

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90168 031 \*\*\*\*\*50.00

**DOCUMENT #** L01000020944

1. Entity Name

PINNACLE CAPITAL HOLDING, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

11108 Poplar Ridge Road

Suite, Apt. #, etc.

3. Mailing Address

11108 Poplar Ridge Road

Suite, Apt. #, etc.

**B0049612**

DO NOT WRITE IN THIS SPACE

City & State

Knoxville, TN

City & State

Knoxville, TN

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

37932

USA

Zip

Country

37932

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

**FL**

Zip Code

33324

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Member  
John Shoffner  
11108 Poplar Ridge Road  
Knoxville, TN 37932

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

02-28-02 (865) 690-9211

CR2E083B (12/01)

Form **SS-4**(Rev. April 2000)  
Department of the Treasury  
Internal Revenue Service**Attachment**  
**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)▶ **Keep a copy for your records.**

EIN

OMB No. 1545-0003

Please type or print clearly.

**1** Name of applicant (legal name) (see instructions)

Pinnacle Capital Holding, LLC

**2** Trade name of business (if different from name on line 1)**3** Executor, trustee, "care of" name**4a** Mailing address (street address) (room, apt., or suite no.)

11108 Poplar Ridge Road

**5a** Business address (if different from address on lines 4a and 4b)**4b** City, state, and ZIP code

Knoxville, Tennessee 37932

**5b** City, state, and ZIP code**6** County and state where principal business is located

Knoxville, Tennessee

**7** Name of principal officer, general partner, grantor, owner, or trustee — SSN or ITIN may be required (see instructions) ▶ 400-84-1849

John Shoffner

**8a** Type of entity (Check only one box.) (see instructions)**Caution:** If applicant is a limited liability company, see the instructions for line 8a.☐ Sole proprietor (SSN)☒ Partnership☐ Personal service corp.☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☐ REMIC☐ National Guard☐ Other corporation (specify) ▶☐ State/local government☐ Farmers' cooperative☐ Trust☐ Church or church-controlled organization☐ Federal government/military☐ Other nonprofit organization (specify) ▶

(enter GEN if applicable)

☐ Other (specify) ▶**8b** If a corporation, name the state or foreign country  
(if applicable) where incorporated

State

Florida

Foreign country

**9** Reason for applying (Check only one box.) (see instructions)☒ Started new business (specify type) ▶ LLC☐ Banking purpose (specify purpose) ▶☐ Changed type of organization (specify new type) ▶☐ Hired employees (Check the box and see line 12.)☐ Purchased going business☐ Created a pension plan (specify type) ▶☐ Created a trust (specify type) ▶☐ Other (specify) ▶**10** Date business started or acquired (month, day, year) (see instructions)

November 30, 2001

**11** Closing month of accounting year (see instructions)

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 first be paid to nonresident alien. (month, day, year) ▶**13** Highest number of employees expected in the next 12 months. **Note:** If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ▶Nonagricultural  
0Agricultural  
0Household  
0**14** Principal activity (see instructions) ▶ Hold real estate**15** Is the principal business activity manufacturing? ▶☐ Yes☒ No

If "Yes," principal product and raw material used ▶

**16** To whom are most of the products or services sold? Please check one box.☐ Public (retail)☐ Other (specify) ▶☐ Business (wholesale)☒ N/A**17a** Has the applicant ever applied for an employer identification number for this or any other business? ▶ ☐ Yes ☒ No**Note:** If "Yes," please complete lines 17b and 17c.**17b** If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶

Trade name ▶

**17c** Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(502) 589-1000

Fax telephone number (include area code)

(502) 562-2200

Name and title (Please type or print clearly.) ▶ John Shoffner, Member

Signature ▶

Date ▶ 2/22/2002**Note:** Do not write below this line. For official use only.Please leave  
blank ▶

Geo.

Ind.

Class

Size

Reason for applying

Attachment

H L01 000620441

Form **2848**

(Rev. December 1997)

Department of the Treasury  
Internal Revenue Service**Power of Attorney  
and Declaration of Representative**

▶ See the separate instructions.

