

In the United States Court of Federal Claims

THEODORE HAUGLAND,)	
)	
Plaintiff(s),)	Case No. _____
)	
v.)	Judge _____
)	
THE UNITED STATES,)	
)	
Defendant.)	
)	

COMPLAINT

Your complaint must be clearly handwritten or typewritten, and you must sign and declare under penalty of perjury that the facts are correct. If you need additional space, you may use another blank page. A fillable pdf is available at <http://uscfc.uscourts.gov/filing-a-complaint>.

If you intend to proceed without the prepayment of filing fees (*in forma pauperis* (IFP)), pursuant to 28 U.S.C. § 1915, you must file along with your complaint an application to proceed IFP.

- 1. JURISDICTION.** State the grounds for filing this case in the United States Court of Federal Claims. The United States Court of Federal Claims has limited jurisdiction (*see e.g.*, 28 U.S.C. §§ 1491-1509).

Pursuant to the Tucker Act, 28 U.S.C. 1491, The United States Court of Federal Claims possesses exclusive jurisdiction over this matter because the amount claimed against the United States is more than \$10,000.00.

2. PARTIES

Plaintiff, Theodore Haugland, resides at [REDACTED]
(Street Address)
[REDACTED] -3332
(City, State, ZIP Code) (Telephone Number)

If more than one plaintiff, provide the same information for each plaintiff below.

3. PREVIOUS LAWSUITS. Have you begun other lawsuits in the United States Court of Federal Claims? Yes No

If yes, please list cases: 1:25-cv-01710-EDK (Active), 1:25-cv-01344-TMD (Inactive), 1:25-cv-00710-EDK (Inactive)

4. STATEMENT OF THE CLAIM. State as briefly as possible the facts of your case. Describe how the United States is involved. You must state exactly what the United States did, or failed to do, that has caused you to initiate this legal action. Be as specific as possible and use additional paper as necessary.

Plaintiff duly filed a federal income tax return (Form 1040) for the 2022 tax year on or before the filing deadline.

On March 26, 2025, plaintiff filed form 1040-X. Based on the calculations in the return and supporting documentation, Plaintiff was entitled to a refund of \$78,037.00.

Plaintiff has made repeated inquiries and followed all administrative procedures required to obtain the refund.

Despite Plaintiff's compliance with all legal obligations and requests, the Department of the Treasury, through the IRS, has failed to issue the refund.

More than six months have passed since the filing of the tax return and the filing of a formal administrative claim for refund, form 1040-X on March 26, 2025, with the IRS, thus satisfying the requirement for filing suit under 26 U.S.C. § 6532(a)(1).

As a result of the IRS's failure to refund the amount owed, Plaintiff has been deprived of the use of \$78,037.00 since 2022 and seeks interest as authorized under 26 U.S.C. § 6611.

In support of plaintiff's tax refund claim, plaintiff has included multiple exhibits along with his claim for refund, form 1040-X, that he filed on March 26, 2025. The documents plaintiff has provided for his exhibits can be verified real-time on ".gov" domain websites. The documents plaintiff has provided for his exhibits are organized to make it easier for the court to navigate and locate specific information (see page entitled "Table of Contents").

5. **RELIEF.** Briefly state exactly what you want the court to do for you.

Plaintiff respectfully requests that this Court:

- a. Enter judgment in favor of Plaintiff and against the United States in the amount of \$ 78,037, plus statutory interest;
- b. Award costs as permitted by law; and
- c. Grant such other relief as the Court deems just and proper.

Signed this 1 day of December, 2025
(day) (month) (year)

Signature of Plaintiff(s)

TABLE OF CONTENTS

DESCRIPTION	PAGE NUMBER(S)
Complaint	Page 1-3
Table Of Contents	Page 4
Exhibit A: Claim For Refund Statement	Page 5
Exhibit B: Form 1040-X (Filed 03/26/2025)	Page 6-37
¹ Exhibit C: List Of Corporations Owned (Alaska Secretary of State, 2022)	Page 38-39
¹ Exhibit D: Articles of Incorporation (Alaska Secretary of State, 2022)	Page 40-154
² Exhibit E: List Of Corporations Owned (Hawaii Secretary of State, 2022)	Page 155
² Exhibit F: Articles of Incorporation (Hawaii Secretary of State, 2022)	Page 156-262
³ Exhibit G: List of Business Licenses (Alaska Secretary of State, 2022)	Page 263-264
³ Exhibit H: Business License Information (Alaska Secretary of State, 2022)	Page 265-378
Exhibit I: Record of Account Transcript (2022)	Page 379-385
Exhibit J: Account Transcript (2022)	Page 386-387
Exhibit K: Form 1040 Tax Transcript (2022)	Page 388-393
Exhibit L: Wage and Income Transcript (2022)	Page 394-415
Exhibit M: IRS Correspondence (LTR 86C, 05/20/2025)	Page 416

¹Alaska Corporation Verification Link:

<https://www.commerce.alaska.gov/cbp/main/Search/Entities>

²Hawaii Corporation Verification Link:

<https://hbe.ehawaii.gov/documents/search.html>

³Alaska Business License Verification Link:

<https://www.commerce.alaska.gov/cbp/businesslicense/search/License>

(Rev. July 2021)

Use this revision to amend 2019 or later tax returns.
Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year (enter year) 2022 or fiscal year (enter month and year ended)

Your first name and middle initial: THEODORE R
Last name: HAUGLAND
Your social security number: [redacted] 7926

If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Current home address (number and street). If you have a P.O. box, see instructions.
[redacted] ee St
Apt. no.: B
Your phone number: [redacted] 6665

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions.
[redacted] HI [redacted] 1200

Foreign country name:
Foreign province/state/county:
Foreign postal code:

Amended return filing status. You must check one box even if you are not changing your filing status. Caution: In general, you can't change your filing status from married filing jointly to married filing separately after the return due date.

Single Married filing jointly Married filing separately (MFS) [X] Head of household (HOH) Qualifying widow(er) (QW)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Enter on lines 1 through 23, columns A through C, the amounts for the return year entered above.
Use Part III on page 2 to explain any changes.

Table with 4 columns: Line number, Description, A. Original amount, B. Net change, C. Correct amount. Rows include Adjusted gross income, Itemized deductions, and Taxable income.

Table with 4 columns: Line number, Description, A. Original amount, B. Net change, C. Correct amount. Rows include Tax liability, Nonrefundable credits, and Total tax.

Table with 4 columns: Line number, Description, A. Original amount, B. Net change, C. Correct amount. Rows include Payments for Federal income tax, Estimated tax payments, and Total payments.

Table with 4 columns: Line number, Description, A. Original amount, B. Net change, C. Correct amount. Rows include Refund or Amount You Owe, Overpayment, and Amount you owe.

Complete and sign this form on page 2.

Part I Dependents

Complete this part to change any information relating to your dependents. This would include a change in the number of dependents. Enter the information for the return year entered at the top of page 1.

	A. Original number of dependents reported or as previously adjusted	B. Net change – amount of increase or (decrease)	C. Correct number
24 Reserved for future use	24		
25 Your dependent children who lived with you	25 2	0	2
26 Your dependent children who didn't live with you due to divorce or separation	26 0	0	
27 Other dependents	27 0	0	
28 Reserved for future use	28		
29 Reserved for future use	29		
30 List ALL dependents (children and others) claimed on this amended return.			

Dependents (see instructions):

If more than four dependents, see instructions and check here <input type="checkbox"/>	(a) First name Last name		(b) Social security number	(c) Relationship to you	(d) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
	Child tax credit	Credit for other dependents				
	AMORA G	HAUGLAND	██████-1105	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	KARINA H	HAUGLAND	██████-5846	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Part II Presidential Election Campaign Fund (for the return year entered at the top of page 1)

Checking below won't increase your tax or reduce your refund.

