(Rev. December 2019) Department of the Treasury Internal Revenue Service

OMB No. 1545-0003

Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ► Go to www.irs.gov/FormSS4 for instructions and the latest information. ► See separate instructions for each line. ► Keep a copy for your records.

|                | 1 Leg                                                                                                                                                                                                     | gal name of entity (or individual) for whom the EIN I                                                            | s being                                                | requested                                                   |                                                            |                                                 |                                                                                      |  |  |  |  |  |  |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------|--|--|--|--|--|--|
|                |                                                                                                                                                                                                           | imited Partnership                                                                                               |                                                        | 1                                                           | B Executor, administrator, trustee, "care of" name         |                                                 |                                                                                      |  |  |  |  |  |  |
| Ę              | 4a Mailing address (room, apt., suite no. and street, or P.O. box)                                                                                                                                        |                                                                                                                  |                                                        | 3 Exe                                                       | cutor, adminis                                             | strator, trustee                                | , "care of" name                                                                     |  |  |  |  |  |  |
| ea             |                                                                                                                                                                                                           |                                                                                                                  |                                                        | ļ <u>.</u>                                                  |                                                            |                                                 |                                                                                      |  |  |  |  |  |  |
| print clearly. |                                                                                                                                                                                                           |                                                                                                                  |                                                        | ba Stre                                                     | 5a Street address (if different) (Don't enter a P.O. box.) |                                                 |                                                                                      |  |  |  |  |  |  |
| Ţ.             |                                                                                                                                                                                                           | pherson Avenue, Suite 101                                                                                        |                                                        | Fb Oit                                                      |                                                            | D                                               |                                                                                      |  |  |  |  |  |  |
|                |                                                                                                                                                                                                           | y, state, and ZIP code (if foreign, see instructions)                                                            | 56 City                                                | 5b City, state, and ZIP code (if foreign, see instructions) |                                                            |                                                 |                                                                                      |  |  |  |  |  |  |
| or             |                                                                                                                                                                                                           | Ontario, M4V1A4, Canada                                                                                          |                                                        |                                                             |                                                            |                                                 |                                                                                      |  |  |  |  |  |  |
| Type           | <b>b</b> Col                                                                                                                                                                                              | 6 County and state where principal business is located                                                           |                                                        |                                                             |                                                            |                                                 |                                                                                      |  |  |  |  |  |  |
| f              | Zo Nor                                                                                                                                                                                                    | me of voor engible nexts.                                                                                        |                                                        |                                                             | The COMPTINE AND THE                                       |                                                 |                                                                                      |  |  |  |  |  |  |
|                | 7a Name of responsible party                                                                                                                                                                              |                                                                                                                  |                                                        |                                                             |                                                            | 7b SSN, ITIN, or EIN                            |                                                                                      |  |  |  |  |  |  |
|                |                                                                                                                                                                                                           | Alejando Cabo Osmer                                                                                              | N/A                                                    |                                                             |                                                            |                                                 |                                                                                      |  |  |  |  |  |  |
| 8a             |                                                                                                                                                                                                           | pplication for a limited liability company (LLC) eign equivalent)?                                               | 8b If 8a is "Yes," enter the number of LLC members     |                                                             |                                                            |                                                 |                                                                                      |  |  |  |  |  |  |
|                |                                                                                                                                                                                                           |                                                                                                                  | ☑ No                                                   |                                                             |                                                            |                                                 |                                                                                      |  |  |  |  |  |  |
| 8c             |                                                                                                                                                                                                           | Yes," was the LLC organized in the United States'                                                                |                                                        |                                                             |                                                            |                                                 |                                                                                      |  |  |  |  |  |  |
| 9a             | _                                                                                                                                                                                                         | Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check. |                                                        |                                                             |                                                            |                                                 |                                                                                      |  |  |  |  |  |  |
|                |                                                                                                                                                                                                           | e proprietor (SSN)                                                                                               |                                                        |                                                             | ☐ Estate (SSN of decedent)                                 |                                                 |                                                                                      |  |  |  |  |  |  |
|                |                                                                                                                                                                                                           | tnership                                                                                                         |                                                        |                                                             |                                                            | inistrator (TIN)                                |                                                                                      |  |  |  |  |  |  |
