

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	EIN <hr/> 20-3178577 <hr/> OMB No. 1545-0003															
1* Legal name of entity (or individual) for whom the EIN is being requested Hakirah Inc																	
2 Trade name of business (if different from name on line 1)		3* Executor, trustee, "care of" name Heshey Zelcer															
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 1565 East 28th Street		5a Street address (if different) (Do not enter a P.O. box)															
4b* City, state, and ZIP code Brooklyn NY 11229 -		5b City, state, and ZIP code -															
6* County and state where principal business is located County Kings State NY																	
7a Name of principal officer, general partner, grantor, owner, or trustor		7b SSN, ITIN, EIN															
8a* Type of entity (check only one) <table style="width:100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Sole Proprietor (SSN)</td> <td style="border: none;"><input type="checkbox"/> Estate (SSN of decedent)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Partnership</td> <td style="border: none;"><input type="checkbox"/> Plan administrator (SSN)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Corporation (enter form number to be filed) ▶</td> <td style="border: none;"><input type="checkbox"/> Trust (SSN of grantor)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Personal Service</td> <td style="border: none;"><input type="checkbox"/> National Guard <input type="checkbox"/> State/local government</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Church or church-controlled organization</td> <td style="border: none;"><input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ Incorp non-profit</td> <td style="border: none;"><input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal government/enterprises</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other (specify) ▶</td> <td style="border: none;">Group Exemption NO. (GEN) ▶</td> </tr> </table>			<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)	<input type="checkbox"/> Corporation (enter form number to be filed) ▶	<input type="checkbox"/> Trust (SSN of grantor)	<input type="checkbox"/> Personal Service	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government	<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military	<input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ Incorp non-profit	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal government/enterprises	<input type="checkbox"/> Other (specify) ▶	Group Exemption NO. (GEN) ▶	
<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)																
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)																
<input type="checkbox"/> Corporation (enter form number to be filed) ▶	<input type="checkbox"/> Trust (SSN of grantor)																
<input type="checkbox"/> Personal Service	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government																
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military																
<input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ Incorp non-profit	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal government/enterprises																
<input type="checkbox"/> Other (specify) ▶	Group Exemption NO. (GEN) ▶																
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State NY															
Foreign country																	
9* Reason for applying (check only one) <table style="width:100%; border: none;"> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Started new business (specify type) ▶ non-profit</td> <td style="border: none;"><input type="checkbox"/> Banking purpose (specify purpose) ▶</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Hired employees (Check the box and see line 12)</td> <td style="border: none;"><input type="checkbox"/> Changed type of organization (specify new type) ▶</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Compliance with IRS withholding regulations</td> <td style="border: none;"><input type="checkbox"/> Purchased going business</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other (specify) ▶</td> <td style="border: none;"><input type="checkbox"/> Created a trust (specify type) ▶</td> </tr> <tr> <td></td> <td style="border: none;"><input type="checkbox"/> Created a pension plan (specify type) ▶</td> </tr> </table>			<input checked="" type="checkbox"/> Started new business (specify type) ▶ non-profit	<input type="checkbox"/> Banking purpose (specify purpose) ▶	<input type="checkbox"/> Hired employees (Check the box and see line 12)	<input type="checkbox"/> Changed type of organization (specify new type) ▶	<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business	<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Created a trust (specify type) ▶		<input type="checkbox"/> Created a pension plan (specify type) ▶					
<input checked="" type="checkbox"/> Started new business (specify type) ▶ non-profit	<input type="checkbox"/> Banking purpose (specify purpose) ▶																
<input type="checkbox"/> Hired employees (Check the box and see line 12)	<input type="checkbox"/> Changed type of organization (specify new type) ▶																
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business																
<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Created a trust (specify type) ▶																
	<input type="checkbox"/> Created a pension plan (specify type) ▶																
10* Date business started or acquired (month, day, year) JUL 1 2005		11 Closing month of accounting year															
12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶																	
13 Highest number of employees expected in the next twelve months Note: If the applicant does not expect to have any employees during the period, enter "0" ▶																	
		Agriculture <u>0</u>															
		Household <u>0</u>															
		Other <u>0</u>															
14* Check box that best describes the principal activity of your business <table style="width:100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Construction</td> <td style="border: none;"><input type="checkbox"/> Rental & leasing</td> <td style="border: none;"><input type="checkbox"/> Transportation & warehousing</td> <td style="border: none;"><input type="checkbox"/> Health care & social assistance</td> <td style="border: none;"><input type="checkbox"/> Wholesale-agent/broker</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Real estate</td> <td style="border: none;"><input type="checkbox"/> Manufacturing</td> <td style="border: none;"><input type="checkbox"/> Finance & insurance</td> <td style="border: none;"><input type="checkbox"/> Accommodation & food service</td> <td style="border: none;"><input type="checkbox"/> Wholesale-other</td> </tr> <tr> <td colspan="5" style="border: none;"><input checked="" type="checkbox"/> Other (specify) non-profit</td> </tr> </table>			<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker	<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other	<input checked="" type="checkbox"/> Other (specify) non-profit				
<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker													
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other													
<input checked="" type="checkbox"/> Other (specify) non-profit																	
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. non-profit																	
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Note If "Yes" please complete lines 16b and 16c																	
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ <u>Harry Zelcer</u> Trade name ▶ <u>Reliable Health Systems</u>																	
16c* Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN DEC 31 1979 Brooklyn NY -																	
Third Party Designee	Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form																
	Designee's name Address and ZIP code -	Designee's telephone number (include area code) () - Designee's fax number (include area code) () -															
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)		Applicant's telephone number (include area code)															

Signature ▶ **Not Required**

Date ▶ July 21, 2005 GMT

() -
Applicant's fax number (include area code)
() -