

Case Number	Document ID	Research ID	Document Type Description
File Name			
28021386	18471198		Legal Doc
	LegalDoc_Doc_ID_18471198_1.pdf		
28021386	18489233		Records Delivered
	RecordsDelivered_Doc_ID_18489233_2.pdf		
28021386	18492147		Transactions DAT File
	Transactions.dat		
28021386	18489515	28021539	Statements
	Statements_Account_Last_Four_Numbers_7058_Doc_ID_18489515_1.pdf		
28021386	18471437	28021535	Signature Cards
	SignatureCards_Account_Last_Four_Numbers_7058_Doc_ID_18471437_1.pdf		

STATE OF SOUTH CAROLINA

ISSUED BY THE COMMON PLEAS COURT IN THE COUNTY OF LANCASTER

Ikram Khan, et al Plaintiffs,

v.

SUBPOENA IN A COMMON PLEAS CASE

Mustapha Saoui, et al

Case Number: 2022-CP-29-01637

Defendants.

Pending in Lancaster County

TO: Wells Fargo Bank, NA

☐ YOU ARE COMMANDED to appear in the above named court at the place, and time specified below to testify in the above case.

PLACE OF TESTIMONY

COURTROOM

DATE AND TIME , AM

☐ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION

DATE AND TIME AM

☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below list documents or objects:

See Attachment "A"

PLACE

Hamilton Martens, LLC

PO Box 10490, Rock Hill, SC 29731

DATE AND TIME May 8, 2023 at 5:00 PM

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES

DATE AND TIME , AM

ANY SUBPOENAED ORGANIZATION NOT A PARTY TO THIS IS HEREBY DIRECTED TO RULE 30(b)(6), SOUTH CAROLINA RULES OF CIVIL PROCEDURE, TO FILE A DESIGNATION WITH THE COURT SPECIFYING ONE OR MORE OFFICERS, DIRECTORS, OR MANAGING AGENTS, OR OTHER PERSONS WHO CONSENT TO TESTIFY ON ITS BEHALF, SHALL SET FORTH, FOR EACH PERSON DESIGNATED, THE MATTERS ON WHICH HE WILL TESTIFY OR PRODUCE DOCUMENTS OR THINGS. THE PERSON SO DESIGNATED TESTIFY AS TO MATTERS KNOWN OR REASONABLY AVAILABLE TO THE ORGANIZATION

I CERTIFY THAT THE SUBPOENA IS ISSUED IN COMPLIANCE WITH RULE 45(c)(1), AND THAT NOTICE AS REQUIRED BY RULE 45(b)(1) HAS BEEN GIVEN TO ALL PARTIES.

Attorney/Issuing Officer's Signature

04/26/23

W. Keith Martens

Indicate if Attorney for Plaintiff or Defendant

Date

Print Name

Attorney's Address and Telephone Number :

Attorney for Defendant, Hamilton Martens, LLC, PO Box 10940, Rock Hill, SC 29731

Clerk of Court/Issuing Officer's Signature

Date

Print Name

Pro Se Litigant's Name, Address and Telephone Number :

PROOF OF SERVICE

SERVED	DATE	FEES AND MILEAGE TENDERED TO WITNESS _____ <input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT \$ _____
	PLACE	
SERVED ON		MANNER OF SERVICE
SERVED BY		TITLE Paralegal

DECLARATION OF SERVER

I certify that the foregoing information contained in the Proof of Service is true and correct.

Executed on

SIGNATURE OF SERVER

Po Box 10940, Rock Hill, SC 29731

ADDRESS _____

Rule 45, South Carolina Rules of Civil Procedures, Parts (c) and (d):

(c) Protection of Persons Subject to Subpoenas.

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

(2) (A) A person commanded to produce and permit inspection and copying of designated books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial. A party or an attorney responsible for the issuance and service of a subpoena for production of books, papers and documents without a deposition shall provide to another party copies of documents so produced upon written request. The party requesting copies shall pay the reasonable costs of reproduction.

(B) Subject to paragraph (d) (2) of this rule, a person commanded to produce and permit inspection and copying may, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to inspection or copying of any or all of the designated materials or of the premises. If objection is made, the party serving the subpoena shall not be entitled to inspect and copy the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time in the court that issued the subpoena for an order to compel the production. Such an order to compel production shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection and copying commanded.

(3) (A) On timely motion, the court by which a subpoena was issued, or regarding a subpoena commanding appearance at a deposition, or production or inspection directed to a non-party, the court in the county where the non-party resides, is employed or regularly transacts business in person, shall quash or modify the subpoena if it:

- i. fails to allow reasonable time for compliance; or
- ii. requires a person who is not a party nor an officer, director or managing agent of a party, nor a general partner of a partnership that is a party, to travel more than 50 miles from the county where that person resides, is employed or regularly transacts business in person, except that, subject to the provisions of clause (c)(3)(B)(iii) of this rule, such a person may in order to attend trial be commanded to travel from any such place within the state in which the trial is held; or
- iii. requires disclosure of privileged or otherwise protected matter and no exception or waiver applies; or
- iv. subjects a person to undue burden.

