INTERNAL REVENUE SERVICE

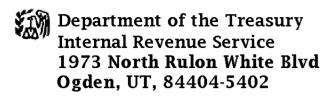


FAX TRANSMISSION Cover Sheet

Date: May 31, 2024	<u> </u>		
To:			
Address/Organization:			
Fax Number: (307) 939-2914		Office Number:	
From: Williams Catera L			
Address/Organization:			
Fax Number:		Office Number:	
N	umber of pages:	2 Including cover page	

Subject:

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In reply refer to: 0448134219 5/31/2024 LTR 147C

YOGESH TRAPASIYA LLC YOGESH TRAPASIYA SOLE MBR 30 N GOULD ST STE R SHERIDAN, WY 82801

Employer Identification Number: 32-0775072

Dear Taxpayer:

Thank you for your inquiry of 5/31/2024.

Your Employer Identification Number (EIN) is 32-0775072. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, you can call 1-800-829-0115. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely, Ms.Williams CSR