PLEASE DO NOT REMOVE THIS SLIP FROM EXHIBIT FY
1650-N4 · 25300 SUB FBK/MAR-IKD

Personal Account Signature Card

Account Number 5 9 1 9 9 6 5 4 1 4

Fidelity

Owner's Soc. Sec. No. 523--33--8586

Type of Account 001

Number of Signatures for Withdrawal ☐

Title of Account Ismail Selim Elbarasse or Mousa Mohamed Abou Marzook

☐ With Survivorship ☐ No Survivorship
As defined in Code of Virginia, Title 6.1, Chapter 2.1

Owner's Signature

☐ With Survivorship ☐ No Survivorship
As defined in Code of Virginia, Title 6.1, Chapter 2.1

Co-Owner's Signature

☐ Check if additional owners have signed on back

☐ Check if a 24 Hour Banking Card has been issued

Owner's Name Ismail Selim Elbarasse

Date of Birth 7/23/47 Home Phone 922-7859 Work Phone 780-0606

Home Address 5942 Jennings Lane

City, State, Zip Springfield, VA 22150

Mailing address for statements if different P.O. Box 237 Fairfax, VA 22030

Employer

Co-Owner's Name Mousa Mohamed Abou Marzook Soc. Sec. No.

ID Known by Br. Officer

ID N. Hamed Checktronic

Date Opened 1/12/90 Opened by XXXXXXXXXX 070 Initial Deposit X Cash Check $ 25,000.00

Customer Agreement: (Singular references also apply to joint accounts)

By signing above I, the customer signed hereon, agree as follows:

1. UNDER PENALTIES OF PERJURY, I certify as follows:
   a. The number shown on this form is the correct taxpayer identification number; and
   b. (Delete if not applicable) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
2. That Central Fidelity Bank (Bank) is authorized to act upon the signatures required above for the transaction of business regarding this account.
3. That I have entered into an account contract with the Bank, the terms of which are found in the Rules and Regulations governing this account and all supplemental schedules and required disclosures. I acknowledge receipt of one copy of these documents and agree to all of the conditions therein including any right of setoff specified therein. I specifically authorize the Bank to charge my account for or otherwise collect any and all costs arising from this account or any other account that I may have with the Bank.

GOVERNMENT EXHIBIT
IE/Marzook Bank Acct1
3:04-CR-240-G
U.S. v. HLF, et al.

NYGJ08 0001730

Signature Card Number 1 9 1 9 6 5 4 1 4 **Fidelity**

Owner's Soc. Sec. No. 523-33-8586 Type of Account 001 Number of Signatures for Withdrawal 1

Title of Account Ismail Selim Elbarasse or Mousa Mohamed Abou Mazook

☐ With Survivorship ☐ No Survivorship
As defined in Code of Virginia, Title 8.1, Chapter 2.1

Elbarasse Ismail
Owner's Signature

☐ With Survivorship ☐ No Survivorship
As defined in Code of Virginia, Title 8.1, Chapter 2.1

Co-Owner's Signature

☐ Check if additional owners have signed on back ☐ Check if a 24 Hour Banking Card has been issued

Owner's Name Ismail Selim Elbarasse

Date of Birth 7/23/47 Home Phone 922-7859 Work Phone 780-0606

Home Address 5942 Jennings Lane

City, State, Zip Springfield, VA 22150

Mailing address for statements if different P.O. Box 737 Fairfax, VA 22030

Employer ISA

Co-Owner's Name Mousa Mohamed Abou Marzook Soc. Sec. No.

ID Known by Br. Officer

ID Checktronic

Date Opened 1/12/90 Opened by N.Hamad Br. # 070 Initial Deposit — Cash X Check $5,000.00

Customer Agreement: (Singular references also apply to joint accounts)

By signing above I, the customer signed hereon, agree as follows:

1. **UNDER PENALTIES OF PERJURY, I certify as follows:**
   a. The number shown on this form is the correct taxpayer identification number; and
   b. (Delete if not applicable) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
2. That Central Fidelity Bank (Bank) is authorized to act upon the signatures required above for the transaction of business regarding this account.
3. That I have entered into an account contract with the Bank, the terms of which are found in the Rules and Regulations governing this account and all supplemental schedules and required disclosures. I acknowledge receipt of one copy of these documents and agree to all of the conditions therein including any right of setoff specified therein. I specifically authorize the Bank to charge my account for or otherwise collect any and all costs arising from this account or any other account that I may have with the Bank.

