

Secretary of State  
P.O. Box 13697  
Austin, TX 78711-3697  
FAX: 512/463-5709

Filing Fee: \$300



**Certificate of Formation  
Limited Liability Company**

**Filed in the Office of the  
Secretary of State of Texas  
Filing #: 806332047 12/04/2025  
Document #: 1539520070002  
Image Generated Electronically  
for Web Filing**

**Article 1 - Entity Name and Type**

The filing entity being formed is a limited liability company. The name of the entity is:

**Heritage Archives, LLC**

**Article 2 – Registered Agent and Registered Office**

☐ A. The initial registered agent is an organization (cannot be company named above) by the name of:

**OR**

☒ B. The initial registered agent is an individual resident of the state whose name is set forth below:

**Name:**

**Matthew Childress**

C. The business address of the registered agent and the registered office address is:

**Street Address:**

**26738 Henson Falls Dr. Katy TX 77494-77494**

**Consent of Registered Agent**

☐ A. A copy of the consent of registered agent is attached.

**OR**

☒ B. The consent of the registered agent is maintained by the entity.

**Article 3 - Governing Authority**

☒ A. The limited liability company is to be managed by managers.

**OR**

☐ B. The limited liability company will not have managers. Management of the company is reserved to the members.

The names and addresses of the governing persons are set forth below:

Manager 1: **Matthew Childress**

Title: **Manager**

Address: **26738 Henson Falls Dr. Katy TX, USA 77494-77494**

**Article 4 - Purpose**

The purpose for which the company is organized is for the transaction of any and all lawful business for which limited liability companies may be organized under the Texas Business Organizations Code.

**Supplemental Provisions / Information**

[The attached addendum, if any, is incorporated herein by reference.]

#### Initial Mailing Address

Address to be used by the Comptroller of Public Accounts for purposes of sending tax information.

The initial mailing address of the filing entity is:

**26738 Henson Falls Dr.  
Katy, TX 77494  
USA**

#### Organizer

The name and address of the organizer are set forth below.

**Matthew Childress      26738 Henson Falls Drive, Katy, TX 77494**

#### Effectiveness of Filing

☐ A. This document becomes effective when the document is filed by the secretary of state.

**OR**

☒ B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is: **December 5, 2025**

#### Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

**Matthew Childress**

Signature of Organizer

FILING OFFICE COPY



This Product Contains Sensitive Taxpayer Data

Request Date: 05-05-2025  
Response Date: 05-05-2025  
Tracking Number: 107976011741

Wage and Income Transcript

SSN Provided: XXX-XX-5153  
Tax Period Requested: December, 2022

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):XXXXX4942  
HILC  
PO BOX

Employee:

Employee's Social Security Number:XXX-XX-5153  
LAZA CORO  
26738

Submission Type:.....Original document  
Wages, Tips and Other Compensation:.....\$173,859.00  
Federal Income Tax Withheld:.....\$26,623.00  
Social Security Wages:.....\$147,000.00  
Social Security Tax Withheld:.....\$9,114.00  
Medicare Wages and Tips:.....\$180,974.00  
Medicare Tax Withheld:.....\$2,624.00  
Social Security Tips:.....\$0.00  
Allocated Tips:.....\$0.00  
Dependent Care Benefits:.....\$0.00  
Deferred Compensation:.....\$7,114.00  
Code "Q" Nontaxable Combat Pay:.....\$0.00  
Code "W" Employer Contributions to a Health Savings Account:.....\$7,200.00  
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation  
plan:.....\$0.00  
Code "Z" Income under section 409A on a nonqualified Deferred Compensation  
plan:.....\$0.00  
Code "R" Employer's Contribution to MSA:.....\$0.00  
Code "S" Employer's Contribution to Simple Account:.....\$0.00  
Code "T" Expenses Incurred for Qualified Adoptions:.....\$0.00  
Code "V" Income from exercise of non-statutory stock options:.....\$0.00  
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....\$0.00  
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....\$0.00  
Code "DD" Cost of Employer-Sponsored Health Coverage:.....\$23,887.00  
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b)  
Plan:.....\$0.00  
Code "FF" Permitted benefits under a qualified small employer health  
reimbursement arrangement:.....\$0.00  
Code "GG" Income from Qualified Equity Grants Under Section 83(i):.....\$0.00  
Code "HH" Aggregate Deferrals Under Section 83(i) Elections as of the Close  
of the Calendar Year:.....\$0.00  
Third Party Sick Pay Indicator:.....Unanswered

