Office Use Only:		
Date Pmt Rec'd: _____	Fee Paid: $_____	Check No: _____
Police Department approval issued	☐	Notes: _____
Meets applicable zoning bylaws	☐	_____
Certificate of Occupancy issued	☐	_____
Board of Health Permits issued	☐	_____
Board of Selectmen Decision Date _____		
	Approved ☐	Denied ☐

TOWN OF NATICK

COMMON VICTUALER LICENSE APPLICATION

(Type or print clearly; illegible applications will not be accepted)

For Calendar Year: 2019 **Date Submitted:** _____ **Fee: $100.00**

The undersigned hereby applies for a Common Victualer License in accordance with the provisions of the Statutes relating thereto:

☒ **Common Victualer License Only** ☐ **Common Victualer with Liquor License**

Name of Person, Firm, or Corporation Making Application (Licensee):
Lucky Infinity ,LLC

Name of Establishment (d/b/a) Rice Noodle Thai Eatery

Address of Establishment 179 West Central St. Natick,MA

Mailing address (***if different from establishment***) _____

Contact Person (**to whom *ALL* licensing information will be sent, *including renewal notice and license***)
Oran Soda

Email Address Superoran@hotmail.com Phone (857) 234-2681

Manager of Establishment Oran Soda

Email Address Superoran@hotmail.com Phone (857) 234-2681

If Business is a Corporation, Corporate Name and Officers _____

If Business is an LLC, List of Members 1. Karan Rakritthikun 2. Oran Soda

Establishment's Days and Hours of Operation Monday- Sunday 11:30 am - 9:30 pm

Number of Staff 3 Number of Seats 12

Has a Certificate of Occupancy been issued? _____ If not, expected date of issuance _____

Have Board of Health Permits been issued? _____ If not, expected date of issuance _____

Additional Information Requested by the Town of Natick Police Department for Background Check:

Applicant's Social Security Number or Employee I.D. Number [redacted]

Date of Birth 08/22/1978

Oran Soda

I, the Undersigned, state that the information provided in this application, and associated attachments, is true and accurate to the best of my knowledge.

Tax Attestation: Furthermore, Pursuant to MGL Ch. 62C, Sec 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Print Name of Applicant or Corporate Officer Lucky Infinity ,LLC

Signature of Applicant or Corporate Officer Oran Soda Oran Soda, Manager

Date 6/11/19

Please print and submit completed application and all required supporting materials as listed below to the Board of Selectmen's Office (508-647-6410), Natick Town Hall, 13 East Central Street, Natick, MA 01760. See additional important licensing information on the Town website at natickma.gov: click on Government, then on Board of Selectmen, then on Grants, Licenses & Permits. Contact the Community & Economic Development Office (508-647-6450) and the Board of Health (508-647-6460), both located on the second floor of Town Hall, and the Town Clerk's Office (508-647-6430), located on the first floor of Town Hall, regarding any other zoning regulations, building requirements, permits, etc. pertaining to your application for a common victualer's license. A common victualer's license, if approved, will be issued only if all zoning regulations are met and a Certificate of Occupancy and Board of Health permits are issued.

Required documents:

1. ✓ **Proof of Workers Compensation Insurance (if applicable)**
2. ✓ **Workers' Compensation Insurance Affidavit**
3. ✓ **Set of floor plans and site plan*** (If renewing a license and changes have been made to the premises in the previous 12 months, a revised set of floor plans and site plan must be submitted)**
4. ✓ **List of equipment and estimated cost***
5. ✓ **Copy of Bill of Sale or Lease Agreement***
6. ✓ **If a Corporation, a copy of Articles of Organization; if an LLC, a copy of the Membership Agreement and list of members***
7. ✓ **$100.00 Application fee (checks made payable to the Town of Natick)**

*** *New Applicants Only (see exception for item #3)*

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/05/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
biBERK
P.O. Box 113247
Stamford, CT 06911

CONTACT NAME:
PHONE (A/C, No, Ext): (844) 472-0967 FAX (A/C, No): (203) 654-3613
E-MAIL ADDRESS: salessupport@biberk.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Berkshire Hathaway Direct Insurance Company	10391
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Lucky Infinity
Restaurant
179 West Central Street
Natick, MA 01760

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 0
	CLAIMS-MADE / OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 0
							MED EXP (Any one person)	$ 0
							PERSONAL & ADV INJURY	$ 0
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 0
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 0
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		N9WC092008	06/03/2019	06/03/2020	X PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	$100,000
							E.L. DISEASE - EA EMPLOYEE	$100,000
							E.L. DISEASE - POLICY LIMIT	$500,000
	Professional Liability (Errors & Omissions): Claims-Made						Per Occurrence/ Aggregate	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Exclusions:
Oran Soda; Karan Rakritthikun; Pornphan Rakritthikul;
Additional Named Insured:Restaurant