(B) If a subpoena:

- i. requires disclosure of a trade secret or other confidential research, development, or commercial information, or
- ii. requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or
- iii. requires a person who is not a party nor an officer, director or managing agent of a party, nor a general partner of a partnership that is a party, to incur substantial expense to travel from the county where that person resides, is employed or regularly transacts business in person,

the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

(d) Duties in Responding to Subpoena.

(1) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(2) When information subject to a subpoena is withheld on a claim that it is privileged or subject to protection as trial preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.

Exhibit A to Subpoena to Wells Fargo Bank

Ikram Khan, et al. v. Mustapha Saoui, et al.

C/A No. 2022-CP-29-01637

Now Pending in the Lancaster County Court of Common Pleas

1. Any and all documents submitted to Wells Fargo Bank in connection with the opening of Wells Fargo Bank Account 5238667058. On information and belief, the account was opened in the name of Islamic Community Center of South Charlotte.
2. Any and all documents identifying the individuals who are listed as having signatory authorization for Wells Fargo Bank Account 5238667058.
3. Monthly account statements for all months that Wells Fargo Bank Account 5238667058 has been open, including a record of deposits and debits.



L. Melia Sweatt
Paralegal
803-329-7702
Melia.sweatt@hamiltonmartens.com

April 26, 2023

Certified Mail – Return Receipt
Corporation Service Company
Registered agent for
Wells Fargo Bank, NA
508 Meeting Street
West Columbia, SC 29169

RE: Ikram Khan, et al vs. Mustapha Saoui, et al
C. A. No.: 2022-CP-29-01637

To whom it may concern:

This firm represents the Plaintiffs in the above-named matter. In our investigation of this matter, it has become necessary for us to subpoena certain records from Wachovia. Enclosed is a subpoena detailing the documents we need to obtain from you in connection with this case. Please see the Attachment to the subpoena, which details the specific information we are requesting.

We will be glad to reimburse you for any copying costs associated with the production of these documents. **However, if the cost of copying these documents exceeds \$75.00, please contact my office prior to copying.**

By copy of this letter to counsel for the Plaintiffs, I have enclosed a copy of the subpoena.

If you have any questions or comments, please do not hesitate to contact the attorney, Keith Martens, or me. Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'L. Melia Sweatt', written over a horizontal line.

L. Melia Sweatt
Paralegal

/lms

Enclosure

cc: Kenneth D. Snow
The Snow Legal Group, PLLC
6827 Fairview Road, Suite D
Charlotte, NC 28210

Hamilton Martens, LLC*

241 Oakland Avenue (29730) • Post Office Box 10940 (29731) • Rock Hill, South Carolina
Phone: 803.329.7672 • Facsimile: 803.329.7678 • www.hamiltonmartens.com

*Herbert W. Hamilton, Retired



Summons and Subpoenas Department
PO Box 1415 MAC #D1111-016
Charlotte, NC 28201
Voice: 480-724-2000

BUSINESS RECORDS DECLARATION

I, Demorise Hill, am over the age of eighteen and I declare that I am employed by Wells Fargo Bank, N.A. ("Wells Fargo") in the Summons and Subpoenas Department and am a duly authorized and qualified witness to certify the authenticity of the attached documents and/or information produced pursuant to the legal order. Wells Fargo reserves the right to designate another Custodian as it deems appropriate in the event an actual appearance is required concerning the records produced. I certify that the attached records:

- A) Were prepared by personnel of Wells Fargo in the ordinary course of business at or near the time of the acts, conditions or events described in the records; and
- B) It was the ordinary course of business for Wells Fargo employees or representatives with knowledge of the act, event, or condition recorded to make the record or transmit the information therein to be included in such record.
- C) The records attached are true and correct copies of the business records as maintained by Wells Fargo.

The records produced are described as follows:

Case number: 28021386

Document Type	Account #	Paper Count	Total Copies
Statements	XXXXXX7058	12	12
Signature Cards	XXXXXX7058	7	7
Total Copies Delivered:			19

Additional comments:

The bank's standard record retention period is seven years.

I declare under penalty of perjury under the law(s) of the state of South Carolina that the foregoing is true and correct according to my knowledge and belief. Executed on this 8th day of May, 2023, in the City of Charlotte, State of NORTH CAROLINA.


Subpoena Processing Representative

Image copies of requested transactions may be missing for the following reasons: Items not imaged, corrupted, blank, damaged, destroyed or not available, item(s) piggy-backed, electronic transaction(s). If the legal order requests certain types of loan information and other non-depository information, it was forwarded to other departments and they will respond to you directly.

