

October 8, 2025

Dr. Barbara L Geistfeld
335 Bosque Ridge
Spring Branch, TX 78070-5275
830-388-8640 mobile
830-935-3415 land
bgeistfeld@gvtc.com

Regarding: Dr. James G. Geistfeld (Spouse of Dr. Barbara L. Geistfeld)
Died: September 9, 2025, at residence.

Dear Ms. Tagore,

As you requested, I am writing to ask that the **52,500 shares** of Forward Progressive Transactions (the parent company of CT Checkout) be placed in my name as the surviving spouse of James G. Geistfeld.

Enclosures:

Copy of first and last pages of current will.

Copy of Trust Agreement Amendment of December 28, 2022, *showing me as a Trustee* of the trust.

Death Certificate (Pending autopsy version)

Cause of Death Document issued shortly after the Pending Death Certificate

Two original Stock Certificates for Forward Progressive Transactions: 2,500 shares-2021-10-01 and 10,000 shares 2021-11-15.

I understand these paper certificates will be issued in my name as electronic stocks to avoid changing from paper to electronic in the future.

Please contact me if I have neglected to send everything you need.

Thank you so very much for your help at this very difficult time.

Thank you, too, for explaining that you never received payment from Thomas Hughes for the 6800 stocks we thought we purchased in March of 2025. Do you have any suggestions on how I can follow up on this issue? Do I work directly with Thomas Hughes or is there a government agency that I can contact about potential fraud? I really value your help. This is all foreign to me as my husband did all our investing.

Blessings to you,

Dr. Barbara L. Geistfeld

600 Annette St.
Lower Level
Toronto, ON M6S 2C4

Phone: 1 (416) 623-8028
Fax: 647-794-3332
support@integraltransfer.com
http://www.integraltransfer.com

HOLDINGS STATEMENT AS OF 10/8/2025

Account (ID: 403-474):

Dr. James Geistfeld

335 Bosque Ridge
Spring Branch, TX 78070
United States

Issuer: Forward Progressive Transactions
Inc.

State of Incorporation : NB
Outstanding Common: 52,500

Issuer: Forward Progressive Transactions Inc. (ID: 102)

Security Common:

Certificate ID	Certificate #	Issued	Canceled	Restriction	Stop	Security	Shares
079-216	CA-519	10/01/2021				Common	2,500
080-098	CA-523	11/15/2021				Common	10,000
097-614	BE-505	04/25/2024				Common	40,000

Number of Common Certificates: 3

Total Common Outstanding: 52,500

Security	CUSIP	Authorized Shares	Par Value
Common	34986L100	Unlimited	N/A

Last Will and Testament of James G. Geistfeld

I, James G. Geistfeld, residing in Spring Branch, County of Comal, Texas being of sound mind and memory, do make, publish and declare this my last will and testament, in manner following that is to say:

First: I direct that any funeral expenses not previously covered and testamentary expenses and just debts be paid by my Executors as soon as practicable after my death.

Second: I direct that my Executors pay the expenses of administration of my estate including all taxes due, in accordance with the provisions of the Trust Agreement referenced herein.

Third: I give, devise and bequest all the rest and residue of my property, after payments heretofore mentioned in Articles I and 2 above, whether property be real, personal or mixed or whatsoever kind or character and whatsoever situated, to the Trustees named under a Trust Agreement executed by me on the second day of August, 1985, which Trust Agreement was modified and amended by Amendments to Trust Agreement executed the 3rd day of December, 1992 and the 22nd day of May, 2002 and by an Amendment to Trust Agreement executed contemporaneously herewith.

Copy 10-8-2025 Barbara L Geistfeld

In witness whereof, I hereunto subscribe my name and set my seal this 30th day of December, in the year Two Thousand and Twenty-two.

James G. Geistfeld L.S.
James G. Geistfeld

In the presence of each of us the attesting witnesses, JAMES G. GEISTFELD the Testator, subscribed and sealed the foregoing Last Will and Testament, at the end thereof, this 30th day of December, 2022, and at the time of making such subscription declared the instrument so subscribed to be his Last Will and Testament, and thereupon, at the request of said Testator and in the presence and in the presence of each other, each of us signed his/her name as an attesting witness at the end of the said will.

Danell Fortner residing at 326 Bosque Ridge
Spring Branch, Tx. 78070

Herb residing at 326 Bosque Ridge
Spring Branch Tx 78070

Original December 28, 2022

Copy 10-8-2025

AMENDMENT TO TRUST AGREEMENT

Barbara L. Geistfeld

THIS AGREEMENT made the 28th day of December, 2022, between JAMES G. GEISTFELD, herein after called the Grantor, and BARBARA L. GEISTFELD and JAMES G. GEISTFELD, hereinafter called the Trustees, is for the purpose of modifying a certain Trust Agreement executed the 2nd day of August, 1985, by and between said persons.