|                | _                                                                                                                                                                                                         | poration (enter form number to be filed)                                                                         |                                                        | <del></del> _                                               |                                                            | l of grantor)                                   |                                                                                      |  |  |  |  |  |  |
|                | _ ′                                                                                                                                                                                                       | sonal service corporation                                                                                        |                                                        |                                                             |                                                            | lational Guard                                  | _                                                                                    |  |  |  |  |  |  |
|                |                                                                                                                                                                                                           | urch or church-controlled organization                                                                           |                                                        |                                                             |                                                            | cooperative                                     | ☐ Federal government                                                                 |  |  |  |  |  |  |
|                |                                                                                                                                                                                                           | er nonprofit organization (specify)                                                                              |                                                        |                                                             | REMIC                                                      |                                                 | Indian tribal governments/enterprises                                                |  |  |  |  |  |  |
| 9b             |                                                                                                                                                                                                           | er (specify) Canadian LP electing to be corporation, name the state or foreign country (if                       |                                                        |                                                             | Group Exemp                                                |                                                 | GEN) if any ▶                                                                        |  |  |  |  |  |  |
| JU             | •                                                                                                                                                                                                         | ole) where incorporated                                                                                          | Stat                                                   | e                                                           |                                                            | 1 -                                             | n country                                                                            |  |  |  |  |  |  |
|                |                                                                                                                                                                                                           | <u>'</u>                                                                                                         | N/A                                                    | Conting pu                                                  | rnaga (angoifí                                             | N/A                                             |                                                                                      |  |  |  |  |  |  |
| 10             |                                                                                                                                                                                                           |                                                                                                                  |                                                        |                                                             | rpose (specify                                             |                                                 | nous tuno) N                                                                         |  |  |  |  |  |  |
|                | ☐ Sta                                                                                                                                                                                                     | rted new business (specify type) ▶                                                                               | _                                                      |                                                             | nanged type of organization (specify new type) ►           |                                                 |                                                                                      |  |  |  |  |  |  |
|                |                                                                                                                                                                                                           | and ampleyees (Check the box and see line 12)                                                                    |                                                        |                                                             | asea going business<br>ed a trust (specify type) ►         |                                                 |                                                                                      |  |  |  |  |  |  |
|                |                                                                                                                                                                                                           | ed employees (Check the box and see line 13.)                                                                    |                                                        |                                                             |                                                            |                                                 |                                                                                      |  |  |  |  |  |  |
|                | <ul> <li>Compliance with IRS withholding regulations</li> <li>Created a pension plan (specify type) ►</li> <li>Other (specify) ►</li> <li>To file Form 8832 to elect to be a corporation</li> </ul>       |                                                                                                                  |                                                        |                                                             |                                                            |                                                 |                                                                                      |  |  |  |  |  |  |
| 11             |                                                                                                                                                                                                           |                                                                                                                  |                                                        |                                                             | 12 Closir                                                  | ng month of a                                   | CCOunting year December                                                              |  |  |  |  |  |  |
|                | Date business started or acquired (month, day, year). See instructions.  November 13, 2020  12 Closing month of accounting year December  14 If you expect your employment tax liability to be \$1,000 or |                                                                                                                  |                                                        |                                                             |                                                            |                                                 |                                                                                      |  |  |  |  |  |  |
| 13             | Highest                                                                                                                                                                                                   | number of employees expected in the next 12 mg                                                                   | less in a full calendar year and want to file Form 944 |                                                             |                                                            |                                                 |                                                                                      |  |  |  |  |  |  |
|                | -                                                                                                                                                                                                         | f no employees expected in the flext 12 mo                                                                       | iiiiis (ci                                             | 11.61 -0-11                                                 |                                                            | •                                               | Forms 941 quarterly, check here.                                                     |  |  |  |  |  |  |
|                | ,                                                                                                                                                                                                         |                                                                                                                  |                                                        |                                                             |                                                            |                                                 | ax liability generally will be \$1,000                                               |  |  |  |  |  |  |
|                | Α                                                                                                                                                                                                         | gricultural Household                                                                                            | Other                                                  |                                                             |                                                            |                                                 | pect to pay \$5,000 or less in total wages.) ck this box, you must file Form 941 for |  |  |  |  |  |  |
|                |                                                                                                                                                                                                           |                                                                                                                  | 0                                                      |                                                             | 1 -                                                        | quarter.                                        | ils box, you must like to the 941 to                                                 |  |  |  |  |  |  |
