

Fill in this information to identify the case:

Debtor Gulf World Marine Park, Inc.

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number 25-10623

**Modified Official Form 410
Proof of Claim**

12/24

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

<p>1. Who is the current creditor?</p>	<p><u>First Data Merchant Services LLC</u></p> <hr/> <p>Name of the current creditor (the person or entity to be paid for this claim)</p> <p>Other names the creditor used with the debtor <u>First Data, FISERV</u></p>	
<p>2. Has this claim been acquired from someone else?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. From whom? _____</p>	
<p>3. Where should notices and payments to the creditor be sent?</p> <p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p>	<p>Where should notices to the creditor be sent?</p> <p><u>First Data Merchant Services LLC</u> Legal Dept. 3975 N.W 120th Ave Coral Springs, FL 33065</p>	<p>Where should payments to the creditor be sent? (if different)</p>
	<p>Contact phone _____</p> <p>Contact email <u>ian.winchester@fiserv.com</u></p>	<p>Contact phone _____</p> <p>Contact email _____</p>
	<p>Uniform claim identifier (if you use one): _____</p>	
<p>4. Does this claim amend one already filed?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY</p>	
<p>5. Do you know if anyone else has filed a proof of claim for this claim?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Who made the earlier filing? _____</p>	



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ____ _

7. How much is the claim? \$ undetermined. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Contract/Executory Contract

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: Reserve held under Merchant Agreement



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

No

Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(3) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 09/12/2025
MM / DD / YYYY

/s/Ian D. Winchester
Signature

Print the name of the person who is completing and signing this claim:

Name Ian D. Winchester
First name Middle name Last name

Title Director Credit Risk

Company First Data Merchant Services LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 733-1434 | International (310) 751-2633

Debtor: 25-10623 - Gulf World Marine Park, Inc.		
District: District of Delaware		
Creditor: First Data Merchant Services LLC Legal Dept. 3975 N.W 120th Ave Coral Springs, FL, 33065 Phone: Phone 2: Fax: Email: ian.winchester@fiserv.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Authorized agent	
	Other Names Used with Debtor: First Data, FISERV	
Basis of Claim: Contract/Executory Contract		Amends Claim: No Acquired Claim: No
Total Amount of Claim: undetermined		Last 4 Digits: No Uniform Claim Identifier:
Has Priority Claim: No		Includes Interest or Charges: No
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: Yes, Reserve held under Merchant Agreement		Priority Under: Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:
Submitted By: Ian D. Winchester on 12-Sep-2025 6:44:00 a.m. Pacific Time Title: Director Credit Risk Company: First Data Merchant Services LLC		

Omaha 2004 **Omaha 2004(ia)**
 Sales Office **Velocity Payment Services** Print Sales Rep Name **David Ades** Sales ID # **0326**
 Merchant Name _____ Sales Rep. Signature _____ Phone #: **718-782-2823**
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I. BUSINESS INFORMATION

Client's Business Name (<i>Doing Business As</i>): Gulf World Marine Park			Client's Corporate/Legal Name (<i>Use Also For Headquarter's Information</i>): GULF WORLD MARINE PARK, INC.		
Business Address: 15412 Front Beach Rd			Billing Address (<i>If Different Than Location Address</i>): 15412 Front Beach Rd		
City: Panama City Beach	State: FL	Zip: 32413	City: Panama City Beach	State: FL	Zip: 32413
Location Phone #: 850-234-5271	Location Fax #: 850-235-8957	Contact Name: Pamela George			
Business E-mail Address: pam@gulfworldmarinepark.com			Contact Fax # / E-mail Address: 850-235-8957		
Business Website Address: gulfworldmarinepark.com			Contact Phone #:		
Customer Service Phone #: 850-234-5271	Customer Service E-mail Address: pam@gulfworldmarinepark.c		Send Retrieval Requests to: <input type="checkbox"/> Business Location <input checked="" type="checkbox"/> Corp/Legal Location Send Merchant Monthly Statement to: <input type="checkbox"/> Business Location <input checked="" type="checkbox"/> Corp/Legal Location		
Date Business Started: 2/2/2010					
<input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETORSHIP: State in which Certificate of Assumed Name Filed: _____ State: _____		<input type="checkbox"/> TAX EXEMPT ORGANIZATION (501C) State: _____		<input type="checkbox"/> GOVERNMENT (Federal, State, Local)	
<input checked="" type="checkbox"/> CORPORATION - CHAPTER S, C State: FL		<input type="checkbox"/> INTERNATIONAL ORGANIZATION Location Filed: _____		<input type="checkbox"/> LIMITED LIABILITY COMPANY State Filed: _____	
<input type="checkbox"/> MEDICAL OR LEGAL CORPORATION State: _____		<input type="checkbox"/> ASSOCIATION/ESTATE/TRUST State Filed: _____		<input type="checkbox"/> PARTNERSHIP State Filed: _____	
Name (<i>as it appears on your income tax return</i>): GULF WORLD MARINE PARK, INC.		FEDERAL TAX ID # (<i>as it appears on your income tax return</i>): 271845031		<input type="checkbox"/> I certify that I am a foreign entity/nonresident alien. (<i>If checked, please attach IRS Form W-8.</i>)	

NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations. (See Part IV, Section A.4 of your Program Guide for further information.)

*SIC/MCC: **7998** IATA/ARC: _____ (MCC 4722 Only)

Note: *If your business is classified as High Risk and assigned (or is later assigned based upon your business activity) any of the following Merchant Category Codes (MCC): 5966, 5967 and 7841¹, then registration is required with Visa and/or MasterCard within 30 days from when your account becomes active. An Annual Registration Fee of \$500 may apply for Visa and/or MasterCard (total registration fees could be \$1,000.00). Failure to register could result in fines in excess of \$10,000.00 for violating Visa and/or MasterCard regulations².

¹Registration for MCC 7841 is only required for non-face-to-face adult content.
²Information herein, including applicable MCCs, is subject to change.

2. ADDITIONAL CREDIT / SITE SURVEY INFORMATION - ALL MERCHANTS

<p>1. Zone: <input type="checkbox"/> Business District <input type="checkbox"/> Industrial <input type="checkbox"/> Residential</p> <p>2. Location: <input type="checkbox"/> Mall <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Shopping Area <input type="checkbox"/> Apartment <input type="checkbox"/> Isolated <input type="checkbox"/> Door-to-Door <input type="checkbox"/> Flea Market <input type="checkbox"/> Other</p> <p>3. How many employees: _____</p> <p>4. How many registers/Terminals: _____</p> <p>5. Is proper license visible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, explain: _____</p> <p>6. Where is the merchant name displayed at the site? <input checked="" type="checkbox"/> Window <input type="checkbox"/> Door <input checked="" type="checkbox"/> Store Front</p> <p>7. Merchant Occupies: <input checked="" type="checkbox"/> Ground Floor <input type="checkbox"/> Other: _____</p> <p>8. # of Floors/Levels: <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11+</p> <p>9. Remaining Floor(s) Occupied by: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Combination <input type="checkbox"/> None</p> <p>10. Approximate Square Footage: <input type="checkbox"/> 0-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501-2,000 <input type="checkbox"/> 2,001 plus</p> <p>11. Are customers required to leave a deposit? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, % of deposit required: _____%</p> <p>12. Return Policy: <input type="checkbox"/> Full Refund <input type="checkbox"/> Exchange Only <input type="checkbox"/> None</p>	<p>13. Do you have a refund policy for MC/Visa/Discover® Network-PayPal/American Express OptBlue® Sales? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one: <input type="checkbox"/> Exchange <input type="checkbox"/> MC/Visa/Discover Network - PayPal/ <input type="checkbox"/> Store Credit <input type="checkbox"/> American Express OptBlue® Credit If MC/V/Discover Network-PayPal/American Express OptBlue® Credit, within how many days do you submit credit transactions? <input type="checkbox"/> 0-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-14 <input type="checkbox"/> Over 14</p> <p>14. Advertising Method (<i>Attach at least one</i>): <input type="checkbox"/> Catalog <input type="checkbox"/> Brochure <input type="checkbox"/> Direct Mail <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Phone <input type="checkbox"/> Newspaper/Journals <input type="checkbox"/> Other <i>Marketing Materials required for Mail Order, B to B, Internet over \$1 Million in annual volume. Attach Web Page for Internet Merchant.</i></p> <p>15. Previous Processor: _____</p> <p>16. Check Reason For Leaving: <input type="checkbox"/> Rate <input type="checkbox"/> Service <input type="checkbox"/> Terminated <input type="checkbox"/> Other: _____</p> <p style="text-align: center;">Mail/Telephone Order/Business to Business/Internet Information (All Questions must be Answered)</p> <p>1. What is the time frame from transaction to delivery? (% of orders delivered in): 0-7 days <u>0</u>% + 8-14 days _____% + 15-30 days _____% + over 30 days _____% = 100%</p> <p>2. MC/Visa/Discover Network-PayPal/American Express OptBlue® sales are deposited (<i>check one</i>): <input type="checkbox"/> Date of order <input type="checkbox"/> Date of delivery <input type="checkbox"/> Other (<i>specify</i>): _____</p> <p>3. Does any of your cardholder billing involve automatic renewals or recurring transactions (<i>i.e., cardholder authorizes initial sale only</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Merchant Initials: _____



