## ORGANIZATIONAL CERTIFICATE OF

## THE INCORPORATOR OF

## SKIN THE CAT, INC.

(A California Corporation)

The undersigned Incorporator, named in the Articles of Incorporation of the above named corporation, in order to record certain actions taken in connection with the organization of this corporation, pursuant to the powers conferred upon Incorporators by GCL Sec. 210, does hereby certify as follows:

### ARTICLES FILED

The original Articles of Incorporation of the corporation have been filed in the office of the California Secretary of State in Sacramento. A certified copy of said Articles of Incorporation, showing the filing date and corporate number has been inserted in the corporate minute book.

## **BYLAWS**

A form of Bylaws for the regulation of the affairs of this corporation has been adopted as the Bylaws of this corporation.

The Secretary of this corporation is hereby authorized and directed to execute a certificate of the adoption of said Bylaws, to insert said Bylaws as so certified in the Book of Minutes of this corporation and to see that a copy of said Bylaws similarly certified, is kept at the principal office for the transaction of business of this corporation.

# CERTIFICATE OF ADOPTION OF BYLAWS of

## SKIN THE CAT, INC. (A California Corporation)

## Adoption by Incorporator.

The undersigned person appointed in the Articles of Incorporation to act as the Incorporator of the above-named corporation hereby adopts the Bylaws attached hereto as the Bylaws of said corporation.

Executed as of April 20, 1998.

Certificate by Secretary.

I DO HEREBY CERTIFY AS FOLLOWS:

That I am the duly elected, qualified and acting Secretary of the above-named corporation; that the foregoing Bylaws were adopted as the Bylaws of said corporation on the date set forth above by the person appointed in the Articles of Incorporation to act as the Incorporator of said corporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal this 20th day of April, 1998.

MICHAEL PAPAJOHN

(SEAL)

## NUMBER AND APPOINTMENT OF DIRECTORS

The number of Directors authorized by the Bylaws of this corporation is one (1) so long as there is no more than one (1) shareholder of this corporation.

The name of the person appointed to act as the First Director of this corporation, which Director shall serve until a successor is duly elected pursuant to the Bylaws, or until his resignation or removal, as the case may be, and in whom the powers of further organization and direction of this corporation are hereby vested, effective upon their acceptance of this appointment, are as follows:

Director's Name	Signature Accepting Appointment	Effective Date
MICHAEL PAPAJOHN	X	As of: April 20, 1998

## INCORPORATOR'S CERTIFICATION

The undersigned, having named one or more Directors to carry on the functions of Directors as required by law, hereby resigns as incorporator, executes this organizational certificate recording the actions so taken, and transfers all the responsibilities of corporate management to the principals responsible for the corporation.

Dated as of: April 20, 1998.

2084859

# State of California



SECRETARY OF STATE

2 Jages

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That the attached transcript has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.

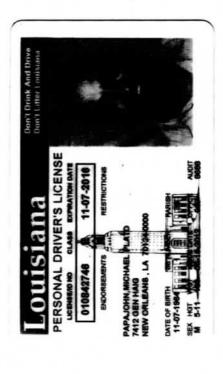
IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this

100 2 2 1998



Bildenes

Secretary of State





TO: ArwenByrd

FAX NUMBER: arwen @ haciendafilmicon

PROJECT & SHOW #: Hatchet III

To Whom It May Concern:

You are hereby notified that I have authorized AMSEL, EISENSTADT & FRAZIER, A TALENT & LITERARY AGENCY, INC. to accept delivery of any and all checks for sums of money which may, from time to time, be payable to me from you; and I hereby authorize you to deliver or mail such checks or sums of money to AMSEL, EISENSTADT & FRAZIER, A TALENT & LITERARY AGENCY, INC.

This authorization shall remain in effect until written notice of the revocation thereof signed by me shall be served upon you by registered mail.

I hereby agree to indemnify and hold you harmless of and from any and all loss, cost or expense which may be incurred or suffered by you, by reason of any action taken by you in any reliance upon this authorization.

Yours Very Truly,

Sid Haig

SS# 571-52-0930

The Haig Group

Fed ID# 20-5522476

Dated: 8/13/12

H3 EXPORTS LLC 535 BARRACKS ST NEW ORLEANS, LA 70116

Date August ZZ 2012 84-13-654

Day to the order of Robert Doqui

\$ 60.00

dollars 1

sixty dollars de MO/100

JPMorgan Chase Bank, N.A.

pen diem

#001299# #065400137#

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○ Cha	ange of Ac	ldress	(Complet	e Section A)	
				lete Section A & For	m W-4
O Post	· Channe				

F.E.		Charte Char	ige (Comple	ete Section A)	
SECTION A PLEASE PRINT CLEARLY O		DELAYED			
PRODUCTION COMPANY H3 EXPORTS	LC PICTURE/	PROJECT		COST C	ODE
The Hacienda Film Co	HATC	HeT 3			
EMPLOYEE NAME	S. S. •	***		OCCUPATION	UNION
SID HAIG	571-5	2,-0930	TE 8/13/17	ACtor	SAG
P.O. Box 94 033	APT. #	CHECK ONE:	UNION		ON UNION
CITY STATE	ZIP	7	Pomon	$\bigcirc$	ON UNION
_ simi valley ca	93065	RATE OF PAY:			
PHONE	Y SEX	s_268	HOUR	DAY W	EEK
(808) 890 - 5900	€ F	CHARACTER HOUSE	-		_
\$35.00 WILL BE CHARGED FOR REPLACE	EMENT CHECKS	GUARANTEED HOURS	PER:	☐ HOUR ☐ D	AY WEEK
GUARANTEED WORK HOURS	The state of the s	ADDITIONAL COMPENSATI	ION OR DEALS:		
Guaranteed work hours available each week are  Overtime to be computed at base overtime rate of	/ day				
AGREED EMPLOYEE SIGNATURE AUTHORIZED	per hour				
X	SIGNATURE				
FORM W-4 EMPLOYEE'S WI	THHOLDING ALLO	WANCE CERTIFIC	CATE		ND WORKSHEET ARE
1. Single Married Married, but withho		2. If your last name differs fro			HE PRODUCTION OFFICE
Note: If married, but legally separated, or spouse is a non resident alien,	check the single box	and call 1-800-772-1213 for n	nore information	,,	
3. Total number of allowances you are claiming				3	
Additional amount, if any, you want withheld from each paycheck     I claim exemption from withholding for the current year of				. 4	
Last year I had a right to a refund of ALL Federal Incom	and I certify that I meet BOTH of e tax withheld because I had NO tax liabili	of the following conditions of the exer	nption:		
<ul> <li>This year I expect a refund of ALL Federal Income tax w</li> </ul>				•	
If you meet both conditions, enter "EXEMPT" here			5		
Under penalties of perjury, I certify that I am entitled to the number of with Employee's Signature	nthholding allowances claimed on this certi	ficate or entitled to claim exempt state	15.		
	MENT ELICIDII IT	V LIEDVELG LETON	<b></b>	DATE	20,
	MENT ELIGIBILITY	VERIFICATION	(FORM I-9	<b>?</b> )	
10.0	MIDDLE	BI	RTH NAME	BIR	TH DATE
HAIG STREET ADDRESS SID	CITY	STATE	ZIP	SOCIAL SECURITY N	Maco
PO BOX 940 33	simi valley		93065		-0930
I attest, under penalty of perjury, that I an	n (check box):				
1. A citizen or national of the United States.	2. An alien lawfully add	mitted for permanent residence (	Alien Number A		
3. An alien authorized by the immigration and Naturaliza					, or
Admission number	_, expiration of employment authori				
I attest under the penalty of perjury, the document	ts that I have presented as ev	idence of identity and em	plovment eligil	bility are genuine	and relate to me
I am aware that federal law provides for imprison	ment and/or fine for any false	statements or use of fals	e documents in	connection with t	his certificate.
V ( ) 3   1	REPARER TRANSLATOR CERTIFI be completed if prepared by person oth		URE	PRINT NAM	ME
DATE G Q 1 7 1 7 pre	ployee) I attest under penalty of perjury that it pared by me at the request of the named indi- ed on all information of which I have any kn	ne above was vidual and is			
EMPLOYER REVIEW AND VERIFICATION: In			the appropriate	hov or avancing	a document from U. D.
and one from List C and check the appropriate boxes. Pr	rovide the Document Identifica	tion Numbers and Expirat	ion Dates for th	e documents checke	d.
List A	Lis	at B	1	List C	
Documents that Establish Identity and	Documents that	Establish Identity	Document	ts that Establish Emp	ployment Eligibility
Employment Eligibility  1. U.S. Passport (unexpired or expired)	1. A State issued driver's I	icense or a State issued I.D. Card		ioinal Social Sassain. Co.	(other than and makes in
2. Certificate of United States Citizenship	date of birth, height, wei	formation, including name, sex, ght and color of eyes	is not	iginal Social Security Card valid for employment)	(oner man card stating it
3. Certificate of Naturalization     4. Unexpired Foreign Passport with attached	2. U.S. Military Card 3. For minors under the ag	e of 16, School ID with photo	2. Bir	rth Certificate issued by Sta rity bearing a seal or other	ate, county or municipal certification
Employment Authorization	4. Other ( Specify docume				Authorization (Specify Form)
5. Alien Registration Card with Photograph			#_		
Document Identification	Document Identification		Document Ide	ntification	_
Evolution Date (March	!				
Expiration Date: (If any)	Expiration Date: (If any)		Expiration Da	te: (If any)	

