

PAYMENT DIRECTIVE

Your Designated Payee (Optional)

(If inapplicable, write "NONE" in each blank space)

I hereby instruct Shrader Law, PLLC, (the "Payor") to remit and distribute a 75% portion of any settlement proceeds to which I am entitled to Active CS LLC. Further, I hereby agree to defend, indemnify, and hold harmless the Payor from and against any and all losses, costs, liabilities, claims, or damages related to the Payor's compliance with these payment instruction.

Accepted and agreed to:

Date: February 23, 2021

Client Signature:

Printed Name: Stacy Gist

SS #: 592224910

D.O.B.: Apr 2, 1983