DBA Name: Half World Marine Park Merchant #: _____

Omaha 2004 **3. OWNERS / PARTNERS / OFFICERS** Omaha 2004 (ia)

OWNER / PARTNER / OFFICER 1				OWNER / PARTNER / OFFICER 2			
Name: (First, MI, Last)			% Ownership:	Name: (First, MI, Last)			% Ownership:
Title:				Title:			
Home Address: (No P.O. Box)				Home Address: (No P.O. Box)			
City:	State:	Zip:	Country:	City:	State:	Zip:	Country:
Telephone #:		Social Security #:		Telephone #:		Social Security #:	
D.O.B.:	DL #:	State:		D.O.B.:	DL #:	State:	

4. SETTLEMENT INFORMATION

Deposit Bank: _____

Transit/ABA #: _____ Deposit Account #: _____

ACH Detail Flag: Individual Combined Separate (defaults to Combined if option not selected)

5. TRANSACTION INFORMATION

FINANCIAL DATA				WHERE IS SALE TRANSACTED? (Must = 100%)	
Gross YEARLY Sales Volume (Cash + Credit + Debit + Check)	\$ <u>1900000</u>	Avg. MC/Visa/Discover Network - PayPal Ticket (Estimate If Never Processed in Past)	\$ <u>50</u>	Store Front/Swiped	<u>80</u> %
Average YEARLY MC/Visa Volume	\$ <u>1800000</u>	Avg. American Express OptBlue® Ticket (Estimate If Never Processed in Past)	\$ _____	Internet	<u>0</u> %
Average YEARLY Discover Network - PayPal Volume	\$ <u>60000</u>	Highest Ticket Amount	\$ <u>0</u>	Mail Order	_____ %
Average YEARLY American Express OptBlue® Volume	\$ <u>90000</u>			Telephone Order	<u>20</u> %
Seasonal? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes High Volume Months Open: _____				Total	<u>100</u> %

6. GRID INFORMATION - INTERNAL USE ONLY

AUTHORIZATION GRID ID#: 007 USER DEFINED GRID ID#: _____ MFC GRID ID: 15113208 8-pos. Alpha/Numeric

MC TIERED GRID ID 8-pos. Alpha/Numeric	VISA TIERED GRID ID 8-pos. Alpha/Numeric	DISCOVER NETWORK - PayPal TIERED GRID ID 8-pos. Alpha/Numeric	AMERICAN EXPRESS OptBlue® TIERED GRID ID 8-pos. Alpha/Numeric
MC CREDIT MPG ID 8-pos. Alpha/Numeric	VISA CREDIT MPG ID 8-pos. Alpha/Numeric	DISCOVER NETWORK - PayPal CREDIT MPG ID 8-pos. Alpha/Numeric	AMERICAN EXPRESS OptBlue® CREDIT MPG ID 8-pos. Alpha/Numeric
MC DEBIT MPG ID 8-pos. Alpha/Numeric	VISA DEBIT MPG ID 8-pos. Alpha/Numeric	DISCOVER NETWORK DEBIT MPG ID 8-pos. Alpha/Numeric	

7. SERVICE FEE SCHEDULE

Accept all MasterCard, Visa, Discover Network and American Express OptBlue® Transactions (presumed, unless any selections below are checked)

MasterCard	Visa	Discover Network	American Express OptBlue®
<input type="checkbox"/> MC Credit Transactions	<input type="checkbox"/> Visa Credit Transactions	<input type="checkbox"/> Discover Network Credit Transactions	<input type="checkbox"/> American Express Credit Transactions
<input type="checkbox"/> MC Non-PIN Debit Trans.	<input type="checkbox"/> Visa Non-PIN Debit Trans.	<input type="checkbox"/> Discover Network Non-PIN Debit Trans.	