Case No: 28021386; Agency Case No: 2022CP2901637

Business Account Application



Bank Name:

WELLS FARGO BANK, N.A.

Branch Name:

VILLAGE COMMONS AT WESLEY CHAPEL

Banker Name:

SEIYEFA BIPELEGHA

Officer/Portfolio Number:

E5875

Date:

02/17/2023

Banker Phone:

704/243-3017

Branch Number:

10328

Banker AU:

0067236

Banker MAC:

D1027-010

To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individuals and businesses) who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

New Account Information

☒ New Deposit Account(s) Only

☐ New Deposit Account(s) and Business Credit Card

Account 1 Product Name:

Initiate Business Checking

Purpose of Account 1:

General Operating Account

COD:

338

Product:

DDA

Account Number:

5238667058

Opening Deposit:

\$25.00

Type of Funds:

INTX

New Account Kit:

XXXXXXXXXX@GMAIL.COM

Checking/Savings Bonus Offer Available:

NO

Related Customer Information

Customer 1 Name:

MUSLIM COMMUNITY CENTER OF CAROLINAS

Enterprise Customer Number (ECN):

520160082038413

Account Relationship:

Sole Owner

Customer 2 Name:

IKRAM KHAN

Enterprise Customer Number (ECN):

XXXXXXXXXX0616414

Account Relationship:

Signer

Customer 3 Name:

MASOOM SHAIK

Enterprise Customer Number (ECN):

XXXXXXXXXX49212

Account Relationship:

Signer



Checking/Savings Statement Mailing Information

Name(s) and Information Listed on Statement: MUSLIM COMMUNITY CENTER OF CAROLINAS	Statement Mailing Address: 1484 CHERRY LAUREL DR	
	Address Line 2:	
	City: WAXHAW	State: NC
	ZIP/Postal Code: 28173-0344	Country: US



Customer 1 Information

Customer Name: MUSLIM COMMUNITY CENTER OF CAROLINAS			
Enterprise Customer Number (ECN): 5 2038413		Street Address: 1484 CHERRY LAUREL DR	
Account Relationship: Sole Owner		Address Line 2:	
Taxpayer Identification Number (TIN): 91		Address Line 3:	
TIN Type: EIN			
Business Type: Limited Liability Company		City: WAXHAW	State: NC
Business Sub-Type/Tax Classification: C Corporation	Non-Profit: Yes	ZIP/Postal Code: 28173-0344	Country: US
Date Originally Established: 02/08/2023	Current Ownership Since: 02/17/2023	Number of Employees: 0	Fax: 561/8
Fiscal Year End: \$10,000.00		Cellular Phone:	Business Phone: 561/8
Primary Financial Institution: 1		e-Mail Address:	
Primary State 1:	Primary State 2:	Primary State 3:	Website:
Primary Country 1: US	Primary Country 2:	Primary Country 3: US	Sales Market: LOCAL
Industry: Other Services (except Public Administration)			
Description of Business: OUTREACH PROGRAMES TO THE LESS PRIVILEGE			
Major Suppliers/Customers:			

Bank Use Only

Name/Entity Verification: Articles of Organization		Address Verification: FP/FD	
BACC Reference Number: 01615			
Document Filing Number/Description: 33 03118	Filing Country: US	Filing State: NC	Filing Date: 02/08/2023
Expiration Date:	Country of Registration: US	State of Registration: NC	International Transactions:
Check Reporting: NO RECORD			



Owner/Key Individual 1 Information

Customer Name: IKRAM KHAN			Residence Address: 208 RUNNING HORSE LN	
Business Relationship: Key Executive with Control of the Entity			Address Line 2:	
Position/Title:	Date of Birth:	Percent of Ownership:	Address Line 3:	
		0.0		
Enterprise Customer Number (ECN): 0616414			City: WAXHAW	State: NC
TIN Type: SSN	Taxpayer Identification Number (TIN):		ZIP/Postal Code: 28173-7251	Country: US
Primary ID Type: DLIC	Primary ID Description:		Country of Citizenship: US	Permanently Resides in US:
Primary ID St/Ctry/Prov: NC	Primary ID Issue Date: 09/30/2017	Primary ID Expiration Date: 11/09/2025	Check Reporting:	
Secondary ID Type: OTHR	Secondary ID Description: SSCARD #			
Secondary ID State/Country:	Secondary ID Issue Date:	Secondary ID Expiration Date:		