- Check here if you didn't previously want \$3 to go to the fund, but now do.
- Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

- ▶ Attach any supporting documents and new or changed forms and schedules.
 - Form(s) 1116 - Reported Foreign Income
 - Form(s) 1116 Schedule C - Foreign Tax Redetermination
 - Form(s) 4307 - Foreign Tax Credit Agreement
 - Form(s) 1099G - Reported State Tax Refund
 - Form(s) W-2 - Employment Income
 - Form(s) 1120S Schedule K-1 - Business Income

Sign Here	Remember to keep a copy of this form for your records.				
	Under penalties of perjury, I declare that I have filed an original return, and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.				
	▶ _____	03/26/2025	Chief Executive Officer		
	Your signature	Date	Your occupation		
	▶ _____	_____	Spouse's occupation		
	Spouse's signature. If a joint return, both must sign.		Date		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Self-prepared			Firm's EIN ▶
	Firm's address ▶				Phone no.

Filing Status [] Single [] Married filing jointly [] Married filing separately (MFS) [X] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Form fields for personal information: Your first name and middle initial (THEODORE R), Last name (HAUGLAND), Your social security number (500-98-7926), Home address (eppee St), State (HI), ZIP code (21200), etc.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (Child tax credit, Credit for other dependents). Includes AMORA G HAUGLAND and KARINA H HAUGLAND.

Income section table with rows 1a through 1z. Total amount from Form(s) W-2, box 1: 1,700,923. Other earned income: 145,730. Total: 1,846,653.

Table for Tax-exempt interest (2a), Qualified dividends (3a), IRA distributions (4a), Pensions and annuities (5a), Social security benefits (6a), Taxable interest (2b), Ordinary dividends (3b), Taxable amount (4b, 5b, 6b).

Table for Capital gain or loss (7), Other income from Schedule 1, line 10 (8), Total income (9), Adjustments to income from Schedule 1, line 26 (10), Adjusted gross income (11), Standard deduction or itemized deductions (12), Taxable income (15).

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	507,082.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	507,082.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	33,166.
	21	Add lines 19 and 20	21	33,166.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	473,916.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	13,508.
	24	Add lines 22 and 23. This is your total tax	24	487,424.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	479,893.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	1.
	d	Add lines 25a through 25c	25d	479,894.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC) <input type="checkbox"/> NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	85,567.
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	85,567.
	33	Add lines 25d, 26, and 32. These are your total payments	33	565,461.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	78,037.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	78,037.
Direct deposit? See instructions.	b	Routing number <input type="text" value="1015"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <input type="text" value="3295"/>		
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN)

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____	Date 03/26/25	Your occupation Chief Executive Officer	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Spouse's signature. If a joint return, both must sign. _____	Date _____	Spouse's occupation _____	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Phone no. <input type="text" value=""/> -6665	Email address _____		

Paid Preparer Use Only

Preparer's name _____	Preparer's signature _____	Date _____	PTIN _____	Check if: <input type="checkbox"/> Self-employed
Firm's name Self-Prepared	Firm's address _____		Phone no. _____	Firm's EIN _____

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
THEODORE R HAUGLAND

Your social security number
[REDACTED]-7926

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-345,257.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	6,342.
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABL account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	6,342.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-338,915.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

Table with columns for line numbers (11-26) and descriptions of adjustments to income, including educator expenses, business expenses, health savings account deduction, moving expenses, self-employment tax, and other adjustments.

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
THEODORE R HAUGLAND

Your social security number
[REDACTED]-7926

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	13,508.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 2 (Form 1040) 2022

Part II Other Taxes *(continued)*

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount: _____	17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount: _____	17z	
18	Total additional taxes. Add lines 17a through 17z		18
19	Reserved for future use		19
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21
			13,508.

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
THEODORE R HAUGLAND

Your social security number
[REDACTED]-7926

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	33,166.
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Alternative motor vehicle credit. Attach Form 8910	6e	
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
z	Other nonrefundable credits. List type and amount: _____ _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	33,166.

(continued on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 07/23/23 TTW

Schedule 3 (Form 1040) 2022

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	85,567.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
c	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
e	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through 13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		15	85,567.

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Go to www.irs.gov/ScheduleA for instructions and the latest information.

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2022

Attachment
Sequence No. **07**

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040 or 1040-SR

THEODORE R HAUGLAND

Your social security number

7926

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.					
	1 Medical and dental expenses (see instructions)	1				
	2 Enter amount from Form 1040 or 1040-SR, line 11 2 1,507,738.					
	3 Multiply line 2 by 7.5% (0.075)	3	113,080.			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				4		
Taxes You Paid	5 State and local taxes.					
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input checked="" type="checkbox"/>	5a	2,559.			
	b State and local real estate taxes (see instructions)	5b				
	c State and local personal property taxes	5c				
	d Add lines 5a through 5c	5d	2,559.			
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	2,559.			
	6 Other taxes. List type and amount: _____	6				
7 Add lines 5e and 6				7	2,559.	
Interest You Paid Caution: Your mortgage interest deduction may be limited. See instructions.	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>					
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a				
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b				
	c Points not reported to you on Form 1098. See instructions for special rules	8c				
	d Reserved for future use	8d				
	e Add lines 8a through 8c	8e				
	9 Investment interest. Attach Form 4952 if required. See instructions .	9				
	10 Add lines 8e and 9				10	
	Gifts to Charity Caution: If you made a gift and got a benefit for it, see instructions.	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	18,082.		
		12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.	12	9,981.		
13 Carryover from prior year		13				
14 Add lines 11 through 13					14	28,063.
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions				15	
	Other Itemized Deductions	16				
Other Itemized Deductions	16 Other—from list in instructions. List type and amount: _____ GAMBLING LOSSES				16	2,451.
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12	17				33,073.
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>					

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

BAA REV 07/23/23 TTW

Schedule A (Form 1040) 2022

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

THEODORE R HAUGLAND

[REDACTED]-7926

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section Yes No

Table with 7 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if basis computation is required, (f) Check if any amount is not at risk. Rows include IPO INCORPORATED, CHIP CORPORATION, LITIGATION CO, and See line 28 information.

Summary table for Part II with columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss allowed, (j) Section 179 expense deduction from Form 4562, (k) Nonpassive income from Schedule K-1. Rows include Totals and final totals for lines 29a, 29b, 30, 31, and 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B.

Summary table for Part III with columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Rows include Totals and final totals for lines 34a, 34b, 35, 36, and 37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 39: Combine columns (d) and (e) only.

Part V Summary

Summary table for Part V with 2 columns: Description, Amount. Rows 40-43: Net farm rental income or (loss), Total income or (loss), Reconciliation of farming and fishing income, Reconciliation for real estate professionals.

Foreign Tax Credit
 (Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T. COPY 1
 Go to www.irs.gov/Form1116 for instructions and the latest information.

Name THEODORE R HAUGLAND Identifying number as shown on page 1 of your tax return [REDACTED]-7926

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a Section 951A category income
- b Foreign branch category income
- c Passive category income
- d General category income
- e Section 901(j) income
- f Certain income re-sourced by treaty
- g Lump-sum distributions

h Resident of (name of country) USA

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

i	Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
		A	B	C	
	China		Hong Kong	Philippines	
1a	Gross income from sources within country shown above and of the type checked above (see instructions): Search Engine Optimization Product Implementation	44,575.	64,032.	37,123.	1a 145,730.
b	Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):					
2	Expenses definitely related to the income on line 1a (attach statement)				
3	Pro rata share of other deductions not definitely related:				
a	Certain itemized deductions or standard deduction (see instructions)	5,010.	5,010.	5,010.	
b	Other deductions (attach statement)				
c	Add lines 3a and 3b	5,010.	5,010.	5,010.	
d	Gross foreign source income (see instructions)	44,575.	64,032.	37,123.	
e	Gross income from all sources (see instructions)	1,921,833.	1,921,833.	1,921,833.	
f	Divide line 3d by line 3e (see instructions)	0.0232	0.0333	0.0193	
g	Multiply line 3c by line 3f	116.	167.	97.	
4	Pro rata share of interest expense (see instructions):				
a	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b	Other interest expense				
5	Losses from foreign sources	750.	750.	750.	
6	Add lines 2, 3g, 4a, 4b, and 5	866.	917.	847.	6 2,630.
7	Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7 143,100.