Discount Collected Daily Monthly

Discover Network - PayPal Discover Network - PayPal Credit Transactions

Tiered

Discount Fees (Based on Gross Sales Volume)											
	Discount	MPG TXN Fee		Discount	MPG TXN Fee		Discount	MPG TXN Fee		Discount	MPG TXN Fee
MC Qual Credit	%	\$	Visa Qual Credit	%	\$	Discover Network - PayPal Qual Credit	%	\$	American Express OptBlue® Qual Credit	%	\$
MC Mid-Qual Credit	%	\$	Visa Mid-Qual Credit	%	\$	Discover Network - PayPal Mid-Qual Credit	%	\$	American Express OptBlue® Mid-Qual Credit	%	\$
MC Non-Qual Credit	%	\$	Visa Non-Qual Credit	%	\$	Discover Network - PayPal Non-Qual Credit	%	\$	American Express OptBlue® Non-Qual Credit	%	\$
MC Worldcard Qual	%	\$	Visa Rewards 1	%	\$						
MC Worldcard Mid-Qual	%	\$	Visa Rewards 2	%	\$						
MC Worldcard Non-Qual	%	\$									
MC Qual Debit	%	\$	Visa Qual Debit	%	\$	Discover Network Qual Debit	%	\$			
MC Mid-Qual Debit	%	\$	Visa Mid-Qual Debit	%	\$	Discover Network Mid-Qual Debit	%	\$			
MC Non-Qual Debit	%	\$	Visa Non-Qual Debit	%	\$	Discover Network Non-Qual Debit	%	\$			
MC Regulated Debit Discount	%	\$	Visa Regulated Debit Discount	%	\$	Discover Network Regulated Debit Disc't	%	\$			

Merchant Initials: _____



DBA Name: Gulf World Marine Park

Merchant #: _____

Omaha 2004

7. SERVICE FEE SCHEDULE (cont'd)

Omaha 2004 (ia)

Table with columns for Discount, Non-Qual Fees, and card types: MC Qual Credit, MC Qual Debit, Visa Qual Credit, Visa Qual Debit, Discover Network-PayPal Qual Credit, Discover Network Qual Debit, American Express OptBlue Qual Credit.

Pass Through Interchange

Net Only - Includes Dues and Assessments Gross Only - Includes Dues and Assessments

Table with columns for Discount (Based on Gross Sales Vol.) and card types: MC Qual Credit, MC Qual Debit, Visa Qual Credit, Visa Qual Debit, Discover Network-PayPal Qual Credit, Discover Network Qual Debit, American Express OptBlue Qual Credit.

Other Item Rate

Table with columns for MC Credit, MC Debit, Visa Credit, Visa Debit, Discover Network-PayPal Credit, Discover Network Debit, American Express OptBlue Credit.

Other Volume %

Table with columns for MC Credit, MC Debit, Visa Credit, Visa Debit, Discover Network-PayPal Credit, Discover Network Debit, American Express OptBlue Credit.

PIN Debit

Pass Through Debit Network Fees Other Item Rate \$ (per item) Other Volume Percent % (per item)

Fleet

WEX: Other Item Rate \$ (per item) Voyager: Qual % Other Item Rate \$ (per item)

TeleCheck

ECA Warranty Mail Order Warranty Single Hold Check Warranty Multiple Hold Check Warranty Paper Warranty C.O.D. Warranty SE # Inquiry Rate Per TXN Fee Stmt/Processing Fee ECA Chargeback Fee Dec. Risk Surcharge Monthly Minimum Fee Customer Requested Operator Call (CROC)

