



85 Broad Street, New York, NY 10004

**P. O. Box / Care Of Address
Authorization**

G24-1857239
Account Number

William Mann
Account Name

I/We hereby authorize Oppenheimer & Co. Inc. (hereinafter "Oppenheimer") to send all communications to the following P.O. Box or in care of the person / address ("Care of Address (c/o)") indicated below. This authorization is applicable to all communications, including but not limited to, trade confirmations, account statements, financial statements, proxies, prospectuses, Firm-generated marketing materials, checks, and securities (when requested).

Please check one: P. O. Box or Care of Address

Turtle Bay Group 305 Madison Avenue Suite 755
Box (or c/o address)
New York NY 10165
City State Zip Code

My current legal street address, as required for your files, is:

34 Laurel Lake West
Number and Street
Weston CT 06883
City State Zip Code

Said authorization shall remain in force until such time that written notification to the contrary, signed by all of the account owners, is received by Oppenheimer to terminate this authorization and a reasonable time to process such cancellation is allowed. The undersigned further agrees to indemnify and hold Oppenheimer its officers, directors, employees and affiliates, harmless from and against any and all liabilities, claims, suits, losses, damages, and expenses arising from or incurred in connection with these instructions.

[Signature] 6/30/15 William Mann
Client's Signature Date Client's name (Please Print)

Joint Client's Signature Date Joint Client's Name (Please Print)

Joint Client's Signature Date Joint Client's Name (Please Print)

All account holders must sign to activate this authorization.

[Signature] 6/30/15
Branch Manager's Signature Date

**SIGNATURE VERIFIED
LUIS DIAZ**