

Notice ID	
Respond By	1/30/2025
Filing Fee	<b>\$119</b>

▶ Read instructions Below Carefully and Return Completed Form

**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

102**2**29494*****ALL FOR AADC 856




Type or Print	Reporting Entity	Employment Identification Number (EIN)
	Submitter Full Name	Title (Select One) <input 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 (M/M/YY)	Filing Fee <b>\$119</b>

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

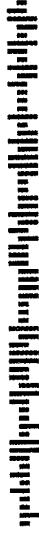
Under penalties of perjury, I declare that I have examined this form, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge. Knowingly providing misleading or false information may lead to 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.

For Internal Use Only:



PLACE  
STAMP  
HERE

ANNUAL RECORDS SERVICE  
1030 15TH ST NW #366  
WASHINGTON DC 20005-1503



Presorted  
First-Class Mail  
U.S. Postage Paid  
Permit #34