RESOLUTION 2025-

A RESOLUTION OF THE CITY COUNCIL OF STONE MOUNTAIN, GEORGIA, TO ENGAGE AN INDEPENDENT INVESTIGATOR TO INVESTIGATE AND REPORT ON THE RECENT INTERACTIONS BETWEEN THE MAYOR AND TRUIST BANK

WHEREAS, O.C.G.A. § 36-35-3(a) provides, in part, that the City Council shall have legislative power to adopt clearly reasonable ordinances, resolutions, or regulations relating to its property, affairs, and local government for which no provision has been made by general law and which are not inconsistent with the Constitution or any charter provision applicable thereto; and

WHEREAS, operation and management of the City's bank accounts is an administrative function under the purview of the City Manager as the chief executive and administrative officer of the City (*see City Charter*, Sec. 2.29); and

WHEREAS, the City has, for many years, maintained multiple bank accounts at Truist Bank (formerly Sun Trust Bank) (the "Bank"); and

WHEREAS, pursuant to the City Charter, Sec. 2.32(6), one of the duties of the Mayor is to sign, along with an individual so designated by majority vote of the City Council, all checks for the payment of money; and

WHEREAS, the Mayor has no authority to be the sole signer of any City checks or the designated "Authorized Representative" on the City's bank accounts (*see City Charter, Sec. 2.32(6)*); and

WHEREAS, pursuant to an email communication dated May 7, 2025, City Manager, Shawn Edmondson advised the Mayor and City Council as to concerns about interactions between Mayor, Dr. Beverly Jones, and the Bank (the "City Manager's Notice"). A true and correct copy of the City Manager's Notice, together with its original attachments, is attached hereto as Exhibit "A" and incorporated herein.

WHEREAS, the City Manager's Notice included documentation provided from the Bank, wherein it appears, based on such documentation, that on April 2, 2025, Mayor Jones engaged with the Bank and executed a "Resolution for Deposit Account" regarding all City bank accounts maintained at the Bank, representing and certifying in such resolution, that the information on such resolution is consistent with the governing documents or records of the City. *See* Exhibit "A"; and

WHEREAS, the resolution filed with the Bank, under signature of Mayor Jones, represents that Mayor Jones is the sole Authorized Representative and signer on all of the City's bank accounts, which appears to be inconsistent with, and in excess of, the authority conveyed to the Mayor by the City Charter; and

WHEREAS, based upon the City Manager's Notice and concerns that Mayor Jones acted in contravention to the City Charter and outside of her authority with respect to the financial

practices of the City, the City Council desires to engage an independent investigator to investigate the matter and report back to the City Council regarding these recent interactions between the Mayor and the Bank.

NOW THEREFORE BE IT RESOLVED by the City Council of the City of St Mountain, Georgia, this day of, 2025, as follows:	tone
1. The City Attorney is directed to finalize the proposed retention agreement with Ci Balch, Esq., which retention agreement is attached hereto and marked as Exhibit "B" ("Retention Agreement"), and to transmit the same to Mr. Balch for purposes of engagement as an independent investigator to investigate the recent interactions betwee the Mayor and the Bank and to report back to City Council according to the terms conditions set forth in the Retention Agreement.	(the his
2. The Mayor, City Council, and the City Manager shall fully cooperate with the independent investigator's requests for information related to fulfillment of his obligations under Retention Agreement.	
3. This Resolution was adopted upon a Motion to Approve being made by Council Mem which Motion was seconded by Council Member Upon a vote by City Council on the Motion, Council Members voted in favor of the Motion Council Members voted against the Motion.	the
(signature page follows)	

CITY OF STONE MOUNTAIN, GEORGIA

	Dr. Beverly Jones, Mayor
	Anita Bass, Council Member (Post 1)
	Mark Marianos, Council Member (Post 2)
	Ryan Smith, Council Member (Post 3)
	Gil Freeman, Council Member (Post 4)
	Shawnette Bryant, Council Member (Post 5)
	Teresa Crowe, Council Member (Post 6)
ATTEST:	
Shavala Ames, City Clerk	[Affix City Seal]

EXHIBIT A

From: Shawn Edmondson
To: Governing Authority_Manager

Subject: Unauthorized Bank Resolution and Signature Card Changes – Charter Violation and Corrective Actions

Date: Wednesday, May 7, 2025 8:55:00 PM
Attachments: COSM Resolution and Signature Card.px

Mayor and Council,

Good evening. I am writing to inform you of a serious matter concerning unauthorized changes made to the City's banking resolution and signature cards by Mayor Jones.

On April 2nd, Mayor Jones visited Truist Bank and executed documents to recreate the City's bank resolution, signing all signature cards and designating herself as the sole signer on City accounts. This action was taken without Council authorization or knowledge, and for over a month, these unilateral changes remained undisclosed to both the governing body and City administration.

While Truist Bank has confirmed that an authorized representative or signer can technically change a resolution unilaterally, they clarified that such actions are done at the signer's own discretion and remain bound by all applicable municipal laws and governance policies. In this case, the City Charter expressly prohibits any single elected official—including the Mayor—from independently altering the City's financial controls or modifying signatories without formal approval by the governing body.

In response to this violation, I have submitted a new, Council-compliant resolution (Fully Executed) to Truist Bank to reestablish appropriate signatory controls and safeguard the City's financial accounts. Additionally, I am actively exploring options to transition the City's accounts to a new banking institution that can better support and protect the City's financial governance framework moving forward.

This unauthorized action not only violates the Charter but also undermines the essential checks and balances designed to protect the City's fiscal integrity and public trust. I have consulted with the City Attorney's office, and we are reviewing all legal remedies to fully address and rectify this situation.

Next Steps:

- 1. The bank has been notified and is reviewing the revised resolution.
- 2. The City Attorney's office is preparing recommendations for legal and governance remedies.
- 3. I will present banking transition options to Council to ensure the City's financial security.

I will keep Council updated as we work through the legal and administrative steps necessary to resolve this matter and prevent any future recurrence.

Please contact me directly if you have any questions or need further information.



Chawn Edmondson
Shawn Edmondson, MBA
City Manager
Phone: (770) 879-4980 x123
Fax: (770) 498-8609
Email: sedmondson@stonemountaincity.org
875 Main Street
Stone Mountain, GA 30083
www.stonemountaincity.org

TRUIST RESOLUTION FOR DEPOSIT ACCOUNT

CITY OF STONE MOUNTAIN		58-6000670
Name of Entity	-1	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 below are adopted by and, are not inconsis requirements are current and have not been am I. That the Bank is designated as a	and relevant records of the Entity and of tent with the governing documents or ended or rescinded. depository institution for the Entity and	of 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 we existing or as may be amended. Any officer, agent
or employee of the Entity is authorized to endomay be in writing, by stamp or otherwise, with		instruments payable to the Entity, which endorsement dorsing.
II. That any one individual named be	elow (a "Designated Representative") is y account. Any one Designated Represe	authorized to open accounts on behalf of the Entity, to ntative may appoint others (an "Authorized Signer") to
Resignated Representative (Signature)	7 Printed Name	Title
St. Dever 4 Jones May	BEVERLY JONES	MAYOR
Entity, all checks, drafts, or other orders for particle. IV. That any one Designated Representations of the control of the c	yment, withdrawal or transfer of money sentative may appoint, remove or replace	nature card to honor, pay and charge the account of the for whatever purpose and to whomever payable. e an Authorized Signer, enter into a night depository posit box, enter into an agreement for deposit access
	rds, enter into an agreement relating to agreements regarding an account of the	foreign exchange and obtain online foreign exchange
BRIGETTE HYRAMS 34805	FOR BANK USE ONLY	04/02/2025
Prepared By 8750001		Date 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 DEPOSITOR CITY OF STONE MOUNTAIN STORM WATER UTILITY 875 MAIN ST STONE MOUNTAIN 30083-3620 GA OWNERSHIP DESIGNATION ACCOUNT OPENING DATE | REVISED CARD DATE STATE 12/02/2015 04/02/2025 Opened/Updated By BRIGETTE HYRAMS 34805 __ Branch Location 8750276 SSID Type of ID_ IDENTIFICATION _ lssued By __GA __ Expiration Date ___ ___ Date of Birth ___ Second Type of ID_ ____ Expiration Date - Issued By _____ ID Number _ Cell Phone Number () Home Phone Number (____) Employer _ Work Phone Number (_____) Address as listed on ID ___ ID Number___ Second Type of ID - [ssued By _____ ID Number _____ Expiration Date ___ Cell Phone Number () Home Phone Number () Address as listed on ID _ Check Appropriate Box for Depositor Individual / Sole Proprietor / single-member LLC C Corporation S Corporation Partnership Trust/Estate Limited Liability Company Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)
Note: Check the appropriate box in line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is a disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. Other (See Instructions.) Exemptions: See Instructions Exempt Payee code (if any) Exemption from FATCA reporting code (if any) N/A (applies to accounts maintained outside the U.S.) Certification - Under penalities of perjury, I, as authorized agent of the Depositor certify that: 1. The Depositor's correct taxpayer identification number is printed below (or the Depositor is waiting for a number to be issued), and

2. The Depositor is not subject to backup withholding because: (a) the Depositor is exempt from backup withholding, or (b) the Depositor has not been notified by
the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the
Depositor that it is no longer 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. Certification Instructions. You must cross out item 2 above if the Depositor has been notified by the IRS that the Depositor is currently subject to back withholding because the Depositor has failed to report all interest and dividends on the Depositor's tax return. Form W-9 Instructions. Instructions to the Form W-9, including definitions, are available upon request. Complete as applicable - only one beneficiary permitted if an entity. Name of Beneficiary: SSN/EIN: Relationship: Address of Beneficiary: __ Name of Beneficiary: SSN/EIN: Relationship: Address of Beneficiary: Name of Beneficiary; _ _ SSN/EIN:_ Address of Beneficiary: _ 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" 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. 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 box above which are required to avoid backup withholding. 58-6000670 CITY OF STONE MOUNTAL pener TIN of Depositor Printed Name of Depositor TIN of Signer Printed Name of Signer DATE

ACCOUNT NUMBER	OWNERSHIP DESIGNATION STATE		ACCOUNT OPENING	DATE	REVISED CARD DATE 04/02/2025
Opened/Updated By BRIGETTE		oved By N/A	Bran		
Opened/Opdated By	Аррго	ived By 1 11/2 1	Esrair	ich Location	0.00210
	ini	ENTIFICATION			
Type of ID SSID Issued	By GA ID Number	ENTIN IONION	Expiration Date		Date of Birth
	ssued By ID Number		Expiration D	ste	
					ne Number ()
Address as listed on ID				Work Phone	e Number ()
		ENTIFICATION			
	By ID Number ssued By ID Number				
					ne Number ()
ddress as listed on ID				Work Phon	
				Number	Date of Birth
ype of ID [ssued B	By ID Number	INTIFICATION	Expiration Date		Date of Batti
	ssued By ID Number				
mployer	AND THE PARTY OF T	Cell Phone Numbe	r ()	Home Pho	ne Number ()
ddress as listed on ID				Work Phon	e Number ()
omplete as applicable - or	nly one beneficiary permitted if ar	n entity.			
			F	Relationship):
·					
ame of Beneficiary:		SSN/EIN:		Relationshir	×
ddress of Beneficiary:					
D:					
ame of Beneficiary:		SSN/EIN:	F	Relationship	
ddress of Beneficiary:					
):					
USINESS ACCOUNTS v mv/our signature below.	I/We certify that: (1) I/We have re	eceived the "Comme	rcial Bank Services An	reement"	and the "Business Denosit
ccounts Fee Schedule" and eferences.	on behalf of the Depositor agree to	the terms of each d	ocument; and (2) I/We	give cons	ent to verify my/our credit
nerences.					
loans sign basids the Bristo	d Name(s) only. If signature line do	on not have a Driete	d Name they a single		and the state of t
The Internal Revenue Ser box above which are requ	vice does not require your conse ired to avoid backup withholding	ent to any provisio	n of this-document o	ther thai	n the certifications in the
		A //			
		1/0/	, 1		
I/A BE	VERLY JONES	X4X)_	all Sen	es:	4.2.20
TIN of Signer	Printed Name	MAYOR BEVE	RI JONES		DATE
-8	1 % //	ANY.			
I/A 7	Lary I More	709			
TIN of Signer	E Printed Name				DATE
	•				
/A					
TIN of Signer	Printed Name				DATE

