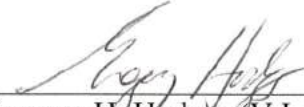


DUDLEY, TOPPER and FEUERZEIG, LLP

Dated: May 16, 2014

By:


Gregory H. Hodges (V.I. Bar No. 174)
1000 Frederiksberg Gade - P.O. Box 756
St. Thomas, VI 00804
Telephone: (340) 715-4405
Telefax: (340) 715-4400
E-mail: ghodges@dtflaw.com

and

Nizar A. DeWood, Esq. (V.I. Bar No. 1177)
The DeWood Law Firm
2006 Eastern Suburbs, Suite 101
Christiansted, VI 00830
Telephone: (340) 773-3444
Telefax: (888) 398-8428
Email: info@dewood-law.com

Attorneys for Fathi Yusuf and United Corporation

CERTIFICATE OF SERVICE

I hereby certify that on this 16th day of May, 2014, I caused the foregoing **Defendants' Supplemental Rule 26(a)(1)(A) Disclosures** to be served upon the following via e-mail:

Joel H. Holt, Esq.
LAW OFFICES OF JOEL H. HOLT
2132 Company Street
Christiansted, V.I. 00820
Email: holtvi@aol.com

Carl Hartmann, III, Esq.
5000 Estate Coakley Bay, #L-6
Christiansted, VI 00820
Email: carl@carlhartmann.com

Mark W. Eckard, Esq.
Eckard, P.C.
P.O. Box 24849
Christiansted, VI 00824
Email: mark@markeckard.com

Jeffrey B.C. Moorhead, Esq.
C.R.T. Building
1132 King Street
Christiansted, VI 00820
Email: jeffreymlaw@yahoo.com

**DUDLEY, TOPPER
AND FEUERZEIG, LLP**

1000 Frederiksberg Gade

P.O. Box 756

St. Thomas, U.S.V.I. 00804-0756

(340) 774-4422





*Need Amendments to
Articles - By Law
A Resolution*

Information Gathering Form - Account for a Private Corporate Entity

NOTE: PLEASE PROVIDE ALL OF THE REQUESTED INFORMATION & DOCUMENTATION TO EXPEDITE THE ACCOUNT OPENING PROCESS, COMPLETE & RETURN THIS FORM TO THE ATTENTION OF _____

SECTION 1 - DETAILS OF THE COMPANY

1. Full legal name of the company: PLESSEN ENTERPRISES INC.
Trading Name(s) (if applicable): SAME AS ABOVE.

2. Mailing address of the company: P.O. BOX 763
CHRISTIANSTED
ST.CROIX, USVI 00821-0763
Physical address of the company: 4C&D ESTATE SION FARM
CHRISTIANSTED
ST.CROIX, USVI 00820

Telephone number: (340) 778-6240 Facsimile number: (340) 778-1200
E-mail address: _____ Website: _____

3. Number of employees: Full time _____ Part time _____

4. Number of years in business: _____

5. Number of years at above address: _____

6. Country of incorporation: _____

7. Address of the Company's Registered Office: 4C&D ESTATE SION FARM
CHRISTIANSTED, ST.CROIX USVI 00820

Telephone number: 340 778-6240 Facsimile number: 340 778-1200

8. Name /address / etc. of primary company contact: WALEED HAMED
4C&D ESTATE SION FARM CHRISTIANSTED, ST.CROIX USVI 00820

Telephone number: () _____ Facsimile number: () _____
E-mail address: _____

9. Name and address of the company's primary banker: BANCO POPULAR.

Name of Account Manager: _____
Telephone number: () _____ Facsimile number: () _____

10. Name and address of the Law Firm that represents the company (if applicable): _____

Name of Attorney (if specifically assigned, within the firm): _____
Telephone number: () _____ Facsimile number: () _____

11. Name and address of the company's Accountant (if applicable): _____
Telephone number: () _____ Facsimile number: () _____



12. Provide originals or certified true copies (if originals cannot be provided) of the following corporate documents:

- Certificate(s) of Incorporation / Registration;
- Memorandum and Articles of Incorporation / Association & By Laws;
- Notice of Address or Notice of Change of Address of Registered Office;
- Notice of Directors/Managers or Notice of Change of Directors/Managers;
- Notice of Appointment of Secretary and/or Notice of Change of Secretary;
- Register of Members / Shareholders, including the full name and address of each beneficial owner holding 25% or more of the Company's shares;
- Trade / Business Licenses and Registration documentation;
- Request for Name Search and/or Name Reservation;
- Certificate of Good Standing; or
- Any other documentation requested by the Account Officer.