CERTIFICATE HOLDER

Lucky Infinity ,LLC.
179 West Central Street
Natick, MA 01760

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE: Rateek Gupta

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information **Please Print Legibly**

Business/Organization Name: Lucky Infinity, LLC

Address: 179 West Central Street

City/State/Zip: Natick, MA 01760 Phone #: (857) 234-2681

Are you an employer? Check the appropriate box:

1. ☒ I am a employer with 3 employees (full and/ or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☒ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: Berkshire Hathaway Direct Insurance Company

Insurer's Address: c/o biBerk, P.O. Box 113247

City/State/Zip: Stamford, CT 06911

Policy # or Self-ins. Lic. # N9WC092008 Expiration Date: 6/3/2020

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to $1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to $250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Oran Soda, Manager Date: 6/11/19

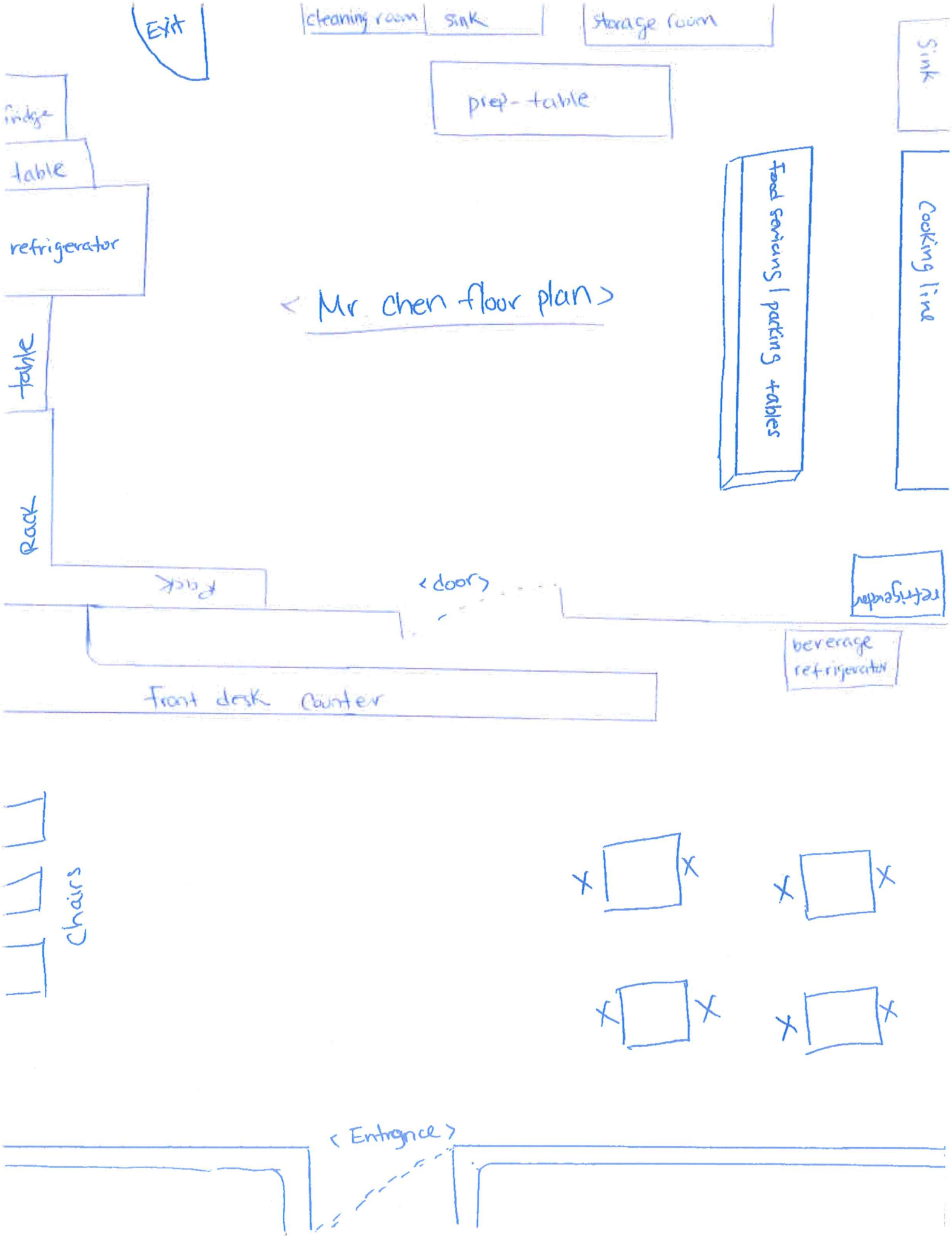
Phone #: (857) 234-2681

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ **Permit/License #** _____

Issuing Authority (circle one):
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ **Phone #:** _____


