## UNITED STATES BANKRUPTCY COURT

## MIDDDLE DISTRICT OF FLORIDA TAMPA DIVISION In Re. Trim Life Labs, LLC Case No. 23-04138 § § § Lead Case No. 23-04137 Debtor(s) **Monthly Operating Report** Chapter 11 Petition Date: 09/20/2023 Reporting Period Ended: 10/31/2023 Months Pending: 1 Industry Classification: 0 0 0 Cash Basis (•) Reporting Method: Accrual Basis ( Debtor's Full-Time Employees (current): Debtor's Full-Time Employees (as of date of order for relief): **Supporting Documentation** (check all that are attached): (For jointly administered debtors, any required schedules must be provided on a non-consolidated basis for each debtor) Statement of cash receipts and disbursements Balance sheet containing the summary and detail of the assets, liabilities and equity (net worth) or deficit Statement of operations (profit or loss statement) Accounts receivable aging Postpetition liabilities aging Statement of capital assets Schedule of payments to professionals Schedule of payments to insiders All bank statements and bank reconciliations for the reporting period Description of the assets sold or transferred and the terms of the sale or transfer /s/ Elena Paras Ketchum Elena Paras Ketchum Signature of Responsible Party Printed Name of Responsible Party Stichter Riedel Blain & Postler, P.A. 11/30/2023

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

110 E. Madison St., #200

Tampa, FL 33602

Address

Date

Pa	rt 1: Cash Receipts and Disbursements	<b>Current Month</b>	Cumulative
a.	Cash balance beginning of month	\$161,713	
b.	Total receipts (net of transfers between accounts)	\$3,484	\$77,798
c.	Total disbursements (net of transfers between accounts)	\$64,010	\$138,324
d.	Cash balance end of month (a+b-c)	\$101,187	
e.	Disbursements made by third party for the benefit of the estate	\$0	\$0
f.	Total disbursements for quarterly fee calculation (c+e)	\$64,010	\$138,324
	rt 2: Asset and Liability Status or generally applicable to Individual Debtors. See Instructions.)	<b>Current Month</b>	
a.	Accounts receivable (total net of allowance)	\$1,141,563	
b.	Accounts receivable over 90 days outstanding (net of allowance)	\$1,141,563	
c.	Inventory (Book C Market C Other (attach explanation))	\$737,000	
d	Total current assets	\$1,979,750	
e.	Total assets	\$1,979,750	
f.	Postpetition payables (excluding taxes)	\$0	
g.	Postpetition payables past due (excluding taxes)	\$0	
h.	Postpetition taxes payable	\$0	
i.	Postpetition taxes past due	\$0	
j.	Total postpetition debt (f+h)	\$0	
k.	Prepetition secured debt	\$0	
1.	Prepetition priority debt	\$1,008	
m.	Prepetition unsecured debt	\$12,922,115	
n.	Total liabilities (debt) (j+k+l+m)	\$12,923,123	
0.	Ending equity/net worth (e-n)	\$-10,943,373	
Pa	rt 3: Assets Sold or Transferred	<b>Current Month</b>	Cumulative
a.	Total cash sales price for assets sold/transferred outside the ordinary	\$0	\$0
b.	course of business  Total payments to third parties incident to assets being sold/transferred	\$0	<del>\$</del> 0
0.	outside the ordinary course of business	\$0	\$0
c.	Net cash proceeds from assets sold/transferred outside the ordinary course of business (a-b)	\$0	\$0
_			
	rt 4: Income Statement (Statement of Operations) ot generally applicable to Individual Debtors. See Instructions.)	<b>Current Month</b>	Cumulative
a.	Gross income/sales (net of returns and allowances)	\$0	
b.	Cost of goods sold (inclusive of depreciation, if applicable)	\$0	
c.	Gross profit (a-b)	\$0	
d.	Selling expenses	\$0	
e.	General and administrative expenses	\$0	
f.	Other expenses	\$-64,000	
g.	Depreciation and/or amortization (not included in 4b)	\$0	
h.	Interest	\$0	
i.	Taxes (local, state, and federal)	\$0	
j.	Reorganization items	\$0	
k.	Profit (loss)	\$-62,165	\$-62,302

			Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulativ
Debto	r's professional fees & expenses (bank	ruptcy) Aggregate Total	Current Worth	Cumulative	TVIOITII	Cumulativ
	ed Breakdown by Firm	7 . 77 88 8				
	Firm Name	Role	-			
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Debtor's Name Trim Life Labs, LLC Case No. 23-04138 lxxix lxxx lxxxi lxxxii lxxxii lxxxiv lxxxv lxxxv: lxxxv lxxxv lxxxix хc xci xcii xciii xciv xcv xcvi xcvii xcviii xcix С ci Paid Current Paid Approved Approved Current Month Cumulative Month Cumulative b. Debtor's professional fees & expenses (nonbankruptcy) Aggregate Total Itemized Breakdown by Firm Firm Name Role ii iii iv vi vii viii ix X хi xii

xiii xiv

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Debtor's Name Trim Life Labs, LLC		Case No. 23-04138				
	xcix					
	c					
c.	All professional fees and expenses (debtor & committees)					

Pa	rt 6: Postpetition Taxes	Current Month	Cumulative
a.	Postpetition income taxes accrued (local, state, and federal)	\$0	\$0
b.	Postpetition income taxes paid (local, state, and federal)	\$0	\$0
c.	Postpetition employer payroll taxes accrued	\$0	\$0
d.	Postpetition employer payroll taxes paid	\$0	\$0
e.	Postpetition property taxes paid	\$0	\$0
f.	Postpetition other taxes accrued (local, state, and federal)	\$0	\$0
g.	Postpetition other taxes paid (local, state, and federal)	\$0	\$0
Pa	rt 7: Questionnaire - During this reporting period:		
a.	Were any payments made on prepetition debt? (if yes, see Instructions)	Yes O No •	
b.	Were any payments made outside the ordinary course of business without court approval? (if yes, see Instructions)	Yes O No •	
c.	Were any payments made to or on behalf of insiders?	Yes 🔿 No 💿	
d.	Are you current on postpetition tax return filings?	Yes   No	
e.	Are you current on postpetition estimated tax payments?	Yes  No	
f.	Were all trust fund taxes remitted on a current basis?	Yes  No	
g.	Was there any postpetition borrowing, other than trade credit? (if yes, see Instructions)	Yes O No •	
h.	Were all payments made to or on behalf of professionals approved by the court?	Yes O No N/A •	
i.	Do you have: Worker's compensation insurance?	Yes   No	
	If yes, are your premiums current?	Yes  No N/A (if	f no, see Instructions)
	Casualty/property insurance?	Yes   No	
	If yes, are your premiums current?	Yes  No N/A (if	f no, see Instructions)
	General liability insurance?	Yes   No	
	If yes, are your premiums current?	Yes  No N/A (if	no, see Instructions)
j.	Has a plan of reorganization been filed with the court?	Yes No •	
k.	Has a disclosure statement been filed with the court?	Yes O No •	
1.	Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930?	Yes   No	

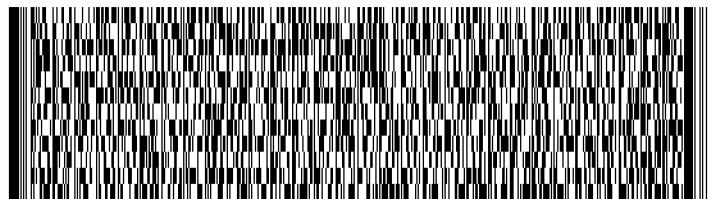
# Case 8:23-bk-04137-RCT Doc 53 Filed 11/30/23 Page 9 of 12

