

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.

OMB No. 1545-0003

EIN

30-1241602

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested Cubexis Technologies LLC		
2 Trade name of business (if different from name on line 1)		3 Executor, administrator, trustee, "care of" name
4a Mailing address (room, apt., suite no. and street, or P.O. box) House 476 Blk 4 Sector D2 Green Twn		5a Street address (if different) (Do not enter a P.O. box.)
4b City, state, and ZIP code (if foreign, see instructions) Lahore 54000 Pakistan		5b City, state, and ZIP code (if foreign, see instructions)
6 County and state where principal business is located		
7a Name of responsible party Nadeem Irshad		7b SSN, ITIN, or EIN Foreign
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? ☒ Yes ☐ No		8b If 8a is "Yes," enter the number of LLC members 1
8c If 8a is "Yes," was the LLC organized in the United States? ☒ Yes ☐ No		8d If 8a is "Yes," was the LLC organized in the United States? ☒ Yes ☐ No
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check. ☐ Sole proprietor (SSN) _____ ☐ Partnership _____ ☐ Corporation (enter form number to be filed) ▶ _____ ☐ Personal service corporation _____ ☐ Church or church-controlled organization _____ ☐ Other nonprofit organization (specify) ▶ _____ ☒ Other (specify) ▶ Disregarded Entity		
9b If a corporation, name the state or foreign country (if applicable) where incorporated State _____ Foreign country _____		
10 Reason for applying (check only one box) ☒ Started new business (specify type) ▶ _____ Other _____ ☐ Hired employees (Check the box and see line 13.) ☐ Compliance with IRS withholding regulations ☐ Other (specify) ▶ _____ ☐ Banking purpose (specify purpose) ▶ _____ ☐ Changed type of organization (specify new type) ▶ _____ ☐ Purchased going business ☐ Created a trust (specify type) ▶ _____ ☐ Created a pension plan (specify type) ▶ _____		
11 Date business started or acquired (month, day, year). See instructions. 05/21/2020		12 Closing month of accounting year December
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. Agricultural 0 Household 0 Other 0		14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. ☐
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) n/a		
16 Check one box that best describes the principal activity of your business. ☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☒ Other (specify) ▶ Customer Care		
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Customer Care		
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? ☐ Yes ☒ No If "Yes," write previous EIN here ▶		
Third Party Designee	Complete this 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 Juliann McNelia Designee's telephone number (include area code) (302)645-7400 Address and ZIP code P.O. Box #571, Nassau, DE 19969 Designee's fax number (include area code) (302)645-1280	
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.		Applicant's telephone number (include area code) 2018396152
Name and title (type or print clearly) ▶ Nadeem Irshad, Member		Applicant's fax number (include area code)

Signature ▶ *Nadeem Irshad*

Date ▶ **May 29, 2020**