

B 10 (Custom Form 10) (04/09)

UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE		PROOF OF CLAIM
<p style="text-align: center; font-size: small;">Indicate the Debtor against which you assert a claim by checking the appropriate box below. (Check only one Debtor per claim form.)</p> <p> <input type="checkbox"/> Cynergy Data, LLC -- (Case No. 09-13038) <input checked="" type="checkbox"/> Cynergy Data Holdings, Inc. -- (Case No. 09-13039) <input type="checkbox"/> Cynergy Prosperity Plus, LLC -- (Case No. 09-13040) </p>		
<p>Name of Creditor (the person or other entity to whom the debtor owes money or property):</p> <p>AMERICAN STANDARD FINANCE COM</p>		<p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.</p> <p>Court Claim Number: _____</p> <p style="text-align: center; font-size: small;">(if known)</p> <p>Filed on: _____</p>
<p>Name and address where notices should be sent: Name ID: 8455194 Pack No. 305</p> <p>AMERICAN STANDARD FINANCE COM SUSAN QUINN 401 N MILAS ST SANTA BARBARA, CA 93101</p> <p style="text-align: right;">Telephone No. _____</p>		
<p>Name and address where payment should be sent (if different from above):</p> <p> <input checked="" type="checkbox"/> Date Stamped Copy Returned <input type="checkbox"/> No self addressed stamped envelope <input type="checkbox"/> No copy to return </p> <p style="text-align: right;">Telephone No. _____</p>		
<p>1. Amount of Claim as of Date Case Filed: \$ <u>34,402.20</u></p> <p>If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.</p> <p>If all or part of your claim is entitled to priority, complete item 5.</p> <p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or charges</p>		<p>5. Amount of claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.</p> <p>Specify the priority of the claim.</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</p> <p><input type="checkbox"/> Wages, salaries, or commission (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, which ever is earlier -- 11 U.S.C. § 507(a)(4).</p> <p><input type="checkbox"/> Contributions to an employee benefit plan -- 11 U.S.C. § 507(a)(5).</p> <p><input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -- 11 U.S.C. § 507(a)(7).</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units -- 11 U.S.C. § 507(a)(8).</p> <p><input type="checkbox"/> Other -- Specify applicable paragraph of 11 U.S.C. § 507(a)(____).</p> <p style="text-align: center;">Amount entitled to priority:</p> <p style="text-align: center;">\$ _____</p> <p style="font-size: x-small;">* Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with response to cases commenced on or after the date of adjustment.</p>
<p>2. Basis for Claim: <u>Rolling Reserve Account</u> (See instruction #3a on reverse side.)</p>		
<p>3. Last four digits of any number by which creditor identifies debtor: <u>2000</u></p> <p>3a. Debtor may have scheduled account as: <u>MSOQ Productions LLC</u> (See instruction #3a on reverse side.)</p> <p>3b. Creditor Tax ID # <u>26-2743134</u></p>		
<p>4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.</p> <p>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other</p> <p>Describe: _____</p> <p>Value of Property: \$ _____ Annual Interest Rate: _____ %</p> <p>Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for Perfection: _____</p> <p>Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____</p>		
<p>6. Section 503(b)(9) Claim Amount: _____</p> <p><input type="checkbox"/> Check this box if your claim is for the value of goods received by the debtor within 20 days before the date of commencement of the case (11 U.S.C. § 503(b)(9)). Include the amount of such claim in the space for "Section 503(b)(9) Claim Amount" above.</p>		
<p>7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.</p> <p>8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)</p> <p>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENT MAY BE DESTROYED AFTER SCANNING.</p> <p>If the documents are not available, please explain:</p>		<div style="text-align: center;"> <p style="font-size: 2em; margin: 0;">RECEIVED</p> <p style="font-size: 0.8em; margin: 0;">FOR COURT USE ONLY</p> <p style="font-size: 1.5em; margin: 0;">JAN 29 2010</p> </div> <p style="text-align: center; font-size: 0.8em; margin-top: 10px;">KURTZMAN CARLSON CONSULTANTS</p>
<p>Date: <u>JAN 26 2010</u> <u>SUSAN QUINN OWNER/PRES</u> <u>Susan Quinn</u></p> <p>Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.</p>		

