**UNITED STATES BANKRUPTCY COURT**
**NORTHERN DISTRICT OF CALIFORNIA**

| | |
|---|---|
| In re: Homejoy (assignment for the benefit of creditors), LLC | Case No. 15-53931 |
| | **CHAPTER 11**<br>**MONTHLY OPERATING REPORT**<br>**(GENERAL BUSINESS CASE)** |

## SUMMARY OF FINANCIAL STATUS

**MONTH ENDED:** 5/31/2016 **PETITION DATE:** 12/15/15

1. Debtor in possession (or trustee) hereby submits this Monthly Operating Report on the Accrual Basis of accounting (or if checked here the Office of the U.S. Trustee or the Court has approved the Cash Basis of Accounting for the Debtor).
Dollars reported in $1

| 2. **Asset and Liability Structure** | End of Current Month | End of Prior Month | As of Petition Filing |
|---|---|---|---|
| a. Current Assets | $1,712,842 | $1,714,210 | |
| b. Total Assets | $1,712,842 | $1,714,210 | $1,709,900 |
| c. Current Liabilities | $242,907 | $181,749 | |
| d. Total Liabilities | $5,700,429 | $5,639,271 | $5,457,522 |

| 3. **Statement of Cash Receipts & Disbursements for Month** | Current Month | Prior Month | Cumulative (Case to Date) |
|---|---|---|---|
| a. Total Receipts | $0 | $0 | $6,313 |
| b. Total Disbursements | $1,368 | $1,069 | $3,371 |
| c. Excess (Deficiency) of Receipts Over Disbursements (a - b) | ($1,368) | ($1,069) | $2,942 |
| d. Cash Balance Beginning of Month | $1,714,210 | $1,715,279 | $1,709,900 |
| e. Cash Balance End of Month (c + d) | $1,712,842 | $1,714,210 | $1,712,842 |

| | Current Month | Prior Month | Cumulative (Case to Date) |
|---|---|---|---|
| 4. **Profit/(Loss) from the Statement of Operations** | ($62,525) | ($64,870) | ($239,965) |
| 5. **Account Receivables (Pre and Post Petition)** | $0 | $0 | |
| 6. **Post-Petition Liabilities** | $242,907 | $181,749 | |
| 7. **Past Due Post-Petition Account Payables (over 30 days)** | $271 | $1,313 | |

**At the end of this reporting month:**

| | Yes | No |
|---|---|---|
| 8. Have any payments been made on pre-petition debt, other than payments in the normal course to secured creditors or lessors? (if yes, attach listing including date of payment, amount of payment and name of payee) | | x |
| 9. Have any payments been made to professionals? (if yes, attach listing including date of payment, amount of payment and name of payee) | | x |
| 10. If the answer is yes to 8 or 9, were all such payments approved by the court? | | |
| 11. Have any payments been made to officers, insiders, shareholders, relatives? (if yes, attach listing including date of payment, amount and reason for payment, and name of payee) | | x |
| 12. Is the estate insured for replacement cost of assets and for general liability? | | x |
| 13. Are a plan and disclosure statement on file? | | x |
| 14. Was there any post-petition borrowing during this reporting period? | | x |

15. Check if paid: Post-petition taxes x ; U.S. Trustee Quarterly Fees x ; Check if filing is current for: Post-petition tax reporting and tax returns: x .
(Attach explanation, if post-petition taxes or U.S. Trustee Quarterly Fees are not paid current or if post-petition tax reporting and tax return filings are not current.)

I declare under penalty of perjury I have reviewed the above summary and attached financial statements, and after making reasonable inquiry believe these documents are correct.

