

United States Business Regulations Department

## Mandatory Beneficial Ownership Reporting

Notice ID	7192856					
Respond By	2/29/2024					
Filing Fee	\$117					

▶ Read instructions Below Carefully and Return Completed For

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Filing Fee	\$117

## COMPLETE THE FORM BELOW AND RETURN

Make CHECK or MONEY ORDER payable to: **US Business Regulations Dept.** 

Reporting Entity	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX XXXX XXXX
արդըրդադութիրիրդներերիկորկինի	T#000006

PURSUANT TO THE UNITED STATES CORPORATE TRANSPARENCY ACT, ENACTED BY CONGRESS. US Businesses are required to report their beneficial ownership information. A reporting company is any corporation, limited liability company, or any other entities created by the filing of a document with a secretary of state or any similar office in the United States.

A beneficial owner is an individual who either directly or indirectly: (1) exercises substantial control over the reporting company (President, CEO, COO, CFO, etc.), or (2) owns or controls at least 25% of the reporting company's ownership interests.

EXEMPT ENTITIES: Inactive Entity, Dissolved Entity, 501(c)3 Non Profit.

## PENALTIES FOR NON COMPLIANCE:

Companies who willfully provide false information or neglect to report by the filing deadline can face a civil penalties of up to \$500 for each day that the violation continues or has not been remedied. In addition, they can be fined up to \$10,000 and/or face up to 2 years of imprisonment.

	Reporting Entity Employment Identification Number (EIN							
Type	Submitter Full Name				Title (Select One)  Owner Officer Paid Prepare			
Print	Submitter Phone Number	Submitter Email						
Part I	Beneficial Owners	1			<del></del>	-		
Beneficial	Owner Number 1 - First Name	Mi	ddle Initial	Last N	ame			
Address	ess				Unit, Suite, Room, Etc.			
City			State		Zip Code			
Beneficial	Owner Number 2 - First Name (If None Leave Bl	ank) Mi	ddle Initial	Last N	ame			
Address				Unit, Suite, Room, Etc.				
City	State Zip				Zip Code			
Beneficial	Owner Number 3 - First Name (If None Leave Bi	ank) Mi	ddle Initial	Last N	ame			
Address	- C- E-		-		Unit, Suite, Room, Etc	c. ,		
City	State			Zip Code				
Beneficial	l Owner Number 4 - First Name (If None Leave Bi	lank) Mi	ddle Initial	Last N	ame			
Address					Unit, Suite, Room, Etc.			
City					Zip Code			
Part II	Signature and Payment				· · · · · ·			
Sumbitter				ate (MM/DD/YYYY) Filing Fee \$117		Filing Fee \$117		
Inder penalt omplete. De r false infor	MAKE CHECK OR MONEY ORDER PAYABLE ties of perjury, I declare that I have examined this form, an eclaration of preparer is based on all information of which rmation may lead to fines, sanctions or criminal action. Vis Business Regulations Department to act as your paid p	nd to the be preparer erify all inf	st of my know has any know ormation. You	viedge and ledge. Kno ur signatur	belief, it is true, correct, an owlingly providing misleading is is your acceptance for Th	ng Data		