Deb	tor's Name Trim Life Labs, LLC	Case No.	23-04138			
Par	t 8: Individual Chapter 11 Debtors (Only)					
a.	Gross income (receipts) from salary and wages	\$0				
b.	Gross income (receipts) from self-employment	\$0				
c.	Gross income from all other sources	\$0				
d.	Total income in the reporting period (a+b+c)	\$0				
e.	Payroll deductions	\$0				
f.	Self-employment related expenses	\$0				
g.	Living expenses	\$0				
h.	All other expenses	\$0				
i.	Total expenses in the reporting period (e+f+g+h)	\$0				
j.	Difference between total income and total expenses (d-i)	\$0				
k.	List the total amount of all postpetition debts that are past due	\$0				
1.	Are you required to pay any Domestic Support Obligations as defined by 11 U.S.C § 101(14A)?	Yes O No •				
m.	If yes, have you made all Domestic Support Obligation payments?	Yes O No N/A •				
\$\$ U.S throbei is n law ma Exc www cor	Privacy Act Statement  28 U.S.C. § 589b authorizes the collection of this information, and provision of this information is mandatory under 11 U.S.C. §§ 704, 1106, and 1107. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6). The United States Trustee will also use this information to evaluate a chapter 11 debtor's progress through the bankruptcy system, including the likelihood of a plan of reorganization being confirmed and whether the case is being prosecuted in good faith. This information may be disclosed to a bankruptcy trustee or examiner when the information is needed to perform the trustee's or examiner's duties or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." See 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: http://www.justice.gov/ust/eo/rules_regulations/index.htm. Failure to provide this information could result in the dismissal or conversion of your bankruptcy case or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).  I declare under penalty of perjury that the foregoing Monthly Operating Report and its supporting documentation are true and correct and that I have been authorized to sign this report on behalf of the estate.					
/c / 1	Down Atlana	m. Atlaina				
		ry Atkins ed Name of Responsible Party				
		30/2023				

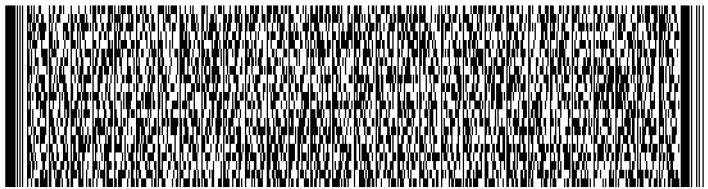
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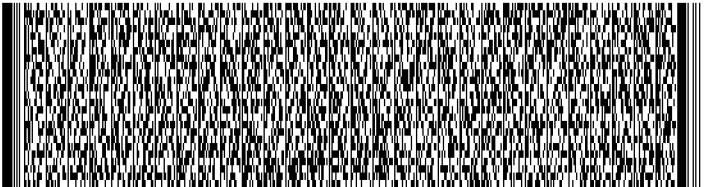
Debtor's Name Trim Life Labs, LLC Case No. 23-04138



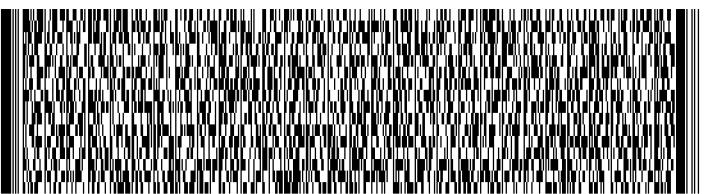
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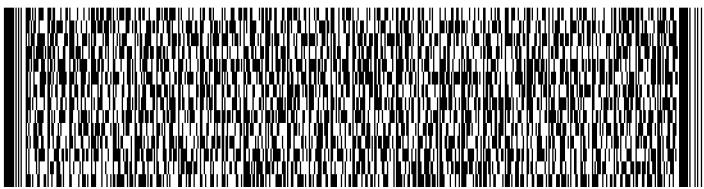


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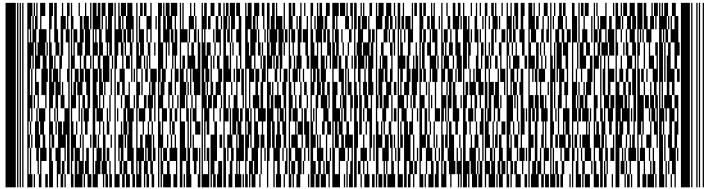