CITY OF STONE MOUNTAIN DOWNTOWN DEVELOPMENT AUTHORITY 875 MAIN ST STONE MOUNTAIN GA 30083-3620 ACCOUNT NUMBER OWNERSHIP DESIGNATION STATE OS/11/2016 O4/02/2025 Operated Lipidated by BRIGETTE HYRAMS 34805 Approved by		OF DEPOSITOR			
STONE MOUNTAIN GA 30083-3620 ACCOUNT NUMBER OWNERSHIP DESIGNATION	CITY OF STONE M	OUNTAIN			
STONE MOUNTAIN COUNT NUMBER CWNERSHIP DESIGNATION STATE CWNERSHIP CWNERSHI	OWNTOWN DEVI	ELOPMENT AUTHORIT	Υ		
COUNT NUMBER CWERSHIP DESIGNATION STATE CWERSHIP DESIGNATION STATE ACCOUNT OPENING DATE CALLOSATION STATE COUNT OPENING DATE CALLOSATION DESIGNATION DESCRIPTION DESCRIP	75 MAIN ST				
STATE 05/11/2016 04/02/2025	STONE MOUNTAIN	١ .	GA	30083-3620	
DENTIFICATION JOSH Plane Number Cell Phone Number	ACCOUNT NUMBER		IATION		
IDENTIFICATION Date of Bith Da	BRIGE	1	A		8750276
page of D SSID Issued By ID Number DA-17076816 Expiration Date Date of Birth	penearopasied by		Approved By	Branch Cocelibr	
Cell Phone Number (ype of ID SSID	ssued By GA ID Number DA	IDENTIFICATION 1-17076816	Expiration Date	Date of Birth
Description	econd Type of ID	- Issued By ID Numb	ner	Expiration Date	
DENTIFICATION	mployer		Cell Phone No	umber () Home Pho	one Number ()
Spad of ID Issued By ID Number Expiration Date Home Phone Number ()	ddress as listed on ID			Work Pho	ne Number ()
Expiration Date Expiration Expiration Expiration Date Expiration Expiration Date Expiration Expiration Expiration Date Expiration Expirati					
Call Phone Number (ype of ID lsr	sued By ID Number		Expiration Date	Date of Birth
Check Appropriate Box for Depositor Individual / Sole Proprietor / single-member LLC C Corporation S Corporation Partnership Trus/Estate Limited Liability Companion Partnershi	econd Type of ID	- Issued By ID Numb	Der	Expiration Date	
Individual / Sole Proprietor / Single-member LLC	mployer		Cell Phone	Number () Home Ph	one Number ()
Check Appropriate Box for Depositor	ddress as listed on ID			Work Pho	ne Number ()
Individual / Sole Proprietor / single-member LLC					
Complete as applicable - only one beneficiary permitted if an entity. ame of Beneficiary: SSN/EIN: Relationship: ddress of Beneficiary: seme of Beneficiary:	the Internal Revenue Se Depositor that it is no le 3. The Depositor is a U.S. 4. The FATCA codes(s) el Certification Instructions. You	ervice (IRS) that it is subject to back onger subject to backup withholdin, citizen or other U.S. person (define ntered on this form (If any) indicatin u must cross out item 2 above if t	kup withholding as a result ig, and ed in the instructions); and ing that the Depositor is exe the Depositor has been no	of a failure to report all interest or dividend impt from FATCA reporting is correct.	is, or (c) the IRS has notified the
lame of Beneficiary: SSN/EIN: Relationship: ddress of Beneficiary: SSN/EIN: Relationship:	Form W-9 Instructions, Instru	ctions to the Form W-9, including defir	nitions, are available upon re-	quest.	
ddress of Beneficiary:	Complete as applicable	- only one beneficiary permi	itted if an entity.		
D:				Relationshi	p:
lame of Beneficiary: SSN/EIN: Relationship:					
ddress of Beneficiary: ame of Beneficiary: SSN/EIN: Relationship: ddress of Beneficiary:	D:				
ame of Beneficiary: SSN/EIN: Relationship: ddress of Beneficiary:			SSN/EIN: _	Relationshi	p:
ame of Beneficiary: SSN/EIN: Relationship:					
ddress of Beneficiary:	D:				
	ame of Reneficiacy		SSN/EIN:_	Relationshi	o:
	ame or Denencially.				
*	-				
			SSN/EIN:_	Relationshi	х
	Address of Beneficiary: D: BUSINESS ACCOUN By my/our signature below	v, I/We certify that: (1) I/We have		Bank Services Agreement" and the "Busin nsent to verify my/our credit references.	ass Deposit Accounts Fee Schedu
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.	ddress of Beneficiary: D: BUSINESS ACCOUN By my/our signature below and on behalf of the Deposit	v, I/We certify that: (1) I/We have tor agree to the terms of each document	ment; and (2) I/We give co	nsent 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	BUSINESS ACCOUN By my/our signature below and on behalf of the Deposit lease sign beside the Pr The Internal Revenue	v, I/We certify that: (1) I/We have tor agree to the terms of each docur inted Name(s) only. If signatur Service does not require yo	re line does not have a	nsent to verify my/our credit references. Printed Name, then a signature is not	required on that line.
	BUSINESS ACCOUN By my/our signature below and on behalf of the Deposit lease sign beside the Pr The Internal Revenue	v, I/We certify that: (1) I/We have tor agree to the terms of each docur inted Name(s) only. If signatur Service does not require yo	re line does not have a	nsent to verify my/our credit references. Printed Name, then a signature is not	required on that line.
box above which are required to avoid backup withholding.	BUSINESS ACCOUN By my/our signature below and on behalf of the Deposit flease sign beside the Pr The Internal Revenue box above which are re	v, I/We certify that: (1) I/We have to agree to the terms of each docur inted Name(s) only. If signatur Service does not require yo required to avoid backup with	ment; and (2) I/We give correline does not have a our consent to any pro- hholding.	nsent to verify my/our credit references. Printed Name, then a signature is not ovision of this document other that	required on that line. In the certifications in the
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 ACCOUN By my/our signature below and on behalf of the Deposit lease sign beside the Pr The Internal Revenue box above which are r	w, I/We certify that: (1) I/We have to agree to the terms of each documented Name(s) only. If signature some consideration of the service does not require your required to avoid backup with the service of the service	ment; and (2) I/We give correline does not have a our consent to any pro- hholding.	nsent to verify my/our credit references. Printed Name, then a signature is not ovision of this document other that	required on that line. n the certifications in the

STATE 05/11/2016 04/02/2025	
IDENTIFICATION IDEN	
Issued By GA ID Number DA-17076816 Expiration Date Date of Birth	
Issued By GA ID Number DA-17076816 Expiration Date Date of Birth	
Expiration Date Expiration	
Cell Phone Number (NA)	
IDENTIFICATION	
IDENTIFICATION	
Type of ID	
Cell Phone Number Name N	
Mork Phone	
Number Number	
Fype of ID Issued By ID Number Expiration Date	
Expiration Date Expiration Date Expiration Date Expiration Date Ex	
Employer	
Address as listed on ID Work Phone Number ()	
Complete as applicable - only one beneficiary permitted if an entity.	
Name of Beneficiary: SSN/EIN: Relationship:	
Address of Beneficiary:	
D:	
Name of Beneficiary: SSN/EIN: Relationship:	
Address of Beneficiary:	
ID:	
Name of Beneficiary: SSN/EIN: Relationship:	
Address of Beneficiary:	
D:	
BUSINESS ACCOUNTS By my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Services Agreement" and the "Business Di	enosit
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 of	credit
eferences.	
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
box above which are required to avoid backup withholding.	
h = 1	
	100
N/A MAYOR BEVERLY JONES WATERS AMES 4	·d'L
TIN of Signer Printed Name MAYOR BEVERLY JONES DAT	TE
THE SEVENCE OF THE SE	
N/A	
TIN of Signer Printed Name DAT	TE
	-
N/A	
TIN of Signer Printed Name DAT	

NAME AND ADDRESS	OF DEPOSITOR				
CITY OF STONE M	IOUNTAIN				
ARPA FUND 12					
875 MAIN ST					
STONE MOUNTAIN	N	GA	30083-3620		
ACCOUNT NUMBER	OWNERSHIP DESIG	GNATION	ACCOUNT OPEN 08/24/2021		ED CARD DATE /2025
Dpened/Updated By BRIGE	TTE HYRAMS 34805	Approved By		Branch Location 87502	276
SSID		IDENTIFICATION			
Type of ID I	Issued By GA ID Number _		Expiration Date	Date of Birt	th
Second Type of ID	- Issued By ID No	umber	Expiration	on Date	
Employer		Cell Phone N	lumber ()	Home Phone Number	()
Address as listed on ID		IDENTIFICATION		Work Phone Number	()
	ssued By ID Number				
	Issued By ID No				
Employer		Cell Phone	a Number ()	Home Phone Number	()
Address as listed on ID				Work Phone Number	()
Enter the tex classifica Note: Check the apprpriate i disregarded from the owner that is disregarded from the Corter (See Instruction Certification - Under penalit 1. The Depositor's correc 2. The Depositor's correc 2. The Depositor's correc 3. The Depositor is not si the Internal Revenue Si Depositor that it is no 1 3. The Depositor is a U.S 4. The FATCA codes(s) e Certification Instructions. Yo because the Depositor has i Form W-9 Instructions. Instru Complete as applicable Name of Beneficiary: D: Name of Beneficiary:	ietor / single-member LLC ition (C = C corporation , S = S corp box in line above for the tax classi unless the owner of the LLC is and owner should check the appropriate	poration, P = Partnership) ification of the single-member of other LLC that is not disregards a box for the tax classification of the Depositor for the Depositor certify the ris printed below (or the Depositor serving the Depositor is exactup withholding as a reackup withholding as a reackup withholding as a reackup withholding as a result of the Depositor is existed that the Depositor is existed that the Depositor is existed that the Depositor has been now if the Depositor has been now if the Depositor is existed that the Depositor is and definitions, are available upon remitted if an entity. SSN/EIN: SSN/EIN:	owner. Do not check LLC if the of from the owner for U.S. feder its owner. porting code (if any) N/A at: positor is waiting for a number cempt from backup withholdin to fa failure to report all interest and the owner. I empt from FATCA reporting is officed by the IRS that the Deix return.	LLC is classified as a sinal tax purposes. Otherwi- (applies to accounts mate to be issued), and g, or (b) the Depositor hest or dividends, or (c) the correct. positor is currently sub-	ngle-member LLC that is so, a single-member LLC that is so, as not been notified by se IRS has notified the lect to back withholding
D:		_			
lame of Beneficians		CONVERT		Palationahia	
lame of Beneficiary:		SSN/EIN:_		Relationship:	
D:					
and on behalf of the Deposi Please sign beside the Pr The Internal Revenue box above which are	w, I/We certify that: (1) I/We hat tor agree to the terms of each do rinted Name(s) only. If signal Service does not require required to avoid backup w	ocument; and (2) I/We give construe line does not have a your consent to any provide holding.	Printed Name, then a sign	eferences. nature is not required	on that line.
TIN of Depositor	Printed Name of Depositor Printed Name of Signer	. (/->/4	EVERLY JONES	FRIS	DATE
int of digital	r mad reme or algrer				DATE