Exit
cleaning room
sink
storage room
Sink
prep-table
fridge
table
refrigerator
Food serving / parking tables
Cooking line
< Mr. chen flour plan >
table
Rack
Rack
<door>
refrigerator
beverage refrigerator
front desk counter
chairs
< Entrance >

List of Furnishings and Equipment

(Mr.Chen's Chinese Cuisine sale to Lucky Infinity, LLC)

1. Grill (1)
2. BBQ Smokehouse (1)
3. Gas Deep Fryer (1)
4. Refrigerated Pre-tables (1)
5. Kitchen Refrigerator (2)
6. Coke-Cola Refrigerator (1)
7. Side work preparation table (1)
8. Freezer (3)
9. Soup station with soup pots (1)
10. Rice cooker (1)
11. Rice Warmer (2)
12. Meat grinder (1)
13. Meat Slider (1)
14. Cashier register (1)
15. Microwave (1)
16. Shelve rack (1)
17. Front desk working station (1)
18. Grubhub tablet (1)
19. Computer (1)
20. Credit card machine (1)
21. Printer for the orders (4)
22. Tables (5)
23. chairs (20)
24. Phones (2)

All the above furnishings and equipment are heavily used and depreciated in appearance, utility and value. Much of the equipment and furniture appears to be from the location's original restaurant establishment, dated to approximately 25 years ago.

Approximate aggregate value is estimated by the Buyers/applicant at +/- $12,500.00

EXHIBIT "C"
WARRANTY BILL OF SALE

KNOW ALL MEN BY THESE PRESENTS that Mr. Chen's Chinese Cuisine hereinafter called the SELLER, in consideration of the sum of fifty thousand ($47,000.00) Dollars and other good and valuable consideration paid by Lucky Infinity, LLC, hereinafter called the BUYER, the receipt of which is hereby acknowledged, does hereby grant, assign, sell, transfer, and deliver unto the BUYER, the following property owned by the SELLER namely:

All of the assets of the restaurant business known as Mr. Chen's Chinese Cuisine, together with the goodwill of the Business, all of the SELLER'S right, title and interest in and to the name "Mr. Chen's Chinese Cuisine" and all the property used by it in carrying on the Business, including but not limited to all fixtures, equipment and furniture of the premises of the restaurant business and any property, interest, and right of every name and nature had by it or which it is in any way, by agreement or otherwise entitled to acquire or take over relating to the Business.

TO HAVE AND HOLD all singular, to the said BUYER, his Successors and Assigns, forever.

SELLER hereby covenants with BUYER that it is the lawful owner of the assets being sold pursuant to this Bill of Sale, that the same are free from all claims or encumbrances, that it has good right to sell same; and that it will warrant and defend the same against claims and demands of all persons.

IN WITNESS WHEREOF, the undersigned has caused these presents to be executed by the SELLER on this 5 day of June, 2019.

Witness: _____

Annie Chen, dba Mr. Chen's Chinese Cuisine

The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: $500.00

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

Certificate of Organization
(General Laws, Chapter)

Identification Number: 001380358

1. The exact name of the limited liability company is: LUCKY INFINITY, LLC

2a. Location of its principal office:

No. and Street: 179 WEST CENTRAL STREET
City or Town: NATICK State: MA Zip: 01760 Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: 179 WEST CENTRAL STREET
City or Town: NATICK State: MA Zip: 01760 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

