

DBA Name		Genesis	Restoration	ns LLC	Le	gal Name	Genesis Res	torations LLC	
Type of Business		Insurar	ice restorat	ion	Ta	ax ID	814282365		LLC
Full Business Addre	SS	1106 Co	lumbia Ave	., Suite 200 l	Marysville,	WA 98270			
Full Billing Address									
Phone at Location		(206) 4	78-1816		В	sest Phone (206)	478-1816	Fax	
Business Email		smelnic	huk.genes	is@gmail.cor	n	Website			
Years In Business		0-1		Average Tick	et		Gross Annua	Sales <u>600,000.0</u>	00
Do you currently ha	ave cas	sh advance?	· I	No Wi	ith who? _			Balance	
Current Credit Card Processor						Average	Processing Vo	lume	
Last Month Vol.			#of Ticke	ts		2nd Month Vol.	-	#of Tickets	
3rd Month Vol.			#of Ticke	ts		4th Month Vol.		#of Tickets	
Owner #1 Name	Wash	eslav Melnich	urk		Title	President			
Date of Birth			iuk		SSN	536-43-39	00		
Full Home Address	08/24/1991 SSN 536-43-3900 1219 113th st sw Unit B Everett, WA 98204								
Home Phone		478-1816	Cell Pho	•		Email	smelr	nichuk.genesis@gmail.c	
Own/Rent	\$ 0 R		Years	_	Dr		nelnivv094n4	State WA	
OWN/RCITE	ψ <u>σι</u>	iciic		1111010		IVCI3 Eleliee # III	101111111111111111111111111111111111111	State WA	
Owner #2 Name					Title				
Date of Birth					SSN				
Full Home Address				_					
Home Phone			Cell Pho	one		Email			
Own/Rent	\$		Years	There	Dr	rivers Lience #		State	
Business Home Bas	ed?	No	Location:	Lease/Own	Leased	Lease Terr	n <u>1</u> year	Monthly Rent	1,595.00
Landlord / Mortgage	e Co.	Schumach	er Leasing			Conta	ict	Jim J Schumacher	
Contact Phone		(206) 715	-9000	Cell			Ema	il	
Bank Name/Branch	Chas	e Bank		Contact	Armida F	Ramirez	Phone	(425) 423-0386	
Trade Reference#1				Contact			— Phone		
Trade Reference#2				Contact			— Phone		
Trade Reference#3				Contact			— Phone		
I havaby rangeaut that all	the ebest	o information is	true and unde	avetaval that weak	ing false stat	amanta miaht ha san	==	vrouiding the above informa	tion the applicant(s)

I hereby represent that all the above information is true and understand that making false statements might be considered fraud. By providing the above information, the applicant(s) authorize you to whom this application is made or your agents to investigate my/our financial responsibility and credit worthiness, specifically principal and corporate entities, and will provide financial statements, tax returns, etc. as you deem necessary. A photocopy of this authorization will be deemed as acceptable for release of credit information. I/We authorize Money Works Direct, Inc. to receive pertinet information regarding the commercial lease for the above referenced location from my leasing company and or agent. I/we authorize you to update my/our credit profile from time to time in the future, as you deem appropriate. By signing below, each of the aboe listed business and business ownet/officer (individually and collectiverly, "you") authorize Money Works Direct and each of its representatives, successors, assigns and designees ("Recipients") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transcation, including without limitation the application therefor (collectively, "Transcation") to obtain consumer or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize Money Works Direct to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all of the Recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1	Printed Name	Vyacheslav Melnichuk	Date	02/27/2017