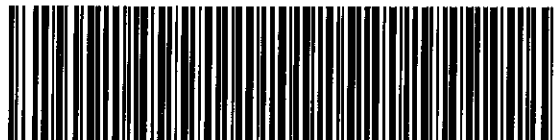
Authorized Signer 1 Information

Authorized Signer Name: IKRAM KHAN			Residence Address: 208 RUNNING HORSE LN	
Occupation: Executive, Professiona			Address Line 2:	
Date of Birth:	Position/Job Title:		Address Line 3:	
	FINANCIAL OFFIC			
Taxpayer Identification Number (TIN):	TIN Type:	City:	State:	
	SSN	WAXHAW	NC	
Primary ID Type: DLIC	Primary ID Description:		ZIP/Postal Code: 28173-7251	Country: US
Primary ID Expiration Date: 11/09/2025	Primary ID St/Ctry/Prov: NC	Primary ID Issue Date: 09/30/2017	Permanently Resides in US:	Country of Citizenship: US
Secondary ID Description: SSCARD #		Secondary ID Type: OTHR		
Secondary ID State/Country:	Secondary ID Issue Date:	Secondary ID Expiration Date:		



Authorized Signer 2 Information

Authorized Signer Name: MASOOM SHAIK			Residence Address: 1081 HARPER KEEFE RD		
Occupation: Executive, Professiona			Address Line 2:		
Date of Birth: [REDACTED]		Position/Job Title: Lead App Develo		Address Line 3:	
Taxpayer Identification Number (TIN): [REDACTED]		TIN Type: SSN		City: FORT MILL	
				State: SC	
Primary ID Type: DLIC		Primary ID Description: [REDACTED]		ZIP/Postal Code: 29707-8616	
				Country: US	
Primary ID Expiration Date: 02/03/2028		Primary ID St/Ctry/Prov: SC		Primary ID Issue Date: 02/03/2020	
				Country of Citizenship: US	
Secondary ID Description: SSCARD # [REDACTED]		Secondary ID Type: OTHR			
Secondary ID State/Country:		Secondary ID Issue Date:		Secondary ID Expiration Date:	



Certificate of Authority

Each person who signs the "Certified/Agreed To" section of this Application certifies that:

A. The Customer's use of any Wells Fargo Bank, N.A. ("Bank") deposit account, product or service will confirm the Customer's receipt of, and agreement to be bound by, the Bank's applicable fee and information schedule and account agreement that includes the Arbitration Agreement under which any dispute between the Customer and the Bank relating to the Customer's use of any Bank deposit account, product or service will be decided in an arbitration proceeding before a neutral arbitrator as described in the Arbitration Agreement and not by a jury or court trial.

B. Each person who signs the "Certified/Agreed To" section of this Application or whose name, any applicable title and specimen signature appear in the "Authorized Signers - Signature Capture" section of this Application is authorized on such terms as the Bank may require to:

- (1) Enter into, modify, terminate and otherwise in any manner act with respect to accounts at the Bank and agreements with the Bank or its affiliates for accounts and/or services offered by the Bank or its affiliates (other than letters of credit or loan agreements);
- (2) Authorize (by signing or otherwise) the payment of Items from the Customer's account(s) listed on this Business Account Application (including without limitation any Item payable to (a) the individual order of the person who authorized the Item or (b) the Bank or any other person for the benefit of the person who authorized the Item) and the endorsement of Deposited Items for deposit, cashing or collection (see the Bank's applicable account agreement for the definitions of "Item" and "Deposited Item");
- (3) Give instructions to the Bank in writing (whether the instructions include the manual signature or a signature that purports to be the facsimile or other mechanical signature including a stamp of an Authorized Signer as the Customer's authorized signature without regard to when or by whom or by what means or in what ink color the signature may have been made or affixed), orally, by telephone or by any electronic means in regard to any Item and the transaction of any business relating to the Customer's account(s), agreements or services, and the Customer shall indemnify and hold the Bank harmless for acting in accordance with such instructions; and
- (4) Delegate the person's authority to another person(s) or revoke such delegation, in a separate signed writing delivered to the Bank.

C. If a code must be communicated to the Bank in order to authorize an Item, and the code is communicated, the Item will be binding on the Customer regardless of who communicated the code.

D. Each transaction described in this Certificate of Authority conducted by or on behalf of the Customer prior to delivery of this Certificate is in all respects ratified.

E. If the Customer is a tribal government or tribal government agency, the Customer waives sovereign immunity from suit with respect to the Customer's use of any Bank account, product or service referred to in this Certificate.

F. The information provided in this Application is correct and complete, each person who signs the "Certified/Agreed To" section of this Application and each person whose name appears in the "Authorized Signers-Signature Capture" section of this Application holds any position indicated, and the signature appearing opposite the person's name is authentic.

G. The Customer has approved this Certificate of Authority or granted each person who signs the "Certified/Agreed To" section of this Application the authority to do so on the Customer's behalf by:

- (1) resolution, agreement or other legally sufficient action of the governing body of the Customer, if the Customer is not a trust or a sole proprietor;
- (2) the signature of each of the Customer's trustee(s), if the Customer is a trust; or
- (3) the signature of the Customer, if the Customer is a sole proprietor.