- A. Authority for Modification. Section "XIV Modification of Revocation of Trust" as provided in the original Trust Agreement provides the Grantor herein the sole power during his lifetime and capacity to alter, amend, modify, revoke or otherwise change the Trust Agreement. By execution of this document the Grantor does hereby exercise said power and the same is done with the knowledge and consent of the named Co-Trustee who also executes this document.
- B. Amendments to Trust Agreement. The following provisions are intended and shall hereafter be modifications and amendments to the aforesaid Trust Agreement which said modifications are provided herein in their entirety and intended to replace the provisions of the original Trust Agreement in their entirety. References and titles are utilized herein as the same were utilized in the original Trust Agreement for continuity:

(1) Reference is made to paragraph two of the original Trust, referred to as successor trustee. The original of said provision is modified and amended to read as follows in its entirety:

(paragraph 2 of trust) Upon the death or incompetency of James G. Geistfeld and Barbara L. Geistfeld, Erin M Schmiedchen and Matthew J. Geistfeld shall be the co-successor trustees. The successor trustees shall have the same duties and powers as the original trustees.

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER 1623872025

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)				(Before Marriage)		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)	
JAMES GORDON GEISTFELD						SEPTEMBER 9, 2025	
3. SEX		4. DATE OF BIRTH (mm-dd-yyyy)		5. AGE-Last Birthday (Years)		6. BIRTHPLACE (City & State or Foreign Country)	
MALE		OCTOBER 11, 1947		77		ST. JAMES, MN	
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage)			
471-54-3851		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced (and not remarried) <input type="checkbox"/> Widowed (and not remarried) <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		BARBARA JEAN LANE			
10a. RESIDENCE STREET ADDRESS				10b. APT. NO.		10c. CITY OR TOWN	
335 BOSQUE RDG						SPRING BRANCH	
10d. COUNTY		10e. STATE		10f. ZIP CODE		10g. INSIDE CITY LIMITS?	
COMAL		TEXAS		78070		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE				12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE			
VICTOR E. GEISTFELD				VIOLA O. BECKER			
13. PLACE OF DEATH (CHECK ONLY ONE)							
<input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)							
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO)		16. FACILITY NAME (If not institution, give street address)			
COMAL		PRECINCT 4, 78070		335 BOSQUE RDG			
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED				18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)			
BARBARA LANE GEISTFELD - SPOUSE				335 BOSQUE RDG, SPRING BRANCH, TX 78070			
19. METHOD OF DISPOSITION				20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		21. <input checked="" type="checkbox"/> Unknown	
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Mausoleum <input type="checkbox"/> Other (Specify)				MARLENE VILLEGAS, BY ELECTRONIC SIGNATURE - 115134		Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)				23. LOCATION (City/Town, and State)			
SUNSET MEMORIAL PARK & CREMATORY				SAN ANTONIO, TX			
24. NAME OF FUNERAL FACILITY				25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)			
NEPTUNE SOCIETY-SAN ANTONIO				8910 BANDERA ROAD, STE 301, SAN ANTONIO, TX 78250			
26. CERTIFIER (Check only one)							
<input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.							
27. SIGNATURE OF CERTIFIER				28. DATE CERTIFIED (mm-dd-yyyy)		29. LICENSE NUMBER	
ASHLEY EVANS, BY ELECTRONIC SIGNATURE				SEPTEMBER 29, 2025		9999	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)						32. TITLE OF CERTIFIER	
ASHLEY EVANS 160 OAK DR, CANYON LAKE PCT 4, TX						JP	
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.							
IMMEDIATE CAUSE (Final disease or condition ----- resulting in death)							
a. HYPERTENSIVE CARDIOVASCULAR DISEASE							
Due to (or as a consequence of):							
b. _____							
Due to (or as a consequence of):							
c. _____							
Due to (or as a consequence of):							
d. _____							
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.							
34. WAS AN AUTOPSY PERFORMED?							
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?							
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
36. MANNER OF DEATH		37. DID TOBACCO USE CONTRIBUTE TO DEATH?		38. IF FEMALE:		39. IF TRANSPORTATION INJURY, SPECIFY:	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Previously <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF INJURY		40c. INJURY AT WORK?		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
40e. LOCATION (Street and Number, City, State, Zip Code)						40f. COUNTY OF INJURY	
41. DESCRIBE HOW INJURY OCCURRED							
42a. REGISTRAR FILE NO.		42b. DATE RECEIVED BY LOCAL REGISTRAR		42c. REGISTRAR			
02001243		SEPTEMBER 19, 2025		REGISTRAR - COMAL COUNTY CLERK, ELECTRONICALLY FILED			

EDR NUMBER 000044446259052

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING
The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 195, 1989)

