

|   |   |   |       |          |          |          |   |
|---|---|---|-------|----------|----------|----------|---|
| Form <b>SS-4</b><br>(Rev. December 2019)<br>Department of the Treasury<br>Internal Revenue Service  | <b>Application for Employer Identification Number</b><br>(For use by employers, corporations, partnerships, trusts, estates, churches,<br>government agencies, Indian tribal entities, certain individuals, and others.)<br>▶ Go to <a href="http://www.irs.gov/FormSS4">www.irs.gov/FormSS4</a> for instructions and the latest information.<br>▶ See separate instructions for each line. ▶ Keep a copy for your records.   | OMB No. 1545-0003<br><b>EIN</b>   |       |          |          |          |   |
| Type or print clearly.  | <b>1</b> Legal name of entity (or individual) for whom the EIN is being requested<br><b>SecretOrderLink LLC</b>   |   |       |          |          |          |   |
|   | <b>2</b> Trade name of business (if different from name on line 1)  | <b>3</b> Executor, administrator, trustee, "care of" name<br><b>Jigar Subhasbhai More</b> |       |          |          |          |   |
|   | <b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box)<br><b>1942 Broadway Suite 314 C</b>   | <b>5a</b> Street address (if different) (Don't enter a P.O. box.)                         |       |          |          |          |   |
|   | <b>4b</b> City, state, and ZIP code (if foreign, see instructions)<br><b>Boulder, Colorado, 80302</b>   | <b>5b</b> City, state, and ZIP code (if foreign, see instructions)                        |       |          |          |          |   |
|   | <b>6</b> County and state where principal business is located<br><b>Boulder County, Colorado</b>  |   |       |          |          |          |   |
|   | <b>7a</b> Name of responsible party<br><b>Jigar Subhasbhai More</b>   | <b>7b</b> SSN, ITIN, or EIN<br><b>FOREIGN</b>   |       |          |          |          |   |
|   | <b>8a</b> Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | <b>8b</b> If 8a is "Yes," enter the number of LLC members <b>1</b>                        |       |          |          |          |   |
|   | <b>8c</b> If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |   |       |          |          |          |   |
|   | <b>9a</b> <b>Type of entity</b> (check only one box). <b>Caution:</b> If 8a is "Yes," see the instructions for the correct box to check.<br><input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent)<br><input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (TIN)<br><input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Trust (TIN of grantor)<br><input type="checkbox"/> Personal service corporation <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government<br><input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government<br><input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises<br><input checked="" type="checkbox"/> Other (specify) ▶ <b>DISREGARDED ENTITY</b> Group Exemption Number (GEN) if any ▶ |   |       |          |          |          |   |
|   | <b>9b</b> If a corporation, name the state or foreign country (if applicable) where incorporated<br><b>COLORADO</b>   | Foreign country   |       |          |          |          |   |
| <b>10</b> <b>Reason for applying</b> (check only one box)<br><input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>ECOMMERCE BUSINESS</b><br><input type="checkbox"/> Hired employees (Check the box and see line 13.)<br><input type="checkbox"/> Compliance with IRS withholding regulations<br><input type="checkbox"/> Other (specify) ▶<br><input type="checkbox"/> Banking purpose (specify purpose) ▶<br><input type="checkbox"/> Changed type of organization (specify new type) ▶<br><input type="checkbox"/> Purchased going business<br><input type="checkbox"/> Created a trust (specify type) ▶<br><input type="checkbox"/> Created a pension plan (specify type) ▶ |   |   |       |          |          |          |   |
| <b>11</b> Date business started or acquired (month, day, year). See instructions.<br><b>03,16,2023</b>  | <b>12</b> Closing month of accounting year <b>MARCH</b>   |   |       |          |          |          |   |
| <b>13</b> Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.<br><table><tr><td>Agricultural</td><td>Household</td><td>Other</td></tr><tr><td><b>0</b></td><td><b>0</b></td><td><b>0</b></td></tr></table>  | Agricultural  | Household   | Other | <b>0</b> | <b>0</b> | <b>0</b> | <b>14</b> If you expect your employment tax liability to be \$1,000 or less in a full calendar year <b>and</b> want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input checked="" type="checkbox"/> |
| Agricultural  | Household   | Other   |       |          |          |          |   |
| <b>0</b>  | <b>0</b>  | <b>0</b>  |       |          |          |          |   |
| <b>15</b> First date wages or annuities were paid (month, day, year). <b>Note:</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ <b>APRIL, 16, 2023</b>   |   |   |       |          |          |          |   |
| <b>16</b> Check <b>one</b> box that best describes the principal activity of your business.<br><input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker<br><input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input checked="" type="checkbox"/> Retail<br><input type="checkbox"/> Other (specify) ▶                                       |   |   |       |          |          |          |   |
| <b>17</b> Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.<br><b>Miscellaneous physical products online</b>   |   |   |       |          |          |          |   |
| <b>18</b> Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," write previous EIN here ▶   |   |   |       |          |          |          |   |
| <b>Third Party Designee</b>   | Complete this section <b>only</b> if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.   |   |       |          |          |          |   |
|   | Designee's name   | Designee's telephone number (include area code)   |       |          |          |          |   |
|   | Address and ZIP 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.<br>Name and title (type or print clearly) ▶ <b>Jigar Subhasbhai More, Company President</b>   |   | Applicant's telephone number (include area code)<br><b>511-362-8310</b>                   |       |          |          |          |   |
| Signature ▶ <b>Jigar Subhasbhai More</b> Date ▶ <b>03/16/2023</b>   |   | Applicant's fax number (include area code)<br><b>+1 303 2007 026</b>                      |       |          |          |          |   |
| <b>For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.</b>   |   | Cat. No. 16055N Form <b>SS-4</b> (Rev. 12-2019)   |       |          |          |          |   |