Description	ACCOUNT NUMBER	OWNERSHIP DESIGNATI	ION	ACCOUNT OPENING DA 08/24/2021	ATE REVISED CARD I 04/02/2025	DATE
SSID	Opened/Updated By BRIGETTE	HYRAMS 34805	Approved By N/A	Branch L	ocation 8750276	
por of D SSID based by D Namber Equipment of Date of Birth SSID based by D Namber Equipment (D Namber Equipment Date Equipment Date Date of Birth States a Read on 10 Description Date Descriptio						
Cell Picce Name of December 1			IDENTIFICATION			
Cost Proces Number Cost Proces Number Cost Proces Number Cost Proces Number Cost of Sire	pe of ID SSID Issued	By GA ID Number		Expiration Date	Date of Birth	
Description of Description Date Date of British Da	econd Type of ID Is	sued By ID Number _		Expiration Date _		
DEHTFICATION DEMONSTRATE Description	mployer		Cell Phone Number	(N/A) Ho	me Phone Number ()	
pos of 0 stated by 10 Number Expiration Date Stated By 10 Number Coll Prove Number NVA Note Prove Number () Stated By 10 Number Coll Prove Number NVA Note Prove Number () Stated By 10 Number Coll Prove Number NVA Note Prove Number () Stated By 10 Number Coll Prove Number Number () Stated By 10 Number Coll Prove Number () S	ddress as listed on ID			Wo	rk Phone Number ()	
Secretary Secr			IDENTIFICATION			
Services College Process College Col						
Description Date Color Report	cond Type of ID Is	ssued By ID Number _		Expiration Date _		
DEMITICATION DESCRIPTION DATE Date Date Date Date Date Date Date	nployer		Cell Phone Numbe	г N/ <u>A</u>) но	me Phone Number ()	
DEMINICATION Issued By ID Number Expiration Date Expiration Date	dress as listed on ID				rk Phone ()	
pe of ID Issued By ID Number Expiration Date Cost Type of ID Issued By ID Number Expiration Date Expiration Date Cost Type of ID Issued By ID Number Expiration Date Expiration Date Cost Type of ID Issued By ID Number Expiration Date Expiration Date Cost Type of ID Issued By ID Number Expiration Date Complete as applicable - only one beneficiary permitted if an entity. Complete as applicable - only one beneficiary permitted if an entity. Cost Phone Number (I) Work Prince Number (II) Complete as applicable - only one beneficiary permitted if an entity. Complete as applicable - only one beneficiary permitted if an entity. Complete as applicable - only one beneficiary permitted if an entity. Complete as applicable - only one beneficiary permitted if an entity. Complete as applicable - only one beneficiary permitted if an entity. Complete as applicable - only one beneficiary permitted if an entity. Complete as applicable - only one beneficiary permitted if an entity. Complete as applicable - only one beneficiary permitted if an entity. Complete as applicable - only one beneficiary permitted if an entity. Complete as applicable - only one beneficiary permitted if an entity. Complete as applicable - only one beneficiary permitted if an entity. Complete as applicable - only one beneficiary permitted if an entity. Complete as applicable - only one beneficiary permitted if an entity. Complete as applicable - only one beneficiary. Complete			IDENTIFICATION			
Cell Phone Number Expiration Date	pe of ID Issued 8	ly ID Number		Expiration Date		
dees as listed on ID						
complete as applicable - only one beneficiary permitted if an entity. ame of Beneficiary: SSN/EIN: SSN/EIN: Relationship: Address of Beneficiary: SSN/EIN: Relationship: Relationship: Address of Beneficiary: SSN/EIN: Relationship: Relationship: Address of Beneficiary: SSN/EIN: Relationship: SSN/EIN: Relationship: SSN/EIN: Relationship: Address of Beneficiary: SSN/EIN: Relationship: SSN/EIN: Relationship: SSN/EIN: Relationship: Address of Beneficiary: SSN/EIN: Relationship: SSN/EIN: Relationship: Relationship: SSN/EIN: Relationship: Address of Beneficiary: SSN/EIN: Relationship: Relationship: SSN/EIN: Relationship: SSN/EIN: Relationship: Address of Beneficiary: SSN/EIN: Relationship: Address of Beneficiary: SSN/EIN: Relationship: Address of Beneficiary: SSN/EIN: Relationship: Relationship: Address of Beneficiary: SSN/EIN: Relationship: Address of Beneficiary: Relationship: Address of Beneficiary: SSN/EIN: Relationship: Relationship: Address of Beneficiary: Relationship: Address of Beneficiary: Relationship: Relationship: Relationship: Relationship: Relationship: Relationship: Relationship: Address of Beneficiary: Relationship: Relationship: Relationship: Address of Beneficiary: Relationship: Relationship: Address of Beneficiary: Relationship: Relationship: Address of Beneficiary: Relationship: Address of Beneficiary: Relationship: Relationship: Address of Beneficiary: Address o						
Complete as applicable - only one beneficiary permitted if an entity. ame of Beneficiary: SSNEIN: SSNEIN: Relationship: Ame of Beneficiary: SSNEIN: SSNEIN: Relationship: Relationship: Ame of Beneficiary: SSNEIN: SSNEIN: Relationship: SSNEIN: Relationship: Ame of Beneficiary: SSNEIN: SSNEIN: Relationship: SSNEIN: SSNEIN: Relationship: Relationship: Relationship: Relationship: Relationship: Relationship: Rela	fdress as listed on ID			Wo	ork Phone Number ()	
complete as applicable - only one beneficiary permitted if an entity. ame of Beneficiary: SSNEIN: SSNEIN: Relationship: Commercial Bank Services Agreement and the "Business Depositionators of Beneficiary: SSNEIN: SSNEIN: Relationship: Relationship: SSNEIN: Re						
Isiness ACCOUNTS Imme of Beneficiary: SSN/EIN: SSN/EIN: Relationship: Indiess of Beneficiary: SSN/EIN: Relationship: Re						
driess of Beneficiary: Sentence Sentenc		-	•		tionahin	
Isiness of Beneficiary: Sentence Senten				Rela	ucrisnip:	
me of Beneficiary:						
ISINESS ACCOUNTS Immediately Services of Beneficiary: SSN/EIN: Relationship: Relationship						
ISINESS ACCOUNTS Immediately: SSN/EIN: Relationship: Rela	ome of Beneficiany		SSN/EIN:	Dola	tionehin:	
Interest of Beneficiary: SSN/EIN:			OOIVERY,	reia	нопъпр.	
Ideas of Beneficiary: SSN/EIN: Relationship: Relationship	-					
USINESS ACCOUNTS by my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Services Agreement" and the "Business Deposition counts 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 credit ferences. 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. JAA TIN of Signer Printed Name DATE);					
USINESS ACCOUNTS by my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Services Agreement" and the "Business Deposition counts 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 credit ferences. 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. JAA TIN of Signer Printed Name DATE	ome of Beneficians		SCN/EIN:	Polei	tionabia	
USINESS ACCOUNTS If my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Services Agreement" and the "Business Deposite counts 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 credit derences. It is interest to be 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. IVA TIN of Signer BEVERLY JONES Printed Name DATE				- P(e)al	tionship:	
USINESS ACCOUNTS by my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Services Agreement" and the "Business Deposite counts 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 credit ferences. Idease 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. In 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. Ida Till of Signer Printed Name DATE	dress of belieficiary.					
USINESS ACCOUNTS by my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Services Agreement" and the "Business Deposite cooping for a signature below, I/We give consent to verify my/our credit references. Idease 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. I/A TIN of Signer Printed Name Printed Name DATE						
y my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Services Agreement" and the "Business Deposit counts 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 credit afterences. 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 box above which are required to avoid backup withholding. WA TIN of Signer Printed Name Printed Name DATE MAYOR BEVERLY JONES DATE):					
y my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Services Agreement" and the "Business Deposito counts 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 credit efferences. Justification Justificatio						
y my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Services Agreement" and the "Business Deposit counts 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 credit sterences. Idease 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. I/A						
y my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Services Agreement" and the "Business Depositor counts 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 credit references. Justification Justificati						
y my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Services Agreement" and the "Business Deposition of the Susiness Deposition of the Deposition agree to the terms of each document; and (2) I/We give consent to verify my/our credit ferences. 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. LA TIN of Signer Printed Name BEVERLY JONES MAYOR BEVERLY JONES MAYOR BEVERLY JONES DATE DATE						
y my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Services Agreement" and the "Business Depositor counts 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 credit references. Justification Justificati	IISINESS ACCOUNTS					
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. I/A TIN of Signer Printed Name DATE	y my/our signature below,					
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. I/A		on behalf of the Depositor aga	ree to the terms of each d	ocument; and (2) I/We give	e consent to verify my/our	credit
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. A						
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. A						-
I/A BEVERLY JONES MAYOR BEVERLY JONES MAYOR BEVERLY JONES DATE I/A TIN of Signer Printed Name DATE	lease sign beside the Printer	d Name(s) only. If signature I	ine does not have a Printe	ed Name, then a signature	is not required on that line	a.
TIN of Signer Printed Name MAYOR BEVERLY JONES DATE MAYOR BEVERLY JONES DATE MAYOR BEVERLY JONES DATE DATE	The Internal Revenue Ser	vice does not require your	consent to any provision	n of this document other	er than the certifications	in the
TIN of Signer Printed Name MAYOR BEVERLY JONES DATE /A TIN of Signer Printed Name DATE	oox above which are requ	red to avoid backup within	numy, ,	//		
TIN of Signer Printed Name MAYOR BEVERLY JONES DATE MAYOR SEVERLY JONES DATE MAYOR SIGNER DATE			$\alpha \prec$			
TIN of Signer Printed Name MAYOR BEVERLY JONES DATE M/A TIN of Signer Printed Name DATE) . /		
MAYOR BEVERLY JONES I/A TIN of Signer Printed Name DATE			_ W YOU	self 18	Kes 4.	2.2
TIN of Signer Printed Name DATE	TIN of Signer	Printed Name	MAYOR BEVE	RLY JONES	D/	ATE
TIN of Signer Printed Name DATE			•	,		
//A	/A					
	TIN of Signer	Printed Name	_		DA	ATE
	//					
	/A TIN of Signer	Printed Name		TANKE AU		-

CITY OF STONE MOUN				1
	NTAIN			
PAYROLL ACCT				
375 MAIN ST				
STONE MOUNTAIN		GA	30083-3620	
ACCOUNT NUMBER	OWNERSHIP DESIGNA	TION	ACCOUNT OPENING DATE 04/18/2007	REVISED CARD DATE
pened/Updated By BRIGETTE	HYRAMS 34805	Approved By		8750276
2015		IDENTIFICATION		
			Expiration Date	
econd Type of ID Issu			Expiration Date	
	A-ta		mber () Home Ph	
dress as listed on ID		IDENTIFICATION	Work Pho	ne Number
pe of ID Issued By	ID Number		Expiration Date	Date of Birth
econd Type of IDiss			Expiration Date	
nployer			Number () Home Pi	
ddress as listed on ID				one Number ()
			- Taki is	
ertification - Under penalities of p. 1. The Depositor's correct taxpa. 2. The Depositor is not subject the Internal Revenue Service (Depositor that it is no longer s. 3. The Depositor is a U.S. citizer 4. The FATCA codes(s) entered ertification Instructions. You must acause the Depositor has failed to	mpt Payee code (if any) Experiency, I, as authorized agent of the proper lentification number is proceed to backup withholding because (IRS) that it is subject to backup withholding, or other U.S. person (deformed on this form (if any) indicating tross out item 2 above if the	xemption from FATCA repo of the Depositor certify that inted below (or the Depos e: (a) the Depositor is exer p withholding as a result t and in the instructions); and that the Depositor is exen e Depositor has been not inds on the Depositor's tax	orting code (if any) N/A (applies to at it: Itor is waiting for a number to be issued), mpt from backup withholding, or (b) the it of a failure to report all interest or dividen and from FATCA reporting is correct. Iffed by the IRS that the Depositor is cureturn.	and lepositor has not been notified by ds, or (c) the IRS has notified the
	y one beneficiary permitt	ted if an entity.		
omplete as applicable - onl		•	Relationsh	ρ:
omplete as applicable - only		•	Relationsh	p:
omplete as applicable - only ame of Beneficiary: Iddress of Beneficiary:		•	Relationsh	p:
omplete as applicable - only ame of Beneficiary: ddress of Beneficiary: :		SSN/EIN:	Relationsh Relationsh	
omplete as applicable - only ame of Beneficiary: ddress of Beneficiary: ame of Beneficiary:		SSN/EIN:		
omplete as applicable - only ame of Beneficiary: ddress of Beneficiary: ame of Beneficiary: ddress of Beneficiary:		SSN/EIN:		
omplete as applicable - only ame of Beneficiary: ddress of Beneficiary: ame of Beneficiary: ddress of Beneficiary:		SSN/EIN:	Relationsh	p:
omplete as applicable - only ame of Beneficiary: ddress of Beneficiary: ame of Beneficiary: ddress of Beneficiary: ame of Beneficiary:		SSN/EIN:		p:
omplete as applicable - only ame of Beneficiary: ddress of Beneficiary: ame of Beneficiary: ddress of Beneficiary: ddress of Beneficiary: ddress of Beneficiary:		SSN/EIN:	Relationsh	p:
complete as applicable - only ame of Beneficiary: ddress of Beneficiary: ame of Beneficiary: ddress of Beneficiary: ddress of Beneficiary: ddress of Beneficiary: ddress of Beneficiary:		SSN/EIN:	Relationsh	p:
omplete as applicable - only ame of Beneficiary: ddress of Beneficiary: ame of Beneficiary: ddress of Beneficiary: ddress of Beneficiary: ddress of Beneficiary: BUSINESS ACCOUNTS		SSN/EIN:	Relationsh Relationsh	p:
omplete as applicable - only ame of Beneficiary: ddress of Beneficiary: ame of Beneficiary: ddress of Beneficiary: ddress of Beneficiary: ddress of Beneficiary: sume of Beneficiary: ddress of Beneficiary:	certify that: (1) I/We have re	SSN/EIN:	Relationsh	p:
omplete as applicable - only ame of Beneficiary: ddress of Beneficiary:	certify that: (1) I/We have re se to the terms of each docum	SSN/EIN: SSN/EIN: SSN/EIN: SSN/EIN:	Relationsh Relationsh Relationsh	p: _
omplete as applicable - only ame of Beneficiary: didress of Beneficiary: ame of Beneficiary: didress of Beneficiary: didress of Beneficiary: didress of Beneficiary: unre of Beneficiary: didress of Beneficiary: did	certify that: (1) I/We have re to the terms of each docume Name(s) only. If signature fice does not require you.	SSN/EIN:	Relationsh Relationshi Relationshi ank Services Agreement" and the "Busin sent to verify my/our credit references.	p: ps Deposit Accounts Fee Schedule required on that line.
omplete as applicable - only ame of Beneficiary: didress of Beneficiary: didre	certify that: (1) I/We have re to the terms of each docume Name(s) only. If signature fice does not require you.	SSN/EIN:	Relationsh Relationsh Relationsh ank Services Agreement" and the "Busin sent to verify my/our credit references.	p: ps Deposit Accounts Fee Schedule required on that line.