Certified/Agreed To

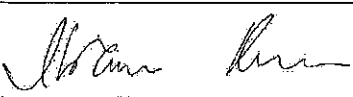
Owner/Key Individual 1 Name

IKRAM KHAN

Position/Title:

Owner/Key Individual 1 Signature

IKRAM KHAN



- ☐ Submit manually
☐ Signature not required

Date:

02/17/2023

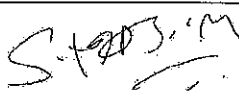
Owner/Key Individual 2 Name

MASOOM SHAIK

Position/Title:

Owner/Key Individual 2 Signature

MASOOM SHAIK



- ☐ Submit manually
☐ Signature not required

Date:

02/17/2023



Request for Taxpayer Identification Number and Certification

(Substitute Form W-9)

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
 2. UNLESS I HAVE CHECKED THE BOX BELOW, I am not subject to backup withholding because: (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. citizen or other U.S. person; and
 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (This does not apply to accounts maintained in the United States.)
- ☐ I am subject to backup withholding because the statement in 2(b) above does not apply.

Tax Responsible Customer Name:

MUSLIM COMMUNITY CENTER OF CAROLINAS

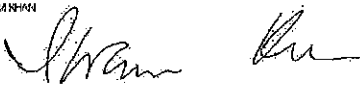
Taxpayer Identification Number (TIN):

92-2234791

Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

TIN Certification Signature:

IKRAM KHAN



- ☐ Submit manually
☐ Signature not required

Date:
02/17/2023

Authorized Signers - Signature Capture

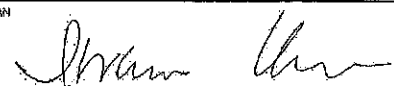
Authorized Signer 1 Name

IKRAM KHAN

Position/Title:

Authorized Signer 1 Signature

IKRAM KHAN



- ☐ Submit manually
☐ Signature not required

Date:
02/17/2023


Authorized Signer 2 Name

MASOOM SHAIK

Position/Title:

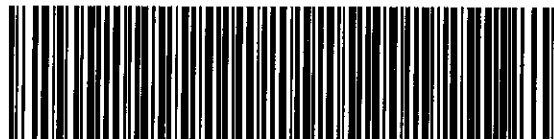
Authorized Signer 2 Signature

MASOOM SHAIK



- ☐ Submit manually
☐ Signature not required

Date:
02/17/2023



Initiate Business CheckingSM

February 28, 2023 ■ Page 1 of 4



MUSLIM COMMUNITY CENTER OF CAROLINAS
1484 CHERRY LAUREL DR
WAXHAW NC 28173-0344

Questions?

Available by phone Mon-Sat 7:00am-11:00pm Eastern Time, Sun 9:00am-10:00pm Eastern Time.
We accept all relay calls, including 711

1-800-CALL-WELLS (1-800-225-5935)

En español: 1-877-337-7454

Online: wellsfargo.com/biz

Write: Wells Fargo Bank, N.A. (338)
P.O. Box 6995
Portland, OR 97228-6995

Your Business and Wells Fargo

Visit wellsfargo.com/digitalbusinessresources to explore tours, articles, infographics, and other resources on the topics of money movement, account management and monitoring security and fraud prevention, and more.

Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wellsfargo.com/biz or call the number above if you have questions or if you would like to add new services.

Business Online Banking	<input checked="" type="checkbox"/>
Online Statements	<input checked="" type="checkbox"/>
Business Bill Pay	<input checked="" type="checkbox"/>
Business Spending Report	<input checked="" type="checkbox"/>
Overdraft Protection	<input type="checkbox"/>

Statement period activity summary

Beginning balance on 2/17	\$0.00
Deposits/Credits	25.00
Withdrawals/Debits	- 0.00
Ending balance on 2/28	\$25.00

Account number: **5238667058**

MUSLIM COMMUNITY CENTER OF CAROLINAS

North Carolina account terms and conditions apply

For Direct Deposit use

Routing Number (RTN): 053000219

For Wire Transfers use

Routing Number (RTN): 121000248

Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo branch.

February 28, 2023 ■ Page 2 of 4



Transaction history

Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
2/17		Etransfer IN Branch/Store - From Checking 5926 Weddington Monroe Rd Wesley Chapel NC 0220	25.00		25.00
Ending balance on 2/28					25.00
Totals			\$25.00	\$0.00	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Monthly service fee summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to [wellsfargo.com/feefaq](https://www.wellsfargo.com/feefaq) for a link to these documents, and answers to common monthly service fee questions.

Fee period 02/17/2023 - 02/28/2023 Standard monthly service fee \$10.00 You paid \$0.00

We waived the fee this fee period to allow you to meet the requirements to avoid the monthly service fee. Your fee waiver is about to expire. You will need to meet one of the requirements to avoid the monthly service fee.