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:				Taxes withheld at source on:				
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	(p) Other foreign taxes paid or accrued	(q) Dividends	(r) Rents and royalties	(s) Interest	(t) Other foreign taxes paid or accrued
A	12/31/2022								11,144.	11,144.
B	12/31/2022								10,885.	10,885.
C	12/31/2022								11,137.	11,137.
8	Add lines A through C, column (u). Enter the total here and on line 9, page 2									8 33,166.

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I . . .	9	33,166.	
10	Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10		
11	Add lines 9 and 10	11	33,166.	
12	Reduction in foreign taxes (see instructions)	12	()	
13	Taxes reclassified under high tax kickout (see instructions)	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		33,166.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions	15	143,100.	
16	Adjustments to line 15 (see instructions)	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)	17	143,100.	
18	Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption	18	1,474,665.	
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		0.0970
20	Individuals: Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16. See instructions	20		507,082.
	Caution: If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions.			
21	Multiply line 20 by line 19 (maximum amount of credit)	21		49,187.
22	Increase in limitation (section 960(c))	22		
23	Add lines 21 and 22	23		49,187.
24	Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV. See instructions	24		33,166.

Part IV Summary of Credits From Separate Parts III (see instructions)

25	Credit for taxes on section 951A category income	25		
26	Credit for taxes on foreign branch category income	26		
27	Credit for taxes on passive category income	27		
28	Credit for taxes on general category income	28		
29	Credit for taxes on section 901(j) income	29		
30	Credit for taxes on certain income re-sourced by treaty	30		
31	Credit for taxes on lump-sum distributions	31		
32	Add lines 25 through 31	32		
33	Enter the smaller of line 20 or line 32	33		33,166.
34	Reduction of credit for international boycott operations. See instructions for line 12	34		
35	Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a	35		33,166.

**SCHEDULE C
(Form 1116)**

(Rev. December 2022)

Department of the Treasury
Internal Revenue Service

Foreign Tax Redeterminations

For calendar year 20 22, or other tax year beginning January 1, 20 22, and ending December 31, 20 22.

OMB No. 1545-0121

See separate instructions.

Go to www.irs.gov/Form1116 for instructions and the latest information.

Name

Theodore R Haugland

Identifying number as shown on page 1 of your tax return

7926

Use a separate Schedule C (Form 1116) for each applicable category of income listed below. See instructions. Check only one box on each schedule.

- a Section 951A category income c Passive category income e Section 901(j) income g Lump-sum distributions
- b Foreign branch category income d General category income f Certain income re-sourced by treaty
- h If box e is checked, enter the country code for the sanctioned country. See instructions _____
- i If box f is checked, enter the country code for the treaty country. See instructions _____

Part I Increase in Amount of Foreign Taxes Accrued (see instructions)

Enter redetermined amounts by payor for each separate relation back year (starting with the most recent) followed by a subtotal for each relation back year.

1. U.S. Tax Year of Taxpayer to Which Tax Relates (relation back year) (MM/DD/YYYY)		2a. Name of Payor (see instructions)		2b. EIN or Reference ID Number of Payor		3. Country or U.S. Possession to Which Tax Is Paid (enter code—see instructions)	4. Date Additional Foreign Tax Was Paid (MM/DD/YYYY)	5. Foreign Tax Year to Which Tax Relates (MM/DD/YYYY)
A	12/31/2022	(1)	Theodore R Haugland		7926	HK	12/31/2022	12/31/2022
		(2)	Theodore R Haugland		7926	CN	12/31/2022	12/31/2022
		(3)	Theodore R Haugland		7926	PH	12/31/2022	12/31/2022
B		(1)						
		(2)						
		(3)						
6. Payor's Income Subject to Tax in the Foreign Jurisdiction (see instructions)		7. Additional Tax Accrued in Local Currency in Which the Tax Is Payable	8. Additional Tax Accrued in Functional Currency of Payor	9. Conversion Rate of Local Currency to U.S. Dollars	10. Additional Tax Accrued in U.S. Dollars (divide column 7 by column 9)	11. U.S. Dollar Tax of Payor Reported on Original/Amended Return	12. Revised Tax Accrued (add column 10 and column 11)	13. Reference ID Number for Contested Tax, if Applicable (see instructions)
A	(1)	500294 HKD	85050 HKD	7.81325	10885 USD	0	10885 USD	202212HK0001
	(2)	307479 CNY	76870 CNY	6.8979	11144 USD	0	11144 USD	202212CN0001
	(3)	2066982 PHP	620095 PHP	55.68	11137 USD	0	11137 USD	202212PH0001
Subtotal by Relation Back Year of Taxpayer (add amounts in columns 10, 11, and 12)					33166 USD	0	33166 USD	
B	(1)							
	(2)							
	(3)							
Subtotal by Relation Back Year of Taxpayer (add amounts in columns 10, 11, and 12)								

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 75187Q

Schedule C (Form 1116) (Rev. 12-2022)

Part II Decrease in Amount of Foreign Taxes Paid or Accrued (see instructions)

Enter redetermined amounts by payor for each separate relation back year (starting with the most recent) followed by a subtotal for each relation back year.

	1. U.S. Tax Year of Taxpayer to Which Tax Relates (relation back year) (MM/DD/YYYY)	(1)	2a. Name of Payor (see instructions)	2b. EIN or Reference ID Number of Payor	3. Country or U.S. Possession From Which Tax Was Refunded or Deemed Refunded (enter code—see instructions)	4. Date Foreign Tax Was Refunded or Deemed Refunded (MM/DD/YYYY) (see instructions)	5. Foreign Tax Year to Which Tax Relates (MM/DD/YYYY)		6. Payor's Income Subject to Tax in the Foreign Jurisdiction (see instructions)	7. Tax Refunded or Deemed Refunded in Local Currency in Which the Tax Is Payable	8. Refunded Amount in Functional Currency of Payor	9. Conversion Rate of Local Currency to U.S. Dollars	10. Refunded Amount in U.S. Dollars (divide column 7 by column 9)	11. U.S. Dollar Tax of Payor Reported on Original/Amended Return	12. Revised Tax Paid or Accrued (subtract column 11 from column 10)	13. Check Box if Section 905(c)(2) Two Year Rule Applies (see instructions)	
																(1)	(2)
A		(1)														<input type="checkbox"/>	
		(2)														<input type="checkbox"/>	
		(3)														<input type="checkbox"/>	
B		(1)														<input type="checkbox"/>	
		(2)														<input type="checkbox"/>	
		(3)														<input type="checkbox"/>	
Subtotal by Relation Back Year of Taxpayer (add amounts in columns 10, 11, and 12) . . .																	
A		(1)															<input type="checkbox"/>
		(2)															<input type="checkbox"/>
		(3)															<input type="checkbox"/>
B		(1)															<input type="checkbox"/>
		(2)															<input type="checkbox"/>
		(3)															<input type="checkbox"/>
Subtotal by Relation Back Year of Taxpayer (add amounts in columns 10, 11, and 12) . . .																	

Part III Change in Foreign Taxes Paid or Accrued

Enter the information below for the change to the total amount of foreign taxes paid or accrued and the foreign tax credits (FTCs) claimed for each relation back year.

	1. Relation Back Year (MM/DD/YYYY)	2. Redetermined Foreign Taxes Paid or Accrued	3. Foreign Taxes Paid or Accrued per Original/Amended Return	4. Amount of FTC Claimed per Original/Amended Return	5. Amount of FTC Claimed After Redetermination
A	12/31/2022	33166 USD	0	0	33166 USD
B					

Part IV Change in U.S. Tax Liability

Enter the information below for the change in U.S. tax liability for each relation back year and other affected year (see instructions).