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571



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CHARTER CLAIBORNE HUGHES

Attorney at Law


21 East Canon Perdido Street, Suite 218
Santa Barbara, California 93101

Telephone
(805) 965-6810

Facsimile
(805) 617-3378

January 28, 2010

Cynergy Claims Processing Center
c/o Kurtzman Carson Consultants LLC
2335 Alaska Avenue
El Segundo, CA 90245

 **VIA U.S. MAIL**

Cynergy Claims Processing Center
c/o Kurtzman Carson Consultants LLC
2335 Alaska Avenue
El Segundo. CA 90245

VIA FEDERAL EXPRESS

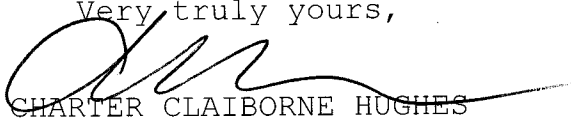
Re: Proof of Claim
Cynergy Prosperity Plus, LLC.

Dear Sir or Madam:

Enclosed herewith please find 4 Original Proof of Claim forms together with a copy for acknowledgement and self-addressed, stamped return envelope.

Thank you for your courtesy and cooperation. If you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,


CHARTER CLAIBORNE HUGHES

CCH/tjm
Enclosures
cc: MDSQ Productions



Application Status Reports

Application Record

Merchant Information	
MID #:	3899000001372000
DBA Name:	AMERICAN STANDARD FINANCE COM
Merchant Address:	1187 COAST VILLAGE RD
City:	MONTECITO
State:	CA
Zip:	93108
Telephone:	8883033153
Email Address:	QUINN93108@GMAIL.COM
Application Information	
Date Received:	3/13/2009 11:18:00 AM
Status Date	3/13/2009 11:18:00 AM
Status:	Approved
Comments:	3/4/09- Pending; website provided americanstandardfinance.com is not in compliance; website is not secured and missing terms and condition policies. The phone number provided on website and app belongs to Anchor House. Please provide a completed moto addendum under Harris bank, approval conditional letter attached for type of services (memberships) and rolling reserve letter attached due to high risk account and set as exiting account (Anchor House)....KH 3/11/09- received updated website with terms and condition policies and secured. Still pending for the rest of the info previously requested...Kh 3/13/09- Appro
View App:	View PDF of This Merchant Application
Equipment Information 1	
Equipment Type:	START UP KIT NOT INCLUDED
TID #:	
Download:	N/A
Application Name:	None
App Num:	NA
Serial #:	
Deployment Status:	Pending
Comments:	
Equipment Information 2	
Equipment Type:	AUTHORIZE.NET GATEWAY
TID #:	028100153309001
Download:	N/A
Application Name:	Generic Auto Batch
App Num:	NA

REPRESENTATIVE NAME: PERSEN 1 JAMES
Last MI First

Merchant ☒ Reprogram ☐ Purchase ☐ Lease ☐ Application Fee ☐ Reprogram Fee

MERCHANT IS SIGNING UP FOR THE FOLLOWING: (Please check ALL that apply)
☐ Total ☐ NPC ☐ Tribal Checks ☐ GSA/Lease ☐ Cash Advance ☐ Prepaid ☐ EBT Cash ☐ EBT Food Stamps Other _____

Merchandise Information

☐ Merchant ☐ Retail ☐ Other ☐ Other
 MERCHANT DOWNLOAD AND TRAINING TO BE COMPLETED ☒ Sales Office/Rep ☐ Tribal Tech
 MERCHANT NAME/DBA American Hardware Finance, Inc.
 MERCHANT CONTACT: TELEPHONE: 705 542-7915 Email
 ADDRESS: 1187 Coast Village Rd #155 Montecito, CA 93117
 INDUSTRY TYPE:
☐ Retail ☐ Restaurant ☒ Finance ☐ MO/TO ☐ Hotel ☐ Rent (Hq) ☐ QSR Other

