Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	: Identification Information							
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018									
A This ref	turn/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)						
_		a one-participant plan	a foreign plan						
B This return/report is the first return/report the final return/report									
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	am			
	1	special extension (enter descr	. ,						
Part II	Basic Plan Info	ormation—enter all requested in	formation						
1a Name QUICK CAS	•	ROFIT SHARING PLAN			1b Three-dig plan num (PN) ▶				
					1c Effective	date of plan 01/01/2017			
		oyer, if for a single-employer plan)			2b Employer	r Identification Number			
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		structions)	(EIN)	27-0454359			
QUICK CAS		o, country, and Zir or foreign poor	ar oodo (ii foreign, ooo iii	si dollono)	2c Sponsor's telephone number 718-892-5324				
					2d Business	code (see instructions)			
2712 E TREI					541990				
BRONX, NY	10461								
3a Plan a	dministrator's name a	and address X Same as Plan Spor	nsor.		3b Administr	rator's EIN			
		<u></u>							
					3c Administr	rator's telephone number			
		ne plan sponsor or the plan name ha consor's name, EIN, the plan name a			4b EIN				
	or's name				4d PN				
C Plan N	lame								
5a Total	number of participants	s at the beginning of the plan year			5a	14			
_		s at the end of the plan year			5b	9			
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)			•	5c	7				
d(1) Total number of active participants at the beginning of the plan year			5d(1)						
d(2) Total number of active participants at the end of the plan year			5d(2)						
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested			5e						
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable car	use is establish	 ned.			
Under pena SB or Sche	alties of perjury and o	ther penalties set forth in the instruction and signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/re	port, including, i	f applicable, a Schedule			
SIGN	Filed with authorized	d/valid electronic signature.	07/25/2019	BARBARA BUONINFA	ANTE				
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as p	lan administrator			
SIGN	Filed with authorized	d/valid electronic signature.	07/25/2019	BARBARA BUONINF	ANTE				
HERE Signature of emp		oyer/plan sponsor	Date	Enter name of individ	ual signing as e	mployer or plan sponsor			

Form 5500-SF (2018) Page **2**

tri you answerd "No" to other line Sia or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. c If the plan is a defined benefit plan, is a covered under the PBGC insurance program (see ERISA section 4021)?								X Yes	☐ No	
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		· · · · · · · · · · · · · · · · · · ·		•					^ Yes	No
Part III Financial Information (a) Beginning of Year (b) End of Year (b) End of Year 70 143 145	c								☐ Not deter	mined
Part III Financial Information Financial Informati							_			
a Total plan assets	Pa	rt III Financial Information								
b Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year	
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	7a		61145				70143	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers). 8a(2) (3) Others (including rollovers). 8a(3) (5) Design (including rollovers). 8a(3) (6) Design (including rollovers). 8a(3) (7) Others (including rollovers). 8a(3) (8) Design (including rollovers). 8b - 2-678 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 16-485 d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8c 6597 d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8c 6597 d C Cratain deemed and/or corrective distributions (see instructions). 8c 880 g Other expenses. 8g 890 f Administrative service providers (selaries, fees, commissions). 8g 890 g Other expenses. 8g 7487 i Net income (loss) (subtract line 8h from line 8c). 8g 890 part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2c 2F 2G 2J 2T 3D 3c 3D 3D 3D 3D 3D 3D 3D	b	Total plan liabilities	7b							
a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Employers (5) Other income (loss) (6) Other income (loss) (7) Other income (loss) (8) Others (including direct rollovers and insurance premiums to provide benefits) (8) Other plan (loss) (8) Other income (loss) (8) Other income (loss) (8) Other income (loss) (8) Other income (loss) (8) Other expenses (9) Other expenses (9) Other expenses (10) Other expenses	С	Net plan assets (subtract line 7b from line 7a)	7c		61145					
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) T	otal	
(3) Others (including rollovers)	а		8a(1)							
b Other income (loss)		(2) Participants	8a(2)		19163					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 6597 e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f 890 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8f 890 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 7487 i Net income (loss) (subtract line 8h from line 8c) 8i g Transfers to (from) the plan (see instructions) 8g Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c X 100000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c X 100000 f Has the plan failed to provide any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	b	Other income (loss)	8b		-2678					
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f f Administrative service providers (salaries, fees, commissions) 8f g Other expenses			8c						16485	
f Administrative service providers (salaries, fees, commissions)	d		8d		6597					
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8i 8998 i Net income (loss) (subtract line 8h from line 8c) 8i 8998 j Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10b X c Was the plan covered by a fidelity bond? 10c X 100000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions) 10d X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X i If the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X i If the plan have any participant loans? (If enter amount as of year-end.) 10g X	<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		890					
i Net income (loss) (subtract line 8h from line 8c)		·	8g							
Transfers to (from) the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h						
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan'? (See instructions.) 10e X 10e X 10f X 9 Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 11g X 11g If 10h was answered "Yes," check the box if you either provided the required notice or one of the	<u> </u>		8i					8998		
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2		, , , , , , , , , , , , , , , , , , , ,								
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions										
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	9a 		feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in the inst	ructions:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the instru	uctions:	
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Par	t V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No	,	Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions			X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	С	Was the plan covered by a fidelity bond?			10c	X			10000	10
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused					X		10000	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under			10e		X			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	Has the plan failed to provide any benefit when due under the plan?			10f		X			
2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	g				10g		X			
· · · · · · · · · · · · · · · · · · ·	h	· · · · · · · · · · · · · · · · · · ·			10h		X			
	i	·	•		10i					

