

Application for Employer Identification Number

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

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

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested CYDF USA, Inc.		3 Executor, administrator, trustee, "care of" name
	2 Trade name of business (if different from name on line 1)	5a Street address (if different) (Do not enter a P.O. box.)	
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 936 Vienna Street	5b City, state, and ZIP code (if foreign, see instructions)	
	4b City, state, and ZIP code (if foreign, see instructions) San Francisco, CA 94112	6 County and state where principal business is located San Francisco, California	
	7a Name of principal officer, general partner, grantor, owner, or trustee Antonio M. Mendoza	7b SSN, ITIN, or EIN	
	8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input 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 type="checkbox"/> Estate (SSN of decedent) _____	
<input type="checkbox"/> Partnership		<input type="checkbox"/> Plan administrator (TIN) _____	
<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____		<input type="checkbox"/> Trust (TIN of grantor) _____	
<input type="checkbox"/> Personal service corporation		<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government	
<input type="checkbox"/> Church or church-controlled organization		<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military	
<input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ Churchable.		<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises	
<input type="checkbox"/> Other (specify) ▶ _____		Group Exemption Number (GEN) if any ▶ _____	
9b If a corporation, name the state or foreign country (if applicable) where incorporated	State CA	Foreign country	
10 Reason for applying (check only one box)			
<input checked="" type="checkbox"/> Started new business (specify type) ▶ See Above.		<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____	
<input type="checkbox"/> Hired employees (Check the box and see line 13.)		<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____	
<input type="checkbox"/> Compliance with IRS withholding regulations		<input type="checkbox"/> Purchased going business	
<input type="checkbox"/> Other (specify) ▶ _____		<input type="checkbox"/> Created a trust (specify type) ▶ _____	
<input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
11 Date business started or acquired (month, day, year). See instructions. 4/29/08		12 Closing month of accounting year (12)	
13 Highest number of employees expected in the next 12 months (enter -0- if none).			14 Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")
Agricultural 0	Household 0	Other 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) ▶ N/A			
16 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction		<input type="checkbox"/> Health care & social assistance	
<input type="checkbox"/> Rental & leasing		<input type="checkbox"/> Accommodation & food service	
<input type="checkbox"/> Transportation & warehousing		<input type="checkbox"/> Wholesale-agent/broker	
<input type="checkbox"/> Real estate		<input type="checkbox"/> Wholesale-other	
<input type="checkbox"/> Manufacturing		<input checked="" type="checkbox"/> Other (specify) NP services.	
<input type="checkbox"/> Finance & insurance		<input type="checkbox"/> Retail	
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.			
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> 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 Thomas Wrobel	Designee's telephone number (include area code) (415) 928-4161	
	Address and ZIP code 870 Market St. #645, SF, CA	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)
Name and title (type or print clearly) ▶ Antonio M. Mendoza			()
Signature ▶ A. Mendoza			Applicant's fax number (include area code)
Date ▶ 22 May 08			()