Note: Wherever documents require renewal, a copy of the "updated" document is to be provided to Scotiabank upon each renewal / re-registration process.

13. If any of the following is itself a corporate entity then the items listed in section 12 are required for each such corporate entity, as well information regarding the following.

- Authorized signatory;
- Directors;
- Beneficial owner holding 25% or more of the Company's shares;
- Any person with principal control over the Company's assets; and
- Any person acting under a power of attorney or any other legal document.

14. Please provide personal information for each officer, director, and shareholder with more than 25% ownership of the company.

Name WALEED HAMED Title GENERAL MANAGER
Physical Address 4 C&D ESTATE SION FARM CHRISTIANSTED ST. CROIX 00820
Mailing Address P.O. BOX 763 CHRISTIANSTED, ST. CROIX USVI 00821-0763
Date of Birth 01/22/1962
Country of Citizenship USA Telephone Number (340) 690-9395
Email address _____ Social Security Number 580-06-4454

Name MUFEEED HAMED Title MANAGER
Physical Address SAME AS ABOVE
Mailing Address SAME AS ABOVE
Date of Birth 10/1/1971
Country of Citizenship USA Telephone Number (340) 690-0581
Email address _____ Social Security Number 580-19-5934

Name MAHER YUSUF Title PRESIDENT
Physical Address #14 ESTATE PLESSEN F' STED ST. CROIX USVI 00841
Mailing Address P.O. BOX 3649 KINGSHILL, ST. CROIX USVI 00851-3649
Date of Birth 4/28/1967
Country of Citizenship USA Telephone Number (340) 690-9396
Email address _____ Social Security Number 580-17-0046

Name FATHI YUSUF Title TREASURER
Physical Address #26 A TUTU PARK MALL (ST. THOMAS)
Mailing Address #26 A TUTU PARK MALL ST. THOMAS USVI 00802
Date of Birth 4/15/1941
Country of Citizenship USA Telephone Number (340) 690-9598
Email address _____ Social Security Number 580-09-1013



12. Provide originals or certified true copies (if originals cannot be provided) of the following corporate documents:

- Certificate(s) of Incorporation / Registration;
- Memorandum and Articles of Incorporation / Association & By Laws;
- Notice of Address or Notice of Change of Address of Registered Office;
- Notice of Directors/Managers or Notice of Change of Directors/Managers;
- Notice of Appointment of Secretary and/or Notice of Change of Secretary;
- Register of Members / Shareholders, including the full name and address of each beneficial owner holding 25% or more of the Company's shares;
- Trade / Business Licenses and Registration documentation;
- Request for Name Search and/or Name Reservation;
- Certificate of Good Standing; or
- Any other documentation requested by the Account Officer.

Note: Wherever documents require renewal, a copy of the "updated" document is to be provided to Scotiabank upon each renewal / re-registration process.

13. If any of the following is itself a corporate entity then the items listed in section 12 are required for each such corporate entity, as well information regarding the following.

- Authorized signatory;
- Directors;
- Beneficial owner holding 25% or more of the Company's shares;
- Any person with principal control over the Company's assets; and
- Any person acting under a power of attorney or any other legal document.

14. Please provide personal information for each officer, director, and shareholder with more than 25% ownership of the company.

Name HISHAM HAMED Title MANAGER
 Physical Address #14 ESTATE PLESSEN' STED ST.CROIX, USVI 00841
 Mailing Address P.O. BOX 3649 KINGSHILL, ST.CROIX USVI 00851-3649
 Date of Birth 12/19/1975
 Country of Citizenship USA Telephone [REDACTED]
 Email address _____ Social Security Number 5 [REDACTED]

Name YUSUF YUSUF Title MANAGER
 Physical Address 4C&D ESTATE SION FARM CHRISTIANSTED ST.CROIX USVI 00820
 Mailing Address P.O. BOX 763, CHRISTIANSTED, ST.CROIX USVI 00821-0763
 Date of Birth 4/24/1977
 Country of Citizenship USA Telephone Number (340) 690-8789
 Email address _____ Social Security Number 580-21-9738

Name _____ Title _____
 Physical Address _____
 Mailing Address _____
 Date of Birth _____
 Country of Citizenship _____ Telephone Number _____
 Email address _____ Social Security Number _____

