

SUPPLEMENTAL APPLICATION FOR LITHIUM EXTRACTION EXCISE TAX ACCOUNT

OWNERSHIP INFORMATION

1. CHECK ONE:

Owner/Co-Owner Partners Registered Domestic Partners Corporate Officers LLC Officers/Managers/Members Trustees/Beneficiaries

2. FULL NAME <i>(first, middle, last)</i>		3. TITLE
4. SOCIAL SECURITY NUMBER <i>(corporate officers excluded)</i>	5. DRIVER LICENSE NUMBER <i>(attach copy)</i>	6. EMAIL ADDRESS
7. HOME ADDRESS <i>(street, city, state, ZIP Code)</i>		8. TELEPHONE NUMBER
9. FULL NAME <i>(first, middle, last)</i>		10. TITLE
11. SOCIAL SECURITY NUMBER <i>(corporate officers excluded)</i>	12. DRIVER LICENSE NUMBER <i>(attach copy)</i>	13. EMAIL ADDRESS
14. HOME ADDRESS <i>(street, city, state, ZIP Code)</i>		15. TELEPHONE NUMBER
16. FULL NAME <i>(first, middle, last)</i>		17. TITLE
18. SOCIAL SECURITY NUMBER <i>(corporate officers excluded)</i>	19. DRIVER LICENSE NUMBER <i>(attach copy)</i>	20. EMAIL ADDRESS
21. HOME ADDRESS <i>(street, city, state, ZIP Code)</i>		22. TELEPHONE NUMBER
23. FULL NAME <i>(first, middle, last)</i>		24. TITLE
25. SOCIAL SECURITY NUMBER <i>(corporate officers excluded)</i>	26. DRIVER LICENSE NUMBER <i>(attach copy)</i>	27. EMAIL ADDRESS
28. HOME ADDRESS <i>(street, city, state, ZIP Code)</i>		29. TELEPHONE NUMBER
30. FULL NAME <i>(first, middle, last)</i>		31. TITLE
32. SOCIAL SECURITY NUMBER <i>(corporate officers excluded)</i>	33. DRIVER LICENSE NUMBER <i>(attach copy)</i>	34. EMAIL ADDRESS
35. HOME ADDRESS <i>(street, city, state, ZIP Code)</i>		36. TELEPHONE NUMBER

RELATED PARTY INFORMATION

37. NAME OF PERSON MAINTAINING YOUR RECORDS <i>(first, last)</i>	38. EMAIL ADDRESS
39. ADDRESS WHERE BOOKS AND RECORDS ARE MAINTAINED <i>(street, city, state, ZIP Code)</i>	40. TELEPHONE NUMBER

OWNERSHIP AND ORGANIZATIONAL CHANGES

41. ARE YOU BUYING AN EXISTING BUSINESS? <i>(If yes, complete items 42-49)</i> YES NO	
42. FORMER OWNER'S NAME <i>(first, last)</i>	43. FORMER OWNER'S ACCOUNT NUMBER
44. FORMER OWNER'S ADDRESS <i>(street, city, state, ZIP Code)</i>	
45. IS THIS BUSINESS BEING TRANSFERRED WITHOUT PAYMENT? YES NO	46. PURCHASE PRICE
47. PURCHASE/TRANSFER DATE <i>(MM/DD/YYYY)</i>	48. VALUE OF FIXTURE(S) AND EQUIPMENT
49. ADDRESS WHERE THE SALE OF FIXTURE(S) AND EQUIPMENT WAS NEGOTIATED <i>(street, city, state, ZIP Code)</i>	