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Form SS-4 (Rev. 12-2019) OMB No. 1545-0020

Signature: [Signature] Date: 10 Nov 2020  
Name and title (type or print clearly): Dipak Ambalal Patel, Managing Member

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): +1 202 869 0968  
Applicant's tax number (include area code): +1 202 869 1121

Third Party Designee: Designee's name, Address and ZIP code, Designee's telephone number (include area code), Designee's tax number (include area code)

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? Yes  No

17 Health Tech Product / Services (LIMS, CRM, LIMS, LAMR, EHR)   
Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided:  
 Real estate  Manufacturing  Finance & insurance  Other (specify) Information Technology  
 Rental & leasing  Transportation & warehousing  Accommodation & food service  Wholesale-retail  Retail

16 Check one box that best describes the principal activity of your business:  
 Health care & social assistance  Wholesale-agent/broker  Nonresident alien (month, day, year)

15 First dollar wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, order date income will first be paid to nonresident alien (month, day, year):

14 Highest number of employees expected in the next 12 months (enter -0- if none), if no employees expected, skip line 14. Highest number of employees expected: 0

11 Date business started or acquired (month, day, year). See instructions. Date business started or acquired: 10/16/2020

12 Opening month of accounting year: JULY

10 Reason for applying (check only one box):  
 Started new business (specify type) Information Technology  
 Purchased going business  
 Changed type of organization (specify new type)  
 Banking purpose (specify purpose)  
 Other (specify)

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

9a Type of entity (check only one box). Caution: If "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) SOLE MEMBER LLC

8c If "Yes," was the LLC organized in the United States? Yes  No

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? Yes  No

8b If "Yes," enter the number of LLC members: 1

7a Name of responsible party: Dipak Ambalal Patel

7b SSN, TIN, or EIN: NO SSN/TIN

6 County and state where principal business is located: Washington DC, 20002

4b City, state, and ZIP code (if foreign, see instructions): 712 H Street NE, Suite 1110

4a Mailing address (room, apt., suite no., and street, or P.O. box), Street address (if different) (Don't enter a P.O. box): 712 H Street NE, Suite 1110

2 Trade name or business (if different from name on line 1): PICTORS SOLUTIONS LLC

1 Legal name of entity (or individual) for whom the EIN is being requested: PICTORS SOLUTIONS LLC

3 Executor, administrator, trustee, or name of trust

4c International Trade Council (C/O International Trade Council)

5a City, state, and ZIP code (if foreign, see instructions)

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

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