Equipment Information

☐ POS System _____ Software Type Auth Net Contact # for software provider _____
☐ TERMINAL MODEL _____ Quantity 7 ☐ Purchase ☐ Lease ☐ Reprogram ☐ New ☐ Refurb
☐ TERMINAL MODEL _____ Quantity _____ ☐ Purchase ☐ Lease ☐ Reprogram ☐ New ☐ Refurb
☐ PRINTER MODEL _____ Quantity _____ ☐ Purchase ☐ Lease ☐ Reprogram ☐ New ☐ Refurb
☐ CHECK READER MODEL _____ Quantity _____ ☐ Purchase ☐ Lease ☐ Reprogram ☐ New ☐ Refurb
☐ PINTAD MODE _____ Quantity _____ ☐ Purchase ☐ Lease ☐ Reprogram ☐ New ☐ Refurb
 Terminal to be supplied by: ☐ TRIBUL ☒ AGENT ☐ MERCHANT
 Auto Close (Y/N) _____ Time _____ a.m./p.m. ☒ Daily Discount (DEFAULT SETTING) ☐ Monthly Discount
Adding 1
Anchor HO

**Astmax/
Discover**

☐ NEW - if merchant is applying for new AMEX ☐ NEW - if merchant is applying for new Discover
☐ EXISTING - if merchant has existing MID Amer/Discover number, please provide below:
 AMEX ID # _____ SPLIT DIAL: ☐ NO ☐ YES (equipment criteria must be met)
 DISCOVER ID # _____

Shipping Information

MERCHANDISE WILL BE SHIPPED TO: ☐ MERCHANT ☐ REPRESENTATIVE ☐ OTHER: _____
 SHIP TO: _____
 ATTN: _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 SHIPPING METHOD: ☐ Priority Overnight \$42.95 ☐ Standard Overnight \$32.50 ☐ 2nd Day \$12.25 ☐ 3rd Day \$12.50 ☐ Ground (DEFAULT SETTING) \$3.75

Payment Information

BILLING AMOUNT: \$ _____ FREE _____
 TRIBUT TO ACH: ☐ MERCHANT ☐ REPRESENTATIVE
 PAYMENT METHOD: ☐ ACH (USE ACH FORM & INCLUDE VOIDED CHECK) ☐ CHECK CHECK # _____
☐ CREDIT CARD CARDHOLDER NAME: _____
 CARD #: _____ EXPIRATION DATE: _____ SECURITY CODE: _____

ACH Information

I hereby authorize Business Payment Systems (BPS), a third party processor hereinafter to initiate debit orders into my bank account for the amount(s) & on the date(s) listed above. This authorization is to remain in full force until BPS has received written notification that, as of its termination in such time as is such manner to afford BPS a reasonable opportunity to act on it, approximately (30 days). I understand that BPS may cancel this payment plan at ANY time. I request & warrant that I am authorized to execute this authorization agreement and I do hereby, Bank and their respective agents hereafter from damages, loss and/or claims resulting from all unauthorized actions hereunder. NOTE: Please attach an imprinted, voided check.

Merchant Signature _____ Date: _____ ACH: ☐ Merchant ☐ Agent

Please specify the date by which the above listed bank account will be prepared with sufficient funds to be debited and wired all fees applicable to this account:

Date: _____ Init: _____

TRIBUL

MERCHANT SERVICES, LLC ©

Merchant # _____
☒ New Location ☐ Additional Location
 150 Broadway • 3rd Floor • New York, NY 10038
 Tel: 866-602-0996 www.TribulOnline.com
 ISO#: _____

Legal Name: MSB PRODUCTIONS, LLC Name of Account (Doing Business As): AMERICAN STANDARD FINANCE, COM
 Legal Address: 401 N. MILPAS ST. Physical Street Address (No P.O. Box): 1187 Coast Village Rd #153
 City: Santa Barbara State: CA Zip: 93101 City: MONTECITO State: CA Zip: 93108
 Phone #: (805) 942-2915 Contact: Susan / Mike DBA Phone #: (805) 888-303-3153
 Must Choose One Mailing Address: 93108 E-Mail Address: Finance
 () Mailing Address () Legal Address 93108 www. AMERICAN STANDARD FINANCE, COM
 Federal Tax ID: 162749134 # of Locations: 1 Years in Business: _____ Years Owned Business: _____
 Place of Legal Formation: _____ Country of Primary Business Operations: _____

