Form (Flav, December 2014)
Copartment of the Treasury
Otaxoal Payment Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. D6 not send to the IRS.

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	1 Name (as shown on your income lax return). Name is	required on this line; do not leave Il is line blank,													
	AMERICAN REGISTRY FOR INTERNET	NUMBERS LTD													
ci	2 Business name/disregarded entity name. If different in														
9				v											
page	3 Check appropriate box for federal lax classification; check only one of the following seven boxes:						4 Exemptions (codes apply only to								
6							certain entities, not individuals								
See Spec	single-member LLC					instructions on page 3]: Exempt payee code (if any)									
	Limited #ability company. Enter the tex classification (C=C corporation, S±S corporation, P=partnership) >									-	- Con	_			
	Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line the tax classification of the single-member owner.					Exemption from FATCA reporting									
					code (if any) (Applies to accounts maintained contribe the U.S.)							91			
	Other (see instructions) >				ster's name and address (optional)										
	5 Address (number, street, and apt. or suite no.) PO BOX 232290								n						
	6 City, stale, and ZIP code CENTREVILLE, VA 20120														
	7 List account number(s) here (optional)														
Par	Taxpayer Identification Number	r (TIN)						-							
Enter your TIN In the appropriate box. The TIN provided must match the name given on line 1 to avoid				cial s	ecurity	num	ber								
backup withholding. For individuals, this is generally your social security number (SSN). However, for a															
resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a															
TIN on page 3.															
	tote, if the account is in more than one name, see the instructions for line 1 and the chart on page 4 for					Employer identification number									
guidelines on whose number to enter.						T	1	-	-	-					
•			5	4	-	8	6	0	9	5	G				
Part	Certification				-	_				_					
Towns or other Designation of the Person of	penalties of perjury, I certify that:														
	number shown on this form is my correct taxpaye	or identification number (or I am waiting for a n	umber t	to be	Issue	to n	ne); a	and							
	not subject to backup withholding because; (a) I								mai	Res	renu	е			
Ser	vice (IRS) that I am subject to backup withholding	as a result of a fellure to report all interest or o	lividend	s, or	(c) the	IRS	has r	notifi	ed r	me t	hat f	am			
no	onger subject to backup withholding; and														
3. Lan	a U.S. citizen or other U.S. person (defined below	v): and													
	FATCA code(s) entered on this form (if any) indical		correct	t.											
Cartifi	nation instructions. You must cross out item 2 at	sove if you have been notified by the IRS that	rou are	curre	ntly s	bjec	t to t	pack	up v	with	nold!	ng			
	a court bear a fallent to especial all interest and eligibles.	de en vour les return. Enriceal estate transacti	ons. Iter	m 2 d	oes n	06.10	OIV. I	-or n	ווסמ	qaq	3				
mt menn	and acquisition or abandonment of secured no	narty cancellation of debt, contributions to an	nindivid	ual n	etiremi	ant at	mans	i eu le	arn qu	HVV.	, and				
genera	lly, payments other than interest and dividends, you	ou are not requires to sign the certification, bu	you m	uai p	DVIGO	your	COLL		11174		LI IV				
Sign		/					_	-	-		-	-			
Here	Signature of U.S. person >	Date :	Jur	ne i	b , 2	OT.	/								
	6 (071)	and				- 1									
Part	Remittance and Contact informat	tion		-		_		-		-	-				
Section 1	Tremittance and contact informati	(IOI)			-	-					-				
REM	ITTANCE ADDRESS:														
		CONTACT:													
AYI	MENTS ONLY	transaction of the state of the													
ARIN	1	FINANCIAL SERVICES DEPA	RTM	ENT											
	BOX 759477		PHONE: 703-227-9886												
BAL.	TIMORE, MD 21275-9477	FAX: 703-997-8708													
		FMAIL: BILLING@ARIN NE	т												