

IN THE CIRCUIT COURT FOR
COLLIER COUNTY, FLORIDA

CASE NO. 22-CP-3062

IN RE: ESTATE OF:

Lynn E. Baker

Deceased.

STATEMENT OF CLAIM

The undersigned hereby presents for filing against the above estate this Statement of Claim and alleges:

1. The basis of the claim is _____

Affiliated Wealth Advisors (stock was to turn into Advisors Equity LLC for market work done in trade for stock in the company over several years)

2. The name and address of the Claimant are _____

Introworks, Inc., 13911 Ridgedale Drive, Suite 280, Minnetonka, MN 55305

and the name and address of the claimant's attorney, if any, are _____

3. The amount of the claim is \$ 75,000, which amount is now

due, or, if not due, will become due on _____

4. The claim (is) (is not) contingent or unliquidated. If contingent or unliquidated the nature of the uncertainty is _____

5. The claim (is) (is not) secured. If secured, the security consists of _____

AWA Stock to become equity in new company.

CLERK'S USE ONLY

I hereby certify that a copy of the Statement Of Claim has been mailed to the foregoing on _____

Attorney

CLERK OF CIRCUIT COURT
COLLIER COUNTY, FLORIDA

By:

Deputy Clerk

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

Signed on _____

Claimant Bob Freytag, President of Introworks, Inc.

Attorney for Claimant
Florida Bar # _____

Telephone _____



REQUEST TO ISSUE UNITS OF AWA GROUP LP
In Conjunction with Fully Executed Exchange and Release Agreement

Mail completed form to:
 ClearTrust, LLC
 16540 Pointe Village Dr, Ste 210
 Lutz, FL 33558

A. Account Information - Please provide all requested information.

Introworks, Inc.	
Name (As you would like it to appear on the account)	
Name cont'd. (Note: For Trusts please include Date of Trust)	
Type of Registration: Select the registration type.	
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Transfer on Death (TOD) Name of Beneficiary: _____
<input type="checkbox"/> Joint Tenants	<input type="checkbox"/> Trust Trustee: _____ Trust Date: _____
<input type="checkbox"/> Custodian Account	<input type="checkbox"/> Other: _____
13911 Ridgedale Drive, Suite 280	
Address	
Minnetonka, MN 55305	
City, State, Zip	
612-805-9286	bfreytag@introworks.net
Telephone Number	Email Address
11,250	\$ 0.10
Number of Units to be issued to this account	Cost Basis per Unit

B. Substitute W-9 Form - As a security holder of the above company, you must sign and return this certification to exempt you from backup withholding on any payments we may make to you. Please note this will not affect the issuance of units. Only distributions made on the account will be impacted by the absence of a certified Tax Identification Number or Social Security Number.

Tax Identification Number/Social Security Number: 41-1714266 **Check one box** SSN EIN

If the new account is to be registered to Joint Tenants, use the Taxpayer Identification Number (TIN) of the first owner named on the account. If you are not a U.S. citizen or do not have a Social Security Number, please use the appropriate Form W-8.

Individual/Sole Proprietor C Corporation Partnership S Corporation Trust/Estate

Limited Liability Company: _____ Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership)

Other _____ Exempt Payee- Exempt payee code or Exemption from FATCA reporting code (if any) _____

Certification

Under penalties of perjury, I certify that (1) the number shown below is my correct Tax Identification Number; and (2) I am not subject to backup withholding either because of (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including Resident Alien); and (4) I am exempt from FATCA reporting.



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 Lutz, FL 33558

A. Account Information Please provide all requested information.

Bob Freytag	
Name (As you would like it to appear on the account)	
Name cont'd. (Note: For Trusts please include Date of Trust)	
Type of Registration: Select the registration type.	
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Transfer on Death (TOD) Name of Beneficiary: _____
<input type="checkbox"/> Joint Tenants	<input type="checkbox"/> Trust Trustee: _____ Trust Date: _____
<input type="checkbox"/> Custodian Account	<input type="checkbox"/> Other: _____
8655 Big Woods Lane	
Address	
Eden Prairie, MN 55347	
City, State, Zip	
612-805-9286	bfreytag@introworks.net
Telephone Number	Email Address
1,200	
Number of Units to be issued to this account	Cost Basis per Unit \$1.00

B. Substitute W-9 Form - As a security holder of the above company, you must sign and return this certification to exempt you from backup withholding on any payments we may make to you. Please note this will not affect the issuance of units. Only distributions made on the account will be impacted by the absence of a certified Tax Identification Number or Social Security Number.

Tax Identification Number/Social Security Number: 343-46-6010 Check one box SSN EIN

If the new account is to be registered to Joint Tenants, use the Taxpayer Identification Number (TIN) of the first owner named on the account. If you are not a U.S. citizen or do not have a Social Security Number, please use the appropriate Form W-8.

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Limited Liability Company: _____ Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership)

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