VYGJ08 0001731

2

Personal Account Signature Card TO REPLACE

Account Number 7 9 1 9 9 6 5 4 1 4

Central Fidelity

Owner's Soc. Sec. No. 523-33-8586 Type of Account 001 Number of Signatures for Withdrawal 1

Title of Account Ismail Selim Elbarasse or Mousa Mohamed Abou Mazook

☐ With Survivorship ☐ No Survivorship As defined in Code of Virginia, Title 6.1, Chapter 2.1	☐ With Survivorship ☐ No Survivorship As defined in Code of Virginia, Title 6.1, Chapter 2.1
x Elbarasse Ismail	x
Owner's Signature	*Co-Owner's Signature*

☐ Check if additional owners have signed on back ☐ Check if a 24 Hour Banking Card has been issued

Owner's Name Ismail Selim Elbarasse

Date of Birth 7/23/47 Home Phone 922-7859 Work Phone 780-0606

Home Address 5942 Jennings Lane

City, State, Zip Springfield, VA 22150

Mailing address for statements if different P.O. Box 737 Fairfax, VA 22030

Employer

Co-Owner's Name Mousa Mohamed Abou Marzook Soc. Sec. No.

ID Known by Br. Officer

ID Checktronic

Date Opened 1/12/90 Opened by N. Hamad Br. # 070 Initial Deposit ___ Cash X Check $25,000.0

Customer Agreement: (Singular references also apply to joint accounts)

By signing above I, the customer signed hereon, agree as follows:

1. **UNDER PENALTIES OF PERJURY, I certify as follows:**
   a. The number shown on this form is the correct taxpayer identification number; and
   b. (Delete if not applicable) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
2. That Central Fidelity Bank (Bank) is authorized to act upon the signatures required above for the transaction of business regarding this account.
3. That I have entered into an account contract with the Bank, the terms of which are found in the Rules and Regulations governing this account and all supplemental schedules and required disclosures. I acknowledge receipt of one copy of these documents and agree to all of the conditions therein including any right of setoff specified therein. I specifically authorize the Bank to charge my account for or otherwise collect any and all costs arising from this account or any other account that I may have with the Bank.

YYGJ08 0001732

3

Central Fidelity

Personal Account Signature Card

Account Number [redacted] 7 9 1 9 9 6 5 4 1 4

Number of Signatures for Withdrawal ☐

Owner's Soc. Sec. No. 523--33--8586

Type of Account 001

Title of Account Ismail Selim Elbarasse or Mousa Mohamed Abou Marzook

☐ With Survivorship ☐ No Survivorship
As defined in Code of Virginia, Title 6.1, Chapter 2.1

Owner's Signature

☐ With Survivorship ☐ No Survivorship
As defined in Code of Virginia, Title 6.1, Chapter 2.1

Co-Owner's Signature

☐ Check if additional owners have signed on back

☐ Check if a 24 Hour Banking Card has been issued

Owner's Name Ismail Selim Elbarasse

Date of Birth 7/23/47 Home Phone 922-7859 Work Phone 780-0606

Home Address 5942 Jennings Lane

City, State, Zip Springfield, VA 22150

Mailing address for statements if different P.O. Box 737 Fairfax, VA 22030

Employer

Co-Owner's Name Mousa Mohamed Abou Marzook Soc. Sec. No.

ID Known by Br. Officer

ID N. Hamad Checktronic

Date Opened 1/12/90 Opened by [redacted] 070 Initial Deposit X Cash Check $ 25,000.00

Customer Agreement: (Singular references also apply to joint accounts)

By signing above I, the customer signed hereon, agree as follows:

1. UNDER PENALTIES OF PERJURY, I certify as follows:
   a. The number shown on this form is the correct taxpayer identification number; and
   b. (Delete if not applicable) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
2. That Central Fidelity Bank (Bank) is authorized to act upon the signatures required above for the transaction of business regarding this account.
3. That I have entered into an account contract with the Bank, the terms of which are found in the Rules and Regulations governing this account and all supplemental schedules and required disclosures. I acknowledge receipt of one copy of these documents and agree to all of the conditions therein including any right of setoff specified therein. I specifically authorize the Bank to charge my account for or otherwise collect any and all costs arising from this account or any other account that I may have with the Bank.