PageTwoPartTwo

Debtor's Name Trim Life Labs, LLC Case No. 23-04138



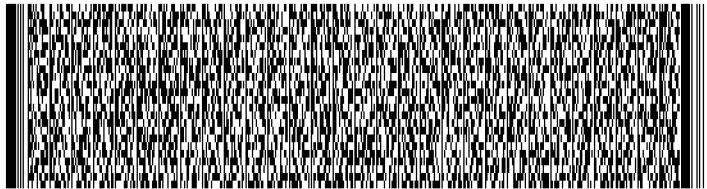
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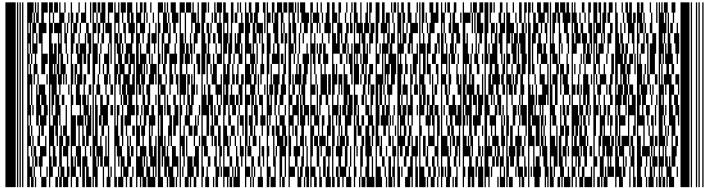
Bankruptcy51to100

NonBankruptcy1to50

NonBankruptcy51to100



PageThree



PageFour



P.O. Box 2848 Grand Rapids, MI 49501-2848

RETURN SERVICE REQUESTED

Case 8.123-166-104137-1700 Doc 53-1 Filed 11/80/123 tatement of Accounts 10/1/2023-10/31/2023 **Your Account Number** xxxxxx3673 Page 1

TRIM LIFE LABS LLC PO BOX 16605 TAMPA FL 33687-6605

Earn more when you save with LMCU. Our CD specials offer high rates along with a variety of terms to fit your goals, and our Max Checking account can help you earn nearly \$450 extra every year.\* Get started today by calling (800) 242-9790, stopping by any LMCU branch, or visiting LMCU.org.

\*Requirements apply. Visit LMCU.org.

#### **Summary-Share Accounts**

ı	<b>T</b>	Beginning	Ending
	<u>Type</u>	<u>Balance</u>	<u>Balance</u>
02	TRIM LIFE CC	\$5,216.96	\$5,216.96
01	TRIM LIFE LABS CHECKING	\$76,495.74	\$14,331.20
00	MEMBER SAVINGS	\$5.00	\$5.00
		Total	\$19,553.16

**MEMBER SAVINGS** Share Account ID 00 **Total Deposits** \$0.00 **Total Withdrawals** \$0.00 Withdrawal **Trans Eff Date Transaction Deposit Balance** Oct 01 **Beginning Balance** \$5.00 Oct 31 **Ending Balance** \$5.00

BUSINESS ANALYSIS CHECKING (TRIM LIFE LABS CHECKING)		Share Account ID 0			
			Total Deposi	its	\$1,845.46
			Total Withdr	awals	\$64,010.00
Trans	Eff Date	Transaction	Withdrawal	Deposit	Balance
Oct 01		Beginning Balance		•	\$76,495.74
Oct 04	Oct 04	Withdrawal ACH GATEWAY FEES TYPE: PURCHASE ID: 3383693141 DATA: 630-526-8670 CO: GATEWAY FEES	(\$5.00)		\$76,490.74
Oct 05	Oct 05	Withdrawal Adjustment ACH GATEWAY FEES 09100010075382 Dated 10/04/23 Returned Item returned unauthorized		\$5.00	\$76,495.74
Oct 05	Oct 05	Withdrawal ACH GATEWAY SERVICES TYPE: WEBPAYMENT ID: 3383693141 DATA: 847-352-4850 CO: GATEWAY SERVICES NAME: GET TRIM LIFE	(\$5.00)		\$76,490.74
Oct 06	Oct 06	Withdrawal Adjustment ACH GATEWAY SERVICES 091000011499905 Dated 10/05/23 Returned Item returned unauthorized		\$5.00	\$76,495.74
Oct 18	Oct 18	Deposit by Check 86920000056170 Remote deposit item count: 01		\$1,835.46	\$78,331.20
Oct 19	Oct 19	Withdrawal Home Banking Transfer To EAGLE HEMP, LLC 0042163660 Share 01 Funds Transfer via Online	(\$4,000.00)		\$74,331.20
Oct 25	Oct 25	Withdrawal Home Banking Transfer To EAGLE HEMP, LLC 0042163660 Share 01 Funds Transfer via Online	(\$60,000.00)		\$14,331.20
Oct 31		Ending Balance			\$14,331.20

#### AGGREGATE OVERDRAFT AND RETURNED ITEM FEES

	Total For This Period	Total Year to Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$480.00

