

Attn: 8052

Form **SS-4**
(Rev. April 1991)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.)

EIN **33-0571605**

OMB No. 1545-0003
Expires 4-30-94

Please type or print clearly.

1 Name of applicant (True legal name) (See instructions.)	South West Badminton Association		
2 Trade name of business, if different from name in line 1	N/A		
3 Executor, trustee, "care of" name	JOE SILVERMAN		
4a Mailing address (street address) (room, apt., or suite no.)	3430 VALEMONT ST		
5a Address of business (See instructions.)	N/A		
4b City, state, and ZIP code	SAN DIEGO CA 92106		
5b City, state, and ZIP code			
6 County and state where principal business is located	SAN DIEGO CA		
7 Name of principal officer, grantor, or general partner (See instructions.)	N/A		

8a Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Individual SSN	<input type="checkbox"/> Estate	<input type="checkbox"/> Trust
<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator SSN	<input type="checkbox"/> Partnership
<input type="checkbox"/> State/local government	<input type="checkbox"/> Other corporation (specify)	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> National guard	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Church or church controlled organization
<input checked="" type="checkbox"/> Other nonprofit organization (specify) ATHLETIC	If nonprofit organization enter GEN (if applicable)	
<input type="checkbox"/> Other (specify)		

8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated

Foreign country	State
-----------------	-------

9 Reason for applying (Check only one box.)

<input type="checkbox"/> Started new business	<input type="checkbox"/> Changed type of organization (specify)
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type)	<input type="checkbox"/> Created a trust (specify)
<input checked="" type="checkbox"/> Banking purpose (specify) Checking	<input type="checkbox"/> Other (specify)

10 Date business started or acquired (Mo., day, year) (See instructions.)	11 Enter closing month of accounting year. (See instructions.)
JULY 4 1993	N/A

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

N/A

13 Enter 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."

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (See instructions.) **NONPROFIT ORGANIZATION, ATHLETIC**

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 the appropriate box.

<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Business (wholesale)
		<input checked="" type="checkbox"/> N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's true name and trade name, if different than name shown on prior application.

True name	Trade name
-----------	------------

17c Enter approximate date, city, and state where the application was filed and the 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.) **JOE SILVERMAN, EXEC SECRETARY**

Telephone number (include area code) **(619) 224-1876**

Signature **Joe Silverman** Date **7/15/93**

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

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