Department of the Treasury

## **Request for Taxpayer Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

	Name (as shown on your income tax return)								
	The HAIG BROUP								
-1	Business name/disregarded entity name, if different from above								
ge 2	and the state of t								
ba	Check appropriate box for federal tax						_		
5	classification (required): Individual/sole proprietor	n S Corporation	□ n-+-		П-		.		
e io		. Goopolation	Parin	ersnip		rust/esta	te		
r b	Limited liability company. Enter the tax classification (C=C corporation, S	=S corporation, P=partnersh	ip)►				[0	Exem	pt payee
Print or type Instruction	_								
F 등	☐ Other (see instructions) ►								
Print or type See Specific Instructions on page	Address (number, street, and apt. or suite no.)	R	equester's	s name	and ac	Idress (o	ptiona	0	
S.	P.O. Box 94033 City, state, and ZIP code								
æ	Simi Valley , CA 93065								
	List account number(s) here (optional)			_					
Part	Taxpayer Identification Number (TIN)			_			_		
Enter y	our TIN in the appropriate box. The TIN provided must match the name	ne given on the "Name" lin	ne So	cial s	ecurity	number			
resider	d backup withholding. For individuals, this is your social security numl nt alien, sole proprietor, or disregarded entity, see the Part I instruction	e on noon 2 For other		П	$\neg$	П	7	$\Box$	TT
entities	s, it is your employer identification number (EIN). If you do not have a n	number, see How to get a			_   -		-		
I IIV ON	page 3.		_						
numbe	f the account is in more than one name, see the chart on page 4 for go r to enter.	uidelines on whose	En	nploye	r ident	fication	numb	er	_
			2	0	- 5	5 2	2	4 3	16
Part	Certification						1	.1.	19
Under	penalties of perjury, I certify that:								
1. The	number shown on this form is my correct taxpayer identification number	ber (or I am waiting for a r	number t	o be i	ssued	to me).	and		
2. I am	not subject to backup withholding because: (a) I am exempt from had	ckup withholding or (b) I	have not	haan	notific	d by the	n Inte	mal Ra	VODIJO
Jei	rice (IRS) that I am subject to backup withholding as a result of a failur onger subject to backup withholding, and	e to report all interest or	dividends	s, or (	c) the I	RS has	notifi	ed me t	that I am
	N (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1								
	a U.S. citizen or other U.S. person (defined below).								
Decaus	eation instructions. You must cross out item 2 above if you have beer e you have failed to report all interest and dividends on your tax return	For real estate transact	ione iton	22 00	oc not	annh	Ear or		_
interes	paid, acquisition or abandonment of secured property, cancellation of	of debt, contributions to a	n individu	ual re	tiromor	at arran	nama	nt (IDA)	and
instruct	ly, payments other than interest and dividends, you are not required to tions on page 4.	o sign the certification, bu	ıt you mu	ust pr	ovide y	our cor	rect 1	IN. Sec	e the
Sign	Signature of			1.					
Here	U.S. person > / Why Akt Sin &	Marin Date	08	//1	1/12				
Gene	eral Instructions	Note. If a requester give		_	other t	han For	m W-	9 to rec	nuest
Section	references are to the Internal Revenue Code unless otherwise	your TIN, you must use to this Form W-9.	the requ	ester	s form	if it is s	ubsta	intially :	similar
noted.		Definition of a U.S. per	rson. For	fede	ral tax	purpos	es. vo	u are	
	ose of Form	considered a U.S. perso	on if you	are:					
A perso	on who is required to file an information return with the IRS must your correct taxpayer identification number (TIN) to report, for	An individual who is a							
exampl	e, income paid to you, real estate transactions, mortgage interest	<ul> <li>A partnership, corpora organized in the United</li> </ul>	States or	npan r und	y, or as er the l	sociation	on cre	lated or nited St	r tates.
you pai	<ul> <li>d, acquisition or abandonment of secured property, cancellation or contributions you made to an IRA.</li> </ul>	An estate (other than a							
	Form W-9 only if you are a U.S. person (including a resident	<ul> <li>A domestic trust (as d</li> </ul>	efined in	Regu	lations	section	n 301	7701-7	7.
alien), to	provide your correct TIN to the person requesting it (the	Special rules for partn	erships.	Partn	ership	s that c	ondu	a trac	de or
	er) and, when applicable, to:	business in the United S tax on any foreign partn	ers' shar	e of in	ncome	from su	uch be	usiness	
number	rtify that the TIN you are giving is correct (or you are waiting for a to be issued),	Further, in certain cases	where a	Form	1 W-9 t	nas not	been	receive	ed. a
	rtify that you are not subject to backup withholding, or	partnership is required t and pay the withholding	tax. The	refore	e, if you	are a	U.S. p	erson t	that is a
3. Cla	im exemption from backup withholding if you are a U.S. exempt	partner in a partnership	conducti	ing a	trade o	r busin	ess in	the Un	nited
allocabl is not so	3. Claim exemption from backup withholding if you are a U.S. exempt agee. If applicable, you are also certifying that as a U.S. person, your llocable share of any partnership income from a U.S. trade or business a rot subject to the withholding tax on foreign partners' share of ffectively connected income.								



_			31				
⊃Chá	ange of	Add	ress (	Complete	Section	A)	
⊃Cha	inge of I	xem	ption	s (Comple	ete Sectio	on A & Form	W-4)
_				1 C			

SECTION A PLEASE PRINT CLEARLY O					
PRODUCTION COMPANY  H3 EXPORTS LLC	PICTURE/P			COST CO	DDE
	ня	rchet 3			
SARAH ELBERT	(101-025	CK DA	TE 6/15	OCCUPATION	UNION
EMPLOYEE ADDRESS NO. STREET /	481-927	001	97.3	ACTOR	SAG
75372 N. McCad	don'PL	CHECK ONE: Q	UNION	ON	N UNION
CITY LOS AMALLOS CIA	, 9003B	RATE OF PAY:			
PHONE THE BIRTHDA	1 10000	s 268 PER	HOUR	A DAY TW	EEK
(213) 840 - 2645 11-2	4 74 M (F)	CHARANTEEN HOURS	PER:	□ HOUR □ D	_
\$35,00 WILL BE CHARGED FOR REPLACE	EMENT CHECKS	GUARANTEED HOURS ADDITIONAL COMPENSATI		□ HOOK □ D	U WEEK
QUARANTEED WORK HOURS	1.4	ADDITIONAL CONFOCULATION	IOTOR DEALS.		
Overtime to be computed at base overtime rate of	/ day per hour				
AGREED EMPLOYEE SIGNATURE AUTHORIZED	SIGNATURE				
X					
FORM W-4 EMPLOYEE'S WI	THHOLDING ALLO	WANCE CERTIFIC	CATE		ND WORKSHEET ARE E PRODUCTION OFFICE
Single	Contract to the contract to th	2. If your last same differs fro and call 1-800-773-1213 for n		ty card, check here	
Total number of allowances you are claiming.	CHOICE UNC SENTER CO.S.		Parks and the second state of	131 0	
4. Additional amount, if any, you want withheld from each psycheck				4	
5. I claim exemption from withheiding for the current year of		of the following conditions of the exer	mption:		
<ul> <li>Last year I had a right to a refund of ALL Pederal Incom</li> <li>This year I expend a refund of ALL Federal Income tax w</li> </ul>		•			
If you meet both conditions, enter "EXEMPT" here	A		5		
Under penalties of perjusy, I certify that I am entitled to the ampher of wi	thinoiding allowances claimed on this certi-	Scale or estitled to chain exempt state	05.		
Employee's Signature A EMPLOY	MENT ELIGIBILITY	VERIFICATION	(FORM I-	DATE.	20,
LAST NAME - PERST SO	MIDDLE		RTH NAME		TH DATE
FLRAM X	MCAH	3	ŧ	1	2 24 174
STREET ADDRESS	Marca Colola	OI IVA C	10020	USI G	AMBER ( )
I attest, under penalty of perjury, that I an	Mc aclos	14 47	10000	1 101-1	22001
1. A citizen or national of the United States.		nitted for permanent residence (	A Kara Maranhara A		
3. An alien authorized by the immigration and Naturaliza			Alich Number A_		~
187. 16 Million 1972					
Admission number  I attest under the penalty of perjury, the document	_, expiration of employment authorizes that I have presented as ev		ployment eligi	bility are genuine a	) nd relate to me.
I am aware that federal law provides for imprison	nent and/or fine for any false	statements or use of false	e documents in	connection with t	his certificate.
X (to	REPARER TRANSLATOR CERTIFS be completed if prepared by person old	or than the	ORE.	FRUIT JOOR	
DATE 12:24 74	sloyee) I attest noder penalty of perjury that the pered by me at the request of the named indi- ed on all information of which I have any kno	ridual and is			
EMPLOYER REVIEW AND VERIFICATION: Ins	structions: examine one docume	ent from List A and check	the appropriate	box or examine one	document from list B
and one from List C and check the appropriate boxes. Pr			ion Dates for th		L
List A  Documents that Establish Identity and	20 20 10	t B Establish Identity	Dommon	List C ts that Establish Emp	Journant Elizability
Employment Eligibility			Locumen	to that Establish Emp	LOYALEM EMBIDERTY
1. U.S. Passport (unexpised or expired)	with a photograph, or int	cease or a State issued I.D. Card formation, including same, sex, ght and color of eyes	1.0	riginal Social Security Card ( valid for employment)	(other than card stating it
2. Certificate of United States Citizenship     3. Certificate of Naturalization	2. U.S. Military Card		☐ 2 Bi	oth Certificate issued by Sta	
4. Userspired Foreign Pasaport with attached Employment Authorization	3. For mimors under the age 4. Other (Specify document	e of 16, School ID with photo at and issuing authority)		ority bearing a seal or other of	pertification authorization (Specify Form)
5. Alies Registration Card with Photograph				and the control of the second	(Specify Politi)
Document Identification	Document Identification		Document Ide	entification	
Businesson Date (March	Production Date (V)			of a City and	
Expiration Date: (If any)	Expiration Date: (If any)		Expiration Di	mer (11 max)	

