

Section 3: Validation and Attestation Details

Part 3. PCI DSS Validation

This AOC is based on results noted in SAQ A (Section 2), dated (Self-assessment completion date 2025-04-16).

Based on the results documented in the SAQ A noted above, each signatory identified in any of Parts 3b–3d, as applicable, assert(s) the following compliance status for the merchant identified in Part 2 of this document.

Select one:

<input checked="" type="checkbox"/>	<p>Compliant: All sections of the PCI DSS SAQ are complete and all requirements are marked as being either 1) In Place, 2) In Place with CCW, or 3) Not Applicable, resulting in an overall COMPLIANT rating; thereby <i>Cascade Asset Management</i> has demonstrated compliance with all PCI DSS requirements included in this SAQ.</p>								
<input type="checkbox"/>	<p>Non-Compliant: Not all sections of the PCI DSS SAQ are complete, or one or more requirements are marked as Not in Place, resulting in an overall NON-COMPLIANT rating; thereby (<i>Merchant Company Name</i>) has not demonstrated compliance with the PCI DSS requirements included in this SAQ.</p> <p>Target Date for Compliance: YYYY-MM-DD</p> <p>A merchant submitting this form with a Non-Compliant status may be required to complete the Action Plan in Part 4 of this document. Confirm with the entity to which this AOC will be submitted <i>before completing Part 4</i>.</p>								
<input type="checkbox"/>	<p>Compliant but with Legal exception: One or more requirements in the PCI DSS SAQ are marked as Not in Place due to a legal restriction that prevents the requirement from being met and all other requirements are marked as being either 1) In Place, 2) In Place with CCW, or 3) Not Applicable, resulting in an overall COMPLIANT BUT WITH LEGAL EXCEPTION rating; thereby (<i>Merchant Company Name</i>) has demonstrated compliance with all PCI DSS requirements included in this SAQ except those noted as Not in Place due to a legal restriction.</p> <p>This option requires additional review from the entity to which this AOC will be submitted. <i>If selected, complete the following:</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Affected Requirement</th> <th>Details of how legal constraint prevents requirement from being met</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Affected Requirement	Details of how legal constraint prevents requirement from being met						
Affected Requirement	Details of how legal constraint prevents requirement from being met								

Part 3a. Merchant Acknowledgement

Signatory(s) confirms:

(Select all that apply)

<input checked="" type="checkbox"/>	PCI DSS Self-Assessment Questionnaire A, Version 4.0.1, was completed according to the instructions therein.
<input checked="" type="checkbox"/>	All information within the above-referenced SAQ and in this attestation fairly represents the results of the merchant's assessment in all material respects.
<input checked="" type="checkbox"/>	PCI DSS controls will be maintained at all times, as applicable to the merchant's environment.

Part 3b. Merchant Attestation



Signature of Merchant Executive Officer ↑	Date: 2025-04-16
Merchant Executive Officer Name: Neil Peters-Michaud	Title: CEO

Part 3c. Qualified Security Assessor (QSA) Acknowledgement

If a QSA was involved or assisted with this assessment, indicate the role performed:

<input type="checkbox"/>	QSA performed testing procedures.
<input type="checkbox"/>	QSA provided other assistance.
If selected, describe all role(s) performed:	

Signature of Lead QSA ↑	Date: YYYY-MM-DD
Lead QSA Name:	

Signature of Duly Authorized Officer of QSA Company ↑	Date: YYYY-MM-DD
Duly Authorized Officer Name:	QSA Company:

Part 3d. PCI SSC Internal Security Assessor (ISA) Involvement

If an ISA(s) was involved or assisted with this assessment, indicate the role performed:

<input type="checkbox"/>	ISA(s) performed testing procedures.
<input type="checkbox"/>	ISA(s) provided other assistance.
If selected, describe all role(s) performed:	

Part 4. Action Plan for Non-Compliant Requirements

Only complete Part 4 upon request of the entity to which this AOC will be submitted, and only if the Assessment has a Non-Compliant status noted in Section 3.

If asked to complete this section, select the appropriate response for “Compliant to PCI DSS Requirements” for each requirement below. For any “No” responses, include the date the merchant expects to be compliant with the requirement and a brief description of the actions being taken to meet the requirement.

