



attachment # P97000074205  
B0107255

Form **SS-4**

### Application for Employer Identification Number

(Rev. February 1998)  
Department of the Treasury  
Internal Revenue Service

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

EIN \_\_\_\_\_  
OMB No. 1545-0003

Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)  
SIGNATURE GOLF COMPANY

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

3 Executor, trustee, "care of" name \_\_\_\_\_

4a Mailing address (street address) (room, apt., or suite no.)  
27 SUNNINGDALE DRIVE

5a Business address (if different from address on lines 4a and 4b) \_\_\_\_\_

4b City, state, and ZIP code  
GROSSE POINTE SHORES, MI 48236

5b City, state, and ZIP code \_\_\_\_\_

6 County and state where principal business is located  
WAYNE, MICHIGAN

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶  
WAYNE T. WALLRICH

8a Type of entity (Check only one box.) (see instructions)  
Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> Partnership	<input type="checkbox"/> National Guard	<input checked="" type="checkbox"/> Other corporation (specify) ▶ _____	<input type="checkbox"/> Trust
<input type="checkbox"/> REMIC	<input type="checkbox"/> Farmers' cooperative	<input type="checkbox"/> Federal government/military	
<input type="checkbox"/> State/local government	<input type="checkbox"/> Church or church-controlled organization	(enter GEN if applicable) _____	
<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____	<input type="checkbox"/> Other (specify) ▶ _____		

8b If a corporation, name the state or foreign country (if applicable) where incorporated State FLORIDA Foreign country \_\_\_\_\_

9 Reason for applying (Check only one box.) (see instructions)

<input checked="" type="checkbox"/> Started new business (specify type) ▶ <u>CORPORATION</u>	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____
<input type="checkbox"/> Created a pension plan (specify type) ▶ _____	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ▶ _____
	<input type="checkbox"/> Other (specify) ▶ _____

10 Date business started or acquired (month, day, year) (see instructions) 2/26/97

11 Closing month of accounting year (see instructions) 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) N/A

13 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-. (see instructions)

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (see instructions) ▶

15 Is the principal business activity manufacturing?  Yes  No  
If "Yes," principal product and raw material used ▶ \_\_\_\_\_

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

<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
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17a Has the applicant ever applied for an employer identification number for this or any other business?  Yes  No  
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ▶ \_\_\_\_\_ Trade name ▶ \_\_\_\_\_

17c 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 \_\_\_\_\_

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.) ▶ WAYNE T. WALLRICH

Business telephone number (include area code) \_\_\_\_\_  
Fax telephone number (include area code) \_\_\_\_\_

Signature ▶ Wayne T. Wallrich Date ▶ 7/1/00

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

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying

Phone: M.W.F. - 859 2925467