(Rev. January 2011) Department of the Treasury

### Request for Taxpayer **Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

	Name (as shown on your income tax return) SEAN M. WHALEN	/		
6 2	Business name/disregarded entity name, if different from above			
n pag	Check appropriate box for federal tax			T
pe ons	classification (required): Individual/sole proprietor C Corporati	on S Corporation	Partnership Trust/estate	
Print or type	Limited liability company. Enter the tax classification (C=C corporation,	S=S corporation, P=partnership)	•	Exempt payee
Prin c Ins	☐ Other (see instructions) ►			
Print or type See Specific Instructions on page	Address (number, street, and apt. or suite no.) 4726 STERN AVENUE	Requ	ester's name and address (op	tional)
See	9726 STURN AVENUE City, state, and ZIP code SHERMAN DAYS, (A 91423 List account number(s) here (optional)	3		
Par	Taxpayer Identification Number (TIN)			
Enter	your TIN in the appropriate box. The TIN provided must match the na	me given on the "Name" line	Social security number	
to avo reside entitie	old backup withholding. For individuals, this is your social security nun nt alien, sole proprietor, or disregarded entity, see the Part I instruction s, it is your employer identification number (EIN). If you do not have a	mber (SSN). However, for a	217-94	-3540
	page 3.		Employer identification n	bas
numb	If the account is in more than one name, see the chart on page 4 for ger to enter.	guidelines on whose	Cinpoyer identification is	
_				
Par				
	penalties of perjury, I certify that:			
	e number shown on this form is my correct taxpayer identification num			
Ser	n not subject to backup withholding because: (a) I am exempt from be vice (IRS) that I am subject to backup withholding as a result of a faild longer subject to backup withholding, and	ackup withholding, or (b) I hav ure to report all interest or divi	ve not been notified by the idends, or (c) the IRS has n	Internal Revenue otified me that I am
3. I an	n a U.S. citizen or other U.S. person (defined below).			
interes genera	cation instructions. You must cross out item 2 above if you have be se you have failed to report all interest and dividends on your tax retu at paid, acquisition or abandonment of secured property, cancellation ally, payments other than interest and dividends, you are not required tions on page 4.	<ul> <li>For real estate transactions of debt, contributions to an in</li> </ul>	s, item 2 does not apply. F	or mortgage ement (IRA), and
Sign Here	Signature of U.S. person Dec Mus	Date ►	6/10/12	,
	eral Instructions	Note. If a requester gives y your TIN, you must use the		
Section noted.	n references are to the Internal Revenue Code unless otherwise	to this Form W-9.		many animal

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- · An individual who is a U.S. citizen or U.S. resident alien,
- · A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- . An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person. and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



in Order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common defence, promote the general Welfare, and secure the Bloomer of Liberty to correspond and the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America.



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT PASSEPORT PASAPORTE

### STAMPES OF AWIERIO Type / Type / Ti Calgo (Bassport No. / No. du Passeport / No. de Passporte

Surname / Nom / A

486260591

WHALEN

Given Names / Prénoms / Nombrés

SEAN MICHAEL

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA Date of birth / Date de naissance / Fecha de na

19 May 1964

Plube of birth / Lieu de naissance / Lugar de nacim

WASHINGTON, D.C., U.S.A. Date of issue / Date de délivrance / Fecha de expedición

26 Jan 2012 Date of expiration / Date d'expiration / Fecha de caducidad

25 Jan 2022 Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27

Sex / Sexe / Sexo

Authority / Autorité / Autorirlad

United States

Department of State

P<USAWHALEN<<SEAN<MICHAEL<<<<<<<< 4862605913USA6405191M2201258248410673<377938



_				
○ Cha	nge of Add	ress ( Com	plete Section A)	
○ Char	nge of Exem	ptions (Co	mplete Section A	& Form W-4)
Rate	Change (	Complete S	ection A )	

PATER 1 AL. (600)	070-0301	Rate Cha	nge (Complet	e Section A)
SECTION A PLEASE PRINT CLEARLY OR PRODUCTION COMPANY	PAYMENT COULD BE D			COST CODE
H3 EXPORTS LLC	HATO	Her 3		
EMPLOYEE NAME	3.5.7	5	TART C	OCCUPATION UNION
Robert Diago Doqui	439-6	3-232-7 D	ATE 6/6/12	Actor Sta
2214 Caswell Lane	APT.	CHECK ONE:	UNION	O NON UNION
CITY STATE	ZIP	RATE OF PAY:	-)	
Metricie JA PHONE BIRTHDAY	7500 (	933	_	
(504) 756-6588 9/3	1/7/ M F	SPER:	HOUR	DAY WEEK
\$35.00 WILL BE CHARGED FOR REPLACE	MENT CHECKS	GUARANTEED HOURS _	PER:	☐ HOUR ☐ DAY ☐ WEEK
GUARANTEED WORK HOURS		ADDITIONAL COMPENSA	TION OR DEALS:	
Guaranteed work hours available each week are	/ day			
Overtime to be computed at base overtime rate of	per hour			
X AUTHORIZZED S	IGNATURE			
FORM W-4 EMPLOYEE'S WIT	THHOLDING ALLO	WANCE CERTIF	ICATE	INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE
Single Married Married, but withhold     Note: If murried, but legally separated, or spouse is a non resident alien, clv		2. If your last name differs and call 1-800-772-1213 for		card, check here
3. Total number of allowances you are claiming				. 3 9
4. Additional amount, if any, you want withheld from each psycheck				4 0
5. I claim exemption from withholding for the current year of	and I certify that I meet BOTH		temption:	. 1
<ul> <li>Last year I had a right to a refund of ALL Federal Income t</li> <li>This year I expect a refund of ALL Federal Income tax with</li> </ul>		-		
If you meet both conditions, enter "EXEMPT" here.			5	0
Under penalties of perjury, I certify that I am entitled to the number of with	holding allowances claimed on this certi	ficate or entitled to claim exempt st	atus.	
Employee's Signature	19			DATE 06-106-4 20.12
EMPLOVI	MENT ELIGIBILIT	VVERIFICATION	FORM LO	
LAST NAME - RIDST	MIDDLE		BIRTH NAME	I BIRTH DATE
DoQue Doh	301	).		09-22-71
STREET ADDRESS	CITY	STATE	ZIP	SOCIAL SECURITY NUMBER
2214 CASWELL LANE	Metairie	LA	10001	439-63-2327
I attest, under penalty of perjury, that I am	(check box):			
1. A citizen or national of the United States.	2. An alien lawfully ad	mitted for permanent residence	(Alien Number A_	
<ul> <li>3. An alien authorized by the immigration and Naturalization</li> </ul>	on Service to work in the United S	tates (Alien Number A		, or
Admission number	, expiration of employment authori	zation, if any		)
I attest under the penalty of perjury, the documents I am aware that federal law provides for imprisonm				
THE COURT PICK STATE	EPARER TRANSLATOR CERTIF	Tenante anon exert		PRINT NAME
The state of the s	e completed if propured by person of type) I attest under penalty of perjury that t			
106 06 12 person	and by me at the request of the named indi- tion all information of which I have any kn	vidual and is owledge.		
EMPLOYER REVIEW AND VERIFICATION: Instrand one from List C and check the appropriate boxes. Pro	ructions: examine one docum wide the Document Identifica	ent from List A and check tion Numbers and Expira	the appropriate in the ation Dates for the	box or examine one document from list a documents checked.
List A	Li	st B	1	List C
Documents that Establish Identity and Employment Eligibility	Documents that	Establish Identity	Document	s that Establish Employment Eligibility
1. U.S. Passport (unexpired or expired)	1. A State issued driver's it with a photograph, or in	ionase or a State insued I.D. Card formation, including name, sex,	1. Ori	ginal Social Security Card (other than card stating it
2. Certificate of United States Citizenship	date of birth, height, we	formation, including name, sex, ight and color of eyes	_	valid for employment)
3. Certificate of Naturalization 4. Unexpired Foreign Passport with attached	3. For minors under the ag	p of 16, School ID with photo	2. Bert	th Certificate issued by State, county or municipal rity bearing a seal or other certification
Employment Authorization  5. Alies Registration Card with Photograph	4. Other ( Specify docume	nt and issuing authority)	3. Une	expired INS Employment Authorization (Specify Form)
Document Identification	Document Identification		Document Idea	ntification
Expiration Date (If any)	Expiration Date: (If any)		Expiration Dat	ie: (If any)
SEPTIFIC ATTION- I agest under consists of periors that I have gramined	FXAMINER'S SIGNATI	TRE TITLE		DATE EMPLOYER



