

<b>Form SS-4</b> (Rev. December 2001) Department of the Treasury Internal Revenue Service		<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 20-5569957 OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested Illinois Soccer Coaches Association					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, 'care of' name Peter G Richardson		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 545 Consumers Avenue			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code Palatine IL 60074 -			5b City, state, and ZIP code		
6* County and state where principal business is located County Cook State IL					
7a* Name of principal officer, general partner, grantor, owner, or trustor Peter G Richardson			7b* SSN, ITIN, EIN 142-58-4198		
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 990 <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶					
<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶					
<input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises					
8b* If a corporation, name the state or foreign country (if applicable) where incorporated		State IL		Foreign country	
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ Professional Assoc. <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶					
<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <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) AUG 22 2006			11* Closing month of accounting year DEC		
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . .</i> ▶					
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "0" . . . . .</i> ▶				Agriculture 0	Household 0
				Other 0	
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"/> Real estate		<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Finance & insurance	
<input checked="" type="checkbox"/> Other (specify) Association services		<input type="checkbox"/> Health care & social assistance		<input type="checkbox"/> Wholesale-agent/broker	
		<input type="checkbox"/> Accommodation & food service		<input type="checkbox"/> Wholesale-other	
		<input type="checkbox"/> Retail			
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Association services for professional soccer coach					
16a* Has the applicant ever applied for an employer identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes" please complete lines 16b and 16c</i>					
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					
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 William F Walsh Address and ZIP code 222 N LaSalle Street Chicago IL 60601 -		Designee's telephone number (include area code) ( 312 ) 609 - 7730 Designee's fax number (include area code) ( 312 ) 609 - 5005	
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)	
Name and title (type or print clearly) ▶ Peter G Richardson President				( 847 ) 398 - 4545	
Signature ▶ Not Required Date ▶ September 22, 2006 GMT				Applicant's fax number (include area code) ( 847 ) 394 - 9942	