NYGJ08 0001733

4

Signature Card Account Number 7 9 1 9 9 6 5 4 1 4

Central Fidelity

Owner's Soc. Sec. No. 523-33-8586 Type of Account 001 Number of Signatures for Withdrawal 1

Title of Account Ismail Selim Elbarasse or Mousa Mohamed Abou Marzook

☐ With Survivorship ☐ No Survivorship As defined in Code of Virginia, Title 6.1, Chapter 2.1 Elbarasse Ismail Owner's Signature	☐ With Survivorship ☐ No Survivorship As defined in Code of Virginia, Title 6.1, Chapter 2.1 Co-Owner's Signature

☐ Check if additional owners have signed on back ☐ Check if a 24 Hour Banking Card has been issued

Owner's Name Ismail Selim Elbarasse

Date of Birth 7/23/47 Home Phone 922-7859 Work Phone 780-0606

Home Address 5942 Jennings Lane

City, State, Zip Springfield, VA 22150

Mailing address for statements if different P.O. Box 737 Fairfax, VA 22030

Employer ISA

Co-Owner's Name Mousa Mohamed Abou Marzook Soc. Sec. No.

ID Known by Br. Officer

ID Checktronic

Date Opened 1/12/90 Opened by N. Hamad Br. # 070 Initial Deposit — Cash X Check $5,000.00

Customer Agreement: (Singular references also apply to joint accounts)

By signing above I, the customer signed hereon, agree as follows:

1. UNDER PENALTIES OF PERJURY, I certify as follows:
   a. The number shown on this form is the correct taxpayer identification number; and
   b. (Delete if not applicable) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
2. That Central Fidelity Bank (Bank) is authorized to act upon the signatures required above for the transaction of business regarding this account.
3. That I have entered into an account contract with the Bank, the terms of which are found in the Rules and Regulations governing this account and all supplemental schedules and required disclosures. I acknowledge receipt of one copy of these documents and agree to all of the conditions therein including any right of setoff specified therein. I specifically authorize the Bank to charge my account for or otherwise collect any and all costs arising from this account or any other account that I may have with the Bank.

NYGJ08 0001734

5

I A P

Mouza Mohamed Abou Marzook
P.O. Box
Jaafar, Va.

226

10-24-90 070

Pay to the order of I A P $ 40000.—

Only Forty Thousand + 00/100

Central Fidelity

Central Fidelity Bank
Arlington, Virginia

Memo

⑆051000253⑆ 7919965414 0226 ⑈0004000000⑈

NYGJ08 0001725

6

[redacted] L10 [redacted]

Central Fidelity

Statement of Account

7919965414

BK-020 CENTRAL FIDELITY BANK
P. O. BOX 27602
RICHMOND, VIRGINIA 23261

DIRECT INQUIRIES TO:
DEPOSIT ACCOUNTING DEPT
1-800-666-2232

ISMAIL SELIM ELBARASSE
NOUSA MOHAMED ABOU MARZOOK
P O BOX 737
FAIRFAX VA 22030

LAST STATEMENT 10-15-90
THIS STATEMENT 11-15-90

PAGE 1

DATE	TRANSACTIONS - CHECKING ACCT.# 7919965414		AMOUNT	BALANCE	
	BALANCE LAST STATEMENT			249,211.17	
10-24	CHECK 182		51.62-		0000000041133002
10-19	CHECK 183		37.24-		0000000407288834
10-18	CHECK 184		82.32-		0000000513736332
10-23	CHECK 226		40,000.00-		0670000409195210
10-20	CHECK 227		7,000.00-		3000000501967011
10-23	WIRE TRANSFER OUT	901023000223	200,000.00-		0000000066661640
	WIRE TRANSFER FEE	901023000223	10.00-		0000000066661650
	ENDING BALANCE			2,029.99	

SUMMARY OF INFORMATION:

BEGINNING STATEMENT BALANCE	249,211.17
0 DEPOSITS	.00
7 WITHDRAWALS	247,181.18-
BALANCE THIS STATEMENT	2,029.99

DAILY BALANCES (AVERAGE BALANCE THIS STATEMENT $59,409)

249,211.17	10-15	249,091.61	10-19	9,029.99	10-24
249,128.85	10-18	9,081.61	10-23	2,029.99	10-30

NUMBER OF ENCLOSURES THIS STATEMENT 5

SOCIAL SECURITY NUMBER 523-33-8584.

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YYGJ08 0001878

7

IAP

Mousa Mohamed Abou Marzook
P.O. Box
Fairfax, Va. 22030

226

10-24-90 070

Pay to the order of I A P $ 40,000.—

Only Forty Thousand + 00/100

Central Fidelity

Central Fidelity Bank
Arlington, Virginia 22204

Memo

⑆051000253⑆ 7419965414⑈ 0226 ⑈0004000000⑈

C

NYGJ08 0001584