



Dear David Grossblatt,

**Congratulations on starting your new business!**

We're excited to help you take this big step. Attached are your filed articles and supporting documents for your new company. Please review these carefully for accuracy. If you ordered a Corporate Kit and Seal, you should receive it in about a week.

Below is your Federal Tax ID (or Electronic Identification Number). Please note, you will receive an official letter from the IRS regarding your EIN in the next 2-4 weeks.

**85-3058981**

Rocket Lawyer can help you run and grow your business. Imagine having your own lawyer on retainer 24-7, that's kind of what Rocket Lawyer is like.

A Rocket Lawyer membership gives you affordable access to legal services, including unlimited documents such as bylaws, operating agreements, trademark applications and more. Our simple-to-use, step-by-step interview process allows you to create legal documents that are ready to print, sign and share within minutes. We can also connect you with local, independent attorneys in person, online, or by phone. And because your documents are protected by Document Defense®, you don't have to worry about contract enforcement.

If you don't already have a membership and would like to give us a try, or have questions about Rocket Lawyer, please call us at 800-518-8976 or visit us at [www.rocketlawyer.com](http://www.rocketlawyer.com).

Thanks for choosing Rocket Lawyer! We look forward to helping you as your business grows.

Your Rocket Lawyer Incorporation Team

**BARBARA K. CEGAVSKE**

*Secretary of State*

**KIMBERLEY PERONDI**

*Deputy Secretary for  
Commercial Recordings*

**STATE OF NEVADA**



**OFFICE OF THE  
SECRETARY OF STATE**

*Commercial Recordings Division*

*202 N. Carson Street*

*Carson City, NV 89701*

*Telephone (775) 684-5708*

*Fax (775) 684-7138*

*North Las Vegas City Hall*

*2250 Las Vegas Blvd North, Suite 400*

*North Las Vegas, NV 89030*

*Telephone (702) 486-2880*

*Fax (702) 486-2888*

**Business Entity - Filing Acknowledgement**

09/03/2020

**Work Order Item Number:** W2020090301100 - 803421

**Filing Number:** 20200894604

**Filing Type:** Articles of Organization

**Filing Date/Time:** 09/03/2020 13:50:07 PM

**Filing Page(s):** 2

**Indexed Entity Information:**

**Entity ID:** E8946052020-0

**Entity Name:** Giant Leaf LLC

**Entity Status:** Active

**Expiration Date:** None

Commercial Registered Agent

ROCKET LAWYER CORPORATE SERVICES LLC

318 N CARSON ST #208, Carson City, NV 89701, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

A handwritten signature in black ink that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE

Secretary of State

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**Business Entity - Filing Acknowledgement**

09/03/2020

**Work Order Item Number:** W2020090301100 - 803422

**Filing Number:** 20200894606

**Filing Type:** Initial List

**Filing Date/Time:** 09/03/2020 13:50:08 PM

**Filing Page(s):** 2

**Indexed Entity Information:**

**Entity ID:** E8946052020-0

**Entity Name:** Giant Leaf LLC

**Entity Status:** Active

**Expiration Date:** None

Commercial Registered Agent

ROCKET LAWYER CORPORATE SERVICES LLC

318 N CARSON ST #208, Carson City, NV 89701, USA

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Respectfully,

A handwritten signature in black ink that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE

Secretary of State



**BARBARA K. CEGAVSKE**  
Secretary of State  
202 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)  
[www.nvsilverflume.gov](http://www.nvsilverflume.gov)

Filed in the Office of <i>Barbara K. Cegavske</i> Secretary of State State Of Nevada	Business Number <b>E8946052020-0</b> Filing Number <b>20200894604</b> Filed On <b>09/03/2020 13:50:07 PM</b> Number of Pages <b>2</b>
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## Formation - Limited-Liability Company

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> NRS 86 - Articles of Organization Limited-Liability Company   | <input type="checkbox"/> NRS 86.544 - Registration of Foreign Limited-Liability Company              |
| <input type="checkbox"/> NRS 89 - Articles of Organization Professional Limited-Liability Company | <input type="checkbox"/> NRS 86.555 - Registration of Professional Foreign Limited-Liability Company |