Chan	ge of A	ddress	(Complet	e Section A)
			1100	lete Section A & Form W-4)
Rate				

President	C Rate C	nange (Complete Section A)
SECTION A PLEASE PRINT CLEARLY PRODUCTION COMPANY	OR PAYMENT COULD BE DELAYED	
	HATCHET 3	COST CODE
H3 EXPORTS LLC	HILLICI C	START OCCUPATION UNION
MET SALIH	610-69-2870	DATE 6/7 STUNT DULIC SAG
1439 20 UM 17 S	CHECK ONE:	UNION ON UNION
"NOIA"	75130 RATE OF PAY	
323,348 844   2	23-75 MTG : 269 PE	E HOUR DAY WEEK
\$35.00 WILL BE CHARGED FOR REPL	ACEMENT CHECKS GUARANTEED HOUR	SPER: HOUR DAY WEEK
GUARANTEED WORK HOURS	ADDITIONAL COMPE	NSATION OR DEALS:
Guaranteed work hours available each week are	/ day	
Overtime to be computed at base overtime rate of	per hour	
XAMOUN X	SERVICE SERVICES	
FORM W-4 EMPLOYEE'S V	VITHHOLDING ALLOWANCE CERT	IFICATE INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE
Single		fers from your social security card, check here 3 for more information.
3. Total number of allowances you are claiming		3
4. Additional amount, if any, you want withheld from each psychock		4 0
	and I certify that I meet BOTH of the following conditions of the	he exemption:
This year I expect a refused of ALL Federal facome to	come tax withheld because I had NO tax liability. AND at withheld because I expect to have NO tax liability.	
If you meet both conditions, enter "EXEMPT" here.		5
Under penalties of perjury, I certify that I am entitled to the number of	withholding allowances claimed on this certificate or estitled to claim exem	pt status.
Employee's Signature A		DATE 20
	DYMENT ELIGIBILITY VERIFICATION	ON (FORM 1-9) 6-7-12
SALIH ME	HTAP MODELE	BETH DATE 2-23-3
STREET ADDISS 39 POLYN	Miast Neudelfon	SIN 60-78-
I attest, under penalty of perjury, that I	11 010 11	130
1. A citizen or national of the United States.	2 An alien lawfully admitted for permanent reside	ence (Alien Number A
3. An alien suthorized by the immigration and Natura	lization Service to work in the United States (Alien Number A	a
Admission number SS1901864	expiration of employment authorization, if any	V 1 - 2013
I attest under the penalty of perjury, the docume I am aware that federal law provides for impriso	ents that I have presented as evidence of identity and nument and/or fine for any false statements or use of	d employment eligibility are genuine and relate to me.
EMPLOYEE SIGNATURE	PREPARER TRANSLATOR CERTIFICATION TRANSLATOR SE	
DATE	(to be completed if prepared by person other than the employee) I strest nader penalty of perjury that the above-was ADDRESS	
	propured by use at the request of the named individual and is based on all information of which I have any knowledge.	
EMPLOYER REVIEW AND VERIFICATION: and one from List C and check the appropriate boxes.	Instructions: examine one document from List A and ch Provide the Document Identification Numbers and Exp	neck the appropriate box or examine one document from list B
List A	List B	l List C
Documents that Establish Identity and	Documents that Establish Identity	Documents that Establish Employment Eligibility
Employment Eligibility	1. A State insteed driver's license or a State issued I.D. Car	rd Original Social Security Card (other than card stating it
1. U.S. Passport (unexpixed or expired)     2. Certificate of United States Citizenship.	with a photograph, or information, including same, sex, date of birth, height, weight and color of eyes	is not valid for employment)
3. Certificate of Naturalization 4. Unexpired Foreign Pasaport with attached	2. U.S. Military Card. 3. For minors under the age of 16, School ID with photo	<ol> <li>Birth Certificate issued by State, county or municipal anthority bearing a seal or other certification</li> </ol>
Employment Authorization  5. Alies Registration Card with Photograph	4. Other ( Specify document and issuing authority)	3. Unexpired INS Employment Authorization (Specify Form)
		#
5510110 KA7	Document Identification	Document Identification
Expiration Date: (If any) NOV 1 - 2013	Production Date (Manual	5
EXPITATION: Lattest, under negative of persons that I have examined	Expiration Date: (if any)	Expiration Date: (If any)



_			(4)	•	
○Cha	ange of	Add	ress (	Complete Section A)	
○Cha	inge of E	Exem	ptions	(Complete Section A & Form	W-4)
				ata Castion A	

Pitch	C Rate C	Change ( Complete Section A )
	PAYMENT COULD BE DELAYED	
PRODUCTION COMPANY	PICTURE / PROJECT	COST CODE
H3 EXPORTS LLC	HATCHET 3	
CAROLINE WILLIAMS	4115 08 2330	DATE 6/6/12 ACTOR SAG
EMPLOYEE ADDRESS NO. STREET	APT.	6/6/12 ACTOR SAG
4701 Abbeyville An	CHECK ONE	UNION ON UNION
Tovodland Hills STA	PATE OF PAY	
PHONE BIRTHDAY	3 50 SEX \$ 933 PE	ER: HOUR DAY WEEK
(818) 207-7848 3	GUARANTEED HOU	RSPER: HOUR DAY WEEK
\$35.00 WILL BE CHARGED FOR REPLACE	MENT CHECKS	ENSATION OR DEALS:
GUARANTEED WORK HOURS Guaranteed work hours available each week are		addition of Deals.
Overtime to be computed at base overtime rate of	per hour	
AGREED RIGHTAYEE SIGNATURE AUTHORIZED	SIGNATURE	
X with the		
FORM W-4 EMPLOYEE'S WIT	THHOLDING ALLOWANCE CERT	TIFICATE INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE
1. Single Married Married, but withhold		tiffers from your social security card, check here
Note: If murried, but legally separated, or spouse is a non resident alien, cl	neck the tangle box	213 for more information.
Total number of allowances you are claiming     Additional amount, if any, you want withheld from each psycheck		3 7
5. I claim exemption from withholding for the current year of		
Last year I had a right to a refund of ALL Federal Income		
<ul> <li>This year I expect a refund of ALL Federal Income tax will If you meet both conditions, enter "EXEMPT" here.</li> </ul>	thheld because I expect to have NO tax liability.	5
Under penalties of perjury, I certify that I am entitled to the number of with	bholding allowances claimed on this certificate or entitled to claim exe	
Employee's Signature X		DATE 20.
EMPLOY	MENT ELIGIBILITY VERIFICATI	ION (FORM L-9)
LAST NAME 11- FIRST 1	O MIDDLE	BIRTH NAME BIRTH DATE
Williams Lear	1 CAPOLINE	SAME 3-27-57
HOO) Alabert Ville	Die Indiano III	S CA 9BLY SOCIAL SECURITY NUMBER
4 101 Hope tille	Chatter Custina 4511	3 011 1134 1 463 00 1 350
I attest, under penalty of perjury, that I am	(check box):  2. An alien lawfully admitted for permanent resi	Allen (A.E., Marshar A.
7	ion Service to work in the United States (Alien Number A	dence (Allen Number A
	, expiration of employment authorization, if any	
		nd employment eligibility are genuine and relate to me.
I am aware that federal law provides for imprisonn	nent and/or fine for any false statements or use	of false documents in connection with this certificate.
X Churchen Ito	he completed if propaged by person other than the	JOHN THE THE PARTY OF THE PARTY
prep	Royce) I attest under penalty of perjury that the above was an ADDRESS cored by me at the request of the named individual and is	
	d on all information of which I have any knowledge.	check the appropriate box or examine one document from list B
and one from List C and check the appropriate boxes. Pro		
List A	List B	List C
Documents that Establish Identity and Employment Eligibility	Documents that Establish Identity	Documents that Establish Employment Eligibility
1. U.S. Pausport (unexpired or expired)	<ol> <li>A State issued driver's license or a State issued LD, with a photograph, or information, including name, s</li> </ol>	1. Original Social Security Card (other than card stating it
2. Certificate of United States Citizenship     3. Certificate of Naturalization	date of birth, height, weight and color of eyes  2. U.S. Military Card	is not valid for employment)  2. Birth Certificate issued by State, county or municipal
4. Unexpired Foreign Passport with attached	3. For minors under the age of 16, School ID with photo	to authority bearing a scal or other certification
Employment Authorization  5. Alien Registration Card with Photograph	4. Other ( Specify document and issuing authority)	3. Unexpired INS Employment Authorization (Specify Form)
Document Identification	Document Identification	# Document Identification
		•
Expiration Date: (If any)	Expiration Date: (if any)	Expiration Date: (If any)
CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	EVAMINEDIC CICNATURE T	THE DATE PART OVER