How to avoid the monthly service fee

Have any ONE of the following account requirements

- Average ledger balance
- Minimum daily balance

Minimum required

\$1,000.00
\$500.00

This fee period

\$25.00 ☐
\$25.00 ☐

C101

Account transaction fees summary

Service charge description	Units used	Units included	Excess units	Service charge per excess units (\$)	Total service charge (\$)
Cash Deposited (\$)	0	5,000	0	0.0030	0.00
Transactions	0	100	0	0.50	0.00
Total service charges					\$0.00



IMPORTANT ACCOUNT INFORMATION

NEW YORK CITY CUSTOMERS ONLY -- Pursuant to New York City regulations, we request that you contact us at 1-800-TO WELLS (1-800-869-3557) to share your language preference.

February 28, 2023 ■ Page 3 of 4



The new year is a great time to make sure your security settings are up to date. Take a few minutes now to update your passwords, ensure we have your current contact information (mobile phone number, email), set up account alerts, and enable biometric sign on for the Wells Fargo Mobile® app. Learn more at www.wellsfargo.com/securitytools.



Important Information You Should Know

- To dispute or report inaccuracies in information we have furnished to a Consumer Reporting Agency about your accounts: Wells Fargo Bank, N.A. may furnish information about deposit accounts to consumer reporting agencies. You have the right to dispute the accuracy of information that we have furnished to a consumer reporting agency by writing to us at Overdraft Collection and Recovery, P.O. Box 5058, Portland, OR 97208-5058. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with supporting documentation. If you believe the information furnished is the result of identity theft, please provide us with an identity theft report.
- In case of errors or questions about other transactions (that are not electronic transfers): Promptly review your account statement within 30 days after we made it available to you, and notify us of any errors.
- If your account has a negative balance: Please note that an account overdraft that is not resolved 60 days from the date the account first became overdrawn will result in closure and charge off of your account. In this event, it is important that you make arrangements to redirect recurring deposits and payments to another account. The closure will be reported to Early Warning Services. We reserve the right to close and/or charge-off your account at an earlier date, as permitted by law. The laws of some states require us to inform you that this communication is an attempt to collect a debt and that any information obtained will be used for that purpose.

Account Balance Calculation Worksheet

1. Use the following worksheet to calculate your overall account balance.
2. Go through your register and mark each check, withdrawal, ATM transaction, payment, deposit or other credit listed on your statement. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.
3. Use the chart to the right to list any deposits, transfers to your account, outstanding checks, ATM withdrawals, ATM payments or any other withdrawals (including any from previous months) which are listed in your register but not shown on your statement.

ENTER

A. The ending balance
shown on your statement..... \$

ADD

B. Any deposits listed in your register or transfers into your account which are not shown on your statement.	\$ _____
	\$ _____
	\$ _____
	+ \$ _____
..... TOTAL	\$ _____

CALCULATE THE SUBTOTAL

(Add Parts A and B)

..... TOTAL \$

SUBTRACT

C. The total outstanding checks and
withdrawals from the chart above..... - \$

CALCULATE THE ENDING BALANCE

(Part A + Part B - Part C)

This amount should be the same as the current balance shown in your check register. \$

[illegible]

Initiate Business CheckingSM

March 31, 2023 ■ Page 1 of 4



MUSLIM COMMUNITY CENTER OF CAROLINAS
1484 CHERRY LAUREL DR
WAXHAW NC 28173-0344

Questions?

Available by phone Mon-Sat 7:00am-11:00pm Eastern Time, Sun 9:00am-10:00pm Eastern Time.
We accept all relay calls, including 711

1-800-CALL-WELLS (1-800-225-5935)

En español: 1-877-337-7454

Online: wellsfargo.com/biz

Write: Wells Fargo Bank, N.A. (338)
P.O. Box 6995
Portland, OR 97228-6995

Your Business and Wells Fargo

Don't fall for an IRS imposter scam. Learn to spot scams and help avoid tax fraud at www.wellsfargo.com/spottaxscams.

Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wellsfargo.com/biz or call the number above if you have questions or if you would like to add new services.

Business Online Banking	<input checked="" type="checkbox"/>
Online Statements	<input checked="" type="checkbox"/>
Business Bill Pay	<input checked="" type="checkbox"/>
Business Spending Report	<input checked="" type="checkbox"/>
Overdraft Protection	<input type="checkbox"/>

Statement period activity summary

Beginning balance on 3/1	\$25.00
Deposits/Credits	0.00
Withdrawals/Debits	- 0.00
Ending balance on 3/31	\$25.00

Account number: **5238667058**

MUSLIM COMMUNITY CENTER OF CAROLINAS

North Carolina account terms and conditions apply

For Direct Deposit use

Routing Number (RTN): 053000219

For Wire Transfers use

Routing Number (RTN): 121000248

Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo branch.

Monthly service fee summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 03/01/2023 - 03/31/2023

Standard monthly service fee \$10.00

You paid \$0.00

March 31, 2023 ■ Page 2 of 4



Monthly service fees summary (continued)

We waived the fee this fee period to allow you to meet the requirements to avoid the monthly service fee. This is the final period with the fee waived. For the next fee period, you need to meet one of the requirements to avoid the monthly service fee.

