

P10000045685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

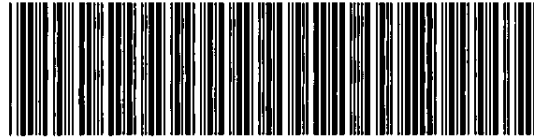
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900181212039

SP 6/7

FEI

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

OMB No. 1545-0003

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

27-2610096

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested Lanal Ventures, Inc																	
	2 Trade name of business (if different from name on line 1)		3 Executor, administrator, trustee, "care of" name Bryan E Johns															
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 5209 Lanai Dr.		5a Street address (if different) (Do not enter a P.O. box.)															
	4b City, state, and ZIP code (if foreign, see instructions) Orlando, FL 32812		5b City, state, and ZIP code (if foreign, see instructions)															
	6 County and state where principal business is located Orange, FL																	
	7a Name of responsible party Bryan E Johns		7b SSN, ITIN, or EIN															
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? ☐ Yes ☒ No																		
8b If 8a is "Yes," enter the number of LLC members																		
8c If 8a is "Yes," was the LLC organized in the United States? ☐ Yes ☐ No																		
9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check. <table border="0"><tr><td>☐ Sole proprietor (SSN)</td><td>☐ Estate (SSN of decedent)</td></tr><tr><td>☐ Partnership</td><td>☐ Plan administrator (TIN)</td></tr><tr><td>☐ Corporation (enter form number to be filed) ▶</td><td>☐ Trust (TIN of grantor)</td></tr><tr><td>☐ Personal service corporation</td><td>☐ National Guard ☐ State/local government</td></tr><tr><td>☐ Church or church-controlled organization</td><td>☐ Farmers' cooperative ☐ Federal government/military</td></tr><tr><td>☐ Other nonprofit organization (specify) ▶</td><td>☐ REMIC ☐ Indian tribal governments/enterprises</td></tr><tr><td>☒ Other (specify) ▶ Single-member</td><td colspan="2">Group Exemption Number (GEN) if any ▶</td></tr></table>				☐ Sole proprietor (SSN)	☐ Estate (SSN of decedent)	☐ Partnership	☐ Plan administrator (TIN)	☐ Corporation (enter form number to be filed) ▶	☐ Trust (TIN of grantor)	☐ Personal service corporation	☐ National Guard ☐ State/local government	☐ Church or church-controlled organization	☐ Farmers' cooperative ☐ Federal government/military	☐ Other nonprofit organization (specify) ▶	☐ REMIC ☐ Indian tribal governments/enterprises	☒ Other (specify) ▶ Single-member	Group Exemption Number (GEN) if any ▶	
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9b If a corporation, name the state or foreign country (if applicable) where incorporated FL		Foreign country																
10 Reason for applying (check only one box) <table border="0"><tr><td>☒ Started new business (specify type) ▶ E-commerce</td><td>☐ Banking purpose (specify purpose) ▶</td></tr><tr><td>☐ Hired employees (Check the box and see line 13.)</td><td>☐ Changed type of organization (specify new type) ▶</td></tr><tr><td>☐ Compliance with IRS withholding regulations</td><td>☐ Purchased going business</td></tr><tr><td>☐ Other (specify) ▶</td><td>☐ Created a trust (specify type) ▶</td></tr><tr><td></td><td>☐ Created a pension plan (specify type) ▶</td></tr></table>				☒ Started new business (specify type) ▶ E-commerce	☐ Banking purpose (specify purpose) ▶	☐ Hired employees (Check the box and see line 13.)	☐ Changed type of organization (specify new type) ▶	☐ Compliance with IRS withholding regulations	☐ Purchased going business	☐ Other (specify) ▶	☐ Created a trust (specify type) ▶		☐ Created a pension plan (specify type) ▶					
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	☐ Created a pension plan (specify type) ▶																	
11 Date business started or acquired (month, day, year). See instructions. May 19, 2010		12 Closing month of accounting year December																
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. <table border="1"><tr><td>Agricultural</td><td>Household</td><td>Other</td></tr></table>		Agricultural	Household	Other	14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. ☐													
Agricultural	Household	Other																
15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year). May 31, 2010																		
16 Check one box that best describes the principal activity of your business. <table border="0"><tr><td>☐ Construction</td><td>☐ Rental & leasing</td><td>☐ Transportation & warehousing</td><td>☐ Health care & social assistance</td><td>☐ Wholesale-agent/broker</td></tr><tr><td>☐ Real estate</td><td>☐ Manufacturing</td><td>☐ Finance & insurance</td><td>☐ Accommodation & food service</td><td>☐ Wholesale-other</td></tr><tr><td colspan="3">☒ Other (specify) E-commerce</td><td>☐ Retail</td><td></td></tr></table>				☐ Construction	☐ Rental & leasing	☐ Transportation & warehousing	☐ Health care & social assistance	☐ Wholesale-agent/broker	☐ Real estate	☐ Manufacturing	☐ Finance & insurance	☐ Accommodation & food service	☐ Wholesale-other	☒ Other (specify) E-commerce			☐ Retail	
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17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Online Products and Services																		
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? ☐ Yes ☒ No If "Yes," write previous EIN here ▶																		

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name Precision Corporate Services LLC Dusty Reynolds	Designee's telephone number (include area code) (888) 656-1293
	Address and ZIP code 1664 South Dixie Dr. Ste G102 St. George, UT 84770	Designee's fax number (include area code) ()
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.		Applicant's telephone number (include area code) (407) 375-7479
Name and title (type or print clearly) ▶ Bryan E Johns		Applicant's fax number (include area code) ()
Signature ▶ <i>Bryan E Johns</i>		Date ▶ 6-2-10