		8750276
Opened/Opdated By		Арргочеа ву	Branch Lo	cauon
SSID	Issued By GA ID Number	IDENTIFICATION		
Second Type of 1D	Issued By ID Number		Expiration Date	
Employer		Cell Phone N	umber () Hom	e Phone Number ()
Address as listed on ID			Work	Phone Number ()
		IDENTIFICATION		
Type of ID	Issued By ID Number		Expiration Date	Date of Birth
Second Type of ID	Issued By ID Number		Expiration Date	
Employer		Cell Phone	Number () Hom	ne Phone Number ()
Address as listed on ID			Worl	k Phone Number ()
Certification - Under pens. 1. The Depositor's cor. 2. The Depositor is no the Internal Revenue Depositor that it is no. 3. The Depositor is a 1. 4. The FATCA codes(s. Certification Instructions. because the Depositor ha. Form W-9 Instructions. Ins.		If the Depositor certify the inted below (or the Deposite): (a) the Depositor is exposited by the Depositor is exposited by the Depositor is expositor in the instructions); and that the Depositor is expositor is expositor in the Depositor is expositor in the Depositor is expositor in the Depositor in the Depositor is expositor in the Depositor in the Depositor in the Depositor is the Depositor in the Depositor	at: sitor is waiting for a number to be issuempt from backup withholding, or (b) to of a failure to report all interest or divi- mpt from FATCA reporting is correct. tified by the IRS that the Depositor is x return.	he Depositor has not been notified by dends, or (c) the IRS has notified the
lame of Beneficiary;		SSN/EIN:	Relation	nship:
Address of Beneficiary:				
D:				
Name of Beneficiary:		SSN/EIN: _	Relatio	onship:
Address of Beneficiary: _			····	144.44
D:				
lame of Repolicians		SCHIEIN!	Poloko	nehin:
	·	SSIWEIN: _	Kelatio	nship:
D:				
BUSINESS ACCOL By my/our signature be and on behalf of the Depo		ent; and (2) I/We give co	nsent to verify my/our credit references	
The Internal Revenu	ue Service does not require your	r consent to any pre	ovision of this document other	than the certifications in the
58-6000670 TIN of Depositor	e required to avoid backup withh CITY OF STONE MOUNT Printed Name of Depositor	A OF	Severy Joves	nes 4-2 &
TIN of Signer	Printed Name of Signer			DATE

PRIORE		ATION	ACCOUNT OPENING DATE	REVISED CARD DATE
DDIOCT	STATE		02/24/2017	04/02/25
Opened/Updated By BRIGET	TE HYRAMS 34805	Approved By N/A	Branch Location	8750276
		····		
		IDENTIFICATION		
Type of ID SSID Issu	ed By GA ID Number	IDENTIFICATION	Expiration Date	Date of Birth
	Issued By ID Numb			
Employer		Cell Phone Number	(N/A) Home Ph	
Address as listed on ID			Work Pho	
Type of ID Issue	d D. Morenhau	IDENTIFICATION	Expiration Date	
			Expiration Date	
			er N/A) Home Ph	
			Number	,
		IDENTIFICATION		Date of Birth
			Expiration Date	
	Issued By ID Numb		Expiration Date	
			er () Home Ph	
Address as listed on ID			Work Pho	ne Number ()
				2.0.
Complete as applicable -	only one beneficiary perm	itted if an entity.		
