

1* Legal name of entity (or individual) for whom the EIN is being requested
Arizona First Partners 3 LLC

2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
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4a* Mailing address (room, apt., suite no. and street, or P.O. box) <u>5041 E Pershing Ave</u>	5a Street address (if different) (Do not enter a P.O. box)
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4b* City, state, and ZIP code <u>Scottsdale AZ 85254 -</u>	5b City, state, and ZIP code <u>-</u>
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6* County and state where principal business is located
 County Maricopa State AZ

7a* Name of principal officer, general partner, grantor, owner, or trustor <u>David Haney</u>	7b* SSN, ITIN, EIN <u>526-82-4209</u>
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8a* Type of entity (check only one)

<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	
<input checked="" 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 type="checkbox"/> Other nonprofit organization (specify) ▶	<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	Foreign country
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9* Reason for applying (check only one)

<input checked="" type="checkbox"/> Started new business (specify type) ▶ <u>Real Estate</u>	<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) <u>OCT 27 2005</u>	11* Closing month of accounting year <u>DEC</u>
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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	Household	Other
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14* Check box that best describes the principal activity of your business

<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker
<input checked="" 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 type="checkbox"/> Other (specify)			<input type="checkbox"/> Retail	

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

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

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
 Legal name ▶
 Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year)	City and state where filed	Previous EIN
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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		
Third Party Designee	Designee's name	Designee's telephone number (include area code) () -
	Address and ZIP code	Designee's fax number (include area code) () -
	-	-

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) ▶ <u>David Haney Manager</u> Signature ▶ Not Required Date ▶ <u>December 08, 2005 GMT</u>	Applicant's telephone number (include area code) (<u>602</u>) <u>992</u> - <u>3800</u> Applicant's fax number (include area code) (<u>602</u>) <u>992</u> - <u>2428</u>
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