

BENEFICIAL OWNERSHIP INFORMATION REPORT FORM

Dear Client,

Please fill out the following information accurately. Any missing information might require you to re-fil if not accepted by FinCEN.

1. Type of Filing:

- a. Initial Report
- b. Correct prior report
- c. Update prior report
- d. Newly exempt entity

2. Date prepared this form: _____

3. Request to receive FinCen ID

Yes

No

4. Foreign pooled investment vehicle

Yes

No

5. Reporting Company Legal Name _____

6. Alternate Name (e.g. trade name, DBA) _____

7. Tax Identification Type (e.g. EIN, SS#) _____

8. Tax Identification Number/Social Security Number _____

9. Country Jurisdiction (if foreign tax ID only) _____

10. Jurisdiction of formation or first registration:

a. Country/Jurisdiction of Formation _____

b. State of Formation _____

c. Tribal jurisdiction or formation (optional) _____

d. Name of the other Tribe (optional) _____

11. Current Address _____

12. City _____ 13. State _____ 14. Zip Code _____

Existing report company (check if existing reporting company as of January 1, 2024)

15. Legal Last Name _____

16. Legal First Name _____

17. Legal Middle Name _____

18. Suffix _____

19. Date of Birth _____

20. Address Type

a. Business Address

b. Residential Address

21. Address _____

22. City _____ 23. State _____ 24. Zip Code _____

25. Email Address _____

I certify that I am authorized to allow Simpson & Simpson Accounting LLC to file the Beneficial Ownership Information Report on behalf of _____. I further certify, on behalf of the reporting company, that the information contained in this form is true, correct and complete.

Signature

Print Name

Date