BUSIN	BUSINESS ANALYSIS CHECKING (TRIM LIFE CC) Share A		Account ID 02		
			Total Deposits Total Withdrawals		\$1,639.20
					\$1,639.20
Trans	Eff Date	Transaction	Withdrawal	Deposit	Balance
Oct 01		Beginning Balance			\$5,216.96
Oct 02	Oct 02	Withdrawal ACH PAYARC	(\$16.75)		\$5,200.21

	LOO ANA	LYSIS CHECKING (TRIM LIFE CC)		Account ID 02
			Total Deposits Total Withdrawals	\$1,639.20 \$1,639.20
Trans	Eff Date	Transaction	Withdrawal Deposit	Balance
iiaiis	LII Date	TYPE: MERCH FEES ID: 5670494381	Withdrawai Deposit	Dalance
		CO: PAYARC		
Oct 02	Oct 02	Withdrawal ACH EMS	(\$154.00)	\$5,046.2
Oct 02	Oct 02	TYPE: BKRD DEP ID: 1246827742 CO: EMS Withdrawal ACH MERCHANT SERVICE	(\$230.00)	\$4,816.2°
JCI 02	OCI 02	TYPE: MTHLY DISC ID: 9180404955	(ψ230.00)	ψ4,010.2
		CO: MERCHANT SERVICE		
Oct 03	Oct 03	Withdrawal Adjustment ACH PAYARC 084106760055520 Dated 10/02/23 Returned	\$16.75	\$4,832.96
		Item returned unauthorized		
Oct 03	Oct 03	Withdrawal Adjustment ACH EMS	\$154.00	\$4,986.96
		071000282031798 Dated 10/02/23 Returned		
Oct 03	Oct 03	Item returned unauthorized Withdrawal Adjustment ACH MERCHANT SERVICE	\$230.00	\$5,216.96
00.00	00.00	026073060012721 Dated 10/02/23 Returned	Ψ200.00	ψο,Σ10.00
0 . 0=	0	Item returned unauthorized	(00.00)	<b>#</b> 5.44.00
Oct 05	Oct 05	Withdrawal ACH GATEWAY SERVICES TYPE: WEBPAYMENT ID: 3383693141	(\$6.00)	\$5,210.96
		DATA: 847-352-4850 CO: GATEWAY SERVICES		
		NAME: TRIM LIFE LABS LLC	(00-00)	<b>^-</b>
Oct 05	Oct 05	Withdrawal ACH GATEWAY SERVICES TYPE: WEBPAYMENT ID: 3383693141	(\$25.00)	\$5,185.96
		DATA: 847-352-4850 CO: GATEWAY SERVICES		
_		NAME: TRIM LIFE LABS LLC	4	
Oct 05	Oct 05	Withdrawal ACH GATEWAY SERVICES TYPE: WEBPAYMENT ID: 3383693141	(\$25.00)	\$5,160.96
		DATA: 847-352-4850 CO: GATEWAY SERVICES		
		NAME: TRIM LIFE		
Oct 05	Oct 05	Withdrawal ACH GATEWAY SERVICES TYPE: WEBPAYMENT ID: 3383693141	(\$25.00)	\$5,135.96
		DATA: 847-352-4850 CO: GATEWAY SERVICES		
		NAME: TRIM LIFE LABS LLC		
Oct 05	Oct 05	Withdrawal ACH GATEWAY SERVICES	(\$25.00)	\$5,110.96
		TYPE: WEBPAYMENT ID: 3383693141 DATA: 847-352-4850 CO: GATEWAY SERVICES		
		NAME: TRIM LIFE LABS LLC		
Oct 06	Oct 06	Withdrawal Adjustment ACH GATEWAY SERVICES 091000011535154 Dated 10/05/23 Returned	\$6.00	\$5,116.96
		Item returned unauthorized		
Oct 06	Oct 06	Withdrawal Adjustment ACH GATEWAY SERVICES	\$25.00	\$5,141.96
		091000011510750 Dated 10/05/23 Returned Item returned unauthorized		
Oct 06	Oct 06	Withdrawal Adjustment ACH GATEWAY SERVICES	\$25.00	\$5,166.96
		091000011515165 Dated 10/05/23 Returned	•	<b>,</b> -,
Oct 06	Oct 06	Item returned unauthorized	<b>\$25.00</b>	¢E 101 00
Oct 06	OCI 06	Withdrawal Adjustment ACH GATEWAY SERVICES 091000011527299 Dated 10/05/23 Returned	\$25.00	\$5,191.96
		Item returned unauthorized		
Oct 06	Oct 06	Withdrawal Adjustment ACH GATEWAY SERVICES	\$25.00	\$5,216.96
		091000011534176 Dated 10/05/23 Returned Item returned unauthorized		
Oct 16	Oct 16	Withdrawal ACH GoDaddy Payments	(\$216.49)	\$5,000.47
		TYPE: Deb 10/14 ID: 1453481385		
Oct 17	Oct 17	CO: GoDaddy Payments Withdrawal Adjustment ACH GoDaddy Payments	\$216.49	\$5,216.96
	••••	042000010905833 Dated 10/16/23 Returned	Ψ=10.10	ψο,Ξ:ο.ο.
2-4-40	0-440	Item returned unauthorized	(#040.40\	ΦE 000 4
Oct 19	Oct 19	Withdrawal ACH GoDaddy Payments TYPE: Deb 10/18 ID: 1453481385	(\$216.49)	\$5,000.47
		CO: GoDaddy Payments		
Oct 20	Oct 20	Withdrawal Adjustment ACH GoDaddy Payments	\$216.49	\$5,216.96
		042000010186762 Dated 10/19/23 Returned Item returned unauthorized		
Oct 20	Oct 20	Withdrawal ACH GATEWAY SERVICES	(\$50.00)	\$5,166.96
		TYPE: WEBPAYMENT ID: 3383693141		
		DATA: 847-352-4850 CO: GATEWAY SERVICES		

