

SINGLETON PRESS, PMA

a Private Membership Association, d/b/a "ACE OF COINS"

SECURE ORDER FORM

This is a membership agreement to establish membership in the private membership association known as Singleton Press, doing business as Ace of Coins, for the member benefits selected herein. The membership includes all strategies to implement the plan that works best for the member's needs, along with one year of consulting as needed.

DIRECT PAYMENT AUTHORIZATION

Please request Bitcoin or Ethereum address for payments in those currencies. I hereby authorize **Georgia Capital, LLC** (dba Extreme Debt Relief or Singleton Press) to initiate one entry to my checking or savings account at the financial institution listed below and I authorize the following payment in the amounts selected, under this membership agreement:

- \$120 BitFi Hard Wallet – Includes free copy of PrivacyWorks 2nd Ed.
- \$275 Blockchain Tax Immunity Trust (irrevocable) & Post Windfall Plan
- \$497 LLC + state filing fee, includes banking abstract, tax deferment plan, operating agreement, 1 year consulting, & comprehensive Post Windfall Plan

Proposed LLC Name: _____, Alternate: _____

LLC Principal Address: _____

Registered Agent Address: _____

- \$275 Settlement Trust for complete banking security against levies (irrevocable)
- \$199 Request for Determination Letter to Avoid 1099-K Taxes**
- \$525 Business Credit and Funding Series
- \$695 Friendly Judgment Lien (blocking wage garnishments)
- \$199 Equity Stripping (real estate lien & title management plan)
- \$995 LP Structuring for U.K., Canada, Australia or New Zealand, includes Blockchain Tax Immunity Trust
- \$995 Captive Auto-Insurance Investment Fund
- \$995 Total Anonymity and Data Encryption Series
- \$995 Business/Cash Flow Development Series

Please complete the form by filling in the blanks after saving the file on your computer. Include your last name in the file name. Save the updated form and send via email to singletonpress@protonmail.com, or via Skype to johnjaysingleton. You will need a free version of Adobe Acrobat Reader.

Your Bank or Credit Union Name

Name Of Account Holder

Your Address Bank or Credit Union Address

Postal Address for Account Holder

City State ZIP

City State ZIP

Account Number (see sample below)

Transit / ABA Number (see sample below)

\$ _____

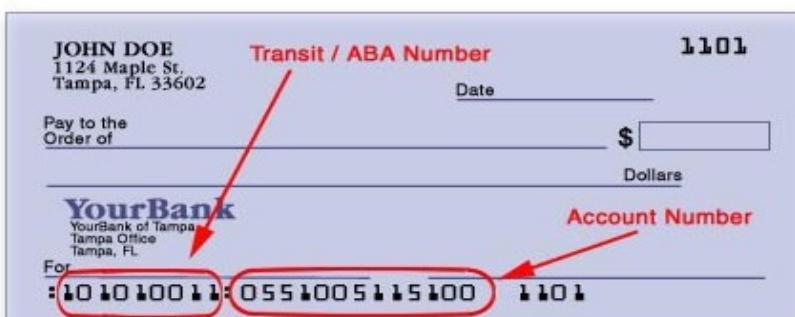
I hereby authorize this payment.

Total Payment Authorized

Today's Date

Signature / Authorization

BE SURE YOUR ORDER INCLUDES STATE FILING FEE AND POSTAGE AND HANDLING AND CALIFORNIA RESIDENT TAXES IF APPLICABLE.



If possible, affix a copy your check over this sample, no deposit slips please. Email or send via Skype, this completed form to Skype ID "johnjaysingleton" following confirmation that you have the correct account, or via email to singletonpress@protonmail.com