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		В	Y	es No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?		:	Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t Day		of the lette Year _	r ruling
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	× N	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?				Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part 1	Annual Repo	ort identification information						
For cale	ndar plan year 2018 o	r fiscal plan year beginning		and ending				
Δ This	return/report is for:	X a single-employer plan	a multiple-employ	er plan (not multiemployer) (Filers o	checking this box mus	t attach a		
W 11112	returnireport is for.	a one-participant plan	list of participating a foreign plan	employer information in accordance	ce with the form instru	ctions.)		
B This	return/report is	the first return/report	- ·	art				
	•	an amended return/report	the final return/rep					
C Che	ck box if filing under:	Form 5558	a short plan year r	eturn/report (less than 12 months) on	DFVC program			
		special extension (enter description	on)					
Part II	Basic Plan Ir	nformation—enter all requested info				······································		
<u> </u>	me of plan				16 Three-digit plan number (PN) ▶			
	•	LLC 401(K) PROFIT SHAR	ING PLAN		(PN)	001		
					1c Elfective date of plat 01/01/20:			
2a Pia Ma	an sponsor's name (en illing address (include	nployer, if for a single-employer plan) room, apt., suite no. and street, or P.O.	. Boxì		2b Employer Identificati	on Number		
Cit		vince, country, and ZIP or foreign posta		ee instructions)	(EIN) 27-0454359			
_	.2 E TREMONT A				2c Sponsor's telephone			
					2d Business code (see	instructions)		
BRO	NX	NY 10461						
					541990			
3a Pla	n administrator's nam	e and address 🗓 Same as Plan Spor	isor.		3b Administrator's EIN			
					3C Administrator's telep			
4 If th	ne name and/or EIN of	the plan sponsor or the plan name has	changed since the	last return/report filed for	4b EIN			
		ponsor's name, EIN, the plan name and	i the plan number f	rom the last return/report.	4-1-01			
•	onsor's name				4d PN			
	n Name							
		nts at the beginning of the plan year			. <u>5a</u>	14		
		nts at the end of the plan year			. <u>5b</u>	9		
	• •	th account balances as of the end of th			5c	7		
	•	participants at the beginning of the plan			. 5d(1)	9		
		participants at the end of the plan year						
		no terminated employment during the p				6		
than 100% vested			. 5e	0				
Caution:	A penalty for the late	or incomplete filing of this return/re	port will be asses	sed unless reasonable cause is	established.			
SB or Sche		nenalties set forth in the instructions, I declare igned by an enrolled actuary, as well as the e						
SIGN	Darbare	(sugnin jak	, ,	BARBARA BUONINFANTE				
HERE	Signature of plan	<u> </u>	Date 7/24/19	Enter name of individual signing				
SIGN			1 1	BARBARA BUONINFANTE				
HERE	Signature of emplo	over/nian sponsor	Date	Enter name of individual signing	as employer or plan s	ponsor		

