

Account Information and Client Agreement

RAYMOND JAMES
& ASSOCIATES, INC.
Registered New York Stock Exchange/SIPC

New Accounts
Service Center
Scan or Fax 866-406-4235

01212 Form #	9503 Account #
33E Branch #	2009 FA #
	6420 Speed Dial #

Open New Account Update Existing Account

Account Type and Registration

Type (Select one) Capital Access Account Standard Account Direct Account

Registration (Select one below)

<input type="radio"/> Individual	<input type="radio"/> Tenants in Common	<input type="radio"/> LLC	<input type="radio"/> Trust	<input type="radio"/> IRA
<input type="radio"/> Joint (WROS)	<input checked="" type="radio"/> Partnership	<input type="radio"/> Unincorporated Assoc.	<input type="radio"/> Estate	<input type="radio"/> Roth IRA
<input type="radio"/> Joint Tenants by Entirety	<input type="radio"/> Proprietorship	<input type="radio"/> UTMA/UGMA	<input type="radio"/> Guardianship	<input type="radio"/> SEP IRA
<input type="radio"/> Community Property	<input type="radio"/> Corporation	<input type="radio"/> Qualified Plan	<input type="radio"/> 529 Plan	<input type="radio"/> Simple IRA
<input type="radio"/> Other _____				

Margin Requested (Subject to Approval, Initials Required): No Yes *[Signature]* Client Initials _____ Client Initials _____

Account Information

Complete Account Title: Jay Peak Penthouse Suites LP	Relationship Link Name (Branch Use Only):
Jay Peak GP Services Inc	Related Accounts (Branch Use Only):

Account Owner 1 Information

Jay Peak Penthouse Suites LP		Tenants in Common %
First Name, Middle Initial, Last Name OR Entity Name (Trust, Corporation)		
Citizenship Status (Select one below):		Marital Status (Select one below):
<input type="radio"/> US Citizen <input type="radio"/> Resident Alien <input type="radio"/> Non-Resident Alien (W-8 Required)		<input type="radio"/> Married <input type="radio"/> Single
1985	Date of Birth (MM-DD-YYYY)	E-mail Address
S.S. # (555-55-5555) OR Tax ID # (99-5555555)		
<input type="radio"/> Driver's License # OR <input type="radio"/> Passport ID # (optional)	Expiration Date	State/Country
111 NE 1st Street, Floor 4	Miami	FL 33132
Mailing Address (If PO Box/APO/FPO, provide a physical address below)	City	State Zip
Legal Address	City	State Zip
Jay Peak Inc	Owner	
Name of Employer <input type="radio"/> Retired <input type="radio"/> Unemployed	Occupation (most recent, if retired)	
305-579-8061		
Home Phone Number	Cell Phone Number	Work Phone Number



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Account Owner 2 Information

Jay Peak GP Services Inc Tenants in Common %

First Name, Middle Initial, Last Name OR Entity Name (Trust, Corporation)

Citizenship Status (Select one below): Marital Status (Select one below):

US Citizen Resident Alien Non-Resident Alien (W-8 Required) Married Single

SS-99-4601

S.S. # (555-55-5555) OR Tax ID # (55-5555555) Date of Birth (MM-DD-YYYY) E-mail Address

Driver's License # OR Passport ID # (optional) Expiration Date State/Country

Mailing Address (if PO Box/APO/FPO, provide a physical address below) City State Zip

Legal Address City State Zip

Name of Employer Retired Unemployed Occupation (most recent, if retired)

Home Phone Number Cell Phone Number Work Phone Number

Account Suitability

Account Financial Information

Combined Annual Income	Combined Net Worth <i>Excluding Personal Residence(s)</i>
<input type="radio"/> \$0-\$19,999	<input type="radio"/> \$0-\$19,999
<input type="radio"/> \$20,000-\$50,000	<input type="radio"/> \$20,000-\$50,000
<input type="radio"/> \$50,001-\$100,000	<input type="radio"/> \$50,001-\$100,000
<input type="radio"/> \$100,001-\$200,000	<input type="radio"/> \$100,001-\$250,000
<input type="radio"/> \$200,001-\$500,000	<input type="radio"/> \$250,001-\$500,000
<input type="radio"/> \$500,001-\$1,000,000	<input type="radio"/> \$500,001-\$1,000,000
<input checked="" type="radio"/> Over \$1,000,000	<input type="radio"/> \$1,000,001-\$5,000,000
	<input checked="" type="radio"/> Over \$5,000,000