How to avoid the monthly service fee	Minimum required	This fee period
Have any ONE of the following account requirements		
• Average ledger balance	\$1,000.00	\$25.00 <input type="checkbox"/>
• Minimum daily balance	\$500.00	\$25.00 <input type="checkbox"/>

C1C1

Account transaction fees summary

Service charge description	Units used	Units included	Excess units	Service charge per excess units (\$)	Total service charge (\$)
Cash Deposited (\$)	0	5,000	0	0.0030	0.00
Transactions	0	100	0	0.50	0.00
Total service charges					\$0.00



IMPORTANT ACCOUNT INFORMATION

Effective April 1, 2023, we will no longer assess fees for stop payment requests on consumer and non-analyzed small business checking and savings accounts. Thank you for banking with Wells Fargo. We appreciate your business.

NEW YORK CITY CUSTOMERS ONLY -- Pursuant to New York City regulations, we request that you contact us at 1-800-TO WELLS (1-800-869-3557) to share your language preference.

A simplified fee schedule for Business Wires will be effective June 26, 2023.

Outgoing wire transfer fees

- Digital Wire Domestic, International Foreign currency and International U.S. currency = \$25
- Branch/Voice Channel Domestic, International U.S. currency, and International Foreign currency = \$40
- Repetitive Outgoing Wire Domestic, International U.S. currency, and International Foreign currency = \$25

Incoming wire transfer fee

- Domestic and International = \$15

March 31, 2023 ■ Page 3 of 4



Fees may vary based on the type of account you have as some accounts offer fee waivers for some services. For a complete list of services, fees, and fee waivers that are available with your account, please refer to your Business Account Fee and Information Schedule, as applicable.



Important Information You Should Know

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2. Go through your register and mark each check, withdrawal, ATM transaction, payment, deposit or other credit listed on your statement. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.
3. Use the chart to the right to list any deposits, transfers to your account, outstanding checks, ATM withdrawals, ATM payments or any other withdrawals (including any from previous months) which are listed in your register but not shown on your statement.

ENTER

A. The ending balance
shown on your statement..... \$

ADD

B. Any deposits listed in your register or transfers into your account which are not shown on your statement.	\$ _____
	\$ _____
	\$ _____
	+ \$ _____

TOTAL \$

CALCULATE THE SUBTOTAL

(Add Parts A and B)

TOTAL \$

SUBTRACT

C. The total outstanding checks and withdrawals from the chart above..... - \$

CALCULATE THE ENDING BALANCE

(Part A + Part B - Part C)

This amount should be the same as the current balance shown in your check register.

\$ _____

[illegible]

Initiate Business CheckingSM

April 30, 2023 ■ Page 1 of 4



MUSLIM COMMUNITY CENTER OF CAROLINAS
1484 CHERRY LAUREL DR
WAXHAW NC 28173-0344

Questions?

Available by phone Mon-Sat 7:00am-11:00pm Eastern
Time, Sun 9:00am-10:00pm Eastern Time.
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Write: Wells Fargo Bank, N.A. (338)
P.O. Box 6995
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Your Business and Wells Fargo

Don't fall for an IRS imposter scam. Learn to spot scams and help avoid tax fraud at
www.wellsfargo.com/spottaxscams.

Account options

A check mark in the box indicates you have these
convenient services with your account(s). Go to
[wellsfargo.com/biz](https://www.wellsfargo.com/biz) or call the number above if you have
questions or if you would like to add new services.

Business Online Banking
Online Statements
Business Bill Pay
Business Spending Report
Overdraft Protection

**Statement period activity summary**

Beginning balance on 4/1	\$25.00
Deposits/Credits	1,753.00
Withdrawals/Debits	- 11.00
Ending balance on 4/30	\$1,767.00

Account number: **5238667058**

MUSLIM COMMUNITY CENTER OF CAROLINAS

North Carolina account terms and conditions apply

For Direct Deposit use

Routing Number (RTN): 053000219

For Wire Transfers use

Routing Number (RTN): 121000248

Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo branch.

