(Rev. December 2001)

2W9012 1.000

Department of the Treasury

Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line.

► Keep a copy for your records.

EIN 51-0460739

OMB No. 1545-0003

	HOLLY HE	of husin	ness (if different fo	rom name on line	1)	3 E)	ecutor,	trustee, "ca	are of" nar	ne			
E	2 Trade name of business (if different from name on line 1)												
ਤੋਂ	4a Mailing address (room, apt., suite no. and street, or P.O. box)				O. box)	5a Street address (if different) (Do not enter a P.O. box.)							
EL	4667 N.W. BRASSIE PLACE					5b City, state, and ZIP code							
8	45 City, state, and 217 code					ty, state	Idio, and AIF COUC						
8	PORTLAND, OR 97229												
2	6 County and state where principal business is located												
	TILLAMOOK, OREGON To Name of extended officer, general partner granter owner or trustor 7b SSN, ITIN, or EIN										APT		
	78 Name of principal united, general paraticity granted,								1				
يل	RICHARD F. URNOBID							lent)	-				
58	Type of the state							-	- 11				
	Total (CON) of granter							NO ALBORE		1			
	1 di tito di la								ate/local govern	ment			
	A Corporation (enter form number to be most)									deral governme	A.V.		
	Personal service corp.							oope.uvo		dian tribal governm			
	Church or church-controlled organization Other nonprofit organization (specify) Group Exemption Number									362			
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8b		specify) >		ign country	State				Fo	reign co	ountry		
40	To do por action, have a second				OREGON				I/A				
-						nking	purpose	(specify pu	-	Annia de la constanta de la co			
•	Started new business (specify type)					Banking purpose (specify purpose) ► Changed type of organization (specify new type) ►							
	Citation in the contract of th					-		business		,			
							-		()				
F.	Compliance with IRS withholding regulations Created a pension plan (specify type)												
1					Canada								
0	X Other (specify) ► HOME OWNERS ASSOCIATION Date business started or acquired (month, day, year) 11 Closing month									of acco	unting year		
	MARCH 18, 2003 DECEMBER												
12	First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will												
14	first he naid	o nonresid	lent alien. (month	day vear					N/A				
13	### first be paid to nonresident alien. (month, day, year)								icultural	Household	Other		
	expect to have any employees during the period, enter "-0-"										None		
	expect to have	e any emi	Check one box that best describes the principal activity of your business. Health care & social assistance										
A							Health .	are & social	68819 UNITIO		A/L = (===1===1b===	Retail	
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