TAXABLE YEAR	Special Fla	ection for Bus	einace Truct	and I		_	CALIFORNIA FORM
		reign Single					3574
Name of entity		<u> </u>			alifornia S	Secretary of Sta	ate (SOS) file number
DBA						FEIN	
Address (suite, room	, PO box, or PMB no.)						
City					State	ZIP code	
If any of the e	ntity's information	n has changed, con	nplete the section	below.			
Name of entity				C	alifornia S	Secretary of Sta	ate (SOS) file number
DBA						FEIN	
Address (suite, room	, PO box, or PMB no.)						
City					State	ZIP code	
 a	g eligible business trust isly existing foreign sing of election: month	neral Information A, Purp electing to be classified a gle member limited liabilit day ay call for more informatio	s a partnership (the sam y company electing to be year	e classified as a di	sregarde	ed entity (the	same as federal).
Name of contact pers	son		Title	Tele	phone		
 Under penalties of I (We) consent I am (We are) a requirements for I am (We are) a I (We) have example of 	aware of the filing requi or a partnership or a dis aware that this election amined the election and	bove-named entity to be c rements under Revenue a sregarded entity.	nd Taxation Code Sectio	ns 18633 and 186 strue, correct, and	d comple	ete.	•
	/ · · · · ·	Cimnoture		Title			Date
Member's name ((print)	Signature		11116			Date