Date: 6-15-16

Responsible Individual

# STATEMENT OF OPERATIONS
## (General Business Case)

For the Month Ended 05/31/16

| Current Month Actual | Current Month Forecast | Current Month Variance | | | Cumulative (Case to Date) | Next Month Forecast |
|---|---|---|---|---|---|---|
| | | | | **Revenues:** | | |
| $0 | $0 | $0 | 1 | Gross Sales | $0 | $0 |
| $0 | $0 | $0 | 2 | less: Sales Returns & Allowances | $0 | $0 |
| $0 | $0 | $0 | 3 | Net Sales | $0 | $0 |
| $0 | $0 | $0 | 4 | less: Cost of Goods Sold (Schedule 'B') | $0 | $0 |
| $0 | $0 | $0 | 5 | Gross Profit | $0 | $0 |
| $0 | $0 | $0 | 6 | Interest | $0 | $0 |
| $0 | $0 | $0 | 7 | Other Income: | $6,312 | $0 |
| $0 | $0 | $0 | 8 | | $0 | $0 |
| $0 | $0 | $0 | 9 | | $0 | $0 |
| $0 | $0 | $0 | 10 | **Total Revenues** | $6,312 | $0 |
| | | | | **Expenses:** | | |
| | | $0 | 11 | Compensation to Owner(s)/Officer(s) | | |
| | | $0 | 12 | Salaries | | |
| | | $0 | 13 | Commissions | | |
| $0 | $5,000 | $5,000 | 14 | Contract Labor | $270 | $5,000 |
| | | | | Rent/Lease: | | |
| | | $0 | 15 | Personal Property | | |
| | | $0 | 16 | Real Property | | |
| | | $0 | 17 | Insurance | | |
| | | $0 | 18 | Management Fees | | |
| | | $0 | 19 | Depreciation | | |
| | | | | Taxes: | | |
| | | $0 | 20 | Employer Payroll Taxes | | |
| | | $0 | 21 | Real Property Taxes | | |
| $0 | $0 | $0 | 22 | Other Taxes (FTB) | $800 | $0 |
| | | $0 | 23 | Other Selling | | |
| | | $0 | 24 | Other Administrative | | |
| | | $0 | 25 | Interest | | |
| | | $0 | 26 | Other Expenses: Bank fees | $446 | $0 |
| | | $0 | 27 | ADP Payroll Fees | $162 | $0 |
| $0 | $0 | $0 | 28 | Google Cloud Fee | $1,071 | $0 |
| $0 | $0 | $0 | 29 | Outlook Online | $242 | $0 |
| | | $0 | 30 | | | |
| | | $0 | 31 | | | |
| | | $0 | 32 | | | |
| | | $0 | 33 | | | |
| | | $0 | 34 | | | |
| $0 | $5,000 | $5,000 | 35 | **Total Expenses** | $2,991 | $5,000 |
| $0 | ($5,000) | $5,000 | 36 | **Subtotal** | $3,321 | ($5,000) |
| | | | | **Reorganization Items:** | | |
| ($62,200) | ($50,000) | $12,200 | 37 | Professional Fees | ($242,636) | ($60,000) |
| | | $0 | 38 | Provisions for Rejected Executory Contracts | | |
| | | $0 | 39 | Interest Earned on Accumulated Cash from Resulting Chp 11 Case | | |
| | | $0 | 40 | Gain or (Loss) from Sale of Equipment | | |
| ($325) | | $325 | 41 | U.S. Trustee Quarterly Fees | ($650) | $0 |
| | | $0 | 42 | | | |
| ($62,525) | ($50,000) | ($12,525) | 43 | **Total Reorganization Items** | ($243,286) | ($60,000) |
| ($62,525) | ($55,000) | ($7,525) | 44 | **Net Profit (Loss) Before Federal & State Taxes** | ($239,965) | ($65,000) |
| | | $0 | 45 | Federal & State Income Taxes | | |
| ($62,525) | ($55,000) | ($7,525) | 46 | **Net Profit (Loss)** | ($239,965) | ($65,000) |

Attach an Explanation of Variance to Statement of Operations (For variances greater than +/- 10% only):

