INTERNAL REVENUE SERVICE

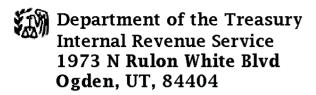


FAX TRANSMISSION Cover Sheet

Date: April 18, 2024	
To:	
Address/Organization:	
Fax Number: (866) 635-3102	Office Number:
From: Larsen Andrea M	
Address/Organization:	
Fax Number:	Office Number:
Number of pages: 2	Including cover page

Subject:

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In reply refer to: 0433411048 4/18/2024 LTR 147C

LMODIR LLC MOHAMED MEQOR SOLE MBR 930 RICHISON DR CHINOOK, MT 59523

Employer Identification Number: 98-1786761

Dear Taxpayer:

Thank you for your inquiry of 4/18/2024.

Your Employer Identification Number (EIN) is 98-1786761. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, you can call 1-800-829-0115. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely, Customer Service 1003672733 CSR