

**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](http://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.	<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested C2 Labs Holdings, Inc.																		
	<b>2</b> Trade name of business (if different from name on line 1)		<b>3</b> Executor, administrator, trustee, "care of" name																
	<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box) 74 East Glenwood Avenue Unit #5903		<b>5a</b> Street address (if different) (Don't enter a P.O. box.)																
	<b>4b</b> City, state, and ZIP code (if foreign, see instructions) Smyrna, DE 19977 United States		<b>5b</b> City, state, and ZIP code (if foreign, see instructions)																
	<b>6</b> County and state where principal business is located New Castle, Delaware																		
	<b>7a</b> Name of responsible party Camila Cruz		<b>7b</b> SSN, ITIN, or EIN 711-25-5741																
<b>8a</b> Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>8b</b> If 8a is "Yes," enter the number of LLC members . . . . . ▶																
<b>8c</b> If 8a is "Yes," was the LLC organized in the United States? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No																			
<b>9a</b> <b>Type of entity</b> (check only one box). <b>Caution:</b> If 8a is "Yes," see the instructions for the correct box to check. <table border="0"><tr><td><input type="checkbox"/> Sole proprietor (SSN) _____</td><td><input type="checkbox"/> Estate (SSN of decedent) _____</td></tr><tr><td><input type="checkbox"/> Partnership _____</td><td><input type="checkbox"/> Plan administrator (TIN) _____</td></tr><tr><td><input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ _____</td><td><input type="checkbox"/> Trust (TIN of grantor) _____</td></tr><tr><td><input type="checkbox"/> Personal service corporation _____</td><td><input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government</td></tr><tr><td><input type="checkbox"/> Church or church-controlled organization _____</td><td><input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government</td></tr><tr><td><input type="checkbox"/> Other nonprofit organization (specify) ▶ _____</td><td><input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises</td></tr><tr><td><input type="checkbox"/> Other (specify) ▶ _____</td><td>Group Exemption Number (GEN) if any ▶ _____</td></tr></table>				<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"/> State/local government	<input type="checkbox"/> Church or church-controlled organization _____	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government	<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises	<input type="checkbox"/> Other (specify) ▶ _____	Group Exemption Number (GEN) if any ▶ _____		
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<b>9b</b> If a corporation, name the state or foreign country (if applicable) where incorporated		State Delaware	Foreign country																
<b>10</b> <b>Reason for applying</b> (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ <u>Corporation</u>  <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) ▶ _____ <table border="0"><tr><td><input type="checkbox"/> Banking purpose (specify purpose) ▶ _____</td><td><input type="checkbox"/> Changed type of organization (specify new type) ▶ _____</td></tr><tr><td><input type="checkbox"/> Purchased going business</td><td><input type="checkbox"/> Created a trust (specify type) ▶ _____</td></tr><tr><td><input type="checkbox"/> Created a pension plan (specify type) ▶ _____</td><td></td></tr></table>				<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"/> Created a trust (specify type) ▶ _____	<input type="checkbox"/> Created a pension plan (specify type) ▶ _____											
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<b>11</b> Date business started or acquired (month, day, year). See instructions. 10/17/2025		<b>12</b> Closing month of accounting year <u>December</u>																	
<b>13</b> Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. <table border="1"><tr><td>Agricultural</td><td>Household</td><td>Other</td></tr></table>		Agricultural	Household	Other	<b>14</b> If you expect your employment tax liability to be \$1,000 or less in a full calendar year <b>and</b> want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input type="checkbox"/>														
Agricultural	Household	Other																	
<b>15</b> First date wages or annuities were paid (month, day, year). <b>Note:</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) . . . . . ▶																			
<b>16</b> Check <b>one</b> box that best describes the principal activity of your business. <table border="0"><tr><td><input type="checkbox"/> Construction</td><td><input type="checkbox"/> Rental &amp; leasing</td><td><input type="checkbox"/> Transportation &amp; warehousing</td><td><input type="checkbox"/> Health care &amp; social assistance</td><td><input type="checkbox"/> Wholesale-agent/broker</td></tr><tr><td><input type="checkbox"/> Real estate</td><td><input type="checkbox"/> Manufacturing</td><td><input type="checkbox"/> Finance &amp; insurance</td><td><input type="checkbox"/> Accommodation &amp; food service</td><td><input type="checkbox"/> Wholesale-other</td><td><input type="checkbox"/> Retail</td></tr><tr><td colspan="3"><input checked="" type="checkbox"/> Other (specify) ▶ <u>Technology</u></td><td colspan="2"></td></tr></table>				<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) ▶ <u>Technology</u>				
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<b>17</b> Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <u>Software / e-commerce / Internet business</u>																			
<b>18</b> 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 ▶																			
<b>Third Party Designee</b>	Complete this section <b>only</b> if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.																		
	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																
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. Name and title (type or print clearly) ▶ <u>Camila Cruz, Founder</u>			Applicant's telephone number (include area code)																
Signature ▶ <u>Camila Cruz</u>			Applicant's fax number (include area code) 323-978-4263																