Bank Reference: MONTECITO BANK TRUST Contact: ACCT Phone #: (805) 564-0244
 Name: Susan Quinn Title: owner/pres Date of Birth: 5-25-84 Applicant's SS #: 572-79-8051 % Equity Ownership: 100%
 Residence Address: 477 W. Ortega St City: Santa Barbara State: CA Zip: 93101 # Years: 7
 US Government Issued ID#: D3249594 Type of ID: DL Expiration Date: 04-1- Country of Citizenship (if not US): USA Home Phone: (805) 680-7184
 Name: _____ Title: _____ Date of Birth: _____ Applicant's SS #: _____ % Equity Ownership: _____

Residence Address: _____ City: _____ State: _____ Zip: _____ # Years: _____
 US Government Issued ID#: _____ Type of ID: _____ Expiration Date: _____ Country of Citizenship (if not US): _____ Home Phone: _____
 Type of Ownership: ☐ Sole Proprietor ☐ Assoc/Estates/Trusts ☐ Joint Venture ☐ Government
☐ Corporation (Privately Traded) ☐ Corporation (Publicly Traded) ☐ Medical or Legal Corp
☐ Partnership ☐ Tax Exempt Org ☒ Single Member LLC ☐ Multi Member LLC ☐ Civic Assoc
☐ Limited Partnership ☐ Political Org ☐ Other: _____
 Type of Goods or Services Sold: Real Estate SIC Code: 6800
 Do you currently accept Discover or Network/Visa/MasterCard? ☒ Yes ☐ No Name of Current Processor: TRIBUL
 (If yes, you should submit current merchant statements)
 Has Merchant or any associated principal disclosed below filed for bankruptcy or been subject to involuntary bankruptcy? ☒ Yes ☐ No Date: _____
 Merchant Type: ☐ Retail ☐ Restaurant ☐ Lodging ☐ Service ☐ Internet ☐ Home Based ☐ Other
 Discover Network/Visa/MasterCard Sales Profile (Be Accurate):
 Card Swipe _____ %
 Manual Key Entry with Imprint, Card Present _____ %
 Mail Order/Telephone _____ %
 Internet 100 %
 Total = 100%

Name: _____ Address: _____ Contact: _____ Phone #: _____
 Name: _____ Address: _____ Contact: _____ Phone #: _____
 Merchant Location: ☒ Retail Location with Store Front ☐ Office Building ☐ Internet ☐ Residence ☐ Other: _____
 Area Zoned: ☒ Commercial ☐ Industrial ☐ Residential Square Footage: ☐ 0-250 ☐ 251-500 ☐ 501-2,000 ☒ 2,001+
 Does the amount of inventory and merchandise on shelves and floor appear consistent with this type of business? ☒ Yes ☐ No
 If No, explain: _____
 The Merchant: ☐ Owns ☒ Leases the Business Premises Landlord Name & Phone #: _____
 Further Comments by Inspector (Must Complete): _____

I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.
 Verified and Inspected by: x JAMES PETERSEN Office #: 10570 Representative #: _____ Representative Signature: _____ Date: 2-24-09
 While Copy - Bank • Pink Copy - Merchant

Please Choose (1)

☐ Visa / MC Retail / Discover ☒ Visa / MC MOTO / Discover / Internet

Please Choose (1)

☒ Fixed Pricing Structure

Visa / MC Discount Rate 2.19 %
 Visa / MC Debit Card Discount Rate (no pin) Per Item \$0.00 %
 Discover Network Card Discount Rate 2.19 %
 Tiered Surcharges: Rewards / World (for Retail Only) 2.19 %
 Interchange + Assessments + Pricing Structure
 Interchange + Pass-thru (default) % Custom Billing Table

AMEX Discount Rate (Retail) %
 AMEX Rate (MOTO only) %
 Monthly \$8.95

Equipment Information:

Description (Manufacturer, Model, Serial Number)

Quantity

Schedule of Payments:

Basic Monthly Lease Payment \$

Minimum Lease Term

Months

Plus Applicable Taxes

Deposit

Visa/MasterCard Transaction Fee:

2.25 Per Item

Pin Based Debit Transaction Fee:

2.25 Per Item + Debit Network Fee

Non Bankcard (Amex / Discover) Transaction Fee:

\$0.25 Per Item

Monthly PCI Compliance Insurance

\$17.50 Monthly

Voice Auth. Fee:

\$0.95 Per Attempt

AVS Transaction Fee:

\$0.05 Per Item

EBT Transaction Fee:

2.25 Per Item

EBT Statement Fee:

2.25 Per Item

Batch Settlement Fee:

\$0.25 Per Batch

Other (specify):

56.00

Monthly Paper Statement Fee:

\$18.00 7-24

Monthly Online Service Fee:

\$25.00

Monthly Minimum Fee:

\$25.00

Charge Back Fee:

\$5.00

ACH Reject Fee:

\$25.00

Retrieval Fee:

\$5.00

Annual Fee:

\$99.00

Early Termination Fee:

\$350.00

1) We understand and agree to the following: that my/our discount rate as stated above will be charged on all electronically authorized payment card transactions that are in batches closed daily (qualified rate); 2) that all payment card transactions that do not meet the requirements stated in number 1 above may be charged up to 2.02% - .10% higher than my/our discount rate. Discover Network/Visa/Mastercard business transactions may be charged up to 2.02% + .10% above qualified rate.

Do you use a third party to process or transmit Cardholder data? ☐ Yes ☒ No. Give name/address (examples include, but not limited to: hosting companies, shopping carts, Loyalty Programs, Electronic Data Capture). Please identify any Software used for storing, transmitting or processing Card Transactions or Authorization requests.

By signing below, I represent that I have read and am authorized to sign and submit this application on behalf of the entity above and all information I have provided herein is true, complete, and accurate. I authorize American Express Travel Related Services Company, Inc. ("American Express") to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies. I authorize and direct American Express to inform me directly, or through the entity above, of reports about me that American Express has requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I understand that upon American Express' approval of the entity indicated above to accept the American Express Card, the terms and conditions for American Express® Card Acceptance ("Terms and Conditions") will be sent to such entity along with a Welcome Letter. By accepting the American Express Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, the entity agrees to be bound by the Terms and Conditions.

CHECK ONE ☐ Retail - \$0.10 Trans Fee + 0.30% CNP Downgrade ☐ Services, Wholesale & All Other - \$0.15 Trans Fee

Signature X

Date

Merchant authorizes Processor or Bank to present Automated Clearing House credits, Automated Clearing House debits, wire transfers, or depository transfer checks to and from the following account and to and from any other account for which Processor or Bank are authorized to perform such functions under the Merchant Processing Agreement, for the purposes set forth in the Merchant Processing Agreement. This authorization extends to such entries in said account concerning lease, rental or purchase agreements for POS terminals and/or accompanying equipment and/or check guarantee fees and amounts due for supplies and materials. This Automated Clearing House authorization cannot be revoked until all Merchant obligations under this Agreement are satisfied, and Merchant gives Cymag Data written notice of revocation.

DDA:

ABA Routing:

INVESTIGATIVE CONSUMER REPORT: An investigative or consumer report may be made in connection with application. MERCHANT authorizes BANK or any of its agents to investigate the references provided or any other statements or data obtained from MERCHANT, from any of the undersigned individual credit or financial responsibility. You have a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested.

AVERAGE TICKET SIZE: \$200.00 OCCASIONAL HIGHER TICKET: \$400.00 AVERAGE MONTHLY VOLUME: \$30,000.00

Each person certifies that the average ticket size and sales volume indicated is accurate and agrees that any transaction or monthly volume that exceeds either of the above amounts could result in delayed and/or withheld settlement of funds. Also, see paragraphs 4c and 13b of the MERCHANT Processing Agreement regarding suspension and termination of MERCHANT.

IMPORTANT NOTICE: All information contained in this application was completed, supplied and/or reviewed by the undersigned Merchant. Processor shall not be responsible for any change in printed terms unless specifically agreed to in writing by an officer of Processor and/or Harris, N.A., Chicago, IL. By signing below you are agreeing to the provisions stated within this merchant application, on the reverse side (the Merchant Agreement) and acknowledge receipt of the merchant operating guide. These provisions must be read before signing. By signing below, you agree to the terms on the front and back of this MERCHANT Processing Agreement and the merchant operating guide.

