

INTERNAL REVENUE SERVICE  
Philadelphia IRS CAMPUS  
11601 Roosevelt Blvd. DP E325A  
Philadelphia, PA 19154  
FAX: (215) 516-3990  
PHONE: 1-800-829-4933



IRS Employee # 24007

Date: 03/21/05

### Request for Missing Information to Validate Internet EIN

To: The 825 Company

We are returning your Internet Form SS-4 (Application for an Employer Identification Number) because we need more information. Please complete the missing information indicated below and **fax the original documents to (215) 516-3649 or send them to the address above within ten days.** In case we need further information, please provide us with your telephone number and the best hours to contact you.

Telephone: (215) 729-3484  
Fax: 215 485-1684  
Hours Available: 9-5 CST

#### PLEASE NOTE:

**IMPORTANT:** In order to validate your Internet EIN we will need you to supply us with the information indicated below along with the completed Form SS-4. Please include this coversheet and fax the original documents to (215) 516-3649 or mail them to the address above within ten days.

#### INTERNET EIN

1. Line 1 should be the full name of the entity for which you need the EIN. If you are a Sole Proprietor you must use the legal name of an individual.
2. The name and Social Security, EIN or ITIN number provided for line 7 does not match our records. Please provide the correct number or the correct full legal name. If the information is correct as indicated, then please submit a copy of legal documentation. i.e. copy of SSN card for the individual.
3. The address on 4a & 4b can never be that of a Third Party Designee from the bottom of the SS-4 Form, unless accompanied by Form 2848 or 8821 indicating specific tax matters. Please provide the correct mailing address or the required forms.
4. It appears an Employer Identification Number has already been assigned to this entity. You must use the previous assigned number.
5. Line 8a Type of Entity is invalid. In order for us to process your Application for Employer Identification Number for your Limited Liability Company you must indicate how your business will be classified. If you have more than one member you would be classified as a partnership. If you have only one member you would be classified as a disregarded entity. If you want to be classified as a corporation you must indicate whether you are a single member or multiple member LLC, then when you receive your Employer Identification Number you must file Form 8832 with the Philadelphia Service Center. Form 8832 can be obtained at (800) 829-3676 or through the internet at [www.irs.gov](http://www.irs.gov). Please identify single or multiple member LLC.
6. A Trust or Estate is assigned a specific EIN to classify the entity for federal tax purposes. The Internet number you received is invalid because you did not check the appropriate box. You will be notified and assigned your new number within 10 days. No action is required on your part.

This communication is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication may be strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone, and return the communication to the address above via the United States Postal Service, thank you.

GOVERNMENT

EXHIBIT

3311

3:07-CR-0289-M

065-1B061-ITEM-C-01-00075

7. An EIN has already been established for the same legal name as your entity from line 1. You must fax your Articles of Incorporation/Organization for us to process your request.

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REVISED 7/23/03

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others)

EIN XXXXXXXXXX 9693

▶ See separate instructions for each line. ▶ Keep a copy for your records.

04097 03/10/2005

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested. <b>The 825 Company D'Angelo Lee</b>	
	2 Trade name of business (if different from name on line 1) <b>The 825 Company</b>	3 Executor, trustee, "care of" name <b>D'Angelo Lee</b>
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>1409 South Lamar Suite 704</b>	5a Street address (if different) (Do not enter a P.O. box)
	4b City, state, and ZIP code <b>Dallas, TX 75215</b>	5b City, state, and ZIP code
	6 County and state where principal business is located. <b>Dallas TX</b>	
	7a Name of principal officer, general partner, grantor, owner, or trustee	7b SSN, ITIN, or EIN <span style="background-color: black; color: black;">XXXXXXXXXX</span> 5569

8a Type of entity (check only one box)

<input checked="" type="checkbox"/> Sole proprietor (SSN) <span style="background-color: black; color: black;">XXXXXXXXXX</span> 5569	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> Corporation (enter form number to be filed) ▶	<input type="checkbox"/> Trust (SSN of grantor)
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises
<input type="checkbox"/> Other (specify) ▶	Group Exemption Number (GEN) ▶

8b If a corporation, name of state or foreign country (if applicable) where incorporated

State	Foreign country
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9 Reason for applying (check only one box)

<input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>Consulting</b>	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Created a trust (specify type) ▶
	<input type="checkbox"/> Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year) **01/12/2005**      11 Closing month of accounting year

12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year).....▶ **01/12/2005**

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-".

	Agricultural <b>0</b>	Household <b>0</b>	Other <b>5</b>
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14 Check one box that best describes the principal activity of your business.

<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-agent/broker	<input type="checkbox"/> Wholesale-other	<input type="checkbox"/> Retail
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input checked="" type="checkbox"/> Other (specify) <b>Development Consulting</b>			

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.  
**Consulting Services**

16a Has the applicant ever applied for an employee identification number for this or any other business .....  Yes  No  
Note: If "Yes" please complete lines 16b and 16c.

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.

Approximate date when filed (mo., day, year)	City & state where filed	Previous EIN
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Third Party Designee	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 (incl. 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.

Name and title (Please type or print clearly.) ▶ <b>D'Angelo Lee Owner</b>	Applicant's telephone number (incl. area code) <b>(214) 485 - 1258</b>
Signature ▶	Applicant's fax number (include area code) <b>(214) 729 - 3484</b>