

(818) 848-9200

(212) 675-4600

Fax: (866) 690-6361

Change of Address ( Complete Section A)
Change of Exemptions (Complete Section A & Form W-4)

Picar		C Rate Cha	nge (Comple	ete Section A)	
	LY OR PAYMENT COULD BE I	DELAYED			
PRODUCTION COMPANY	PICTURE /			COST	CODE
H3 EXPORTS LLC		HET 3			
Felipe Savahge/Savahge			THE 5/30	5tVN	SA 6
P.D. BOX 251634	APT. #	CHECK ONE:	UNION	0	NON UNION
LOS ANGELES COSTAT	90025	RATE OF PAY:			
(316)650-7930	<b>⊕</b> F		HOUR	DAY 🗆	WEEK
\$35.00 WILL BE CHARGED FOR RE	PLACEMENT CHECKS	GUARANTEED HOURS	PER:	HOUR	DAY WEEK
GUARANTEED WORK HOURS Guaranteed work hours available each week are		ADDITIONAL COMPENSAT	TION OR DEALS:		
Overtime to be computed at base overtime rate of	/ day per hour				
	ORIZED SIGNATURE				
X / Clobe X	MALES SIGNATURE				
FORM W-4 EMPLOYEE'S	WITHHOLDING ALLO	WANCE CERTIFI	CATE		S AND WORKSHEET ARE THE PRODUCTION OFFICE
Single Married Married, but Note: If married, but legally separated, or spouse is a non resident.	withhold at higher Single rate t alien, check the single box	<ol> <li>If your last name differs to and call 1-800-772-1213 for</li> </ol>		ty card, check here	
3. Total number of allowances you are claiming				3	
<ol> <li>Additional amount, if any, you want withheld from each payer</li> </ol>				4	1
<ol> <li>I claim exemption from withholding for the current year</li> <li>Last year I had a right to a refund of ALL Federa</li> </ol>			emption:		
This year I expect a refund of ALL Federal Inson					
If you meet both conditions, enter "EXEMPT" hen			5		
Under penalties of perjury, I certify that I am entitled to the numb Employee's Signature X	er of withholsting allowances claimed on this cert	ificate or entitled to claim exempt to	tus.	DATE	20.
EMPI	LOYMENT ELIGIBILIT	VERIFICATION	(FORM 1-		
LAST NAME FIRST	MINOLE		IRTH NAME		BIRTH DATE
STREET ADDRESS	GIY /	STATE	ZIP	SOCIAL SECURITY	238 52800
Section in Company (Co.)			Lu	SOCIAL SECURITY	PUNIBER
I attest, under penalty of perjury, that	Tam (check box):				
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 infinigration and Nat	turalization Service to work in the United !	States (Alien Number A		*	, or
Admission number	, expiration of employment authori	ization if any			
I attest under the penalty of perjury, the docu I am aware that federal law provides for imp	aments that I have presented as ex	ridence of identity and en	aployment eligi	bility are genuin	e and relate to me.
PMPLOYEE SMNATURE	PREPARER TRANSLATOR CERTIF	ICATION TRANSLATOR SIGNA		PRINT	
Defit:	(to be completed if prepared by person of employee) I attest under penalty of perjury that i	her than the the above was ADDRESS			
•	prepared by me at the request of the named indi- based on all information of which I have any kr	ividual and is			
EMPLOYER REVIEW AND VERIFICATION and one from List C and check the appropriate box	N: Instructions: examine one docum	ent from List A and check	the appropriate	box or examine ne documents chec	one document from list I
List A		st B	1	List C	
Documents that Establish Identity and		Establish Identity	Documen		imployment Eligibility
Employment Eligibility		license or a State issued LD. Card			
1. U.S. Passport (unexpired or expired)     2. Certificate of United States Citizenship	date of birth, height, we	nformation, including name, sex, sight and color of eyes	is no	riginal Social Security C t valid for employment)	ard (other than card stating it
3. Certificate of Naturalization  4. Unerwind Species Proport with streeted	2. U.S. Military Card 3. For minors under the a	ge of 16, School ID with photo		irth Certificate issued by ority bearing a seal or of	State, county or municipal her certification
Unexpired Foreign Passport with attached Employment Authorization	4. Other (Specify docum			and the second	ent Authorization (Specify Form)
5. Alien Registration Card with Photograph			#_	ace-markaness occurrences	
Document Identification	Document Identification		Document Id	entification:	
Emination Date (Mann)			-		
Expiration Date: (If any)  CERTIFICATION: I attest, under penalty of perjury, that I have ex	Expiration Date: (If any)  EXAMINER'S SIGNATION  EXAMINER'S SIGNAT	URE TITLE	Expiration D		MPLOYER
Control of the Control of Marcon, Samuel Printerly for period y, makin Have Ca	THE PERSON NAMED OF STREET	orac HILLE		1/0.15 F 12	RELATERS.



LOS ANGELES (818) 848-9200

NEW YORK (212) 675-4600

New	Employee ( Complete ALL Sections)	
Cha	nge of Address (Complete Section A)	

PAYA	: (866) 690-6361	Rate (	Change ( Compl	ete Section	
SECTION A PLEASE PRINT CLEA	RLY OR PAYMENT COULD BE I	DELAYED			
PRODUCTION COMPANY	PICTURE /	PROJECT			OST CODE
H3 EXPORTS UC	нат	chet 3			
EMPLOYEE NAME	S. S. #	_	START	OCCUPATION	UNION
zach Gowan	373-06-	0319	DATE 5/30	Stunt	5A6
EMPLOYEE ADDRESS NO. STREE	T APT. #	CHECK ONE	104		
JOU / Iteranon Dr #1004		CHECK ONE:	UNION		NON UNION
CITY	Mr. ALLAR	RATE OF PAY:			
PHONE	IRTHDAY. SEX	,268 p		r de	
(734) 718-0886	3/30/830 1	\$ _ 0 8 PF	R: HOUR	DAY	WEEK
\$35.00 WILL BE CHARGED FOR R	EDI ACEMENT CHECKS	GUARANTEED HOU	RSPER:	HOUR	DAY WEEK
GUARANTEED WORK HOURS	ELECTRICAL CHECKS	ADDITIONAL COMP	ENSATION OR DEALS:		
Guaranteed work hours available each week are	/ day				
Overtime to be computed at base overtime rate of	per hour				
AGREED CHANGE SIGNATURE AUT	HORIZED SIGNATURE	·			
X S					
FORM WA FAMIL OVER	o numuros processos			INSTRUCT	IONS AND WORKSHEET ARE
FORM W-4 EMPLOYEE	S WITHHOLDING ALLO	WANCE CERI	IFICATE		ROM THE PRODUCTION OFFICE
Single Married Married, 8	out withhold at higher Single rate	2. If your last name d	iffers from your social secur	rity card, check here	
Note: If married, but legally separated, or spouse is a non resid			13 for more information		
3. Total number of allowances you are claiming				3	
<ol> <li>Additional amount, if any, you want withheld from each page.</li> </ol>				4	
I claim exemption from withholding for the current year	ar of and I certify that I meet BOTH  eral Income tax withheld because I had NO tax liabi		the exemption:		
	come tax withheld because I expect to have NO tax i	Of the second second			
If you meet both conditions, enter "EXEMPT" )					
Under penalties of perjury, I certify that I am entitled to the nur	per of withholding allowances claimed on this cert	tificate or entitled to claim exe	mpt status.		
Employee's Signature X				DATE	20
					20
	PLOYMENT ELIGIBILIT	Y VERIFICAT	ON (FORM I-	-9)	
LAST NAME FIRS	- 1	Jack	BIRTH NAME		BIRTH DATE
STREET ADDRESS	achery	STATE	710	SOCIAL SECU	1 2/00/8 3
3607 Hamon Rd. #	204 Wayne	MZ	48184		06-0319
		- 14	10101	100	57 6
I attest, under penalty of perjury, the					
1. A citizen or national of the United States.	2. An alien lawfully ad	imitted for permanent resi	dence (Alien Number A	S	
3. An alien authorized by the immigration and !	laturalization Service to work in the United	States (Alien Number A_			, or
Admission number	expiration of employment author	ization, if any			
I attest under the penalty of perjury, the do	cuments that I have presented as e-	vidence of identity as	nd employment elig	ibility are gen	uine and relate to me.
I am aware that federal law provides for im		T. 100 C.			with this certificate.
V	PREPARER TRANSLATOR CERTIF (to be completed if prepared by person of	ICALION	SHUNATURE		UNINAME
1					
DATE	employee) I aftest under penalty of perjuty that prepared by me at the request of the named ind				
A DATE 6/1/12	prepared by me at the request of the named ind based on all information of which I have any ke	lividual and is nowledge.			
DATE 6/1/12 EMPLOYER REVIEW AND VERIFICATION	prepared by me at the request of the named ind based on all information of which I have any ke ON: Instructions: examine one docum	nowledge.	check the appropriat	e box or exam	ine one document from list l
EMPLOYER REVIEW AND VERIFICATION and one from List C and check the appropriate by	prepared by me at the request of the named ind based on all information of which I have any ke ON: Instructions: examine one docum	nowledge.	check the appropriat	e box or exam	ine one document from list l
and one from List C and check the appropriate b  List A	prepared by me at the request of the named ind based on all information of which I have any k DN: Instructions: examine one docum loxes. Provide the Document Identific	nowledge.	check the appropriat	the documents	ine one document from list l checked.
List A  Documents that Establish Identity a	prepared by me at the request of the named ind based on all information of which I have any ke DN: Instructions: examine one docum- loxes. Provide the Document Identific	nowledge.  nent from List A and atton Numbers and E	xpiration Dates for	the documents of L	checked.
List A  Documents that Establish Identity a  Employment Eligibility	prepared by me at the request of the named ind based on all information of which I have any to DN: Instructions: examine one documents. Provide the Document Identificated Documents that I.A. State issued driver's	inidual and is nowledge.  nent from List A and attion Numbers and E ist B  Establish Identity  license or a State issued LD.	Docume	the documents L ents that Establi	checked. ist C sh Employment Eligibility
List A  Documents that Establish Identity a	DN: Instructions: examine one documents that a provide the Document Identificated Document Identificated Documents that I. A State issued driver's with a photograph, or i date of brith, height, we	lividual and is nowledge.  In the property of	Docume	the documents L ents that Establi	checked.  ist C  sh Employment Eligibility  rity Card (other than card stating it
List A  Documents that Establish Identity a  Employment Eligibility  1. U.S. Passport (unexpired or expired)  2. Certificate of United States Citizenship  3. Certificate of Naturalization	prepared by me at the request of the named ind based on all information of which I have any ke DN: Instructions: examine one documents. Provide the Document Identificated in Documents that I. A State issued driver's with a photograph, or induced to him, height, we get the U.S. Military Card	nowledge.  nent from List A and attion Numbers and E ist B Establish Identity license or a State issued LD. onformation, including name, seight and color of eyes	Docume  Card Docume  1.0 1.1 2.1	Lents that Establi  Original Social Secusor valid for employer Birth Certificate issue	checked.  ist C  sh Employment Eligibility  rity Card (other than card stating it nent)  ed by State, county or municipal
List A  Documents that Establish Identity a  Employment Eligibility  1. U.S. Passport (unexpired or expired) 2. Certificate of United States Citizenship	prepared by me at the request of the named ind based on all information of which I have any to DN: Instructions: examine one documents. Provide the Document Identificated Documents that I.A. State issued driver's with a photograph, or induced the Documents that the Documents of	lividual and is nowledge.  In the property of	Docume Card I. S.	Lents that Establi  Original Social Seculot valid for employed Birth Certificate issue hority bearing a seal	checked.  ist C  sh Employment Eligibility  rity Card (other than card stating it nent)  ed by State, county or municipal or other certification
List A  Documents that Establish Identity a  Employment Eligibility  1. U.S. Passport (unexpired or expired) 2. Certificate of United States Citizenship 3. Certificate of Naturalization 4. Unexpired Foreign Passport with attached	prepared by me at the request of the named ind based on all information of which I have any to DN: Instructions: examine one documents. Provide the Document Identificated Documents that I.A. State issued driver's with a photograph, or induced the Documents that the Documents of	invidual and is nowledge.  nent from List A and ation Numbers and E ist B  Establish Identity  license or a State issued LD, information, including name, a eight and color of eyes age of 16, School ID with phot	Docume Card I. S.	Lents that Establi  Original Social Seculot valid for employed Birth Certificate issue hority bearing a seal	checked.  ist C  sh Employment Eligibility  rity Card (other than card stating it nent)  ed by State, county or municipal
List A  Documents that Establish Identity a  Employment Eligibility  1. U.S. Passport (unexpired or expired)  2. Certificate of United States Citizenship  3. Certificate of Naturalization  4. Unexpired Foreign Passport with attached Employment Authorization	prepared by me at the request of the named ind based on all information of which I have any to DN: Instructions: examine one documents. Provide the Document Identificated Documents that I.A. State issued driver's with a photograph, or induced the Documents that the Documents of	invidual and is nowledge.  nent from List A and ation Numbers and E ist B  Establish Identity  license or a State issued LD, information, including name, a eight and color of eyes age of 16, School ID with phot	Docume Card   Docume Card   1.0 is s is s in the second of	Lents that Establi  Original Social Seculot valid for employed Birth Certificate issue hority bearing a seal	checked.  ist C  sh Employment Eligibility  rity Card (other than card stating it nent)  ed by State, county or municipal or other certification
List A  Documents that Establish Identity a  Employment Eligibility  1. U.S. Passport (unexpired or expired)  2. Certificate of United States Citizenship  3. Certificate of Naturalization  4. Unexpired Foreign Passport with attached Employment Authorization  S. Alien Registration Card with Photograph	Document Identification	Itividual and is nowledge.  In the Internation Numbers and E ist B  Establish Identity  Ilicense or a State issued LD, information, including name, a eight and color of eyes age of 16, School ID with phot tent and issuing authority)	Docume Card   Docume Card   1.0 is s is s in the second of	Lents that Establi  Original Social Secu  sol valid for employs  Birth Certificate issus  hority bearing a seal  Unexpired INS Employee  dentification	checked.  ist C  sh Employment Eligibility  rity Card (other than card stating it nent)  ed by State, county or municipal or other certification  loyment Authorization (Specify Form)
List A  Documents that Establish Identity a  Employment Eligibility  1. U.S. Passport (unexpired or expired)  2. Certificate of United States Citizenship  3. Certificate of Naturalization  4. Unexpired Foreign Passport with attached Employment Authorization  5. Alien Registration Card with Photograph	Document Identification  Document Identification  Document Identification  Document Identification  Document Identification  Light State issued driver's with a photograph, or induced the content of the	invidual and is nowledge.  nent from List A and ation Numbers and E ist B  Establish Identity  license or a State issued LD, information, including name, a eight and color of eyes age of 16, School ID with phot	Documen I	Lents that Establi  Original Social Secu  oot valid for employs  Birth Certificate issus  hority bearing a seal  Unexpired INS Employ  dentification	checked.  ist C  sh Employment Eligibility  rity Card (other than card stating it nent)  ed by State, county or municipal or other certification
List A  Documents that Establish Identity a Employment Eligibility  1. U.S. Passport (unexpired or expired)  2. Certificate of United States Citizenship  3. Certificate of Naturalization  4. Unexpired Foreign Passport with attached Employment Authorization  5. Alien Registration Card with Photograph  Document Identification	prepared by me at the request of the named ind based on all information of which I have any keep to the control of the control	invidual and is nowledge.  In the Internation of the Internation Numbers and E ist B  Establish Identity  license or a State issued LD. (Information, including name, a eight and color of eyes age of 16, School ID with photeent and issuing authority)	Documen I	Lents that Establi  Original Social Secu  sol valid for employs  Birth Certificate issus  hority bearing a seal  Unexpired INS Employee  dentification	checked.  ist C  sh Employment Eligibility  fity Card (other than card stating it ment)  ed by State, county or municipal or other certification  (oyment Authorization (Specify Form)



