

IN WITNESS WHEREOF, the parties have duly executed this Level 1 Independent Business Owner Agreement as of the Effective Date.

COMPANY:

BY: SMASH SOLUTION, LLC

Signed: _____

Name:

Title: Manager

Physical Address:

Phone:

Email:

Skype:

IBO:

Signed: Danti Rivera

Name: Danti Rivera

Physical Address: 5401 S. Kirkman Road Suite 310

Phone: Orlando, FL 32819
407-849-4685

Email: danti@realty4cornersintl.com

Skype:

SSN: 26-1808997

Date of Birth: 10/7/63

Preferred Payment Method:

[Signature Page]