Name _____ Title _____
 Physical Address _____
 Mailing Address _____
 Date of Birth _____
 Country of Citizenship _____ Telephone Number _____
 Email address _____ Social Security Number _____



Scotiabank

Name _____ Title _____
 Physical Address _____
 Mailing Address _____
 Date of Birth _____
 Country of Citizenship _____ Telephone Number _____
 Email address _____ Social Security Number _____

15. Are any of the signatories, officers, shareholders with more than 25% ownership, or their immediate family members; a current or former senior official in the executive, legislative, administrative, military or judiciary of a foreign government or a senior officer of a foreign Political Party, or a senior executive of any entity owned by a foreign government or do they maintain a personal or professional relationship with any such official?
 NO YES _____ (If YES, provide further details as directed by the bank officer).

16. Scotiabank's standard operating documents are generally only provided after all of the account-opening requirements have been fully satisfied. To assist in this process, please complete the following questions regarding the authorized signatories and signing instructions.

A. Provide the name and title of each individual who is authorized to sign on the company's account. Authorized signers are required to provide two pieces of ID in original form (or notarized copy only when authorized by a bank employee) - one (1) primary piece being a government-issued photo-ID (e.g., valid passport, drivers licence) and one (1) secondary piece (e.g., birth certificate, credit card, social security card, etc):

✓ Name WALEED HAMED Title _____
 Physical Address _____ SAME _____
 Mailing Address _____ AS _____
 Date of Birth _____
 Country of Citizenship ABOVE Telephone Number _____
 Email address _____ Social Security Number _____

✓ Name MUFEEED HAMED Title _____
 Physical Address _____
 Mailing Address _____ SAME _____
 Date of Birth _____ AS _____
 Country of Citizenship ABOVE Telephone Number _____
 Email address _____ Social Security Number _____

✓ Name MAHER YUSUF Title _____
 Physical Address _____
 Mailing Address _____ SAME _____
 Date of Birth _____ AS _____
 Country of Citizenship _____ Telephone Number _____
 Email address ABOVE Social Security Number _____

✓ Name FATHI YUSUF Title _____
 Physical Address _____
 Mailing Address _____ SAME _____
 Date of Birth _____ AS _____
 Country of Citizenship _____ Telephone Number _____
 Email address ABOVE Social Security Number _____

✓ Name HISHAM HAMED Title _____
 Physical Address _____
 Mailing Address _____ SAME _____
 Date of Birth _____ AS _____
 Country of Citizenship _____ Telephone Number _____
 Email address ABOVE . . . Social Security Number _____



Name YUSUF YUSUF Title _____
 Physical Address SAME
 Mailing Address AS
 Date of Birth _____
 Country of Citizenship _____ Telephone Number _____
 Email address ABOVE. Social Security Number _____

B. Indicate the signing instructions for the above named individuals who are required to sign on the company's account (e.g., any one to sign; "A" to sign with either of "B" or "C", etc):

TWO SIGNATURES ARE REQUIRED (one Hamed with one Yusuf).

C. Provide names and applicable instructions for persons not authorized to sign on the account, but authorized to obtain the account balance, collect account statements, mail, etc. ID documents are also required as per item # 15:

D. Provide details of any other existing accounts / relationship held with any Scotiabank Group:

E. If so requested, provide a banker's reference on the aforementioned Company, prepared on the applicable Bank's letterhead, and signed by its Manager. If the Company is newly established and does not have an existing banking relationship then the reference is to be provided on the Parent Company / Beneficial Owner(s). The bank reference should comment on the quality of the banking relationship over at least two years, provide full details of the banking arrangements including the date of establishment of the account, type of account, currency of account, present balance, average balance over the previous twelve-month period, credit history, and be specifically addressed to Scotiabank, to provide meaningful support. Facsimile or email references, or references addressed "To Whom It May Concern" are not acceptable.

SECTION 2 – PURPOSE FOR THE ACCOUNT AND ANTICIPATED ACCOUNT ACTIVITY

1. Reason &/or purpose for requiring accounts(s) with Scotiabank, (including referral source if applicable):

2. Detailed overview of the Company's primary business activity (e.g., business / products / services provided and how distributed to clients); type of operations; countries in which/ to which transactions are processed; etc. (attach brochures of articles with pertinent information):

RETAILED SUPERMARKET.