_			*	*	*	
$\bigcirc$	Change	of	Add	ress (	Complete Section A)	
					(Complete Section A & Form	W-4
	Rate Ch	an	00 (	Compl	ete Section A )	

· ·			ge ( comp.	ote beetion	,	
SECTION A PLEASE PRINT CLEARLY OR PAYMENT COULD BE DELAYED  PRODUCTION COMPANY PICTURE / PROJECT COST CODE						
H3 EXPORTS U	-C 41	ATCHET 3				
EMPLOYEE NAME	8.5.1	5	TART	OCCUPATION	UNION	
GUY FEL NANDEZ	091-70-	0641	S/30	ACTOR	SAG	
4129 Catina St.	APL	CHECK ONE:	UNION		O NON UNION	
CITY STATE	ZIP	RATE OF PAY:				
Mew Onlaws, LA	DAY SEX	, 268 PER	HOUR	DAY DAY	WEEK	
(214) 477 -6935 03-	10-1985 @ F			_		
\$35.00 WILL BE CHARGED FOR REPLA	CEMENT CHECKS	GUARANTEED HOURS	PER:	HOUR	DAY WEEK	
GUARANTEED WORK HOURS		ADDITIONAL COMPENS.	ATION OR DEALS:			
Guaranteed work hours available each week are  Overtime to be computed at base overtime rate of	/ day					
AGREED FAMILOYEE SIGNATURE AUTHORIZ	ED SIGNATURE					
X						
FORM W-4 EMPLOYEE'S W	VITHHOLDING ALLO	WANCE CERTIF	TCATE		TIONS AND WORKSHEET ARE ROM THE PRODUCTION OFFICE	
1. Single Married Married, but with	shold at higher Single rate	2. If your last name differs	from your social secu	nity card, check ben		
Note: If married, but legally separated, or spouse is a non resident alie	m, check the single box	and call 1-800-772-1213 fo	or more information	1 186		
Total number of allowances you are claiming				3 99		
4. Additional amount, if any, you want withholding for the current year of						
Last year I had a right to a refund of ALL Federal Income tax withheld because I had NO tax liability: AND						
This year I expect a refund of ALL Federal Income ta	x withheld because I expect to have NO tax I	iability.				
If you meet both conditions, enter "EXEMPI" here	withholding allowances claimed on this cert	ificate or entitled to claim exempt	gadus.			
Employee's Signature X DATE 05-31 20.12						
91	WATENER DI ICIDII IM	VIDDIEIO	N (DODAK)		20,10	
	DYMENT ELIGIBILIT	Y VERIFICATIO		-9)		
Forhandez.	MIDDLE I	,	BIRTH NAME		BIRTH DATE	
STREET ADDRESS	CITY	STATE	ZIP	SOCIAL SECT	03-10-1985 RITY NUMBER	
6129 Cating St.	New Orlean	is LA	70124	091-	70-1641	
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	lmitted for permanent residence	ce (Alien Number A			
3. An alien authorized by the immigration and Natura	lization Service to work in the United S	States (Alien Number A			or	
Admission number	, expiration of employment author	Contract to the contract of th			)	
I attest under the penalty of perjury, the docume I am aware that federal law provides for impriso	ents that I have presented as ex-	vidence of identity and o	employment elig	gibility are ge	nuine and relate to me.	
EMPLOYIE SHAXID	PREPARER TRANSLATOR CERTIF	The same of the sa			RINT NAME	
DATE	(to be completed if propared by person of employee) I attest under penalty of perjury that i					
85-31-2012	prepared by me at the request of the named ind based on all information of which I have any ke	ividual and is				
EMPLOYER REVIEW AND VERIFICATION: and one from List C and check the appropriate boxes.	Instructions: examine one docum Provide the Document Identifica	nent from List A and checation Numbers and Expi	ck the appropriat	e box or exan the documents	nine one document from list B checked.	
List A	Li	ist B	1	1	.ist C	
Documents that Establish Identity and Employment Eligibility	/	Establish Identity	I -/-	ents that Establ	ish Employment Eligibility	
1. U.S. Passport (unexpired or expired)	with a photograph, or i	license or a State issued LD. Card aformation, including name, sex,		Original Social Sec not valid for employ	urity Card (other than card stating it	
2. Certificate of United States Citizenship     3. Certificate of Naturalization	date of birth, height, we 2. U.S. Military Card	cignt and color of eyes			ued by State, county or municipal	
4. Unexpired Foreign Passport with attached Employment Authorization		ge of 16, School ID with photo ent and issuing authority)	300	thority bearing a ser	d or other certification	
5. Alien Registration Card with Photograph	01027107		3.	Unexpired INS Em	oloyment Authorization (Specify Form)	
Document Identification	Document Identification		Document	dentification	-(-1)	
•	.010271071		. 091	-70-14	24 (	
Expiration Date: (If any)	Expiration Date: (If any) 33	-14-2014	Expiration	Date: (If any)		
CERTIFICATION: I attest, under penalty of perjury, that I have exam the documents presented by the above individual, that they appear a		TURE TITL	E	DATE	EMPLOYER	



_				
○ Cha	nge of Add	ress (Comp	lete Section A)	
○ Cha	nge of Exen	ptions (Con	nplete Section A &	Form W-4
O Pat	Change (	Complete Se	ction A )	

P. San L.	O Marc O.	mange ( complete occion /1 /				
SECTION A PLEASE PRINT CLEARLY OR	PAYMENT COULD BE DELAYED					
PRODUCTION COMPANY	PICTURE / PROJECT	COST CODE				
#3 EXPORTS LLC	Hatchet 3					
EMPLOYEE NAME	S. S. J	START OCCUPATION UNION				
ERIC STRATEMENT OF STREET	384-13-7508	5/30/12 STUNF SAG				
338 OAK AVE UNIT	CHECK ONE	UNION NON UNION				
HARAHAN LA PHONE IBIRTHDAY	70/23 RATE OF PAY: 268	D				
(248)941-1708 6/	1/84 0 F GUARANTEED HOURS					
\$35.00 WILL BE CHARGED FOR REPLACE	MENT CHECKS					
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					
X 2 1. 8 X	HUNAT LIKE					
FORM W-4 EMPLOYEE'S WIT	THHOLDING ALLOWANCE CERTI	IFICATE INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE				
Single Married Married, but withhold	and call 1-800-772-121	fers from your social security card, check here 3 for more information.				
Note: If married, but legally separated, or spouse is a non resident alien, ch	CLA HE MINE OW.	3 0				
Total number of allowances you are claiming     Additional amount, if any, you want withheld from each psycheck		4				
5. I claim exemption from withholding for the current year of	and I certify that I meet BOTH of the following conditions of the					
<ul> <li>Last year I had a right to a refused of ALL Federal Income</li> </ul>						
<ul> <li>This year I expect a refund of ALL Federal Income tax with</li> </ul>	thfield because I expect to have NO tax liability.					
If you meet both conditions, eater "EXPMPT" here		5				
Under penalties of perjury, I certify that I am entitled to the number of with Employee's Signature X L 1. S Att	sholding allowances claimed on this certificate or entitled to claim exem	DATE 5/31//2 20.				
EMPLOY	MENT ELIGIBILITY VERIFICATION	ON (FORM I-9)				
LAST NAME FIRST	MIDDLE	BIRTH NAME BIRTH DATE				
STRATEMEIER ERIC	JOSEPH	6/1/84				
STREET ADDRESS	UNIT < HARAHAN, LA	9 70123 384-13-7508				
I attest, under penalty of perjury, that I am	(check box):					
<ol> <li>1. A citizen or national of the United States.</li> </ol>	<ul> <li>2. An alien lawfully admitted for permanent resid</li> </ul>	ence (Alien Number A				
3. An alien authorized by the immigration and Naturalizat	tion Service to work in the United States (Alien Number A	or .				
Admission number	, expiration of employment authorization, if any	)				
		d employment eligibility are genuine and relate to me.				
	Torontal and the second of	f false documents in connection with this certificate.				
X 6 1 111 (10	be completed if prepared by person other than the					
5/21/12 prep	ioyee) I attest under penalty of perjury that the above was ared by me at the request of the named individual and is d on all information of which I have any knowledge.					
EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document 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. Provide the Document Identification Numbers and Expiration Dates for the documents checked.						
List A	List B	List C				
Documents that Establish Identity and	Documents that Establish Identity	Documents that Establish Employment Eligibility				
Employment Eligibility	1. A State issued driver's license or a State issued I.D. C	- Z				
1. U.S. Pausport (unexpired or expired)	with a photograph, or information, including name, se	1. Original Social Security Card (other than card stating it is not valid for employment)				
2. Certificate of United States Citizenship     3. Certificate of Naturalization	date of birth, height, weight and color of eyes  2. U.S. Military Card	Birth Certificate issued by State, county or municipal				
Unexpired Foreign Passport with attached	3. For minors under the age of 16, School ID with photo	authority bearing a seal or other certification				
Employment Authorization  3. Alien Registration Card with Photograph	4. Other (Specify document and issuing authority)	3. Unexpired INS Employment Authorization (Specify Form)  # 38 4 - /3 - 7508				
Document Identification	Document Identification	Document Identification				
	6-01-2015					
# Expiration Date: (If any)	Expiration Date: (If any)	Expiration Date: (If any)				
		TIE DATE EMPLOYER				



LOS ANGELES (818) 848-9200

NEW YORK (212) 675-4600

New Employee ( Comp	lete ALL Sections)
Change of Address ( C	
Change of Exemptions	(Complete Section A & Form W-

PAYROLL Fax: (8	866) 690-6361		e of Exemptions Change ( Compl		Section A & Form W-4) A)
SECTION A PLEASE PRINT CLEARLY	Y OR PAYMENT COULD BE I	DELAYED			
H3 EXPORTS LLC	PICTURE / I			(	COST CODE
EMPLOYEE NAME	S.S.#	CHET 3			
Mike PapaJohn/skinthe	at inc 417-11-	9805	DATE 5/30	Sturt	SA6
7412 General Haia	APT. #	CHECK ONE:	<b>UNION</b>		NON UNION .
New Orleans BIRT	4 70124	RATE OF PAY:			
(310 ) 892 -0595	-7-64 Q SEX	ş_ Z O D PEI	R: HOUR	DAY	WEEK
\$35.00 WILL BE CHARGED FOR REPI	ACEMENT CHECKS	GUARANTEED HOUR	SPER:	HOUR	DAY WEEK
GUARANTEED WORK HOURS		ADDITIONAL COMPE	NSATION OR DEALS:		
Guaranteed work hours available each week are Overtime to be computed at base overtime rate of	/ day				
	per hour				
XN ichael bossah X					
FORM W-4 EMPLOYEE'S	WITHHOLDING ALLO	WANCE CERT	IFICATE		IONS AND WORKSHEET ARE
	ithhold at higher Single rate	202			OM THE PRODUCTION OFFICE
Note: If married, but legally separated, or spouse is a non resident at			fers from your social secur 3 for more information	ity card, check here	
3. Total number of allowances you are claiming				3	
Additional amount, if any, you want withheld from each payched     Lebeley assembles for the second se				_ 4	
I claim exemption from withholding for the current year of     Last year I had a right to a refund of ALL Endered by			he exemption:		
<ul> <li>Last year I had a right to a refund of ALL Federal In-</li> <li>This year I expect a refund of ALL Federal Income</li> </ul>	tex withheld because I are no have NO tex liabilities withheld because I expect to have NO tex liabilities.	ty: AND			
If you meet both conditions, enter "EXEMPT" here	and the second of the second second	ionity.	5	-	
Under penalties of perjury, I certify that I am entitled to the number	of withholding allowances claimed on this certi-	ficate or entitled to claim exem			
Employee's Signature X				DATE	20
FMPI	OVMENT ELICIDILITY	VEDIENCATI	ON (FORMER		20
LAST NAME FIRST	OYMENT ELIGIBILITY	VERIFICATIO		9)	
FIRST	MIDDLE		BIRTH NAME		BIRTH DATE
STREET ADDRESS	CITY	STATE	ZIP	SOCIAL SECU	RITY NUMBER
I attest, under penalty of perjury, that I	am (check box):				
1. A citizen or national of the United States.	<ul> <li>2. An alien lawfully adr</li> </ul>	nitted for permanent reside	ence (Alien Number A_		
3. An alien authorized by the immigration and Natur	alization Service to work in the United S	tates (Alien Number A			10
Admission number	, expiration of employment authoriz				
I attest under the penalty of perjury, the docum			d employment elici	hility are gen	uine and relate to me
I am aware that federal law provides for impris	conment and/or fine for any false	statements or use of	false documents in	n connection	with this certificate.
EMPLOYEE SIGNATURE V	PREPARER TRANSLATOR CERTIFI	CATION TRANSLATOR SI	IGNATURE		INT NAME
DATE	(to be completed if pregared by person oth employee) I attest under penalty of perjury that the				
	prepared by me at the request of the named indiv- based on all information of which I have any kni	ridual and is			
EMPLOYER REVIEW AND VERIFICATION:	Instructions: examine one docume	ent from List A and ch	neck the appropriate	box or exami	ne one document from list B
and one from List C and check the appropriate boxes	. Provide the Document Identifica	tion Numbers and Ex	piration Dates for the	ne documents c	hecked.
List A	Lis	t B	1	Li	st C
Documents that Establish Identity and	Documents that I	Establish Identity	Documen	nts that Establis	h Employment Eligibility
Employment Eligibility		cense or a State issued I.D. Ca		elected Control Conse	
U.S. Passport (unexpired or expired)     Certificate of United States Citizenship	with a photograph, or in date of birth, height, wei	formation, including name, sex ght and color of eyes		riginal Social Secur et valid for employe	ity Card (other than card stating it nent)
3. Certificate of Naturalization	2. U.S. Military Card		2. B	orth Certificate issue	d by State, county or municipal
Unexpired Foreign Passport with attached Employment Authorization	4. Other ( Specify document	of 16. School ID with photo of and issuing authority)			or other certification
5. Alien Registration Card with Photograph	6.0. 11-0	7-2016		nespired trvs Emple	syment Authorization (Specify Form)
Document Identification	Document Identification		Document Id	entification	
	.01084274	6			
Expiration Date: (If any)	Expiration Date: (If any)		Expiration D	ate: (If any)	
ERTIFICATION: I attest, under penalty of perjury, that I have exam		DE TIY	LE Expusition D	DATE	
he documents presented by the above individual, that they appear					EMPLOYER

