

# Application for Employer Identification Number

Department of the Treasury  
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

<b>Type or print clearly.</b>	1 Legal name of entity (or individual) for whom the EIN is being requested <b>VISHWAGEEKS, LLC</b>	
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>596 Eagle Rd Apt 2b</b>	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code (if foreign, see instructions) <b>Greensboro, NC 27407-5295</b>	5b City, state, and ZIP code (if foreign, see instructions)
	6 County and state where principal business is located <b>Guilford county, North Carolina</b>	
	7a Name of responsible party <b>SATHYA SHIRISHA AITHAGONI</b>	7b SSN, ITIN, or EIN Social Security Number: <b>747-72-1174</b>
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8b If 8a is "Yes," enter the number of LLC members <b>1</b>	
8c If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
9a <b>Type of entity</b> (check only one box). <b>Caution.</b> If 8a is "Yes," see the instructions for the correct box to check.		
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ <b>Limited Liability Company</b>		
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) <input type="checkbox"/> Trust (TIN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶ _____		
9b If a corporation, name the state or foreign country (if applicable) where incorporated	State <b>North Carolina</b>	Foreign country <b>N/A</b>
10 <b>Reason for applying</b> (check only one box)		
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>General Business</b> <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____		
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____		
11 Date business started or acquired (month, day, year). See instructions. <b>August 14th, 2017</b>	12 Closing month of accounting year <b>December</b>	
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.	14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>	
Agricultural <b>0</b>	Household <b>0</b>	Other <b>0</b>
15 First date wages or annuities were paid (month, day, year). <b>Note.</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) _____ ▶		
16 Check <b>one</b> box that best describes the principal activity of your business		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) <b>General Business</b>		
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>General Activity</b>		
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶ _____		
<b>Third Party Designee</b>	Complete this section <b>only</b> if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form	
	Designee's name <b>Inc Authority, LLC</b>	Designee's telephone number (include area code) <b>(877) 462-6366</b>
Address and ZIP code <b>P.O. Box 41270, Reno, NV 89504</b>	Designee's fax number (include area code) <b>(702) 852-0247</b>	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) <b>(336) 338-5666</b>
Name and title (type or print clearly) ▶ <b>SATHYA SHIRISHA AITHAGONI, Member</b>		Applicant's fax number (include area code)
Signature ▶ <i>Sathyashirisha</i>	Date ▶ <b>8/21/2017</b>	

## RELEASE

The information and services provided by Inc Authority, LLC are intended to provide accurate and authoritative information with regard to the subject matter covered and that Inc Authority, LLC and its representatives are only expressing their opinions. If you require specific tax, financial, business or legal advice, the services of a competent professional person should be retained.

Adapted from the Declaration of Principles jointly adopted by a committee of the American Bar Association and a committee of Publishers and Associations.

Inc Authority, LLC, through its affiliated relationships, is a recognized registered agent for Corporations, Limited Liability Companies and Limited Partnerships and is a member in good standing of the Nevada Registered Agents Association. All services and information provided to the user are offered with the understanding that they are to be used in a legal and prudent manner. The user of information or services provided by Inc Authority, LLC accepts full responsibility for the proper and legal use of the information and/or services so provided and for complying with any tax consequences or tax filing requirements arising as a result. All rights reserved. No part of Inc Authority, LLC's information may be reproduced in any form or by any means without specific permission in writing from Inc Authority, LLC, P.O. Box 41270 Reno, Nevada 89504.

I, **Sathya Shirisha Aithagoni**, Manager, hereby fully understand the above agreement between Inc Authority, LLC and **VISHWAGEEKS, LLC**, and agree to accept full responsibility for any actions taken by **VISHWAGEEKS, LLC**



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**Sathya Shirisha Aithagoni**, Manager

Dated on this 21 day of AUGUST, 2017.

**MEMBERSHIP LISTING STATEMENT  
OF  
VISHWAGEEKS, LLC**

A current list of the full name and last known business address of each member and manager, separately identifying the member(s) in alphabetical order and the manager(s), if any, in alphabetical order must be maintained at the registered agent office in North Carolina. Please complete and return this form to Inc Authority, LLC

<u>Member(s) Name</u>	<u>Address</u>	<u>City, State, Zip</u>
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<u>SATHYA SHIRISHA AITHAGONI</u>	<u>596 Eagle Rd, Apt 2b</u>	<u>Greensboro, NC, 27407</u>
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<u>Manager(s) Name</u>	<u>Address</u>	<u>City, State, Zip</u>
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<u>SATHYA SHIRISHA AITHAGONI</u>	<u>596 Eagle Rd, Apt 2b</u>	<u>Greensboro, NC, 27407</u>
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Dated this 21 day of AUGUST, 2017.

*If this information should change, a replacement Membership Listing Statement must be mailed to Inc Authority, LLC within 30 days of the change. A duplicate Membership Listing Statement is located behind the tab Minutes, Meetings & Resolutions in the record book.*