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For Paperwork Reduction Act Notice, see attached instructions.

Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions

OMB No. 1545-0003

Department of the Treasury before com	pleting this	form.) Please	type or print clea	rly.		Expires 7-31-	91
Name of applicant (True legal name) (See instructions	.)						
Waldo Road, Inc.				•			
2 Trade name of business, if different from name in line	1	3 Exe	cutor, trustee, "care	e of name"			
•							
4a Mailing address (street address) (room, apt., or suite n	o.)	5a Add	ress of business. (S	ee instruction	วกร.)		T
P.O. Box 140845	. ,		North Mai				
4b City, state, and ZIP code			state, and ZIP cod				
Gainesville, FL 32614		1 -	ldo, FL				
6 County and state where principal business is located							
Alachua County, Florida			-				
7 Name of principal officer, grantor, or general partner. (S Dan Prins, President	See instructio	ns.) ►				`	
8a Type of entity (Check only one box.) (See instructions.)		Estate	• •			□ Trust	
Individual SSN	Ç	Plan admin	istrator SSN	<u> </u>	- -	☐ Partne	rship
☐ REMIC ☐ Personal service	corp. X🗵	Other corp.	oration (specify)	sinclau	adry:		rs_cooperative
☐ State/local government ☐ National guard—	E	Federal gov	er ment/military	C	hurch or cl	nurch controlic	ed organization
Other nonprofit organization (specify)		if no	nprofit organizatio	n enter GEN	l (ii applica	ble)	
☐ Other (specify) ►							
	14 :			l Cr-v-			
8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated ▶	Foreign cou	untry		State	T-1 -		
applicable) or state in the 0.5. where incorporated	<u>i</u>			i	011	rida	
Reason for applying (Check only one box)		Changed ty	pe of organization ((specify) ►_			
Started new business		Purchased	going business			;	
Hired employees -		Created a t	rust (specify) 🕨			* 1 3 5 5 5	
☐ Created a pension plan (specify type) ►					-	14 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
☐ Eanking purpose (specify) ►							a instructions
Date business started or acquired (Mo., day, year) (See	instructions.)	1	_		nting year. (Se	ee instructions.)
Oct. 18, 1999				ember		Stranger Comment	Simple be pointed
First date wages or annuities were paid or will be paid (nonresident alien. (Mo., aay, year).	· · · ·			. ▶	- 30	3伦铁器4	Household
3 Enter highest number of employees expected in the nex expect to have any employees during the period, enter	°0."	<u> </u>		. ▶ 0	<u> </u>	Agricultural 0	0
4 Does the applicant operate more than one place of businf "Yes," enter name of business. ►						. [] Yes	*[2¥ No .
5 Principal activity or service (See instructions.) ▶ 2	<u> </u>	XXXXX	<u>coin laun</u>				
5 Is the principal business activity manufacturing? If "Yes," principal product and raw material used						. Yes	X[X No
7 To whom are most of the products or services sold? Ple		e appropriate	box.	□ 8	usiness (w	holesale)	["] N/A
☑ Public (retail) ☐ Other (specify)						77 7 77	A.A. V.
Ba Has the applicant ever applied for an identification num Note: If "Yes," please complete lines 18b and 18c.	ber for this o	r anv other bu	isiness?.			· 🗆 Yes	<u>ቶ</u> No
Bb If you checked the "Yes" box in line 18a, give applica-	nt's true nam	e and trade n	ame, if different tha	an name sho	own on pric	ir application.	
True name 🕨			name 🕨			·———	
Bc Enter approximate date, city, and state where the approximate date when filed (Mo., day, year) City and st	olication was tate where filed		previous employer i	dentificatio	Previous E		
nder penalties of perjury, 1 declare that I have examined this application, and to	o the best of my k	nowledge and beli	ef it is true, correct, and o	complete	Telephone	number (includ	e area code)
	,						
lame and title (Please type disprint clearly) > Dan Pri	ns, Pr	esiden	<u>t</u>		(35)	∠/ 335 -	-1: 730
ignature > and her				Date	· 11/	16/99	
	not write belo	w this line.	For official use only	· · · · · · · · · · · · · · · · · · ·			
Please leave Geo Ind			ass	Size	Reason for	applying	
or Paperwork Reduction Act Notice, see attached instru	ections	**, S. fac	curnment Printing 014	1/0: 1484-262	1	Form SS	-4 (Rev 8-89