

SINGLETON PRESS, PMA

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

SECURE ORDER FORM

Do not print this form on paper. Please review video on how to complete this order form, on AceofCoins.com title "How to Complete Order Form". This is a private membership agreement to establish membership in the private membership association known as Singleton Press, doing business as "Ace of Coins" and "Privacy Fight", 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

We accept checks in USD. 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:

\$390, CONSULTATION SERIES, includes up to three consultations about same subject with audio/video record.

~~\$1499~~ **\$1290** + state fee of \$_____

LLC with PMA & Blockchain Tax Immunity Trust; includes banking abstract, tax deferral plan, operating agreement, 90 days consulting, & comprehensive Post Windfall or asset allocation plan, determination letter if needed. State filing fees are added to your total and range from \$50 to \$150 (NM and PA have no annual fees or reports).

Select State: **NM**; **CO**; **WY**; **AZ**; **GA**; **FL**; **OH**; **PA**; **NC**; _____

Proposed LLC Name: _____, Alternate: _____

Membership (either PMA single member or multiple member with two more people)

_____, PMA (example, THE JOHN SMITH SOCIETY, PMA)

OR

_____, Managing Member; _____, Member

Legal Name of Signer _____; Second Signer _____

Email: _____; Phone: _____; Telegram: @_____

LLC Principal Address: _____

Registered Agent Address: _____

NOTES: _____

\$_____ Special Quote _____

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 asixofwands@protonmail.com, or via Telegram to @thesixofwands. 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)

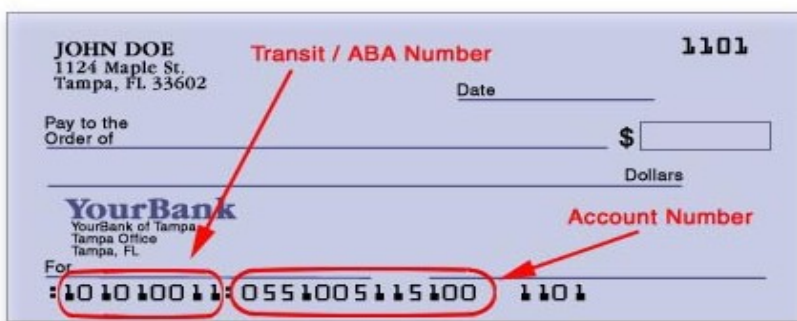
Transit / ABA Number (see sample below)

\$_____
Total Payment Authorized

Today's Date

Electronic Signature / Authorization

BE SURE YOUR ORDER INCLUDES THE STATE FILING FEE



If possible, include an image of your check over this sample, no deposit slips please. Email to asixofwands@protonmail.com or send via Telegram to @thesixofwands. If outside the United States, we can accept payment via Paypal or Zelle