

Form SS-4
(Rev. December 2019)
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.)
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 **37-2040594**

1 Legal name of entity (or individual) for whom the EIN is being requested
GOOD LOGISTICS COMPANY (USA) LLC

2 Trade name of business (if different from name on line 1)
N/A

3 Executor, administrator, trustee, "care of" name
N/A

4a Mailing address (room, apt., suite no. and street, or P.O. box)
C3.6KDC Green Valley Tan Phu, Quan 7.

4b City, state, and ZIP code (if foreign, see instructions)
Ho Chi Minh, Ho Chi Minh 70000, Vietnam

5a Street address (if different) (Don't enter a P.O. box.)
N/A

5b City, state, and ZIP code (if foreign, see instructions)
N/A

6 Country and state where principal business is located
Vietnam

7a Name of responsible party
KHANH DUY NGUYEN

7b SSN, ITIN, or EIN
N/A-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 **4**

8c 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.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (TIN)
<input type="checkbox"/> Corporation (enter form number to be filed) ▶	<input type="checkbox"/> Trust (TIN of grantor)
<input type="checkbox"/> Personal service corporation	<input type="checkbox"/> Military/National Guard
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> REMIC
<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> State/local government
	<input type="checkbox"/> Federal government
	<input type="checkbox"/> Indian tribal governments/enterprises

9b If a corporation, name the state or foreign country (if applicable) where incorporated

State Delaware	Foreign country
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10 Reason for applying (check only one box)

<input checked="" type="checkbox"/> Started new business (specify type) ▶ logistics, forwarding	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 13.)	<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) ▶

11 Date business started or acquired (month, day, year). See instructions.
March 09, 2022

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
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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 \$5,000 or less in total wages.) If you don't 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) ▶

16 Check one 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 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) ▶ logistics, forwarding			<input type="checkbox"/> Retail	

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
logistics, forwarding

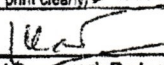
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? ☐ Yes ☒ No
If "Yes," write previous EIN here ▶

Third Party Designee

Designee's name Andrielle Gabaree - MyCompanyWorks, Inc.	Designee's telephone number (include area code) 702-362-2677
Address and ZIP code 187 F. Warm Springs Rd., Ste. B, Las Vegas, NV 89119	Designee's fax number (include area code) 702-825-2581
Applicant's telephone number (include area code) 702-825-2581	Applicant's fax number (include area code) 702-825-2581

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) ▶ KHANH DUY NGUYEN, Member

Signature ▶  Date ▶ 3/17/2022

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form SS-4 (Rev. 12-2019)

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TOTAL P.01