

(Rev. February 2006)

Certificate of Foreign Person's Claim That Income Is Effectively Connected With the Conduct of a Trade or Business in the United States

OMB No. 1545-1621

Department of the Treasury	Section references are to the Internal Revenue Code.	See separate instructions.
Internal Revenue Service	Give this form to the withholding agent or payer. Do not send to the IRS.	

Note: Persons submitting this form must file an annual U.S. income tax return to report income claimed to be effectively connected with a U.S. trade or business (see instructions).

Do not use this form for:		Instead, use Form:
A beneficial owner solely claiming foreign status or treaty benefits		W-8BEN
 A foreign government, international organization, foreign central bank of issue, foreign foundation, or government of a U.S. possession claiming the applicability of section 	(s) 115(2), 501(c), 892, 8	895, or 1443(b) W-8EXP
Note: These entities should use Form W-8ECI if they received effectively connected in		
• A foreign partnership or a foreign trust (unless claiming an exemption from U.S. wit connected with the conduct of a trade or business in the United States)		W-8BEN or W-8IMY
A person acting as an intermediary		W-8IMY
Note: See instructions for additional exceptions.		
Part I Identification of Beneficial Owner (See instructions.)		
1 Name of individual or organization that is the beneficial owner Planet Express Transport Ltd	2 Col Can	untry of incorporation or organization I <mark>ada</mark>
3 Type of entity (check the appropriate box): Individual X Image: Partnership Simple trust Image: Partnership Image: Partnership Image: Partnership Grantor trust Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership Image: Partnership	Corporation Complex trust Central bank of issue	 Disregarded entity Estate Tax-exempt organization
4 Permanent residence address (street, apt. or suite no., or rural route). Do not u 12435-68 Ave	se a P.O. box.	
City or town, state or province. Include postal code where appropriate. Surrey, British Columbia, V3W2C9		Country (do not abbreviate) Canada
5 Business address in the United States (street, apt. or suite no., or rural route). I	o not use a P.O. box.	
City or town, state, and ZIP code		
6 U.S. taxpayer identification number (required—see instructions) 98-1016386 □ SSN or ITIN X	7 Foreign tax ide	ntifying number, if any (optional)
8 Reference number(s) (see instructions)		
9 Specify each item of income that is, or is expected to be, received from the part or business in the United States (attach statement if necessary)		
Freight Transportation Service		
Dent II Oculting the		
Part II Certification Under penalties of perjury, I declare that I have examined the information on this	form and to the best of my	knowledge and belief it is true correct
and complete. I further certify under penalties of perjury that: I am the beneficial owner (or I am authorized to sign for the beneficial owner) or 	,	c
• The amounts for which this certification is provided are effectively connected w and are includible in my gross income (or the beneficial owner's gross income)	th the conduct of a trade of	
Furthermore, I authorize this form to be provided to any withholding agent that ha beneficial owner or any withholding agent that can disburse or make payments of		
MandeepMann		Director
Signature of beneficial owner (or individual authorized to sign for the beneficial ow	ner) Date (MM-DD-YYY	Y) Capacity in which acting

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