Miscellaneous Fees

Table with multiple rows for various fees: Dues and Assessments, V/MC Chargeback Fee, V/MC Retrieval Fee, Return Trans. Fee, Sales Transaction Fee, Batch Fee, Early Termination Fee, eIDS Access Fee, EBT - Food Stamps, EBT - Cash Benefits, Other, Minimum Monthly Fee, Monthly Statement Fee, ACH Reject Fee, Pass Visa Trans Integrity Fee, MC License Fee, Visa Proc Fee, MC Proc Fee, Visa BIN Fee, MC ICA Fee, Pass Visa Fixed Acquirer Network Fee, Visa FANF Card Present Surcharge, Visa FANF Card Not Present Surcharge, Pass Visa Acquirer Processing Fee, Pass Visa Misuse of Auth Fee, Pass Visa Zero Floor Limit Fee, Pass Visa Int'l Acquirer Fee, Pass MC Acquirer Support Fee, Pass MC Cross Border Fee, Pass Discover Data Usage Charge, Pass Visa Acq ISA Fee, Pass MC Proc Integrity Fee, Pass Discover Int'l Proc Fee, Pass Discover Int'l Service Fee, Pass MC Nat'l Acquirer Brand Usage (NABU) Fee.

Authorization & Capture Transaction Fees

First Data Payeezy Gateway Services

MC/Visa Auth & Capture Fee: \$ (per item) Discover Network PayPal Auth & Capture Fee: \$ (per item) American Express OptBlue Auth & Capture Fee: \$ (per item) American Express Pass Through (existing) SE #: Voice Authorization \$ (per item) Electronic AVS Fee \$ (per item) Voice AVS Fee \$ (per item) ARU Fee \$ (per item)

Payeezy Gateway Participation Payeezy Gateway Effective Date: Payeezy Gateway One Time Setup Fee \$ (one time) Payeezy Gateway Monthly Fee \$ (monthly) Payeezy Gateway Auth Fee \$ (per item) Payeezy Gateway AVS Fee \$ (per item) Payeezy PayPal Auth Fee \$ (per item) Payeezy PayPal Sale Fee \$ (per item) Payeezy PayPal Return Fee \$ (per item)

First Data Payeezy Gateway Services Telecheck

Payeezy Gateway TeleCheck Auth Fee \$ (per item) Payeezy Gateway TeleCheck Deposit Fee \$ (per item) Payeezy Gateway TeleCheck Adjustment Fee \$ (per item)

Merchant Initials: _____



DBA Name: Half World Marine Park Merchant #: _____

City: Omaha 2004 **7. SERVICE FEE SCHEDULE (cont'd)** City: Omaha 2004 (ia)

User Defined Grid Fees				TIN/TFN & Regulatory Products	
Wireless Monthly Service Fee	\$ _____	AccessOne Fee	\$ _____	Reg. Product Fee	(Monthly) \$ _____
Customer Service Fee	\$ _____	Debit Access Fee	\$ _____	TIN/TFN Invalid	(Monthly) \$ _____
Supplies: _____	\$ _____	Other: _____	\$ _____	Website Usage	(Per Item) \$ _____

Merchant Fee Control Grid Fees					
Annual Fee	\$ _____	Other: _____	\$ _____	Other: _____	\$ _____
Month	_____	<input type="checkbox"/> Per item	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually	Month _____