<b>1. Name Being Registered in Nevada:</b> (See instructions)	<b>Giant Leaf LLC</b>
<b>2. Foreign Entity Name:</b> (Name in home jurisdiction)	
<b>3. Jurisdiction of Formation:</b> (Foreign Limited-Liability Companies)	<b>3a) Jurisdiction of formation:</b> <input type="text"/> <b>3b) Date formed:</b> <input type="text"/> <b>3c) I declare this entity is in good standing in the jurisdiction of its formation.</b> <input type="checkbox"/>
<b>4. Registered Agent for Service of Process*:</b> (check only one box)	<input checked="" type="checkbox"/> Commercial Registered Agent (name only below) <input type="checkbox"/> Noncommercial Registered Agent (name and address below) <input type="checkbox"/> Office or position with Entity (title and address below) <div><b>ROCKET LAWYER CORPORATE SERVICES LLC</b> Name of Registered Agent OR Title of Office or Position with Entity <div><input type="text"/> <input type="text"/> Nevada <input type="text"/></div><div>Street Address City Zip Code</div><div><input type="text"/> <input type="text"/> Nevada <input type="text"/></div><div>Mailing Address (If different from street address) City Zip Code</div></div> <div><b>4a. Certificate of Acceptance of Appointment of Registered Agent:</b> <i>I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.</i> <b>X VANESSA CALHOUN</b> <input type="text"/> <b>09/03/2020</b> Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date</div>
<b>5. Management:</b> (Domestic Limited-Liability Companies only)	Company shall be managed by: (check one box) <input type="checkbox"/> Manager(s) OR <input checked="" type="checkbox"/> Member(s)
<b>6. Name and Address of each Manager(s) or Managing Member(s):</b> (NRS 86 and NRS 86.544, see instructions) <b>Name and Address of the Original Manager(s) and Member(s):</b> (NRS 89, see instructions) IMPORTANT: A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing.	<b>1) David Grossblatt</b> Name <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div>Address City State Zip Code</div> <div><b>2244 Foothill Rd Unit 127</b> <b>Genoa</b> <b>NV</b> <b>89411</b></div>
<b>7. Dissolution Date:</b> (Domestic only)	Latest date upon which the company is to dissolve (if existence is not perpetual): <input type="text"/>



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## Formation - Limited-Liability Company

Continued, Page 2

<b>8. Profession to be Practiced:</b> (NRS 89 only)																				
<b>9. Series and/or Restricted Limited-Liability Company:</b> (Optional)	Check box if a Series Limited-Liability Company <input type="checkbox"/> Domestic Limited-Liability Company's only: The Limited-Liability Company is a Restricted Limited-Liability Company <input type="checkbox"/>																			
<b>10. Records Office:</b> (Foreign Limited-Liability Companies)	<table border="1"><tr><td>Address</td><td>City</td><td>State</td><td>Zip code</td></tr><tr><td>Country</td><td colspan="3"></td></tr></table>				Address	City	State	Zip code	Country											
Address	City	State	Zip code																	
Country																				
<b>11. Street Address of Principal Office:</b> (Foreign Limited-Liability Companies)	<table border="1"><tr><td>Address</td><td>City</td><td>State</td><td>Zip code</td></tr><tr><td>Country</td><td colspan="3"></td></tr></table>				Address	City	State	Zip code	Country											
Address	City	State	Zip code																	
Country																				
<b>12. Name, Address and Signature of the Organizer:</b> (NRS 86, NRS 89 - Each Organizer must be a licensed professional.)  <b>Name and Signature of Manager or Member:</b> (NRS 86.544 only)  See instructions	<p>*Foreign Limited-Liability Company - In the event the designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process.</p> <p>I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.</p> <table border="1"><tr><td colspan="2">VANESSA CALHOUN</td><td colspan="2">United States</td></tr><tr><td>Name</td><td colspan="3">Country</td></tr><tr><td>2804 GATEWAY OAKS DR STE 100</td><td>SACRAMENTO</td><td>CA</td><td>95833</td></tr><tr><td>Address</td><td>City</td><td>State</td><td>Zip/Postal Code</td></tr></table> <p>X <u>VANESSA CALHOUN</u> (attach additional page if necessary)</p>				VANESSA CALHOUN		United States		Name	Country			2804 GATEWAY OAKS DR STE 100	SACRAMENTO	CA	95833	Address	City	State	Zip/Postal Code
VANESSA CALHOUN		United States																		
Name	Country																			
2804 GATEWAY OAKS DR STE 100	SACRAMENTO	CA	95833																	
Address	City	State	Zip/Postal Code																	

### AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:

(attach additional page(s) if necessary)



BARBARA K. CEGAVSKE  
Secretary of State  
202 North Carson Street  
Carson City, Nevada 89701-4201  
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# Initial List and State Business License Application

## Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

### Giant Leaf LLC

NAME OF ENTITY

**TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT**

**IMPORTANT:** Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

- ☐ Corporation
- ☐ This corporation is publicly traded, the Central Index Key number is:
- ☐ Nonprofit Corporation (see nonprofit sections below)
- ☒ Limited-Liability Company
- ☐ Limited Partnership
- ☐ Limited-Liability Partnership
- ☐ Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)
- ☐ Business Trust

Filed in the Office of <i>Barbara K. Cegavske</i> Secretary of State State Of Nevada	Business Number <b>E8946052020-0</b> Filing Number <b>20200894606</b> Filed On <b>09/03/2020 13:50:08 PM</b> Number of Pages <b>2</b>
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Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

#### **CHECK ONLY IF APPLICABLE**

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

- ☐ 001 - Governmental Entity
- ☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

**For nonprofit entities formed under NRS chapter 80:** entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming and exemption under 501(c) designation must indicate by checking box below.

- ☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.  
Exemption Code 002

**For nonprofit entities formed under NRS Chapter 81:** entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit \$200.00 for the state business license.

- ☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. §501(c)

#### **For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box**

Does the Organization intend to solicit charitable or tax deductible contributions?

- ☐ No - no additional form is required
- ☐ Yes - the \*Charitable Solicitation Registration Statement\* is required.
- ☐ The Organization claims exemption pursuant to NRS 82A 210 - the \*Exemption From Charitable Solicitation Registration Statement\* is required

**\*\*Failure to include the required statement form will result in rejection of the filing and could result in late fees.\*\***



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## Initial List and State Business License Application - Continued

### Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE MANAGING MEMBER:

David Grossblatt

Name

USA

Country

2244 Foothill Rd Unit 127

Address

Genoa

City

NV

State

89411

Zip/Postal Code

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the office of the Secretary of State.

**X** VANESSA CALHOUN

Signature of Officer, Manager, Managing  
Member, General Partner, Managing Partner,  
Trustee, Member, Owner of Business,  
Partner or Authorized Signer

FORM WILL BE RETURNED IF

UNSIGNED

Organizer

Title

09/03/2020

Date



# SECRETARY OF STATE



## DOMESTIC LIMITED-LIABILITY COMPANY (86) CHARTER

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Giant Leaf LLC** did, on 09/03/2020, file in this office the original Articles of Organization that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/03/2020.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Certificate  
Number: B202009031054790  
You may verify this certificate  
online at <http://www.nvsos.gov>



# SECRETARY OF STATE



## NEVADA STATE BUSINESS LICENSE

Giant Leaf LLC

**Nevada Business Identification # NV20201884488**

**Expiration Date: 09/30/2021**

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

**License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.**



Certificate Number: B202009031054791

You may verify this certificate  
online at <http://www.nvsos.gov>

IN WITNESS WHEREOF, I have hereunto set my  
hand and affixed the Great Seal of State, at my  
office on 09/03/2020.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

**Statement and Resignation by Written Consent of the Organizer of  
Giant Leaf LLC**

The undersigned, being the sole organizer of Giant Leaf LLC a limited liability company filed in the state of NV, adopts the following resolutions by written consent without a meeting, which shall be effective immediately upon the existence of the LLC.

1 David Grossblatt

RESOLVED, that this Written Consent shall be filed in the LLC's minute book by the members.

RESOLVED, that the undersigned resigns as organizer of the LLC and relinquishes any and all control of, authority over, or involvement with the LLC—real or perceived—to the initial member/s of the LLC, effective immediately upon the existence of the LLC.

Signed and executed by the organizer on 09/03/2020.



---

Vanessa Calhoun, Organizer

**EIN Assistant**

Your Progress:

1. Identity ✓

2. Authenticate ✓

3. Addresses ✓

4. Details ✓

**5. EIN Confirmation****Congratulations! The EIN has been successfully assigned.**EIN Assigned: **85-3058981**Legal Name: **GIANT LEAF LLC**

The confirmation letter will be mailed to the applicant. This letter will be the applicant's official IRS notice and will contain important information regarding the EIN. Allow up to 4 weeks for the letter to arrive by mail.

**We strongly recommend you print this page for your records.**

Click "Continue" to get additional information about using the new EIN.

[Continue >>](#)**Help Topics**

[? Can the EIN be used before the confirmation letter is received?](#)