# BALANCE SHEET
## (General Business Case)
**For the Month Ended** 05/31/16

**Assets**

| | | From Schedules | Market Value |
|---|---|---|---|
| | **Current Assets** | | |
| 1 | Cash and cash equivalents - unrestricted | | $1,712,842 |
| 2 | Cash and cash equivalents - restricted | | |
| 3 | Accounts receivable (net) | A | $0 |
| 4 | Inventory | B | $0 |
| 5 | Prepaid expenses | | |
| 6 | Professional retainers | | |
| 7 | Other: | | |
| 8 | | | |
| 9 | **Total Current Assets** | | $1,712,842 |
| | **Property and Equipment (Market Value)** | | |
| 10 | Real property | C | $0 |
| 11 | Machinery and equipment | D | $0 |
| 12 | Furniture and fixtures | D | $0 |
| 13 | Office equipment | D | $0 |
| 14 | Leasehold improvements | D | $0 |
| 15 | Vehicles | D | $0 |
| 16 | Other: | D | |
| 17 | | D | |
| 18 | | D | |
| 19 | | D | |
| 20 | | D | |
| 21 | **Total Property and Equipment** | | $0 |
| | **Other Assets** | | |
| 22 | Loans to shareholders | | |
| 23 | Loans to affiliates | | |
| 24 | | | |
| 25 | | | |
| 26 | | | |
| 27 | | | |
| 28 | **Total Other Assets** | | $0 |
| 29 | **Total Assets** | | $1,712,842 |

**NOTE:**

Indicate the method used to estimate the market value of assets (e.g., appraisals; familiarity with comparable market prices, etc.) and the date the value was determined.

# Liabilities and Equity
## (General Business Case)

**Liabilities From Schedules**

**Post-Petition**

**Current Liabilities**

| | | | |
|---|---|---|---|
| 30 | Salaries and wages | | |
| 31 | Payroll taxes | | |
| 32 | Real and personal property taxes | | |
| 33 | Income taxes | | $0 |
| 34 | Sales taxes | | |
| 35 | Notes payable (short term) | | |
| 36 | Accounts payable (trade) | A | $271 |
| 37 | Real property lease arrearage | | |
| 38 | Personal property lease arrearage | | |
| 39 | Accrued professional fees | | $242,636 |
| 40 | Current portion of long-term post-petition debt (due within 12 months) | | |
| 41 | Other: | | |
| 42 | | | |
| 43 | | | |
| 44 | **Total Current Liabilities** | | $242,907 |
| 45 | **Long-Term Post-Petition Debt, Net of Current Portion** | | |
| 46 | **Total Post-Petition Liabilities** | | $242,907 |

**Pre-Petition Liabilities (allowed amount)**

| | | | |
|---|---|---|---|
| 47 | Secured claims | F | $0 |
| 48 | Priority unsecured claims | F | $384,821 |
| 49 | General unsecured claims | F | $5,072,701 |
| 50 | **Total Pre-Petition Liabilities** | | $5,457,522 |
| 51 | **Total Liabilities** | | $5,700,429 |

**Equity (Deficit)**

| | | |
|---|---|---|
| 52 | Retained Earnings/(Deficit) at time of filing | ($3,747,622) |
| 53 | Capital Stock | |
| 54 | Additional paid-in capital | |
| 55 | Cumulative profit/(loss) since filing of case | ($239,965) |
| 56 | Post-petition contributions/(distributions) or (draws) | |
| 57 | | |
| 58 | Market value adjustment | |
| 59 | **Total Equity (Deficit)** | ($3,987,587) |
| 60 | **Total Liabilities and Equity (Deficit)** | $1,712,842 |

# SCHEDULES TO THE BALANCE SHEET
(General Business Case)

## Schedule A
### Accounts Receivable and (Net) Payable

| Receivables and Payables Agings | Accounts Receivable [Pre and Post Petition] | Accounts Payable [Post Petition] | Past Due Post Petition Debt |
|---|---|---|---|
| 0 -30 Days | | $0 | |
| 31-60 Days | | $0 | |
| 61-90 Days | | $271 | $271 |
| 91+ Days | | | |
| Total accounts receivable/payable | $0 | $271 | |
| Allowance for doubtful accounts | | | |
| Accounts receivable (net) | $0 | | |

## Schedule B
### Inventory/Cost of Goods Sold

**Types and Amount of Inventory(ies)**

| | Inventory(ies) Balance at End of Month |
|---|---|
| Retail/Restaurants - | |
| Product for resale | |
| Distribution - | |
| Products for resale | |
| Manufacturer - | |
| Raw Materials | |
| Work-in-progress | |
| Finished goods | |
| Other - Explain | |
| TOTAL | $0 |

**Cost of Goods Sold**

| | |
|---|---|
| Inventory Beginning of Month | |
| Add - | |
| Net purchase | |
| Direct labor | |
| Manufacturing overhead | |
| Freight in | |
| Other: | |
| Less - | |
| Inventory End of Month | |
| Shrinkage | |
| Personal Use | |
| Cost of Goods Sold | $0 |

**Method of Inventory Control**

Do you have a functioning perpetual inventory system?

