

Date: 06-12-2026

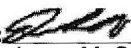
OWNERSHIP INFORMATION		
Organization Name/Owner: Cold Bore Ballistics LLC		Member Number: 8996396867
Entity Type: Limited Liability Company		Email: jschwefel@coldboreballisticsllc.com
Home Phone:	Cell Phone: 414-617-2510	Business Phone:
Signer: Jason M. Schwefel		Email: jason.schwefel78@gmail.com
Home Phone:	Cell Phone: 414-617-2510	Business Phone:
Signer:		Email:
Home Phone:	Cell Phone:	Business Phone:
Signer:		Email:
Home Phone:	Cell Phone:	Business Phone:
ACCOUNT INFORMATION		
Business Checking		19626585477
Savings		19626585149
ADDITIONAL SERVICES		
☐ ATM Card	☒ Debit Card	☐ Checks
BENEFICIARY INFORMATION		
**Only Sole Proprietorship Accounts may designate Payable on Death Beneficiaries. A designation by any other entity will be void.		
Full Legal Name of Beneficiary:	TIN:	%
Full Legal Name of Beneficiary:	TIN:	%
Full Legal Name of Beneficiary:	TIN:	%
Full Legal Name of Beneficiary:	TIN:	%
TAXPAYER IDENTIFICATION NUMBER		
Under penalty of perjury and on behalf of the Account Owner, the undersigned certifies that (1) this number <u>42-3089751</u> is the Account Owner's correct taxpayer identification number, and (2) the Account Owner is not subject to backup withholding because (a) the Account Owner is exempt from backup withholding, or (b) the Account Owner has not been notified by the Internal Revenue Service (IRS) that the Account Owner is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Account Owner that it is no longer subject to backup withholding, and (3) the Account Owner is a U.S. person (including a U.S. resident alien). (Cross out item (2) above if the Account Owner has been notified by the IRS that the Account Owner is currently subject to backup withholding because of underreporting of interest and dividends on its tax return).		
X Signature: 		
CONSENT TO CONTACT		
By providing a phone number, cellular phone number or other wireless device phone number ("Contact Number") in connection with this Membership Application and Account Agreement, you are expressly authorizing Landmark to transmit, and consenting to receive, communications at that number from Landmark and Landmark's agents regarding any and all accounts and/or loans held at Landmark. This communication is for informational and account servicing purposes but is not related to sales or marketing.		
By consenting below, you hereby agree to receive communications including, but not limited to text messages, prerecorded or artificial voice message calls and/or calls made by an automatic telephone dialing system. This express consent applies regardless of the call purpose, which may include, but are not limited to, marketing communications. By providing a Contact Number, you agree that we may contact you at all phone numbers you have provided even if you have previously requested that we not contact you or have registered your phone number with a state or federal "Do Not Call" registry. If you provide us with a mobile telephone number, you agree that we may contact you at this number even if your mobile phone carrier charges you for the call. I understand that this consent is not a condition for receiving any property, goods or services from Landmark.		
Signer 1 ☐	Signer 3 ☐	
Signer 2 ☐		

ACKNOWLEDGMENT

I acknowledge that Landmark assumes no responsibility for ensuring that the Account(s) is/are administered in accordance with the applicable Organization document and that it is my responsibility to notify Landmark of any changes to the Signers on the Account(s).

I, on behalf of the Organization: (i) acknowledge receipt of the Account Agreement and Disclosures, including the Fee Schedule, and the Truth-in-Savings Disclosure, as may be amended from time to time by Landmark; (ii) agree to the terms and conditions contained in the Agreement and Landmark's bylaws; and (iii) certify that each Signer, if more than one is listed above, has the authority to act alone in performing transactions, accessing funds, obtaining information and providing instructions to Landmark with respect to these Account(s).

Signer

X Signature:  _____
Jason M. Schwefel

Signer

X Signature: _____

Signer

X Signature: _____

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**CERTIFICATION OF
BENEFICIAL OWNERS**

Date: 06-12-2026

ACCOUNT OWNER INFORMATION	
Organization Name: Cold Bore Ballistics LLC	Member Number: 8996396867
Signer: Jason M. Schwefel	Entity Type: Limited Liability Company
Reason for Certification: New	
Street: 209 Oakland Ave	☐ Exempt
City/State/Zip: Mukwonago, WI 53149	☐ No B.O. with 25% or more ownership
BENEFICIAL OWNER INFORMATION	
Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.	
Person 1: Jason Schwefel	DOB: 08-08-1978
Street: 209 Oakland Ave	City/State/Zip: Mukwonago, WI 53149-1220
Country: USA	Role: Member ☒ Controlling Interest 100 %
TIN: 395-88-1764	For Non-U.S. persons Country of Issuance:
Person 2:	DOB:
Street:	City/State/Zip:
Country:	Role: ☐ Controlling Interest %
TIN:	For Non-U.S. persons Country of Issuance:
Person 3:	DOB:
Street:	City/State/Zip:
Country:	Role: ☐ Controlling Interest %
TIN:	For Non-U.S. persons Country of Issuance:
Person 4:	DOB:
Street:	City/State/Zip:
Country:	Role: ☐ Controlling Interest %
TIN:	For Non-U.S. persons Country of Issuance:
Person 5:	DOB:
Street:	City/State/Zip:
Country:	Role: ☐ Controlling Interest %
TIN:	For Non-U.S. persons Country of Issuance:
ACCOUNT INFORMATION	
Business Checking	19626585477
Savings	19626585149
CERTIFICATION	
I, <u>Jason Schwefel</u> , hereby certify, to the best of my knowledge, that the information provided above is complete and correct.	
Account Owner <u>Jason Schwefel</u>	
X Signature: <u>[Signature]</u>	

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