	STATE	GNATION	04/18/2007	3 DATE	REVISED CARD DATE 04/02/2025
Opened/Updated By BRIGETTE	E HYRAMS 3480	05 Approved By N/A	Bra	nch Location	8750276
					·
SSID	GA	IDENTIFICATION			
pe of ID OOID Issued	By OA ID Number _				
cond Type of ID	Issued By ID No	Cell Phone Number			- Northern Co.
		Cell Phone Number			
ruless as listed on 10				_ work Friding	Number ()
		IDENTIFICATION			
		umber			
ployer					e Number ()
dress as listed on ID					
		4		Number	1
		IDENTIFICATION			Date of Birth
		umber			
nployer			-	_	e Number ()
dress as listed on ID	·			Work Phone	Number ()
omplete as applicable - o	only one beneficiary pe	rmitted if an entity.			
ame of Beneficiary:		SSN/EIN:		Relationship	
dress of Beneficiary:					THE A
		_			
		SSN/EIN:		Relationship	
ddress of Beneficiary:					
D:					
				Relationebio	
				veiationship	
				veiationship	
				verationship	, , , , , , , , , , , , , , , , , , ,
ddress of Beneficiary:				relationship	
ame of Beneficiary:				relationship	
ddress of Beneficiary:				relations in p	
ddress of Beneficiary:				relations in p	
ddress of Beneficiary:				relational ip	
ddress of Beneficiary:				Neistorising	
ddress of Beneficiary: : : : : : : : : : : : : : : : : : :	v, I/We certify that: (1)		ercial Bank Services A	greement"	
dress of Beneficiary: USINESS ACCOUNTS by my/our signature below	v, I/We certify that: (1)	_	ercial Bank Services A	greement"	
Idress of Beneficiary: USINESS ACCOUNTS Ty my/our signature below 200unts Fee Schedule* and	v, I/We certify that: (1)		ercial Bank Services A	greement"	
USINESS.ACCOUNTS by my/our signature below coounts Fee Schedule* and ferences.	v, I/We certify that: (1) d on behalf of the Depos	I/We have received the "Commo iltor agree to the terms of each o	ercial Bank Services A ocument; and (2) I/We	greement". give consi	ent to verify my/our credit
USINESS ACCOUNTS y my/our signature below counts Fee Schedule" and ferences.	v, I/We certify that: (1) d on behalf of the Depos ed Name(s) only. If sign	I/We have received the "Commition agree to the terms of each of each of the terms of the terms of the terms of each of the terms of the terms of each of the terms	ercial Bank Services A ocument; and (2) I/We ad Name, then a signa	greement", give consi	ent to verify my/our credit
USINESS ACCOUNTS y mylour signature below coounts Fee Schedule" and ferences.	v, I/We certify that: (1) d on behalf of the Depos ed Name(s) only. If sign	I/We have received the "Comme illor agree to the terms of each detailed and the important to any provision of the important to any provision o	ercial Bank Services A ocument; and (2) I/We ad Name, then a signa	greement", give consi	ent to verify my/our credit
USINESS.ACCOUNTS y my/our signature below ccounts Fee Schedule" and ferences.	v, I/We certify that: (1) d on behalf of the Depos ed Name(s) only. If sign	I/We have received the "Comme illor agree to the terms of each detailed and the important to any provision of the important to any provision o	ercial Bank Services A ocument; and (2) I/We ad Name, then a signa	greement", give consi	ent to verify my/our credit
USINESS.ACCOUNTS y my/our signature below ccounts Fee Schedule" and ferences.	v, I/We certify that: (1) d on behalf of the Depos ed Name(s) only. If sign	I/We have received the "Comme illor agree to the terms of each detailed and the important to any provision of the important to any provision o	ercial Bank Services A ocument; and (2) I/We ad Name, then a signa	greement", give consi	ent to verify my/our credit
USINESS.ACCOUNTS y my/our signature below coounts Fee Schedule* and ferences. lease sign beside the Printe The Internal Revenue Se box above which are requ	ed Name(s) only. If sign	I/We have received the "Comme illor agree to the terms of each detailed and the important to any provision of the important to any provision o	ercial Bank Services A ocument; and (2) I/We ad Name, then a signa	greement", give consi	ent to verify my/our credit
USINESS ACCOUNTS by my/our signature below counts Fee Schedule* and ferences. lease sign beside the Printe The Internal Revenue Se box above which are requ	ed Name(s) only. If sign carrice does not require uired to avoid backup	I/We have received the "Comme illor agree to the terms of each detailed and the important to any provision of the important to any provision o	ercial Bank Services A ocument; and (2) I/We ad Name, then a signa	greement", give consi	ent to verify my/our credit
USINESS ACCOUNTS by my/our signature below counts Fee Schedule* and ferences. ease sign beside the Printe The Internal Revenue Se box above which are requ	ed Name(s) only. If sign	I/We have received the "Comme illor agree to the terms of each detailed and the important to any provision of the important to any provision o	ercial Bank Services A ocument; and (2) I/We ad Name, then a signa	greement", give consi	ent to verify my/our credit
USINESS ACCOUNTS y mylour signature below counts Fee Schedule" and ferences. lease sign beside the Printe The Internal Revenue Se, box above which are requ	ed Name(s) only. If sign carrice does not require uired to avoid backup	I/We have received the "Comme illor agree to the terms of each detailed and the important to any provision of the important to any provision o	ercial Bank Services A ocument; and (2) I/We ad Name, then a signa	greement", give consi	ent to verify my/our credit
USINESS ACCOUNTS y my/our signature below counts Fee Schedule" and ferences. Lease sign beside the Printe The Internal Revenue Se, box above which are requ LIA BE TIN of Signer	ed Name(s) only. If sign ervice does not require uired to avoid backup	I/We have received the "Comme illor agree to the terms of each detailed and the important to any provision of the important to any provision o	ercial Bank Services A ocument; and (2) I/We ad Name, then a signa	greement", give consi	required on that line. In the certifications in the
USINESS ACCOUNTS y my/our signature below counts Fee Schedule" and ferences. Lease sign beside the Printe the Internal Revenue Se box above which are requ I/A BE TIN of Signer	ed Name(s) only. If sign carrice does not require uired to avoid backup	I/We have received the "Comme illor agree to the terms of each detailed and the important to any provision of the important to any provision o	ercial Bank Services A ocument; and (2) I/We ad Name, then a signa	greement", give consi	ent to verify my/our credit
USINESS ACCOUNTS y my/our signature below counts Fee Schedule" and ferences. Lease sign beside the Printe The Internal Revenue Se, box above which are requ LIA BE TIN of Signer	ed Name(s) only. If sign ervice does not require uired to avoid backup	I/We have received the "Comme illor agree to the terms of each detailed and the important to any provision of the important to any provision o	ercial Bank Services A ocument; and (2) I/We ad Name, then a signa	greement", give consi	required on that line. In the certifications in the
USINESS ACCOUNTS by mylour signature below coounts Fee Schedule" and eferences. Ilease sign beside the Printe The Internal Revenue Se, box above which are requ I/A BE TIN of Signer	ed Name(s) only. If sign ervice does not require uired to avoid backup	I/We have received the "Comme illor agree to the terms of each detailed and the important to any provision of the important to any provision o	ercial Bank Services A ocument; and (2) I/We ad Name, then a signa	greement", give consi	required on that line. In the certifications in the

NAME AND ADDRESS OF D	DEPOSITOR	OKE CARD GEORG		
CITY OF STONE MOL	JNTAIN			
SEIZED FUNDS FOR I	HOLDING			
875 MAIN ST				
STONE MOUNTAIN		GA :	30083-3620	
ACCOUNT NUMBER	OWNERSHIP DESIGNAT	TION	ACCOUNT OPENING DATE	REVISED CARD DATE
	STATE		02/24/2017	04/02/25
Opened/Updated By BRIGETT	E HYRAMS 34805	Approved By	Branch Location	8750276
SSID	GA IDALIANS	IDENTIFICATION	Expiration Date	0.1(0.4)
			Expiration Date	
			() Home Pho	
Address as listed on ID			Work Phor	
		IDENTIFICATION		
Type of IDIssued i	By ID Number		Expiration Date	Date of Birth
			Expiration Date	
			per () Home Pho	
Address as listed on ID			Work Pho	ne Number ()
Enter the tax classification (Note: Check the apprpriate box in disregarded from the owner unless	/ single-member LLC C Corporation C = C corporation , S = S corporation I line above for the tax classification	n, P = Partnership) n of the single-member owner. LC that is not disregarded fron	Do not check LLC if the LLC is classifi the owner for U.S. federal tax purposes	ied as a single-member LLC that is
Other (See Instructions.)			g code (if any) N/A (applies to ac	
Certification - Under penalities of 1. The Depositor's correct tax; 2. The Depositor is not subjecthe Internal Revenue Service Depositor that it is no longer	f perjury, I, as authorized agent of payer identification number is print to backup withholding because: e (IRS) that it is subject to backup r subject to backup withholding, a	the Depositor certify that: nted below (or the Depositor i : (a) the Depositor is exempt withholding as a result of a f	is waiting for a number to be issued), from backup withholding, or (b) the Do ailure to report all interest or dividend	and apositor has not been notified by
4. The FATCA codes(s) entere	ten or other U.S. person (defined in ad on this form (if any) indicating t	that the Depositor is exempt i		
	ist cross out item 2 above if the I to report all interest and dividend		by the IRS that the Depositor is curi m.	rently subject to back withholding
Form W-9 Instructions. Instructions	s to the Form W-9, including definitio	ons, are available upon request.		
Complete as applicable - or	nly one beneficiary permitte	ed if an entity.		
Name of Beneficiary:		SSN/EIN:	Relationship	o:
Address of Beneficiary:		***********		
ID:				
Name of Beneficiary:		SSN/EIN:	Relationship	χ
Address of Beneficiary:				
ID:				
Name of Beneficiary:		SSMEIN:	Relationship	
Address of Beneficiary:	* **	35/4EIN.	Relationship	
ID:			A-A to the	
BUSINESS ACCOUNTS By my/our signature below, I/W	/e certify that: (1) I/We have rec	eived the "Commercial Bank	Services Agreement" and the "Busine	ss Denosit Accounts Fee Schedule"
and on behalf of the Depositor ag	ree to the terms of each documer	nt; and (2) I/We give consent	to verify my/our credit references.	
Please sign beside the Printed	l Name(s) only. If signature li	ine does not have a Print	ed Name, then a signature is not	required on that line.
The Internal Revenue Ser- box above which are requi	vice does not require your ired to avoid backup withho	consent to any provision	on of this document other than	n the certifications in the
58-6000670 CIT	Y OF STONE MOUNT/		esser g from	ves 4.2.26
TIN of Signer	Printed Name of Signer	_	,	DATE

Description Direction Di	ACCOUNT NUMBER	OWNERSHIP DESIGNATION STATE		ACCOUNT OPENING DATE 02/24/2017	REVISED CARD DATE 04/02/25
DENTIFICATION Date of Name Dat	BRIGETTE	HYRAMS 34805 .	N/A	Provide the sales	8750276
SSIO Mand by GA ID Number Springer of D. Services Accounts Signature Signatu	peneo/Opdated By	Appr	loved By 1 112	Branch Location	
SSIO Mand by GA ID Number Springer of D. Services Accounts Signature Signatu					
Complete as applicable - only one beneficiary permitted if an entity.	SSID	. GA	DENTIFICATION		
Cod Phore Number NMA From Number NMA	ype of ID Issued E	By ID Number			
Dispute State of ID Dispute Di					
DENTIFICATION Department					
Description Cales	ddress as listed on ID			Work Pho	ne Number ()
Code Phone Number		ID	ENTIFICATION		
Accounts Cod Proce Number Name					
Semification Deleted Birth				Expiration Date	
Distribution Desired Business Deposits on the "Business Deposit or SNVEIN: SSNVEIN: SNVEIN: Relationship:	mployer		Cell Phone Numbe	, N/A) Home Ph	one Number ()
page of D Issued By ID Name Expiration Date	ddress as listed on ID				ne ()
page of D Issued By ID Name Expiration Date			ELTERATION.		Date of Birth
Secretary Secr	vne of ID Issued R			Expiration Date	
Cod Phone Number () Home Phone Number () Address as itsed on ID Work Phone Number () Address as itsed on ID Work Phone Number () Address as itsed on ID Work Phone Number () Address as policiable - only one beneficiary permitted if an entity. Itame of Beneficiary: SSN/EIN: Relationship: Relationship: SSN/EIN: Relationship: Relationship: SSN/EIN: Relationship: Relationship: SSN/EIN: Relationship: Relationship: Relationship: Relationship: Relationship:					
Complete as applicable - only one beneficiary permitted if an entity. Isame of Beneficiary: SSNEIN: SSNEIN: Relationship: divides of Beneficiary: SSNEIN: SSNEIN: Relationship: divides of Beneficiary: Dr. SSNEIN: Relationship: divides of Beneficiary: Dr. SSNEIN: Relationship: Relationship: Grins of Beneficiary: Dr. SSNEIN: Relationship: Relationship: Relationship: Grins of Beneficiary: Dr. SSNEIN: Relationship: Dr. SSNEIN: Relationship: Rel					
Complete as applicable - only one beneficiary permitted if an entity. Itame of Beneficiary: SSN/EIN: Relationship: Complete as applicable - only one beneficiary permitted if an entity. Itame of Beneficiary: SSN/EIN: SSN/EIN: Relationship: Actives of Beneficiary: SSN/EIN: Relationship: SSN/EIN: Relationship: Actives of Beneficiary: SSN/EIN: Relationship: SSN/EIN: Relationship: SUSINESS ACCOUNTS By myfour signature below, liWe certify that: (1) I/We have received the "Commercial Bank Services Agreement" and the "Business Deposit Cocounts 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 credit 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 box above which are required to avoid backup withholding. N/A BERVERLY JONES TIN of Signer Printed Name MAYOR BEJERLY JONES TIN of Signer Printed Name MAYOR BEJERLY JONES TIN of Signer Printed Name OATE					
Complete as applicable - only one beneficiary permitted if an entity. Itame of Beneficiary:					
lame of Beneficiary: SSN/EIN: Relationship:	_				
deress of Beneficiary:	complete as applicable - on	ly one beneficiary permitted if a	nn entity.		
Islame of Beneficiary:	lame of Beneficiary:		SSN/EIN:	Relationsh	ip:
lame of Beneficiary:	ddress of Beneficiary:		-794		
deress of Beneficiary: D:	D:				
deress of Beneficiary: D:					
D:	lame of Beneficiary:		SSN/EIN:	Relationsh	ip:
SSN/EIN:					
SSN/EIN:	D:				
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" and on behalf of the Depositor agree to the ferms of each document, and (2) I/We give consent to verify my/our credit eferences. 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 box above which are required to avoid backup withholding. N/A TIN of Signer Printed Name DATE DATE					
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 Schedule" and on behalf of the Depositor agree to the terms of each document, and (2) I/We give consent to verify my/our credit efferences. 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 box above which are required to avoid backup withholding. N/A TIN of Signer Printed Name DATE N/A TIN of Signer Printed Name DATE	lame of Beneficiary:		SSN/EIN:	Relationsh	io:
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 Schedule" and on behalf of the Depositor agree to the terms of each document; and (2) I/We give consent to verify my/our credit efferences. 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 box above which are required to avoid backup withholding. N/A TIN of Signer Printed Name DATE N/A TIN of Signer Printed Name DATE					
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 Schedule" and on behalf of the Depositor agree to the terms of each document; and (2) I/We give consent to verify mylour credit eferences. 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 box above which are required to avoid backup withholding. N/A TIN of Signer Printed Name DATE N/A TIN of Signer Printed Name DATE					
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" 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. 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 box above which are required to avoid backup withholding. N/A TIN of Signer Printed Name DATE N/A TIN of Signer Printed Name DATE					
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" 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. 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 box above which are required to avoid backup withholding. N/A TIN of Signer Printed Name Printed Name DATE N/A	D:				
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" 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. 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 box above which are required to avoid backup withholding. N/A TIN of Signer Printed Name DATE N/A TIN of Signer Printed Name DATE					
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" 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. 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 box above which are required to avoid backup withholding. N/A TIN of Signer Printed Name DATE N/A TIN of Signer Printed Name DATE					
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" 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. 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 box above which are required to avoid backup withholding. N/A TIN of Signer Printed Name DATE N/A TIN of Signer Printed Name DATE					
Ay 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" and on behalf of the Depositor agree to the terms of each document; and (2) I/We give consent to verify my/our credit eferences. 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 box above which are required to avoid backup withholding. A/A TIN of Signer Printed Name DATE DATE					
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" 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. 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 box above which are required to avoid backup withholding. N/A TIN of Signer Printed Name DATE N/A TIN of Signer Printed Name DATE	Helpiee Loop.				
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 credit eferences. 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 box above which are required to avoid backup withholding. N/A TIN of Signer Printed Name DATE N/A TIN of Signer Printed Name DATE		I/We certify that: (1) I/We have r	received the "Comme	rcial Bank Services Agreement	" and the "Business Deposit
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 box above which are required to avoid backup withholding. N/A TIN of Signer Printed Name Printed Name DATE DATE	Accounts Fee Schedule" and				
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. N/A TIN of Signer Printed Name BERVERLY JONES MAYOR BEVERLY JONES DATE DATE DATE	ererences.				
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. N/A TIN of Signer Printed Name BERVERLY JONES MAYOR BEVERLY JONES DATE DATE DATE					
MAYOR BEVERLY JONES TIN of Signer Printed Name MAYOR BEVERLY JONES DATE MAYOR Signer DATE	lease sign beside the Printed	l Name(s) only. If signature line d	ices not have a Printe	ed Name, then a signature is no	t required on that line.
N/A BERVERLY JONES MAYOR BEVERLY JONES DATE N/A TIN of Signer Printed Name DATE N/A TIN of Signer Printed Name DATE	The Internal Revenue Serv	rice does not require your cons	sent to any provision	on of this document other the	an the certifications in the
TIN of Signer Printed Name MAYOR BEVERLY JONES DATE M/A TIN of Signer Printed Name DATE	box above which are requi	red to avoid backup withholding	g.		
TIN of Signer Printed Name MAYOR BEVERLY JONES DATE M/A TIN of Signer Printed Name DATE				71	
TIN of Signer Printed Name MAYOR BEVERLY JONES DATE N/A Tin of Signer Printed Name DATE N/A			$\alpha \prec$, /	
TIN of Signer Printed Name MAYOR BEVERLY JONES DATE N/A TIN of Signer Printed Name DATE N/A		WEDLY JONEO		a le tra	en ~1125
MAYOR BEVERLY JONES/ N/A Til of Signer Printed Name DATE			121/100	ery //on	DATE TO A T
TIN of Signer Printed Name DATE	tor organi	rinited ivalile	MAYOR BEVE	RLY JØNES/	UATE
TIN of Signer Printed Name DATE				•	
N/A	N/A				
	TIN of Signer	Printed Name			DATE
	.1/4				
TIN of Signer Printed Name DATE	TIN of Signer	Printed Name			

