

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN **38-3534607**

OMB No. 1545-0003
Expires 12-31-98

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) CAIR Michigan, Inc.	
	2 Trade name of business, if different from name in line 1	3 Executor, trustee, "care of" name Muthanna Al-Hanooti
	4a Mailing address (street address) (room, apt., or suite no.) 17300 West Ten Mile RD.	5a Business address, if different from address in lines 4a and 4b
	4b City, state, and ZIP code Southfield, MI 48075	5b City, state, and ZIP code
	6 County and state where principal business is located Oakland county, Michigan	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ 075-74-3905 Muthanna Al-Hanooti	

8a Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Trust
<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator-SSN	<input type="checkbox"/> Partnership
<input type="checkbox"/> Personal service corp.	<input checked="" type="checkbox"/> Other corporation (specify) non profit	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> State/local government	<input type="checkbox"/> National guard	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Church or church controlled organization	<input type="checkbox"/> Other (specify) ▶ _____ (enter GEN if applicable)	

8b If a corporation, name the state or foreign country (If applicable) where incorporated ▶

State Michigan	Foreign country
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9 Reason for applying (Check only one box.)

<input checked="" type="checkbox"/> Started new business (specify) ▶ non profit corp.	<input type="checkbox"/> Changed type of organization (specify) ▶ _____
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ▶ _____	<input type="checkbox"/> Created a trust (specify) ▶ _____
<input type="checkbox"/> Banking purpose (specify) ▶ _____	<input type="checkbox"/> Other (specify) ▶ _____

10 Date business started or acquired (Mo., day, year) (See instructions.)
May 1, 2000

11 Enter closing month of accounting year. (See instructions.)
December

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ **n/a**

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." ▶

Nonagricultural	Agricultural	Household
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14 Principal activity (See instructions.) ▶ **Protect the Constitutional, Religious & Civil rights of Muslims**

15 Is the principal business activity manufacturing? Yes No
If "Yes," principal product and raw material used ▶ _____

16 To whom are most of the products or services sold? Please check the appropriate box. Business (wholesale)
 Public (retail) Other (specify) ▶ **persons interested in preserving said rights**

17a Has the applicant ever applied for an identification number for this or any other business? Yes No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.

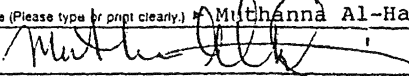
Legal name ▶	Trade name ▶
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17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN
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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 (Please type or print clearly.) ▶ **Muthanna Al-Hanooti, executive director**

Signature ▶  Date ▶ **May 9, 2000**

Business telephone number (include area code) **202-488-8787**

Note: Do not write below this line. For official use only.

Geo.	Ind.	Class	Size	Reason for applying
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