(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.

Interna	Revenue Service		
	Name (as shown on your income tax return)  Nichael Caraishn		
ge 2.	Business name/disregarded entity name, if different from above		
Da	Check appropriate box for federal tax		
Print or type See Specific Instructions on page	classification (required): Individual/sole proprietor		Partnership Trust/estate
Print or type	Limited liability company. Enter the tax classification (C=C corporation	n, S=S corporation, P=partnership) ▶	cxempt payee
투트	☐ Other (see instructions) ►		
pecific	Address (number, street, and apt. or suite ng.) 7412 General Haig	Requ	ester's name and address (optional)
See S	New Orleans, LA. 7013	٤٧	
	List account number(s) here (optional)	•	
Par	Taxpayer Identification Number (TIN)		
Enter	your TIN in the appropriate box. The TIN provided must match the	name given on the "Name" line	Social security number
to avo	id backup withholding. For individuals, this is your social security n	umber (SSN). However, for a	
reside	nt alien, sole proprietor, or disregarded entity, see the Part I instruc s, it is your employer identification number (EIN). If you do not have	tions on page 3. For other	14/17-11/1-9805
TIN or	page 3.	a number, see now to get a	
Note.	If the account is in more than one name, see the chart on page 4 for	or quidelines on whose	Employer identification number
numbe	er to enter.		95-4682790
Part	Certification		
Under	penalties of perjury, I certify that:		
1. The	number shown on this form is my correct taxpayer identification n	umber (or I am waiting for a nun	nber to be issued to me) and
2. I ar Ser	n not subject to backup withholding because: (a) I am exempt from vice (IRS) that I am subject to backup withholding as a result of a fallonger subject to backup withholding, and	backup withholding, or (b) I have	e not been notified by the Internal Revenue
	n a U.S. citizen or other U.S. person (defined below).		
	cation instructions. You must cross out item 2 above if you have t	neen notified by the IRS that you	are currently subject to backup withholding
becau	se you have failed to report all interest and dividends on your tax re	turn. For real estate transactions	s, item 2 does not apply. For mortgage
interes genera	t paid, acquisition or abandonment of secured property, cancellatic illy, payments other than interest and dividends, you are not require tions on page 4.	on of debt, contributions to an in	dividual retirement arrangement (IRA), and
Sign	11 4 1 / )		1 1
Here	U.S. person Nighted Tapping	Date ▶	5/31/12
Section	eral Instructions n references are to the Internal Revenue Code unless otherwise		you a form other than Form W-9 to request requester's form if it is substantially similar
noted. Purp	oose of Form	Definition of a U.S. perso considered a U.S. person i	n. For federal tax purposes, you are f you are:
	on who is required to file an information return with the IDS must	<ul> <li>An individual who is a U.</li> </ul>	S. citizen or U.S. resident alien.

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.
- 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.



_		*	4				
○Cha	nge of	Add	ress (	Complete	Section A)		
○Cha	nge of I	Exen	ption	s (Comple	te Section A &	k Form	W-4)
				lata Carria			

Fig. 1		are change ( comp						
SECTION A PLEASE PRINT CLEARLY OR PAY								
PRODUCTION COMPANY	PICTURE / PROJECT		COST CODE					
H3 EXPORTS LIC	HATCHET 3							
JARED DE PASQUELE	593-78-707	DATE 5/30	STUNT SAY					
3013 # 16th ST.	APT. # CHECK ONE:	ON UNION	O NON UNION					
CITY STATE	ZIP	-						
Metairie LA	70002 KATE OF PAY							
PHONE BIRTHDAY	SEX : 768	PER:	DAY WEEK					
(504) 402 -1736 8-17-	S GUARANTEE	D HOURSPER:	HOUR DAY WEEK					
\$35.00 WILL BE CHARGED FOR REPLACEMENT		COMPENSATION OR DEALS:						
GUARANTEED WORK HOURS Guaranteed work hours available each week are /d.								
Overtime to be computed at base overtime rate of	per hour							
AGREED HUPLOTEE SIGNATURE AUTHORIZED SIGNATURE	RE							
X for ballet X								
FORM W-4 EMPLOYEE'S WITHH	OLDING ALLOWANCE C	ERTIFICATE	INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE					
1 Single Married Married, but withhold at high	and call 1.90	t name differs from your social section of the sect	urity card, check here					
Note: If married, but legally separated, or spouse is a non resident alien, check the 3. Total number of allowances you are claiming	angle box	TOTAL STATE OF THE	3 5					
Additional amount, if any, you want withheld from each psycheck			4					
5. I claim exemption from withholding for the current year of	5. I claim exemption from withholding for the current year of and I certify that I meet BOTH of the following conditions of the exemption:							
<ul> <li>Last year I had a right to a refund of ALL Federal Income tax with</li> </ul>								
This year I expect a refund of ALL Federal Income tax withheld because I expect to have NO tax liability.  If you meet both conditions, enter "EXEMPI" here.  5								
Under penalties of perjury, I certify that Largentitled to the parties of withholding	allowances claimed on this certificate or entitled to							
Employee's Signature X			DATE 5- 30 20,12					
EMPLOYME!	NT ELIGIBILITY VERIFIC	CATION (FORM	1-9)					
LAST NAME FIRST	MIDDLE	BIRTH NAME	BIRTH DATE					
STREET ADDRESS CIT	Y STAT	1 SAME	SOCIAL SECURITY NUMBER					
3013 16 th ST Apt C 1	Metairie LA	70002	593-78-7076					
I attest, under penalty of perjury, that I am (che	ck box):							
1. A citizen or national of the United States.	2. An alien lawfully admitted for perman		Α					
3. An alien authorized by the immigration and Naturalization Ser	vice to work in the United States (Alien Num	ber A	, or					
	ation of employment authorization, if any		)					
I attest under the penalty of perjury, the documents that I am aware that federal law provides for imprisonment a	nd/or fine for any false statements o	r use of false documents	in connection with this certificate.					
	R TRANSLATOR CERTIFICATION  TRAN  leted if prepared by person other than the	SLATOR SIGNATURE	PRINT NAME					
DATE   employee) I a prepared by a	ttest under penalty of perjury that the above was ADD to at the request of the named individual and is	ES						
1 2 1 2	nformation of which I have any knowledge.							
empLoyER REVIEW AND VERIFICATION: Instruction and one from List C and check the appropriate boxes. Provide	he Document Identification Numbers	and Expiration Dates for	the documents checked.					
List A	List B	1	List C					
Documents that Establish Identity and	Documents that Establish Ident	ity Docum	ents that Establish Employment Eligibility					
Employment Eligibility  1. U.S. Passport (unexpired or expired)  1. A State issued driver's license or a State issued LD. Card with a photograph, or information, including name, sex.  1. Original Social Security Card (other than card stating it								
2. Certificate of United States Citizenship	T a tre Million Cont							
3. Certificate of Naturalization 4. Unexpired Foreign Passport with attached	3. For minors under the age of 16, School ID	with photo a	athority bearing a seal or other certification					
Employment Authorization  5. Alien Registration Card with Photograph	1) 12.4-4447 = 75 - 2.90 =	,	Unexpired INS Employment Authorization (Specify Form)					
A STATE OF THE STA	ocument Identification		#					
Expiration Date: (If any)	piration Date: (If any)	Expiration	Date (If any)					



# HARTIG HILEPO AGENCY LTD.

FILM • THEATER • TELEVISION

54 West 21st Street, Suite 610, New York, NY 10010

tel: 212.929.1772 fax: 212.929.1266 email: info@hartighilepo.com

Date:		
Project Name_Hatchet 3	_	
Studio/Production Co.: H3 Exports	Role: Sherift	Fowler"

Actor: Zach Galligan

To Whom It May Concern:

You are hereby notified that I have authorized the Hartig Hilepo Agency, Ltd. to accept delivery of any and all checks and/or sums of money which may, from time to time, become payable to me.

I hereby authorize and instruct you to deliver all such checks and sums of money to:

HARTIG HILEPO AGENCY, LTD. 54 W. 21<sup>st</sup> St., Suite 610 New York, NY 10010

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

The Hartig Hilepo Agency, Ltd. is further authorized to endorse my name and to said monies, checks, drafts, and choses in action to deposit the same to their bank account, to deduct and retain therefrom for their own use and benefit all commissions, loans and other monies which may be due from me to them and to pay over balance to me and in this connection I hereby appoint them my attorney-in-fact for all of the foregoing purposes.

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

Sincerely,

SS #: 071-64-8434

Corporation Name and ID Number (if applicable)

(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.

	Nan	me (as shown on your income tax return)				_			_				
	SA	VAHGE FILM, INC											
2	Bus	siness name/disregarded entity name, if different from above											
Print or type See Specific Instructions on page	Class Add P.O City	cck appropriate box for federal tax ssification (required): Individual/sole proprietor C C Corporation S Corporation Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, I Other (see instructions)  Irress (number, street, and apt. or suite no.) D. BOX 251634 T, state, and ZIP code S ANGELES, CA 90025	P≕partnership) ►	Partne					state			empl	payee
(O)	-	S ANGELES, CA 90025 account number(s) here (optional)											
reside entitie TIN or	ent ali es, it i n pag	ackup withholding. For individuals, this is your social security number (SSN). How ien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. F is your employer identification number (EIN). If you do not have a number, see Hoge 3.  The account is in more than one name, see the chart on page 4 for guidelines on with the contraction of the contracti	or other ow to get a	En	ploy	er ic	-	ficat	ion n	- umb	er		
		enter.	1030	9	1	_	2	1	6	3	5	6	3
Par	t II	Certification											
Under	r pen	alties of perjury, I certify that:											
1. Th	e nur	mber shown on this form is my correct taxpayer identification number (or I am wa	aiting for a num	nber t	o be	issu	ued	to m	е), а	nd			
Se	rvice	t subject to backup withholding because: (a) I am exempt from backup withholdi (IRS) that I am subject to backup withholding as a result of a failure to report all er subject to backup withholding, and											
3. I a	mal	J.S. citizen or other U.S. person (defined below).											
becau intere	st pai	on instructions. You must cross out item 2 above if you have been notified by the continuous papers and dividends on your tax return. For real estaid, acquisition or abandonment of secured property, cancellation of debt, contributed payments other than interest and dividends, you are not required to sign the cert is on page 4.	te transactions outions to an in	s, iten	n 2 d ual re	loes etire	not	app nt an	ly. F	or n	norte nt (l	gage RA),	and
Sign		Signature of U.S. person ▶	Date▶										

#### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### 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.

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.

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.