NAME AND ADDRESS OF D	EPOSITOR			
CITY OF STONE MOU	NTAIN			
SPLOST FUND 09				
875 MAIN ST				
STONE MOUNTAIN		GA 3	0083-3620	
ACCOUNT NUMBER	OWNERSHIP DESIGNATION STATE		ACCOUNT OPENING DAT	E REVISED CARD DATE 04/02/2025
BRIGETTE	E HYRAMS 34805		1	8750276
period/opealed by,	Αρ)	noved by	Branch Local	lion
Type of IDissued	By GA ID Number	DENTIFICATION		
second Type of ID 1s	ssued By ID Number		Expiration Date	
Employer		Cell Phone Number	() Home F	Phone Number ()
Address as listed on ID			Work P	hone Number ()
	10	DENTIFICATION		
ype of ID Issued B	By ID Number		Expiration Date	Date of Birth
lecond Type of ID In	ssued By ID Number		Expiration Date	MANAGE ALL
			er () Home	
Address as listed on ID				thone Number ()
The second of th			WORK P	none number ()
disrogarded from the owner unless that is disregarded from the owner. Other (See Instructions.) Exemptions: See Instructions Extentification - Under penalities of 1. The Depositor's correct tax. 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	I line above for the tax classification of the a the owner of the LLC is another LLC that ahould check the appropriate box for the Learning perjury, I, as authorized agent of the D payer identification number is printed be to backup withholding because: (a) the (IRS) that it is subject to backup withholding, and en or other U.S. person (defined in the id of on this form (if any) indicating that the st cross out item 2 above it the Depoil to report all interest and dividends on it to the Form W-9, including definitions, are to the Form W-9, including definitions, are	at is not disregarded from tax classification of its own on from FATCA reporting tepositor certify that: selow (or the Depositor is he Depositor is exempt fi solding as a result of a fa instructions); and he Depositor is exempt fi sitor has been notified of the Depositor's tax retur	the owner for U.S. federal tax purposer. code (if any) NA (applies to a waiting for a number to be issued to be issued to be included to be	ses. Otherwise, a single-member LLC accounts maintained outside the U.S., f), and Depositor has not been notified by ends, or (c) the IRS has notified the
	nly one beneficiary permitted if a			
ame of Beneficiary:ddress of Beneficiary:		S5N/EIN:	Relations	ship:
D:				
Name of Beneficiary:		SSN/EIN:	Relations	ship:
D:				
lame of Beneficiary:		SSN/EIN:	Relations	ship:
ddress of Beneficiary:				
D;				
and on behalf of the Depositor ago lease sign beside the Printed The Internal Revenue Serv	le certify that: (1) I/We have received gree to the terms of each document; and d Name(s) only. If signature line do vice does not require your considered to avoid backup withholding	oes not have a Printe	d Name, then a signature is n	ot required on that line.
	Y OF STONE MOUNTAGE Printed Name of Depositor	MAYOR BEVER	rey fon RLY JONES	es 42.2
TIN of Signer	Printed Name of Signer		100	DATE

ACCOUNT NUMBER	OWNERSHIP DESIGNAT	TION	ACCOUNT OPENING DATE 04/19/2018	REVISED CARD DATE 04/02/2025
PRICETTI		NIZA		
pened/Updated By BRIGETTE	ETTRAMS 34003	_ Approved By N/A	Branch Location	8/502/6
SSID	GΑ	IDENTIFICATION		
ype of ID GOID Issued	By CA ID Number		Expiration Date	Date of Birth
	Issued By ID Number _		Expiration Date	
			1	
ddress as listed on ID			Work Phor	ie Number ()
		IDENTIFICATION		
ype of ID Issued I	By ID Number		Expiration Date	Date of Birth
econd Type of ID	Issued By ID Number_	de de como de	Expiration Date	
			er N/A) Home Pho	
ddress as fisted on ID	BM4.0.F		Work Pho	10 ()
			Number	
	a. ID Number	IDENTIFICATION		Date of Birth
			Expiration Date	_
	Issued By iD Number		Expiration Date	
			er () Home Ph	
ouress as listed on ID			Work Pho	te Number ()
omplete as applicable - o	nly one beneficiary permitte	ed if an entity.		
ame of Beneficiary:		\$\$N/EIN:	Relationshi	ip:
D:				PERSONAL PROPERTY OF THE PERSON OF THE PERSO
ame of Beneficiary:		SSN/FIN-	Relationshi	in:
ddress of Beneficiary:		OUIVEIN.	relationsh	μ.
•				
D:	****			
			Relationshi	p:
ddress of Beneficiary:			****	
D:				
BUSINESS ACCOUNTS				
			ercial Bank Services Agreement' locument; and (2) I/We give con:	
eferences.		,	and (a) are give built	v von j mjrour ordan
lease sign beside the Drinte	ed Name(s) only If signature	line does not have a Brint	ed Name, then a signature is no	required on that line
rease sign beside the Pfinte	ou realine(s) of thy. It signature	mic does not have a Print	eu ivanie, inen a signature is not	required on that line.
The Internal Revenue Ser	rvice does not require your uired to avoid backup withh	consent to any provision	on of this document other tha	n the certifications in the
acoro minori are requ		/	$\overline{}$	
		$\propto 1$	/ 1.	
		NX	6 V	
I/A BE	VERLY JONES	(M. 1)	sel 1 am	es 4.212
TIN of Signer	Printed Name	MAYOR BEVE	ERLY JONES	DATE
		WATORBEVE	INL I PONES	
1/A			£	
I/A TIN of Signer	Printed Name			0.175
THE OF CIGITIES	Printed Name			DATE
I/A				
TIN of Signer	Printed Name			DATE
•				

CITY OF STONE MOUNTAIN DOWNTOWN DEVELOPMENT AUTHORITY 875 MAIN ST STONE MOUNTAIN GA 30083-3620 OWNERSHIP DESIGNATION STATE OWNERSHIP STATE
OWNERSHIP DESIGNATION ACCOUNT OPENING DATE REVISED CARD DATE 11/05/2011 04/02/2025 04/
OWNERSHIP DESIGNATION STATE ACCOUNT OPENING DATE REVISED CARD DATE 04/02/2025 ACCOUNT OPENING DATE 04/02/2025 04/02/2025 04/02/2025 04/02/2025 04/02/2025 04/02/2025 04/02/2025 04/02/2025
OWNERSHIP DESIGNATION ACCOUNT OPENING DATE REVISED CARD DATE 04/02/2025 8750276 04/02/2025 8750276 04/02/2025 8750276 04/02/2025 8750276 04/02/2025 8750276 04/02/2025 8750276 04/02/2025 8750276 04/02/2025 8750276 04/02/2025 0
STATE 11/05/2011 04/02/2025 Branch Location 8750276 Branch Location Branch Location 8750276 Branch Location Branch Location 8750276 Branch Location Bran
Branch Location 8750276 Branch Location 8750276
pe of ID Issued By ID Number DA-17076816 Expiration Date Date of Birth Depositor Depositor Depositor Defect that sate statistication (C = C corporation, S = S corporation, P = Partnership) Detect the sate statistication (C = C corporation, S = S corporation, P = Partnership) Detect the sate statistication (C = C corporation, S = S corporation, P = Partnership) Detect the sate statistication (C = C corporation, S = S corporation, P = Partnership) Detect the sate statistication (C = C corporation, S = S corporation, P = Partnership) Detect the sate statistication (C = C corporation, S = S corporation, P = Partnership) Detect the sate statistication (C = C corporation, S = S corporation, P = Partnership) Detect the sate statistication (C = C corporation, S = S corporation, P = Partnership) Detect the sate statistication (D = Depositor Depositor
peo of ID
cond Type of ID
IDENTIFICATION Second Type of ID
ID Number Expiration Date Date of Birth
mployer
ddress as listed on ID
ddress as listed on ID
Check Appropriate Box for Depositor Individual / Sole Proprietor / single-member LLC
Check Appropriate Box for Depositor Individual / Sole Proprietor / single-member LLC
Individual / Sole Proprietor / single-member LLC
Depositor that it is no longer 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. Pertification Instructions. You must cross out item 2 above if the Depositor has been notified by the IRS that the Depositor is currently subject to back withhouseause the Depositor has failed to report all interest and dividends on the Depositor's tax return. Pertification Instructions. Instructions to the Form W-9, including definitions, are available upon request. Pertification Instructions to the Form W-9, including definitions, are available upon request. Pertification Instructions to the Form W-9, including definitions, are available upon request. Pertification Instructions to the Form W-9, including definitions, are available upon request. Pertification Instructions to the Form W-9, including definitions, are available upon request. Pertification Instructions to the Form W-9, including definitions, are available upon request. Pertification Instructions to the Form W-9, including definitions, are available upon request. Pertification Instructions to the Form W-9, including definitions, are available upon request. Pertification Instructions to the Form W-9, including definitions, are available upon request. Pertification Instructions to the Form W-9, including definitions, are available upon request. Pertification Instructions to the Form W-9, including definitions, are available upon request. Pertification Instructions to the Form W-9, including definitions, are available upon request. Pertification Instructions to the Form W-9, including definitions, are available upon request. Pertification Instructions to the Form W-9, including definitions, are available upon request. Pertification Instructions to the Form W-9, including definitions, are available upon request. Pertification Instructions to the Form W-9, inc
ame of Beneficiary: SSN/EIN: Relationship:
uress or Beneficiary:
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 Science on behalf of the Depositor agree to the Ierms 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. TIN of Depositor Printed Name of Depositor Printed Name of Depositor MAGRIEFIED JONES
TIN of Signer Printed Name of Signer DATE