Yes ____ No ____

How often do you take a complete physical inventory?

| | |
|---|---|
| Weekly | |
| Monthly | |
| Quarterly | |
| Semi-annually | |
| Annually | |

Date of last physical inventory was N/A

Date of next physical inventory is N/A

**Inventory Valuation Methods**

Indicate by a checkmark method of inventory used.

Valuation methods -

| | |
|---|---|
| FIFO cost | |
| LIFO cost | |
| Lower of cost or market | |
| Retail method | |
| Other | |

Explain

## Schedule C
## Real Property

| Description | Cost | Market Value |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | $0 | $0 |

## Schedule D
## Other Depreciable Assets

| Description | Cost | Market Value |
|---|---|---|
| Machinery & Equipment - | | |
| | | |
| | | |
| | | |
| Total | $0 | $0 |
| Furniture & Fixtures - | | |
| | | |
| | | |
| | | |
| Total | $0 | $0 |
| Office Equipment - | | |
| | | |
| | | |
| Total | $0 | $0 |
| Leasehold Improvements - | | |
| | | |
| | | |
| | | |
| Total | $0 | $0 |
| Vehicles - | | |
| | | |
| | | |
| | | |
| Total | $0 | $0 |



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## Schedule E
## Aging of Post-Petition Taxes
## (As of End of the Current Reporting Period)

| Taxes Payable | 0-30 Days | 31-60 Days | 61-90 Days | 91+ Days | Total |
|---|---|---|---|---|---|
| **Federal** | | | | | |
| Income Tax Withholding | | | | | $0 |
| FICA - Employee | | | | | $0 |
| FICA - Employer | | | | | $0 |
| Unemployment (FUTA) | | | | | $0 |
| Income | | | | | $0 |
| Other (Attach List) | | | | | $0 |
| **Total Federal Taxes** | $0 | $0 | $0 | $0 | $0 |
| **State and Local** | | | | | |
| Income Tax Withholding | | | | | $0 |
| Unemployment (UT) | | | | | $0 |
| Disability Insurance (DI) | | | | | $0 |
| Empl. Training Tax (ETT) | | | | | $0 |
| Sales | | | | | $0 |
| Excise | | | | | $0 |
| Real property | | | | | $0 |
| Personal property | | | | | $0 |
| Income | | | | | $0 |
| Other (Attach List) | | | | | $0 |
| **Total State & Local Taxes** | $0 | $0 | $0 | $0 | $0 |
| **Total Taxes** | $0 | $0 | $0 | $0 | $0 |

## Schedule F
## Pre-Petition Liabilities

| List Total Claims For Each Classification - | Claimed Amount | Allowed Amount (b) |
|---|---|---|
| Secured claims (a) | | |
| Priority claims other than taxes | | |
| Priority tax claims | $384,821 | $384,821 |
| General unsecured claims | $5,072,701 | TBD |

(a) List total amount of claims even it under secured.

(b) Estimated amount of claim to be allowed after compromise or litigation. As an example, you are a defendant in a lawsuit alleging damage of $10,000,000 and a proof of claim is filed in that amount. You believe that you can settle the case for a claim of $3,000,000. For Schedule F reporting purposes you should list $10,000,000 as the Claimed Amount and $3,000,000 as the Allowed Amount.

## Schedule G
## Rental Income Information
## Not applicable to General Business Cases

## Schedule H
## Recapitulation of Funds Held at End of Month

| | Account 1 | Account 2 | Account 3 | Account 4 |
|---|---|---|---|---|
| Bank | | | | |
| Account Type | | | | |
| Account No. | | | | |
| Account Purpose | | | | |
| Balance, End of Month | | | | |
| Total Funds on Hand for all Accounts | $0 | | | |

Attach copies of the month end bank statement(s), reconciliation(s), and the check register(s) to the Monthly Operating Report.

# STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS

**Increase/(Decrease) in Cash and Cash Equivalents**

**For the Month Ended** 05/31/16

| | | Actual Current Month | Cumulative (Case to Date) |
|---|---|---|---|
| | **Cash Receipts** | | |
| 1 | Rent/Leases Collected | | |
| 2 | Cash Received from Sales | | |
| 3 | Interest Received | | |
| 4 | Borrowings | | |
| 5 | Funds from Shareholders, Partners, or Other Insiders | | |
| 6 | Capital Contributions | | |
| 7 | Insurance Refund | | $747 |
| 8 | Miscellaneous | $0 | $5,566 |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | **Total Cash Receipts** | $0 | $6,313 |
| | **Cash Disbursements** | | |
| 13 | Payments for Inventory | | |
| 14 | Selling | | |
| 15 | Administrative | | |
| 16 | Capital Expenditures | | |
| 17 | Principal Payments on Debt | | |
| 18 | Interest Paid | | |
| | Rent/Lease: | | |
| 19 | Personal Property | | |
| 20 | Real Property | | |
| | Amount Paid to Owner(s)/Officer(s) | | |
| 21 | Salaries (contract Labor) | $0 | $270 |
| 22 | Draws | | |
| 23 | Commissions/Royalties | | |
| 24 | Expense Reimbursements | | |
| 25 | Other | | |
| 26 | Salaries/Commissions (less employee withholding) | | |
| 27 | Management Fees | | |
| | Taxes: | | |
| 28 | Employee Withholding | | |
| 29 | Employer Payroll Taxes | | |
| 30 | Real Property Taxes | | |
| 31 | Other Taxes | $0 | $800 |
| 32 | Other Cash Outflows: | | |
| 33 | Bank Fees | | $447 |
| 34 | US Trustee Quarterly Fee | $325 | $650 |
| 35 | ADP Payroll Fees | | $162 |
| 36 | Online Software | $1,042 | $1,042 |
| 37 | Rounding | $1 | $0 |
| 38 | **Total Cash Disbursements:** | $1,368 | $3,371 |
| 39 | **Net Increase (Decrease) in Cash** | ($1,368) | $2,942 |
| 40 | **Cash Balance, Beginning of Period** | $1,714,210 | $1,709,900 |
| 41 | **Cash Balance, End of Period** | $1,712,842 | $1,712,842 |



Revised 1/1/98

## STATEMENT OF CASH FLOWS

**(Optional) Increase/(Decrease) in Cash and Cash Equivalents**

**For the Month Ended 05/31/16**

| | | Actual Current Month | Cumulative (Case to Date) |
|---|---|---|---|
| | **Cash Flows From Operating Activities** | | |
| 1 | Cash Received from Sales | | |
| 2 | Rent/Leases Collected | | |
| 3 | Interest Received | | |
| 4 | Cash Paid to Suppliers | | |
| 5 | Cash Paid for Selling Expenses | | |
| 6 | Cash Paid for Administrative Expenses | | |
| | Cash Paid for Rents/Leases: | | |
| 7 | Personal Property | | |
| 8 | Real Property | | |
| 9 | Cash Paid for Interest | | |
| 10 | Cash Paid for Net Payroll and Benefits | | |
| | Cash Paid to Owner(s)/Officer(s) | | |
| 11 | Salaries | | |
| 12 | Draws | | |
| 13 | Commissions/Royalties | | |
| 14 | Expense Reimbursements | | |
| 15 | Other | | |
| | Cash Paid for Taxes Paid/Deposited to Tax Acct. | | |
| 16 | Employer Payroll Tax | | |
| 17 | Employee Withholdings | | |
| 18 | Real Property Taxes | | |
| 19 | Other Taxes | | |
| 20 | Cash Paid for General Expenses | | |
| 21 | | | |
| 22 | | | |
| 23 | | | |
| 24 | | | |
| 25 | | | |
| 26 | | | |
| 27 | **Net Cash Provided (Used) by Operating Activities before Reorganization Items** | $0 | $0 |
| | **Cash Flows From Reorganization Items** | | |
| 28 | Interest Received on Cash Accumulated Due to Chp 11 Case | | |
| 29 | Professional Fees Paid for Services in Connection with Chp 11 Case | | |
| 30 | U.S. Trustee Quarterly Fees | | |
| 31 | | | |
| 32 | **Net Cash Provided (Used) by Reorganization Items** | $0 | $0 |
| 33 | **Net Cash Provided (Used) for Operating Activities and Reorganization Items** | $0 | $0 |
| | **Cash Flows From Investing Activities** | | |
| 34 | Capital Expenditures | | |
| 35 | Proceeds from Sales of Capital Goods due to Chp 11 Case | | |
| 36 | | | |
| 37 | **Net Cash Provided (Used) by Investing Activities** | $0 | $0 |
| | **Cash Flows From Financing Activities** | | |
| 38 | Net Borrowings (Except Insiders) | | |
| 39 | Net Borrowings from Shareholders, Partners, or Other Insiders | | |
| 40 | Capital Contributions | | |
| 41 | Principal Payments | | |
| 42 | | | |
| 43 | **Net Cash Provided (Used) by Financing Activities** | $0 | $0 |
| 44 | **Net Increase (Decrease) in Cash and Cash Equivalents** | $0 | $0 |
| 45 | **Cash and Cash Equivalents at Beginning of Month** | | |
| 46 | **Cash and Cash Equivalents at End of Month** | $0 | $0 |