## Do I Need an EIN?

File Form SS-4 if the applicant entity doesn't already have an EIN but is required to show an EIN on any return, statement, or other document.<sup>1</sup> See also the separate instructions for each line on Form SS-4.

| IF the applicant...  | AND...   | THEN...  |
|--|--|--|
| started a new business   | doesn't currently have (nor expect to have) employees  | complete lines 1, 2, 4a-8a, 8b-c (if applicable), 9a, 9b (if applicable), and 10-14 and 16-18.                       |
| hired (or will hire) employees, including household employees  | doesn't already have an EIN  | complete lines 1, 2, 4a-6, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10-18.                            |
| opened a bank account  | needs an EIN for banking purposes only   | complete lines 1-5b, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.                             |
| changed type of organization   | either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership) <sup>2</sup>  | complete lines 1-18 (as applicable).   |
| purchased a going business <sup>3</sup>  | doesn't already have an EIN  | complete lines 1-18 (as applicable).   |
| created a trust  | the trust is other than a grantor trust or an IRA trust <sup>4</sup>   | complete lines 1-18 (as applicable).   |
| created a pension plan as a plan administrator <sup>5</sup>  | needs an EIN for reporting purposes  | complete lines 1, 3, 4a-5b, 7a-b, 9a, 10, and 18.  |
| is a foreign person needing an EIN to comply with IRS withholding regulations  | needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits <sup>6</sup>   | complete lines 1-5b, 7a-b (SSN or ITIN as applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18. |
| is administering an estate   | needs an EIN to report estate income on Form 1041  | complete lines 1-7b, 9a, 10-12, 13-17 (if applicable), and 18.   |
| is a withholding agent for taxes on nonwage income paid to an alien (that is, individual, corporation, or partnership, etc.) | is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons  | complete lines 1, 2, 3 (if applicable), 4a-5b, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.   |
| is a state or local agency   | serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581 <sup>7</sup>   | complete lines 1, 2, 4a-5b, 7a-b, 9a, 10, and 18.  |
| is a single-member LLC (or similar single-member entity)   | needs an EIN to file Form 8832, Entity Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes <sup>8</sup> , or is a foreign-owned U.S. disregarded entity and needs an EIN to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business | complete lines 1-18 (as applicable).   |
| is an S corporation  | needs an EIN to file Form 2553, Election by a Small Business Corporation <sup>9</sup>  | complete lines 1-18 (as applicable).   |

<sup>1</sup> For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity doesn't have employees.

<sup>2</sup> However, don't apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).

<sup>3</sup> Don't use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

<sup>4</sup> However, grantor trusts that don't file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

<sup>5</sup> A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

<sup>6</sup> Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

<sup>7</sup> See also *Household employer agent* in the instructions. **Note:** State or local agencies may need an EIN for other reasons, for example, hired employees.

<sup>8</sup> See *Disregarded entities* in the instructions for details on completing Form SS-4 for an LLC.

<sup>9</sup> An existing corporation that is electing or revoking S corporation status should use its previously-assigned EIN.



# Colorado Secretary of State

Colorado Secretary of State  
ID#: 20231289599  
Document #: 20231289599  
Filed on: 03/16/2023 05:54:32 AM  
Paid: \$1.00

## Articles of Organization for a Limited Liability Company

filed pursuant to § 7-90-301 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

**The domestic entity name of the limited liability company is** SecretOrderLink LLC

**The principal office street address is** 1942 Broadway  
Suite 314C  
Boulder CO 80302  
US

**The principal office mailing address is** 1942 Broadway  
Suite 314C  
Boulder CO 80302  
US

**The name of the registered agent is** Colorado Registered Agent LLC

**The registered agent's street address is** 1942 Broadway  
Suite 314C  
Boulder CO 80302  
US

**The registered agent's mailing address is** 1942 Broadway  
Suite 314C  
Boulder CO 80302  
US

The person above has agreed to be appointed as the registered agent for this entity.

**The management of the limited liability company is vested in** Members

There is at least one member of the limited liability company.

### Person(s) forming the limited liability company

Jigar Subhasbhai More  
1942 Broadway  
Suite 314C  
Boulder CO 80302  
US

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., and, if applicable, the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.

**Name(s) and address(es) of the individual(s) causing the document to be delivered for filing**

Jigar Subhasbhai More  
1942 Broadway  
Suite 314C  
Boulder CO 80302  
US

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF DOCUMENT FILED**

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, the attached document is a true and complete copy of the

Articles of Organization

with Document # 20231289599 of  
SecretOrderLink LLC

Colorado Limited Liability Company

(Entity ID # 20231289599 )

consisting of 2 pages.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/14/2023 that have been posted, and by documents delivered to this office electronically through 03/16/2023@ 06:07:13.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 03/16/2023 @ 06:07:13 in accordance with applicable law. This certificate is assigned Confirmation Number 14785981.



*Jena Griswold*

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, <https://www.coloradosos.gov/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, <https://www.coloradosos.gov> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."*

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF FACT OF GOOD STANDING**

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

SecretOrderLink LLC

is a

Limited Liability Company

formed or registered on 03/16/2023 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20231289599 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/14/2023 that have been posted, and by documents delivered to this office electronically through 03/16/2023 @ 06:06:53 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 03/16/2023 @ 06:06:53 in accordance with applicable law. This certificate is assigned Confirmation Number 14785978 .



*Jena Griswold*

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, <https://www.coloradosos.gov/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, <https://www.coloradosos.gov> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."*