	OWNERSHIP DE	201010111011	ACCOUNT OPENING D 11/05/2011		EVISED CARD DATE I/02/2025
Opened/Updated By BRIGETT	E HYRAMS 34	4805 Approved By N/A	Branch	Location 87	50276
eelb	C4	IDENTIFICATION			
		er DA-17076816	Expiration Date	Date	of Birth
Second Type of ID			Expiration Date		
		Cell Phone Numb			ımber ()
				UIR FIIONS HO	
Fund of ID leaver	15 Numbe	IDENTIFICATION or	Evelopies Date		ata of Blath
		D Number			
			nber N/A) H		
Address as listed on 1D			w	ork Phone	()
			N	ımber	ate of Birth
Type of ID Issuer	1 Bv ID Numbe	IDENTIFICATION or	Expiration Date		ste of Birth
		D Number			
Employer			nber () H		
Address as listed on ID			w	ork Phone Nu	mber ()
		W			
Complete as applicable - c	only one beneficiary	permitted if an entity.			
vame of Beneficiary:		SSN/EIN:	Rela	ationship:	
Address of Beneficiary:					
D:		_			
		SSN/EIN:	Rela	ationship:	
Address of Beneficiary:					
ID:					
		SSN/EIN:	Rela	tionshin:	
lame of Beneficiary:					
Name of Beneficiary:		***************************************	***************************************		
Address of Beneficiary:					
Address of Beneficiary:					
Address of Beneficiary:					-
oddress of Beneficiary:			155-151		-
Address of Beneficiary:					
Address of Beneficiary: D: BUSINESS ACCOUNTS By my/our signature below	v, I/We certify that: ((1) I/We have received the *Com	nercial Bank Services Agree	ement" and	the "Business Deposit
ddress of Beneficiary: D: BUSINESS ACCOUNTS By my/our signature below occounts Fee Schedule* and	v, I/We certify that: (mercial Bank Services Agree document; and (2) I/We giv	ement" and e consent	the "Business Deposit to verify my/our credit
ddress of Beneficiary: D: BUSINESS ACCOUNTS By my/our signature below occounts Fee Schedule* and	v, I/We certify that: ((1) I/We have received the *Com	nercial Bank Services Agree document; and (2) I/We giv	ement" and e consent	the "Business Deposit to verify my/our credit
D:	w, I/We certify that: (d on behalf of the Dep	(1) I/We have received the *Com	document; and (2) I/We giv	e consent	to verify my/our credit
ddress of Beneficiary:	w, I/We certify that: (d on behalf of the Dep	(1) I/We have received the "Compositor agree to the terms of each ignature line does not have a Pri	document; and (2) I/We giv	e consent	to verify my/our credit
Address of Beneficiary: D: BUSINESS ACCOUNTS By my/our signature below Accounts Fee Schedule" and eferences. Please sign beside the Print	w, I/We certify that: (d on behalf of the Depter of the Name(s) only. If service does not requ	(1) I/We have received the "Compositor agree to the terms of each ignature line does not have a Printer your consent to any provi	document; and (2) I/We giv	e consent	to verify my/our credit
D:	w, I/We certify that: (d on behalf of the Depter of the Name(s) only. If service does not requ	(1) I/We have received the "Compositor agree to the terms of each ignature line does not have a Printer your consent to any provi	document; and (2) I/We giv	e consent	to verify my/our credit
D:	w, I/We certify that: (d on behalf of the Depter of the Name(s) only. If service does not requ	(1) I/We have received the "Compositor agree to the terms of each ignature line does not have a Printer your consent to any provi	document; and (2) I/We giv	e consent	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	w, I/We certify that: (d on behalf of the Depter of the Name(s) only. If service does not requ	(1) I/We have received the "Compositor agree to the terms of each signature line does not have a Priving your consent to any proving withholding.	document; and (2) I/We giv	e consent	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	w, I/We certify that: (d on behalf of the Dep tied Name(s) only. If service does not requ urired to avoid backs	(1) I/We have received the "Compositor agree to the terms of each signature line does not have a Priving your consent to any proving withholding.	nted Name, then a signature sion of this document oth	e consent	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	w, I/We certify that: (d on behalf of the Depited Name(s) only. If service does not required to avoid backt	(1) I/We have received the "Compositor agree to the terms of each signature line does not have a Priving your consent to any proving withholding.	nted Name, then a signature sion of this document oth	e consent	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	w, I/We certify that: (d on behalf of the Depited Name(s) only. If service does not required to avoid backt	(1) I/We have received the "Compositor agree to the terms of each signature line does not have a Priving your consent to any proving withholding.	nted Name, then a signature sion of this document oth	e consent	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	w, I/We certify that: (d on behalf of the Depited Name(s) only. If service does not required to avoid backt	(1) I/We have received the "Compositor agree to the terms of each signature line does not have a Priving your consent to any proving withholding.	nted Name, then a signature sion of this document oth	e consent	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 N/A M/ TIN of Signer	w, I/We certify that: (d on behalf of the Dep ded Name(s) only. If service does not required to avoid backut AYOR BEVERLY Printed Name	(1) I/We have received the "Compositor agree to the terms of each signature line does not have a Priving your consent to any proving withholding.	nted Name, then a signature sion of this document oth	e consent	uired on that line. e certifications in the DATE
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 N/A M/ TIN of Signer	w, I/We certify that: (d on behalf of the Dep ded Name(s) only. If service does not required to avoid backut AYOR BEVERLY Printed Name	(1) I/We have received the "Compositor agree to the terms of each signature line does not have a Priving your consent to any proving withholding.	nted Name, then a signature sion of this document oth	e consent	uired on that line. e certifications in the DATE

NAME AND ADDRESS OF DE	EPOSITOR			
CITY OF STONE MOU	NTAIN			
ONFISCATED FUND				
75 MAIN ST				
TONE MOUNTAIN		GA	30083-3620	
CCOUNT MUMBER	OWNERSHIP DESIGNATION		ACCOUNT OPENING DATE	REVISED CARD DATE
	STATE		07/18/2003	04/02/2025
pened/Updated By BRIGETTE	HYRAMS 34805	proved By	Branch Location	8750276
ype of ID Issued E	By GA ID Number	IDENTIFICATION	Expiration Date	Date of Birth
			Expiration Date	
mployer	. ————————————————————————————————————	Cell Phone Number	() Hame Pho	ne Number ()
ddress as listed on ID			Work Phor	ne Number ()
		IDENTIFICATION		
			Expiration Date	Date of Birth
	sued By ID Number			
			er () Home Pho	
Idress as listed on ID			Work Phor	ne Number ()
other (See Instructions.) comptions: See Instructions Exe entification - Under penalities of p 1. The Depositor's correct taxp 2. The Depositor is not subject the Internal Revenue Service Depositor that it is no longer 3. The Depositor is a U.S. clitze, 4. The FATCA codes(s) entered entification Instructions. You mus- secause the Depositor has failed to the W-9 Instructions. Instructions to	perjury, I, as authorized agent of the ta ayer identification number is printed to backup withholding because: (a) I (IRS) that it is subject to backup with subject to backup withholding, and mor other U.S. person (defined in the to on this form (if any) indicating that to to cross out item 2 above if the Dept to report all interest and dividends on to the Form W-9, including definitions, a	ion from FATCA reportin Depositor certify that: below (or the Depositor the Depositor is exempt holding as a result of a it instructions); and the Depositor is exempt it ositor has been notified in the Depositor's tax reture available upon request.	g code (if any) N/A (applies to act is waiting for a number to be issued), 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 current.	and epositor has not been notified by is, or (c) the IRS has notified the
omplete as applicable - onl	ly one beneficiary permitted if	an entity.		
ame of Beneficiary:		SSN/EIN:	Relationship):
dress of Beneficiary:			17.19076-1	7746.746
ame of Beneficiary:		SSN/EIN:	Relationship):
dress of Beneficiary:				
				
me of Beneficiary:		SSN/EIN:	Relationship	I:
dress of Beneficiary:				
:				
ad on behalf of the Depositor agra- ease sign beside the Printed The Internal Revenue Services above which are required.	ree to the terms of each document; ar Name(s) only. If signature line of	nd (2) I/We give consent does not have a Print asent to any provisi	ed Name, then a signature is not on of this document other than	required on that line.
TIN of Signer	Printed Name of Signer		/ -	DATE

ACCOUNT NUMBER	OWNERSHIP DESIGNATION STATE	ACCOUNT OPENING DATE 07/18/2003	REVISED CARD DATE 04/02/2025
Opened/Updated By BRIGETTE		Branch Location	
	Approved By 11/1	Branch Location	0130210
Time of ID SSID	By GA ID Number	Expiration Date	Date of Bidh
	ssued By ID Number		
	Cell Phone No.	Expiration Date	
Address as listed on ID			ne Number ()
Type of ID Issued I	IDENTIFICATION ByID Number	Expiration Date	Date of Birth
	ssued By ID Number		
		Number N/A Home Ph	
Address as listed on ID		Work Pho Number	ne ()
	IDENTIFICATION	HUINA	Date of Birth
Type of ID Issued I	By ID Number	Expiration Date	
	ssued By ID Number	Expiration Date	
	Cell Phone		,
Address as listed on ID		Work Pho	one Number ()
Complete as applicable - o	nly one beneficiary permitted if an entity.		
Name of Beneficiary:	SSN/EIN:	Relationsh	ip:
Address of Beneficiary:			
ID:			
Name of Beneficiary:	SSN/EIN:	Relationsh	ip:
Address of Beneficiary:			
ID:			
None of Decellation	CONTIN	m. i.u.	
	SSN/EIN:	Relationsh	ip:
Audition of Deficiency,			
ID:	-		
BUSINESS ACCOUNTS By my/our signature below	. I/We certify that: (1) I/We have received the "Ce	ommercial Bank Services Agreement	and the "Business Deposit"
Accounts Fee Schedule" and references.	on behalf of the Depositor agree to the terms of e	each document; and (2) I/We give con	sent to verify my/our credit
, 5.31611000.			
Diagon sine books the Diri	d Name (a) and a Walland as Wan day and	District Name of the	A
riease sign beside the Printe	d Name(s) only. If signature line does not have a	Printed Name, then a signature is no	t required on that line.
The Internal Revenue Ser box above which are requ	vice does not require your consent to any proired to avoid backup withholding.	ovision of this document other the	an the certifications in the
-1-			
	Λ´ -	K / I_	
N/A	WEDLY JONES	July Kna	ins. It 1 16
N/A BE	VERLY JONES Printed Name	seren / Will	DATE
*	MAYOR E	BEVERLY JONES	D711 to
N/A		,	
N/A TIN of Signer	Printed Name		DATE
. 🕶 -			
N/A TIN of Signer	Printed Namo		
invoi aigilei	Printed Name		DATE

NAME AND ADDRESS OF D	EPOSITOR			
CITY OF STONE MOU	NTAIN			
SPLOST II				
875 MAIN ST				
STONE MOUNTAIN		GA 30	0083-3620	
ACCOUNT NUMBER	OWNERSHIP DESIGNATION STATE		ACCOUNT OPENING DATE 02/02/2024	REVISED CARD DATE 04/02/2025
Opened/Updated By_BRIGETTE	HYRAMS 34805 Approve	ed By	Branch Location	8750276
Type of ID Issued	By GA ID Number	NTIFICATION	Expiration Date	Date of Birth
	sued By ID Number			
			() Home Pho	
Address as listed on ID	ID CO.	ITIFICATION	Work Phon	e Number ()
	y ID Number			
	isued By ID Number			
	T- 4044	Cell Phone Number	() Home Pho	
Address as listed on ID			Work Phor	e Number ()
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 must because the Depositor has failed	to backup withholding because: (a) the L (IRS) that it is subject to backup withhold subject to backup withholding, and on or other U.S. person (defined in the inst on this form (if any) Indicating that the D st cross out item 2 above if the Deposito to report all interest and dividends on the to the Form W-9, including definitions, are av-	ling as a result of a fai tructions); and lepositor is exempt fro er has been notified b Depositor's tax return	ure to report all interest or dividend m FATCA reporting is correct. r the IRS that the Depositor is curr	s, or (c) the IRS has notified the
Complete as applicable - on	ly one beneficiary permitted if an	entity.		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	Relationship	
Address of Beneficiary:			,	
D;				
Name of Beneficiary:		SSN/EIN:	Relationship).
Address of Beneficiary:				
D:				
Name of Beneficiary:		SSN/EIN:	Relationship	
Address of Beneficiary:				
D:				
and on behalf of the Depositor ago Please sign beside the Printed	e certify that: (1) I/We have received the ree to the terms of each document; and (2 Name(s) only. If signature line does rice does not require your conser-	s not have a Printed	verify my/our credit references. Name, then a signature is not	required on that line.
box above which are requi	red to avoid backup withholding.	to any provisio	or this document owner than	, the ceruillandis in the
	Y OF STONE MOUNTAL	J. J.	1 //	US MAJORIE
TIN of Signer	Printed Name of Signer			DATE
-				

ACCOUNT NUMBER	OWNERSHIP DESIGN	IATION	ACCOUNT OPENING DATE	REVISED CARD DATE
	STATE		07/18/2003	04/02/2025
Opened/Updated By BRIGETT	E HYRAMS 34805	Approved By N/A	Branch Location	8750276
	GA	IDENTIFICATION		
			Expiration Date	Date of Birth
Second Type of ID			N/A	
Arthess as listed on ID			(N/A) Home Pho Work Pho	
, adjust 14 1900 011 15		ALCO AND	TYOK FILE	le Nottiber ()
Type of ID Issued		IDENTIFICATION	Expiration Date	
			Expiration Date	
Employer			er N/A Home Ph	
Address as listed on ID	V31.0		Work Pho	
			Number	
Type of ID Issued	Rv ID Number	IDENTIFICATION	Expiration Date	Date of Birth
			Expiration Date	
Employer			er () Home Ph	
			Work Pho	
				-
Complete as applicable - c				
	-	•	Relationsh	in:
Address of Beneficiary:			realuisi	
ID:				
Name of Beneficiary:		SSN/EIN:	Relationsh	p:
Address of Beneficiary:				
ID:				
		SSN/EIN:	Relationshi	p:
Address of Beneficiary:				
ID:				
BUSINESS ACCOUNTS By my/our signature below Accounts Fee Schedule" and references.	v, I/We certify that: (1) I/W d on behalf of the Depositor	/e have received the "Comme agree to the terms of each d	ercial Bank Services Agreement locument; and (2) I/We give con-	and the "Business Deposit sent to verify my/our credit
			ed Name, then a signature is no	
The Internal Revenue Se box above which are requ	rvice does not require yourred to avoid backup wit	our consent to any provision thoulding.	on of this document other that	n the certifications in the
N/A BE	EVERLY JONES Printed Name	MAYOR BEVE	execty on	ues 4.2,25
N/A TIN of Signer	Printed Name		/	DATE
N/A TIN of Signer	Printed Name			DATE

