


Application for Employer Identification Number

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

▶ Go to www.irs.gov/FormSS4 for instructions and the latest information.
 ▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <u>Levels Nutrition LLC</u>	
	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) <u>30 N Gould St Ste R</u>	5a Street address (if different) (Don't enter a P.O. box.)
	4b City, state, and ZIP code (if foreign, see instructions) <u>Sheridan, WY 82801</u>	5b City, state, and ZIP code (if foreign, see instructions)
	6 County and state where principal business is located <u>Sheridan, Wyoming</u>	
	7a Name of responsible party <u>IGOR VINOKUR</u>	7b SSN, ITIN, or EIN <u>Foreign</u>
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 <u>1</u>
8c If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.		
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises _____ <input checked="" type="checkbox"/> Other (specify) ▶ <u>Disregarded Entity</u> Group Exemption Number (GEN) if any ▶ _____		
9b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
10 Reason for applying (check only one box)		
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <u>LLC</u> <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Other (specify) ▶ _____ <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. <u>2024 - 01 - 23</u>		12 Closing month of accounting year <u>December</u>
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 \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input type="checkbox"/>
Agricultural	Household	
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) <u>N/A</u>		
16 Check one 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 checked="" type="checkbox"/> Retail <input type="checkbox"/> Other (specify) ▶ _____		
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <u>Production of sports nutrition.</u>		
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 ▶ _____		
Third Party Designee	Complete this section only 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 <u>GUSTAVO J. GARCIA-TORRES</u>	Designee's telephone number (include area code) <u>+1 (551) 273 2773</u>
	Address and ZIP code <u>115 West 27th Street, New York, NY 10001</u>	Designee's fax number (include area code) <u>+1 (786) 980 1051</u>
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)
Name and title (type or print clearly) ▶ <u>Igor Vinokur</u>		Applicant's fax number (include area code)
Signature ▶ 		Date ▶ <u>2024 - 01 - 23</u>

SIGNATURE CERTIFICATE



REFERENCE NUMBER

9EA914E7-9DE0-4A4D-90AD-60C2B26107B5

TRANSACTION DETAILS

Reference Number

9EA914E7-9DE0-4A4D-90AD-60C2B26107B5

Transaction Type

Signature Request

Sent At

01/23/2024 10:57 EST

Executed At

01/24/2024 10:34 EST

Identity Method

email

Distribution Method

email

Signed Checksum

7407ece1882f607a3be14129d526554b908ba6303f8fe57cc3eee2afa511363d

Signer Sequencing

Disabled

Document Passcode

Disabled

DOCUMENT DETAILS

Document Name

SS4-Unsigned-Levels Nutrition.pdf

Filename

SS4-Unsigned-Levels_Nutrition.pdf

Pages

1 page

Content Type

application/pdf


File Size

708 KB

Original Checksum

d1073b06425ff2515c6f40294eb5eb4f1869de29f277d97706150aae540737ca

SIGNERS

SIGNER	E-SIGNATURE	EVENTS
<p>Name Igor Vinokur</p> <p>Email mk@ybcase.com</p> <p>Components 1</p>	<p>Status signed</p> <p>Multi-factor Digital Fingerprint Checksum 94f178620c43739468e7a888b36223fac93ded8602ee78c3bf6011c1127c5ac4</p> <p>IP Address 5.17.1.179</p> <p>Device Chrome via Windows</p> <p>Drawn Signature </p> <p>Signature Reference ID AB922889</p> <p>Signature Biometric Count 2</p>	<p>Viewed At 01/24/2024 10:33 EST</p> <p>Identity Authenticated At 01/24/2024 10:34 EST</p> <p>Signed At 01/24/2024 10:34 EST</p>

AUDITS

TIMESTAMP	AUDIT
01/23/2024 10:57 EST	Igor Vinokur (mk@ybcase.com) was emailed a link to sign.
01/24/2024 02:35 EST	Igor Vinokur (mk@ybcase.com) viewed the document on Safari via Mac from 91.247.62.187.
01/24/2024 02:42 EST	Igor Vinokur (mk@ybcase.com) viewed the document on Chrome Mobile via Android from 176.104.244.15.
01/24/2024 02:42 EST	Igor Vinokur (mk@ybcase.com) viewed the document on Chrome Mobile via Android from 176.104.244.15.
01/24/2024 10:32 EST	Igor Vinokur (mk@ybcase.com) viewed the document on Chrome Mobile via Android from 5.17.1.179.
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01/24/2024 10:34 EST	Igor Vinokur (mk@ybcase.com) signed the document on Chrome via Windows from 5.17.1.179.