| 15             | First da                                                                                                                                                                                                  | te wages or annuities were paid (month, day, ye                                                                  |                                                        | te: If appli                                                | <del> </del>                                               |                                                 | t, enter date income will first be paid to                                           |  |  |  |  |  |  |
|                |                                                                                                                                                                                                           | dont allow (manth, day, year)                                                                                    |                                                        |                                                             |                                                            | . <b>►</b>                                      | N/A                                                                                  |  |  |  |  |  |  |
| 16             | Check o                                                                                                                                                                                                   | one box that best describes the principal activity of you                                                        | our busir                                              | ness.                                                       | Health care &                                              | social assistan                                 |                                                                                      |  |  |  |  |  |  |
|                | ☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail                                                                                |                                                                                                                  |                                                        |                                                             |                                                            |                                                 |                                                                                      |  |  |  |  |  |  |
|                | Rea                                                                                                                                                                                                       | ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Other (specify) ► Holding company                          |                                                        |                                                             |                                                            |                                                 |                                                                                      |  |  |  |  |  |  |
| 17             | Indicate                                                                                                                                                                                                  | principal line of merchandise sold, specific constr                                                              | ruction v                                              | work done,                                                  |                                                            |                                                 |                                                                                      |  |  |  |  |  |  |
|                | None -                                                                                                                                                                                                    | entity is a holding company                                                                                      |                                                        |                                                             |                                                            |                                                 |                                                                                      |  |  |  |  |  |  |
| 18             | Has the                                                                                                                                                                                                   | applicant entity shown on line 1 ever applied for a                                                              | ınd rece                                               | ived an EIN                                                 | √?                                                         | s 🗸 No                                          |                                                                                      |  |  |  |  |  |  |
|                | If "Yes," write previous EIN here ▶                                                                                                                                                                       |                                                                                                                  |                                                        |                                                             |                                                            |                                                 |                                                                                      |  |  |  |  |  |  |
|                |                                                                                                                                                                                                           | Complete this section only if you want to authorize the n                                                        | amed ind                                               | lividual to rec                                             | eive the entity's                                          | EIN and answer                                  | questions about the completion of this form.                                         |  |  |  |  |  |  |
| Thi            |                                                                                                                                                                                                           | Designee's name                                                                                                  |                                                        |                                                             |                                                            | Designee's telephone number (include area code) |                                                                                      |  |  |  |  |  |  |
| Par            | - Immanda Enzabeth Omebia                                                                                                                                                                                 |                                                                                                                  |                                                        |                                                             |                                                            |                                                 | 212-709-0266                                                                         |  |  |  |  |  |  |
| Designee       |                                                                                                                                                                                                           | Address and ZIP code                                                                                             | Designee's fax number (include area code)              |                                                             |                                                            |                                                 |                                                                                      |  |  |  |  |  |  |
|                | -,                                                                                                                                                                                                        | 75A Hauxhurst Avenue, Unit 1, Weehawken, N.                                                                      |                                                        |                                                             | 212-269-2383                                               |                                                 |                                                                                      |  |  |  |  |  |  |
| Unde           | r penalties of                                                                                                                                                                                            | perjury, I declare that I have examined this application, and to the bes                                         | t of my kno                                            | wledge and be                                               | lief, it is true, correc                                   | ct, and complete.                               | Applicant's telephone number (include area code)                                     |  |  |  |  |  |  |
| Nam            | ne and title (                                                                                                                                                                                            | (type or print clearly) ► Ezequiel A. Camerini, Pres                                                             | f Las Arer                                             | Arenas Cuera Holding Corp., 212-480-4800                    |                                                            |                                                 |                                                                                      |  |  |  |  |  |  |
|                |                                                                                                                                                                                                           | General Partner                                                                                                  |                                                        |                                                             |                                                            | la la a                                         | Applicant's fax number (include area code)                                           |  |  |  |  |  |  |
| Sign           | ature >                                                                                                                                                                                                   | 2                                                                                                                |                                                        |                                                             | Date ►                                                     | 30/20                                           | 212-709-0248                                                                         |  |  |  |  |  |  |
| For            | Privacy A                                                                                                                                                                                                 | Act and Paperwork Reduction Act Notice, see s                                                                    | eparate                                                | instructio                                                  | ns.                                                        | Cat No. 160                                     | 55N Form <b>SS-4</b> (Rev. 12-2019)                                                  |  |  |  |  |  |  |

