

Account Agreement

Date: 05/13/2021

Institution Name & Address

Stockman Bank

P O Box 11300
Bozeman, MT 59719-1300

Internal Use

Account Title & Address

SADDLE PEAK PROPERTIES LLC
ITF HARVEST CREEK HOA

PO BOX 4240
BOZEMAN MT 59772-4240

Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer information space on page 2.

☐ If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: One

Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- ☒ Terms & Conditions ☒ Truth in Savings ☒ Funds Availability
☒ Electronic Fund Transfers ☒ Privacy ☒ Substitute Checks
☒ Common Features ☐ 3242

☐ Agency Designation (See Owner/Signer Information for Agency Designation(s).)

Agency Designation (select and initial): ☐ Survives OR

☐ Terminates on disability or incapacity of parties.

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

(1): [X] LINDSAY SUE FREITAS
I.D. # [REDACTED] D.O.B. [REDACTED]

(2): [X] CODY A FREITAS
I.D. # [REDACTED] D.O.B. [REDACTED]

(3): [X]
I.D. # [REDACTED] D.O.B. [REDACTED]

(4): [X]
I.D. # [REDACTED] D.O.B. [REDACTED]

Owner/Signer Information 1

Name LINDSAY SUE FREITAS

Relationship SIGNER

Address [REDACTED]

Mailing Address (if different)
BOZEMAN, MT 59772-4240

Gov't Issued Photo ID (type, number, state, issue date, exp. date)

Other ID (description, details) EXISTING

Employer PROPERTY MANAGER

Previous Financial Inst.

E-Mail LINDSAY@ [REDACTED]

Work Phone (406) [REDACTED]

Home Phone:

Mobile Phone: (406) [REDACTED]

Birth Date: [REDACTED]

SSN/TIN: [REDACTED]

Ownership of Account

The specified ownership will remain the same for all accounts.

(For consumer accounts, select and initial.)

☐ Single-Party Account ☐ Multiple-Party Account

☐ Sole Proprietorship or Single Member LLC ☐ Partnership

☒ LLC-enter tax classification (☐ C Corp ☐ S Corp ☒ Partnership)

☐ C Corporation ☐ S Corporation ☐

☐ Trust-Separate Agreement Dated: [REDACTED]

☐

Beneficiary Designation

(Check appropriate ownership above - select and initial below.)

☐ Single-Party Account

☐ Single-Party Account with Pay-On-Death (POD)

☐ Multiple-Party Account with Right of Survivorship

☐ Multiple-Party Account with Right of Survivorship and POD

☐ Multiple-Party Account without Right of Survivorship

☐

Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

Owner/Signer Information 2

Name	CODY A FREITAS	
Relationship	SIGNER	
Address	[REDACTED] BOZEMAN, MT 59718	
Mailing Address (if different)	[REDACTED] BOZEMAN, MT 59772-4240	
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	[REDACTED]	
Other ID (description, details)	EXISTING	
Employer	PROPERTY MANAGER	
Previous Financial Inst.		
E-Mail	CODY@ [REDACTED]	
Work Phone		
Home Phone:	Mobile Phone: (831) [REDACTED]	
Birth Date:	SSN/TIN: [REDACTED]	

Owner/Signer Information 3

Name		
Relationship		
Address		
Mailing Address (if different)		
Gov't Issued Photo ID (type, number, state, issue date, exp. date)		
Other ID (description, details)		
Employer		
Previous Financial Inst.		
E-Mail		
Work Phone		
Home Phone:	Mobile Phone:	
Birth Date:	SSN/TIN:	

Owner/Signer Information 4

Name		
Relationship		
Address		
Mailing Address (if different)		
Gov't Issued Photo ID (type, number, state, issue date, exp. date)		
Other ID (description, details)		
Employer		
Previous Financial Inst.		
E-Mail		
Work Phone		
Home Phone:	Mobile Phone:	
Birth Date:	SSN/TIN:	

Important Account Opening Information. Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Non-Individual Owner Information

Name	SADDLE PEAK PROPERTIES LLC	
State/Country & Date of Organization	[REDACTED]	
Nature of Business	PROPERTY MANAGEMENT	
Address	[REDACTED] CANDLELIGHT DR BOZEMAN, MT 59718	
Mailing Address (if different)	PO BOX 4240 BOZEMAN MT 59772-4240	
Authorization/ Resolution Date	05/13/2021	
Previous Financial Inst.		
E-Mail	LINDSAY@ [REDACTED]	
Phone	(406) 581-0142	

EN: [REDACTED] 2629 Mobile Phone: [REDACTED]

Account Description	Account #	Initial Deposit/Source
Essential Business Checking	[REDACTED] 3242	\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check
Port #	[REDACTED] 5649	\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check

Services Requested

☐ ATM ☐ Debit/Check Cards (No. Requested: _____)
☐ _____ ☐ _____
☐ _____ ☐ _____

Backup Withholding Certifications

(If not a "U.S. Person", certify foreign status separately)

☒ By signing signature field (1) on this document, I certify under penalties of perjury that the statements made in this section are true and that I am a U.S. citizen or other U.S. person (as defined in the instructions).

☒ **Taxpayer I.D. Number - TIN:** [REDACTED] 2629

The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

☒ **Backup Withholding.** I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☐ **Exempt Recipients.** I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Changing Terms of Account

(Select and initial below.)

- ☐ Multiple-Party Account's Terms may be Changed by a Single Party _____
☐ Multiple-Party Account's Terms may be Changed Only by Agreement of All Parties _____

Other Terms/Information

By signing this account agreement you certify on behalf of the individual(s) or entity you represent that this business is not an Internet gambling business and that unlawful Internet gambling transactions will not be conducted through this account.

Tara Cuyle: EXISTING BIZ (prpty mgmt) NEW HOA