NAME AND ADDRESS	OF DEPOSITO	R		,		
CITY OF STONE I	MOUNTAIN					
OTE MAIN! OT						
375 MAIN ST	IN.					
STONE MOUNTA			GA	30083-3620		
ACCOUNT NUMBER	STAT	RSHIP DESIGNATIO E	N	02/19/2008		04/02/2025
pened/Updated By BRIG	ETTE HYRA	MS 34805	Approved By	Bra Bra	anch Location _	8750276
			IDENTIFICATION			
ype of ID	Issued By GA	ID Number		Expiration Date		late of Birth
Second Type of ID	Issued By	ID Number		Expiration C	Date	
imployer			Cell Phone Num	per ()	Home Phone	e Number ()
Address as listed on ID		*			_ Work Phone	Number ()
			IDENTIFICATION			
ype of ID	Issued By	ID Number		Expiration Date		Date of Birth
Second Type of ID	Issued By	ID Number		Expiration C	Date	
Employer			_ Cell Phone Ne	umber ()	_ Home Phon	e Number ()
Address as listed on ID					Work Phone	Number ()
Enter the tax classific Note: Check the apprpriate disregarded from the owne that is disregarded from the Other (See Instructio Exemptions: See Instructio Exemptions: See Instructio Exemption - Under penal 1. The Depositor's corr 2. The Depositor is not the Internal Revenue Depositor that it is no 3. The Depositor fra a U. 4. The PATCA codes(s) Certification Instructions. Y because the Depositor has Form W-9 Instructions. Instructions Exemption Instruction Exemption Instruction Exemption Instruction Exemption Instruction Exemption Instruction Exemption Exemptio	prietor / single-mem pration (C = C corpora b box in line above it r unless the owner of owner should check mis.) Ions Exempt Payee lities of perjury, I, as ect taxpayer identif, subject to backyn Service (IRS) that is longer subject to I continue to the continue of the continue of the continue of the continue of the four must cross our is falled to report all ructions to the Form	tition, S = S corporation, P for the tax classification o f the LLC is another LLC k the appropriate box for the code (if any) Exemp s authorized agent of the lication number is printe- withholding because: (a it is subject to backup with backup withholding, and U.S. person (defined in ti m (if any) indicating that t item 2 above if the De interest and dividends o W-9, including definitions, neficiary permitted	a Partnership)	er. Do not chock LLC if the LL rom the owner for U.S. federal to owner. ting code (if any) N/A (a) or is waiting for a number to to pt from backup withholding, a failure to report all interest of from FATCA reporting is coded by the IRS that the Depositum.	C. is classified ax purposes. A purposes.	E Limited Liability Company d as a single-member LLC that is Otherwise, a single-member LLC bunts maintained outside the U.S.) and hositor has not been notified by hor (c) the IRS has notified the ntly subject to back withholding
			001/25/11			
lame of Beneficiary: address of Beneficiary:			JOINEIN:	F	Relationship:	
D:					174-12-	
and on behalf of the Depos Please sign beside the F	ow, I/We certify the sitor agree to the te Printed Name(s) e Service does e required to avo	only. If signature line	and (2) I/We give consider does not have a Proposent to any proviling.	ent to verify my/our credit refe	rences. ure is not re	s Deposit Accounts Fee Schedule' equired on that line. the certifications in the
TIN of Depositor		ne of Depositor	MAYOR BEV	ERLY JONES		DATE

persont by BRIGETTE HYRAMS 34805 Approved by NA Bench Location B750276 Page of D SSID based by GA Disarter College of Peter Number (NA) Sequented Date Contract Number (NA) Sequented Date Co	ACCOUNT NUMBER	OWNERSHIP DESIGNATIO STATE	N	ACCOUNT OPENING DATE 02/19/2008	REVISED CARD DATE 04/02/2025
per of D SSID Insued by GA In Number Experison Date Coal of field	Connection and B. BRIGETTE	HYRAMS 34805	N/A	Provide a continu	8750276
Description	Орепесиоровае ву		opproved by	Branch Location	
Description					
Second Page of IC Institute Institute Second Page of IC Institute	Type of ID SSID Issued By	GA ID Number	IDENTIFICATION	Expiration Date	Date of Birth
Cold Proce Number NA	Second Type of IDIssu	ued By ID Number			
DENTFICATION DENTFICATION DENTFICATION DENTFICATION DESTRUCTOR DESTRUCT					
Description	Address as listed on ID				
Description			DENTIFICATION		
Code Phone Number NA Hower Rose Municipal Hower Rose Number NA Hower Rose Number N	Type of ID Issued By	ID Number		Expiration Date	Date of Birth
DENTIFICATION DENTIFICATION Cold of Barn Col	Second Type of ID Iss	ued By ID Number			
DBHTPICKTICN DBHTPICKTICN DBHTPICKTICN DBHTPICKTICN DBHTPICKTICN DBHTPICKTICN DBHTPICKTICN DBHTPICKTICN DBHTPICKTICN Date of Burning DBHTPICKTICN DBHTPICKTICN Date of Burning DBHTPICKTICN DBHTPICKTI					
Special Companies Spec	Address as listed on ID				ne ()
Complete as applicable - only one beneficiary permitted if an entity.			IDENTIFICATION		Date of Birth
Call Phone Number (
Complete as applicable - only one beneficiary permitted if an entity. Name of Beneficiary: SSN/EN: Relationship: Name of Beneficiary: Name of Beneficiary: SSN/EN: Relationship: Name of Beneficiary: Name of Beneficiary: Name of Beneficiary: SSN/EN: Relationship: Name of Beneficiary: SSN/EN: Relationship: Name of Beneficiary: SSN/EN: Relationship: Relationship: Name of Beneficiary: SSN/EN: Relationship: Relationship: Name of Beneficiary: N	Second Type of ID iss	ued By ID Number		Expiration Date	- 9 (2.11 (1.12)
Complete as applicable - only one beneficiary permitted if an entity. Iame of Beneficiary: SSN/EIN: Relationship: Relationship: Relationship: SSN/EIN: Relationship: Relationship: SSN/EIN: Relationship: Relationship: SSN/EIN: Relationship: Relationship: SSN/EIN: Relationship: Relationship: Relationship: Relationship: SSN/EIN: Relationship: Relationship: Rela					
Complete as applicable - only one beneficiary permitted if an entity. Idams of Beneficiary:	Address as listed on ID			Work Pho	ne Number ()
Name of Beneficiary: SSN/EN: Relationship:					
Address of Beneficiary: Same of Beneficiary: Same of Beneficiar	Complete as applicable - only	y one beneficiary permitted	if an entity.		
D:	Name of Beneficiary:		SSN/EIN:	Relationshi	ip:
Name of Beneficiary: SSN/EIN: Relationship: Moderas of Beneficiary: SSN/EIN: Relationship: SSN/EIN: Relationship: SSN/EIN: Relationship: Relationship: SSN/EIN: Relationship:	Address of Beneficiary:				
Address of Beneficiary: ID:	ID:				
Address of Beneficiary: ID:					
Address of Beneficiary: SSN/EIN: SSN/EIN: Relationship: ddress of Beneficiary: SSN/EIN: Relationship: Relationship: Relationship: Do. 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 Schedule" and on behalf of the Depositor agree to the terms of each document, and (2) I/We give consent to verify my/our credit eferences. 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 box above which are required to avoid backup withholding. N/A TIN of Signer Printed Name DATE N/A TIN of Signer Printed Name DATE			SSN/EIN:	Relationsh	ip:
Address of Beneficiary: SSN/EIN:	Address 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 Schedule" and on behalf of the Depositor agree to the terms of each document, and (2) I/We give consent to verify my/our credit eferences. 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 box above which are required to avoid backup withholding. N/A BERVERLY JONES MAYOR BEVERLY DIVES DATE N/A TIN of Signer Printed Name DATE	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 Deposit 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 credit eferences. 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 box above which are required to avoid backup withholding. N/A BERVERLY JONES MAYOR BEVERLY DIVES DATE N/A TIN of Signer Printed Name DATE					
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" and on behalf of the Depositor agree to the terms of each document; and (2) I/We give consent to verify my/our credit eferences. 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 box above which are required to avoid backup withholding. N/A BERVERLY JONES MAYOR BEVERLY JONES DATE N/A TIN of Signer Printed Name DATE			SSN/EIN:	Relationshi	ip:
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" and on behalf of the Depositor agree to the terms of each document, and (2) I/We give consent to verify my/our credit eferences. 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 box above which are required to avoid backup withholding. N/A TIN of Signer Printed Name Printed Name DATE	Address 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 Schedule" and on behalf of the Depositor agree to the terms of each document, and (2) I/We give consent to verify my/our credit eferences. 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 box above which are required to avoid backup withholding. N/A TIN of Signer Printed Name Printed Name DATE					
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 box above which are required to avoid backup withholding. N/A BERVERLY JONES Printed Name MAYOR BEVERLY JONES MAYOR BEVERLY JONES TIN of Signer Printed Name DATE	ID:				
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 box above which are required to avoid backup withholding. N/A BERVERLY JONES Printed Name MAYOR BEVERLY JONES MAYOR BEVERLY JONES TIN of Signer Printed Name DATE					
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 box above which are required to avoid backup withholding. N/A BERVERLY JONES Printed Name MAYOR BEVERLY JONES MAYOR BEVERLY JONES TIN of Signer Printed Name DATE					
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 box above which are required to avoid backup withholding. N/A BERVERLY JONES Printed Name MAYOR BEVERLY JONES MAYOR BEVERLY JONES TIN of Signer Printed Name DATE					
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 box above which are required to avoid backup withholding. N/A BERVERLY JONES Printed Name MAYOR BEVERLY JONES MAYOR BEVERLY JONES TIN of Signer Printed Name DATE					
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 credit eferences. 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 box above which are required to avoid backup withholding. N/A BERVERLY JONES MAYOR BEVERLY JONES DATE N/A TIN of Signer Printed Name DATE	BUSINESS ACCOUNTS				
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 box above which are required to avoid backup withholding. N/A BERVERLY JONES Printed Name MAYOR BEVERLY JONES DATE N/A TIN of Signer Printed Name DATE	Accounts Fee Schedule" and o	/we certify that: (1) I/We hav in behalf of the Depositor agre	e to the terms of each d	orcial Bank Services Agreement ocument; and (2) I/We give con	" and the "Business Deposit sent to verify my/our credit
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. N/A BERVERLY JONES Printed Name MAYOR BEVERLY JONES DATE N/A TIN of Signer Printed Name DATE	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. N/A BERVERLY JONES Printed Name MAYOR BEVERLY JONES DATE N/A TIN of Signer Printed Name DATE					
N/A BERVERLY JONES MAYOR BEVERLY JONES N/A TIN of Signer Printed Name DATE N/A TIN of Signer Printed Name N/A	Please sign beside the Printed	Name(s) only. If signature line	e does not have a Printe	ed Name, then a signature is no	t required on that line.
N/A BERVERLY JONES Arrent Ones 4.2.25 TIN of Signer Printed Name MAYOR BEVERLY JONES DATE N/A TIN of Signer Printed Name DATE	The Internal Revenue Servi	ice does not require your co	onsent to any provision	on of this document other tha	an the certifications in the
TIN of Signer Printed Name MAYOR BEVERLY JONES N/A TIN of Signer Printed Name DATE N/A	box above which are requir	ed to avoid backup withhold	ding.	$\overline{}$	
TIN of Signer Printed Name MAYOR BEVERLY JONES N/A TIN of Signer Printed Name DATE N/A			a //	' ()	
TIN of Signer Printed Name MAYOR BEVERLY JONES N/A TIN of Signer Printed Name DATE N/A			\mathcal{X}	ch	11000
MAYOR BEVERLY JONES N/A Till of Signer Printed Name DATE		VERLY JONES	XVXX	ree4 1 ones	1. 4.did5
TIN of Signer Printed Name DATE	TIN of Signer	Printed Name	MAYOR BEVE	RLY JONES	DATE
TIN of Signer Printed Name DATE				/ *	
N/A	N/A				
	TIN of Signer	Printed Name			DATE
	N/A				
		Printed Name			DATE

NAME AND ADDRESS OF DE	POSITOR	OAND CLONE		
CITY OF STONE MOUN	NTAIN			
DOWNTOWN DEVELO	PMENT AUTHORITY			
875 MAIN ST				
STONE MOUNTAIN		GA 3	0083-3620	
ACCOUNT NUMBER	OWNERSHIP DESIGNATION		ACCOUNT OPENING DATE	REVISED CARD DATE
	STATE		07/25/2018	04/02/2025
Opened/Updated By BRIGETTE	HYRAMS 34805	proved By	Branch Location	8750276
Type of ID SSID Issued B	GA ID Number DA-1707	IDENTIFICATION 76816	Expiration Date	Date of Birth
Second Type of ID Iss	sued By ID Number			
Employer		Cell Phone Number	() Home Phor	ne Number ()
Address as listed on ID		*	Work Phon	e Number ()
		DENTIFICATION		
Type of ID Issued By	/ID Number		Expiration Date	_ Date of Birth
Second Type of ID iss	sued By ID Number		Excitation Date	
Address as listed on ID			Work Phon	e Number ()
				1
Enter the tax classification (C Note: Check the apprpriate box in I disregarded from the owner unless : that is disregarded from the owner s: that is disregarded from the owners: Certification - Under penalities of p 1. The Depositor's correct taxps 2. The Depositor's correct taxps 2. The Depositor is not subject the Internal Revenue Service (Depositor that it is no longer s 3. The Depositor is at U.S. citizes 4. The FATCA codes(s) entered Certification Instructions. You must because the Depositor has failed to	single-member LLC Corporate = C corporation, S = S corporation, P = I inc above for the tax classification of the work of the tax classification of the work of the LC is another LLC the hould check the appropriate box for the impt Payee code (if any) Exemptile segiuty, I, as authorized agent of the Description number is printed by the special point of the Leave withholding because: (a) If (IRS) that it is subject to backup withholding, and no or other U.S. person (defined in the on this form (if any) indicating that the toross out item 2 above if the Depo or person all interest and dividends on the Form W-9, including definitions, are	Partnership) Densingle-member owner, at is not disregarded from tax classification of its owner, and the propositor certify that: below (or the Depositor is exempt inholding as a result of a faintructions); and the Depositor is exempt inholding as a result of a faintructions); and the Depositor is exempt fresitor has been notified at the Depositor's tax returner available upon request.	Do not check LLC if the LLC is classifi- the owner for U.S. federal tax purposes or. code (if any) N/A (applies to acc waiting for a number to be issued), a om backup withholding, or (b) the De lure to report all interest or dividend: om FATCA reporting is correct. by the IRS that the Depositor is current.	Otherwise, a single-member LLC counts maintained outside the U.S.) and positor has not been notified by s, or (c) the IRS has notified the ently subject to back withholding
Name of Beneficiary:		\$\$N/EIN:	Relationship	
Address of Beneficiary:			3030000	-
ID:				
Name of Beneficiary:		SSN/EIN:	Relationship	:
Address of Beneficiary:				
ID:				
and on behalf of the Depositor agre	certify that: (1) I/We have received ee to the terms of each document; an	d (2) I/We give consent t	verify my/our credit references.	
	Name(s) only. If signature line di ice does not require your con-			
box above which are requir	ed to avoid backup withholdin	J. B		A A A A
	OF STONE MOUNTAL	MAYOR BEVER	newy/DNes	DATE
TIN of Signer	Printed Name of Signer	***************************************		DATE