	1. Relation Back Year or Affected Tax Year (MM/DD/YYYY)	2. Total Redetermined U.S. Tax Liability	3. Total U.S. Tax Liability per Original/Amended Return	4. Difference (subtract column 3 from column 2)
A	12/31/2022	486080 USD	466669 USD	19411 USD
B				

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2022

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return

Your social security number

THEODORE R HAUGLAND

-7926

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	1,507,738.
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.	
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c	2d	0.	
3	Add lines 1 and 2d	3	1,507,738.	
4	Number of qualifying children under age 17 with the required social security number	4	2	
5	Multiply line 4 by \$2,000	5		4,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	0	
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by \$500	7		
8	Add lines 5 and 7	8		4,000.
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9		200,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10		1,308,000.
11	Multiply line 10 by 5% (0.05)	11		65,400.
12	Is the amount on line 8 more than the amount on line 11?	12		0.
<input checked="" type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.				
<input type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from the Credit Limit Worksheet A	13		
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	14		0.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 07/23/23 TTW

Schedule 8812 (Form 1040) 2022

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27		<input type="checkbox"/>
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a	
b	Number of qualifying children under 17 with the required social security number: _____ x \$1,500. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,500 or more? <input type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20	

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions.	21	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26	

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	0 .
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Qualified Business Income Deduction

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995A for instructions and the latest information.

Name(s) shown on return

THEODORE R HAUGLAND

Your taxpayer identification number

██████████-7926

Note: You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is above \$170,050 (\$340,100 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
B		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
C		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	2		
3 Multiply line 2 by 20% (0.20). If your taxable income is \$170,050 or less (\$340,100 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3		
4 Allocable share of W-2 wages from the trade, business, or aggregation	4		
5 Multiply line 4 by 50% (0.50)	5		
6 Multiply line 4 by 25% (0.25)	6		
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7		
8 Multiply line 7 by 2.5% (0.025)	8		
9 Add lines 6 and 8	9		
10 Enter the greater of line 5 or line 9	10		
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11		
12 Phased-in reduction. Enter the amount from line 26, if any	12		
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13		
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14		
15 Qualified business income component. Subtract line 14 from line 13	15		
16 Total qualified business income component. Add all amounts reported on line 15	16		

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

REV 07/23/23 TTW

Form **8995-A** (2022)

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$170,050 but not \$220,050 (\$340,100 and \$440,100 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

		A	B	C
17	Enter the amounts from line 3	17		
18	Enter the amounts from line 10	18		
19	Subtract line 18 from line 17	19		
20	Taxable income before qualified business income deduction	20		
21	Threshold. Enter \$170,050 (\$340,100 if married filing jointly)	21		
22	Subtract line 21 from line 20	22		
23	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	23		
24	Phase-in percentage. Divide line 22 by line 23	24	%	
25	Total phase-in reduction. Multiply line 19 by line 24	25		
26	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business	26		

Part IV Determine Your Qualified Business Income Deduction

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27		
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28		
29	Qualified REIT dividends and PTP (loss) carryforward from prior years	29	()	
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30		
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32		
33	Taxable income before qualified business income deduction	33		
34	Net capital gain. See instructions	34		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		
36	Income limitation. Multiply line 35 by 20% (0.20)	36		
37	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36	37		
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37	38		
39	Total qualified business income deduction. Add lines 37 and 38	39		
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	()	

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.
 Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
 Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return

THEODORE R HAUGLAND

Your social security number

██████████-7926

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	1,700,923.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	1,700,923.		
5	Enter the following amount for your filing status:				
	Married filing jointly \$250,000				
	Married filing separately \$125,000				
	Single, Head of household, or Qualifying surviving spouse \$200,000	5	200,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		1,500,923.	
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7			13,508.

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	8			
9	Enter the following amount for your filing status:				
	Married filing jointly \$250,000				
	Married filing separately \$125,000				
	Single, Head of household, or Qualifying surviving spouse \$200,000	9			
10	Enter the amount from line 4	10			
11	Subtract line 10 from line 9. If zero or less, enter -0-	11			
12	Subtract line 11 from line 8. If zero or less, enter -0-	12			
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13			

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14			
15	Enter the following amount for your filing status:				
	Married filing jointly \$250,000				
	Married filing separately \$125,000				
	Single, Head of household, or Qualifying surviving spouse \$200,000	15			
16	Subtract line 15 from line 14. If zero or less, enter -0-	16			
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17			

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V	18		13,508.	
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Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	24,664.		
20	Enter the amount from line 1	20	1,700,923.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	24,663.		
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		1.	
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23			
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions)	24		1.	

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 07/23/23 TTW

Form **8959** (2022)

Net Investment Income Tax— Individuals, Estates, and Trusts

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

THEODORE R HAUGLAND

Your social security number or EIN

██████████-7926

- Part I Investment Income** Section 6013(g) election (see instructions)
 Section 6013(h) election (see instructions)
 Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	
2	Ordinary dividends (see instructions)		2	
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a -345,257.		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b 345,257.		
c	Combine lines 4a and 4b		4c	0.
5a	Net gain or loss from disposition of property (see instructions)	5a		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c		5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	0.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a		
b	State, local, and foreign income tax (see instructions)	9b		
c	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c		9d	
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-		12	0.
Individuals:				
13	Modified adjusted gross income (see instructions)	13 1,507,738.		
14	Threshold based on filing status (see instructions)	14 200,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15 1,307,738.		
16	Enter the smaller of line 12 or line 15		16	0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		17	0.
Estates and Trusts:				
18a	Net investment income (line 12 above)	18a		
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b		
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c		
19a	Adjusted gross income (see instructions)	19a		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
20	Enter the smaller of line 18c or line 19c		20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		21	

Noncash Charitable Contributions

Attach one or more Forms 8283 to your tax return if you claimed a total deduction of over \$500 for all contributed property.

Go to www.irs.gov/Form8283 for instructions and the latest information.

OMB No. 1545-0074

Attachment
Sequence No. **155**

Name(s) shown on your income tax return
THEODORE R HAUGLAND

Identifying number
[REDACTED] - 7926

Note: Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities—List in this section **only** an item (or a group of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities and certain other property even if the deduction is more than \$5,000. See instructions.

Part I Information on Donated Property—If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description and condition of donated property (For a vehicle, enter the year, make, model, and mileage. For securities and other property, see instructions.)
A	From K-1: IPO INCORPORATED	<input type="checkbox"/>	
B	From K-1: CHIP CORPORATION	<input type="checkbox"/>	
C	From K-1: LITIGATION CO	<input type="checkbox"/>	
D	From K-1: MOD INCORPORATED	<input type="checkbox"/>	
E	From K-1: OPS INCORPORATED	<input type="checkbox"/>	

Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	From Schedule K-1 Form 1120-S	From Schedule K-1 Form 1120-S	From Schedule K-1 Form 1120-S		1,000.	
B	From Schedule K-1 Form 1120-S	From Schedule K-1 Form 1120-S	From Schedule K-1 Form 1120-S		1,061.	
C	From Schedule K-1 Form 1120-S	From Schedule K-1 Form 1120-S	From Schedule K-1 Form 1120-S		1,000.	
D	From Schedule K-1 Form 1120-S	From Schedule K-1 Form 1120-S	From Schedule K-1 Form 1120-S		1,100.	
E	From Schedule K-1 Form 1120-S	From Schedule K-1 Form 1120-S	From Schedule K-1 Form 1120-S		1,250.	

Section B. Donated Property Over \$5,000 (Except Publicly Traded Securities, Vehicles, Intellectual Property or Inventory Reportable in Section A)—Complete this section for one item (or a group of similar items) for which you claimed a deduction of more than \$5,000 per item or group (except contributions reportable in Section A). Provide a separate form for each item donated unless it is part of a group of similar items. A qualified appraisal is generally required for items reportable in Section B. See instructions.