80846

HOMEJOY ASSIGNMENT FOR THE BENEFIT
OF CREDITORS LLC
DIP # 15-53931
1100 LA AVENIDA ST BLDG A
MOUNTAIN VIEW CA 94043

***Commercial Checking***
**statement**
**May 1, 2016** to **May 31, 2016**
**Account number** [redacted]4873

## Account summary

| | |
|---|---|
| **Beginning balance on May 1, 2016** | **$1,714,209.61** |
| ***Less withdrawals*** | |
| Checks | -$325.00 |
| Transfers to other accounts | -$1,042.35 |
| **Ending balance on May 31, 2016** | **$1,712,842.26** |

**To contact us**

**Call**
(800) 522-2265

**Visit our web site**
www.comerica.com

**Write to us**
COMERICA BANK
1191 LINCOLN AVENUE
SAN JOSE, CA 95125-3002-4346

**Important information**

The Account Balance Fee for this statement period for this account is $0.125/$1,000.

**Thank you**

## *Commercial Checking* account details: [redacted]4873

### Checks paid this statement period

* This symbol indicates a break in check number sequence
# This symbol indicates an original item not enclosed
@ This symbol indicates a break in check number sequence and an original item not enclosed

| Check number | Amount ($) | Date paid | Bank reference number | Check number | Amount ($) | Date paid | Bank reference number |
|---|---|---|---|---|---|---|---|
| # 1004 | -325.00 | May 31 | 0975599101 | | | | |

**Total checks paid this statement period: -$325.00**
**Total number of checks paid this statement period: 1**

### Transfers to other accounts this statement period

| Date | Amount ($) | Activity | | Bank reference number |
|---|---|---|---|---|
| May 18 | -1,042.35 | Tmw Funds Transfer To Account | Xxxxxx2485 | 0T42245824 |

**Total Transferred to Other Accounts: -$1,042.35**
**Total number of Transfers to Other Accounts: 1**

### Lowest daily balance

Your lowest daily balance this statement period was **$1,712,842.26** on **May 31, 2016**.



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# Commercial Checking: [redacted]4873

**PLEASE EXAMINE THIS STATEMENT PROMPTLY**

**Reporting Errors and Unauthorized Transactions**

**Personal Accounts:** *Electronic Funds Transfers:* In Case of Errors (including unauthorized electronic transactions) or Questions About Your Electronic Transfers: Call us at the telephone number printed on the first page of this statement or write us at the address printed on the first page of this statement as soon as you can, if you think this statement or your receipt is wrong or if you need more information about a transfer on the statement or receipt. For pre-authorized transfers (e.g., insurance payments, etc.), call us at the telephone number printed on the first page or write us at Comerica Bank – Electronic Services Department, Attn: Research, P.O. Box 75000, Detroit, Michigan 48275-7570. For Comerica ATM Card or Comerica Check Card transactions, call us at the telephone number printed on the first page or write us at Comerica Bank – Electronic Processing, P.O. Box 75000, Detroit, Michigan 48275-7584. We must hear from you no later than 60 days after we sent you the FIRST statement on which the Error or problem appeared.