_			
Cha	nge of Addres	s (Complete Sec	tion A)
Char	nge of Exempti	ons (Complete S	ection A & Form W-4
Pate	Change / Co	nnlete Section A	)

Prince		O Kuite Oile	inge ( complete	, section 11 /
SECTION A PLEASE PRINT CLEARLY OR				
PRODUCTION COMPANY	PICTURE/PI			COST CODE
H3 EXPORTS LLC	HATC			
EMPLOYEE NAME	N/6 S.S.1		The contract of the contract o	CCUPATION UNION
DANIELLE HARRYS/WYMYBA	-1-	24-5946	DATE 5/30/12	Activess SAG
1335 RIVERSIDE D #431	APT. #	CHECK ONE:	UNION	ONON UNION
Sheman Dals STATE	+ ZIP 91423	RATE OF PAY:		
PHONE BIRTHDAY	SEX	\$_ 933_ PER:	HOUR [	DAY WEEK
( ) De-	01-71 M O	GUARANTEED HOURS	PER:	HOUR DAY WEEK
\$35.00 WILL BE CHARGED FOR REPLACE	MENT CHECKS			_ HOUR _ DAI _ WEEK
GUARANTEED WORK HOURS		ADDITIONAL COMPENS	ATION OR DEALS:	
Guaranteed work hours available each week are	/ day			
Overtime to be computed at base overtime rate of	per hour			
X X	SHAPAT LIKE			
FORM W-4 EMPLOYEE'S WIT	THHOLDING ALLO	WANCE CERTIF	TCATE	INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE
Single Married Married, but withhold	l at higher Single rate	2. If your last name different and call 1-800-772-1213 f		card, check here
Note: If murried, but legally separated, or spouse is a non resident alien, ch	neck the single box	and Can 1-000-772-121.71	THE MOUNTAIN	I <sub>2</sub> I
Total number of allowances you are chaiming				3 4
Additional amount, if any, you want withheld from each psycheck     I claim exemption from withholding for the current year of	and I certify that I meet BOTH of	of the following conditions of the	exemption:	-
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 with</li> </ul>	thheld because I expect to have NO tax it	ability.		
If you meet both conditions, enter "EXEMPT" here	M. Mira Warrana abit of a flictuation	Cours or outilled to chain exercise	5	
Under penalties of perjury, I certify that I am entitled to the number of with Employee's Signature X	morting anowakes claimed on this cert	name or countries to countries engage		DATE 20
EMPLOY	MENT ELIGIBILIT	VERIFICATIO	N (FORM 1-9	) 1
LAST NAME FIRST	MIDDLE		BIRTH NAME	I BIRTH DATE
STREET ADDRESS	CITY	STATE	ZIP	SOCIAL SECURITY NUMBER
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 residen	ce (Alien Number A_	
3. An alien authorized by the immigration and Naturaliza	tion Service to work in the United S	States (Alien Number A		, or
Admission number	, expiration of employment authori	zation, if any		
I attest under the penalty of perjury, the document	s that I have presented as ex	idence of identity and	employment eligib	ility are genuine and relate to me.
I am aware that federal law provides for imprisonn	nent and/or fine for any fals	statements or use of f	alse documents in	connection with this certificate.
	REPARER TRANSLATOR CERTIF be completed if prepared by person of	ILAHON	MATCHE.	1887.7
121/12	sloyee) I attent under penalty of perjury that i nared by me at the request of the named ind ed on all information of which I have any ki	vidual and is		
EMPLOYER REVIEW AND VERIFICATION: Ins	structions: examine one docum	ent from List A and che	ck the appropriate	box or examine one document from list I
and one from List C and check the appropriate boxes. Pr			ration Dates for the	
List A		st B	PK. Sissessian Sisses	List C
Documents that Establish Identity and Employment Eligibility	0	Establish Identity		s that Establish Employment Eligibility
1. U.S. Pausport (unexpired or expired)	with a photograph, or i	license or a State issued I.D. Card formation, including name, sex.	1.06	ginal Social Security Card (other than card stating it valid for employment)
2. Certificate of United States Citizenship	date of birth, height, we	ages and color of eyes		th Certificate issued by State, county or municipal
3. Certificate of Naturalization     4. Unexpired Foreign Passport with attached	3. For minors under the a	ge of 16, School ID with photo	autho	city bearing a seal or other certification
Employment Authorization  5. Alien Registration Card with Photograph	4. Other ( Specify docum	rnt and assuing authority)	3. Un	expired INS Employment Authorization (Specify Form)
720	Document Identification		# Document Ide	ntification
Document Identification	-1 -12		Document roe	**************************************
Expiration Date: (If any)	Expiration Date: (If any)		Expiration Da	te: (If any)
- April 100 June 11 may 1	extensions contain	IDE TIT		DATE EMPLOYED

Form W-9
(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.

	Name (a. )			
	Name (as shown on your income tax return)  Danielle H	arris		n
ige 2.	Business name/disregarded entity name, if different from above	wmyha Inc	- 1	
Ď	Check appropriate box for federal tax	2111900 1110		
pe ons or	classification (required): Individual/sole proprietor C Corporat	tion S Corporation	Partnership Tru	ust/estate
Print or type Specific Instructions on page	Limited liability company. Enter the tax classification (C=C corporation		Exempt payee	
Prin ic Ins	☐ Other (see instructions) ►			
Specif	Address (number, street, and apt. or suite no.)  13351 Rivers	icle Dr. #431 Requ	ester's name and add	fress (optional)
See	Sherman Oaks, CA gir			
	List account number(s) here (optional)			
Part				
Enter y	our TIN in the appropriate box. The TIN provided must match the na	ame given on the "Name" line	Social security n	umber
to avoi	a backup withholding, For individuals, this is your social security our	mbor (CCAN Havener for a		
entities	nt alien, sole proprietor, or disregarded entity, see the Part I instruction, it is your employer identification number (EIN). If you do not have a page 3.	ons on page 3. For other a number, see <i>How to get a</i>	-	-
Note.	f the account is in more than one name, see the chart on page 4 for r to enter.	guidelines on whose	Employer identifi	cation number
Hullibe	to diter.		95-4	870965
Part	II Certification		IIO T	8 7 0 9 6 5
Under	penalties of perjury, I certify that:			
1. The	number shown on this form is my correct taxpayer identification nur	mber (or I am waiting for a num	her to be issued to	ma) and
<ol><li>I am Serv</li></ol>	not subject to backup withholding because: (a) I am exempt from b rice (IRS) that I am subject to backup withholding as a result of a fail onger subject to backup withholding, and	ackup withholding as (b) I have		
	a U.S. citizen or other U.S. person (defined below).			
interest general instruct	eation instructions. You must cross out item 2 above if you have be you have failed to report all interest and dividends on your tax return paid, acquisition or abandonment of secured property, cancellation by, payments other than interest and dividends, you are not required ions on page 4.	im. For real estate transactions	, item 2 does not a	apply. For mortgage
Sign Here	Signature of U.S. person ▶	Date ►	5/31/1	2
Gene	eral Instructions	Note. If a requester gives yo	ou a form other tha	an Form W-9 to request
Section noted.	references are to the Internal Revenue Code unless otherwise	your TIN, you must use the to this Form W-9.	requester's form if	it is substantially similar
	ose of Form	Definition of a U.S. person considered a U.S. person if	you are:	
A person obtain v	n who is required to file an information return with the IRS must our correct taxpayer identification number (TIN) to report, for	An individual who is a U.S		
example	e, income paid to you, real estate transactions, mortgage interest	<ul> <li>A partnership, corporation organized in the United Stat</li> </ul>	es or under the lav	ociation created or ws of the United States,
of debt,	I, acquisition or abandonment of secured property, cancellation or contributions you made to an IRA.	<ul> <li>An estate (other than a for</li> </ul>	eign estate), or	
Use F	orm W-9 only if you are a U.S. person (including a resident	A domestic trust (as define     Special rules for partnersh		
requeste	provide your correct TIN to the person requesting it (the er) and, when applicable, to:	Special rules for partnersh business in the United State	s are generally reg	uired to pay a withholding
1. Cer number	tify that the TIN you are giving is correct (or you are waiting for a to be issued),	fax on any foreign partners' Further, in certain cases who	share of income frome a Form W-9 has	om such business. s not been received, a
	tify that you are not subject to backup withholding, or	partnership is required to pre and pay the withholding tax.	Therefore, if you a	are a U.S. person that is a
<ol><li>Clai payee. If</li></ol>	m exemption from backup withholding if you are a U.S. exempt applicable, you are also certifying that as a U.S. person, your	partner in a partnership cond States, provide Form W-9 to	ducting a trade or b	business in the United

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.

Cat. No. 10231X

status and avoid withholding on your share of partnership income.



LOS ANGELES

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

$\subset$	New Employee ( Complete ALL Sections)
	Change of Address ( Complete Section A)
	Change of Exemptions (Complete Section A & Form W-4)
	Pate Change (Complete Section A)

PAYRO	Fax: (866) 690-6	361	Rate	Change ( Comp	lete Section	A)
	NT CLEARLY OR PAYM	ENT COULD BE D	ELAYED			
PRODUCTION COMPANY	,	PICTURE / F			(	COST CODE
H3 exports L	C	HATCH	et 3			
PARRY SHEN		S. S. #	= = = = = =	DATE = /2 C	OCCUPATION	UNION
EMPLOYEE ADDRESS NO.	STREET	APT. #	08-5681	DATE 5/30	Actor	L SAG
		75.00	CHECK ONE:	WINION		NON UNION
CITY	STATE	ZIP	RATE OF PAY:			
1959 SEZNONS St. S	imi valley CA	93065 SEX	s 933 P			r#.
(310) 463-1466		M F	5_122_P	ER: HOUR	DAY	WEEK
\$35.00 WILL BE CHARG	ED FOR REPLACEMENT O	CHECKS	GUARANTEED HOU	URSPER:	HOUR	DAY WEEK
GUARANTEED WORK HOURS			ADDITIONAL COM	PENSATION OR DEALS		
Guaranteed work hours available each v						
Overtime to be computed at base overting AGREED EMPLOYEE SIGNATURE		_per hour				
X Comparison	X					
FORM W-4 EMPI	OYEE'S WITHHO	DLDING ALLO	WANCE CER	TIFICATE		TONS AND WORKSHEET ARE ROM THE PRODUCTION OFFICE
Single Married  Note: If married, but legally separated, or spouse	Married, but withhold at higher s is a non resident alien, check the sin			differs from your social sec 1213 for more information.	urity card, check here	
3. Total number of allowances you are claiming					3	9
4. Additional amount, if any, you want withheld					4	
I claim exemption from withholding for ti      Last year I had a right to a refun	d of ALL Federal Income tax withhel			of the exemption:		
	LL Federal Income tax withheld beca				14.3	
If you meet both conditions, enter				5		
Under penalties of perjury, I certify that I am ent	itled to the number of withholding all	lowances claimed on this certi	ficate or entitled to claim ex	empt status.		2 1
Employee's Signature A					DATE /	m 30 20 12
0	EMPLOYMEN'	ELIGIBILITY	VERIFICAT	ION (FORM	[-9)	L.
LAST NAME	FIRST	MIDDLE	4	BIRTH NAME		BIRTH DATE
S'HEN STREET ADDRESS	PARI	ey	ANDREW			6/26/1973
	ST CITY	SIMI VA	-UEY CA	1 9306		1-68-5681
Lattest, under penalty of per	jury, that I am (chec	k box):	1			
1. A citizen or national of the United	1 States.	2. An alien lawfully ad	mitted for permanent res	sidence (Alien Number	A	
3. An alien authorized by the immig	gration and Naturalization Service	ce to work in the United S	tates (Alien Number A_			, or
Admission number	, expiration	on of employment authori	zation, if any			A.
I attest under the penalty of perju	ry, the documents that I	have presented as ev	idence of identity a	ind employment el	gibility are ger	uine and relate to me.
I am aware that federal law provi			The state of the s	of false documents		with this certificate.
X	(to be complete	TRANSLATOR CERTIFI ed if prepared by person on	er than the		.,	arra rama
DATE 0 5130	prepared by me	st under penalty of perjury that it at the request of the named indi	vidual and is			
EMPLOYER REVIEW AND VER	IFICATION: Instructions	examine one docum	ent from List A and	check the appropria	te box or exam	ine one document from list B
and one from List C and check the ap	propriate boxes. Provide the			expiration Dates for		
List A  Documents that Establish	Identity and		st B Establish Identity	Dozum		ist C sh Employment Eligibility
Employment Eligi	CANADA CONTRACTOR OF THE CANADA		icense or a State issued I.D.		cius that Establi	sa Employment Englorinty
1. U.S. Passport (unexpired or expired		with a photograph, or in date of birth, height, we	formation, including name,	Sex.	Original Social Secu- not valid for employs	rity Card (other than card stating it ment)
3. Certificate of Naturalization		2. U.S. Military Card		□ 2	Birth Certificate issu	ed by State, county or municipal
4. Unexpired Foreign Passport with Employment Authorization	attached	Por minors under the ag     Other ( Specify docume	e of 16, School ID with pho nt and issuing authority)		thority bearing a seal	for other certification (Specify Form)
5. Alien Registration Card with Pho	tograph				#	regiment reconstruction (appearly Form)
Document Identification	Docu	ment Identification		Document	Identification	
.479293076						
Expiration Date: (If any) JAN 11		ation Date: (If any)			Date: (If any)	
CERTIFICATION: I attest, under penalty of perju the documents presented by the above individual genuine and to relate to the individual named, an	, that they appear to be	EXAMINER'S SIGNATU	JRE 1	TITLE	DATE	ABS Payroll

# STONE MANNERS

TALENT & LITERARY AGENTS

You are hereby notified that I authorize THE STONE MANNERS TALENT AGENCY, to accept delivery on any and all checks and/or sums of money which may from time to time be or become payable to me from you; and I hereby authorize you to deliver or send all check and/or sums of money to said STONE MANNERS AGENCY.