Pass Visa Account Verification Fee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Visa Account Verification Fee Surcharge	(Per Item) \$ _____
Pass VISA BIN/ICA Fee <i>(Note: this fee can only be used for Shared Systems Only)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	VISA BIN/ICA Fee Surcharge	(Per Item) \$ _____
Pass Visa Staged Digital Wallet Fee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Visa Staged Digital Wallet Fee Surcharge	(Per Item) \$ _____
Pass Visa B2B Virtual Payments Fee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Visa B2B Virtual Payments Fee Surcharge	(Sales Volume) _____ %
Pass Visa File Transmission Fee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Visa File Transmission Transaction Fee Surcharge	(Per Item) \$ _____
Pass Visa Acquirer Credit Voucher Data Processing Fee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Visa Acquirer Credit Voucher Data Processing Fee Surcharge	(Per Item) \$ _____
Pass Visa AFD Non Participation Fee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Visa AFD Non Participation Fee Surcharge	(Per Item) \$ _____
Pass Discover Card Account Verification Fee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Discover Card Account Verification Fee Surcharge	(Per Item) \$ _____
Pass Discover Network Auth Fee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Discover Network Auth Fee Surcharge	(Flat Rate) \$ _____ or (Per Item) \$ _____
Discover Dispute Fee	(Per Item) \$ _____	Discover Retrieval Fee	(Per Item) \$ _____
Pass PayPal Participation Authorization Fee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PayPal Participation Authorization Fee Surcharge	(Sales Volume) _____ %
Pass American Express OptBlue® Access Fee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Pass American Express OptBlue® Network Fee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	American Express OptBlue® Network Fee Surcharge	(Sales Volume) _____ %
American Express Dispute Fee	(Per Item) \$ _____	American Express Retrieval Fee	(Per Item) \$ _____
Pass MasterCard Processing Integrity Fee Pre Auth	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MasterCard Processing Integrity Fee Pre Auth Surcharge	(Per Item) \$ _____
Pass MasterCard Processing Integrity Fee Undefined Auth	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MasterCard Processing Integrity Fee Undefined Auth Surcharge	(Per Item) \$ _____
Pass MasterCard Processing Integrity Fee Final Auth	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MasterCard Processing Integrity Fee Final Auth Surcharge	(Per Item) \$ _____
Pass MasterCard BIN/ICA Fee <i>(Note: this fee can only be used for Shared Systems Only)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MasterCard BIN/ICA Fee Surcharge	(Per Item) \$ _____
Pass MasterCard Account Status Fee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MasterCard Account Status Fee Surcharge	(Per Item) \$ _____
Pass MasterCard Kilobyte Fee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MasterCard Kilobyte Fee Surcharge	(Flat Rate) \$ _____ or (Per Item) \$ _____
Pass MasterCard CVC2 Fee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MasterCard CVC2 Fee Surcharge	(Flat Rate) \$ _____ or (Per Item) \$ _____
Pass MasterCard ICA AVS Fee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MasterCard ICA AVS Fee Surcharge	(Per Item) \$ _____
Pass MasterCard Digital Enablement Fee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MasterCard Digital Enablement Fee Surcharge	(Sales Volume) _____ %
Pass MasterCard Business to Business US	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MasterCard Business to Business US Surcharge	(Sales Volume) _____ %
Pass MasterCard SecureCode Transaction Fee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MasterCard SecureCode Transaction Fee Surcharge	(Flat Rate) \$ _____
Pass MasterCard Location Fee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MasterCard Location Fee Surcharge	(Flat Rate) \$ _____
Pass STAR Debit Network Annual Fee	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STAR Debit Network Annual Fee Surcharge	(Flat Rate) \$ _____
Pass Pulse Debit Network Annual Fee	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pulse Debit Network Annual Fee Surcharge	(Flat Rate) \$ _____
Pass Jeanie Debit Network Annual Fee	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Jeanie Debit Network Annual Fee Surcharge	(Flat Rate) \$ _____
Pass NYCE Debit Network Annual Fee	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NYCE Debit Network Annual Fee Surcharge	(Flat Rate) \$ _____
Pass Accel Debit Network Annual Fee	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Accel Debit Network Annual Fee Surcharge	(Flat Rate) \$ _____

Merchant Initials: _____



Merchant Fee Control Grid Fees (cont'd)			
TransArmor Data Protection Fee	(Flat Rate) \$ _____	TransArmor Terminal Fee	(Flat Rate) \$ _____
Clover Security Plus Fee	(Flat Rate) \$ _____	PCI Rapid Comply	(Flat Rate) \$ _____
Clover Security Non Clover Fee	(Flat Rate) \$ _____	Clover Security for Clover Fee	(Flat Rate) \$ _____
Clover Security Plus w/o TransArmor Data Protection	(Flat Rate) \$ _____	Clover Service Fee Monthly (per station)	(Flat Rate) \$ _____
Wireless Monthly Service Fee	(Per Item) \$ _____	Wireless Activation Fee	(Flat Rate) \$ _____
Clover Go Monthly Fee (per MID)	(Flat Rate) \$ _____	Clover Insights Fee (per MID)	(Flat Rate) \$ _____
Payeezy Webstore Solution Monthly Fee (per webstore)	(Flat Rate) \$ _____		
Perka Solution Monthly Fee (per MID)	(Flat Rate) \$ _____	<i>(For the Perka Solution, you will be provided with registration instructions and will be asked to electronically agree to Perka Inc.'s terms and conditions)</i>	
DCC Chargeback Fee	Per Chargeback \$ _____	DCC Retrieval Fee	Per Retrieval \$ _____
		DCC Transaction Fee	Per Settlement \$ _____