VS-112 REV 1/2006

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

Sep 19 2025

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

142-25-162387

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)				(Before Marriage)		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)	
JAMES GORDON GEISTFELD						SEPTEMBER 9, 2025	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	IF UNDER 1 YR	IF UNDER 1 DAY		6. BIRTHPLACE (City & State or Foreign Country)	
MALE	OCTOBER 11, 1947	77	Mo Days	Hours	Min	ST, JAMES, MN	
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH:		9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage)			
471-54-3851		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed (but not remarried) <input type="checkbox"/> Divorced (but not remarried) <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		BARBARA JEAN LANE			
10a. RESIDENCE STREET ADDRESS				10b. APT. NO.		10c. CITY OR TOWN	
335 BOSQUE RDG						SPRING BRANCH	
10d. COUNTY		10e. STATE		10f. ZIP CODE		10g. INSIDE CITY LIMITS?	
COMAL		TEXAS		78070		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE				12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE			
VICTOR E. GEISTFELD				VIOLA O. BECKER			
13. PLACE OF DEATH (CHECK ONLY ONE)							
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)							
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO)		16. FACILITY NAME (If not institution, give street address)			
COMAL		PRECINCT 4, 78070		335 BOSQUE RDG			
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED				18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)			
BARBARA LANE GEISTFELD - SPOUSE				335 BOSQUE RDG, SPRING BRANCH, TX 78070			
19. METHOD OF DISPOSITION				20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		21.	
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Mausoleum <input type="checkbox"/> Other (Specify)				MARLENE VILLEGAS, BY ELECTRONIC SIGNATURE - 115134		<input checked="" type="checkbox"/> Unknown	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)				23. LOCATION (City/Town, and State)			
SUNSET MEMORIAL PARK & CREMATORY				SAN ANTONIO, TX			
24. NAME OF FUNERAL FACILITY				25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)			
NEPTUNE SOCIETY-SAN ANTONIO				8910 BANDERA ROAD, STE 301, SAN ANTONIO, TX 78250			
26. CERTIFIER (Check only one)							
<input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.							
<input checked="" type="checkbox"/> Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.							
27. SIGNATURE OF CERTIFIER				28. DATE CERTIFIED (mm-dd-yyyy)		29. LICENSE NUMBER	
ASHLEY EVANS, BY ELECTRONIC SIGNATURE				SEPTEMBER 16, 2025		9999	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)						32. TITLE OF CERTIFIER	
ASHLEY EVANS 160 OAK DR, CANYON LAKE PCT 4, TX 78132						JP	
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.							
IMMEDIATE CAUSE (Final disease or condition resulting in death)							
a. PENDING							
Due to (or as a consequence of):							
b.							
Due to (or as a consequence of):							
c.							
Due to (or as a consequence of):							
d.							
Approximate interval Onset to death							
PART 2. ENTER OTHER CAUSE GIVEN IN PART 1.							
SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING							
34. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
36. MANNER OF DEATH		37. DID TOBACCO USE CONTRIBUTE TO DEATH?		38. IF FEMALE:		39. IF TRANSPORTATION INJURY, SPECIFY:	
<input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Previously <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year.		<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF INJURY		40c. INJURY AT WORK?		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
40e. LOCATION (Street and Number, City, State, Zip Code)				40f. COUNTY OF INJURY			
41. DESCRIBE HOW INJURY OCCURRED							
42a. REGISTRAR FILE NO.		42b. DATE RECEIVED BY LOCAL REGISTRAR		42c. REGISTRAR			
				Tara Das			

EDR NUMBER 00004446259052

This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED Sep 22 2025

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

MDG

TARA DAS
STATE REGISTRAR





CUSIP: 34986L100
ISIN: CA34986L1004

Forward Progressive Transactions Inc.

NUMBER
CA-523

SHARES
10,000

THIS CERTIFIES THAT Dr. James Geistfeld

IS THE RECORD HOLDER Ten Thousand

Common Shares of Forward Progressive Transactions Inc.
transferable only on the books of the Corporation in person or by duly authorized attorney upon
surrender of this certificate properly endorsed. This certificate is not valid unless countersigned
by the Transfer Agent and Registrar of the Corporation. In Witness Whereof, the said
Corporation has caused this certificate to be executed by the facsimile signatures of its duly
authorized officers and affixed with the seal of Integral Transfer Agency Inc.

DATE: 2021-11-15

M

Director



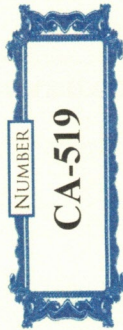
James Geistfeld

Countersigned and Registered by Integral Transfer Agency Inc.



CUSIP: 34986L100
ISIN: CA34986L1004

Forward Progressive Transactions Inc.



THIS CERTIFIES THAT Dr. James Geistfeld

IS THE RECORD HOLDER Two Thousand Five Hundred

Common Shares of Forward Progressive Transactions Inc.
transferable only on the books of the Corporation in person or by duly authorized attorney upon
surrender of this certificate properly endorsed. This certificate is not valid unless countersigned
by the Transfer Agent and Registrar of the Corporation. In Witness Whereof, the said
Corporation has caused this certificate to be executed by the facsimile signatures of its duly
authorized officers and affixed with the seal of Integral Transfer Agency Inc.

DATE: 2021-10-01

M

Director



Jeremi Ballant

Countersigned and Registered by Integral Transfer Agency Inc.