		-	Relationsh	in:
			- I CIGUOUSI	٠٠٠
D:				
Name of Reneficians		SSN/EINI-	Relationsh	in:
Address of Beneficiary:		SSIVEIN	relations	ib
·				
וט				
Name of Decoficies		COLUEN		
		SSN/EIN:	Relationsh	ip:
		SSN/EIN:	Relationsh	ip:
		SSN/EIN:	Relationsh	ię:
Address of Beneficiary:		SSN/EIN:	Relationsh	ip:
Address of Beneficiary:		SSN/EIN:	Relationsh	ip:
Address of Beneficiary:		SSN/EIN:	Relationsh	ip:
Address of Beneficiary:		SSN/EIN:	Relationsh	ip:
Address of Beneficiary:		SSN/EIN:	Relationsh	ip:
Address of Beneficiary:		SSN/EIN:	Relationsh	ip:
Address of Beneficiary:				
Address of Beneficiary: D: BUSINESS ACCOUNTS By my/our signature belov Accounts Fee Schedule" ar	w, I/We certify that: (1) I/W	/e have received the "Comm	Relationsh ercial Bank Services Agreement document; and (2) I/We give con	" and the "Business Deposit
Address of Beneficiary: D: BUSINESS ACCOUNTS By my/our signature belo Accounts Fee Schedule" ar	w, I/We certify that: (1) I/W	/e have received the "Comm	ercial Bank Services Agreement	" and the "Business Deposit
Address of Beneficiary: D: BUSINESS ACCOUNTS By my/our signature belov Accounts Fee Schedule" ar	w, I/We certify that: (1) I/W	/e have received the "Comm	ercial Bank Services Agreement	" and the "Business Deposit
Address of Beneficiary: D: BUSINESS ACCOUNTS By my/our signature belo Accounts Fee Schedule" ar references.	w, I/We certify that: (1) I/W d on behalf of the Depositor	e have received the "Comm" agree to the terms of each	ercial Bank Services Agreement	" and the "Business Deposit sent to verify my/our credit
Address of Beneficiary: D: BUSINESS ACCOUNTS By my/our signature belot Accounts Fee Schedule" ar references. Please sign beside the Prin	w, I/We certify that: (1) I/W nd on behalf of the Depositor	/e have received the "Comm agree to the terms of each are line does not have a Prin	ercial Bank Services Agreement document; and (2) I/We give con ted Name, then a signature is no	" and the "Business Deposit sent to verify my/our credit t required on that line.
Address of Beneficiary: D: BUSINESS ACCOUNTS By my/our signature belo Accounts Fee Schedule" ar references. Please sign beside the Prin The Internal Revenue S	w, I/We certify that: (1) I/W nd on behalf of the Depositor	e have received the "Comm agree to the terms of each are line does not have a Prin	ercial Bank Services Agreement document; and (2) I/We give con	" and the "Business Deposit sent to verify my/our credit t required on that line.
Address of Beneficiary:	w, I/We certify that: (1) I/W nd on behalf of the Depositor ted Name(s) only. If signatu	e have received the "Comm agree to the terms of each are line does not have a Prin	ercial Bank Services Agreement document; and (2) I/We give con ted Name, then a signature is no	" and the "Business Deposit sent to verify my/our credit t required on that line.
Address of Beneficiary: ID: BUSINESS ACCOUNTS By my/our signature belo Accounts Fee Schedule" ar references. Please sign beside the Prin The Internal Revenue S	w, I/We certify that: (1) I/W nd on behalf of the Depositor ted Name(s) only. If signatu	e have received the "Comm agree to the terms of each are line does not have a Prin	ercial Bank Services Agreement document; and (2) I/We give con ted Name, then a signature is no	" and the "Business Deposit sent to verify my/our credit t required on that line.
BUSINESS ACCOUNTS By my/our signature belo Accounts Fee Schedule" ar references. Please sign beside the Prin The Internal Revenue S box above which are rec	w, I/We certify that: (1) I/W Id on behalf of the Depositor ted Name(s) only. If signatu ervice does not require yo quired to avoid backup with	e have received the "Comm agree to the terms of each are line does not have a Prin	ercial Bank Services Agreement document; and (2) I/We give con ted Name, then a signature is no	" and the "Business Deposit sent to verify my/our credit t required on that line.
