



**Lansing Office:** 200 Washington Sq. N, Lansing, MI 48933 | Ph. 517.484.5080 | Fax 517.374.2567  
**Meridian Office:** 4792 Marsh Rd, Okemos, MI 48864 | Ph. 517.347.1006 | Fax 517.347.0047

**DOMESTIC Wire Transfer Request**

**Request Date:** 12/28/2018      **Prepared By:** A.Fila      **Acct to Charge:** 3036398      **Fee:** \$25.00

**Amount in US Dollars:** \$ 700,000.00

**Originator:** LLPS, Inc.

**Phone:** 517-290-7998

**Originator Address (No PO Box):** 6323 West Saginaw. Suite E. Lansing, MI 48917

☒ **Business Wire**    ☐ **Personal Wire**      **Reason for Wire:** Settlement Fund

**Beneficiary:** Dahl Administration LLC

**Acct#:** 1765088552

**Address:** 6465 Wayzata Blvd. Suite 450. St. Louis Park, MN 55426

*Beneficiary address required for all domestic wires over \$3,000*

**Beneficiary Bank:** Wells Fargo

**ABA #:** 121000248

**Bank Address:** Minneapolis, MN 55479

**Intermediary Bank:**

**ABA #:**

**Intermediary Bank Address:**

**Additional Info:**

**CONDITIONS**

It is hereby agreed that in accepting and effecting this transfer, no liability shall attach to BANK or to its correspondents for any loss or damage sustained by reason of delays, mistakes, omissions, interruptions, mutilations, or errors on the part of the telephone or telegraph companies or any other agencies or their employees. BANK may make use of any of its correspondents or their sub-agents or other agencies in effecting this transfer and disclaims all liability for their acts or omissions, these risks being expressly assumed by the remitter. If payment is to be made upon surrender of documents, securities or papers of any kind, it is understood that BANK or its correspondents shall not be responsible for the validity, genuineness, or authenticity of same, nor for the quality or quantity of property covered thereby. The BANK, in its discretion, may refuse to execute the transfer under any circumstances at any time. The BANK further reserves the right to offset against the balance of any of the account holder's account with the BANK in the event that the wire transfer results in an overdraft from the account to be charged.

X   
Originator/Authorized Signer (Customer)

**Date:** 12-28-18

**For Internal Bank Use Only**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Wire Request Received:** ☐ In Person ☐ Phone ☐ Email ☐ Fax

**Received By:** X \_\_\_\_\_ **Printed name:** \_\_\_\_\_

**Verification Method Used:** ☐ Photo ID ☐ Known ☐ Sig Card ☐ Call Back to \_\_\_\_\_ ☐ Balance Verified

**Authorized By:** X \_\_\_\_\_ **Printed name:** \_\_\_\_\_

**Authorized By:** X \_\_\_\_\_ **Printed name:** \_\_\_\_\_

**Wire Input By:** \_\_\_\_\_ **Wire Verified By:** X \_\_\_\_\_

**DirectLine Ref#:** \_\_\_\_\_ **OFAC Suspect?** ☐ No ☐ Yes (attach documentation) ☐ OFAC Suspect Clear By: \_\_\_\_\_

*Beneficiary OFAC verification is automatically completed through the DirectLine wire system.*