<sup>---</sup>continued on the following page---

BUSINESS ANALYSIS CHECKING (TRIM LIFE CC)			Share Account ID 02		
			Total Deposi	ts	\$1,639.20
			Total Withdr	awals	\$1,639.20
Trans	Eff Date	Transaction	Withdrawal	Deposit	Balance
Oct 23	Oct 23	Withdrawal Adjustment ACH GATEWAY SERVICES 091000011033153 Dated 10/20/23 Returned Item returned unauthorized		\$50.00	\$5,216.96
Oct 23	Oct 23	Withdrawal ACH GoDaddy Payments TYPE: Deb 10/21 ID: 1453481385 CO: GoDaddy Payments	(\$216.49)		\$5,000.47
Oct 24	Oct 24	Withdrawal Adjustment ACH GoDaddy Payments 042000014616376 Dated 10/23/23 Returned Item returned unauthorized		\$216.49	\$5,216.96
Oct 26	Oct 26	Withdrawal ACH GoDaddy Payments TYPE: Deb 10/25 ID: 1453481385 CO: GoDaddy Payments	(\$216.49)		\$5,000.47
Oct 27	Oct 27	Withdrawal Adjustment ACH GoDaddy Payments 042000010832435 Dated 10/26/23 Returned Item returned unauthorized		\$216.49	\$5,216.96
Oct 30	Oct 30	Withdrawal ACH GoDaddy Payments TYPE: Deb 10/28 ID: 1453481385 CO: GoDaddy Payments	(\$216.49)		\$5,000.47
Oct 31	Oct 31	Withdrawal Adjustment ACH GoDaddy Payments 042000018498682 Dated 10/30/23 Returned Item returned unauthorized		\$216.49	\$5,216.96
Oct 31		Ending Balance			\$5,216.96

#### AGGREGATE OVERDRAFT AND RETURNED ITEM FEES

	Total For This Period	Total Year to Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$180.00

#### **Dividend Summary**

	Dividends
Account	Year To Date
MEMBER SAVINGS	\$0.00
BUSINESS ANALYSIS CHECKING - TRIM LIFE LABS	\$0.00
BUSINESS ANALYSIS CHECKING - TRIM LIFE CC	\$0.00
Total	\$0.00

This interest only reflects shares currently opened. A year end tax form will be sent if eligible detailing total interest for the year.