April 30, 2023 ■ Page 2 of 4



Transaction history

Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
4/6		Zelle From Shahid Rahu on 04/06 Ref # Bachb2Cmf6Px Donation	1.00		
4/6		Zelle From Arafath Mohammad on 04/06 Ref # Bacm3Eecf6m2	1.00		
4/6		Zelle From Masoom Shaik on 04/06 Ref # Bacb18Kno24x to You	1.00		
4/6		Zelle to Mohammad Arafath on 04/06 Ref # Rp0R5R6Ybx Return		1.00	27.00
4/7		Zelle From [REDACTED] on 04/06 Ref # Pp0R5Ry7P8	50.00		77.00
4/17		Zelle From [REDACTED] on 04/17 Ref # Bacp1mg5x7L Abu Z	200.00		
4/17		Mobile Deposit: Ref Number: 820170349952	500.00		
4/17		Mobile Deposit: Ref Number: 920170350254	1,000.00		1,777.00
4/28		Monthly Service Fee		10.00	1,767.00
Ending balance on 4/30					1,767.00
Totals			\$1,753.00	\$11.00	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Monthly service fees summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 04/01/2023 - 04/30/2023	Standard monthly service fee \$10.00	You paid \$10.00
How to avoid the monthly service fee	Minimum required	This fee period
Have any ONE of the following account requirements		
• Average ledger balance	\$1,000.00	\$860.00 <input type="checkbox"/>
• Minimum daily balance	\$500.00	\$25.00 <input type="checkbox"/>

The Monthly service fee summary fee period ending date shown above includes a Saturday, Sunday, or holiday which are non-business days. Transactions occurring after the last business day of the month will be included in your next fee period.

C161

Account transaction fees summary

Service charge description	Units used	Units included	Excess units	Service charge per excess units (\$)	Total service charge (\$)
Cash Deposited (\$)	0	5,000	0	0.0030	0.00
Transactions	3	100	0	0.50	0.00
Total service charges					\$0.00



IMPORTANT ACCOUNT INFORMATION

NEW YORK CITY CUSTOMERS ONLY -- Pursuant to New York City regulations, we request that you contact us at 1-800-TO WELLS (1-800-869-3557) to share your language preference.

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Incoming wire transfer fee

- Domestic and International = \$15

Fees may vary based on the type of account you have as some accounts offer fee waivers for some services. For a complete list of services, fees, and fee waivers that are available with your account, please refer to your Business Account Fee and Information Schedule, as applicable.



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ENTER

A. The ending balance
shown on your statement..... \$

ADD

B. Any deposits listed in your register or transfers into your account which are not shown on your statement.	\$ _____
	\$ _____
	\$ _____
	+ \$ _____

00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83
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CALCULATE THE SUBTOTAL

(Add Parts A and B)

TOTAL \$

SUBTRACT

C. The total outstanding checks and
withdrawals from the chart above..... - \$

CALCULATE THE ENDING BALANCE

(Part A + Part B - Part C)

This amount should be the same as the current balances shown in your check register. \$

[illegible]

Request Number	Item Routing Transit #	Item Account Number	Item Posting Date	Item Transaction Type	Item Amount	Item Serial Number	Item Image Available (Y/N)	WF Credit Account Number	WF Credit Posting Date	Item Transaction Description
8963142	5300021	5238667058	02/28/2023	DB	10.00	0	N	0		MONTHLY SERVICE FEE
8963142	5300021	5238667058	02/28/2023	CR	10.00	0	N	0		MONTHLY SERVICE FEE REVERSAL
8963142	5300021	5238667058	02/17/2023	CR	25.00	0	N	0		eTransfer in Branch/Store - From checking 5926 WEDDINGTON MONROE RD WESLEY CHAPEL NC 0220
8963142	5300021	5238667058	03/31/2023	DB	10.00	0	N	0		MONTHLY SERVICE FEE
8963142	5300021	5238667058	03/31/2023	CR	10.00	0	N	0		MONTHLY SERVICE FEE REVERSAL
8963142	5300021	5238667058	04/28/2023	DB	10.00	0	N	0		MONTHLY SERVICE FEE
8963142	5300021	5238667058	04/17/2023	CR	200.00	0	N	0		ZELLE FROM [REDACTED] ON 04/17 REF # BACPSTMG5X7L [REDACTED]
8963142	5300021	5238667058	04/17/2023	CR	500.00	0	N	0		MOBILE DEPOSIT : REF NUMBER :820170349952
8963142	5300021	5238667058	04/17/2023	CR	1000.00	0	N	0		MOBILE DEPOSIT : REF NUMBER :920170350254
8963142	5300021	5238667058	04/07/2023	CR	50.00	0	N	0		ZELLE FROM [REDACTED] HRY ON 04/06 REF # PP0R5RY7P8
8963142	5300021	5238667058	04/06/2023	DB	1.00	0	N	0		ZELLE TO MOHAMMAD ARAFATH ON 04/06 REF #RP0R5R6YBX RETURN
8963142	5300021	5238667058	04/06/2023	CR	1.00	0	N	0		ZELLE FROM SHAHID RAHU ON 04/06 REF # BACHB2CMF6PX DONATION
8963142	5300021	5238667058	04/06/2023	CR	1.00	0	N	0		ZELLE FROM ARAFATH MOHAMMAD ON 04/06 REF # BACM3BECFBM2
8963142	5300021	5238667058	04/06/2023	CR	1.00	0	N	0		ZELLE FROM MASOOM SHAIK ON 04/06 REF # BACBL8KNO24X TO YOU