

L10000044031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

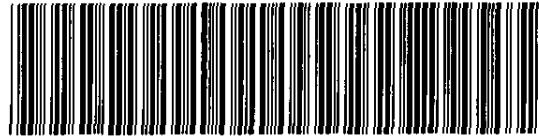
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EIN #

03-10-2011

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Detail by Entity Name

Florida Limited Liability Company

MOTHER EARTH STONE, LLC

Filing Information

Document Number L10000044031

| | |
|----------------|----------------------------|
| FEI/EIN Number | NONE 27-2588625 |
| Date Filed | 04/23/2010 |
| State | FL |
| Status | ACTIVE |

Principal Address

471 ARUBA COURT
SATELLITE BEACH FL 32937

Mailing Address

471 ARUBA COURT
SATELLITE BEACH FL 32937

Registered Agent Name & Address

GERKEN, ALFRED F
471 ARUBA COURT
SATELLITE BEACH FL 32937

Manager/Member Detail

Name & Address

Title MGR

GERKEN, ALFRED F JR.
471 ARUBA COURT
SATELLITE BEACH FL 32937

Title MGRM

KLOTZ, JEFF
1265 HOWELL DRIVE NORTH
NEWARK OH 43055

Title MGRM

LENNON, GOBIAS
563 LINNVILLE ROAD
HEATH OH 43056

Title MGRM

PYLE, TRENT
P.O. BOX 825
CALHOUN LA 71225



Employer Identification Number Verification Form

Note: Form must be accompanied by a completed 8821.

The IRS Practitioner Priority Service hotline (866-860-4259) can be used to confirm a taxpayer's EIN **verbally**. Make every attempt to procure alternate sources of federal documentation. This includes having the client contact the IRS directly in order to receive a federal document.

For extreme cases where it is not possible to obtain any form of documentation, Taxpay[®] will accept new loads without federal documentation, as long as there is a documented conversation with the IRS. The documented conversation should include the name and badge ID number of the IRS representative that verified the client's EIN number, name, and address.

All fields are required.

Client's Employer Identification Number 27-2588625

Client's Legal Name Mother Earth Stone LLC

DBA _____

Client's Legal Address 471 Aruba Ct

Satellite Bch FL 32937

IRS EE Name Miss Weber

IRS EE Badge ID# 10001460486

Dick Pangburn

Sales Representative or Designee Name (Printed)

Wangke Sirdal

Sales Representative or Designee Signature

Verification Date 3 / 1 / 14

Verification Time 10 : 25 AM/PM

Type of Filer: 941 / 943 / 944

Seasonal Employer: Y or (N)