

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service	<h3 style="margin:0;">Application for Employer Identification Number</h3> (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 <hr/> 20-1999728 <hr/> OMB No. 1545-0003						
1* Legal name of entity (or individual) for whom the EIN is being requested TEATUG INC								
2 Trade name of business (if different from name on line 1)		3* Executor, trustee, "care of" name JAMES FERGUSON						
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 4303 1ST STREET SUITE 308		5a Street address (if different) (Do not enter a P.O. box) 1500 HWY 2						
4b* City, state, and ZIP code BRADENTON FL 34208 -		5b City, state, and ZIP code LINCOLN NE 68509 - 4759						
6* County and state where principal business is located County MANATEE State FL								
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:50%; border:none;"> <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ EDUCATIONAL <input type="checkbox"/> Other (specify) ▶ </td> <td style="width:50%; border:none;"> <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶ </td> </tr> <tr> <td style="border:none;"></td> <td style="border:none;"> <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises </td> </tr> </table>			<input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ EDUCATIONAL <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶		<input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises		
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8b If a corporation, name the state or foreign country (if applicable) where incorporated		State FL						
9* Reason for applying (check only one) <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;"> <input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input checked="" type="checkbox"/> Other (specify) ▶ EDUCATIONAL </td> <td style="width:50%; border:none;"> <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶ </td> </tr> </table>			<input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input checked="" type="checkbox"/> Other (specify) ▶ EDUCATIONAL	<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <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) DEC 14 2004		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> <table style="width:100%; border:none;"> <tr> <td style="width:33%; border:none; text-align: center;">Agriculture <u>0</u></td> <td style="width:33%; border:none; text-align: center;">Household <u>0</u></td> <td style="width:33%; border:none; text-align: center;">Other <u>0</u></td> </tr> </table>			Agriculture <u>0</u>	Household <u>0</u>	Other <u>0</u>			
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14* Check box that best describes the principal activity of your business <table style="width:100%; border:none;"> <tr> <td style="width:33%; border:none;"> <input type="checkbox"/> Construction <input type="checkbox"/> Real estate <input checked="" type="checkbox"/> Other (specify) NOT FOR PROFIT </td> <td style="width:33%; border:none;"> <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Finance & insurance </td> <td style="width:33%; border:none;"> <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other </td> </tr> </table>			<input type="checkbox"/> Construction <input type="checkbox"/> Real estate <input checked="" type="checkbox"/> Other (specify) NOT FOR PROFIT	<input type="checkbox"/> Rental & leasing <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other			
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15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. EDUCATION AND COMMUNICATION								
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. <table style="width:100%; border:none;"> <tr> <td style="width:33%; border:none;">Approximate date when filed (month, day, year)</td> <td style="width:33%; border:none;">City and state where filed</td> <td style="width:33%; border:none;">Previous EIN</td> </tr> <tr> <td style="border:none;"></td> <td style="border:none;"></td> <td style="border:none;"></td> </tr> </table>			Approximate date when filed (month, day, year)	City and state where filed	Previous EIN			
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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)						

▶ JAMES FERGUSON
Signature ▶ **Not Required**

Date ▶ December 14, 2004 GMT

(402) 479 - 4454
Applicant's fax number (include area code)
(402) 479 - 4854