As a primary inducement to Processor and Bank to enter into this Agreement, the undersigned Guarantor(s), by signing this Agreement, jointly and severally, unconditionally and irrevocably, personally guarantee the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to Processor and Bank under this Agreement or any other agreement currently in effect or in the future entered into between Merchant or its principals and Processor or Bank, as such agreements now exist or are amended from time to time, with or without notice. Guarantor(s) understands further that Processor or Bank may proceed directly against Guarantor(s) without first exhausting their remedies against any other person or entity responsible to it or any security held by Processor and Bank or Merchant. This guarantee will not be discharged or affected by the death of the undersigned, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any successor of Processor and Bank. Guarantor(s) understands that the inducement to Processor and Bank to enter into this agreement is consideration for the guaranty, and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty.

AGREED AND ACCEPTED:

[Signature] 2-24-09
#1 From Application - Signature Date

[Signature]
#2 From Application - Signature Date

The indicated officer(s) identified in numbers 1 and/or 2 below have the authorization to execute the MERCHANT Processing Agreement on behalf of the here within named business. MERCHANT UNDERSTANDS THAT THIS AGREEMENT SHALL NOT TAKE EFFECT UNTIL MERCHANT HAS BEEN APPROVED BY BANK AND A MERCHANT NUMBER IS ISSUED.

Print Legal Name of Merchant Business
X [Signature] 2-24-09
#1 From Application - Signature Date

X
#2 From Application - Signature Date

[Signature]
Accepted by Processor Date

[Signature]
Accepted by Harris, N.A., Chicago, IL Date

Tribal Merchant Services, LLC is a registered ISO/MSP of Harris, N.A., Chicago, IL

TR 08/01/08



150 Broadway 3rd Floor New York - NY 10038

Tel: 866-602-0996

underwriting@joinbps.com

Merchant Reserve Acknowledgement

This will acknowledge that as a condition of approval or continuance of the Merchant's (indicated below) credit card processing account, Tribul Merchant Services LLC and its agents, including its processing bank, have the authority to establish a reserve account in accordance with Section 7.B of the Merchant Processing Agreement ("MPA") and the following:

1. The reserve account will be established by:


Initials

Withholding 15% from each gross deposit.

2. The reserve account will be used to offset any amounts owed by the Merchant under the MPA. Merchant will forward to Tribul LLC funds to replenish the reserve account if any funds are debited from it.

3. The balance of the reserve account, if any, will be returned to Merchant up to 270 days after termination of the MPA or Merchant's last transmission of sales drafts, whichever is later.

I acknowledge that if there is any conflict between the terms of this letter and the terms of the MPA, the terms of the MPA will govern.

MSDQ Productions LLC // American Standard Finance.com

Business Legal Name or D.B.A.



Signature

Susan Quinn

Printed Name

owner

Title

3-12-09

Date

Paths to prosperity



2/26/06

To Whom It May Concern:

MSDQ/AMERICAN STANDARD has existing account number 192077605 with Montecito Bank & Trust, whose routing number is 122234783.

If you have any questions please feel free to me at 805-564-0213.

Thank you,



Rena Hennen
Personal Banker
Montecito Bank & Trust
1000 State Street
Santa Barbara, CA 93101



150 Broadway 3rd Floor New York · NY 10038

Tel: 866-602-0896

underwriting@joinbps.com

March 12, 2009

To Whom It May Concern:

This letter is to confirm that my business, MSDO Productions LLC / American Standard Finance.com, has applied for a merchant account with Tribul Merchant Services LLC. I understand and agree that my Visa and MasterCard account will only be used for month to month transactions. I also understand that I may not process transaction(s) for more than 30 days in advance and no annual memberships.

Furthermore, I understand that failure to comply may result in termination of contract with Tribul Merchant Services LLC and funds may be held as a direct result of failure to honor this agreement.

Sincerely,

Owner Signature: x

A handwritten signature in black ink, appearing to be "Susan Quinn", written over a horizontal line.

Merchant Name: Susan Quinn

Please Print