

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

- Go to www.irs.gov/FormSS4 for instructions and the latest information.
- See separate instructions for each line. ► Keep a copy for your records.

OMB No. 1545-0003

EIN

Type or print clearly.

<p>1 Legal name of entity (or individual) for whom the EIN is being requested C2 Labs Holdings, Inc.</p> <p>2 Trade name of business (if different from name on line 1)</p> <p>4a Mailing address (room, apt., suite no. and street, or P.O. box) 74 East Glenwood Avenue Unit #5903</p> <p>4b City, state, and ZIP code (if foreign, see instructions) Smyrna, DE 19977 United States</p> <p>6 County and state where principal business is located New Castle, Delaware</p> <p>7a Name of responsible party Camila Cruz</p> <p>8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.</p> <p><input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (TIN) _____ <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ► <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Military/National Guard _____ <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative _____ <input type="checkbox"/> Other nonprofit organization (specify) ► <input type="checkbox"/> REMIC _____ <input type="checkbox"/> Other (specify) ► <input type="checkbox"/> State/local government _____ <input type="checkbox"/> _____ <input type="checkbox"/> Federal government _____ <input type="checkbox"/> _____ <input type="checkbox"/> Indian tribal governments/enterprises _____</p> <p>Group Exemption Number (GEN) if any ►</p> <p>9b If a corporation, name the state or foreign country (if applicable) where incorporated State _____ Foreign country _____</p> <p>10 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ► Corporation <input type="checkbox"/> Banking purpose (specify purpose) ► _____ <input type="checkbox"/> Changed type of organization (specify new type) ► _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ► _____ <input type="checkbox"/> Created a trust (specify type) ► _____ <input type="checkbox"/> Created a pension plan (specify type) ► _____</p> <p>11 Date business started or acquired (month, day, year). See instructions. 10/17/2025</p> <p>13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.</p> <table border="1"> <tr> <td>Agricultural</td> <td>Household</td> <td>Other</td> </tr> </table> <p>15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ►</p> <p>16 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) ► Technology</p> <p>17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Software / e-commerce / Internet business</p> <p>18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ►</p> <p>Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.</p> <p>Third Party Designee</p> <table border="1"> <tr> <td>Designee's name Erik Treutlein</td> <td>Designee's telephone number (include area code) 866-767-5850</td> </tr> <tr> <td>Address and ZIP code 10601 Clarence Dr. Suite 250, Frisco TX, 75033 United States</td> <td>Designee's fax number (include area code) 323-978-1998</td> </tr> </table> <p>Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.</p> <p>Name and title (type or print clearly) ► Camila Cruz, Founder</p> <p>Signature ► <i>Camila Cruz</i> Date ► 10/17/2025</p> <p>Applicant's telephone number (include area code)</p> <p>Applicant's fax number (include area code) 323-978-4263</p>		Agricultural	Household	Other	Designee's name Erik Treutlein	Designee's telephone number (include area code) 866-767-5850	Address and ZIP code 10601 Clarence Dr. Suite 250, Frisco TX, 75033 United States	Designee's fax number (include area code) 323-978-1998
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