Your current account relationship is Value

TRIM LIFE LABS LLC DEBTOR-N-POSSESSION 2855 INTERSTATE DR STE 111 LAKELAND FL 33805-2391

ACCOUNT #

0341251784

092 26

Cycle Enclosures

sures 0 Page 1 of 2

### **ADVANTAGE BUSINESS CHECKING**

September 30, 2023 through October 31, 2023

SUMMARY			
Beginning Balance Deposits & Credits Withdrawals Fees Automatic Transfers Checks Ending Balance	\$80,000.00 \$0.00 + \$0.00 - \$0.00 - \$0.00 + \$0.00 -	Minimum Daily Balance Average Monthly Statement Balance	\$80,000 \$80,000

You may request account disclosures containing terms, fees, and rate information (if applicable) for your account by contacting any Regions office.



### **Easy Steps to Balance Your Account**

#### Checking Account

1.	Write here the amount shown on statement for <b>ENDING BALANCE</b>	\$
2.	Enter any deposits which have not been credited on this statement.	\$ +
3.	Total lines 1 & 2	\$ =
4.	Enter total from 4a (column on right side of page)	\$ -
5.	Subtract line 4 from line 3. This should be your checkbook balance.	\$ =

4a List any checks, payments, transfers or other withdrawals from your account that are not on this statement.

Check No.	Amount
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	\$
	\$
	\$
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	\$
	\$
	\$
	\$
Total Enter in Line 4 at Left	

The law requires you to use "reasonable care and promptness" in examining your bank statement and any checks sent with it and to report to the Bank an unauthorized signature (i.e., a forgery), any alteration of a check, or any unauthorized endorsement. You must report any forged signatures, alterations or forged endorsements to the Bank within the time periods specified under the Deposit Agreement. If you do not do this, the Bank will not be liable to you for the losses or claims arising from the forged signatures, forged endorsements or alterations. Please see the Deposit Agreement for further explanation of your responsibilities with regard to your statement and checks. A copy of our current Deposit Agreement may be requested at any of our branch locations.

Summary of Our Error Resolution Procedures
In Case of Errors or Questions About Your Electronic Transfers
Telephone us toll-free at 1-800-734-4667
or write us at
Regions Electronic Funds Transfer Services
Post Office Box 413
Birmingham, Alabama 35201

Please contact Regions as soon as you can, if you think your statement is wrong or if you need more information about a transfer listed on your statement. We must hear from you no later than sixty (60) days after we sent the FIRST statement on which the problem or error appeared.

- (1) Tell us your name and account number.
- (2) Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe it is an error or why you need more information.
- (3) Tell us the dollar amount of the suspected error.

If you tell us verbally, we may require that you send us your complaint or question in writing within ten (10) business days.

We will determine whether an error occurred within ten (10) business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to forty-five (45) days to investigate your complaint or question (ninety (90) days for POS transactions or for transfers initiated outside of the United States). If we decide to do this, we will credit your account within ten (10) business days for the amount you think is in error. If, after the investigation, we determine that no bank error occurred, we will debit your account to the extent previously credited. If we ask you to put your complaint in writing and we do not receive it within ten (10) business days, we may not credit your account.

New Accounts- If an alleged error occurred within thirty (30) days after your first deposit to your account was made, we may have up to ninety (90) days to investigate your complaint, provided we credit your account within twenty (20) business days for the amount you think is in error.

If we decide there was no error, we will send you a written explanation within three (3) business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

FOR QUESTIONS CONCERNING THIS STATEMENT OR FOR VERIFICATION OF A PREAUTHORIZED DEPOSIT, PLEASE CALL 1-800-REGIONS (734-4667) OR VISIT YOUR NEAREST REGIONS LOCATION.

ADJ - Adjustment RI - Return Item CR - Credit SC - Service Charge OD - Overdrawn

EB - Electronic Banking NSF - Nonsufficient Funds APY - Annual Percentage Yield FWT - Federal Withholding Tax \*Break in Number Sequence

You can make a deposit at the branch during business hours or at a Regions Deposit-Smart ATM, and you can also make a transfer or deposit through Regions Online Banking or Mobile Banking. To make a deposit to an overdrawn account 24 hours a day, please visit https://selfservice.regions.com.