INTERNAL REVENUE SERVICE

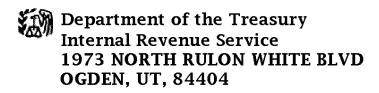


FAX TRANSMISSION Cover Sheet

Date: December 04, 2024	
To:	
Address/Organization:	
Fax Number: (505) 509-5381	Office Number:
From: Hegland Preslie A	
Address/Organization:	
Fax Number:	Office Number:
Number of pages: 2	

Subject:

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In reply refer to: 0433234909 12/4/2024 LTR 147C

EXODUS MEAL RESTAURANT LLC CAMILO DIESTEFANO D ZAPATA SOLE MBR 1001 S MAIN ST STE 700 KALISPELL, MT 59901

Employer Identification Number: 98-1824714

Dear Taxpayer:

Thank you for your inquiry of 12/4/2024.

Your Employer Identification Number (EIN) is 98-1824714. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, you can call 1-800-829-0115. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely, Preslie H. 1004946797 CSR