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○ Ch	ange of Ad	dress ( (	Compl	ete Section A)	
OChi	ange of Exe	mptions	(Com	plete Section A	& Form W-4
○ Rat	te Change	Comple	te Sec	tion A \	

PAR	,	Rate Cha	nge (Compi	lete Section A)	
SECTION A PLEASE PRINT CLEARLY	OR PAYMENT COULD BE DE				
PRODUCTION COMPANY H3 EXPORTS LLC	PICTURE/PS	ROJECT		COST	CODE
EMPLOYEE NAME	HATCH				
JASON TROST	610-09		ATE 6/10	ACTO IL	UNION
EMPLOYEE ADDRESS NO. STREET	APT. #	VLL		ACTOR	SAG
4805 Bell-lower AVE	206	CHECK ONE:	UNION	O,	ON UNION
North Hollywood CA	91601	RATE OF PAY:			
(213) 254-7508 11/	15/1001	168 PER:	HOUR	MOAT D	WEEK
\$35.00 WILL BE CHARGED FOR REPLA		GUARANTEED HOURS _	PER:	HOUR	DAY WEEK
GUARANTEED WORK HOURS		ADDITIONAL COMPENSAT	TION OR DEALS:		
Guaranteed work hours available each week are	/ day				
Overtime to be computed at base overtime rate of	per hour				
X	a) sideature				
FORM W-4 EMPLOYEE'S W	TTHHOLDING ALLOW	VANCE CEDITIES	CATE	INSTRUCTIONS	AND WORKSHEET ARE
				AVAILABLE FROM T	HE PRODUCTION OFFICE
Single Married Married, but with  Note: If married, but legally separated, or spouse is a non-resident alien	told at higher Single rate a, check the single box	2. If your last same differs to and call 1-800-773-1213 for	om your social secur more information	ity card, check here	
3. Total number of allowances you are chiming				3	
Additional amount, if any, you want withheld from each psycheck     I claim exemption from withhelding for the computations of				4	
I claim exemption from withholding for the current year of  * Last year I and a right to a refund of ALL Federal Inco  **Teach of the current year of the current year of the current year of the current year.  **Teach of the current year of the current year of the current year.  **Teach of the current year of the current year of the current year.  **Teach of the current year of the current year of the current year.  **Teach of the current year of the current year of the current year.  **Teach of the current year of the current year.  **Teach of the current year of the current year.  **Teach of the current year of the current year.  **Teach of the c	me tax withheld because I had NO my Kability	AND	aption:		
This year I expect a reliand of ALL Federal Income tax     If you meet both conditions, enter "EXPMPT" here.	withheld because I expect to have NO tax liab	dity.			
Under penalties of perjury, I certify that I am entitled to the number of a	witholding allowances claimed on this certific		5		
Employee's Signature X /am Try	-	- a cannot to cannot entire an	us.	6/10	1/12
EMPLO	YMENT ELIGIBILITY	VEDIEICATION	(EODM )	DATE 10/10	20
LAST NAME TREST	MDDLE				
STREET ADDRESS			Trost	BB	11/15/1486
4805 Bell flower Ave	42 0 C Nock 16 1	STATE	ZIP	SOCIAL SECURITY N	UMBER
I attest, under penalty of perjury, that I a	= Cobook book	sond, CA G	1601	610-00	1-9522
1. A citizen or national of the United States.					
3. An alien authorized by the immigration and Naturaliz	tation Service to work in the Hoised State	tted for permanent residence (	Alien Number A_		
Admission number	, expiration of employment authorizat				a
I attest under the penalty of perjury, the documen	its that I have presented as and		ployment eligi	bility are sentine	)
THE OVER OF LETTER	ment and/or time for any taise s	tatements or use of fals	e documents in	connection with t	his certificate.
A lumber like	PREPARER TRANSLATOR CERTIFICATION OF DESCRIPTION OF	Sin Si	ORE	PRINT NA	Œ
	aployee) I attest under penalty of perjury that the a spared by me at the request of the named individu- ned on all information of which I have any knowle	ml and is			
EMPLOYER REVIEW AND VERIFICATION: In	estructions: examine one document	from List A and about	the appropriate	hox or exemine an	dominant from No. D
The state of the s	rovide the Document Identification	on Numbers and Expirat	ion Dates for th	e documents checke	d.
List A Documents that Establish Identity and	List J		l -	List C	
Employment Eligibility	Documents that Es	•	Documen	ts that Establish Emp	ployment Eligibility
1. U.S. Passport (unexpixed or expired)     2. Certificise of United States Crimeship	1. A State issued driver's lion with a photograph, or infort date of birth, height, weight	see or a State insued LD. Card nation, including name, sex, and color of eyes	1.00	iginal Social Security Card Valid for employment)	(other than card storing it
3. Certificate of Naturalization	2. U.S. Military Card.		☐ 2.Bi	th Certificate issued by Su	le, county or municipal
4. Unexpired Foreign Plauport with attached Employment Authorization	3. For minors under the age of 4. Other (Specify document a	r 16, School ID with photo nd issuing authority)		unit personal it seem on other	certification
S. Alien Registration Card with Photograph	D469 706	6	3.00	To Emboyates /	Inthorization (Specify Form)
Document Identification	Document Identification		Document Ide	ntification	
-	11/15/7/1/5				
Expiration Date: (If any)	#		Expiration Da		

Department of the Trea

### Request for Taxpaver **Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

	Name (as shown on your isoome tax return)  Daso N 105+
62	Business name/disregarded entity name, if different from above
bag u	Check appropriate box for federal tax
ns or	classification (required):
Print or type Instruction	☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ► ☐ Exempt payee
돌등	☐ Other (see instructions) ►
Print or type See Specific Instructions on page	Address (number, street, and apt. or suite no.) 4805 Bellflower Ave Unit#206  City, state, and ZIP code
See	North Holly wood, CA 9(60)  List account number(s) here (optional)
	List account number(s) nere (optional)
Par	Taxpayer Identification Number (TIN)
	your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line  Social security number
to avo reside entities	id backup withholding. For individuals, this is your social security number (SSN). However, for a nt alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other s, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i> page 3.
	If the account is in more than one name, see the chart on page 4 for guidelines on whose er to enter.
Part	Certification
Under	penalties of perjury, I certify that:
1. The	number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
Sen	not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am onger subject to backup withholding, and
3. I am	a U.S. citizen or other U.S. person (defined below).
interest general	cation instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding be you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage t paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and lly, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the tions on page 4.
Sign Here	Signature of U.S. person ► /dumpy 5. Date ► ///15/1986
	Peral Instructions  Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.
natad	to this rottle 17-9.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- · An individual who is a U.S. citizen or U.S. resident alien,
- · A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- . An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



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○ Ch	ange of	Ad	dress	(Comp	lete Section	4)	
○Chi	ange of	Exer	nptio	ns (Con	nplete Section	A & Form	W-4
Rat	te Char	100	Ċ	mlata Ca	4 \		