Part I Information on Donated Property

2 Check the box that describes the type of property donated.

- | | | |
|---|---|--|
| a <input type="checkbox"/> Art* (contribution of \$20,000 or more) | e <input type="checkbox"/> Other Real Estate | i <input type="checkbox"/> Vehicles |
| b <input type="checkbox"/> Qualified Conservation Contribution | f <input type="checkbox"/> Securities | j <input type="checkbox"/> Clothing and household items |
| c <input type="checkbox"/> Equipment | g <input type="checkbox"/> Collectibles** | k <input type="checkbox"/> Other |
| d <input type="checkbox"/> Art* (contribution of less than \$20,000) | h <input type="checkbox"/> Intellectual Property | |

* Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, antiques, decorative arts, textiles, carpets, silver, rare manuscripts, historical memorabilia, and other similar objects.

** Collectibles include coins, stamps, books, gems, jewelry, sports memorabilia, dolls, etc., but not art as defined above.

Note: In certain cases, you must attach a qualified appraisal of the property. See instructions.

3	(a) Description of donated property (if you need more space, attach a separate statement)	(b) If any tangible personal property or real property was donated, give a brief summary of the overall physical condition of the property at the time of the gift.	(c) Appraised fair market value
A			
B			
C			

	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, enter amount received	(h) Amount claimed as a deduction (see instructions)	(i) Date of contribution (see instructions)
A						
B						
C						

Name(s) shown on your income tax return THEODORE R HAUGLAND Identifying number [redacted]-7926

Part II Partial Interests and Restricted Use Property (Other Than Qualified Conservation Contributions) - Complete lines 4a through 4e if you gave less than an entire interest in a property listed in Section B, Part I. Complete lines 5a through 5c if conditions were placed on a contribution listed in Section B, Part I; also attach the required statement. See instructions.

- 4a Enter the letter from Section B, Part I that identifies the property for which you gave less than an entire interest
b Total amount claimed as a deduction for the property listed in Section B, Part I: (1) For this tax year (2) For any prior tax years
c Name and address of each organization to which any such contribution was made in a prior year
d For tangible property, enter the place where the property is located or kept
e Name of any person, other than the donee organization, having actual possession of the property

Name of charitable organization (donee)
Address (number, street, and room or suite no.) City or town, state, and ZIP code

- 5a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?
b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?
c Is there a restriction limiting the donated property for a particular use?

Table with 2 columns: Yes, No. Rows corresponding to questions 5a, 5b, and 5c.

Part III Taxpayer (Donor) Statement - List each item included in Section B, Part I above that the appraisal identifies as having a value of \$500 or less. See instructions.

I declare that the following item(s) included in Section B, Part I above has to the best of my knowledge and belief an appraised value of not more than \$500 (per item). Enter identifying letter from Section B, Part I and describe the specific item. See instructions.

Signature of taxpayer (donor) Date

Part IV Declaration of Appraiser

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foregoing persons, or married to any person who is related to any of the foregoing persons. And, if regularly used by the donor, donee, or party to the transaction, I performed the majority of my appraisals during my tax year for other persons.

Also, I declare that I perform appraisals on a regular basis; and that because of my qualifications as described in the appraisal, I am qualified to make appraisals of the type of property being valued. I certify that the appraisal fees were not based on a percentage of the appraised property value. Furthermore, I understand that a false or fraudulent overstatement of the property value as described in the qualified appraisal or this Form 8283 may subject me to the penalty under section 6701(a) (aiding and abetting the understatement of tax liability). I understand that my appraisal will be used in connection with a return or claim for refund. I also understand that, if there is a substantial or gross valuation misstatement of the value of the property claimed on the return or claim for refund that is based on my appraisal, I may be subject to a penalty under section 6695A of the Internal Revenue Code, as well as other applicable penalties. I affirm that I have not been at any time in the three-year period ending on the date of the appraisal barred from presenting evidence or testimony before the Department of the Treasury or the Internal Revenue Service pursuant to 31 U.S.C. 330(c).

Sign Here Appraiser signature Date
Appraiser name Title

Business address (including room or suite no.) Identifying number

City or town, state, and ZIP code

Part V Donee Acknowledgment

This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on the following date

Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or any portion thereof) within 3 years after the date of receipt, it will file Form 8282, Donee Information Return, with the IRS and give the donor a copy of that form. This acknowledgment does not represent agreement with the claimed fair market value.

Does the organization intend to use the property for an unrelated use? Yes No

Name of charitable organization (donee) Employer identification number
Address (number, street, and room or suite no.) City or town, state, and ZIP code
Authorized signature Title Date

Noncash Charitable Contributions

Attach one or more Forms 8283 to your tax return if you claimed a total deduction of over \$500 for all contributed property.

Go to www.irs.gov/Form8283 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. **155**

Name(s) shown on your income tax return
THEODORE R HAUGLAND

Identifying number
[REDACTED] - 7926

Note: Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities—List in this section **only** an item (or a group of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities and certain other property even if the deduction is more than \$5,000. See instructions.

Part I Information on Donated Property—If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description and condition of donated property (For a vehicle, enter the year, make, model, and mileage. For securities and other property, see instructions.)
A	From K-1: ETHICAL TOWING ORGANIZATION	<input type="checkbox"/>	
B	From K-1: FARMEDICINE INC	<input type="checkbox"/>	
C	From K-1: HAWAII LIMOUSINE INC	<input type="checkbox"/>	
D	From K-1: INVESTMENTENTERPRISES INC	<input type="checkbox"/>	
E	From K-1: RF INCORPORATED	<input type="checkbox"/>	

Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	From Schedule K-1 Form 1120-S	From Schedule K-1 Form 1120-S	From Schedule K-1 Form 1120-S		418.	
B	From Schedule K-1 Form 1120-S	From Schedule K-1 Form 1120-S	From Schedule K-1 Form 1120-S		909.	
C	From Schedule K-1 Form 1120-S	From Schedule K-1 Form 1120-S	From Schedule K-1 Form 1120-S		1,350.	
D	From Schedule K-1 Form 1120-S	From Schedule K-1 Form 1120-S	From Schedule K-1 Form 1120-S		350.	
E	From Schedule K-1 Form 1120-S	From Schedule K-1 Form 1120-S	From Schedule K-1 Form 1120-S		43.	

Section B. Donated Property Over \$5,000 (Except Publicly Traded Securities, Vehicles, Intellectual Property or Inventory Reportable in Section A)—Complete this section for one item (or a group of similar items) for which you claimed a deduction of more than \$5,000 per item or group (except contributions reportable in Section A). Provide a separate form for each item donated unless it is part of a group of similar items. A qualified appraisal is generally required for items reportable in Section B. See instructions.

Part I Information on Donated Property

2 Check the box that describes the type of property donated.

- | | | |
|---|---|--|
| a <input type="checkbox"/> Art* (contribution of \$20,000 or more) | e <input type="checkbox"/> Other Real Estate | i <input type="checkbox"/> Vehicles |
| b <input type="checkbox"/> Qualified Conservation Contribution | f <input type="checkbox"/> Securities | j <input type="checkbox"/> Clothing and household items |
| c <input type="checkbox"/> Equipment | g <input type="checkbox"/> Collectibles** | k <input type="checkbox"/> Other |
| d <input type="checkbox"/> Art* (contribution of less than \$20,000) | h <input type="checkbox"/> Intellectual Property | |

* Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, antiques, decorative arts, textiles, carpets, silver, rare manuscripts, historical memorabilia, and other similar objects.

** Collectibles include coins, stamps, books, gems, jewelry, sports memorabilia, dolls, etc., but not art as defined above.

Note: In certain cases, you must attach a qualified appraisal of the property. See instructions.

3	(a) Description of donated property (if you need more space, attach a separate statement)	(b) If any tangible personal property or real property was donated, give a brief summary of the overall physical condition of the property at the time of the gift.	(c) Appraised fair market value
A			
B			
C			

	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, enter amount received	(h) Amount claimed as a deduction (see instructions)	(i) Date of contribution (see instructions)
A						
B						
C						

Name(s) shown on your income tax return

THEODORE R HAUGLAND

Identifying number

██████████-7926

Part II Partial Interests and Restricted Use Property (Other Than Qualified Conservation Contributions)–

Complete lines 4a through 4e if you gave less than an entire interest in a property listed in Section B, Part I. Complete lines 5a through 5c if conditions were placed on a contribution listed in Section B, Part I; also attach the required statement. See instructions.