QUICK CASH USA LLC

27-0454359

Qι	ICK CASH USA LLC	27-0434339	_	. ,	, r					
	Form 5500-SF (2018)		t	age 2	۷	<u></u>				
				<u>-</u> -				7==		
	Were all of the plan's assets during the plan year							[X]	Yes No	
b	Are you claiming a waiver of the annual examinat							(TE)		
	under 29 CFR 2520.104-46? (See instructions on							X	Yes [] No	
	If you answered "No" to either line 6a or line 6							$ abla$		
	If the plan is a defined benefit plan, is it covered under the		•••••		L	Ye	; [_]	No 📙	Not determined	
	If "Yes" is checked, enter the My PAA confirmation num	ber from the PBGC premium filing for this plan year							(See instruction).	ns.)
Pa	t III Financial Information		i intersented					1		
7	Plan Assets and Liabilities			(a) E	egini		f Year	(b) l	End of Year	
<u>a</u>	Total plan assets	***************************************	. 7a	ļ		6	1145		7014	13
b	Total plan liabilities		. 7b	ļ						_
<u> </u>	Net plan assets (subtract line 7b from line 7a).		. 7c			6	1145		7014	13
88	Income, Expenses, and Transfers for this Plan	Year			(a) A	mour	t	S-11-11-11-11-11-11-11-11-11-11-11-11-11	(b) Total	
а	Contributions received or receivable from:									
	(1) Employers		8a(1)				0	Sanda de San	Asia sa	i di
	(2) Participants		8a(2)			19	,163			(3) (2)
	(3) Others (including rollovers)		8a(3)							
b	Other income (loss)		. 8b	V-0 1 12		-2	,678			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and	8b)	8c		4.38			THE PARTY IS	16,48	}5
þ	Benefits paid (including direct rollovers and insu	rance premiums								
	to provide benefits)		8d			6	,597			
е	Certain deemed and/or corrective distributions (8e							
f_	Administrative service providers (salaries, fees,	commissions)	8f				890			
g	Other expenses	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8g	******			2 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h				S-2012, 252		7,48	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)		8i	40,400	i i di				8,99	8
i	Transfers to (from) the plan (see instructions)	45.45.65.81.6	8j				l			
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the a 2E 2F 2G 2J 2T 3D	pplicable pension feature codes from the List o	f Plan	Chara	acteris	tic Co	des in	the instru	uctions:	
b	If the plan provides welfare benefits, enter the a	oplicable welfare feature codes from the List of	Plan C	harac	teristi	c Cod	es in th	e instruc	clions:	
Par	(V) Compliance Questions									
10	During the plan year:				Yes	No		,	Amount	
а	Was there a failure to transmit to the plan any pa	articipant contributions within the time period								
	described in 29 CFR 2510.3-102? (See instruction	•		40-		x				
	Program)			10a		<u> </u>	 			
b	Were there any nonexempt transactions with any									
	reported on line 10a.)			10b		X	ļ			
С	Was the plan covered by a fidelity bond?			10c	X				10000	10
d	Did the plan have a loss, whether or not reimbur	sed by the plan's fidelity bond, that was caused					1			
_	by fraud or dishonesty?	• •		10d		x				
										
е	Were any fees or commissions paid to any broke carrier, insurance service, or other organization to	ers, agents, or other persons by an insurance bat provides some or all of the benefits under								
	the plan? (See instructions.)			10e		X				
f	Has the plan failed to provide any benefit when o	lue under the plan?		10f		х				
g	Did the plan have any participant loans? (If "Yes			10g		х				
h h	If this is an individual account plan, was there a l									7
11	2520.101-3.)	•		10h		x				
i	If 10h was answered "Yes," check the box if you			1						
•	exceptions to providing the notice applied under	·		10i		1				
	Chespusie to protioning the florido applico dilect						خدكته فتنتنب			****