BUSINESS ACCOUNTS By my/our signature belo Accounts Fee Schedule" ar references. Please sign beside the Prin The Internal Revenue S box above which are rec	w, I/We certify that: (1) I/W Id on behalf of the Depositor Ited Name(s) only. If signatu Itervice does not require your of the point o	e have received the "Comm agree to the terms of each are line does not have a Prin	ercial Bank Services Agreement document; and (2) I/We give con ted Name, then a signature is no	" and the "Business Deposit sent to verify my/our credit t required on that line.
BUSINESS ACCOUNTS By my/our signature belo Accounts Fee Schedule" ar references. Please sign beside the Prin The Internal Revenue S box above which are rec	w, I/We certify that: (1) I/W Id on behalf of the Depositor ted Name(s) only. If signatu ervice does not require yo quired to avoid backup with	e have received the "Comm agree to the terms of each are line does not have a Prin	ercial Bank Services Agreement document; and (2) I/We give conted Name, then a signature is not on of this document other the	" and the "Business Deposit sent to verify my/our credit t required on that line.
BUSINESS ACCOUNTS By my/our signature belo Accounts Fee Schedule" ar references. Please sign beside the Prin The Internal Revenue S box above which are rec	w, I/We certify that: (1) I/W Id on behalf of the Depositor Ited Name(s) only. If signatu Itervice does not require your of the point o	re line does not have a Printer consent to any provisional for the lems of each are line does not have a Printer consent to any provisional for the line does not have a line	ercial Bank Services Agreement document; and (2) I/We give conted Name, then a signature is not on of this document other the	" and the "Business Deposit sent to verify my/our credit t required on that line.
BUSINESS ACCOUNTS By mylour signature belo Accounts Fee Schedule" ar references. Please sign beside the Prin The Internal Revenue S box above which are rec	w, I/We certify that: (1) I/W nd on behalf of the Depositor ited Name(s) only. If signatu ervice does not require your control of the control	re line does not have a Printer consent to any provisional for the lems of each are line does not have a Printer consent to any provisional for the line does not have a line	ercial Bank Services Agreement document; and (2) I/We give conted Name, then a signature is not on of this document other the	" and the "Business Deposit sent to verify my/our credit t required on that line.
BUSINESS ACCOUNTS BY mylour signature belove Accounts Fee Schedule" are references. Please sign beside the Printernal Revenue Sox above which are reconstance of the printernal Revenue Sox above are reconstance of	w, I/We certify that: (1) I/W Id on behalf of the Depositor Ited Name(s) only. If signatu Itervice does not require your of the point o	re line does not have a Printer consent to any provisional for the lems of each are line does not have a Printer consent to any provisional for the line does not have a line	ercial Bank Services Agreement document; and (2) I/We give conted Name, then a signature is not on of this document other the	" and the "Business Deposit sent to verify my/our credit t required on that line.
Address of Beneficiary: D: BUSINESS ACCOUNTS By mylour signature belov Accounts Fee Schedule" ar references. Please sign beside the Prin The Internal Revenue S box above which are reconstitution. N/A BI TIN of Signer	w, I/We certify that: (1) I/W nd on behalf of the Depositor ited Name(s) only. If signatu ervice does not require your control of the control	re line does not have a Printer consent to any provisional for the lems of each are line does not have a Printer consent to any provisional for the line does not have a line	ercial Bank Services Agreement document; and (2) I/We give conted Name, then a signature is not on of this document other the	" and the "Business Deposit sent to verify my/our credit trequired on that line. an the certifications in the DATE
BUSINESS ACCOUNTS By mylour signature belove Accounts Fee Schedule" arreferences. Please sign beside the Printernal Revenue State box above which are reconstituted by the signature of the signature of the Internal Revenue State of the signature of the signatur	w, I/We certify that: (1) I/W nd on behalf of the Depositor ited Name(s) only. If signatu ervice does not require your control of the control	re line does not have a Printer consent to any provisional for the lems of each are line does not have a Printer consent to any provisional for the line does not have a line	ercial Bank Services Agreement document; and (2) I/We give conted Name, then a signature is not on of this document other the	" and the "Business Deposit sent to verify my/our credit trequired on that line. an the certifications in the DATE