4a Enter the letter from Section B, Part I that identifies the property for which you gave less than an entire interest _____
If Section B, Part II applies to more than one property, attach a separate statement.

b Total amount claimed as a deduction for the property listed in Section B, Part I: **(1)** For this tax year _____
(2) For any prior tax years _____

c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization in Section B, Part V, below):
Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

d For tangible property, enter the place where the property is located or kept _____

e Name of any person, other than the donee organization, having actual possession of the property _____

5a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?

b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?

c Is there a restriction limiting the donated property for a particular use?

Yes	No

Part III Taxpayer (Donor) Statement—List each item included in Section B, Part I above that the appraisal identifies as having a value of \$500 or less. See instructions.

I declare that the following item(s) included in Section B, Part I above has to the best of my knowledge and belief an appraised value of not more than \$500 (per item). Enter identifying letter from Section B, Part I and describe the specific item. See instructions.

Signature of taxpayer (donor)

Date

Part IV Declaration of Appraiser

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foregoing persons, or married to any person who is related to any of the foregoing persons. And, if regularly used by the donor, donee, or party to the transaction, I performed the majority of my appraisals during my tax year for other persons.

Also, I declare that I perform appraisals on a regular basis; and that because of my qualifications as described in the appraisal, I am qualified to make appraisals of the type of property being valued. I certify that the appraisal fees were not based on a percentage of the appraised property value. Furthermore, I understand that a false or fraudulent overstatement of the property value as described in the qualified appraisal or this Form 8283 may subject me to the penalty under section 6701(a) (aiding and abetting the understatement of tax liability). I understand that my appraisal will be used in connection with a return or claim for refund. I also understand that, if there is a substantial or gross valuation misstatement of the value of the property claimed on the return or claim for refund that is based on my appraisal, I may be subject to a penalty under section 6695A of the Internal Revenue Code, as well as other applicable penalties. I affirm that I have not been at any time in the three-year period ending on the date of the appraisal barred from presenting evidence or testimony before the Department of the Treasury or the Internal Revenue Service pursuant to 31 U.S.C. 330(c).

Appraiser signature

Date

Appraiser name

Title

Business address (including room or suite no.)

Identifying number

City or town, state, and ZIP code

Part V Donee Acknowledgment

This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on the following date _____

Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or any portion thereof) within 3 years after the date of receipt, it will file **Form 8282**, Donee Information Return, with the IRS and give the donor a copy of that form. This acknowledgment does not represent agreement with the claimed fair market value.

Does the organization intend to use the property for an unrelated use? Yes No

Name of charitable organization (donee)

Employer identification number

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

Authorized signature

Title

Date

Noncash Charitable Contributions

Attach one or more Forms 8283 to your tax return if you claimed a total deduction of over \$500 for all contributed property.

Go to www.irs.gov/Form8283 for instructions and the latest information.

OMB No. 1545-0074

Attachment
Sequence No. **155**

Name(s) shown on your income tax return
THEODORE R HAUGLAND

Identifying number
[REDACTED] - 7926

Note: Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities—List in this section **only** an item (or a group of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities and certain other property even if the deduction is more than \$5,000. See instructions.

Part I Information on Donated Property—If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description and condition of donated property (For a vehicle, enter the year, make, model, and mileage. For securities and other property, see instructions.)
A	From K-1: TAXI CABBY CO	<input type="checkbox"/>	
B	From K-1: UPSCALE OUTFITTERS CO	<input type="checkbox"/>	
C		<input type="checkbox"/>	
D		<input type="checkbox"/>	
E		<input type="checkbox"/>	

Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	From Schedule K-1 Form 1120-S	From Schedule K-1 Form 1120-S	From Schedule K-1 Form 1120-S		1,000.	
B	From Schedule K-1 Form 1120-S	From Schedule K-1 Form 1120-S	From Schedule K-1 Form 1120-S		500.	
C						
D						
E						

Section B. Donated Property Over \$5,000 (Except Publicly Traded Securities, Vehicles, Intellectual Property or Inventory Reportable in Section A)—Complete this section for one item (or a group of similar items) for which you claimed a deduction of more than \$5,000 per item or group (except contributions reportable in Section A). Provide a separate form for each item donated unless it is part of a group of similar items. A qualified appraisal is generally required for items reportable in Section B. See instructions.

Part I Information on Donated Property

2 Check the box that describes the type of property donated.

- | | | |
|---|---|--|
| a <input type="checkbox"/> Art* (contribution of \$20,000 or more) | e <input type="checkbox"/> Other Real Estate | i <input type="checkbox"/> Vehicles |
| b <input type="checkbox"/> Qualified Conservation Contribution | f <input type="checkbox"/> Securities | j <input type="checkbox"/> Clothing and household items |
| c <input type="checkbox"/> Equipment | g <input type="checkbox"/> Collectibles** | k <input type="checkbox"/> Other |
| d <input type="checkbox"/> Art* (contribution of less than \$20,000) | h <input type="checkbox"/> Intellectual Property | |

* Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, antiques, decorative arts, textiles, carpets, silver, rare manuscripts, historical memorabilia, and other similar objects.

** Collectibles include coins, stamps, books, gems, jewelry, sports memorabilia, dolls, etc., but not art as defined above.

Note: In certain cases, you must attach a qualified appraisal of the property. See instructions.

	(a) Description of donated property (if you need more space, attach a separate statement)	(b) If any tangible personal property or real property was donated, give a brief summary of the overall physical condition of the property at the time of the gift.	(c) Appraised fair market value
A			
B			
C			

	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, enter amount received	(h) Amount claimed as a deduction (see instructions)	(i) Date of contribution (see instructions)
A						
B						
C						

Name(s) shown on your income tax return

THEODORE R HAUGLAND

Identifying number

██████████ - 7926

Part II Partial Interests and Restricted Use Property (Other Than Qualified Conservation Contributions)–

Complete lines 4a through 4e if you gave less than an entire interest in a property listed in Section B, Part I. Complete lines 5a through 5c if conditions were placed on a contribution listed in Section B, Part I; also attach the required statement. See instructions.

4a Enter the letter from Section B, Part I that identifies the property for which you gave less than an entire interest _____
If Section B, Part II applies to more than one property, attach a separate statement.

b Total amount claimed as a deduction for the property listed in Section B, Part I: **(1)** For this tax year _____
(2) For any prior tax years _____

c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization in Section B, Part V, below):
Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

d For tangible property, enter the place where the property is located or kept _____

e Name of any person, other than the donee organization, having actual possession of the property _____

5a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?

Yes	No

b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?

c Is there a restriction limiting the donated property for a particular use?

Part III Taxpayer (Donor) Statement—List each item included in Section B, Part I above that the appraisal identifies as having a value of \$500 or less. See instructions.

I declare that the following item(s) included in Section B, Part I above has to the best of my knowledge and belief an appraised value of not more than \$500 (per item). Enter identifying letter from Section B, Part I and describe the specific item. See instructions.

Signature of taxpayer (donor)

Date

Part IV Declaration of Appraiser

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foregoing persons, or married to any person who is related to any of the foregoing persons. And, if regularly used by the donor, donee, or party to the transaction, I performed the majority of my appraisals during my tax year for other persons.

Also, I declare that I perform appraisals on a regular basis; and that because of my qualifications as described in the appraisal, I am qualified to make appraisals of the type of property being valued. I certify that the appraisal fees were not based on a percentage of the appraised property value. Furthermore, I understand that a false or fraudulent overstatement of the property value as described in the qualified appraisal or this Form 8283 may subject me to the penalty under section 6701(a) (aiding and abetting the understatement of tax liability). I understand that my appraisal will be used in connection with a return or claim for refund. I also understand that, if there is a substantial or gross valuation misstatement of the value of the property claimed on the return or claim for refund that is based on my appraisal, I may be subject to a penalty under section 6695A of the Internal Revenue Code, as well as other applicable penalties. I affirm that I have not been at any time in the three-year period ending on the date of the appraisal barred from presenting evidence or testimony before the Department of the Treasury or the Internal Revenue Service pursuant to 31 U.S.C. 330(c).