Investment Experience

Provide your experience, if any, with the following investment types

	None	Limited	Moderate	Extensive
Equities	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bonds	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Options/Futures	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mutual Funds	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Annuities	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Margin Trading	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Primary Objective & Associated Risk Tolerance

Select only one Objective and Associated Risk Tolerance

Objective	Risk Tolerance
Capital Preservation	<input type="radio"/> Low
Income	<input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High
Growth	<input checked="" type="radio"/> Medium <input type="radio"/> High
Speculation	<input type="radio"/> High

Primary Time Horizon

< 5 years 5 - 10 years > 10 years

Secondary Objective & Associated Risk Tolerance

Select only one Objective and Associated Risk Tolerance

Objective	Risk Tolerance
Capital Preservation	<input type="radio"/> Low
Income	<input type="radio"/> Low <input checked="" type="radio"/> Medium <input type="radio"/> High
Growth	<input type="radio"/> Medium <input type="radio"/> High
Speculation	<input type="radio"/> High

Secondary Time Horizon

< 5 years 5 - 10 years > 10 years

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Account Instructions Please select one of the following options from each category below.

Securities & Stock Dividend	Funds / Cash Sweep
<input checked="" type="radio"/> Hold to Street Name / From Account	<input type="radio"/> Client Interest Program (CIP)
<input type="radio"/> Direct Registration Service	<input type="radio"/> Raymond James Bank Deposit Program (RJBDP) with Client Interest Program (CIP)
Cash Dividend	<input type="radio"/> Raymond James Bank Deposit Program (RJBDP)
<input checked="" type="radio"/> Hold in Account	<input type="radio"/> Eagle Class - JPMorgan Prime Money Market Fund (Receipt of prospectus acknowledged)
<input type="radio"/> Mail Check to address of record	<input type="radio"/> Eagle Class - JPMorgan Tax Free Money Market Fund (Receipt of prospectus acknowledged)
<input type="radio"/> Hold Principal Mail Dividends / Interest	<input type="radio"/> Raymond James Bank, FSB with Check Writing (With RPS approval only - Separate application required)
Cost Basis Accounting Methods	
Equity, Bond and Option	Regulated Investment Company (open-end, closed-end & qualified ETF / UIT)
<input checked="" type="radio"/> First in, First out	<input type="radio"/> First in, First out
<input type="radio"/> High cost in, First out	<input type="radio"/> High cost in, First out
<input type="radio"/> Last in, First out	<input type="radio"/> Minimum Tax
<input type="radio"/> Minimum Tax	<input type="radio"/> Average Cost
	<input type="radio"/> Last in, First out
	<input type="radio"/> Minimum Tax
	<i>Note: Closed-end funds and qualified ETF/UIT elections will not be reflected until later in 2012.</i>
Initial Transaction	<input type="radio"/> Buy <input type="radio"/> Sell <input type="radio"/> Deposit <input type="radio"/> Transfer
(Description / Amount)	

Tax Certification

Tax Classification	<input type="radio"/> Individual/Sole Proprietor	<input type="radio"/> S-Corporation	<input checked="" type="radio"/> Partnership
	<input type="radio"/> C-Corporation	<input type="radio"/> LLC S-Corporation	<input type="radio"/> LLC Partnership
	<input type="radio"/> LLC C-Corporation	<input type="radio"/> Trust/Estate	<input type="radio"/> Other _____
			<input type="radio"/> Tax Exempt Payee

Under penalties of perjury I certify that:

- The number shown on this agreement is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
- 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 failure to report all interest and dividends, or c.) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (as defined by IRS code).

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the agreement, but you must provide your correct TIN.

Capital Access Details (Complete this section only if Capital Access Account is selected on Page 1.)

Type (Select one): Standard Standard plus Rewards Premium Premium plus Rewards

Account Identification and Security

Information provided in this section will be used to protect you and the assets held in your Capital Access Account. You may be asked the following question when you call with inquiries about your account or for identification when transacting purchases with your VISA® Platinum debit card. A) card holders will need this information; keep your account identification and security information in a safe place.