8. EQUIPMENT/THIRD PARTY INFORMATION

Network (Front End): Omaha North Nashville Bypass

Do you use any third party to store, process or transmit cardholder data? Yes No

If yes, identify the Third Party Processor used: 00 None 01 Yahoo 02 Authorize.net 03 Cybersource 04 Verifone 05 Merchant Link 06 Shift 4
 07 Apriva 08 FIS 09 Six Payment Services Corp 10 Verisign 99 Other (please specify) _____

INTERNET GATEWAY: First Data Global Gateway Other: _____

Wireless Network: _____

PC/Internet Software _____	Quantity _____	<input type="checkbox"/> New	<input type="checkbox"/> Rent	<input type="checkbox"/> Lease	<input type="checkbox"/> Existing
Terminal Model _____	Quantity _____	<input type="checkbox"/> New	<input type="checkbox"/> Rent	<input type="checkbox"/> Lease	<input type="checkbox"/> Existing
Printer Model _____	Quantity _____	<input type="checkbox"/> New	<input type="checkbox"/> Rent	<input type="checkbox"/> Lease	<input type="checkbox"/> Existing
PIN Pad _____	Quantity _____	<input type="checkbox"/> New	<input type="checkbox"/> Rent	<input type="checkbox"/> Lease	<input type="checkbox"/> Existing

LEASE COMPANY: (04) First Data Global Leasing **Annual Tax Handling Fee:**

Lease Term: _____ Mos. AL, AR, CA, CT, GA, IN, KY, LA, MS, MO, NE, NV, NM, NC, OK, OR, RI, SC, TN, TX, VT, VA, WA, WV, WI, WY All other States _____

Total Monthly Lease Charge: \$ _____ Total Cost To Lease (without tax): \$ _____

(w/o taxes, late fees, or other charges that may apply – See Lease Agreement in Program Guide for details. This is a non-cancelable lease for the full term indicated.)

Option to purchase: If you wish to buyout the equipment, please contact 1-877-257-2094 to obtain the cost.

Address	City	State	Zip	Attention:
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Gulf World Marine Park

Merchant #: _____

OmahaWF2004	9. SIGNATURE(S)	OmahaWF2004
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I certify that all information set forth in this completed Merchant Processing Application is true and correct and that Client has received a copy of the Program and Confirmation Page, which is part of this Merchant Processing Application (consisting of Sections 1-9), and by this reference incorporated herein. Client acknowledges and agrees that we, our Affiliates and our third party subcontractors and/or agents may use automatic telephone dialing systems to contact Client at the telephone number(s) Client has provided in this Merchant Processing Application and/or may leave a detailed voice message in the event that Client is unable to be reached, even if the number provided is a cellular or wireless number or if Client has previously registered on a Do Not Call list or requested not to be contacted Client for solicitation purposes. Client hereby consents to receiving commercial electronic mail messages from us, our Affiliates and our third party subcontractors and/or agents from time to time. Client further agrees that Client will not accept more than 20% of its card transactions via mail, telephone or Internet order. However, if your Application is approved based upon contrary information stated in Section 8, Transaction Information section above, you are authorized to accept transactions in accordance with the percentages indicated in that section. This signature page also serves as a signature page to the Equipment Lease Agreement, and the TeleCheck Services Agreement appearing in the Third Party Section of the Program Guide, if selected, the undersigned Client being the "Lessee" for purposes of such Equipment Lease Agreement and/or "You" and "Your" for the purposes of the TeleCheck Services Agreement.