PCI DSS Requirement*	Description of Requirement	Compliant to PCI DSS Requirements (Select One)		Remediation Date and Actions (If “NO” selected for any Requirement)
		YES	NO	
2	Apply secure configurations to all system components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Protect stored account data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Develop and maintain secure systems and software	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Identify users and authenticate access to system components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9	Restrict physical access to cardholder data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11	Test security systems and networks regularly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12	Support information security with organizational policies and programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

* PCI DSS Requirements indicated above refer to the requirements in Section 2 of this SAQ.

Note: The PCI Security Standards Council is a global standards body that provides resources for payment security professionals developed collaboratively with our stakeholder community. Our materials are accepted in numerous compliance programs worldwide. Please check with your individual compliance-accepting organization to ensure that this form is acceptable in its program. For more information about PCI SSC and our stakeholder community please visit: https://www.pcisecuritystandards.org/about_us/.

Section 3: Validation and Attestation Details

Part 3. PCI DSS Validation

This AOC is based on results noted in SAQ B-IP (Section 2), dated (Self-assessment completion date 2025-04-16).

Based on the results documented in the SAQ B-IP noted above, each signatory identified in any of Parts 3b–3d, as applicable, assert(s) the following compliance status for the merchant identified in Part 2 of this document.

Select one:

<input checked="" type="checkbox"/>	<p>Compliant: All sections of the PCI DSS SAQ are complete and all requirements are marked as being either 1) In Place, 2) In Place with CCW, or 3) Not Applicable, resulting in an overall COMPLIANT rating; thereby (<i>Cascade Asset Management</i>) has demonstrated compliance with all PCI DSS requirements included in this SAQ.</p>								
<input type="checkbox"/>	<p>Non-Compliant: Not all sections of the PCI DSS SAQ are complete, or one or more requirements are marked as Not in Place, resulting in an overall NON-COMPLIANT rating; thereby (<i>Merchant Company Name</i>) has not demonstrated compliance with the PCI DSS requirements included in this SAQ.</p> <p>Target Date for Compliance: YYYY-MM-DD</p> <p>A merchant submitting this form with a Non-Compliant status may be required to complete the Action Plan in Part 4 of this document. Confirm with the entity to which this AOC will be submitted <i>before completing Part 4</i>.</p>								
<input type="checkbox"/>	<p>Compliant but with Legal exception: One or more requirements in the PCI DSS SAQ are marked as Not in Place due to a legal restriction that prevents the requirement from being met and all other requirements are marked as being either 1) In Place, 2) In Place with CCW, or 3) Not Applicable, resulting in an overall COMPLIANT BUT WITH LEGAL EXCEPTION rating; thereby (<i>Merchant Company Name</i>) has demonstrated compliance with all PCI DSS requirements included in this SAQ except those noted as Not in Place due to a legal restriction.</p> <p>This option requires additional review from the entity to which this AOC will be submitted. <i>If selected, complete the following:</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Affected Requirement</th> <th>Details of how legal constraint prevents requirement from being met</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Affected Requirement	Details of how legal constraint prevents requirement from being met						
Affected Requirement	Details of how legal constraint prevents requirement from being met								

Part 3a. Merchant Acknowledgement

Signatory(s) confirms:

(Select all that apply)

<input checked="" type="checkbox"/>	PCI DSS Self-Assessment Questionnaire B-IP, Version 4.0.1, was completed according to the instructions therein.
<input checked="" type="checkbox"/>	All information within the above-referenced SAQ and in this attestation fairly represents the results of the merchant's assessment in all material respects.
<input checked="" type="checkbox"/>	PCI DSS controls will be maintained at all times, as applicable to the merchant's environment.

Part 3b. Merchant Attestation



Signature of Merchant Executive Officer ↑

Date: 2025-04-16

Merchant Executive Officer Name: Neil Peters-Michaud

Title: CEO

Part 3c. Qualified Security Assessor (QSA) Acknowledgement

If a QSA was involved or assisted with this assessment, indicate the role performed:

QSA performed testing procedures.

QSA provided other assistance.

If selected, describe all role(s) performed:

Signature of Lead QSA ↑

Date: YYYY-MM-DD

Lead QSA Name:

Signature of Duly Authorized Officer of QSA Company ↑

Date: YYYY-MM-DD

Duly Authorized Officer Name:

QSA Company:

Part 3d. PCI SSC Internal Security Assessor (ISA) Involvement

If an ISA(s) was involved or assisted with this assessment, indicate the role performed:

ISA(s) performed testing procedures.

ISA(s) provided other assistance.

If selected, describe all role(s) performed:

Part 4. Action Plan for Non-Compliant Requirements

Only complete Part 4 upon request of the entity to which this AOC will be submitted, and only if the Assessment has a Non-Compliant status noted in Section 3.

If asked to complete this section, select the appropriate response for “Compliant to PCI DSS Requirements” for each requirement below. For any “No” responses, include the date the merchant expects to be compliant with the requirement and a brief description of the actions being taken to meet the requirement.

PCI DSS Requirement*	Description of Requirement	Compliant to PCI DSS Requirements (Select One)		Remediation Date and Actions (If “NO” selected for any Requirement)
		YES	NO	
1	Install and maintain network security controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Apply secure configurations to all system components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Protect stored account data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Protect cardholder data with strong cryptography during transmission over open, public networks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Develop and maintain secure systems and software	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Restrict access to system components and cardholder data by business need to know	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Identify users and authenticate access to system components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9	Restrict physical access to cardholder data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11	Test security systems and networks regularly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12	Support information security with organizational policies and programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Appendix A2	Additional PCI DSS Requirements for Entities using SSL/Early TLS for Card-Present POS POI Terminal Connections.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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Section 3: Validation and Attestation Details

Part 3. PCI DSS Validation

This AOC is based on results noted in SAQ C-VT (Section 2), dated (Self-assessment completion date 2025-04-16).

Based on the results documented in the SAQ C-VT noted above, each signatory identified in any of Parts 3b–3d, as applicable, assert(s) the following compliance status for the merchant identified in Part 2 of this document.

Select one:

<input checked="" type="checkbox"/>	<p>Compliant: All sections of the PCI DSS SAQ are complete and all requirements are marked as being either 1) In Place, 2) In Place with CCW, or 3) Not Applicable, resulting in an overall COMPLIANT rating; thereby (<i>Cascade Asset Management</i>) has demonstrated compliance with all PCI DSS requirements included in this SAQ.</p>								
<input type="checkbox"/>	<p>Non-Compliant: Not all sections of the PCI DSS SAQ are complete, or one or more requirements are marked as Not in Place, resulting in an overall NON-COMPLIANT rating; thereby (<i>Merchant Company Name</i>) has not demonstrated compliance with the PCI DSS requirements included in this SAQ.</p> <p>Target Date for Compliance: YYYY-MM-DD</p> <p>A merchant submitting this form with a Non-Compliant status may be required to complete the Action Plan in Part 4 of this document. Confirm with the entity to which this AOC will be submitted <i>before completing Part 4.</i></p>								
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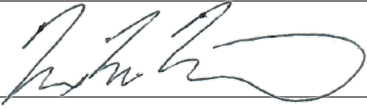
Part 3a. Merchant Acknowledgement

Signatory(s) confirms:

(Select all that apply)

<input checked="" type="checkbox"/>	PCI DSS Self-Assessment Questionnaire C-VT, Version 4.0.1, was completed according to the instructions therein.
<input checked="" type="checkbox"/>	All information within the above-referenced SAQ and in this attestation fairly represents the results of the merchant's assessment in all material respects.
<input checked="" type="checkbox"/>	PCI DSS controls will be maintained at all times, as applicable to the merchant's environment.

Part 3b. Merchant Attestation



Signature of Merchant Executive Officer ↑	Date: 2025-04-16
Merchant Executive Officer Name: Neil Peters-Michaud	Title: CEO

Part 3c. Qualified Security Assessor (QSA) Acknowledgement

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If selected, describe all role(s) performed:

Signature of Lead QSA ↑	Date: YYYY-MM-DD
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Lead QSA Name:

Signature of Duly Authorized Officer of QSA Company ↑	Date: YYYY-MM-DD
Duly Authorized Officer Name:	QSA Company:

Part 3d. PCI SSC Internal Security Assessor (ISA) Involvement

If an ISA(s) was involved or assisted with this assessment, indicate the role performed:

ISA(s) performed testing procedures.

ISA(s) provided other assistance.

If selected, describe all role(s) performed:

Part 4. Action Plan for Non-Compliant Requirements

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2	Apply secure configurations to all system components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Protect stored account data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Protect cardholder data with strong cryptography during transmission over open, public networks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Protect all systems and networks from malicious software	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Develop and maintain secure systems and software	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Restrict access to system components and cardholder data by business need to know	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Identify users and authenticate access to system components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9	Restrict physical access to cardholder data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12	Support information security with organizational policies and programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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