

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN _____
OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
PAUL GREGORY / TRUST

2 Trade name of business, if different from name in line 1 _____

3 Executor, trustee, "care of" name
Paul Gregory: Koleske / Trustee

4a Mailing address (street address) (room, apt., or suite no.)
C/O: non-domestic

5a Business address, if different from address in lines 4a and 4b
Same

4b City, state, and ZIP code
near Wisconsin

5b City, state, and ZIP code
Same

6 County and state where principal business is located _____

7 Name of principal officer, general partner, grantor, owner, or trustee, SSN ~~Required~~ (See instructions.)
Paul Gregory: Trustee Social Security Administration

8a Type of entity (Check only one box.) (See instructions.)

Sole Proprietor (SSN) _____

REMIC _____

State/local government _____

Other nonprofit organization (specify) _____

Other (specify) _____

Estate (SSN of decedent) _____

Plan administrator-SSN _____

Other corporation (specify) _____

Federal government/military _____

Trust _____

Partnership _____

Farmers' cooperative _____

Church or church controlled organization _____

(enter GEN if applicable) _____

8b If a corporation, name of state or foreign country (applicable) where incorporated _____ State _____ Foreign country _____

9 Reason for applying (Check only one box.)

Started new business (specify) _____

Hired employees _____

Created a pension plan (specify type) _____

Banking purpose (specify) _____

Changed type of organization (specify) _____

Purchased going business _____

Created a trust (specify) **Simple Trust**

Other (specify) _____

10 Date business started or acquired (Mo., day, year) (See instructions.) **3/4/76**

11 Enter closing month of accounting year. (See instructions.) **TWELFTH**

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) _____ **N/A**

13 Enter highest number of employees expected in the next 12 months. Note: if the applicant does not expect to have any employees during the period, enter "0."

| | | |
|-----------------|--------------|-----------|
| Nonagricultural | Agricultural | Household |
| N/A | MA | MA |

14 Principal activity (See instructions.) **N/A**

15 Is the principal business activity manufacturing? Yes No
If "Yes," principal product and raw material used **N/A**

16 To whom are most of the products or services sold? Please check the appropriate box.

Public (retail) _____

Other (specify) _____

Business (wholesale) _____

N/A

17a Has the applicant ever applied for an identification number for this or any other business? Yes No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicants' legal name and trade name, if different than name shown on prior application.

Legal name **N/A** Trade name _____

17c Enter approximate date, city and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year) **N/A** City and state where filed **MA** Previous EIN **N/A**

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

Name and title (Please type or print clearly.) **Paul Gregory: TTEE**

Signature **Paul Gregory:** **TTEE** Date **5-22-01**

Note: Do not write below this line. For official use only.

| | | | | | |
|--------------------|------|------|-------|------|---------------------|
| Please leave blank | Geo. | Ind. | Class | Size | Reason for applying |
| | | | | | |

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