Date /Time Model Name Machine Serial Number

- : DEC-01-2020 04:58PM TUE : WorkCentre 3325 : LA6290739

No. Name/Number StartTime Time Mode Page Result

675 918553740041#0130800

12-01 04:57PM 00'46 ECM 001/001 OK

| Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SS.                                                                                                                                                                                                | 2019) 9                                          | pplication for E<br>or use by employers, com<br>overnment agencies, and | rusts, est:<br>Individual | ites, churches,<br>s, and others.)                                     | OMB No. 1545-0033                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |  |  |  |  |  |  |
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| Department of the Yessury Interest Service Ser |                                                                                                                                                                                                    |                                                  |                                                                         |                           |                                                                        |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |  |  |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Astures I                                                                                                                                                                                          | imited Partner                                   | rship                                                                   | F A1                      | I3 Exe                                                                 |                                                               | ninistrator, trustee,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                             |  |  |  |  |  |  |
| 좋                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2 Trade name of business (if different from name on line 1)                                                                                                                                        |                                                  |                                                                         |                           |                                                                        | cutor, aqu                                                    | mustrator, dustee,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | , cara or name                                                                                              |  |  |  |  |  |  |
| <u>8</u> -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4- 14-75                                                                                                                                                                                           |                                                  |                                                                         |                           |                                                                        |                                                               | of different Mank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             |  |  |  |  |  |  |
| ₽.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4a Mailing address (room, apt., suite no. and street, or P.O. box)                                                                                                                                 |                                                  |                                                                         |                           |                                                                        | 5e Street address (if different) (Don't enter a P.O. box.)    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 287 Macpherson Avenue, Suita 101                                                                                                                                                                   |                                                  |                                                                         |                           |                                                                        | 5b City, state, and ZIP code (if foreign, see instructions)   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |  |  |  |  |  |  |
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| ğ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | foronto, Onterio, M4V1A4, Canada 6 County and state where principal business is located                                                                                                            |                                                  |                                                                         |                           |                                                                        |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                                                                                                 |  |  |  |  |  |  |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6 00                                                                                                                                                                                               | unty and state t                                 | witere principal dosiness is                                            |                           |                                                                        |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |  |  |  |  |  |  |
| $-\epsilon_{\perp}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7a Na                                                                                                                                                                                              | me of responsit                                  | Ja                                                                      | 7b SSI                    | N, ITIN, or EIN                                                        |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |  |  |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8c If Ba is "Yes," was the LLC organized in the United States? Yes Yes Yes No  9a Type of entity (check only one box). Caution: If Ba is "Yes," see the instructions for the correct box to check. |                                                  |                                                                         |                           |                                                                        |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |  |  |  |  |  |  |
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| ☐ Compliance with IRS withholding regulations ☐ Created a pension plan (specify type) ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                    |                                                  |                                                                         |                           |                                                                        |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |  |  |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | none), l                                                                                                                                                                                           | no employees                                     | expected, skip line 14.                                                 |                           |                                                                        |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | employment tax liability generally will be \$1,000 is if you expect to pay \$5,000 or less in total wages.) |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                    |                                                  | l Household I                                                           | Other                     |                                                                        | 0                                                             | less if you expect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                             |  |  |  |  |  |  |
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| Name and title (type or print clearly) > Ezequiel A. Camerini, President of Las Arenas Cuera Holding Corp., 212-480-4800                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                    |                                                  |                                                                         |                           |                                                                        |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |  |  |  |  |  |  |
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