SECTION A PLEASE PRINT CLEADIN			inge ( Comp	nete Section A	1)
PRODUCTION COMPANY	OR PAYMENT COULD BE				
H3 EXPORTS LLC	HAT	TCHET 3		CC	OST CODE
Sean Whalen	3.5.		TART	OCCUPATION	UNION
EMPLOYEE ADDRESS NO. STREET	21794	3540 °	ATE 6/10	ACTOR	5A 6
4226 STERN	AVENUE	CHECK ONE:	UNION		) NON UNION
SHURMAN DAYS, CA	ZIP	RATE OF PAY:		_	
PHONE / IBIRTHI	91423 PAY 915EX	. 268	_		
1818 1789 - 2309 51	19164 (m) =	PER	HOUR	DAY	WEEK
\$35.00 WILL BE CHARGED FOR REPLA	CEMENT CHECKS	GUARANTEED HOURS _	PER:	HOUR	DAY WEEK
GUARANTEED WORK HOURS Guaranteed work hours available each week are		ADDITIONAL COMPENSA	TION OR DEALS:		
Overtime to be computed at base overtime rate of	/ day				
AGREED EMPLOYEE/SIGNATURE	ED SIGNATURE	<b> </b>			
A Souther X					
FÖRM W-4 EMPLOYEE'S W	TTHHOLDING ALLO	WANCE CERTIFI	CATE	INSTRUCTIO	ONS AND WORKSHEET ARE
1. Single A Married Married, but with	hold at higher Single rate	2. If your last same differs t			M THE PRODUCTION OFFICE
Note: If married, but legally separated, or sponse is a non-resident alies	, check the single box	and cell 1-800-773-1213 for	more information	wy can, and here	
Total number of allowances you are claiming     Additional amount, if any, you want withheld from each psycheck.			***************************************	3	5
<ol><li>I claim exemption from withholding for the current year of</li></ol>	and I certify that I meet BOTH	of the following conditions of the ex-	enstine:	4	
<ul> <li>Last year I stad a right to a refund of ALL Federal Income tax</li> <li>This year I expect a refund of ALL Federal Income tax</li> </ul>	me tax withheld because I had NO for Water	line AND	-mp-u-		
If you meet both conditions, enter "EXEMPT" here.			5		
Under penalties of penjury, I certify that I am entitled to the sumber of	withholding allowances claimed on this cert	ificate or entitled to chain exempt on	ms.	,	/ /
Employee's Signature A Splen U				DATE 6/	10/ 20/2
EMPLO	YMENT ELIGIBILIT	Y VERIFICATION	(FORM I-	9)	,
AST NAME PIRST	MIDDLE MIDDLE		IRTH NAME		BECH DATE
TREET ADDRESS	HW / M	FIEL STATE	ZIP	Established	5/19/69
4 226 STERN AVENUE	SHERMAN OF	FFS CA 91	558	2174	TYNUMBER
attest, under penalty of perjury, that I a	m (check box):	1.	100	$\mathcal{L}_{\mathcal{T}}$	79 33 00
1. A citizen or national of the United States.	2 An alien lawfully ad	mitted for permanent residence	(Alien Number A		
3. An alien authorized by the immigration and Naturalization.	nation Service to work in the United S	tates (Alien Number A			or
Admission number	, expiration of employment authori	zation, if any		1	
attest under the penalty of perjury, the documer am aware that federal law provides for imprison	its that I have presented as eviment and/or fine for any false	idence of identity and em statements or use of fals	ployment elig	bility are genui	ne and relate to me.
	PREPARER TRANSLATOR CERTIF	CATION   TRANSLATOR SHONAT	URE		NAME
MIE V	to be completed if prepared by person of aployee) I attent under penalty of perjury that it appared by me at the request of the named indi-	te above was			
be	sed on all information of which I have any kn	owledge.			
MPLOYER REVIEW AND VERIFICATION: In and one from List C and check the appropriate boxes. P	structions: examine one docume rovide the Document Identifica	ent from List A and check tion Numbers and Expirat	the appropriate	box or examine	one document from list
List A		t B	l	List	
Documents that Establish Identity and Employment Eligibility	Documents that	Establish Identity	Documen		Employment Eligibility
1. U.S. Passport (unexpired or expired)	1. A State issued driver's it with a photograph, or in	icease or a State issued LD. Card formation, including same, sex, ght and color of eyes	□ 1.0	riginal Social Security	Card (other than card station it
2. Certificate of United States Cataronship     3. Certificate of Naturalization	2 U.S. Military Card		15 90	r valor for employment	0
4. Unexpired Foreign Plasport with attached Employment Authorization	3. For minors under the age 4. Other (Specify document	of 16, School ID with photo			y State, county or municipal other certification
	· · · · · · · · · · · · · · · · · · ·		3.0	permised INS Frankson	
5. Alica Registration Card with Photograph				,,	ent Authorization (Specify Form)
	Document Identification		#_ Document Id		cat Authorization (Specify Form)
5. Alica Registration Card with Photograph			#_		cent Andhorization (Specify Form)



LOS ANGELES (818) 848-9200 NEW YORK (212) 675-4600

New Employee ( Com	plete ALL Sections)
Change of Address (	
Change of Exemptions	(Complete Section A & Form W-4)
Rate Change ( Comple	

La Cara	PICTURE	Thomas .		C	DST CODE
H3 EXPORTS LC		ITCHET 3			
Zach Galligat	071-	The second second second	THE 5/30	A CHOI	SAG
PAGLOVEE ADDRESS NO. STREET		. 0101	~		340
25 WINDMILL A	(P	CHECK ONE.	UNION	(	NON UNION
AD WANK ALM	10504	RATE OF PAY			
PHONE	BORTHOUSE SEX	1 933 MR	HOUR	DAY	Z/week
310 1374 - 5020	2/14/64 19 1				7
\$35.00 WILL BE CHARGED FOR I	REPLACEMENT CHECKS	GUARANTEED HOURS	PER:	HOUR	DAY WEEK
GUARANTEED WORK HOURS	YELDIN.	ADDITIONAL COMPENSAT	ION OR DEALS:		
Guaranteed work hours available each week are	/ day		-		
Overtime to be computed at base overtime rate of	THORIZED SHONALLESS				
X Car Xuly X					
FORM W4 EMPLOYEE	'S WITHHOLDING ALLO	OWANCE CERTIFI	CATE		ONS AND WORKSHEET ARE OM THE PRODUCTION OFFICE
	ber withhold at higher Single rate.	2. If your last name differs for and call 1-800-772-1213 for		tty card, check here	
Note: If married, but legally separated, or specie is a non-resis 3. Total number of allowpares you are claiming	dent alien, check the single box	200 100 100 100 100		11	7
4. Additional amount: if any, you want withheld from each pr	opened			4	
5. I claim exemption from withholding for the current ye		H of the following conditions of the ex-	mptor	135	
	Real Income ton withheld because I had NO can ital some tax withheld because I expect to have NO can			100	
If you meet leath conditions, enter "EXEMPT"	A CONTRACTOR OF STREET, STREET	menny.	5		
Under penalties of perjury. I constructed I am addited to the ne	more of withholding allowances claimed in this on	enfloate or entalled to claim enempt sta	Tak.		
Englisher's Equation X Quel	Lely		Marine Waller	DATE 6	-6- ×12
) PM	PLOYMENT ELIGIBILIT	V VERIFICATION	/FORM I	0)	
Luras C			RTH NAME	-3)	Thirm Date
GALLEAN ?	metony Wo	LFE			2-14-64
STREET ADDRESS	CITY-	STATE	ZIP La C	SOCIAL SECU	CA - 843U
15 WINDMILL KD	ARNONK	Ny	10504	100	(- 0 7 0 127
I attest, under penalty of perjury, th	at I am (check box):				
rairest, under penalty of perjury, th		dmitted for permanent residence	(Alien Number A		
L. A citizen or ranional of the United States.	2. An alien lawfully a				
					. 02
1. A citizen or national of the United States.  3. An alien authorized by the immigration and Admission number.	Naturalization Service to work in the United expération of employment author	States (Alien Number A			
1. A citizen or national of the United States.  3. An alien authorized by the immigration and Admission number.  I attest under the penalty of perjury, the do	Naturalization Service to work in the United expiration of employment author ocuments that I have presented as e	I States (Alien Number A			
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LOS ANGELES (818) 848-9200

NEW YORK (212) 675-4600

New Employee ( Complete ALL Sections)
Change of Address (Complete Section A)
Change of Exemptions (Complete Section A & Form W-4)
Rate Change (Complete Section A.)

