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 Subject: SS-4 Submission
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 Recipient: IRS: Attn: Entity Control
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Form **SS-4** Application for Employer Identification Number
 (Rev. December 1995) (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)
 Department of the Treasury Internal Revenue Service

OMB No. 1545-0003

1 Name of applicant (Legal name) (See instructions.)
Willamette Chapter #292 Experimental Aircraft Association

2 Trade name of business (if different from name on line 1)
c/o Mike Pongracz, Chapter Secretary

3 Executor, trustee, "care of" name
c/o Mike Pongracz, Chapter Secretary

4a Mailing address (street address) (P.O. box, apt., or suite no.)
180 Lincoln St. S.

4b City, state, and ZIP code
Salem, OR 97302

5a Business address (if different from address on lines 4a and 4b)
Salem, OR 97302

5b City, state, and ZIP code
Salem, OR 97302

6 County and state where principal business is located
Polk, Oregon

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.)
Mike Pongracz, Chapter Secretary SSN: **554-74-1389**

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

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

8b If a corporation, name the state or foreign country where incorporated
 State: **OREGON** Foreign country:

9 Reason for applying (Check only one box.)

<input type="checkbox"/> Started new business (specify) >	<input type="checkbox"/> Banking purpose (specify) >
<input type="checkbox"/> Changed type of organization (specify) >	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Created a trust (specify) >
<input type="checkbox"/> Created a pension plan (specify type) >	<input checked="" type="checkbox"/> Other (specify) > 501 (c)(3) status

10 Date business started or acquired (Mo., day, year) (See instructions.)
NOVEMBER 30, 1967

11 Closing month of accounting year (See instructions.)
December

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 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.) > **Nonprofit organization—education**

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. Business (wholesale) N/A
 Public (retail) Other (specify) >

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 "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 the application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly) > **Mike Pongracz, Chapter Secretary**

Signature > *Mike Pongracz* Date > **March 20, 1997**

Business telephone number (include area code)
(503) 371-7677
 Fax telephone number (include area code)
same (call first)

Please leave blank > Gen. Inv. Class Size Reason for applying

For Paperwork Reduction Act Notice, see page 4. Cat. No. 10056N Form **SS-4** (Rev. 12-95)