Appraiser signature

Date

Appraiser name

Title

Business address (including room or suite no.)

Identifying number

City or town, state, and ZIP code

Part V Donee Acknowledgment

This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on the following date _____

Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or any portion thereof) within 3 years after the date of receipt, it will file **Form 8282**, Donee Information Return, with the IRS and give the donor a copy of that form. This acknowledgment does not represent agreement with the claimed fair market value.

Does the organization intend to use the property for an unrelated use? Yes No

Name of charitable organization (donee)

Employer identification number

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

Authorized signature

Title

Date

Passive Activity Loss Limitations

See separate instructions.
 Attach to Form 1040, 1040-SR, or 1041.
 Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return: **THEODORE R HAUGLAND**
 Identifying number: **[REDACTED]-7926**

Part I 2022 Passive Activity Loss
Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Part IV, column (a))	1a		
b Activities with net loss (enter the amount from Part IV, column (b))	1b	()	
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()	
d Combine lines 1a, 1b, and 1c			1d

All Other Passive Activities

2a Activities with net income (enter the amount from Part V, column (a))	2a	0.	
b Activities with net loss (enter the amount from Part V, column (b))	2b	(-78,399.)	
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()	
d Combine lines 2a, 2b, and 2c			2d -78,399.
3 Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used			3 -78,399.

If line 3 is a loss and: • Line 1d is a loss, go to Part II.
 • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation
Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4	
5 Enter \$150,000. If married filing separately, see instructions	5	
6 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	6	
7 Subtract line 6 from line 5	7	
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	
9 Enter the smaller of line 4 or line 8	9	0.

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10	0.
11 Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	0.

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 1a, 1b, and 1c					

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
ETHICAL TOWING ORGANIZATION	0.	15,212.			15,212.
HAWAII SIGHT SEE CO	0.	9,859.			9,859.
HAWAIIAN FERRY INC	0.	10,889.			10,889.
SCUBA DIVING HAWAII CO	0.	16,793.			16,793.
See Part V	0.	25,646.			
Total. Enter on Part I, lines 2a, 2b, and 2c	0.	78,399.			

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
Total			1.00		

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
ETHICAL TOWING ORGANIZATION	E Ln 28G	15,212.	0.19403309	15,212.
HAWAII SIGHT SEE CO	E Ln 28J	9,859.	0.12575416	9,859.
HAWAIIAN FERRY INC	E Ln 28K	10,889.	0.13889208	10,889.
SCUBA DIVING HAWAII CO	E Ln 28P	16,793.	0.21419916	16,793.
See Part VII		25,646.		25,646.
Total		78,399.	1.00	78,399.

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
ETHICAL TOWING ORGANIZATION	E Ln 28G	15,212.	15,212.	0.
HAWAII SIGHT SEE CO	E Ln 28J	9,859.	9,859.	0.
HAWAIIAN FERRY INC	E Ln 28K	10,889.	10,889.	0.
SCUBA DIVING HAWAII CO	E Ln 28P	16,793.	16,793.	0.
See Part VIII		25,646.	25,646.	0.
Total		78,399.	78,399.	0.

Additional Information From 2022 Federal Tax Return

Schedule E: Supplemental Income and Loss

Line 28: Income or Loss from Partnership and S corporations

Continuation Statement

L 2 7 T	Name	Cod e	For eig n	EIN	Bas is Com p	Not At Ris k	Passive Loss Allowed Amt	Passive Income Amt	Nonpassiv e Loss Amt	Sec 179 Expense Dedn Amt	Nonpassiv e Income Amt
D	MOD INCORPORATE D	S		██████████0274	true				43,789.		
E	OPS INCORPORATE D	S		██████████8734							14,630.
F	AUTOOPTIMIZA TION INC	S		██████████1026							18,768.
G	ETHICAL TOWING ORGANIZATIO N	S		██████████6771	true		0.				
H	FARMEDICINE INC	S		██████████8109	true				78,591.		
I	HAWAII LIMOUSINE INC	S		██████████3513	true				33,207.		
J	HAWAII SIGHT SEE CO	S		██████████9538	true		0.				
K	HAWAIIAN FERRY INC	S		██████████3877	true		0.				
L	INVESTMENTE RPRISES INC	S		██████████3324							27,550.
M	MOTORCYCLE RENT HAWAII INC	S		██████████7844	true				41,328.		
N	POM INCORPORATE D	S		██████████4655							7,890.
O	RF INCORPORATE D	S		██████████6845	true				12,880.		
P	SCUBA DIVING HAWAII CO	S		██████████3832	true		0.				
Q	TAXI CABBY CO	S		██████████3275	true				31,199.		
R	TAXICAB EQUIPMENT INC	S		██████████4022					19,359.		
S	YACHT INCORPORATE D	S		██████████5404			0.				

Schedule E: Supplemental Income and Loss

Line 28: Income or Loss from Partnership and S corporations

Continuation Statement

L 2 7 T	Name	Code	Foreign	EIN	Basic Comp	Not At Risk	Passive Loss Allowed Amt	Passive Income Amt	Nonpassive Loss Amt	Sec 179 Expense Dedn Amt	Nonpassive Income Amt
T	UPSCALE OUTFITTERS CO	S		██████████8494			0.				
U	OAHU FARMS CO	S		██████████7449					73,233.		
Total							0.		333,586.		68,838.

Form 8582: Passive Activity Loss Limitations (Copy 1)

Part V - Calculation for Lines 2(a, b, c)

Continuation Statement

Activity Name	Current Year Net Inc	Current Year Net Loss	Prior Year Unallowed Loss	Overall Gain	Overall Loss
YACHT INCORPORATED	0.	14,386.			14,386.
UPSCALE OUTFITTERS CO	0.	11,260.			11,260.
Total	0.	25,646.			

Form 8582: Passive Activity Loss Limitations (Copy 1)

Part VII - Allocation of Unallowed Losses

Continuation Statement

Activity Name	Form or Sch and Line No.	Loss	Ratio	Unallowed Loss
YACHT INCORPORATED	E Ln 28S	14,386.	0.18349724	14,386.
UPSCALE OUTFITTERS CO	E Ln 28T	11,260.	0.14362428	11,260.
Total		25,646.		25,646.

Form 8582: Passive Activity Loss Limitations (Copy 1)

Part VIII - Allowed Losses

Continuation Statement

Activity Name	Form or Sch and Line No.	Loss	Unallowed Loss	Allowed Loss
YACHT INCORPORATED	E Ln 28S	14,386.	14,386.	0.
UPSCALE OUTFITTERS CO	E Ln 28T	11,260.	11,260.	0.
Total		25,646.	25,646.	0.



