

**IRS** DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
P.O. BOX 9003  
HOLTSVILLE NY 11742-9003

000525.277600.0003.001 1 MB 0.326 530  
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Date of this notice: 03-30-2006

Employer Identification Number:  
20-4556599

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at:  
1-800-829-4933

BIDDEFORD YOUTH LACROSSE  
% CLINT MARSHALL  
2 STAPLES STREET - PO BOX 213  
BIDDEFORD POOL ME 04006-0213

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-4556599. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

To receive a ruling or a determination letter recognizing your organization as tax exempt, you should complete Form 1023 Revision 1024, Application for Recognition of Exemption at:

Internal Revenue Service  
PO Box 192  
Covington, KY 41012-0192

Publication 557, Tax Exempt for Your Organization, is available at most IRS offices or you can download this Publication from our Web site at [www.irs.gov](http://www.irs.gov). This Publication has details on how you can apply.

**IMPORTANT REMINDERS:**

- \* Keep a copy of this notice in your permanent records.
- \* Use this EIN and your name exactly as they appear above on all your federal tax forms.
- \* Refer to this EIN on your tax related correspondence and documents.

If you have questions, you can call or write to us at the phone number or address at the top of the first page of this notice. If you write, please tear off the stub at the end of this notice and send it along with your letter. Thank you for your cooperation.

000525

**Internal Revenue Service**

DEPARTMENT OF THE TREASURY

The  
Digital  
Daily

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**Federal Tax ID / EIN**

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This is your provisional Employer Identification Number:

**20-4556599**

Today's Date is: March 24, 2006 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.  
The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#)[Fill Out Another Form SS-4](#)

[Click here to return to the Internet Employer Identification Number landing \(start\) page.](#)

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<b>Form SS-4</b> (Rev. December 2001) Department of the Treasury Internal Revenue Service	<b>Application for Employer Identification Number</b> (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 20-4556599 OMB No. 1545-0003																					
1* Legal name of entity (or individual) for whom the EIN is being requested <u>Biddeford Youth Lacrosse</u>																							
2 Trade name of business (if different from name on line 1)		3* Executor, trustee, "care of" name <u>Clint Marshall</u>																					
4a* Mailing address (room, apt., suite no. and street, or P.O. box) <u>2 Staples Street - PO Box 213</u>		5a Street address (if different) (Do not enter a P.O. box)																					
4b* City, state, and ZIP code <u>Biddeford Pool ME 04006 - 0213</u>		5b City, state, and ZIP code																					
6* County and state where principal business is located <u>County York State ME</u>																							
7a Name of principal officer, general partner, grantor, owner, or trustor		7b SSN, ITIN, EIN																					
8a* Type of entity (check only one) <table style="width:100%; border: none;"> <tr> <td style="width:33%;"><input type="checkbox"/> Sole Proprietor (SSN)</td> <td style="width:33%;"><input type="checkbox"/> Estate (SSN of decedent)</td> <td style="width:33%;"></td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Plan administrator (SSN)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Corporation (enter form number to be filed) ▶</td> <td><input type="checkbox"/> Trust (SSN of grantor)</td> <td><input type="checkbox"/> State/local government</td> </tr> <tr> <td><input type="checkbox"/> Personal Service</td> <td><input type="checkbox"/> National Guard</td> <td><input type="checkbox"/> Federal government/military</td> </tr> <tr> <td><input type="checkbox"/> Church or church-controlled organization</td> <td><input type="checkbox"/> Farmers' cooperative</td> <td><input type="checkbox"/> Indian tribal government/enterprises</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ <u>Club</u></td> <td><input type="checkbox"/> REMIC</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ▶</td> <td><input type="checkbox"/> Group Exemption NO. (GEN) ▶</td> <td></td> </tr> </table>			<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)		<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)		<input type="checkbox"/> Corporation (enter form number to be filed) ▶	<input type="checkbox"/> Trust (SSN of grantor)	<input type="checkbox"/> State/local government	<input type="checkbox"/> Personal Service	<input type="checkbox"/> National Guard	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative	<input type="checkbox"/> Indian tribal government/enterprises	<input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ <u>Club</u>	<input type="checkbox"/> REMIC		<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Group Exemption NO. (GEN) ▶	
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8b If a corporation, name the state or foreign country (if applicable) where incorporated		State Foreign country																					
9* Reason for applying (check only one) <table style="width:100%; border: none;"> <tr> <td style="width:33%;"><input type="checkbox"/> Started new business (specify type) ▶</td> <td style="width:33%;"><input checked="" type="checkbox"/> Banking purpose (specify purpose) ▶ <u>Open bank account</u></td> <td style="width:33%;"></td> </tr> <tr> <td><input type="checkbox"/> Hired employees (Check the box and see line 12)</td> <td><input type="checkbox"/> Changed type of organization (specify new type) ▶</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Compliance with IRS withholding regulations</td> <td><input type="checkbox"/> Purchased going business</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ▶</td> <td><input type="checkbox"/> Created a trust (specify type) ▶</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Created a pension plan (specify type) ▶</td> <td></td> </tr> </table>			<input type="checkbox"/> Started new business (specify type) ▶	<input checked="" type="checkbox"/> Banking purpose (specify purpose) ▶ <u>Open bank account</u>		<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"/> 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) ▶							
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10* Date business started or acquired (month, day, year) <u>JAN 16 2006</u>		11 Closing month of accounting year																					
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) .....</i> ▶																							
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-"</i> .....																							
	Agriculture <u>0</u>	Household <u>0</u>																					
	Other <u>0</u>																						
14* Check box that best describes the principal activity of your business <table style="width:100%; border: none;"> <tr> <td style="width:33%;"><input type="checkbox"/> Construction</td> <td style="width:33%;"><input type="checkbox"/> Health care &amp; social assistance</td> <td style="width:33%;"><input type="checkbox"/> Wholesale-agent/broker</td> </tr> <tr> <td><input type="checkbox"/> Rental &amp; leasing</td> <td><input type="checkbox"/> Accommodation &amp; food service</td> <td><input type="checkbox"/> Wholesale-other</td> </tr> <tr> <td><input type="checkbox"/> Real estate</td> <td><input type="checkbox"/> Retail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Manufacturing</td> <td><input type="checkbox"/> Finance &amp; insurance</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Transportation &amp; warehousing</td> <td></td> <td></td> </tr> </table> <input checked="" type="checkbox"/> Other (specify) <u>Sports instructional club</u>			<input type="checkbox"/> Construction	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other	<input type="checkbox"/> Real estate	<input type="checkbox"/> Retail		<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance		<input type="checkbox"/> Transportation & warehousing								
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15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <u>Club teaching lacrosse and sportsmanship</u>																							
16a* Has the applicant ever applied for an employer identification number for this or any other business? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note if "Yes" please complete lines 16b and 16c</i>																							
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 (month, day, year) City and state where filed Previous EIN																							
Complete 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																							
Third Party Designee	Designee's name Address and ZIP code	Designee's telephone number (include area code) ( ) - Designee's fax number (include area code) ( ) -																					
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)		Applicant's telephone number (include area code) ( 207 ) 282 - 6609 Applicant's fax number (include area code) ( 207 ) 283 - 8684																					
Signature ▶ <b>Not Required</b> Date ▶ <u>March 24, 2006 GMT</u>																							