



## Beneficial Ownership Information Report

OMB No. 1506-0076

Version Number: 1.0

Release Date: 05-29-2024

### Report Preparation & Submission Instruction:

1. Complete the report in its entirety with all required information.
2. (Optional) Ctrl + P to print a hard copy of your completed report.
3. Please submit PDF attachment in our website at your earliest convenience.

### Filing Information

1. \*Type of filing:

- a. Initial report ☐
- b. Correct prior report ☐
- c. Update prior report ☐
- d. Newly exempt entity ☐

Reporting Company information associated with most recent report, if any:

- e. Legal name
- f. Tax Identification type
- g. Tax Identification number
- h. Country/Jurisdiction (if foreign tax ID only)

2. Date prepared (auto-filled when form is finalized)

#### PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

This notice is given under the Privacy Act of 1974 (Privacy Act) and the Paperwork Reduction Act of 1995 (Paperwork Reduction Act). The Privacy Act and Paperwork Reduction Act require that FinCEN inform persons of the following when requesting and collecting information in connection with this collection of information. This collection of information is authorized under 31 U.S.C. 5336 and 31 C.F.R. 1010.380. The principal purpose of this collection of information is to generate a database of information that is highly useful in facilitating national security, intelligence, and law enforcement activities, as well as compliance with anti-money laundering, countering the financing of terrorism, and customer due diligence requirements under applicable law. Pursuant to 31 U.S.C. 5336 and 31 C.F.R. 1010.380, reporting companies and certain other persons must provide specified information. The provision of that information is mandatory and failure to provide that information may result in criminal and civil penalties. The provision of information for the purpose of requesting a FinCEN Identifier is voluntary; however, failure to provide such information may result in the denial of such a request. Generally, the information within this collection of information may be shared as a "routine use" with other government agencies and financial institutions that meet certain criteria under applicable law. The complete list of routine uses of the information is set forth in the relevant Privacy Act system of record notice available at <https://www.federalregister.gov/documents/2023/09/13/2023-19814/privacy-act-of-1974-system-of-records>. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1506-0076. It expires on November 30, 2026. The estimated average burden associated with this collection of information from reporting companies is 90 to 650 minutes per respondent for reporting companies with simple or complex beneficial ownership structures, respectively. The estimated average burden associated with reporting companies updating information previously provided is 40 to 170 minutes per respondent for reporting companies with simple or complex beneficial ownership structures, respectively. The estimated average burden associated with this collection of information from individuals applying for FinCEN identifiers is 20 minutes per applicant. The estimated average burden associated with individuals who have obtained FinCEN identifiers updating information previously provided is 10 minutes per individual. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Financial Crimes Enforcement Network, P. O. Box 39, Vienna, VA 22183, Attn: Policy Division.

## Part I. Reporting Company Information

3. Request to receive FinCEN Identifier (FinCEN ID) ☐

4. Foreign pooled investment vehicle ☐

### Full legal name and alternate name(s):

5. \* Reporting Company legal name

6. Alternate name (e.g. trade name, DBA)



### Form of identification:

7. \* Tax Identification type

8. \* Tax Identification number

9. Country/Jurisdiction (if foreign tax ID only)

### Jurisdiction of formation or first registration:

10. \* a. Country/Jurisdiction of formation

#### Domestic Reporting Company:

b. State of formation

c. Tribal jurisdiction of formation

d. Name of the other Tribe

#### Foreign Reporting Company:

e. State of first registration

f. Tribal jurisdiction of first registration

g. Name of the other Tribe

### Current U.S. Address:

11. \* Address (number, street, and apt. or suite no.)

12. \* City

13. \* U.S. or U.S. Territory

14. \* State

15. \* ZIP Code

**WARNING: A PRINTED VERSION OF THE BOI REPORTING FORM IS NOT FOR SUBMISSION AND WILL NOT BE PROCESSED BY FINCEN.**

16. Existing Reporting Company ☐ (check if Reporting Company was created or registered before January 1, 2024)
17. (This item is reserved for future use)

Part II. Company Applicant Information1 of 1

Company Applicant FinCEN ID:

18. FinCEN ID

Full legal name and date of birth:

19. \* Individual's last name

20. \* First name

21. Middle name

22. Suffix

23. \* Date of birth

Current address:

24. \* Address type ☐ a. Business address ☐ b. Residential address

25. \* Address (number, street, and apt. or suite no.)

