



Form **5102**
(Rev. December 2023)

Mandatory Beneficial Ownership Reporting

Annual Records Service
274483

► Read instructions Below Carefully and Return Completed Form

| | |
|------------|--------------|
| Notice ID | |
| Respond By | 10/9/2024 |
| Filing Fee | \$119 |

COMPLETE THE FORM BELOW AND RETURN

Make CHECK or MONEY ORDER payable to:
Annual Records Service.

PURSUANT TO THE UNITED STATES CORPORATE TRANSPARENCY ACT, ENACTED BY CONGRESS. US Businesses are required to report their beneficial ownership information. A reporting company is any corporation, limited liability company, or any other entities created by the filing of a document with a secretary of state or any similar office in the United States.

A beneficial owner is an individual who either directly or indirectly: (1) exercises substantial control over the reporting company (President, CEO, COO, CFO, etc.), or (2) owns or controls at least 25% of the reporting company's ownership interests.

EXEMPT ENTITIES: Inactive Entity, Dissolved Entity, 501(c)3 Non Profit.

PENALTIES FOR NON COMPLIANCE:
Companies who willfully provide false information or neglect to report by the filing deadline can face a civil penalties of up to **\$500 for each day** that the violation continues or has not been remedied. In addition, they can be **fined up to \$10,000** and/or face up to **2 years of imprisonment.**

| Reporting Entity | |
|--------------------------------|--|
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|---------------|------------------------|---|
| Type or Print | Reporting Entity | Employment Identification Number (EIN) |
| | Submitter Full Name | Title (Select One) <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Paid Preparer |
| | Submitter Phone Number | Submitter Email |

| Part I Beneficial Owners | | | |
|--|--|-------------------------|-----------|
| Beneficial Owner Number 1 - First Name | | Middle Initial | Last Name |
| Address | | Unit, Suite, Room, Etc. | |
| City | | State | Zip Code |
| Beneficial Owner Number 2 - First Name (If None Leave Blank) | | Middle Initial | Last Name |
| Address | | Unit, Suite, Room, Etc. | |
| City | | State | Zip Code |
| Beneficial Owner Number 3 - First Name (If None Leave Blank) | | Middle Initial | Last Name |
| Address | | Unit, Suite, Room, Etc. | |
| City | | State | Zip Code |
| Beneficial Owner Number 4 - First Name (If None Leave Blank) | | Middle Initial | Last Name |
| Address | | Unit, Suite, Room, Etc. | |
| City | | State | Zip Code |

| Part II Signature and Payment | | |
|-------------------------------|------------------------------|-------------------------|
| Submitter Signature | Date (MM/DD/YYYY) 10/6/24 | Filing Fee \$119 |

MAKE CHECK OR MONEY ORDER PAYABLE TO: Annual Records Service.

Under penalties of perjury, I declare that I have examined this form, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge. Knowingly providing misleading or false information may lead to fines, sanctions or criminal action. Verify all information. Your signature is your acceptance for The Annual Records Service to act as your paid preparer to file this BOI on your behalf