Opened/Updated By BRIGETTE Type of ID SSID Issued By Second Type of ID Issued By Issu	y GA ID Number DA-170 sed By ID Number ID Number	IDENTIFICATION 076816 Cell Phane Number IDENTIFICATION	07/25/2018 Bre Expiration Date Expiration 0 (N/A)	DateE	Date of Birth)
Type of ID SSID Issued By Second Type of ID Issued By Address as fisted on ID Type of ID Issued By Second Type of ID Issued By Second Type of ID Issued By	y GA ID Number DA-170 sed By ID Number ID Number	IDENTIFICATION 076816 Cell Phane Number IDENTIFICATION	Expiration Date Expiration (DateE	Date of Birth)
Second Type of ID	ID Number	076816 Cell Phane Number IDENTIFICATION	Expiration (Date	e Number ()
Second Type of ID	ID Number	076816 Cell Phane Number IDENTIFICATION	Expiration (Date	e Number ()
Employer	ID Number	Cell Phane Number	Expiration (Date	e Number ()
Employer	ID Number	Cell Phane Number	(<u>N/A</u>)	Home Phon	e Number ()
Type of ID issued by Second Type of ID iss	ID Number	IDENTIFICATION				
Second Type of IDIss Employer						· · · · · · · · · · · · · · · · · · ·
Second Type of ID						
Employer	ued By ID Number		Expiration Date		_ Date of Birth	
			Expiration (Date		
Address as listed on ID		Cell Phone Numbe	, N/ <u>A</u> _)	_ Home Phor	e Number (.)
				Work Phone	(
		IDENTIFICATION		racinica	Date of Birth	
Type of ID Issued By	1D Number		Expiration Date			
Second Type of IDISS						
Employer			er ()			
Address as listed on ID				Work Phone	Number (
Complete as applicable - onl						
Name of Beneficiary:		-		Relationshin	e e	
Address of Beneficiary:					-	
D:						
Name of Beneficiary:		SSN/EIN:		Relationship		
Address of Beneficiary:						
ID:						
Name of Beneficiary:		SSN/EIN:		Relationship	:	
Address of Beneficiary:						
ID:						
						
BUSINESS ACCOUNTS						
By my/our signature below, I Accounts Fee Schedule" and o	We certify that: (1) I/We ha	ve received the "Comme	ercial Bank Services A	greement"	and the "Busin	ness Deposit
references.	n behall of the Depositor agre	se to the terms of each o	ocument, and (2) I vve	e give cons	ent to verily m	y/our crean
	,		411			
Please sign beside the Printed	Name(s) only. If signature lin	ne does not have a Print	ed Name, then a signa	ture is not	required on th	at line.
-	ice does not require vour c	consent to any provision	on of this document	other than	the certifica	tions in the
The Internal Revenue Serv		ding.				
The Internal Revenue Servi box above which are requir	ed to avoid backup withhol		,,	١ /		
The Internal Revenue Serv	ed to avoid backup withhol	01 1		1/		
The Internal Revenue Serv	ed to avoid backup withhol	Q-A		V		,
The Internal Revenue Serv box above which are requir	ed to avoid backup withhol	S/A	males 1	You	es 4	4.2.2
The Internal Revenue Serv box above which are requir	ed to avoid backup withhol	MAYOR BEV	PRES JONES	You	<u>es.</u> 4	1.2.20 DATE
The Internal Revenue Serve box above which are required by the serve box above box above which are required by the serve box above by th	red to avoid backup withhol 'OR BEVERLY JONළුණි	MAYOR BEVE	zaky jones	You	<u>e1</u> , 4	4.2.20 DATE
The Internal Revenue Serv box above which are requin	red to avoid backup withhol 'OR BEVERLY JONළුණි	MAYOR BEVE	Practy	You	<u>es</u> , 5	4.2.20 DATE
The Internal Revenue Servibox above which are required by the service of the serv	red to avoid backup withhol 'OR BEVERLY JONළුණි	MAYOR BEVE	Proces	You	<u>es</u> , 5	P.Q. Q. DATE
The Internal Revenue Servibox above which are required by the service of the serv	OR BEVERLY JONES Printed Name	MAYOR BEVE	Proces	You	<u>e1</u> , <u>4</u>	DATE
The Internal Revenue Serv. box above which are requirements of the service of the	OR BEVERLY JONES Printed Name	MAYOR BEVE	erly Johns	You	<u>es</u> , 5	DATE

NAME AND ADDRESS OF DE	POSITOR			
CITY OF STONE MOUN	ITAIN			
SEIZED FUNDS FOR HO	OLDING			
875 MAIN ST				
STONE MOUNTAIN		GA 3	0083-3620	
ACCOUNT NUMBER	OWNERSHIP DESIGNATION		ACCOUNT OPENING DATE	REVISED CARD DATE 04/02/25
PRICETTE			02/24/2017	
Opened/Updated By BRIGETTE	Appro	oved By	Branch Location	8750276
Type of ID SSID Issued By	GA ID Number	ENTIFICATION	Expiration Date	Date of Birth
Second Type of ID Issu	ed By ID Number		Expiration Date	- Towards
Employer		Cell Phone Number	() Home Pho	one Number ()
Address as listed on ID		ENTIFICATION	Work Phor	ne Number ()
Time of ID I leaved Dr.			Eurladian Data	
	ID Number ued By ID Number			
	bed By ID Number		Expiration Date Home Pho	
Address as listed on ID				ns Number ()
Certification - Under penalities of pe 1. The Depositor's correct taxpay 2. The Depositor is not subject to the Internal Revenue Service (II Depositor that it is no longer as 3. The Depositor is a U.S. citizan 4. The FATCA codes(s) entered of Certification Instructions. You must	npt Payee code (if any) Exemption arjury, I, as authorized agent of the De, yer identification number is printed be o backup withholding because: (a) the RS) that it is subject to backup withholding, and or other U.S. person (defined in the in on this form (if any) indicating that the cross out Item 2 above if the Deposi report all interest and dividends on the proport all the proport all the proport all t	positor certify that: low (or the Depositor is e Depositor is exempt fri Idding as a result of a fail instructions); and Depositor is exempt fro itor has been notified b	waiting for a number to be issued), m backup withholding, or (b) the D lure to report all interest or dividence m FATCA reporting is correct. y the IRS that the Depositor is cur	and epositor has not been notified by ls, or (c) the IRS has notified the
-	the Form W-9, including definitions, are	-		
Complete as applicable - only	y one beneficiary permitted if ar	n entity.		
Name of Beneficiary:		-	Relationship	n'
Address of Beneficiary:			1101010101	
D:				
Name of Beneficiary:		SSN/EIN:	Relationshi	0:
Address of Beneficiary:				
D:				
lame of Beneficiary:		SSN/EIN:	Relationship	X
Address of Beneficiary:			THE PARTY PARTY	
D:				
and on behalf of the Depositor agree	certify that: (1) I/We have received the to the terms of each document; and	(2) I/We give consent to	verify my/our credit references.	
	Name(s) only. If signature line do		_	
The Internal Revenue Service box above which are require	ce does not require your conse ed to avoid backup withholding	ent to any provision	of this document other tha	n the certifications in the
	OF STONE MOUNTAI	MAYOR BEVER	ensel Jon Ly Joyles	es 4-22
TIN of Signer P	Printed Name of Signer			DATE

100011111111111111111111111111111111111	OWNERSHIP DESIGNA STATE	TION	ACCOUNT OPENING DATE 02/24/2017	REVISED CARD DATE 04/02/25
PRIČETTI		N/A		
Opened/Updated By BRIGETTE	E H T KANIS 34003	Approved By N/A	Branch Location	8/502/6
COID	CA	IDENTIFICATION		
			Expiration Date	Date of Birth
econd Type of ID				
imployer		Cell Phone Number	(N/A) Home Pho	
ddress as listed on ID			Work Phor	e Number ()
		IDENTIFICATION		
ype of ID Issued B			Expiration Date	
			Expiration Date	
			er N/A) Home Pho	
ddress as listed on ID)
		IDENTIFICATION		Date of Birth
/pe of ID issued i	By ID Number		Expiration Date	ero.
econd Type of ID	ssued By ID Number	r	Expiration Date	
mployer		Cell Phone Numb	er () Home Pho	ne Number ()
ddress as listed on ID			Work Pho	ne Number ()
	nly one beneficiary permit			
		-	Relationshi	n'
			Relationshi	V
o:				
ame of Reneficiary		SSN/FIN-	Relationshi	0.
ddress of Beneficiary:		00/1/11/11	(Verationalis	Pr
D:				
ame of Beneficiary:		SSN/FIN-	Relationshi	n·
ddress of Beneficiary:		00/02/04	Transfer in	
dares of beliefed y.				
D:				
USINESS ACCOUNTS				
y my/our signature below	, I/We certify that: (1) I/We	have received the "Comm	ercial Bank Services Agreement	and the "Business Deposit
ccounts Fee Schedule" and eferences.	on behalf of the Depositor a	agree to the terms of each	document; and (2) I/We give con:	sent to verify my/our credit
ordinada.				
lease sign beside the Printe	d Name(s) only. If signature	e line does not have a Print	ted Name, then a signature is not	required on that line.
The Internal Revenue Ser	vice does not require you	ur consent to any provisi	on of this document other tha	n the certifications in the
DOX above which are requ	med to avoid backup with	nowny.	// /	
		α	// (
		$-V/\sim$	< \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
N/A BE	RVERLY JONES	XIII	Quelle Xa	rej 4.2.2
TIN of Signer	Printed Name	MAYOR BEV	ERLY JONES	DATE
		MATOLYBEV	7 7	
N/A			/ ~	
TIN of Signer	Printed Name			DATE
				5.116
N/A				
TIN of Signer	Printed Name			DATE

EXHIBIT B

222 WEBB STREET CUMMING, GEORGIA 30040 ANGELA E. DAVIS
PARTNER
ADAVIS@JARRARD-DAVIS.COM

PHONE: 678-455-7150 FAX: 678-455-7149 WWW.JARRARD-DAVIS.COM

May 13, 2025

VIA EMAIL ONLY TO:

Mr. Chris Balch, Esq.
Balch Law Group
830 Glenwood Ave
Suite 510-220
Atlanta, GA 30316
chris@balchlawgroup.com

Re: Retention Agreement and Investigative Scope of Work

Matter: Investigation into Mayor Jones' Contact with Truist Bank

Client: City of Stone Mountain, Georgia

Dear Mr. Balch,

The City of Stone Mountain ("Client") desires to engage you to perform an independent and impartial investigation into allegations set forth in in that certain email correspondence from Shawn Edmondson, City Manager, to the Mayor and City Council Members dated May 7, 2025, regarding Mayor Beverly Jones' recent interactions with Truist Bank related to the management and control of the City's bank accounts. A copy of that email is enclosed, together with a Resolution recently adopted by the City Council related to the same. Please allow this correspondence to set forth the terms of your retention concerning the above-referenced matter and the scope of work for the investigation.

Terms of Engagement

The engagement is provided under the following terms and conditions:

- 1. This matter will be handled on an hourly fee basis. No retainer is required because the entity financially responsible is the City of Stone Mountain. The hourly rate will be \$350 for your attorney-time billed to the nearest 1/10 of an hour. You will be responsible for all billable work performed on this matter.
- 2. The Client will pay for all reasonable and ordinary expenses of the engagement, which may include copy costs, computerized research, postage, and other out-of-pocket expenses incurred. You shall not be authorized at this time to hire any additional consultants or experts to provide support in the investigation, but should such additional retention become necessary or desirable, you shall seek additional billing authority in writing before incurring such expenses on behalf of the Client.

- 3. Bills will be submitted directly to the Client on a monthly basis, and such invoices will be paid within thirty (30) days of review and approval by Client.
- 4. This communication constitutes the entire agreement between the parties with respect to the terms of the engagement.

Scope of Work

The email referenced above and the allegations contained therein shall form the foundation for the investigation. At a minimum, the City Council would specifically like the following related questions to be addressed in the investigation:

- 1. How was the Mayor's contact with personnel at Truist Bank regarding this matter initiated?
- 2. Who all did the Mayor interact with at Truist Bank regarding this matter and how often?
- 3. What was the extent and nature of the Mayor's interactions with personnel at Truist Bank?
- 4. What representations did the Mayor make to the personnel at Truist Bank and what was the outcome of those representations?
- 5. What actions did the Mayor take with Truist Bank and what was the outcome of those actions?
- 6. What documentation was provided to Truist Bank by the Mayor (and please provide copies of all to the Client)?

The listing of questions is not intended to limit your investigation into the matter. The City Council simply wants to ensure that, at a minimum, the above-referenced questions are specifically addressed. At the conclusion of your investigation, we would ask that you produce a final written report that includes findings of fact (including witness summaries for any interviews that you conduct and affidavits to the extent feasible) and conclusions of law as to whatever laws may, or may not have been, violated as alleged.

As an independent investigator, you have the liberty to conduct the investigation as you see fit. The City Attorney's office will be available to assist you with logistics and contact information for witnesses as you deem necessary, but neither our Firm nor the City will have any role in shaping the investigation, except as outlined herein. We would ask that the investigation be completed by no later than May 30, 2025, but understand that the variables of the investigation may alter that estimated completion date.

JARRARD & DAVIS,	LLP
Page 3 of 3	

Upon your reviev	v and app	roval of th	ese terms	and the	scope of	of work,	please s	sign	below
and return to me. Thank	you for yo	our assistar	ice.						

Sincerely,

JARRARD & DAVIS, LLP

	Angela E. Davis
Agreed and Accepted by:	
Christopher Balch, Esq.	_