3. Financial year end:
Please provide a copy of the Company's latest financial statements or Annual Report. Attached
If the Company is a subsidiary then provide a copy of the parent company's Annual Report, Attached
& Corporate Tree detailing ownership particulars (as applicable). In-house financials are to be provided if
Accountant-prepared statements are not available.
4. Indicate the type of each account required (e.g., *Checking Account, Certificate of Deposit, Call Deposit*) and
services required (e.g., *wire transfers, letters of credit*):

5. Scotiabank is required by law to satisfy itself as to the source of funds for deposits (e.g., from sales, dividends, inter-
company loans, etc). Also indicate from where, &/or from whom, funds for deposits are received. (Scotiabank
reserves the right to request additional documentary evidence to support the information provided):

6. Provide details of the anticipated activity in # 7 below. Material change (i.e., in excess of 20%) in the activity
projected, requires that the company immediately notify the Account Manager / Relationship Officer, and discuss
with him/her whatever supporting information may be required to support the new statistics:
7. Normal & Expected Activity:
- Number of checks expected to be issued in the average month; 1-50 51-100 101-150 151+
Total \$ value; \$ \$ \$ \$
Major Suppliers / Customers and average payments to them per month:
- Largest amount of check (and its beneficiary) issued in the average month;
- Large check payments at irregular intervals (e.g., *Payment to primary auto parts supplier - ABC Suppliers Ltd -
\$xxx per quarter; XYZ Corporation - oil & batteries supplier - \$yyy semi-annually, etc*);
- Anticipated wire payments per month; 1-5 6-9 10-15 15+
Total \$ value; \$ \$ \$ \$
Major Suppliers / Customers and average payments to them per month:
- Number of anticipated deposits in the average month; 1-10 11-20 21-40 41+
Total \$ value; \$ \$ \$ \$



7. Normal & Expected Activity (cont'd):

- Composition of the above deposits Checks Wires Cash Drafts / Money Orders
Total \$ value; \$ \$ \$ \$
Major Clients and average payments by them per month:

- Letters of Credit &/or Collections Payments (i.e. for goods purchased from a Supplier);
Major Clients and anticipated amounts;

8. Will this account be used to conduct business on behalf of someone other than the named account holder (s) (third party)? Yes / No. If "yes" provide details and supporting documentation for further review/discussion (as advised by the Bank Officer).
[Note for Bank: If the reply is yes, record personal information of the third party and obtain identification and two letters of reference (if the third party is a non-resident).]

9. **IMPORTANT INFORMATION ABOUT UNLAWFUL INTERNET GAMBLING**

The Unlawful Internet Gambling Enforcement Act of 2006 ("UIGEA" or the "Act") and its implementing Regulation GG prohibit any person from knowingly accepting payments in connection with the participation of another person in unlawful Internet gambling.

The Act generally defines "unlawful Internet gambling" as placing, receiving, or otherwise knowingly transmitting a bet or wager (as defined by the Act) by any means which involves the use, at least in part, of the Internet where such bet or wager is unlawful under any applicable Federal or State Law.

I /We hereby certify the above-named business does NOT engage in an Internet gambling business of any kind, either legal or illegal, and will notify Scotiabank if this activity occurs.

10. I/We certify that to the best of our knowledge the information provided herein is accurate. If there are any subsequent changes to any of the information/documentation, we will notify Scotiabank by a signed letter.

I/We authorize the Bank to obtain independent verification from any public &/or internal sources, with respect to this application and in accordance with anti money laundering & anti terrorist financing laws & regulations.

I/We acknowledge that this account will be open for review by Compliance Officers and Auditors and by local government Auditors and Inspectors, subject to appropriate confidential restrictions by the bank.

I/We further confirm that all credits to the account are and will be beneficially owned by the company (or as detailed in item # 8).

Disclosure of information:

While the Bank is committed to protect the privacy and security of the information provided, it may be necessary to disclose information:

- o In response to credit enquiries from qualified legal financial institutions (usually with respect to the customer's application at said financial institution);
- o If the Bank in its discretion reasonably deems such disclosure necessary or desirable in furtherance of the customer's business;
- o Pursuant to legal process or subpoena served on the bank, and
- o If disclosure is reasonably necessary to protect the Bank's interests (the bank will usually notify the customer where permissible under the applicable legal process).



The Customer hereby consents to and authorizes such disclosure, and the Bank shall not become liable by reason of the giving of any such information or of it's being inaccurate or incomplete.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will ask to see two forms of identification, one of which must have a picture. We may also request other identifying documents.