By signing below, each of the undersigned authorizes us, our Affiliates and our third party subcontractors and/or agents to verify the information contained in this Application and to request and obtain from any consumer reporting agency and other sources, including bank references, personal and business consumer reports and other information and to disclose such information amongst each other for any purpose permitted by law. If the Application is approved, each of the undersigned also authorizes us, our Affiliates and our third party subcontractors and/or agents to obtain subsequent consumer reports and other information from other sources, including bank references, in connection with the review, maintenance, updating, renewal or extension of the Agreement or for any other purpose permitted by law and disclose such information amongst each other. Each of the undersigned furthermore agrees that all references, including banks and consumer reporting agencies, may release any and all personal and business credit financial information to us, our Affiliates and our third party subcontractors and/or agents. Each of the undersigned authorizes us, our Affiliates and our third party subcontractors and/or agents to provide amongst each other the information contained in this Merchant Processing Application and Agreement and any information received subsequent thereto from all references, including banks and consumer reporting agencies for any purpose permitted by law. It is our policy to obtain certain information in order to verify your identity while processing your account application.

As part of our approval, processing services, continuing fraud prevention and account review processes, the undersigned consents to the use of information gathered online or that you submit to us, and/or automated electronic computer security screening, by us or our third party vendors.

Client authorizes FDMS and Bank and their affiliates to debit Client's designated bank account via Automated Clearing House (ACH) for costs associated with equipment hardware, software and shipping.

You further acknowledge and agree that you will not use your merchant account and/or the Services for illegal transactions, for example, those prohibited by the Unlawful Internet Gambling Enforcement Act, 31 U.S.C. Section 5361 et seq, as may be amended from time to time, or processing and acceptance of transactions in certain jurisdictions pursuant to 31 CFR Part 500 et seq. and other laws enforced by the Office of Foreign Assets Control (OFAC).

Client certifies, under penalties of perjury, that the federal taxpayer identification number and corresponding filing name provided herein are correct.

Client agrees to all the terms of this Merchant Processing Application and Agreement. This Merchant Processing Application and Agreement shall not take effect until Client has been approved and this Agreement has been accepted by FDMS and Bank.

Client's Business Principal/Officer:

Signature X *[Signature]* Title General Manager (Services): For First Data Merchant Services LLC and Wells Fargo Bank, N.A., (a member of Visa USA, Inc. and MasterCard International, Inc.)

Print Name of Signer Pamela George Date 11/12/19

Signature X _____ Title _____

Print Name of Signer _____ Date _____ **X** Signature _____

Signature X _____ Title _____

Print Name of Signer _____ Date _____

TELECHECK ACH AUTHORIZATION

ACH Debit and Credit Authorization: Client authorizes its Financial Institution to pay and charge to its account the amount(s) due TeleCheck under this TeleCheck Agreement and to accept all credits and debits made to its account by TeleCheck via electronic funds transfer in connection with TeleCheck's services under this TeleCheck Agreement. This authorization shall remain in effect until (30) thirty days after ~~revoked in writing~~.

Signature X _____ Print Name/Title: _____ Date _____

Authorized Signature on TeleCheck Account for ACH

Personal Guarantee: In exchange for First Data Merchant Services LLC, Wells Fargo Bank, N.A., (a member of Visa USA, Inc. and MasterCard International, Inc.), and TeleCheck Services, Inc. (the Guaranteed Parties) acceptance of, as applicable, the Agreement, and/or the Equipment Lease Agreement and/or the TeleCheck/TRS Services Agreement, the undersigned unconditionally and irrevocably guarantees the full payment and performance of Client's obligations under the foregoing agreements, as applicable, as they now exist or as modified from time to time, whether before or after termination or expiration of such agreements and whether or not the undersigned has received notice of any amendment of such agreements. The undersigned waives notice of default by Client and agrees to indemnify the Guaranteed Parties for any and all amounts due from Client under the foregoing agreements. The Guaranteed Parties shall not be required to first proceed against Client to enforce any remedy before proceeding against the undersigned. This is a continuing personal guaranty and shall not be discharged or affected for any reason. The undersigned understands that this is a Personal Guaranty of payment and not of collection and that the Guaranteed Parties are relying upon this Personal Guaranty in entering into the foregoing agreements, as applicable.

Personal Guarantee Signature X _____ Print Name: _____ Date _____

Personal Guarantee Signature X _____ Print Name: _____ Date _____