26. \* City

27. \* Country/Jurisdiction

28. \* State

29. \* ZIP/Foreign postal code

Form of identification and issuing jurisdiction:

30. \* Identifying document type

31. \* Identifying document number

32. \* Identifying document issuing jurisdiction:

a. Country/Jurisdiction

b. State

c. Local/Tribal

d. Other local/Tribal description

33. \* Identifying document image

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34. (This item is reserved for future use)

**Part III. Beneficial Owner Information**

**1 of 1**

35. Parent/Guardian information instead of minor child ☐ (check if the Beneficial Owner is a minor child and the parent/guardian information is provided instead)

**Beneficial Owner FinCEN ID:**

36. FinCEN ID

**Exempt entity:**

37. Exempt entity ☐

**Full legal name and date of birth:**

38. \* Individual's last name or entity's legal name.

39. \* First name

40. Middle name

41. Suffix

42. \* Date of birth

**Residential address:**

43. \* Address (number, street, and apt. or suite no.)

44. \* City

45. \* Country/Jurisdiction

46. \* State

47. \* ZIP/Foreign postal code

**Form of identification and issuing jurisdiction:**

48. \* Identifying document type

49. \* Identifying document number

50. \* Identifying document issuing jurisdiction:

a. Country/Jurisdiction

b. State

c. Local/Tribal

d. Other local/Tribal description

Mailing Address:  
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Kermit, TX 79745



Phone: 432-853-5493  
Fax: 432-878-4208  
Email: [support@efservices.biz](mailto:support@efservices.biz)  
Web: [www.efservices.biz](http://www.efservices.biz)

## LIMITED POWER OF ATTORNEY

TO ALL PERSONS, be it known, that I, \_\_\_\_\_, (personal name) individually and on behalf of \_\_\_\_\_ (“COMPANY”) as Grantor, do hereby make and grant a limited power of attorney to EF Services, LLC, Kermit, Texas (“EF Services”) and EF Services employees, which include Efren Flores, Dianelys Ventura Mora (“EF SERVICES EMPLOYEES”), and appoint and constitute said entity, EF SERVICES, and individual persons, EFSERVICESEMPLOYEES, as my Attorney-In-Fact, with full power and authority to sign reports and applications, to receive correspondence, to appear on behalf of and represent COMPANY in any administrative hearing or audit of the Texas Tax Commission or any other governmental entity, to pay taxes and fees on behalf of COMPANY, pertaining to fuel taxes, vehicle registrations and titles, motor carrier authorities, motor vehicle permits, road use taxes, state business registrations, state payroll withholdings, state unemployment insurance, state workers compensation insurance, Texas Secretary of State filings, any other state applications, or any other documents which pertain to the above noted matters. In the event any of the above listed EFSERVICES EMPLOYEES terminate employment with EF Services LLC, that individual person shall no longer be authorized to transact business for COMPANY under this limited power of attorney. The authority granted shall include such incidental acts as are reasonably required or necessary to carry out and perform the specific authorities and duties stated or contemplated herein.

COMPANY and INDIVIDUAL acknowledge this power attorney does not, in any way, relieve or absolve COMPANY or INDIVIDUAL of its duties and responsibilities under applicable law. In consideration for the duties to be performed by EF Services LLC and EF SERVICES EMPLOYEES under the terms of this limited power of attorney, COMPANY and INDIVIDUAL, its successors and assigns, hereby release EF Services LLC and EF SERVICES EMPLOYEES from all claims, disputes, causes of action and assessments that may arise as a result of an audit, investigation, proceeding, or other action taken against the COMPANY by the Texas Tax Commission, other governmental agency, quasi-governmental entity, person, or entity. Furthermore, if services are rendered under this power of attorney, COMPANY and INDIVIDUAL promise to pay for such services no later than 30 days of the invoice date. If fees for services rendered are not paid within 30 days, COMPANY and INDIVIDUAL may be assessed additional fees for interest, collection costs, attorney fees, and court costs, and COMPANY and INDIVIDUAL agree to pay such additional charges. This power of attorney and agreement shall continue in full force and effect until revoked by subsequent writing.

Signature \_\_\_\_\_

Print your name. \_\_\_\_\_

Company (please print) \_\_\_\_\_

Date \_\_\_\_\_