Department of Commerce, Community, and Economic Development CORPORATIONS, BUSINESS & PROFESSIONAL LICENSING

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SEARCH CORPORATE OFFICIALS

Entity Number: Current Only

Official's Last or Entity Name: Starts With Contains

First Name: Starts With Contains

Search

Reset

Entity Type	Entity #	Entity Name	Name	Title	Formation Date	Dissolution Date
Corporation	10130275	Git Incorporated	Haugland, Theodore	Vice President	04/21/2020	07/18/2022
Corporation	10130869	Git Wireless Inc	Haugland, Theodore	Director	04/29/2020	07/18/2022
Corporation	10130892	Eavestream Inc	Haugland, Theodore	Shareholder	04/29/2020	07/18/2022
Corporation	10130914	Farmedicine Inc	Haugland, Theodore	Shareholder	04/29/2020	07/18/2022
Corporation	10130924	Recorded Inc	Haugland, Theodore	Shareholder	04/29/2020	07/18/2022
Corporation	10130938	5G Embedded Inc	Haugland, Theodore	Shareholder	04/29/2020	07/18/2022
Corporation	10130943	Implantenna Inc	Haugland, Theodore	Shareholder	04/29/2020	07/18/2022
Corporation	10130947	Deplos Inc	Haugland, Theodore	Director	04/29/2020	07/18/2022
Corporation	10130952	Eyembed Inc	Haugland, Theodore	Shareholder	04/29/2020	07/18/2022
Corporation	10130955	Iotele Inc	Haugland, Theodore	Shareholder	04/29/2020	07/18/2022
Corporation	10130956	Invadeo Inc	Haugland, Theodore	Alien Affiliate	04/29/2020	07/18/2022
Corporation	10131924	Dapt Inc	Haugland, Theodore	Director	05/09/2020	07/18/2022
Corporation	10130965	Wearspy Inc	Haugland, Theodore	Shareholder	04/29/2020	07/18/2022
Corporation	10133061	Medic Alaska Co	Haugland, Theodore	Shareholder	05/20/2020	02/16/2023
Corporation	10133500	Limous Inc	Haugland, Theodore	Director	05/23/2020	07/18/2022
Corporation	10133504	Taxi Cabby Co	Haugland, Theodore	Director	05/24/2020	09/12/2022
Corporation	10134040	Un Limited	Haugland, Theodore	President	05/31/2020	07/18/2022
Corporation	10134235	Taximod Inc	Haugland, Theodore	Incorporator	06/02/2020	09/12/2022
Corporation	10134240	Hawaii Limousine Inc	Haugland, Theodore	Vice President	06/03/2020	09/12/2022
Corporation	10134250	IP Corporation	Haugland, Theodore	Shareholder	06/03/2020	02/16/2023



Department of Commerce, Community, and Economic Development CORPORATIONS, BUSINESS & PROFESSIONAL LICENSING

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SEARCH CORPORATE OFFICIALS

Entity Number: Current Only

Official's Last or Entity Name: Starts With Contains

First Name: Starts With Contains

Search

Reset

Entity Type	Entity #	Entity Name	Name	Title	Formation Date	Dissolution Date
Corporation	10138671	Surfboard Rent Inc	Haugland, Theodore	President	07/28/2020	07/18/2022
Corporation	10139422	Amenity Suites Inc	Haugland, Theodore	President	08/05/2020	07/18/2022
Nonprofit	10164340	Equal Energy Org	Haugland, Theodore	Director	05/25/2021	02/16/2023
Corporation	10162709	US, Inc	Haugland, Theodore	Director	05/05/2021	07/20/2023
Corporation	10164341	Surveillance Found	Haugland, Theodore	Director	05/25/2021	02/16/2023
Corporation	10192537	IRS, Inc	Haugland, Theodore	Director	04/07/2022	06/18/2024
Corporation	10164883	Equality Corporation	Haugland, Theodore	Director	05/28/2021	02/16/2023
Corporation	10179118	Vaccine Organization	Haugland, Theodore	Incorporator	11/13/2021	08/24/2023
Corporation	10192562	Compliance Inc	Haugland, Theodore	Treasurer	04/08/2022	02/29/2024
Corporation	10192567	Haugland Org	Haugland, Theodore	Director	04/08/2022	02/29/2024
Corporation	10192599	License, Inc	Haugland, Theodore	Incorporator	04/08/2022	02/29/2024
Corporation	10192584	Business Inc	Haugland, Theodore	Incorporator	04/08/2022	02/29/2024
Corporation	10193860	Limousine Inc	Haugland, Theodore	Incorporator	04/21/2022	12/01/2023
Corporation	10192641	PreFab Inc	Haugland, Theodore	Alien Affiliate	04/08/2022	06/18/2024
Corporation	10206334	Hawaii Foundation	Haugland, Theodore	Incorporator	09/02/2022	02/29/2024
Corporation	10195869	Oahu Farms Co	Haugland, Theodore	Incorporator	05/15/2022	08/05/2024
Corporation	10212549	Holding Co	Haugland, Theodore	Incorporator	11/02/2022	06/18/2024
Corporation	10206333	Christian Charities Co	Haugland, Theodore	Incorporator	09/02/2022	02/29/2024



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10130275
Date Filed: 04/21/2020
State of Alaska, DCCED

FOR DIVISION USE ONLY

Articles of Incorporation

Domestic Business Corporation

Web-4/21/2020 6:04:06 PM

1 - Entity Name

Legal Name: Git Incorporated

2 - Purpose

The purpose of Git Incorporated is to profit using any lawful means necessary.

3 - NAICS Code

454111 - ELECTRONIC SHOPPING

4 - Registered Agent

Name: Theodore Haugland

Mailing Address: 310 K ST STE 290 #29219, ANCHORAGE, AK 99501-2037

Physical Address: 310 K ST STE 290 #29219, ANCHORAGE, AK 99501-2037

5 - Entity Addresses

Mailing Address: 99 WALL ST 4000, NEW YORK, NY 10005-4301

Physical Address: 99 WALL ST 4000, NEW YORK, NY 10005-4301

6 - Shares

Complete the below stock information on record with the Department.

Class	Series	Authorized	Par Value	Amount Issued
Preferred	A	250000000	1.00	
Preferred	B	250000000	1.00	
Common	A	250000000	1.00	
Common	B	250000000	1.00	

7 - Officials

Name	Address	% Owned	Titles
Philip Glade			Incorporator

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: Philip

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

Git Incorporated



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **April 21, 2020**.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner



THE STATE
of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10130869
Date Filed: 04/28/2020
State of Alaska, DCCED

FOR DIVISION USE ONLY

Articles of Incorporation

Domestic Business Corporation

Web-4/28/2020 5:32:22 PM

1 - Entity Name

Legal Name: Git Wireless Inc

2 - Purpose

The purpose of Git Wireless Inc is to profit using any lawful means necessary

3 - NAICS Code

517911 - TELECOMMUNICATIONS RESELLERS

4 - Registered Agent

Name: Theodore Haugland

Mailing Address: 310 K ST, ANCHORAGE, AK 99501-2037

Physical Address: 310 K ST, ANCHORAGE, AK 99501-2037

5 - Entity Addresses

Mailing Address: 99 WALL ST, NEW YORK, NY 10005-4301

Physical Address: 99 WALL ST, NEW YORK, NY 10005-4301

6 - Shares

Complete the below stock information on record with the Department.

Class	Series	Authorized	Par Value	Amount Issued
Preferred	A	2500000	0.01	
Preferred	B	2500000	0.01	
Common	A	2500000	0.01	
Common	B	2500000	0.01	

7 - Officials

Name	Address	% Owned	Titles
Mustafa Abdalhasan			Incorporator

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: Mustafa Abdalhassan

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

Git Wireless Inc



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **April 28, 2020**.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner



THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10130892
Date Filed: 04/29/2020
State of Alaska, DCCED

FOR DIVISION USE ONLY

Web-4/29/2020 12:59:04 AM

Articles of Incorporation
Domestic Business Corporation

1 - Entity Name

Legal Name: Eavestream Inc

2 - Purpose

The purpose of Eavestream Inc is to return a profit to its shareholders using any lawful means necessary.

3 - NAICS Code

443130 - CAMERA AND PHOTOGRAPHIC SUPPLIES STORES

4 - Registered Agent

Name: THEODORE HAUGLAND

Mailing Address: 310 K ST, ANCHORAGE, AK 99501-2041

Physical Address: 310 K ST, ANCHORAGE, AK 99501-2041

5 - Entity Addresses

Mailing Address: 1900 GRANT AVE, PHILADELPHIA, PA 19115-4370

Physical Address: 1900 GRANT AVE, PHILADELPHIA, PA 19115-4370

6 - Shares

Complete the below stock information on record with the Department.

Table with 5 columns: Class, Series, Authorized, Par Value, Amount Issued. Rows include Preferred A, Preferred B, Common A, and Common B.

7 - Officials

Table with 4 columns: Name, Address, % Owned, Titles. