

DATA ENTRY FORM (NON-PERSONAL ACCOUNTS)

ENTITY

Legal Designation (Corp; LLC etc.):
State Of Legal Formation:
TIN TYPE- EIN/SSN/ITIN:
Business Name:
Nature of Business:
Business City/State/Zip:
Completion Reason:
Business Website:
Phone Number:
of Locations:
Owner/Designator Information:
Name: RAYMOND S. JAGODZINSKI
Address: 1605 E. CENTRAL RD. 215 B
City/State/Zip: ARLINGTON HEIGHTS, IL. 60005
Phone Number: 847-767-6351
TIN TYPE- SSN/ITIN: 339-36-0946
Date of Birth: 3-23-44
Gender: M
Primary ID Number & Type: ILLINOIS DRIVERS LICENSE
Issue date: 7-30-12
Expiration Date: 3-23-16
Owner/Designator Information:
Name:
Address:
City/State/Zip:
Phone Number:
TIN TYPE- SSN/ITIN:
Date of Birth:
Gender:
Primary ID Number & Type:
Issue date:
Expiration Date:

ILLINOIS

Jesse White • Secretary of State

DRIVER'S LICENSE

80400

Lic. No.: J232-7374-4085

DOB: 03-23-44

Expires: 03-23-16

Issued: 07-30-12

Class: D

End: 03-23-16

Rest: 8

Type: ORG

RAYMOND S JAGODZINSKI

1605 E CENTRAL RD 215B

ARLINGTON HEIGHTS IL 60005

Male

5'06"

255 lbs

BRN Eyes

03-23-44

03-23-16