Retirement Plan Indicator:.....Yes - retirement plan  
Statutory Employee:.....Not Statutory Employee  
W2 Submission Type:.....Original  
W2 WHC SSN Validation Code:.....Correct SSN

Form 5498 SA

Trustee:

Trustee's Federal Identification Number (FIN):XXXXX3620  
HSA  
605 N

Participant:

Participant's Identification Number:XXX-XX-5153  
LAZA CORO  
26738

Submission Type:.....Original document  
Account Number (Optional):.....XXXXX9733  
MSA Contributions:.....\$0.00  
Current Contributions:.....\$7,200.00  
Future Contributions:.....\$0.00  
Rollover MSA Contributions:.....\$0.00  
MSA Fair Market Value:.....\$1,418.00  
HSA Indicator:.....HSA Box Checked  
Archer MSA Indicator:.....Archer MSA Box Not Checked  
MA MSA Indicator:.....Not Checked

Form 5498 Individual Retirement Arrangement Contribution Information

Trustee:

Trustee/Issuer's Federal Identification Number (FIN):XXXXXX7453  
APEX  
ONE DA

Participant:

Participant's Identification Number:XXX-XX-5153  
LAZA CORO  
26738

Submission Type:.....Amended document  
Account Number (Optional):.....XXXXXX7671  
IRA Contributions:.....\$0.00  
Rollover Contributions:.....\$0.00  
Roth Conversion Amount:.....\$0.00  
Recharacterized Contributions:.....\$0.00  
Fair Market Value of Account:.....\$487.00  
Life Insurance Cost Included in Box 1:.....\$0.00  
SEP Code:.....Not Checked  
IRA Code:.....Not Checked  
Simple Code:.....Not Checked  
Roth IRA Code:.....Checked  
RMD For Subsequent Year:.....RMD box not checked  
RMD Date:.....00-00-0000  
Year:.....  
Postponed Contribution Code:.....  
Repayments Code:.....N/A

Fair Market Value of certain specified assets:.....N/A  
SEP Contributions:.....\$0.00  
SIMPLE Contributions:.....\$0.00  
Roth IRA Contributions:.....\$445.00  
Required Minimum Distribution Amount:.....\$0.00  
Postponed Contributions:.....\$0.00  
Repayment of a qualified reservist distribution or federally designated  
disaster withdrawal repayment:.....\$0.00  
Fair Market Value of Certain Specified Assets:.....\$0.00

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Payer:

Payer's Federal Identification Number (FIN):XXXXX7453  
APEX  
ONE DA

Recipient:

Recipient's Identification Number:XXX-XX-5153  
LAZA CORO  
26738

Submission Type:.....Amended document  
Account Number (Optional):.....XXXXX4741  
Date Sold or Disposed:.....12-15-2022  
CUSIP Number:.....389638107  
Gross Proceeds:.....Nothing checked  
Bartering:.....\$0.00  
Federal Income Tax Withheld:.....\$0.00  
Proceeds:.....\$0.00  
Aggregate Profit or (Loss):.....\$0.00  
Realized Profit or (Loss):.....\$0.00  
Unrealized Profit or (Loss) 12/31 Prior Year:.....\$0.00  
Unrealized Profit or (Loss) 12/31 Current Year:.....\$0.00  
Cost or Basis:.....\$2.00  
Wash Sale Loss Disallowed:.....\$1.00  
Accrued Market Discount Amount:.....\$0.00  
Description:.....GRAYSC  
Second Notice Indicator:.....No Second Notice  
Date Acquired:.....00-00-0000  
Noncovered Security Indicator:.....Nothing checked  
Type of Gain or Loss Code:.....Short-term  
Applicable Check Box on Form 8949:  
Short term transaction for which the cost or other basis is being reported to  
the IRS  
Loss Not Allowed Indicator:.....  
FATCA Filing Requirement:.....Box not checked no Filing Requirement  
Proceeds from:.....Box not checked