When reporting the Error: (1) tell us your name and account number (if any); (2) describe the Error (an Error includes an unauthorized electronic funds transfer) or the electronic transfer you are unsure about, and explain as clearly as you can why you believe it is an Error or why you need more information; and (3) tell us the dollar amount of the suspected Error or the transaction you question.

We will investigate your complaint and will correct any Error promptly. If we take more than 10 business days (20 business days for new accounts) to do this, we will credit your account for the amount you think is in Error so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not provide provisional credit to your account.

*Comerica Check Card Transactions:* Notwithstanding the above information, if your account was debited for a transaction resulting from the use of your Comerica Check Card or Check Card number (does not apply to ATM Cards or Visa Check Cards that are not activated), you may have additional rights and protections. See the Comerica Business and Personal Deposit Account Contract for specific information.

*Checks and Other Non-Electronic Funds Transfer Transactions*: If you need a copy of a check or additional information about a transaction, you can call us at the telephone number on the first page of this statement. State law and the terms of the Business and Personal Deposit Contract govern your liability and the Bank's for fraudulent checks and non electronic funds transfer transactions. The best way to limit your possible loss is to report any unauthorized activity involving your account as soon as possible but always within 30 days of when we sent the statement to you or otherwise made the information available to you. See the Comerica Business and Personal Deposit Contract for further details.

**Business Accounts:** *Electronic Transactions*: If you think this statement shows an Error (an Error includes an unauthorized electronic transaction) or an ATM receipt you received is wrong or if you need more information about an electronic transaction listed on the statement, call or write us as soon as possible at the telephone number or address printed on the first page but always within 30 days of when we first made the information available to you regarding the transaction. For pre-authorized transfers (e.g., insurance payment, etc.), call us at the telephone number printed on the first page or write us at Comerica Bank – Electronic Services Department, Attn: Research, P.O. Box 75000, Detroit, Michigan 48275-7570. For Comerica ATM Card or Comerica Business Check Card transactions, call us at the telephone number printed on the first page or write us at Comerica Bank – Electronic Processing, P.O. Box 75000, Detroit, Michigan 48275-7584. For all claims related to an electronic transaction, we must hear from you no later than 30 days after we first made the information available to you regarding the transaction otherwise you may waive your right to recover for the loss you incurred. Call or write us as soon as possible at the telephone number or address printed on the first page and (1) tell us your name and account number; (2) describe the Error or transaction you are unsure about, and explain as clearly as you can why you believe it is an Error or why you need more information; and (3) tell us the dollar amount of the suspected Error. We reserve the right to require that you complete an affidavit regarding claims of unauthorized transactions. If we timely receive your claim, we will investigate your claim and correct any Errors within the time frame required by law. If the claim is for an unauthorized electronic transaction and we find your claim genuine, we will process your claim in accordance with ACH rules or other applicable electronic clearinghouse rules. To the extent we recover we will refund to you the recovery. If an electronic transaction, including wire transfer was conducted in accordance with the terms of an electronic service you agreed to obtain from us, the terms of that agreement will govern whether the transaction in question is authorized or not.

*Comerica Business Check Card Transactions:* If your account was debited for a transaction resulting from the use of your Comerica Business Check Card or Check Card number (does not apply to ATM Cards or Visa Check Cards that are not activated) or if your claim is related to an electronic debit transaction resulting from the use of your Comerica Check Card or Check Card number, you may have rights and protections in addition to those described above. See the Comerica Business and Personal Deposit Account Contract for specific information.

*Checks and Other Non-Electronic Transactions*: If you need a copy of a check or additional information about a non-electronic transaction, you can call us at the telephone number on the first page of this statement. State law and the terms of the Business and Personal Deposit Contract govern your liability and the Bank's for fraudulent checks and non electronic transactions. The best way to limit your possible loss is to report any unauthorized activity involving your account as soon as possible but always within 30 days of when we sent the statement to you or otherwise made the information available to you. See the Business and Personal Deposit Contract for further details. You should keep this statement for your records.

**Balancing Your Account:** For assistance on how to balance your account, please call us at the phone number listed on your account statement or visit your local Comerica banking center.