



MISSOURI DEPARTMENT OF REVENUE
TAXATION BUREAU
IRREVOCABLE LETTER OF CREDIT

FORM
2879
(REV. 10-2005)

**REQUIREMENTS FOR COMPLETING FORM
THIS FORM CANNOT BE ALTERED**

1. Issued by a banking/financial institution located in the United States
2. Signed by bank official
3. Must be notarized
4. Authorization for Release of Confidential Information must be completed (See reverse side of this form)

<input type="checkbox"/> SALES AND USE TAX Taxation Bureau P.O. Box 358 Jefferson City, MO 65105-0358	<input type="checkbox"/> MOTOR FUEL TAX Taxation Bureau P.O. Box 300 Jefferson City, MO 65105-0300	<input type="checkbox"/> CIGARETTE TAX Taxation Bureau P.O. Box 811 Jefferson City, MO 65105-0811	<input type="checkbox"/> OTHER TOBACCO PRODUCTS Taxation Bureau P.O. Box 3320 Jefferson City, MO 65105-3320
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AMOUNT (U.S. CURRENCY) \$ _____	LETTER OF CREDIT NUMBER _____	DATE OF ISSUANCE _____
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AT THE REQUEST OF (OWNER'S NAME) (INCLUDE SPOUSE IF LISTED ON APPLICATION), ALL PARTNERS, CORPORATION, OR LLC NAME _____

OF (COUNTY) _____	STATE OF _____
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We hereby issue our Irrevocable Letter of Credit in favor of the Missouri Department of Revenue in the aggregated sum of _____ dollars (\$ _____) available by your drafts drawn on (name of banking institution) _____ bearing reference to this Letter of Credit Number.

Drafts drawn under this Irrevocable Letter of Credit must be accompanied by your signed statement that "the draft amount represents delinquent taxes, fees, interest, additions to tax and penalties due the State of Missouri which (name of owner) _____

_____ has failed to pay" and marked "drawn against (name of bank) _____"

Irrevocable Letter of Credit Number _____." The original Letter of Credit and amendment(s), if any, or a certified copy of the Letter of Credit and amendment(s), if any, must be presented for all drawings. A certified copy of the Letter of Credit and amendment(s), if any, will be presented either by mail or in person for a partial draw. The original Letter of Credit and amendment(s), if any, or a certified copy of the Letter of Credit and amendment(s), if any, will be presented either by mail or in person for a full draw. If a certified copy of the Letter of Credit and amendment(s), if any, is presented for a full draw, the original Letter of Credit and amendment(s) will be returned to (name of banking institution) _____ upon receipt of the proceeds of the draft by the Missouri Department of Revenue.

This Letter of Credit shall be deemed automatically renewed for an additional period of one year beyond the current or any future expiration date unless at least sixty (60) days prior to any such expiration date we notify the Missouri Department of Revenue in writing at the address shown above that we do not elect to renew this Letter of Credit for any such additional period. Upon your receipt of such notification, you may draw hereunder by your drafts on us bearing reference to this Letter of Credit Number accompanied by your signed statement that the proceeds of the draft will be retained by the Missouri Department of Revenue and held in lieu of the Letter of Credit. Regardless of this condition, this Letter of Credit will expire in full and finally on (date at least 2 years beyond date of issue) _____, beyond which date this Letter of Credit will no longer automatically renew.

This Letter of Credit is governed by the Uniform Commercial Code of the State of Missouri.

We hereby engage with you that drafts drawn under and presented in conformity with the terms of this Irrevocable Letter of Credit will be duly honored on presentation.

ISSUING BANK/FINANCIAL INSTITUTION	ADDRESS	CITY, STATE, ZIP CODE
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BANK/FINANCIAL INSTITUTION PHONE NUMBER	BY: SIGNATURE AND TITLE OF BANK OFFICIAL
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BANK OFFICIAL'S NAME TYPED OR PRINTED _____

NOTARY PUBLIC

NOTARY PUBLIC EMBOSSE OR BLACK INK RUBBER STAMP SEAL	STATE _____	COUNTY (OR CITY OF ST. LOUIS) _____
	SUBSCRIBED AND SWORN BEFORE ME, THIS _____ DAY OF _____ 20 _____	
	NOTARY PUBLIC SIGNATURE _____	MY COMMISSION EXPIRES _____
	NOTARY PUBLIC NAME (TYPED OR PRINTED) _____	

USE RUBBER STAMP IN CLEAR AREA BELOW.

THE AREA BELOW IS TO BE USED BY THE BANK FOR ENDORSING THIS IRREVOCABLE LETTER OF CREDIT

THE FOLLOWING AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION HAS BEEN SET FORTH AT THE REQUEST OF THE MISSOURI DEPARTMENT OF REVENUE AND DOES NOT CONSTITUTE A PART OF, OR AN EXHIBIT TO, THE IRREVOCABLE LETTER OF CREDIT ON THE REVERSE SIDE OF THIS FORM.



MISSOURI DEPARTMENT OF REVENUE
AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I hereby authorize release of confidential tax information to _____
(BANKING INSTITUTION)

for the purpose of making demand for payment on Letter of Credit Number _____

as long as the obligation remains in force and effect. Release of this information to the named banking institution does not give the banking institution authority to request information other than information concerning the delinquent periods for which a demand for payment is being made. I also release the Director of Revenue and Department of Revenue personnel from any and all liability pursuant to any disclosure to this banking institution of confidential tax information that is necessary for making demand for payment.

In witness whereof I, (WE), duly executed the foregoing this _____ day of _____, 20 ____ .

OWNER	TITLE
SIGNATURE OF OWNER, PARTNER, CORPORATE OFFICER, OR MEMBER	PRINT OR TYPE NAME OF PERSON SIGNING THIS RELEASE

NOTARY PUBLIC		
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS _____ DAY OF _____ 20 ____	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	
USE RUBBER STAMP IN CLEAR AREA BELOW.		