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

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

Yours truly,

PARRY SHEN

SSN: 109\68-5681

Please send check to:

9911 W. Pico Blvd. Suite 1400 Los Angeles, CA 90035



_			90	
$\bigcirc$ Ch	ange o	f Add	iress	( Complete Section A)
○ Chi	ange of	Exer	nption	ns (Complete Section A & Form W-4)
DPa	to Cho	naa (	Com	nlata Saction A \

Fire		O Rate Chan	ge ( Complete Seet	ion A j
SECTION A PLEASE PRINT CLEARLY	OR PAYMENT COULD BE	DELAYED		
PRODUCTION COMPANY	PICTURE	PROJECT		COST CODE
H3 EXPORTS LLC	HATO	CHET 3		
EMPLOYEE NAME	S. S. J	STA	E 5/30	
NITO LARIOZA/YOGALOHA EN+	575 - 77 -	1270		Stwt 5A6
1651 GCHANGEST 26		CHECK ONE:	UNION	O NON UNION
New Deleans, LA 701	ZZy ZIP	RATE OF PAY:	- w	
(818) 402-2706	n/71 000	GUARANTEED HOURS	□ HOUR   □ DAY	WEEK
\$35.00 WILL BE CHARGED FOR REPLA	CEMENT CHECKS	ADDITIONAL COMPENSATI		
GUARANTEED WORK HOURS		ADDITIONAL COMPENSATI	OIT OR DIALS.	
Guaranteed work hours available each week are  Overtime to be computed at base overtime rate of	/ day per hour			
100/	ED SIGNATURE			
$X \longrightarrow X$				
FORM W-4 EMPLOYEE'S W	TTHHOLDING ALL	OWANCE CERTIFIC		RUCTIONS AND WORKSHEET ARE BLE FROM THE PRODUCTION OFFICE
Single Married Married, but with  Note: If married, but legally separated, or spouse is a non resident alier.	hold at higher Single rate n, check the single box.	<ol> <li>If your last same differs fro and call 1-800-772-1213 for n</li> </ol>	m your social security card, che sere information	ck here
Total number of allowances you are claiming			3	
4. Additional amount, if any, you want withheld from each psycheck			4	
5. I claim exemption from withholding for the current year of _	and I certify that I meet BOT	H of the following conditions of the exer	nptios:	
<ul> <li>Last year I had a right to a refund of ALL Federal Inc.</li> </ul>	ome tax withheld because I had NO tax lia	bility: AND		
This year I expect a refund of Al.I. Federal Income tar	s withheld because I expect to have NO to	x liability.	5	
If you meet both conditions, enter "EXEMPT" here	withholding allowances claimed on this co	ertificate or entitled to claim exernet state		
Employee's Signature X			DATE	20
EMPLO	YMENT ELIGIBILI	TY VERIFICATION	(FORM I-9)	
LAST NAME FIRST	MIDDLE		RIH NAME	BIRTH DATE
STREET ADDRESS	CITY	STATE	ZIP SOCIA	L SECURITY NUMBER
I attest, under penalty of perjury, that I	am (check box):			
1. A citizen or national of the United States.	<ul> <li>2. An alien lawfully</li> </ul>	admitted for permanent residence	Alien Number A	
3. An alien authorized by the immigration and Natura	lization Service to work in the Unite	d States (Alien Number A		or
Admission number	, expiration of employment auth	orization, if any		
I attest under the penalty of perjury, the docume				
I am aware that federal law provides for impriso		Terror series design		ction with this certificate.
Y	PREPARER TRANSLATOR CERT to be completed if prepared by person	IFICATION	CRF.	PROPERTY.
DATE	employee) I attest under penalty of perjury the prepared by use at the request of the named is based on all information of which I have any	and the above was individual and is		
EMPLOYER REVIEW AND VERIFICATION: and one from List C and check the appropriate boxes.	Instructions: examine one doct	ament from List A and check		
List A		List B	1	List C
Documents that Establish Identity and	The state of the s	ust Establish Identity	Documents that I	Establish Employment Eligibility
Employment Eligibility	./	r's license or a State issued LD. Card		
1. U.S. Pamport (unexpired or expired)	with a photograph, o	or information, including name, sex,	1. Original Sociation is not valid for	cial Security Card (other than card stating it employment)
2. Certificate of United States Citizenship     3. Certificate of Naturalization	2. U.S. Military Card	weight and color of eyes		cate issued by State, county or municipal
4. Unexpired Foreign Passport with attached	3. For minors under th	e age of 16, School ID with photo	authority beari	ng a seal or other certification
Employment Authorization  5. Alies Registration Card with Photograph	4. Other ( Specify door	uncet and issuing authority)	3. Unexpired I	NS Employment Authorization (Specify Form)
Document Identification 447274998 3/11/20	Document Identification	478507 4/2/15	Document Identification	2-100
Expiration Date: (If any)	Expiration Date: (If any)	1 /	Expiration Date: (If an	y)

(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.

	AND THE CONTRACTOR CONTRACTOR	
	Name (as shown on your income tax return) YOGA LOHA FINELTAIN MENT INC.	
9.5	Business name/disreparded entity name if different from above	
Print or type See Specific Instructions on page 2.	Check appropriate box for federal tax classification (required): Individual/sole proprietor C Corporation	Partnership Trust/estate
Print or type	☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partners	hip) ► Exempt payee
Pri-	☐ Other (see instructions) ▶	
pecific	Address (number, street, and apt. or suite no.) 651 RiCHARD ST 2B.	Requester's name and address (optional)
See S	City, state, and ZIP code  NEW DELEANS, LA 70123	
	List account number(s) here (optional)	
	Taxpayer Identification Number (TIN)  r your TIN in the appropriate box. The TIN provided must match the name given on the "Name"	line   Social security number
to avo reside entitie	void backup withholding. For individuals, this is your social security number (SSN). However, for lent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other ies, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i>	a 676 973
	on page 3.	Employer identification number
	b. If the account is in more than one name, see the chart on page 4 for guidelines on whose ber to enter.	45-2907798
Part	rt II Certification	
	er penalties of perjury, I certify that:	
1. The	he number shown on this form is my correct taxpayer identification number (or I am waiting for	a number to be issued to me), and
Ser	am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) ervice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or to longer subject to backup withholding, and	
3. I ar	am a U.S. citizen or other U.S. person (defined below).	
becau interes genera	ification instructions. You must cross out item 2 above if you have been notified by the IRS the use you have failed to report all interest and dividends on your tax return. For real estate transacts paid, acquisition or abandonment of secured property, cancellation of debt, contributions to rally, payments other than interest and dividends, you are not required to sign the certification, actions on page 4.	ctions, item 2 does not apply. For mortgage an individual retirement arrangement (IRA), and
Sign Here	organization of the state of th	· My 31,2012
Gen	neral Instructions Note. If a requester g	ives you a form other than Form W-9 to request
	on references are to the Internal Revenue Code unless otherwise to this Form W-9.	se the requester's form if it is substantially similar

#### 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.



_				
Chan	ge of	Address	( Complete Section A)	
Chan	ge of I	Exemptio	ons (Complete Section A & Form	n W-4)
			plete Section A)	

SECTION A PLEASE PRINT CLEARLY OR	PAYMENT COLL D BE DE	LAVED			
PRODUCTION COMPANY	PICTURE/PRO	JECT		COST CODE	
H3 EXPORTS LLC	HAT CH	127-12-12	T OCCUPATION	3	
Derek MEARS	625-03.	-7580 STAB	5/30 ACTOR	SAG	
23432 Via Amado	APT. #	CHECK ONE:	) UNION (	ONON UNION	
Valencia CA PHONE BERTHAN	91355 SEX	RATE OF PAY: \$ 933 PER:		+	
(661) 400-2689	9/72 (1)		HOUR DAY	DAY WEEK	
\$35.00 WILL BE CHARGED FOR REPLACE	MENT CHECKS	ADDITIONAL COMPENSATION		_ DAI _ WEEK	
GUARANTEED WORK HOURS Guaranteed work hours available each week are	/ day	ADDITIONAL COMPLICACIO	ar on Direct		
Overtime to be computed at base overtime rate of	per hour				
X AUTHORIZED S	SIGNATURE				
FORM W4 EMPLOYEE'S WIT	THHOLDING ALLOW	ANCE CERTIFIC	A I H	CTIONS AND WORKSHEET ARE FROM THE PRODUCTION OFFICE	
Single Married Married, but withhold     Note: If married, but legally separated, or spouse is a non resident alien, ch		2. If your last name differs from and call 1-800-772-1213 for m	n your social security card, check hore information.	cre	
Total number of allowances you are claiming					
Additional amount, if any, you want withheld from each psycheck     I claim exemption from withholding for the current year of	and I certify that I meet BOTH of t	te following conditions of the exem	4		
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 f you meet both conditions, enter "EXEMPI" here.</li> </ul>	thheld because I expect to have NO tax liabs	lity.	5		
Under penalties of perjury, I certify that I am entitled to the number of will	sholding allowances claimed on this certification	ste or estitled to claim exempt statu			
Employee's Signature X			DATE	20,	
	MENT ELIGIBILITY				
LAST MEANS DERE	K EVEX	RET "	TH NAME	17/29/72	
23/32 Via Ama	lo Valercia	CP 9	1355 8	5037580	
I attest, under penalty of perjury, that I am	(check box):				
1. A citizen or national of the United States.	<ul> <li>2. An alien lawfully admi</li> </ul>	tted for permanent residence (/	Alien Number A		
3. An alien authorized by the immigration and Naturalizat	tion Service to work in the United Sta	tes (Alien Number A		, or	
Admission number	, expiration of employment authoriza		1		
I attest under the penalty of perjury, the document. I am aware that federal law provides for imprisonn	nent and/or fine for any false s	tatements or use of false	documents in connection	on with this certificate.	
	REPARER TRANSLATOR CERTIFIC be completed if propured by person other		RE	PRINT NAME	
Prep prep	ioyee) I attest under penalty of perjury that the ored by me at the request of the named individ d on all information of which I have any know	tual and is			
EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document 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. Provide the Document Identification Numbers and Expiration Dates for the documents checked.					
List A	List	В	1	List C	
Documents that Establish Identity and Employment Eligibility	Documents that E	stablish Identity	Documents that Estat	blish Employment Eligibility	
1. U.S. Pausport (unexpired or expired)	with a photograph, or info	ense or a State issued I.D. Card matter, including name, sex,	1. Original Social S     is not valid for empi	ecurity Card (other than card stating it	
2. Certificate of United States Citizenship     3. Certificate of Naturalization	date of birth, height, weight 2. U.S. Military Card		2. Birth Certificate i	issued by State, county or municipal	
<ul> <li>4. Unexpired Foreign Passport with attached Employment Authorization</li> </ul>	3. For minors under the age of 4. Other (Specify document			seal or other certification raployment Authorization (Specify Form)	
5. Alien Registration Card with Photograph	-		#	And agree to see the second second second	
Document Identification	Document Identification		Document Identification		
Expiration Date: (If any)	Expiration Date: (If any)		Expiration Date: (If any)		

(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.

	Name (as shown on your income tax return)		_							
	DERSK MEHRS									
ge 2.	Business name/disregarded entity name, if different from above									
ba.	Check appropriate box for federal tax		_		_		$\neg$	_		
Print or type See Specific Instructions on page	classification (required):									
Print or type	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)	-					L	Exempt payee		
Print c Ins	☐ Other (see instructions) ►									
Specifi	Address (number street, and apt. or suitaino.)  City, state, and ZIP code	ester'	s nan	ne and	add	iress (o	ptiona	al)		
See	List account number(s) here (optional)									
	and december (a) mana (option (da))									
Par	Taxpayer Identification Number (TIN)		_		_					
Enter	our TIN in the appropriate box. The TIN provided must match the name given on the "Name" line	Sc	ocial	securi	ty n	umber				
to avo	d backup withholding. For individuals, this is your social security number (SSN). However, for a		T	$\Box$	Γ	T	7		$\neg$	$\top$
entitie	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.				-[	$\perp$	_			
	If the account is in more than one name, see the chart on page 4 for guidelines on whose	E	nnto	one Isla		cation				_
numbe	r to enter.		ipioy	) = T	Titalia	ation	nume	er		=
		7	4	3	0	27	Q	Q	1	
Part	II Certification					0 1	1 1	U	•	
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 nur	nber t	n he	ieena	d to	mal	and			
<ol><li>I an Ser</li></ol>	not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I having (IRS) that I am subject to backup withholding as a result of a failure to report all interest or diverger subject to backup withholding, and	e not	hoo	n notif	find	bu the	Into	rnal l	Rever e tha	nue t I am
3. I an	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 been notified by the IRS that you be you have failed to report all interest and dividends on your tax return. For real estate transaction paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an interest and dividends, you are not required to sign the certification, but you go not page 4.	s, iten	n 2 d	loes n	ot a	pply.	For n	nortg	age	
Sign Here	Signature of U.S. person ► Date ►	5	13	0	16	)				
Gen	eral Instructions  Note. If a requester gives your TIN, you must use the	ou a	form ester	other	tha m if	in For	m W-	9 to	reque	est nilar

Section references are to the Internal Revenue Code unless otherwise noted.

#### 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.

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,
- · 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.



## Salary Authorization

To Whom It May Concern:

You are hereby notified that I have authorized Stagecoach Entertainment to accept delivery of any checks and/or sums of money which may, from time to time, be or become payable to me from you; and I hereby authorize you to deliver such checks and/or sums of money to Stagecoach Entertainment at 938 5<sup>th</sup> Street # 4, Santa Monica CA 90403.

This Authorization shall be in effect until written notice of the revocation thereof, executed and acknowledged by me, shall be served upon you be registered mail.

I hereby revoke any and all authorizations heretofore executed by me for the delivery of checks.

I also hereby authorize Stagecoach Entertainment to endorse any and all checks made payable to me, for me.