PAYROLL Fax: (866	6) 690-6361		Exemptions (Completenge (Complete Section	e Section A & Form W-4)
SECTION A PLEASE PRINT CLEARLY O	OR PAYMENT COULD BE D	ELAYED		
PRODUCTION COMPANY	PICTURE/P	ROJECT		COST CODE
DIANE AYALA GOLDA	ver 546		TART OCCUPATION	tres SA
1771 Grissith Pyk B	lad CA 90006	CHECK ONE:	UNION	NON UNION
PHONE (323) 552 3658 9-	1-56 M D	s 268 PER:	☐ HOUR	DAY WEEK
GUARANTEED WORK HOURS Guaranteed work hours available each week are Overtime to be computed at base overtime rate of	/ day	ADDITIONAL COMPENSA	TION OR DEALS:	
AGREED EMPLOYEE SIGNATURE AUTHORIZED AUTHORIZED X				
	ITHHOLDING ALLO	WANCE CERTIFI	CATE INSTRUC	TIONS AND WORKSHEET ARE FROM THE PRODUCTION OFFICE
<ol> <li>Single Married Married, but withhort Married, but legally separated, or spouse is a non resident alien.</li> </ol>		<ol> <li>If your last name differs f and call 1-800-772-1213 for</li> </ol>	rom your social security card, check he more information	re 🗆
3. Total number of allowances you are claiming			3	
Additional amount, if any, you want withheld from each paycheck —     I claim exemption from withholding for the current year of		(4-64	4	
Last year I had a right to a refund of ALL Federal Incom			emption:	
This year I expect a refund of ALL Federal Income tax v				
If you meet both conditions, enter "EXEMPT" here.				
Under penalties of perjury, I certify that am entitled to the number of y	ithholding allowances claimed on the certif	inate or entitled to claim exempt at		
v	0 1/	or entitled to claim exempt st.	itus.	1 -
Employee's Signature A /lane %.	1 ala Sal	Shar	DATE U	au 30 11
~ 'L	Pr 10			0
EMPLOY	MENT ELIGIBILITY	VERIFICATION	(FORM I-9)	
LAST NAME FIRST	MIDDLE		BIRTH NAME	Transcent and
11101	MIDDLE	l'	SIKTH NAME	BIRTH DATE
STREET ADDRESS	50057			
STREET ADDRESS	CITY	STATE	ZIP SOCIAL SEC	URITY NUMBER
I attest, under penalty of perjury, that I an	m (chack how).			
1. A citizen or national of the United States.	2. An alien lawfully adm	nitted for permanent residence	(Alien Number A	
3. An alien authorized by the immigration and Naturalization.			(romen realists A	- or
Admission number	, expiration of employment authoriz			
I attest under the penalty of perjury, the documen	ts that I have presented as evi	dence of identity and en	nployment eligibility are ge	nuine and relate to me.
I am aware that federal law provides for imprison	ment and/or fine for any false	statements or use of fal		
EMPLOYEE SIGNATURE	REPARER TRANSLATOR CERTIFIC		TURE	PRINT NAME
A Mane Holdings	be completed if prepared by person other iployee) I attest under penalty of perjury that the			
pre	pared by me at the request of the named indiv	idual and is		
bas	sed on all information of which I have any kno	wledge.		
EMPLOYER REVIEW AND VERIFICATION: In	structions: examine one docume	nt from List A and check	the appropriate box or exam	nine one document from list B
and one from List C and check the appropriate boxes. Pr	rovide the Document Identificat	tion Numbers and Expira	tion Dates for the documents	checked.
List A	Lis			
Documents that Establish Identity and			and the second second	List C
Employment Eligibility	Documents that I	stablish Identity	Documents that Establ	lish Employment Eligibility
1. U.S. Passport (unexpired or expired)	1. A State issued driver's limits.	cense or a State issued I.D. Card	1. Original Social Sec	urity Card (other than card stating it
2. Certificate of United States Citizenship	date of birth, height, weight	ormation, including name, sex. tht and color of eyes	is not valid for employ	yment)
3. Certificate of Naturalization	2. U.S. Military Card		2. Birth Certificate iss	aed by State, county or municipal
Unexpired Foreign Passport with attached		of 16, School ID with photo	authority bearing a ser	al or other certification
Employment Authorization  S Alien Registration Card with Phytograph	4. Other ( Specify document	t and issuing authority)	3. Unexpired INS Em	ployment Authorization (Specify Form)
5. Alien Registration Card with Photograph			#	
Document Identification	Document Identification		Document Identification	
422740000			A Comment of the Comm	
122218007	•			
Expiration Date: (If any) April 3 2017	Expiration Date: (If any)		Expiration Date: (If any)	
CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be	EXAMINER'S SIGNATU	RE TITLE	DATE	EMPLOYER
genuine and to relate to the individual named, and that the individual to the best of my knowledge, is eligible to work in the United States.	· <b>Y</b>			ABS Payroll



LOS ANGELES NEW YORK (818) 848-9200 (212) 675-4600

New Employee ( Con	nplete ALL Sections)
Change of Address (	
	s (Complete Section A & Form W-4)
On	

Plane		Rate Ch	ange (Compl	ete Section	Α)
SECTION A PLEASE PRINT CLEAR	RLY OR PAYMENT COULD BE	DELAYED			
PRODUCTION COMPANY	PICTURE /	And the second s			COST CODE
H3 EXPORTS LLC	Hat	echet 3			COST CODE
EMPLOYEE NAME	5.5.		START .	OCCUPATION	
RILLAH VANDERBILT			DATE 5/30		UNION
EMPLOYEE ADDRESS NO. STREET		71.7703	-/30	ACTO	r sag
11554 HUSTON ST.		CHECK ONE:	W UNION		NON UNION
CITY	TE ZIP	-		_	
valley vittage C	91601	RATE OF PAY:			
74 - 4	RTHDAY SEX	s 933 PER:	HOUR	DAY	WEEK
(310) 497-7739	8.20.79 M (F)				DR THER
\$35.00 WILL BE CHARGED FOR RE	PLACEMENT CHECKS	GUARANTEED HOURS	PER:	☐ HOUR	DAY WEEK
GUARANTEED WORK HOURS		ADDITIONAL COMPENSA	ATION OR DEALS:		
Guaranteed work hours available each week are	/ day				
Overtime to be computed at base overtime rate of	per hour				
AGREED EMPLOYEE SIGNATURE AUTH	ORIZED SIGNATURE	-			
X-outh X					
The state of the s					
FORM W-4 EMPLOYEE'S	S WITHHOLDING ALLO	WANCE CERTIF	ICATE		IONS AND WORKSHEET ARE ROM THE PRODUCTION OFFICE
1. Single Married Married, bu					
Note: If married, but legally separated, or spouse is a non resider	it withhold at higher Single rate	<ol><li>If your last name differs and call 1-800-772-1213 fc</li></ol>	from your social securi or more information.	ty card, check here	
Total number of allowances you are claiming	a anea, check the single box				1
Additional amount, if any, you want withheld from each payer	beck			- 3	
5. I claim exemption from withholding for the current year		Lof the following and the contribution of the		- 4	
<ul> <li>Last year I had a right to a refund of ALL Federa</li> </ul>	al Income tax withheld because I had NO tax liab	ility: AND	xemption:		
<ul> <li>This year I expect a refund of ALL Federal Incor</li> </ul>					
If you meet both conditions, enter "EXEMPT" her			5		
Under penalties of perjury, I certify that I am entitled to the number	ber of withholding allowances claimed on this cer	tificate or entitled to claim exempt s	tatus.		
Employee's Signature X	,			D. 5	30.12 20
T V					20.
EMP	LOYMENT ELIGIBILIT	Y VERIFICATION	N (FORM I-	9)	
LAST NAME FIRST	MIDDLE		BIRTH NAME		BIRTH DATE
vanderbout K	lean E		Haue	S	8.20.79
STREET ADDRESS	CITY	STATE	ZIP	SOCIAL SECU	RITY NUMBER
11554 Huston St.	ValleyVillad	ie .ca. 91	WDI	522	49.3385
I attest, under penalty of perjury, that	t I am (check box):	,			
1. A citizen or national of the United States.		dmitted for permanent residence	- (Allen Noorbook		
			e (Allen Number A_		
3. An alien authorized by the immigration and Na	turalization Service to work in the United	States (Alien Number A			, or
	, expiration of employment author	rivation if any			
Admission number					)
I attest under the penalty of perjury, the doc-	uments that I have presented as e	vidence of identity and e	mployment eligi	bility are gen	uine and relate to me.
I attest under the penalty of perjury, the doc I am aware that federal law provides for imp	uments that I have presented as e prisonment and/or fine for any fals	vidence of identity and e se statements or use of fa	lse documents i	n connection	with this certificate.
I attest under the penalty of perjury, the doc-	uments that I have presented as e prisonment and/or fine for any fals PREPARER TRANSLATOR CERTIF	vidence of identity and e se statements or use of fa FICATION TRANSLATOR SIGN	lse documents i	n connection	uine and relate to me. with this certificate.
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I attest under the penalty of perjury, the doc I am aware that federal law provides for imp	uments that I have presented as e prisonment and/or fine for any fals  PREPARER TRANSLATOR CERTIF (to be completed if prepared by person or employee) I attest under penalty of perjuy that prepared by me at the request of the named in	vidence of identity and e se statements or use of fa FICATION TRANSLATOR SIGN ther than the the above was dividual and is	lse documents i	n connection	with this certificate.
I attest under the penalty of perjury, the doct I am aware that federal law provides for imp	PREPARER TRANSLATOR CERTIF (to be completed if prepared by person or employee) I attest under penalty of perjuy that prepared by me at the request of the named int based on all information of which I have any k	vidence of identity and e se statements or use of fa FICATION ther than the the above was twidinal and is unowiedge.	dise documents in	n connection	with this certificate.
I attest under the penalty of perjury, the doct I am aware that federal law provides for imp	PREPARER TRANSLATOR CERTIF  (to be completed if prepared by person or employee) I affect under penalty of perjury that prepared by me at the request of the named inc based on all information of which I have any k  N: Instructions: examine one docum	vidence of identity and e se statements or use of fa FICATION other than the the above was invidual and is nowledge.  The statement of the sta	ATURE	box or exam	with this certificate.  INT NAME
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I attest under the penalty of perjury, the door I am aware that federal law provides for imp  EMPLOYER REVIEW AND VERIFICATION and one from List C and check the appropriate box  List A	PREPARER TRANSLATOR CERTIF to be completed if prepared by person o employee) I attest under penalty of perjury that prepared by me at the request of the named inc based on all information of which I have any k N: Instructions: examine one docum xes. Provide the Document Identific	vidence of identity and e se statements or use of fa FICATION wher than the the above was dividual and is anowledge.  The statement of the sta	k the appropriate	box or examine documents of	int name  one one document from list checked.
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LOS ANGELES (818) 848-9200

