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February 19, 1998

Mr. Darrow C. McCreary
Lake Santee Sewer District
13 SW Wrenn Parkway
Greensburg, Indiana 47248

Dear Darrow:

Per your request, I am enclosing two (2) copies of tax forms. Form SS-4 is for the District's Federal identification number. Your federal identification number is needed for opening up bank accounts and paying federal withholding taxes. On one copy, I have penciled in information you may need. Also, I have sent a copy of the Form BT-1. This form gets your registered Retail Merchants certificate. This Retail Merchants Certificate number will let the District purchase items without paying sales tax. If the District plans to have employees, then Section C will need to also be filled out for state withholding taxes.

The District has to be formed before you file these forms. Your attorneys may have already filled these forms out for you.

If you have any questions or comments, please call.

Very truly yours,

H.J. UMBAUGH & ASSOCIATES

Annette

Annette L. Baker

ALB/jes

Enclosures

Form **SS-4**

(Rev. December 1995)

Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ **Keep a copy for your records.**

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
LAKE SANTEE REGIONAL WASTE DISTRICT

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
13 SW WRENN PARKWAY

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
GREENSBURG, IN 47240

5b City, state, and ZIP code

6 County and state where principal business is located
DECATUR COUNTY, INDIANA

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶
Scotty Slusher, President SSN 312 34 2391

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Sole proprietor (SSN) ___
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify) ▶ ___
- ☒ Other (specify) ▶ Sewer District
- ☐ Personal service corp.
- ☐ Limited liability co.
- ☐ National Guard
- ☐ Estate (SSN of decedent) ___
- ☐ Plan administrator-SSN ___
- ☐ Other corporation (specify) ▶ ___
- ☐ Trust
- ☐ Federal Government/military
- ☐ Farmers' cooperative
- ☐ Church or church-controlled organization

(enter GEN if applicable) ___

8b If a corporation, name the state or foreign country (if applicable) where incorporated N/A | State | Foreign country

9 Reason for applying (Check only one box.)

- ☐ Started new business (specify) ▶ ___
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify) ▶ ___
- ☐ Changed type of organization (specify) ▶ ___
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶ ___
- ☒ Other (specify) ▶ Per IC 13-26 et, Seq.

10 Date business started or acquired (Mo., day, year) (See instructions.)
3/19/98

11 Closing month of accounting year (See instructions.)
December

12 First date wages or annuities were paid or will be paid (Mo., day, year). **Note:** *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)* . . . . . ▶ N/A

13 Highest number of employees expected in the next 12 months. **Note:** *If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)* . . . ▶

Nonagricultural	Agricultural	Household
N/A		

14 Principal activity (See instructions.) ▶ Sewer District Operate System

15 Is the principal business activity manufacturing? . . . . . ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.
☒ Public (retail) ☐ Other (specify) ▶ ☐ Business (wholesale) ☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business? . . . . . ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ N/A Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN
N/A		

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.

X Scotty Slusher President

Name and title (Please type or print clearly.) ▶

Business telephone number (include area code)
812 527-2943

Fax telephone number (include area code)
812 527-2766

Signature ▶ Scotty D Slusher Date ▶ 3/19/98

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying

Form **11235**
(3-98) Cat. No. 25544X

Department of the Treasury - **Internal Revenue Service**

Employer Identification Number *(EIN)* Confirmation Sheet

The following EIN(s) has/have been assigned per your Form SS-4, Request for an Employer I.D. Number. If you have any questions concerning this information, you may call a Customer Service Representative at **606-292-5436.**

Name of Entity

Jake Jeantee Regional Waste District

EIN

35-2041851

Name of Entity

EIN

Name of Entity

EIN

Name of Entity

EIN

Name of Entity

EIN

Name of Entity

EIN

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999

DATE OF THIS NOTICE: 03-31-1998
NUMBER OF THIS NOTICE: CP 575 E
EMPLOYER IDENTIFICATION NUMBER: **35-2041851**
FORM: SS-4
1752425605 0

FOR ASSISTANCE CALL US AT:
1-800-829-1040
1-800-829-1040

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

LAKE SANTEE REGIONAL WASTE DISTRICT
% SCOTTY SLUSHER
13 SW WRENN PKY
GREENSBURG IN 47240

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 35-2041851. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

If you want to receive a ruling or a determination letter recognizing your organization as tax exempt, you should file Form 1023/1024, Application for Recognition of Exemption, with your IRS Key District office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

Thank you for your cooperation.

Keep this part for your records. CP 575 E (Rev. 7-97)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

1752425605

Your Telephone Number ( ) -

Best Time to Call

DATE OF THIS NOTICE: 03-31-1998
EMPLOYER IDENTIFICATION NUMBER: **35-2041851**
FORM: SS-4

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999

LAKE SANTEE REGIONAL WASTE DISTRICT
% SCOTTY SLUSHER
13 SW WRENN PKY
GREENSBURG IN 47240