

Application for Employer Identification Number

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

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

EIN 27-0058071

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
STAMP CAMP USA

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. Box)
P.O. BOX 166

5a Street address (if different) (Do not enter a P.O. box.)
111 N. WATER ST.

4b City, state and ZIP code
KNOXVILLE PA 16928

5b City, state, and ZIP code
KNOXVILLE PA 16928

6 County and state where principal business is located
TIOGA, PENNSYLVANIA

7a Name of principal officer, general partner, grantor, owner, or trustee
KIM KOWALCZYCK

7b SSN, ITIN, or EIN
271-54-1248

8a Type of entity (check only one box)

Sole proprietor (SSN)

Partnership

Corporation (enter form number to be filed) ▶

Personal service corp.

Church or church-controlled organization

Other nonprofit organization (specify) ▶ 501 (c) (3)

Other (specify) ▶

Estate (SSN of decedent)

Plan administrator (SSN)

Trust (SSN of grantor)

National Guard

Farmers' cooperative

REMIC

State/local government

Federal government/military

Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State PENNSYLVANIA

Foreign country

9 Reason for applying (check only one box)

Started new business (specify type) ▶ NON PROFIT

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) ▶

Hired employees (Check the box and see line 12.)

Compliance with IRS withholding regulations

Other (specify) ▶

10 Date business started or acquired (month, day, year)
04/02/2003

11 Closing month of accounting year
12/31

12 First date wages or annuities were paid or will be paid (month, day, year). Note: if applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

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

Agricultural 0

Household 0

Other 0

14 Check one box that best describes the principal activity of your business.

Construction

Rental & leasing

Transportation & warehousing

Accommodation & food service

Wholesale - agent/broker

Wholesale - other

Retail

Real estate

Manufacturing

Finance & insurance

Other (specify) COMMUNITY EDUCATION

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

16a Has the applicant ever applied for an employer identification number for this or any other business? Yes No

Note: if "yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

Legal name ▶

Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

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
Emily J. Frost

Designee's telephone number (include area code)
703-406-7805

Address and ZIP code
21495 Ridgetop Circle Suite 104
Sterling, VA 20166

Designee's fax number (include area code)
703-430-9033

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 (type or print clearly) ▶ Kim Kowalczyck, Director

Signature ▶

Date ▶ 05/16/03

Applicant's telephone number (include area code)

Applicant's fax number (include area code)