

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

35-2822207

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested FertilyLife LLC					
	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) 18395 Gulf Blvd Ste 203 #4		5a Street address (if different) (Don't enter a P.O. box.)			
	4b City, state, and ZIP code (if foreign, see instructions) Indian Shores, FL 33785		5b City, state, and ZIP code (if foreign, see instructions)			
	6 County and state where principal business is located Sheridan WY					
	7a Name of responsible party Liudmyla Rusak		7b SSN, ITIN, or EIN Foreigner			
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? ☒ Yes ☐ No		8b If 8a is "Yes," enter the number of LLC members 1				
8c If 8a is "Yes," was the LLC organized in the United States? ☒ Yes ☐ No						
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check. ☐ Sole proprietor (SSN) ☐ Estate (SSN of decedent) ☐ Partnership ☐ Plan administrator (TIN) ☐ Corporation (enter form number to be filed) ▶ ☐ Trust (TIN of grantor) ☐ Personal service corporation ☐ Military/National Guard ☐ State/local government ☐ Church or church-controlled organization ☐ Farmers' cooperative ☐ Federal government ☐ Other nonprofit organization (specify) ▶ ☐ REMIC ☐ Indian tribal governments/enterprises ☒ Other (specify) ▶ Foreign owned disregarded entity 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) ☒ Started new business (specify type) ▶ Any legal activity ☐ Hired employees (Check the box and see line 13.) ☐ Compliance with IRS withholding regulations ☐ Other (specify) ▶ ☐ Banking purpose (specify purpose) ▶ ☐ Changed type of organization (specify new type) ▶ ☐ Purchased going business ☐ Created a trust (specify type) ▶ ☐ Created a pension plan (specify type) ▶						
11 Date business started or acquired (month, day, year). See instructions. 05/18/2023		12 Closing month of accounting year December				
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. <table border="1"><tr><td>Agricultural</td><td>Household</td><td>Other</td></tr></table>		Agricultural	Household	Other	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. ☐	
Agricultural	Household	Other				
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) ▶						
16 Check one box that best describes the principal activity of your business. ☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Accommodation & food service ☐ Wholesale-agent/broker ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☒ Other (specify) ▶ Any legal activity ☐ Health care & social assistance ☐ Wholesale-other ☐ Retail						
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.						

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? ☐ Yes ☒ 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 Antonio Durante	Designee's telephone number (include area code) +1843 330 6849
	Address and ZIP code 11761 80th AVE, Seminole FL 33772	Designee's fax number (include area code) +1 727 513 5584
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) +39 393 895 8637
Name and title (type or print clearly) ▶ Liudmyla Rusak - Owner <i>Liudmyla Rusak</i>		Applicant's fax number (include area code) +1 727 513 5584
Signature ▶		Date ▶ 2023/09/12