



Mandatory Beneficial Ownership Reporting

▶ Read Instructions Below Carefully and Return Completed Form

Notice ID	
Respond By	10/16/202
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	
13**5**3330*****MIXED AADC 270	

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 (MM/DD/YYYY)
		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.

