	MISSOURI DEPAR TAXATION BUREA		EVENUE	FORM		UIREMENTS FOR COMPLETING FORM THIS FORM CANNOT BE ALTERED		
	P.O. BOX 295 JEFFERSON CITY	MO 65105-02	95	2980		by a banking/financial institution located in the United States.		
	TRANSIENT EN	ANSIENT EMPLOYER IRRE		(REV. 09-2008)	<ol> <li>Signed by bank official</li> <li>Must be notarized</li> <li>Authorization for Release of Confidential Information must be completed (See reverse side of this form)</li> </ol>			
AMOUNT (U.S	. CURRENCY)		LETTER OF CREDIT NUME	BER		DATE OF ISSUANCE		
AT THE REQU	EST OF TAXPAYER/BUSINES	SS (OWNER'S NAME (	INCLUDE SPOUSE IF LISTE	D ON APPLICATION), AL	L PARTNERS, C	CORPORATION, OR LLC NAME)		
OF (COUNTY)						STATE OF		
						I		
We here	eby issue our irrevoc	able letter of cre	edit, in favor of the s	state of Missouri in	the sum o	f dollars		
(\$		) availa	ble by your demand	for payment.				
						delinquent taxes or claims, penalties, and Missouri Employment Security Law, and all		
amendn	amendments thereto; and marked "drawn against irrevocable letter of credit number".							
this lette of credit the add (60) day Upon re this irrev stateme credit w This Let	er. This credit will exp t and be released of ress shown above. C y period. eccipt of said notificat vocable letter of cred ent that the agreement ith any unused portion tter of Credit is gover	bire in full and fi future liability h Cancellation sha ation the Missou lit, mentioning th nt is still outstan on to be returne med by the Unif	inally 5 years from the nereunder by deliver all not affect any liab uri Department of R hereon our letter of o nding and that the p d to the taxpayer.	he date of issuand ring sixty (60) day polity incurred and evenue may mak credit number proceeds of the pa ode of the state of	e. The issues prior write accrued here one dem ayment will Missouri.	not less than four (4) years from the date of uing banking institution may cancel the letter ten notice to the Department of Revenue at ereunder prior to the termination of the sixty and for payment, for the unused balance of accompanied by its signed be retained and used in lieu of the letter of		
ISSUING BANK	K/FINANCIAL INSTITUTION		ADDRESS			CITY, STATE, ZIP CODE		
BANK/FINANCIAL INSTITUTION PHONE NUMBER		BY: SIGNATURE AND TITLE OF BANK OFFICIAL						
BANK OFFICIA	AL'S NAME TYPED OR PRINT	ED						
NOTARY	PUBLIC							
	LIC EMBOSSER OR JBBER STAMP SEAL	STATE			(	COUNTY (OR CITY OF ST. LOUIS)		
NOTARY PUBLIC SI		SUBSCRIBED AND	RIBED AND SWORN BEFORE ME, THIS			USE RUBBER STAMP IN CLEAR AREA BELOW.		
		NOTARY PUBLIC SI	DAY OF TARY PUBLIC SIGNATURE		20			
		ME (TYPED OR PRINTED)						
MO 860-2077 (0	09-2008)	This publicat	ion is available upon	request in alterna	tive accessi	ible format(s).		





I hereby authorize	release of confidential information	n to(BANKI	IG/FINANCIAL INSTITUTION						
the purpose of mak	king demand for payment on Lette	Υ.	as						
long as the obligati	long as the obligation remains in force and effect. Release of this information to the named banking institution								
does not give the	does not give the banking institution authority to request information other than information concerning the								
delinquent periods	delinquent periods for which a demand for payment is being made. I also release the Director of Revenue and								
Department of Rev	Department of Revenue personnel from any and all liability pursuant to any disclosure of confidential tax								
information that is r	necessary for making demand for	payment.							
In witness whereof	I, (WE), duly executed the foreg		day of						
S1	lbject	toci							
OWNER		TITLE							
OWNER/OFFICER SIGNATURE									
NOTARY PUBLIC									
NOTARY PUBLIC NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)							
	SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOV						
	DAY OF	20							
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES							

NOTARY PUBLIC NAME (TYPED OR PRINTED)

NOT