OMB No. 1545-0150

For IRS Use Only

Received by:

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Function \_\_\_\_\_

Date \_\_\_\_\_

**Part I** Power of Attorney (Please type or print.)**1 Taxpayer information** (Taxpayer(s) must sign and date this form on page 2, line 9.)

Taxpayer name(s) and address

Pinnacle Capital Holding, LLC

11108 Poplar Ridge Road

Knoxville, Tennessee 37932

Social security number(s)

400-84-1849

Employer identification number

Daytime telephone number

(865) 690-9211

Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

**2 Representative(s)** (Representative(s) must sign and date this form on page 2, Part II.)

Name and address

Reed Weitkamp Schell &amp; Vice PLLC

500 West Jefferson Street, Suite 2400

Louisville, KY 40202

CAF No. 3205-00855R

Telephone No. (502) 589-1000

Fax No. (502) 562-2200

Check if new: Address ☐Telephone No. ☐

Name and address

Reed Weitkamp Schell &amp; Vice

500 West Jefferson Street, Suite 2400

Louisville, KY 40202

CAF No. None

Telephone No. (502) 589-1000

Fax No. (502) 562-2200

Check if new: Address ☐Telephone No. ☐

Name and address

CAF No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Check if new: Address ☐Telephone No. ☐

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

**3 Tax matters**

Type of Tax (Income, Employment, Excise, etc.)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s)
N/A	Form SS-4	N/A

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. (See instruction for Line 4 — Specific uses not recorded on CAF.) ..... ▶ ☐**5 Acts authorized.** The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative unless specifically added below, or the power to sign certain returns (see instruction for Line 5 — Acts authorized).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: \_\_\_\_\_

**Note:** In general, an unenrolled preparer of tax returns cannot sign any document for a taxpayer. See Revenue Procedure 81-38, printed as Pub. 470, for more information.**Note:** The tax matters partner of a partnership is not permitted to authorize representatives to perform certain acts. See the instructions for more information.**6 Receipt of refund checks.** If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here \_\_\_\_\_ and list the name of that representative below.

Name of representative to receive refund check(s) ▶ \_\_\_\_\_

For Paperwork Reduction and Privacy Act Notice, see the separate instructions.

Form **2848** (Rev. 12-97)

Attachment

B0049612

#L01000670844


**7 Notices and communications.** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2 unless you check one or more of the boxes below.

- a If you want the first representative listed on line 2 to receive the original, and yourself a copy, of such notices or communications, check this box ☒
- b If you also want the second representative listed to receive a copy of such notices and communications, check this box ☐
- c If you do not want any notices or communications sent to your representative(s), check this box ☐

**8 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here ☒  
**YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

**9 Signature of taxpayer(s).** If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

► IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.

  
 Signature \_\_\_\_\_ Date 2/22/2002 Member \_\_\_\_\_  
 John Shoffner \_\_\_\_\_ Title (if applicable) \_\_\_\_\_  
 Print Name

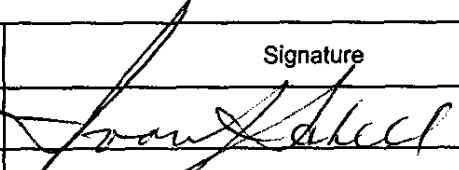
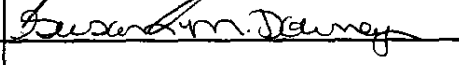
Signature \_\_\_\_\_ Date \_\_\_\_\_ Title (if applicable) \_\_\_\_\_  
 Print Name \_\_\_\_\_

## Part II Declaration of Representative

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
  - a Attorney — a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b Certified Public Accountant — duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c Enrolled Agent — enrolled as an agent under the requirements of Treasury Department Circular No. 230.
  - d Officer — a bona fide officer of the taxpayer's organization.
  - e Full-Time Employee — a full-time employee of the taxpayer.
  - f Family Member — a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
  - g Enrolled Actuary — enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d)(1) of Treasury Department Circular No. 230).
  - h Unenrolled Return Preparer — an unenrolled return preparer under section 10.7(c)(viii) of Treasury Department Circular No. 230.

► IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.

Designation — Insert above letter (a - h)	Jurisdiction (state) or Enrollment Card No.	Signature	Date
A	KY		2/22/2002
H	KY		2/22/2002