**NEW YORK** (212) 675-4600

Q	New Employee ( Complete ALL Sections)
	Change of Address (Complete Section A)
	Change of Exemptions (Complete Section A & Form W-4)
	Pate Change ( Camplete Section 4 )

PAYRO	Fax: (866)	690-6361	Rate	Change ( Compl		A)		
SECTION A PLEASE I	PRINT CLEARLY O	R PAYMENT COULD BE		Change (Comp.	icic Section 2	1)		
PRODUCTION COMPANY		PICTURE	PROJECT			COST CODE		
H3 EXPORTS	, 110	HATC	CHET 3					
Jeff Brockton	1 Brott 0	W/ 562-75	V928-	DATE 5/30	Stunt	UNION SA 6		
EMPLOYEE ADDRESS NO.	STREET	APT.		7,20	710101	2116		
238 SPINNAKU	CHECK ONE:	WINION	ON UNION					
SLIDELL, LA	704	ZIP ZIP	RATE OF PAY:					
PHONE	BIRTHDA		, 268	PER: HOUR	DAY	□ WEEK		
(818) 822-993		131167 (M) F	GUARANTEED HO		_			
	ARGED FOR REPLACE	EMENT CHECKS	Western Control of the	PER:	HOUR	☐ DAY ☐ WEEK		
GUARANTEED WORK HOL Guaranteed work hours available e		/ days	ADDITIONAL COM	IPENSATION OR DEALS:				
Overtime to be computed at base or		/ day per hour						
AGREED EN LOYE SIGNATURE	AUTHORIZED	SIGNATURE	1					
X / N/ N/	$\supset X$							
FORM W4 EM	PLOYEE'S WI	THHOLDING ALLO	OWANCE CER	TIFICATE		IONS AND WORKSHEET ARE		
1. Single Married	Married, but withhol	d at higher Single rate	2. If your last name	differs from your social secu		THE PRODUCTION OFFICE		
Note: If married, but legally separated, or			and call 1-800-772	-1213 for more information	iny card, check here			
Total number of allowances you are cla	Section 1 - Control of the section o				3			
<ol> <li>Additional amount, if any, you want wi</li> <li>I claim exemption from withholding</li> </ol>		and I certify that I meet BOTH	of the following conditions	of the exemption:	4			
<ul> <li>Last year I had a right to a</li> </ul>	refund of ALL Federal Income	tax withheld because I had NO tax liab	ility: AND	or the exemption.				
This year I expect a refunctions.  If you meet both conditions.		ithheld because I expect to have NO tax	liability.					
Under penalties of perjury, I certify that I a		thholding allowances claimed on this cer	tificate or entitled to claim e	xempt status.				
Employee's Signature X					DATE			
	EMPI OV	MENT ELICIDII IT	VVEDIEICAT	TION (FORM)		20		
LAST NAME	ENTLOI	MENT ELIGIBILIT	1 VERIFICAL		-9)			
Brockton	Jest	MIDDLE		BIRTH NAME		BIRTH DATE		
STREET ADDRESS	W(4 D.	CITY	STATE	ZIP	SOCIAL SECU			
238 SPINNI		30 -000	_LA	70458	362	75-8208		
I attest, under penalty of								
1. A citizen or national of the U				sidence (Alien Number A				
		tion Service to work in the United				, or		
I attest under the penalty of p	eriury, the document	, expiration of employment authors that I have presented as a	rization, if any	and amplement all	ar ar			
i am aware that lederal law p	rovides for imprisonn	nent and/or fine for any fals	se statements or use	of false documents	in connection	with this certificate.		
X EMPLOYER SIGNATURE		REPARER TRANSLATOR CERTIF be completed if prepared by person of	CALION	R SIGNATURE	PR	INT NAME		
DATE	emp	loyee) I attest under penalty of perjury that ured by me at the request of the named inc	the above was ADDRESS					
6/1/12	hase	d on all information of which I have any k	nowledge.					
and one from List C and check th	VERIFICATION: Ins e appropriate boxes. Pr	tructions: examine one docum ovide the Document Identific	nent from List A and ation Numbers and	check the appropriate Expiration Dates for t	e box or exami the documents of	ne one document from list E hecked.		
List A			ist B	1	Li	st C		
Documents that Estab Employment E		Documents that	Establish Identity	Docume	nts that Establis	sh Employment Eligibility		
1. A State issued driver's li			license or a State issued LD information, including name, eight and color of eyes	use or a State issued LD, Card nation, including name, sex.  1. Original Social Security Card (other than card stating it				
	Certificate of United States Citizenship     date of birth, height, wei     Certificate of Naturalization     2. U.S. Military Card			color of eyes is not valid for employment)  2. Birth Certificate issued by State, county or municipal				
	4. Unexpired Foreign Passport with attached 3. For minors under the age			oto aut	hority bearing a seal	or other certification		
5. Alien Registration Card wit	h Photograph	DIOLE	ent and issuing authority)	3.1	Inexpired INS Emple	oyment Authorization (Specify Form)		
Document Identification		Document Identification		Document I	dentification	8109		
		. 10/2019				0008		
Expiration Date: (If any)		Expiration Date: (If any)		Expiration I	Date: (If any)			
ERTIFICATION: I attest, under penalty of the documents presented by the above indi-			URE	TITLE	DATE	EMPLOYER		
enuine and to relate to the individual name						ARS Payroll		

number to be issued),

effectively connected income.

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your

allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of

(Rev. January 2011) Department of the Treasury Internal Revenue Service

### **Request for Taxpayer Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

	New to the state of the state o										
	Name (as shown on your income tax return)  LEFF Scockton										
Print or type See Specific Instructions on page 2.	Business name/disregarded entity name, if different from above  Robuctors INC										
	Check appropriate box for federal tax										
	classification (required):										
Print or type	☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ► ☐ Exempt payee										
돌	☐ Other (see instructions) ▶										
₩.	Address (number, street, and apt. or suite no.)	equester	ester's name and address (optional)								
ě	238 SPILLAKER DR			77,77,77							
See	SUDELL A 70488										
	List account number(s) here (optional)										
Part	Taxpayer Identification Number (TIN)										
Enter y	our TIN in the appropriate box. The TIN provided must match the n	ame given on the "Name" lir	e S	ocial sec	urity n	umber					
to avoi	d backup withholding. For individuals, this is your social security nut t alien, sole proprietor, or disregarded entity, see the Part I instruct	imber (SSN). However, for a		TT	7 7	$\Box$	Γ	T	П		
entities	, it is your employer identification number (EIN). If you do not have a page 3.	a number, see How to get a	L		] -[		-		Ш		
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.				mployer	dentifi	ication n	umbe	r			
nombe	to enter.		3	15.	·   z	32	7	09	8		
Part	Certification			1-1	1-1		•		4		
Under p	penalties of perjury, I certify that:										
1. The	number shown on this form is my correct taxpayer identification nu	mber (or I am waiting for a n	umber	to be iss	ued to	me), a	nd				
2. I am Serv	not subject to backup withholding because: (a) I am exempt from tice (IRS) that I am subject to backup withholding as a result of a failinger subject to backup withholding, and	backup withholding or (b) I h	ave no	t been n	otified	by the	Intorn	nal Rev d me ti	enue hat I am		
3. Iam	a U.S. citizen or other U.S. person (defined below).										
Certific becaus interest general instruct	ation instructions. You must cross out item 2 above if you have be you have failed to report all interest and dividends on your tax retipaid, acquisition or abandonment of secured property, cancellation y, payments other than interest and dividends, you are not required ons on page 4.	um. For real estate transaction of debt. contributions to a	ons, iter	m 2 does	s not a	apply. Fo	or mo	ortgage	and		
Sign Here	Signature of	No. and the second	,	77							
пеге	U.S. person ▶	Date >	6	/1/	12						
	references are to the Internal Revenue Code unless otherwise	Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar									
noted.	ose of Form	to this Form W-9.  Definition of a U.S. person. For federal tax purposes, you are									
		considered a U.S. person if you are:  • An individual who is a U.S. citizen or U.S. resident alien,									
obtain y	n who is required to file an information return with the IRS must our correct taxpayer identification number (TIN) to report, for	<ul> <li>An individual who is a U.S. citizen or U.S. resident allen,</li> <li>A partnership, corporation, company, or association created or</li> </ul>									
you paid	e, income paid to you, real estate transactions, mortgage interest d, acquisition or abandonment of secured property, cancellation	organized in the United States or under the laws of the United States,  • An estate (other than a foreign estate), or									
	or contributions you made to an IRA.		-	0-7-0-0		section :	301.7	701-7			
alien), to	orm W-9 only if you are a U.S. person (including a resident provide your correct TIN to the person requesting it (the person) and, when applicable, to:	<ul> <li>A domestic trust (as defined in Regulations section 301.7701-7).</li> <li>Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding</li> </ul>									
1. Cer	tify that the TIN you are giving is correct (or you are waiting for a to be issued).	tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a									

partnership is required to presume that a partner is a foreign person,

status and avoid withholding on your share of partnership income.

and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S.