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

Yours truly,

Artist's Signature

Artist's Name (Please Print)

Social Security

2/3/11



_		5. S.		
○ Cha	inge of Add	ress (Complete	e Section A)	
○ Cha	nge of Exem	ptions (Compl	lete Section A & Forn	n W-4)
Rat	e Change (	Complete Section	on A )	

Fire and the second			( complete section 11 )
SECTION A PLEASE PRINT CLEARLY OF PRODUCTION COMPANY	R PAYMENT COULD BE D		COST CODE
H3 EXPORTS UC		CHET 3	COST CODE
EMPLOYEE NAME	S. S. J	STAR	r occupation union
KANE HODDER		4 - 3049 DATE	5/30 STUNT COOPED SAG
EMPLOYEE ADDRESS NO. STREET	APT.#	CHECK ONE:	UNION FLAT ONON UNION
3701 Senda Calma	ZIP	0.7505019	deal
CALABASAS CA	91302	RATE OF PAY:	
(818) 63L. 5455 4/3	7/55 M F	s 5057 PER:	☐ HOUR ☐ DAY 🛣 WEEK
\$35.00 WILL BE CHARGED FOR REPLACE	/	GUARANTEED HOURS	PER:
GUARANTEED WORK HOURS		ADDITIONAL COMPENSATIO	N OR DEALS:
Guaranteed work hours available each week are	/ day	Stut coordings	flat deal
Overtime to be computed at base overtime rate of	per hour		•
X X X X X X X X X X X X X X X X X X X	SIGNATURE		
FORM W-4 EMPLOYEE'S WI	THHOLDING ALLO	WANCE CERTIFIC	ATE INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE
Single Married Married, but withhol     Note: If married, but legally separated, or spouse is a non resident alien, or	ld at higher Single rate thock the single box	2. If your last name differs from and call 1-800-772-1213 for mo	your social security card, check here re information.
Total number of allowances you are claiming	ancia un unigar con		3 9
4. Additional amount, if any, you want withheld from each psycheck			4
5. I claim exemption from withholding for the current year of		of the following conditions of the exem	dios:
<ul> <li>Last year I had a right to a refund of ALL Federal Incom</li> <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 by the number of per-	tholding allowances claimed on this cert	ificate or entitled to claim exempt status	_1 ,
Employee's Signature X	M		DATE 5/30/12 20,
EMPLOY	MENT ELIGIBILIT	Y VERIFICATION (	FORM 1-9)
Hodder KA	MIDDLE		TH NAME   BIRTH DATE   4 /8 /55
3701 Senda	CAlma	Calabasas C	91302 SST DY 304
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 ad	lmitted for permanent residence (A	lien Number A
3. An alien authorized by the immigration and Naturalize	ation Service to work in the United	States (Alien Number A	or
Admission number	_, expiration of employment author	ization, if any	)
I attest under the penalty of perjury, the documen			
I am aware that federal law provides for imprison	REPARER TRANSLATOR CERTIF		
X // // 1/10/	be completed if prepared by person of ployee) I attest under penalty of perjury that	her than the	
DATE	pared by me at the request of the named ind sed on all information of which I have any k	fividual and is	
EMPLOYER REVIEW AND VERIFICATION: In			he appropriate box or examine one document from li
and one from List C and check the appropriate boxes. P	rovide the Document Identific	ation Numbers and Expiration	on Dates for the documents checked.
List A	L	ist B	List C
Documents that Establish Identity and	Documents that	Establish Identity	Documents that Establish Employment Eligibility
Employment Eligibility  I. U.S. Pumport (unexpired or expired)		tioense or a State issued LD. Card information, including name, sex,	Original Social Security Card (other than card stating it
2. Certificate of United States Citizenship	date of birth, height, w	cight and color of eyes.	is not valid for employment)  2. Birth Certificate issued by State, county or municipal
3. Certificate of Naturalization     4. Unexpired Foreign Passport with attached	3. For minors under the a	ge of 16, School ID with photo	<ol> <li>Birth Certificate issued by State, county or municipal authority bearing a seal or other certification</li> </ol>
Employment Authorization  5. Alien Registration Card with Photograph	4. Other ( Specify docum	ent and issuing authority)	3. Unexpired INS Employment Authorization (Specify For
Document Identification	Document Identification	0-	# 551043049 Document Identification
	, 64 262	151	
Expiration Date: (If any)	Expiration Date: (If any)		Expiration Date: (If any)



LOS ANGELES (818) 848-9200

NEW YORK (212) 675-4600

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

PAYROLL	Fax: (866)	690-6361	Change	of Exemptions hange ( Compl	(Complete	e Section A & Form W-4)
SECTION A PLEASE PRODUCTION COMPANY	PRINT CLEARLY OR	PAYMENT COULD BE D				
H3 EXPORTS	LLC		HET 3			COST CODE
CODY BLUE SNID	er	593-	- 23\$ - 3744	START 5/30	OCCUPATION A C+O	UNION SAG
REMPLOYEE ADDRESS NO.	FAST Schoket	APT. #	CHECK ONE:	(N) UNION	- (	NON UNION
CITY FIGHT WHOM AND	STATE	ZIV / 7->	RATE OF PAY:	4	`	
PHONE.	(6) N 7	//733	s 933 PER	: HOUR	Прич	Marrow
(631)66A-06	22 /2/1	1/89 W F		Ц посп	☐ DAY	g-week
\$35,00 WILL BE C	HARGED FOR REPLACE!	MENT CHECKS	ADDITIONAL COMPE		HOUR	DAY WEEK
GUARANTEED WORK HO Guaranteed work hours available		/ day	ADDITIONAL COMPE	NSATION OR DEALS:		
Overtime to be computed at base		per hour				
AGREED EMPLOYED SCHOOLER	AUTHORIZED S	GNATURE				
A	<u> </u>				DICTRIC	TIONS IND WORKSHIP INC
FORM W-4 EN	MPLOYEE'S WIT	THOLDING ALLO	WANCE CERTI	FICATE		TIONS AND WORKSHEET ARE FROM THE PRODUCTION OFFICE
Single Married     Note: If married, but legally separated, or		The state of the s	<ol><li>If your last name diff and call 1-800-772-121.</li></ol>	fers from your social secur 3 for more information	rity card, check her	re
Total number of allowances you are c		ck the single box			3	2
4. Additional amount, if any, you want w					_ 4	S ADARD
5. I claim exemption from withholdin	The state of the s	and I certify that I meet BOTH of		ne exemption:		
		ax withheld because I had NO tax liabili sheld because I expect to have NO tax li				
If you meet both condition		mon occame i especi in inire 140 tax in	aounty.	5		
Under penalties of perjury. I certify that I	are entitled to the mimber of with	nolding allowances claimed on this certi-	ficate or entitled to claim exem			
Employee's Signature X	M	_			DATE A	1 5/31/R =
10	EMPLOVA	MENT ELIGIBILITY	VEDIEICATI	ON (EODM I		7 0/11/15
LAST NAME	FIRST	MIDDLE	VERIFICATION	and the same of th	-9)	
Jallac	(.).	Blue		BIRTH NAME	-1101	12 /17/00
STREET ADDRESS	Lily	CITY	STATE	Coly Blue	SOCIAL SEC	URITY NUMBER
33 Fieldhouse as	re. East Jeta	.ket	NY	1/733	593	3-23-3744
I attest, under penalty o	f perjury, that I am	(check box):	,.			
1. A citizen or national of the	United States.	2. An alien lawfully adr	nitted for permanent reside	ence (Alien Number A		
3. An alien authorized by the	immigration and Naturalization	on Service to work in the United S	tates (Alien Number A			or .
Admission number		expiration of employment authorize				
I attest under the penalty of	perjury, the documents	that I have presented as ev	idence of identity and	i employment elig	ibility are ge	nuine and relate to me.
I am aware that federal law		ent and/or tine for any false PARER TRANSLATOR CERTIFI	The Control of the Co			with this certificate.
X VX	(to be	completed if prepared by person oth	er than the			The state of the s
DATE T 61/41-	prepar	yee) I attest under penalty of perjury that the red by me at the request of the named indi-	vidual and is			
5/51/117		on all information of which I have any kn		9.2		
and one from List C and check t	he appropriate boxes. Pro-	vide the Document Identifica	tion Numbers and Exp	piration Dates for t	he documents	checked.
List A		/	t B Establish Identity	Donum		List C
Employment			Establish Identity	I —	nts that Establ	lish Employment Eligibility
1. U.S. Passport (unexpired	The state of the s	1. A State issued driver's I     with a photograph, or in	icense or a State issued I.D. Ca formation, including name, sex ght and color of eyes	rd De 1.0	Original Social Sec tot valid for employ	curity Card (other than card stating it
2. Certificate of United State     3. Certificate of Naturalizati		2. U.S. Military Card	got and could be eyes			used by State, county or municipal
Unexpired Foreign Pauspx     Employment Authorization			e of 16, School ID with photo			al or other certification
5. Alien Registration Card w		4. Other ( Specify docume	in and issuing authority)	3.1	nexpired INS Em	ployment Authorization (Specify Form)
Document Identification		Document Identification		Document I	dentification	5/11
		. 17-17-	18			
Expiration Date: (If any)		Expiration Date: (If any)		Expiration I	Date: (If any)	
CERTIFICATION: I attest, under penalty of		EXAMINER'S SIGNATU	RE TIT	LE	DATE	EMPLOYER
the documents presented by the above inc	fividual, that they appear to be ned, and that the individual, to					ABS Payroll



LOS ANGELES (818) 848-9200

NEW YORK (212) 675-4600

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

PAL	(000) 050-0501	Rate (	Change ( Comp	lete Sectio	nA)	
SECTION A PLEASE PRINT CLEAR	LY OR PAYMENT COULD BE I					
PRODUCTION COMPANY	PICTURE / I	PROJECT			COST CODE	
H3 EXPORTS LC		TCHET 3				
zach Galligan	071-6	64-4474	START DATE 2	OCCUPATIO	0.0	NION
EMPLOYEE ADDRESS NO. STREET	APT. #	09-8434	DATE 5/30	AC	OK	84G
_ ZS WINDMILL RE	2	CHECK ONE:	UNION		O NON UI	NION
CITY STAT	2.11	RATE OF PAY:	. 1		_	
PHONE	THDAY SEX	, 933 ,	_			
(310)364-5020	2/14/64 m F	s / 33_ PE	R: HOUR	DAY	WEEK	
\$35.00 WILL BE CHARGED FOR REI	PLACEMENT CHECKS	GUARANTEED HOUR	RSPER:	HOUR	DAY	WEEK
GUARANTEED WORK HOURS		ADDITIONAL COMPE	ENSATION OR DEALS:			_
Guaranteed work hours available each week are	/ day					
Overtime to be computed at base overtime rate of	per hour					
	RIZED SIGNATURE					
X car Xul X						
0.00	WITHHOLDING ALLO	WANCE CERT	IFICATE			ORKSHEET ARE
Single Married Married, but Note: If married, but legally separated, or spouse is a non resident.	withhold at higher Single rate	2. If your last name di	ffers from your social secur 13 for more information	rity card, check h	ere	
Total number of allowances you are claiming	ation, check the single box	ana vast 1-000-1/2-12	as more information		-	
4. Additional amount, if any, you want withheld from each payche	ock			3	-3	
5. I claim exemption from withholding for the current year or	f and I certify that I meet BOTH o	of the following conditions of the	the exemption:	- 4		
<ul> <li>Last year I had a right to a refund of ALL Federal</li> </ul>	Income tax withheld because I had NO tax liabilit	ty: AND				
<ul> <li>This year I expect a refund of ALL Federal Income</li> <li>If you meet both conditions, enter "EXEMPT" here.</li> </ul>		ability.				
Under penalties of perjury, I certify that I am entitled to the number		South or mainly to the con-	5			
Employee's Signature X	A C.	ocate or enutied to claim exen	npt status.			
Employee's Signature 11	ug			DATE (	5-6-	20.12
() ЕМРЦ	OYMENT ELIGIBILITY	VERIFICATION	ON (FORM I-	9)		
LAST NAME	MIDDLE		BIRTH NAME	- /	BIRTH DA	TE .
STREET ADDRESS	refores WOL	FE			2-	14-64
25 WINDMILL RO	A Quantity	STATE	ZIP / O S		CURITY NUMBER	8 42/1
	ARNONK	Ny	10504	0	11-64	- 8 739
I attest, under penalty of perjury, that						
1. A citizen or national of the United States.	2. An alien lawfully adn	nitted for permanent resid	ence (Alien Number A			
3. An alien authorized by the immigration and Natu	ralization Service to work in the United St	tates (Alien Number A				, or
Admission number	, expiration of employment authoriz	ation, if any				
I attest under the penalty of perjury, the docur	ments that I have presented as evi	dence of identity and	d employment elig	ibility are go	enuine and re	elate to me.
I am aware that federal law provides for impri	isonment and/or fine for any false	statements or use of	false documents i	n connection	n with this co	ertificate.
X Gree Call	PREPARER TRANSLATOR CERTIFIC (to be completed if prepared by person other	er than the	IGNATURE		PRINT NAME	
DATE ( -12	employee) I attest under penalty of perjury that the prepared by me at the request of the named indivi-	e above was idual and is				
0 ()6-6-12	hased on all information of which I have any kno	wiedge.				
EMPLOYER REVIEW AND VERIFICATION: and one from List C and check the appropriate boxe	Instructions: examine one docume is. Provide the Document Identificat	nt from List A and cl tion Numbers and Ex	neck the appropriate piration Dates for the	box or examents	mine one doc s checked.	ument from list
List A  Documents that Establish Identity and	List				List C	
Employment Eligibility	Documents that E	stablish Identity	Documen	nts that Estab	lish Employm	ent Eligibility
1. U.S. Passport (unexpired or expired)	A State issued driver's lic with a photograph, or infr	cense or a State issued LD. Ca ormation, including name, sex	1.0	viginal Social Sec	curity Card (other)	than card stating it
Certificate of United States Citizenship     Certificate of Naturalization	date of birth, height, weig  2. U.S. Military Card	tht and color of eyes	is no	ot valid for emplo	yment)	
3. Certificate of Naturalization     4. Unexpired Foreign Passport with attached	3. For minors under the age	of 16. School ID with photo	2, B auth	irth Certificate is: ority bearing a se	sued by State, cour al or other certific	aty or municipal ation
Employment Authorization  5. Alien Registration Card with Photograph	4. Other ( Specify document					ration (Specify Form)
Document Identification	Document Identification	3 186 803	#_ Document Id	0.1	1-64	-8434
	2-14-18		Localitation 10			
Expiration Date: (If any)	Expiration Date: (If any)		Expiration D	ate: (If any)		
ERTIFICATION: I attest, under penalty of perjury, that I have exar	mined EXAMINER'S SIGNATUR	RE TIT			EMPLOYED	
CERTIFICATION: I attest, under penalty of perjury, that I have example documents presented by the above individual, that they appear tenuine and to relate to the individual named, and that the individual named in the latest of	mined EXAMINER'S SIGNATUR	RE TIT		DATE	ABS Pay	

# (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.

			1
	Name (as shown on your income tax return)		
	KANE HODDER		
25	Business name/disregarded entity name, if different from above		
age			
<u>م</u>	Check appropriate box for federal tax		
pe ons o	classification (required): A Individual/sole proprietor C Corporation S Corporation	Partnership Trust	/estate
Print or type See Specific Instructions on page 2.	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partne	ership) ►	Exempt payee
FE	☐ Other (see instructions) ▶		
i i	Address (number, street, and apt. or suite no.)	Requester's name and addre	ss (optional)
bed	3701 Senda Calma		
Φ 0	City, state, and ZIP code	1	
S	Calabasas, CA 91302		
1	List account number(s) here (optional)		
Part	Taxpayer Identification Number (TIN)		
Enter y	your TIN in the appropriate box. The TIN provided must match the name given on the "Name	" line Social security nur	nber
resider	id backup withholding. For individuals, this is your social security number (SSN). However, for int alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other		
entities	s, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>	5 5 7 - 0	4 -3049
TIN on	page 3.		
Note.	If the account is in more than one name, see the chart on page 4 for guidelines on whose	Employer identifica	ition number
numbe	er to enter.		
Part	II Certification		
	penalties of perjury, I certify that:		
1. The	e number shown on this form is my correct taxpayer identification number (or I am waiting for	a number to be issued to r	na) and
2. I am Sen	n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest longer subject to backup withholding, and	) I have not been notified b	v the Internal Revenue
3. I am	n a U.S. citizen or other U.S. person (defined below).		
Certifico becaus interest general instruct	cation instructions. You must cross out item 2 above if you have been notified by the IRS the se you have failed to report all interest and dividends on your tax return. For real estate transet paid, acquisition or abandonment of secured property, cancellation of debt, contributions to ally, payments other than interest and dividends, you are not required to sign the certification, tions on page 4.	actions, item 2 does not ap	ply. For mortgage
Sign Here	Signature of U.S. person ▶	te > 6/4/12	
Gene	eral Instructions Note, If a requester of	gives you a form other than	Form W-9 to request
		use the requester's form if it	is substantially similar

noted.

