

## Application for Employer Identification Number

I authorize Michael L. Stuck, CPA to apply for and receive the EIN on my behalf, according to the process below:

1. The taxpayer must sign a completed Form SS-4 (Application for Employer Identification Number), including the third party designee section, prior to the third party making the online application. A copy of the signed Form SS-4 must be retained in the third party's files.
2. The taxpayer must read and sign the statement that he/she understands that he/she is authorizing the third party to apply for and receive the EIN on his or her behalf, and to answer the questions about the completion of the form. A copy of the signed statement must be retained in the third party's files.
3. The assigned EIN will be disclosed to the third party upon successful completion of the online application.
4. The taxpayer will receive a computer-generated notice from the IRS stating that the EIN was assigned.

Name:

HAL ADAMS

Signature:



Date:

20 FEB 17



# Application for Employer Identification Number

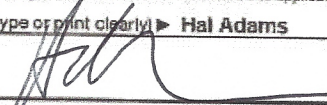
(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)  
 ▶ Go to [www.irs.gov/FormSS4](http://www.irs.gov/FormSS4) for instructions and the latest information.  
 ▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested <b>AviaGlobal Group, LLC</b>		
2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name	
4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>33210 North 12th Street</b>	5a Street address (if different) (Do not enter a P.O. box.)	
4b City, state, and ZIP code (if foreign, see instructions) <b>Phoenix, AZ 85085</b>	5b City, state, and ZIP code (if foreign, see instructions)	
6 County and state where principal business is located <b>MARICOPA, ARIZONA</b>		
7a Name of responsible party <b>Hal Adams</b>	7b SSN, ITIN, or EIN <b>341-38-3800</b>	
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members <b>3</b>
8c If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.		
<input type="checkbox"/> Sole proprietor (SSN) _____ <input checked="" type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____		
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises		
9b If a corporation, name the state or foreign country (if applicable) where incorporated		
State	Foreign country	
10 Reason for applying (check only one box)		
<input checked="" type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) _____ <input type="checkbox"/> Compliance with IRS withholding regulations _____ <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____		
11 Date business started or acquired (month, day, year). See instructions. <b>2-20-19</b>		12 Closing month of accounting year <b>DECEMBER</b>
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.		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. <input type="checkbox"/>
Agricultural	Household	
0	0	0
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) <b>n/a</b>		
16 Check one box that best describes the principal activity of your business.		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) ▶ <b>Professional, Scientific &amp; Technical</b>		
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>Aviation</b>		
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶		

<b>Third Party Designee</b>	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 <b>MICHAEL L STUCK CPA</b>	Designee's telephone number (include area code) <b>480-607-1084</b>
	Address and ZIP code <b>14300 N NORTHSIGHT BLVD STE 209 SCOTTSDALE, AZ 85260</b>	Designee's fax number (include area code) <b>480-607-1089</b>
	Name and title (type or print clearly) ▶ <b>Hal Adams</b>	Applicant's telephone number (include area code) <b>623-434-1750</b>
Signature ▶ 	Date ▶ <b>20 Feb 2019</b>	Applicant's fax number (include area code)