Security Key _____ (minimum of 3 characters; maximum of 8)

Account Card Holders (Listed on Account Registration)

Print Name (if different from Legal Name) _____
(maximum of 26 characters, including spaces)

Print Name (if different from Legal Name) _____
(maximum of 26 characters, including spaces)

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Capital Access Details

Additional Card Holders (Card Holder Only)

For additional card holders not listed on the account registration: I understand and agree to the terms and conditions in the Capital Access Account Agreement. I also understand that my authority is limited to the use of the Capital Access VISA® Platinum debit card.

Print Name _____ Social Security # _____

Print Card Name (if different from above) _____
(maximum of 26 characters, including spaces)

Authorized VISA® Platinum debit cardholder signature _____ Date _____

Print Name _____ Social Security # _____

Print Card Name (if different from above) _____
(maximum of 26 characters, including spaces)

Authorized VISA® Platinum debit cardholder signature _____ Date _____

For Company or Trust

Double Embossed (Optional) _____
(maximum of 26 characters, including spaces)

Power of Attorney for Capital Access Features ONLY

I understand and agree to the terms and conditions in the Capital Access Account Agreement. A completed POA or LPOA (Form #01316) document is required, must include the signature of the Attorney in Fact and be accepted before authorization will take effect.

Print Name _____ Social Security # _____

Authorized Attorney in Fact Signature _____ Date _____

Check Information

Check Imprint:
(information appears in upper left corner of check)

(maximum of 35 characters per line)

Shipping Method:
 Regular First Class Express Delivery
(10-14 business days) (7-14 business days) (except weekends)

Additional charges apply for First Class and Express shipping. No charge for Regular Delivery.

Alternate Shipping Address:

Check Type _____

Check Design _____

Wallet, Private Design checks are provided at no charge. Additional check types and designs are available for an additional fee and may be viewed at www.harland.net

City _____ State _____ Zip _____

Country _____

of Checks _____ Starting Check # _____

Phone # _____

(801-9339)

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Client Acknowledgments and Signatures

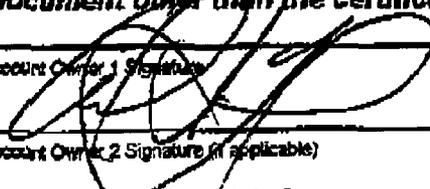
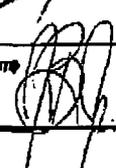
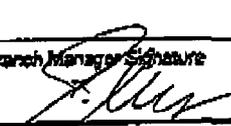
<u>Account Owner 1</u>		<u>Account Owner 2</u>		
<input type="radio"/> I am	<input checked="" type="radio"/> I am not	<input type="radio"/> I am	<input type="radio"/> I am not	an associate person or related to an associate person within the Raymond James Financial Group. Specify to whom and relationship:
<input type="radio"/> I am	<input checked="" type="radio"/> I am not	<input type="radio"/> I am	<input type="radio"/> I am not	an employee of or related to an employee of any exchange or a member firm of any exchange or member of the Financial Industry Regulatory Authority (FINRA), or an officer of a bank, trust company, or insurance company. Employees/related person employer:
<input type="radio"/> I am	<input checked="" type="radio"/> I am not	<input type="radio"/> I am	<input type="radio"/> I am not	a director, corporate officer, or a 10% shareholder of a publicly traded company. Indicate the name of the company and relationship:
<input type="radio"/> You may	<input checked="" type="radio"/> You may not	<input type="radio"/> You may	<input type="radio"/> You may not	disclose my name, address and security position to requesting companies in which I hold securities under rule 14b(e)-1 of the Securities and Exchange Commission.

By signing below, I acknowledge that I have received, read, understand, and agree to abide by all the terms and conditions set forth in the Client Agreement incorporated herein by this reference. I also recognize that this Agreement contains a predispute arbitration clause located on page 9, paragraph 4 and other provisions affecting my rights.

I have received the Client Agreement for my records.

Raymond James & Associates, Inc. is affiliated with Raymond James Bank, FSB, a federally chartered savings bank. Unless otherwise specified, products purchased from or held at Raymond James & Associates Inc., are not insured by the FDIC, are not deposits or other obligations of Raymond James Bank, FSB, are not guaranteed by Raymond James Bank, FSB, and are subject to investment risks, including possible loss of the principal invested.

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

Account Owner 1 Signature 	Date 1/30/12	Account Owner 3 Signature (if applicable)	Date
Account Owner 2 Signature (if applicable)	Date	Account Owner 4 Signature (if applicable)	Date
Financial Advisor Signature 	Date 2/2/12	Branch Manager Signature 	Date 2/2/12