#### 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.



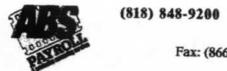
-							
○Cha	nge of	Add	ress	Complete	Section A)		
					ete Section A	& Form	W-4)
_				lata Canta			

R. C.		O Marie On	unge ( comp	cic section A)
SECTION A PLEASE PRINT CLEARLY O	R PAYMENT COULD BE D	Committee of the commit		
H3 EXPORTS WC				COST CODE
EMPLOYEE NAME	. 8.5.1	CHET 3	START	OCCUPATION UNION
HOLLY O' QUIN	438-35-	7519	DATE 6/1	Stunt Double SAG
EMPLOYEE ADDRESS NO. STREET	APT.#	CHECK ONE:	UNION	O NON UNION
Milleraly STATEA	70/25	RATE OF PAY:		_
(504 ) 289 - 9068 9.1	M F	\$ 268 PER:	☐ HOUR	DAY WEEK
\$35.00 WILL BE CHARGED FOR REPLACE	EMENT CHECKS	GUARANTEED HOURS	PER:	HOUR DAY WEEK
GUARANTEED WORK HOURS		ADDITIONAL COMPENS	SATION OR DEALS:	
Overtime to be computed at base overtime rate of	/ day per hour			
AGREED EMISSORE SIGNATURE AUTHORIZED				
$X \longrightarrow X$				
FORM W4 EMPLOYEE'S WI	THHOLDING ALLO	WANCE CERTI	FICATE	INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE
Single Married Married, but withhol     Note: If married, but legally separated, or spouse is a non resident alien,		2. If your last same differ and call 1-800-772-1213		rity card, check here
3. Total number of allowances you are claiming				3 Oa
4. Additional amount, if any, you want withheld from each psycheck				- 4 aa
I claim exemption from withholding for the current year of		-	exemption:	
<ul> <li>Last year I had a right to a refund of ALL Federal Incom</li> <li>This year I expect a refund of ALL Federal Income tax w</li> </ul>		ALCOHOLD STATE OF THE STATE OF		
If you meet both conditions, euter "EXPMPI" here	minera escanae i supsei in mine i ris inc i		5	95
Under penalties of perjury, I sertify that Lam enjoyed to the number of wi	ithholding allowances claimed on this cert	ificate or entitled to claim exemp	status.	
Employee's Signature				DATE 20.
EMPLOY	MENT ELIGIBILIT	Y VERIFICATIO	N (FORM I	-9)
LAST NAME O QUIN HOLL	MIDDLE		BIRTH NAME	BIRCH DATE
140 Citrus Rd	PR A	00125	ZIP	SOCIAL SECURITY NUMBER 438357519
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 ad	lmitted for permanent resider	ice (Alien Number A	
3. An alien authorized by the immigration and Naturalization	ation Service to work in the United	States (Alien Number A		, or
Admission number	, expiration of employment author	ization, if any		,
I attest under the penalty of perjury, the documen I am aware that lederal law provides for imprison	ts that I have presented as e- ment and/or fine for any fals	vidence of identity and e statements or use of	employment elip false documents	gibility are genuine and relate to me. in connection with this certificate.
	REPARER TRANSLATOR CERTIF be completed if prepared by person of		NATURE	PRINT NAME
DATE em	ployee) I mest under penalty of perjury that pured by me at the request of the named ind sed on all information of which I have any k	the above was lividual and is		
EMPLOYER REVIEW AND VERIFICATION: In and one from List C and check the appropriate boxes. P	structions: examine one docum	nent from List A and che	eck the appropriation Dates for	te box or examine one document from list B
List A	¥ 1921	ist B	I	List C
Documents that Establish Identity and		Establish Identity	Docum	ents that Establish Employment Eligibility
Employment Eligibility		license or a State issued I.D. Car	. 4	
1. U.S. Pausport (unexpired or expired)     2. Certificate of United States Citizenship		information, including name, sex.	1 4 1	Original Social Security Card (other than card stating it not valid for employment)
3. Certificate of Naturalization	2. U.S. Military Card			Birth Certificate issued by State, county or municipal
<ul> <li>4. Unexpired Foreign Passport with attached Employment Authorization</li> </ul>		ge of 16, School ID with photo and and issuing authority)		thority bearing a seal or other certification  Unexpired INS Employment Authorization (Specify Form)
5. Alien Registration Card with Photograph				438357519
Document Identification	Document Identification	3	Document	Identification
	1005401	90		
Expiration Date: (If any)	Expiration Date: (If any)	TIPE TIT		Date: (If any)



=				*			,	
$\circ$	Change	of	Add	ress (	Complete	e Section A	A)	
0	Change	of I	exen	ption	s (Compl	ete Section	A & Form	W-4
$\bigcirc$	Rate Ch	an	ge (	Comp	lete Section	on A )		

			inge (Complete Sec	ction A)
SECTION A PLEASE PRINT CLEAR PRODUCTION COMPANY	ARLY OR PAYMENT COULD BE			
H3 EXPORTS LLC		HET		COST CODE
EMPLOYEE NAME			TART OCCUP	ATION UNION
	MICHAEL SUPOL SSO		ATE 6/14/12	ACTOR SAG
8511-13 OLIVER AVE	MA 1. 0	CHECK ONE:	NUNION	O NON UNION
BATON ROUGES 15	A TARRAG	RATE OF PAY:		
	BIRTHDAY SEX	\$ 768 PER	☐ HOUR 🕅 DA	v
(310)654-6839	07/11/1965 M F			_
\$35.00 WILL BE CHARGED FOR	REPLACEMENT CHECKS	GUARANTEED HOURS ADDITIONAL COMPENSA	PER: HO	UR DAY WEEK
GUARANTEED WORK HOURS Guaranteed work hours available each week are_	/ day	ADDITIONAL COMPENSA	TION OR DEALS:	
Overtime to be computed at base overtime rate of	per hour			
AGREED ENFLOYEE SIGNATURE	THORIZED SIGNATURE	1	-	
FORM W-4 EMPLOYEE	'S WITHHOLDING ALLO	WANCE CEPTER	INS INS	TRUCTIONS AND WORKSHEET ARE
		WANCE CERTIF	ICATE AVAIL	ABLE FROM THE PRODUCTION OFFICE
Note: If macried, but legally separated, or spouse is a non resi	but withhold at higher Single rate dent alien, check the single box	<ol> <li>If your last same differs it and call 1-800-773-1213 for</li> </ol>	from your social security card, ch more information	ock tere
3. Total sumber of allowances you are claiming			3	
4. Additional amount, if any, you want withheld from each pr	rycheck			
<ol> <li>I claim exemption from withholding for the current year.</li> <li>Last year I had a right to a refund of ALL-Fed</li> </ol>	ear of and I certify that I meet BOTH leval Income tax withheld because I had NO tax liabil	of the following conditions of the ex	emption:	
This year I expect a mitunded ALL Federal in	come tax withheld became I expect to have NO tax is	ishiliry.		_
if you meet both conditions, only "EXEMPT"	bor		5 EXEP	OPT
Under penalties of perjury Lecrity that I am splitted to the an	miles of wildholding allow succes claimed on this certi-	ficate or entitled to chaim exempt so	dos.	
Employee's Signature A			DATE	20,
EMI	PLOYMENT ELIGIBILIT	Y VERIFICATION	(FORM 1-9)	
LAST NAME PIR			BIRTH NAME	BRITH DATE
STREET ADDRESS	div N			07/11/1965
	411	STATE	SOCIAL	L'SECURITY NUMBER
I attest, under penalty of perjury, the	at I am (check box):			
1. A citizen or national of the United States.		mitted for permanent residence	(Alien Number A	
3. An alien authorized by the immigration and ?	Naturalization Service to work in the United S	tates (Alien Number A	Visita Fragues R	, or
Admission number	expiration of employment authoric	zation, if any		
Lattest under the penalty of perjury, the do	cuments that I have presented as ev	idence of identition and an	ployment eligibility ar	re genuine and relate to me.
I am aware that federal law provides for im	PREPARER TRANSLATOR CERTIF	statements or use of fal:	se documents in connec	ction with this certificate.
DATE	(to be completed if prepared by person oth employee) I anest under penalty of perjury that it	or than the		
	prepared by me at the request of the named indi- based on all information of which I have any kn	vidual and is		
EMPLOYER REVIEW AND VERIFICATION and one from List C and check the appropriate by	ON: Instructions: examine one document one document Identifica	ent from List A and check	the appropriate box or	examine one document from list B
List A		rt B	I	List C
Documents that Establish Identity a Employment Eligibility	and Documents that	Establish Identity	Documents that E	stablish Employment Eligibility
1. U.S. Passport (unexpired or expired)	1. A State insued driver's it with a photograph, or in	icense or a State issued LD. Card. formation, including same, sex.	1 Original Soci	all Seconds Cord (other than and and
2. Certificate of United States Catizonship 3. Certificate of Naturalization	date of birth, height, wei	formation, including name, sex, ght and color of eyes	is not valid for a	employment)
4. Unexpired Foreign Passport with attached Employment Audiorization	3. For suinces under the ag	e of 16, School ID with photo	2. Beth Certific	ate issued by State, county or municipal g a seal or other certification
5. Alice Registration Card with Photograph	5104916	[O]	3. Unexpired IN	S Employment Authorization (Specify Form)
Document Identification	Document Identification	2014	Document Identification	8-178
Businessian Date (March	01/11/	0011		
Expiration Date: (If any)	Expiration Date: (If any)		Expiration Date: (If any	



(212) 675-4600

O Chan	ge of Ad	dress	( Complete Section A)
Chang	ge of Exer	nption	is (Complete Section A & Form W-4)
O Rate	Change (	Com	olete Section A )

Fax: (86	6) 690-6361	Change of Rate Chan	Exemptions (Comple age (Complete Section	te Section A & Form W-4)
SECTION A PLEASE PRINT CLEARLY	OR PAYMENT COULD BE DEL		The state of the s	
PRODUCTION COMPANY	PICTURE/PROJ			CACT CARD
H3 EXPORTS LLC	HATCH	T 3		CCST CODE
EMPLOYEE NAME	110,850		ART OCCUPATION	· · · · · · · · · · · · · · · · · · ·
JAMAL DENNIS	4.310-71-	4989 DA	TE 6/11/12 .	SAG
EMPLOYEE ADDRESS NO. STREET	APT.	CITICO CITICO	771.0	JAG
CITY STATE	1200	CHECK ONE:	O UNION	ONON UNION
Slidel 1 A	70458	RATE OF PAY:		
PHONE	AY SEX	268 DED.		_
1310 1467-7104 112.	-9-80 M F	- reac	HOUR DAY	☐ WEEK
\$35.00 WILL BE CHARGED FOR REPLACE	EMENT CHECKS	GUARANTEED HOURS	PER: HOUR	DAY WEEK
GUARANTEED WORK HOURS		ADDITIONAL COMPENSAT	ION OR DEALS:	
Guaranteed work hours available each week are	/ day			
Overtime to be computed at base overtime rate of	per hour			
X and Dew X	D SIGNATURE -			
FORM W-4 EMPLOYEE'S W	THHOLDING ALLOWA	NCE CERTIFIC	CATE INSTRUC	TIONS AND WORKSHEET ARE
1. Z Single Married Married, but withh	old at higher Single rate		AVAILABLE :	FROM THE 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				
Additional amount, if my, you want withheld from each psycheck.      I claim exemption from withhelding for the current year of			4	[A
* Last year I had a right to a refund of ALL Federal Incom	and I certify that I meet BOTH of the	following conditions of the exer	option:	0
This year I expect a reband of ALL Federal Income tax s	withheld because I expect to have NO tax liability. Al	ND A		
if you meet both conditions, enter "EXEMPY" here			5	0
Under penalties of perjury, I certify that I am emitted to the minuter of w	ithholding allowances claimed on this certificate	or entitled to claim exempt state	в.	
Employee's Signature A Out The Signature A	mus		DATE	6/14/2012
LASTNAME PERST	MENT ELIGIBILITY V			
1 2000	mal K	Ba	ama Dennis	) Z   9   1980
507 SPARTAN Dr	C) (4.) 1	/ STATE	SOCIAL SEC	ORITY NUMBER
I attest, under penalty of perjury, that I an	n (aback bowl)	CA 11	1936	-11-9989
1. A citizen or national of the United States.				
	2. An alien lawfully admitted	for permanent residence (/	Alien Number A	
3. An alien authorized by the immigration and Naturaliza				, or
Admission number	_, expiration of employment authorization	if any		
I attest under the penalty of perjury, the document I am aware that federal law provides for imprison	is that I have presented as eviden-	ce of identity and emp	oloyment eligibility are ger	nuine and relate to me.
V 1/14 / VI / D	REPARER TRANSLATOR CERTIFICATI	ON TRANSLATOR SIGNATU	RE P	with this certificate.
1/4 Vi   V 2/4/1/1/2	be completed if prepared by person other that ployee) I attent under penalty of perjury that the above	44		
10/19/10	ed on all information of which I have any knowledge	and is		
EMPLOYER REVIEW AND VERIFICATION: In and one from List C and check the appropriate boxes. Pr	structions: examine one document frovide the Document Identification	rom List A and check to Numbers and Expiration	he appropriate box or exam	ine one document from list B
List A	List B			
Documents that Establish Identity and	Documents that Estab	lish Identity		ist C ish Employment Eligibility
Employment Eligibility	1. A State issued driver's license	or a State issued ED. Cleat		an employment engionity
1. U.S. Passport (usexpixed or expired)     2. Certificate of United States Citizenship	with a photograph, or informati date of birth, height, weight and	on includies name are	Original Social Securis sot valid for employ:  is not valid for employ:	rily Card (other than card staring it
3. Certificate of Naturalization	2. U.S. Military Card.		2. Birth Certificate issu	and by State, county or municipal
Unexpired Foreign Panaport with attached Employment Authorization	3. For minors under the age of 16 4. Other (Specify document and	School ID with photo issuing authority)	assiskity bearing a sea	or other certification
Alica Registration Card with Photograph			3. Userpind INS Emp	loyment Anthorization (Specify Form)
Document Identification	Document Identification		Document Identification	11-11/20
10012458C4	.007245874			
Expiration Dute: (If any)	Expiration Date: (If any)		Expiration Date: (If my)	(
ERTIFICATION: I attest, under penalty of perjury, that I have examined	EXAMINER'S SIGNATURE	TITLE	DATE	EMPLOYER