Signature: [Handwritten Signature]
Director / Authorized Signatory

Signature: [Handwritten Signature]
Director / Authorized Signatory

Date: _____

For Bank Use Only:

Country of Risk _____

SIC Code _____

Assigned Risk Rating (H, M, L): _____

Reviewed by: _____
(Bank Officer)

Date: _____

Authorized by: _____
(Bank Officer)

Date: _____

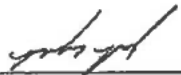
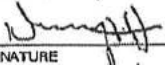
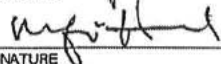
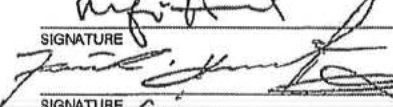
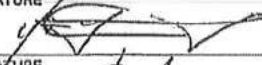

BUSINESS ACCOUNT SIGNATURE CARD

PLESSEN ENTERPRISES INC.	ACCT. NO. 05800045012
NAME OF BUSINESS 4C&D ESTATE SION FARM	<input type="checkbox"/> CAD <input checked="" type="checkbox"/> U.S.
ADDRESS CHRISTIANSTED ST. CROIX USVI	
CITY/TOWN	00820
PROVINCE	POSTAL CODE

SIGNING INSTRUCTIONS (Complete only if different than "any one (1) to sign")
ANY TWO ** One Hamed and One Yusuf

1031112 (8/01)

AUTH. INITIAL

	MAHER YUSUF/PRESIDENT.
SIGNATURE	NAME / TITLE
	WALEED HAMED/GENERAL MANAGER.
SIGNATURE	NAME / TITLE
	MUFEEED HAMED/MANAGER.
SIGNATURE	NAME / TITLE
	FATHI YUSUF/TREASURER
SIGNATURE	NAME / TITLE
	YUSUF YUSUF/MANAGER.
SIGNATURE	NAME / TITLE
	HISHAM HAMED/MANAGER.
SIGNATURE	NAME / TITLE

Document Information

Document Type: Cheque Image Date Processed: 04/29/2014
Transit Number: 30586 Cheque Serial Number: 0000386
Account Number: 45012 Amount: (\$20,000.00)

Image <<< >>> ZoomIn ZoomOut Back Next

PLESSEN ENTERPRISES, INC.
P.O. BOX 763
C' STED., VI 00821

0386 101-666216

PAY TO THE ORDER OF Jeffrey Moorhead \$ 20,000.00

Twenty Thousand Dollars 2000/100 DOLLARS

FOR Return Fee Lighted Sign

Scotiabank
THE BANK OF NOVA SCOTIA
SUITE 100, 101
FREDERICTON, ST. JOHN'S, NS

000386 0216060691 058 000450 12

0374

717 - Best

Children's Color
de Mayo Events

OK Print

http://axrosb:5192/ibp/web/ibp/product/pages/ChequeImagePopUp.jsf?cheqNum=0000386&postDate=0429&bnAmt=-2000000&tom Local intranet

Favorites

Scotiabank

Client > PLESSEN ENT

CU Ac Pr Cu

IBP Account
Class Account

Current Balance:
Balance Forward:
Transaction Amou

Posting Date

- 0429
- 0331
- 0320
- 0312
- 0306
- 0226
- 0221
- 0214
- 0212
- 0205
- 0131
- 0127

on BTHSMIL 150

and

Nizar A. DeWood, Esq. (V.I. Bar No. 1177)
The DeWood Law Firm
2006 Eastern Suburbs, Suite 101
Christiansted, VI 00830
Telephone: (340) 773-3444
Telefax: (888) 398-8428
Email: info@dewood-law.com

Attorneys for Fathi Yusuf and United Corporation

CERTIFICATE OF SERVICE

I hereby certify that on this 16th day of May, 2014, I caused the foregoing **Notice of Service of Defendants' Supplemental Rule 26(a)(1)(A) Disclosures** to be served upon the following via e-mail:

Joel H. Holt, Esq.
LAW OFFICES OF JOEL H. HOLT
2132 Company Street
Christiansted, V.I. 00820
Email: holtvi@aol.com

Carl Hartmann, III, Esq.
5000 Estate Coakley Bay, #L-6
Christiansted, VI 00820
Email: carl@carlhartmann.com

Mark W. Eckard, Esq.
Eckard, P.C.
P.O. Box 24849
Christiansted, VI 00824
Email: mark@markeckard.com

Jeffrey B.C. Moorhead, Esq.
C.R.T. Building
1132 King Street
Christiansted, VI 00820
Email: jeffreymlaw@yahoo.com

Michelle Barb