**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 <b>Giant Leaf LLC</b>							
	<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) <b>Same as 5a</b>		<b>5a</b> Street address (if different) (Do not enter a P.O. box.) <b>2244 Foothill Rd Unit 127</b>					
	<b>4b</b> City, state, and ZIP code (if foreign, see instructions) <b>Same as 5b</b>		<b>5b</b> City, state, and ZIP code (if foreign, see instructions) <b>Genoa NV 89411</b>					
	<b>6</b> County and state where principal business is located <b>Douglas NV</b>							
	<b>7a</b> Name of responsible party <b>David Grossblatt</b>		<b>7b</b> SSN, ITIN, or EIN <b>215964031</b>					
	<b>8a</b> Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>8b</b> If 8a is "Yes," enter the number of LLC members <b>1</b>					
	<b>8c</b> If 8a is "Yes," was the LLC organized in the United States? <input checked="" 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. <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ <b>Limited Liability Company (LLC)</b> <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶ _____							
	<b>9b</b> If a corporation, name the state or foreign country (if applicable) where incorporated <b>NV</b>		Foreign country					
<b>10</b> <b>Reason for applying</b> (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>Technology Computer It</b> <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"/> 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) ▶ _____								
<b>11</b> Date business started or acquired (month, day, year). See instructions. <b>09/12/2020</b>		<b>12</b> Closing month of accounting year <b>December</b>						
<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><tr><td><b>0</b></td><td><b>0</b></td><td><b>0</b></td></tr></table>		Agricultural	Household	Other	<b>0</b>	<b>0</b>	<b>0</b>	<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 \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>
Agricultural	Household	Other						
<b>0</b>	<b>0</b>	<b>0</b>						
<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>NA</b>								
<b>16</b> Check <b>one</b> 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 checked="" type="checkbox"/> Other (specify) ▶ <b>Technology Computer It</b> <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail								
<b>17</b> Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>buying and selling on the Internet</b>								
<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 <b>Rocket Lawyer Corporate Services LLC</b> Address and ZIP code <b>182 Howard St #830 San Francisco, CA 94105-1611</b>	Designee's telephone number (include area code) <b>888-628-6759</b> Designee's fax number (include area code)						
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.		Applicant's telephone number (include area code)						
<b>Name and title</b> (type or print clearly) ▶ <b>David Grossblatt</b> <b>Owner</b>		Applicant's fax number (include area code)						
<b>Signature</b> ▶ <i>David Grossblatt</i>		<b>Date</b> ▶ <b>09/14/2020</b>						

## Do I Need an EIN?

File Form SS-4 if the applicant entity does not already have an EIN but is required to show an EIN on any return, statement, or other document.<sup>1</sup> See also the separate instructions for each line on Form SS-4.

IF the applicant...	AND...	THEN...
Started a new business	Does not currently have (nor expect to have) employees	Complete lines 1, 2, 4a–8a, 8b–c (if applicable), 9a, 9b (if applicable), and 10–14 and 16–18.
Hired (or will hire) employees, including household employees	Does not already have an EIN	Complete lines 1, 2, 4a–6, 7a–b (if applicable), 8a, 8b–c (if applicable), 9a, 9b (if applicable), 10–18.
Opened a bank account	Needs an EIN for banking purposes only	Complete lines 1–5b, 7a–b (if applicable), 8a, 8b–c (if applicable), 9a, 9b (if applicable), 10, and 18.
Changed type of organization	Either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership) <sup>2</sup>	Complete lines 1–18 (as applicable).
Purchased a going business <sup>3</sup>	Does not already have an EIN	Complete lines 1–18 (as applicable).
Created a trust	The trust is other than a grantor trust or an IRA trust <sup>4</sup>	Complete lines 1–18 (as applicable).
Created a pension plan as a plan administrator <sup>5</sup>	Needs an EIN for reporting purposes	Complete lines 1, 3, 4a–5b, 9a, 10, and 18.
Is a foreign person needing an EIN to comply with IRS withholding regulations	Needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits <sup>6</sup>	Complete lines 1–5b, 7a–b (SSN or ITIN optional), 8a, 8b–c (if applicable), 9a, 9b (if applicable), 10, and 18.
Is administering an estate	Needs an EIN to report estate income on Form 1041	Complete lines 1–6, 9a, 10–12, 13–17 (if applicable), and 18.
Is a withholding agent for taxes on non-wage income paid to an alien (i.e., individual, corporation, or partnership, etc.)	Is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons	Complete lines 1, 2, 3 (if applicable), 4a–5b, 7a–b (if applicable), 8a, 8b–c (if applicable), 9a, 9b (if applicable), 10, and 18.
Is a state or local agency	Serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581 <sup>7</sup>	Complete lines 1, 2, 4a–5b, 9a, 10, and 18.
Is a single-member LLC (or similar single-member entity)	Needs an EIN to file Form 8832, Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes <sup>8</sup> , or is a foreign-owned U.S. disregarded entity and needs an EIN to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business (Under Sections 6038A and 6038C of the Internal Revenue Code)	Complete lines 1–18 (as applicable).
Is an S corporation	Needs an EIN to file Form 2553, Election by a Small Business Corporation <sup>9</sup>	Complete lines 1–18 (as applicable).

<sup>1</sup> For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity does not have employees.

<sup>2</sup> However, do not apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).

<sup>3</sup> Do not use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

<sup>4</sup> However, grantor trusts that do not file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

<sup>5</sup> A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

<sup>6</sup> Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

<sup>7</sup> See also *Household employer* on page 4 of the instructions. **Note:** State or local agencies may need an EIN for other reasons, for example, hired employees.

<sup>8</sup> See *Disregarded entities* on page 4 of the instructions for details on completing Form SS-4 for an LLC.

<sup>9</sup> An existing corporation that is electing or revoking S corporation status should use its previously-assigned EIN.