(818) 848-9200

(212) 675-4600

Fax: (866) 690-6361

Change of Address (Complete Section A) Change of Exemptions (Complete Section A & Form W-4)

Rate Change (Complete Section A)							
	R PAYMENT COULD BE DELA	YED					
PRODUCTION COMPANY	PICTURE / PROJEC		COST CODE				
H3 EXPORTS LLC	HATCH						
THOMAS HYDE	8.5.1	START DATE (a/	OCCUPATION UNION				
	439-63-	3290 DATE 6/	15 Actor SAG				
4212 South DERhoran	V St	ECK ONE: UNI	ON ON UNION				
MEW ORIGANS LA. PHONE BIRTHDAY	70125 RA	TE OF PAY:  268 PER:   H	OUR DAY WEEK				
(504) 723-8610 10-1	5-84 M F			VEEK			
\$35.00 WILL BE CHARGED FOR REPLACE		DITIONAL COMPENSATION OR D	EALS:				
GUARANTEED WORK HOURS Guaranteed work hours available each week are	/ day						
Overtime to be computed at base overtime rate of	per hour						
AGREED EMPLOYEE SIGNATURE  X  AUTHORIZED	SIGNATURE						
FORM W-4 EMPLOYEE'S WI	THEOLDING ALLOWA	NCE CEPTIFICATE	INSTRUCTIONS AND WORKSHI	EET ARE			
FORM W-4 EMPLOTEE'S WI	I HHOLDING ALLOWA	VCE CERTIFICATE	AVAILABLE FROM THE PRODUCTI	ON OFFICE			
Single Married Married, but withhole     Note: If married, but legally separated, or spouse is a non resident alien, or		<ol> <li>If your last name differs from your so and call 1-800-772-1213 for more information.</li> </ol>					
Total number of allowances you are claiming			3 -				
4. Additional amount, if any, you want withheld from each paycheck			4				
I claim exemption from withholding for the current year of     Last year 1 had a right to a refund of ALL Federal Income	and I certify that I meet BOTH of the for tax withheld because I had NO tax liability: ANI						
This year I expect a refund of ALL Federal facome tax with							
If you meet both conditions, eater "EXEMPT" here							
Under penalties of perjury, I certify that I am entitled to the number of with Employee's Signature X	bliolding allowances claimed on this certificate or	entitled to claim exempt status.	DATE (0-15-12	20.12			
EMPLOY	MENT ELIGIBILITY VI	ERIFICATION (FOR	tM 1-9)				
LAST NAME FIRST	MIDDLE	BIRTH NAM	11 11.0 10	a .			
STREET ADDRESS Thon	nas A.	STATE ZIP	ASAlmzo Hudal O-15	-84			
4212 S. DERbergn	1St. A)ELD Delsi	105 LA 70	175 439-63-3	290			
I attest, under penalty of perjury, that I am	(check box):						
1. A citizen or national of the United States.	<ul> <li>2. An alien lawfully admitted</li> </ul>	for permanent residence (Alien Nu	mber A				
3. An alien authorized by the immigration and Naturaliza	tion Service to work in the United States (	Alien Number A		, or			
Admission number	, expiration of employment authorization,	if any					
I attest under the penalty of perjury, the document I am aware that federal law provides for imprisonn	s that I have presented as evidence nent and/or fine for any false state	ments or use of false docum	nents in connection with this certifica-	o me. ate.			
	REPARER TRANSLATOR CERTIFICATION be completed if prepared by person other than		PRINT NAME				
DATE empres	loyee) I attest under penalty of perjury that the above ared by me at the request of the named individual and don all information of which I have any knowledge	was ad is					
EMPLOYER REVIEW AND VERIFICATION: Ins and one from List C and check the appropriate boxes. Pr	tructions: examine one document frovide the Document Identification	om List A and check the app Numbers and Expiration Dat	ropriate box or examine one document es for the documents checked.	from list B			
List A	List B	1	List C				
Documents that Establish Identity and	Documents that Establ	ish Identity D	ocuments that Establish Employment El	igibility			
Employment Eligibility	1. A State issued driver's license of		1. Original Social Security Card (other than card	d station it			
1. U.S. Passport (unexpired or expired)     2. Certificate of United States Citizenship	with a photograph, or informati date of birth, height, weight and	color of eyes	is not valid for employment)				
3. Certificate of Nanaralization     4. Unexpired Foreign Passport 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 ma authority bearing a seal or other certification</li> </ol>	micipal			
Employment Authorization	4. Other ( Specify document and in		3. Unexpired INS Employment Authorization (S	pecify Form)			
5. Allen Registration Card with Photograph			#430-65-32	90			
Document Identification	) O C	ument Identification					
-	1000533	100		-			
Expiration Date: (If any)  CEDITION ATION: Lattest under negative of outiney that I have examined	Expiration Date: (If any) () —	5 - 2015 Em	DATE PMPLOYER				



_								
○ Cha	ange of	Add	ress	(Comple	ete Section	A)		
○ Cha	inge of I	Exem	ption	s (Com	plete Section	n A & F	orm V	W-4)
Pat								

SECTION A DIFFASE PRINT OF	LATE OR DESCRIPTION OF THE		ange ( comp.	ow occuon.	/	
PRODUCTION COMPANY	EARLY OR PAYMENT COULD BE I			-	COST CODE	
H3 EXPORTS LLC	TCHET 3					
ADAM GREEN		62-5989	DATE 6/15	ACTO	in SA (	
EMPLOYEE ADDRESS NO. STREET		CHECK ONE:	UNION		NON UNION	
CITY	STATE ZIP	RATE OF PAY:				
PHONE	BIRTHDAY SEX	\$ 268 PER	HOUR	DAY	□ WEEK	
(310) 922-0213	3-31-75 @ F	GUARANTEED HOURS	PER	HOUR	DAY WEEK	
\$35.00 WILL BE CHARGED FOR	REPLACEMENT CHECKS	ADDITIONAL COMPENS		noon	_ DAI _ WEEK	
GUARANTEED WORK HOURS Guaranteed work hours available each week are_	/ day					
Overtime to be computed at base overtime rate of						
X ada the	VIOTHORIZZED SIGNATURE					
FORM W-4 EMPLOYER	E'S WITHHOLDING ALLO	WANCE CERTII	FICATE		IONS AND WORKSHEET ARE	
Single Married Married  Note: If married, but legally separated, or sponse is a non re-	d, but withhold at higher Single rate sident alien, check the single box	2. If your last same differ and call 1-800-772-1213:		ity card, check here		
3. Total number of allowances you are claiming				3		
<ol> <li>Additional amount, if any, you want withheld from each;</li> <li>I claim exemption from withholding for the current;</li> </ol>		of the following conditions of the	execution	- 4		
<ul> <li>Last year I had a right to a refund of ALL F</li> </ul>	ederal Income tax withheld because I had NO tax Habil	lity: AND	vacageans.	-		
<ul> <li>This year I expect a refund of ALL Federal I If you meet both conditions, enter "EXEMPT</li> </ul>	facoune tax withheld became I expect to have NO tax is "here	iability.	5			
Useder penalties of perjury, I certify that I am entitled to the	number of withholding allowances claimed on this certi	ificate or estitled to claim exempt				
Employee's Signature X				DATE.	20,	
EM	IPLOYMENT ELIGIBILITY	Y VERIFICATIO	N (FORM I-	9)		
LAST NAME PI	RST MIDDLE		BIRTH NAME		BECTH DATE	
STREET ADDRESS	CITY	STATE	ZIP	SOCIALISECUI	RITY NUMBER	
I attest, under penalty of perjury, the	nat I am (check box):					
1. A citizen or national of the United States.		mitted for permanent residence	ce (Alien Number A			
	Naturalization Service to work in the United S	- Carlotte			, or	
Admission number  I attest under the penalty of perjury, the d	expiration of employment authorized as evidence of employment authorized and employment authorized autho	idence of identity and	employment eligi	bility are gen	uine and relate to me.	
I am aware that federal law provides for in	mprisonment and/or fine for any false	statements or use of fa	alse documents is	n connection v	with this certificate.	
X	PREPARER TRANSLATOR CERTIFI  (to be completed if prepared by person oth employee) I attest under penalty of perjury that th	er flat the			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
DATE	proposed by me at the request of the named individual to based on all information of which I have any kno	vidual and is				
EMPLOYER REVIEW AND VERIFICATI and one from List C and check the appropriate	ION: Instructions: examine one docume	ent from List A and chec	k the appropriate	box or examine documents d	ne one document from list B	
List A	•	#B	1		#C	
Documents that Establish Identity Employment Eligibility		Establish Identity	Documen	Documents that Establish Employment Eligibil		
1. U.S. Passport (unexpired or expired)     2. Contificate of United Street Originalis	1. A State issued driver's is with a photograph, or in date of birth, herote, and	iorene or a State issued LD. Card- formation, including same, sex, ght and color of eyes	1.0	riginal Social Securi Cvalid for employed	ty Card (other than card stating it ent)	
2. Certificate of United States Citizenship     3. Certificate of Naturalization	2. U.S. Military Card		□ 2.8i	2. Birth Certificate issued by State, county or munici		
Unexpired Foreign Passport with attached Employment Authorization	3. For minors under the age 4. Other ( Specify document	e of 16, School ID with photo at and issuing authority)	antis	only bearing a seal of	r other certification yment Authorization (Specify Form)	
5. Alies Registration Card with Photograph			#_			
Document Identification	Document Identification		Document Id	entification		
Expiration Date (If any)	Expiration Dute: (if any)		#Expiration Di	uie: (If mry)		
ERTIFICATION: I agest, under penalty of perjury, that I hav		RE TITLE		DATE 1	EMPLOYER .	

(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.

HIDGHIAG	Providing Service								
	Name (as shown on your income tax return)  Fldam Green								
			_						
જાં	Business name/disregarded entity name, if different from above								
page	Adam Given Productions								
ď.	Check appropriate box for federal tax								
o suc	classification (required):	estate							
Print or type See Specific Instructions on	☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ►								
F	☐ Other (see instructions) ►								
#		uester's	nam	ne and a	ddre	ss (option	nal)		_
ě	11554 Huston St.								
<u>0</u>	City state and 7IP code								
Se	Valley Village, CA 91601								
	List account number(s) here (optional)								_
	and a south familiar (b) that (b) that (b) that (b) the control of								
Don	Townson Identification Number (TIN)								_
Part				-					_
Enter y	our TIN in the appropriate box. The TIN provided must match the name given on the "Name" line	Soc	cial :	security	num	ber			_
resider	d backup withholding. For individuals, this is your social security number (SSN). However, for a tt alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other								
entities	the first of prophetor, or disregarded entity, see the Part Histochors on page 3. For other a, it is your employer identification number (EIN). If you do not have a number, see How to get a			'	1	1 1 -		11	
	page 3.			_	_		_		_
Note. I	f the account is in more than one name, see the chart on page 4 for guidelines on whose	Em	ploy	er iden	tifica	tion num	ber		
number to enter.									
		12	0	- 3	. 4	24	1 3	3	
Part	Certification				_				_
	penalties of perjury, I certify that:		_						_
	number shown on this form is my correct taxpayer identification number (or I am waiting for a nur								
Serv	not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I havice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or diverger subject to backup withholding, and	ve not l	beer , or	notifi (c) the	ed by	the Internal	emal R fied me	evenue that I a	m
	a U.S. citizen or other U.S. person (defined below).								
	ation instructions. You must cross out item 2 above if you have been notified by the IRS that yo	u are c	urre	ntly su	biect	to back	up with	hholding	
becaus	e you have failed to report all interest and dividends on your tax return. For real estate transaction	s, item	2 d	oes no	t app	bly. For r	mortga	ge	
interest	paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an in	ndividu	al re	tireme	nt an	rangeme	ent (IR/	), and	
	<ul> <li>by, payments other than interest and dividends, you are not required to sign the certification, but you are not required to sign the certification, but you are not required to sign the certification, but you are not required to sign the certification.</li> </ul>	ou mus	st pr	ovide	your	correct	IIN. Se	e the	
Inches and the second	ons on page 4.			_					_
Sign Here	Signature of U.S. person ► Cida 98-4 Date ►	6	11	5					
Gene	eral Instructions Note. If a requester gives								_
	references are to the Internal Revenue Code unless otherwise	e reque	ster	's form	if it	is subst	antially	similar	

noted.

#### 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.