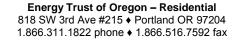
SUBSTITUTE

**W-9** 



**Request for Taxpayer** 



		dentification Number and	d Čertificat	tion	or oregon	
v2018.1 180423 ► Go to <i>www.irs.gov/FormW9</i> for instructions and the latest information.						
PART I Tax	cpayer Info	ormation (TYPE or PRINT LEGIBLY)				
		ome tax return). Name is required on this line; Number and Tax Classification to Give the Req				
2 Business Name	/ Doing Busir	ness As (DBA) name / disregarded entity name	, if different from ab	oove.		
3 Check appropria See PART III W	te box for feo /hich Name, I	leral tax classification of the name entered on I Number and Tax Classification to Give the Req	ine, CHECK ONLY uestor for additiona	ONE. I guidance.		
Individual C-Corporation			Single-member Limited Liability Company (LLC)*			
Sole Proprietor		S-Corporation	🗌 LI	LLC – Partnership		
Trust/Estate Nonprofit Con		Nonprofit Corporation	LI	LLC – C-Corporation		
<ul> <li>Public Entity,</li> <li>* NOTE: DO NOT</li> <li>the owner entity name</li> </ul>	check this b	ox if single-member LLC is owned by another e	LI [] Entity and disregard	LC – S-Corporation led for tax purposes	. Select the tax classification of	
4 Address (number, street, and apt or suite no.).     5 City, State, and ZIP Code						
PART II Taxpayer Identification Number (TIN)						
Enter your TIN in the appropriate box to the right. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals and sole proprietors this is generally your				Social Security Number (SSN)		
social security num	ber (SSN). Fo	or single-member LLC/disregarded entity, see	-			
<i>Name, Number and Tax Classification to Give the Requestor</i> for additional guidance. For most other entities, it is your employer identification number (EIN).				or		
				Employer identific	cation number (EIN)	
<b>NOTE</b> : See PART III Which Name, Number and Tax Classification to Give the Requestor f additional guidance.			Requestor for	-		
PART III Wh	ich Name.	Number and Tax Classification to	Give the Requ	estor		
	ion namo,		erre ine riequ	THEN check the	a tax	
IF the payee i	s a(n)	THEN enter name on Line 1 f	or	classification Line 3		
		The individual				
1. Individual		* Two or more individuals (joint account), list both the name of the person whose SSN you furnish	th names and circle	Individual	SSN	
2. Sole Proprietor		The <b>individual owner</b> (business name or DBA goes on Line 2)		Sole Proprietor	SSN	
3. Trust/Estate		The <b>legal entity</b> * If Revocable Trust, the individual grantor-truste	ee	Trust/Estate	EIN * if Revocable Trust, SSN	
4. Public Entity / G	Government	The <b>public entity</b> , such as a state or local gove district	rnment, school	Public Entity / Government	EIN	
5. C-Corporation,				C-Corporation, or		
S-Corporation, Nonprofit Corpo		The corporation		S-Corporation, or Nonprofit Corporat	EIN	
6. Partnership	hadon	The partnership		Partnership	EIN	
<ol> <li>Single-member Liability Compa</li> </ol>		If owned by an individual, and disregarded for ta The <b>individual owner</b> (disregarded LLC name		Single-member Lir Liability Company (LLC)	mited SSN, <b>or</b>	
	- 、	If owned by an entity, and disregarded for tax pu The owner entity name (disregarded LLC nam	•	of the owner entity	/ EIN	
8. LLC - Partnersh	nip	The LLC partnership		LLC - Partnership		
9. LLC - C-Corpor LLC - S-Corpor		The LLC corporation		LLC - C-Corporation	· FIN	

## PART IV Signature and Certification

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Under penalties of perjury, I hereby certify that: 1) the above information is true and correct, 2) I am not subject to backup withholding, and 3) I am a U.S. person (including a U.S. resident alien).

Here U.S. person > Date	
Balo	