Form <b>1099-MISC</b>	CORREC	TED	(if checked) (kee	ep f	or your records)		
PAYER'S name, street address, city, state, ZIP code, and tolophone no. FAIRCARE, U.L.C		1	Rents	ÒI	MB No. 1545-0115		
218 NASSAU BLVD		\$			2011	Miscellaneous	
GARDEN CITY NY 11530		2	Royalties	]	2011		Income
		\$		Fo	orm 1099-MISC	Dopartn	38-2089803 nent of the Treasury IRS
		3	Otherincome	4 Fed. Inc. tax withheld		thheid	Copy B
(917) 832-1705		\$		\$			For Recipient
PAYER'S federal identification number	RECIPIENTS identification number	5	Fishing boat proceeds	6	Medical and health payments	n care	
27-1305075	541-19-1049	\$		\$			
RECIPIENT'S name, address, and ZIP code JEREMY SENN 860 OAK STREET		7	Nonemplayee compensation	8	Substitute paymen of dividends or into	rest This is Important information and being furnished	
ASHLAND OR 97520		\$	9295.00	\$			the Internal Revenue Service, If you are
		8	Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale	10 \$	Crop in≤urance pro	ceeds	required to file a return, a negligence penalty or other sanction may be
		11		12			imposed on you if this income is taxable and the IRS
Account number (see instructions)		13	Excess golden parachute payments	14	Gross proceeds ps attorney	nid to an	determines that it has not been reported.
1		\$		\$			
15a Section 409A defeniale	15b Suction 409A income	16	State tax with held	17	State/Payer's state	no.	18 State income
	_	\$		ļ.,			<u> </u> \$
\$	\$	\$		1			1\$

Form 1099-MISC	C	ORRECTED	(if checked)				
PAYER'S name, street address, city, state, ZIP code, and telephone no. FAIRCARE LLC 218 NASSAU BIVD GARDEN CITY NY 11530		\$	Rents Royalties	оме no. 1545-01 2011		Miscellaneous Income	
		s		Form 1099-MIS	C Departm	58-2099803 Bent of the Treasury IRS	
		3	Otherincome	4 Federal income	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
(917) 832-1705		\$		\$			
PAYER'S federal identification number	RECIPIENT'S Identification	number 5	Fishing boat proceeds	6 Medical and he payments	ealth care	Copy 2	
27-1305075	541-19-10	49 s		\$		To be filed with	
RECIPIENTS name, address, and ZIP code JEREMY SENN 860 OAK STREET ASHLAND OR 97520			Nonemployee compensation	<del>                                     </del>		recipient's state income tax return, when	
		\$	9295.00	\$		required.	
		S	Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale	10 Crop insurance proceeds			
		11		12			
Account number (see instructions)		13	Fxcess golden parachute paymente	14 Gross proceed	a paid to an		
1		\$		\$			
15a Section 409A deforrals	15b Section 400A income	1	State tax withhold	17 State/Payer's	state no.	18 State income	
е.	s	_ <u>s</u>		<del> </del>		\$  s	
S DMISCRO NITEGEZEZO BE	Φ    <b>///SB2</b>	φ.		<u> </u>		<u> </u>	