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Payer:

Payer's Federal Identification Number (FIN):XXXXX7453  
APEX  
ONE DA

Recipient:

Recipient's Identification Number:XXX-XX-5153  
LAZA CORO  
26738

Submission Type:.....Amended document  
Account Number (Optional):.....XXXXX4742  
Date Sold or Disposed:.....03-31-2022  
CUSIP Number:.....389638107  
Gross Proceeds:.....Nothing checked  
Bartering:.....\$0.00  
Federal Income Tax Withheld:.....\$0.00  
Proceeds:.....\$0.00  
Aggregate Profit or (Loss):.....\$0.00  
Realized Profit or (Loss):.....\$0.00  
Unrealized Profit or (Loss) 12/31 Prior Year:.....\$0.00  
Unrealized Profit or (Loss) 12/31 Current Year:.....\$0.00  
Cost or Basis:.....\$0.00  
Wash Sale Loss Disallowed:.....\$0.00  
Accrued Market Discount Amount:.....\$0.00  
Description:.....GRAYSC  
Second Notice Indicator:.....No Second Notice  
Date Acquired:.....12-17-2021  
Noncovered Security Indicator:...Noncovered Security Basis not reported to IRS  
Type of Gain or Loss Code:.....Short-term  
Applicable Check Box on Form 8949:  
Short term transaction for which the cost or other basis is not being  
reported to the IRS  
Loss Not Allowed Indicator:.....  
FATCA Filing Requirement:.....Box not checked no Filing Requirement  
Proceeds from:.....Box not checked

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Payer:

Payer's Federal Identification Number (FIN):XXXXX7453  
APEX  
ONE DA

Recipient:

Recipient's Identification Number:XXX-XX-5153  
LAZA CORO  
26738

Submission Type:.....Amended document  
Account Number (Optional):.....XXXXX4743  
Date Sold or Disposed:.....12-15-2022  
CUSIP Number:.....389638107  
Gross Proceeds:.....Nothing checked  
Bartering:.....\$0.00  
Federal Income Tax Withheld:.....\$0.00  
Proceeds:.....\$0.00  
Aggregate Profit or (Loss):.....\$0.00  
Realized Profit or (Loss):.....\$0.00  
Unrealized Profit or (Loss) 12/31 Prior Year:.....\$0.00  
Unrealized Profit or (Loss) 12/31 Current Year:.....\$0.00  
Cost or Basis:.....\$4.00  
Wash Sale Loss Disallowed:.....\$4.00  
Accrued Market Discount Amount:.....\$0.00  
Description:.....GRAYSC  
Second Notice Indicator:.....No Second Notice

Date Acquired:.....00-00-0000  
Noncovered Security Indicator:...Noncovered Security Basis not reported to IRS  
Type of Gain or Loss Code:.....Short-term  
Applicable Check Box on Form 8949:  
Short term transaction for which the cost or other basis is not being  
reported to the IRS  
Loss Not Allowed Indicator:.....  
FATCA Filing Requirement:.....Box not checked no Filing Requirement  
Proceeds from:.....Box not checked

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Payer:

Payer's Federal Identification Number (FIN):XXXXX7453  
APEX  
ONE DA

Recipient:

Recipient's Identification Number:XXX-XX-5153  
LAZA CORO  
26738

Submission Type:.....Amended document  
Account Number (Optional):.....XXXXX4744  
Date Sold or Disposed:.....12-15-2022  
CUSIP Number:.....389637109  
Gross Proceeds:.....Nothing checked  
Bartering:.....\$0.00  
Federal Income Tax Withheld:.....\$0.00  
Proceeds:.....\$1.00  
Aggregate Profit or (Loss):.....\$0.00  
Realized Profit or (Loss):.....\$0.00  
Unrealized Profit or (Loss) 12/31 Prior Year:.....\$0.00  
Unrealized Profit or (Loss) 12/31 Current Year:.....\$0.00  
Cost or Basis:.....\$5.00  
Wash Sale Loss Disallowed:.....\$1.00  
Accrued Market Discount Amount:.....\$0.00  
Description:.....GRAYSC  
Second Notice Indicator:.....No Second Notice  
Date Acquired:.....00-00-0000  
Noncovered Security Indicator:.....Nothing checked  
Type of Gain or Loss Code:.....Short-term  
Applicable Check Box on Form 8949:  
Short term transaction for which the cost or other basis is being reported to  
the IRS  
Loss Not Allowed Indicator:.....  
FATCA Filing Requirement:.....Box not checked no Filing Requirement  
Proceeds from:.....Box not checked