(A) THE GENERAL CHARACTER OF THE BUSINESS OF THE LLC IS TO PROVIDE RESTAURANT AND FOOD SERVICES; TO ENGAGE IN ANY ACTIVITIES DIRECTLY OR INDIRECTLY RELATED OR INCIDENTAL THERETO; TO PURCHASE, OWN, DEVELOP, LEASE OR OTHERWISE HOLD S UCH PERSONAL PROPERTY AND EQUIPMENT AND/OR REAL PROPERTY AS MAY BE BENEFI CIAL TO THE ACCOMPLISHMENT OF THE LLC'S PURPOSES DESCRIBED ABOVE; TO ENGAGE IN ANY AND ALL OTHER ACTIVITIES AS MAY BE NECESSARY, INCIDENTAL OR CONVENIE NT TO CARRY OUT THE BUSINESS OF THE LLC; TO ESTABLISH, MAINTAIN AND OPERATE A FACILITY FOR PROVIDING THE ABOVE-DESCRIBED PURPOSES; TO ACQUIRE BY PURCHASE, LEASE, OR OTHERWISE AND TO IMPROVE AND DEVELOP REAL AND/ OR PERSONAL PROPE RTY WHEREVER THE LLC MAY DEEM APPROPRIATE; TO BUY, SELL, MORTGAGE, EXCHANG E, LEASE, LET, HOLD FOR INVESTMENT OR OTHERWISE, USE, AND OPERATE REAL ESTATE OF ALL KINDS, IMPROVED OR UNIMPROVED, AND ANY RIGHT OR INTEREST THEREIN. TO D O EVERYTHING NECESSARY AND PROPER FOR THE ACCOMPLISHMENT OF ANY OF THE PU RPOSES OR THE ATTAINING OF ANY OF THE OBJECTS OR THE FURTHERANCE OF THE PURP OSES AND OBJECTS ENUMERATED IN THIS OPERATING AGREEMENT OR ANY AMENDMENT THEREOF, NECESSARY OR INCIDENTAL TO THE PROTECTION AND BENEFIT OF THE LLC, A ND, IN GENERAL, EITHER ALONE OR IN THE ASSOCIATION WITH OTHER PROFESSIONALS, ASSOCIATIONS, CORPORATIONS, FIRMS, OR INDIVIDUALS, TO CARRY ON ANY LAWFUL P URSUIT NECESSARY OR INCIDENTAL TO THE ACCOMPLISHMENT OF THE PURPOSES OR AT TAINMENT OF THE OBJECTS OR THE FURTHERANCE OF SUCH PURPOSE OR PURPOSES OR OBJECTS OF THE LLC. TO CARRY ON ANY BUSINESS OR OTHER ACTIVITY WHICH MAY BE LAWFULLY CARRIED ON BY A LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAW S OF THE COMMONWEALTH OF MASSACHUSETTS, WHETHER OR NOT RELATED TO THOSE REFERRED TO IN THE PRECEDING PARAGRAPHS OR TO TRANSACT ANY BUSINESS AUTHOR IZED IN ANY STATE IN WHICH THE LLC QUALIFIES TO TRANSACT BUSINESS.

5. Name and address of the Resident Agent:

Name: ORAN SODA

No. and Street: 179 WEST CENTRAL STREET

City or Town: NATICK State: MA Zip: 01760 Country: USA

I, KARAN RAKRITTHIKUN resident agent of the above limited liability company, consent to my appointment as the resident agent of the above limited liability company pursuant to G. L. Chapter 156C Section 12.

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	KARAN RAKRITTHIKUN	179 WEST CENTRAL STREET NATICK, MA 01760 USA
MANAGER	ORAN SODA	179 WEST CENTRAL STREET NATICK, MA 01760 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	KARAN RAKRITTHIKUN	179 WEST CENTRAL STREET NATICK, MA 01760 USA
REAL PROPERTY	ORAN SODA	179 WEST CENTRAL STREET NATICK, MA 01760 USA

9. Additional matters:

SIGNED UNDER THE PENALTIES OF PERJURY, this 24 Day of April, 2019,

ORAN SODA, MANAGER

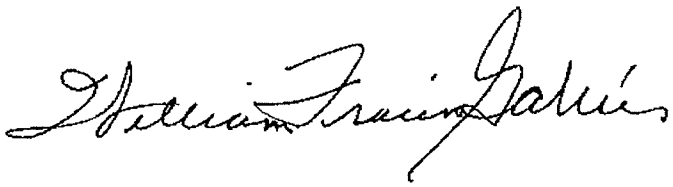
(The certificate must be signed by the person forming the LLC.)

© 2001 - 2019 Commonwealth of Massachusetts
All Rights Reserved

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

April 24, 2019 11:04 AM



WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 05-02-2019

Employer Identification Number:
83-4620394

Form: SS-4

Number of this notice: CP 575 A

LUCKY INFINITY LLC
ORAN SODA MBR
179 W CENTRAL ST
NATICK, MA 01760

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

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-4620394. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. 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 is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	07/31/2019
Form 940	01/31/2020
Form 1065	03/15/2020

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.

* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.

* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is LUCK. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

(IRS USE ONLY) 575A 05-02-2019 LUCK B 9999999999 SS-4

Keep this part for your records. CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

9999999999

Your Telephone Number
( ) -

Best Time to Call

DATE OF THIS NOTICE: 05-02-2019
EMPLOYER IDENTIFICATION NUMBER: 83-4620394
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

LUCKY INFINITY LLC
ORAN SODA MBR
179 W CENTRAL ST
NATICK, MA 01760