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Payer:

Payer's Federal Identification Number (FIN):XXXXX7453  
APEX  
ONE DA

Recipient:

Recipient's Identification Number:XXX-XX-5153  
LAZA CORO  
26738

Submission Type:.....Amended document  
Account Number (Optional):.....XXXXX4745  
Date Sold or Disposed:.....12-15-2022  
CUSIP Number:.....389637109  
Gross Proceeds:.....Nothing checked  
Bartering:.....\$0.00  
Federal Income Tax Withheld:.....\$0.00  
Proceeds:.....\$1.00  
Aggregate Profit or (Loss):.....\$0.00  
Realized Profit or (Loss):.....\$0.00  
Unrealized Profit or (Loss) 12/31 Prior Year:.....\$0.00  
Unrealized Profit or (Loss) 12/31 Current Year:.....\$0.00  
Cost or Basis:.....\$5.00  
Wash Sale Loss Disallowed:.....\$3.00  
Accrued Market Discount Amount:.....\$0.00  
Description:.....GRAYSC  
Second Notice Indicator:.....No Second Notice  
Date Acquired:.....00-00-0000  
Noncovered Security Indicator:...Noncovered Security Basis not reported to IRS  
Type of Gain or Loss Code:.....Short-term  
Applicable Check Box on Form 8949:  
Short term transaction for which the cost or other basis is not being  
reported to the IRS  
Loss Not Allowed Indicator:.....  
FATCA Filing Requirement:.....Box not checked no Filing Requirement  
Proceeds from:.....Box not checked

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Payer:

Payer's Federal Identification Number (FIN):XXXXX7453  
APEX  
ONE DA

Recipient:

Recipient's Identification Number:XXX-XX-5153  
LAZA CORO  
26738

Submission Type:.....Amended document  
Account Number (Optional):.....XXXXX4746  
Date Sold or Disposed:.....12-15-2022  
CUSIP Number:.....46434V613  
Gross Proceeds:.....Nothing checked  
Bartering:.....\$0.00  
Federal Income Tax Withheld:.....\$0.00  
Proceeds:.....\$2.00  
Aggregate Profit or (Loss):.....\$0.00  
Realized Profit or (Loss):.....\$0.00  
Unrealized Profit or (Loss) 12/31 Prior Year:.....\$0.00  
Unrealized Profit or (Loss) 12/31 Current Year:.....\$0.00  
Cost or Basis:.....\$3.00  
Wash Sale Loss Disallowed:.....\$0.00  
Accrued Market Discount Amount:.....\$0.00  
Description:.....ISHARE  
Second Notice Indicator:.....No Second Notice



Date Acquired:.....00-00-0000  
Noncovered Security Indicator:.....Nothing checked  
Type of Gain or Loss Code:.....Long-term  
Applicable Check Box on Form 8949:  
Long term transaction for which the cost or other basis is being reported to  
the IRS  
Loss Not Allowed Indicator:.....  
FATCA Filing Requirement:.....Box not checked no Filing Requirement  
Proceeds from:.....Box not checked

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Payer:

Payer's Federal Identification Number (FIN):XXXXX7453  
APEX  
ONE DA

Recipient:

Recipient's Identification Number:XXX-XX-5153  
LAZA CORO  
26738

Submission Type:.....Amended document  
Account Number (Optional):.....XXXXX4747  
Date Sold or Disposed:.....03-31-2022  
CUSIP Number:.....46434V613  
Gross Proceeds:.....Nothing checked  
Bartering:.....\$0.00  
Federal Income Tax Withheld:.....\$0.00  
Proceeds:.....\$42.00  
Aggregate Profit or (Loss):.....\$0.00  
Realized Profit or (Loss):.....\$0.00  
Unrealized Profit or (Loss) 12/31 Prior Year:.....\$0.00  
Unrealized Profit or (Loss) 12/31 Current Year:.....\$0.00  
Cost or Basis:.....\$46.00  
Wash Sale Loss Disallowed:.....\$0.00  
Accrued Market Discount Amount:.....\$0.00  
Description:.....ISHARE  
Second Notice Indicator:.....No Second Notice  
Date Acquired:.....00-00-0000  
Noncovered Security Indicator:.....Nothing checked  
Type of Gain or Loss Code:.....Short-term  
Applicable Check Box on Form 8949:  
Short term transaction for which the cost or other basis is being reported to  
the IRS  
Loss Not Allowed Indicator:.....  
FATCA Filing Requirement:.....Box not checked no Filing Requirement  
Proceeds from:.....Box not checked

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Payer:

Payer's Federal Identification Number (FIN):XXXXX7453  
APEX  
ONE DA

Recipient:

Recipient's Identification Number:XXX-XX-5153  
LAZA CORO  
26738

Submission Type:.....Amended document  
Account Number (Optional):.....XXXXX5531  
Date Sold or Disposed:.....03-04-2022  
CUSIP Number:.....67020Y100  
Gross Proceeds:.....Nothing checked  
Bartering:.....\$0.00  
Federal Income Tax Withheld:.....\$0.00  
Proceeds:.....\$262.00  
Aggregate Profit or (Loss):.....\$0.00  
Realized Profit or (Loss):.....\$0.00  
Unrealized Profit or (Loss) 12/31 Prior Year:.....\$0.00  
Unrealized Profit or (Loss) 12/31 Current Year:.....\$0.00  
Cost or Basis:.....\$250.00  
Wash Sale Loss Disallowed:.....\$0.00  
Accrued Market Discount Amount:.....\$0.00  
Description:.....NUANCE  
Second Notice Indicator:.....No Second Notice  
Date Acquired:.....04-12-2021  
Noncovered Security Indicator:.....Nothing checked  
Type of Gain or Loss Code:.....Short-term  
Applicable Check Box on Form 8949:  
Short term transaction for which the cost or other basis is being reported to  
the IRS  
Loss Not Allowed Indicator:.....  
FATCA Filing Requirement:.....Box not checked no Filing Requirement  
Proceeds from:.....Box not checked

#### Form 1098 Mortgage Interest Statement

Recipient/Lender:  
Recipient's Federal Identification Number (FIN):XXXXXX7393  
WELL  
1 HOME

Payer/Borrower:  
Payer's Social Security Number:XXX-XX-5153  
LAZA CORO  
26738

Submission Type:.....Original document  
Account Number (Optional):.....XXXXXXXXXX3619  
Mortgage Interest Received from Payer(s)/Borrower(s):.....\$7,106.00  
Points Paid on Purchase of Principal Residence:.....\$0.00  
Refund of Overpaid Interest:.....\$0.00  
Mortgage Insurance Premiums:.....\$0.00  
Outstanding Mortgage Principal:.....\$134,320.00  
Mortgage Origination Date:.....08-20-2009  
Property Address Verification:.....  
Address of property securing Mortgage:.....26738  
Other information from recipient:.....  
The number of mortgaged properties:.....000000000000  
Mortgage Acquisition Date:.....00-00-0000

Form 1099-DIV

Payer:

Payer's Federal Identification Number (FIN):XXXXX7453  
APEX  
ONE DA

Recipient:

Recipient's Identification Number:XXX-XX-5153  
LAZA CORO  
26738

Submission Type:.....Amended document  
Account Number (Optional):.....XXXXX4741  
Tax Withheld:.....\$0.00  
Capital Gains:.....\$0.00  
Non-Dividend Distribution:.....\$0.00  
Cash Liquidation Distribution:.....\$0.00  
Non-Cash Liquidation Distribution:.....\$0.00  
Investment Expense:.....\$0.00  
Ordinary Dividend:.....\$6.00  
Collectibles (28%) Gain:.....\$0.00  
Unrecaptured Section 1250 Gain:.....\$0.00  
Section 1202 Gain:.....\$0.00  
Foreign Tax Paid:.....\$0.00  
Qualified Dividends:.....\$4.00  
Section 199A REIT Dividends:.....\$0.00  
Second Notice Indicator:.....No Second Notice  
FATCA Filing Requirement:.....Box not checked no Filing Requirement  
Exempt Interest Dividends:.....\$0.00  
Specified Private Activity Bond Interest Dividend:.....\$0.00  
Section 897 Ordinary Dividends:.....\$0.00  
Section 897 Capital Gain:.....\$0.00

Form 1099-DIV

Payer:

Payer's Federal Identification Number (FIN):XXXXX7453  
APEX  
ONE DA

Recipient:

Recipient's Identification Number:XXX-XX-5153  
LAZA CORO  
26738

Submission Type:.....Amended document  
Account Number (Optional):.....XXXXX5531  
Tax Withheld:.....\$0.00  
Capital Gains:.....\$0.00  
Non-Dividend Distribution:.....\$14.00  
Cash Liquidation Distribution:.....\$0.00  
Non-Cash Liquidation Distribution:.....\$0.00  
Investment Expense:.....\$0.00  
Ordinary Dividend:.....\$31.00  
Collectibles (28%) Gain:.....\$0.00  
Unrecaptured Section 1250 Gain:.....\$0.00  
Section 1202 Gain:.....\$0.00  
Foreign Tax Paid:.....\$0.00  
Qualified Dividends:.....\$20.00

Section 199A REIT Dividends:.....\$8.00  
Second Notice Indicator:.....No Second Notice  
FATCA Filing Requirement:.....Box not checked no Filing Requirement  
Exempt Interest Dividends:.....\$0.00  
Specified Private Activity Bond Interest Dividend:.....\$0.00  
Section 897 Ordinary Dividends:.....\$0.00  
Section 897 Capital Gain:.....\$0.00

Form 1099-DIV

Payer:

Payer's Federal Identification Number (FIN):XXXXX7453  
APEX  
ONE DA

Recipient:

Recipient's Identification Number:XXX-XX-5153  
LAZA CORO  
26738

Submission Type:.....Original document  
Account Number (Optional):.....XXXXX4741  
Tax Withheld:.....\$0.00  
Capital Gains:.....\$0.00  
Non-Dividend Distribution:.....\$0.00  
Cash Liquidation Distribution:.....\$0.00  
Non-Cash Liquidation Distribution:.....\$0.00  
Investment Expense:.....\$0.00  
Ordinary Dividend:.....\$6.00  
Collectibles (28%) Gain:.....\$0.00  
Unrecaptured Section 1250 Gain:.....\$0.00  
Section 1202 Gain:.....\$0.00  
Foreign Tax Paid:.....\$0.00  
Qualified Dividends:.....\$4.00  
Section 199A REIT Dividends:.....\$0.00  
Second Notice Indicator:.....No Second Notice  
FATCA Filing Requirement:.....Box not checked no Filing Requirement  
Exempt Interest Dividends:.....\$0.00  
Specified Private Activity Bond Interest Dividend:.....\$0.00  
Section 897 Ordinary Dividends:.....\$0.00  
Section 897 Capital Gain:.....\$0.00

Form 1099-SA or 5498-SA

Payer:

Payer's Federal Identification Number (FIN):XXXXX3620  
HSA  
605 N

Recipient:

Recipient's Identification Number:XXX-XX-5153  
LAZA CORO  
26738

Submission Type:.....Original document  
Account Number (Optional):.....XXXX9733  
MSA Distribution Code:.....Normal Distribution

Earnings on Distributive Excess Contributions:.....	\$0.00
MSA Gross Distributions:.....	\$8,498.00
FMV On Date of Death:.....	\$0.00
HSA Indicator:.....	HSA Box Checked
Archer MSA Indicator:.....	Archer MSA Box Not Checked
MA MSA Indicator:.....	Not Checked

This Product Contains Sensitive Taxpayer Data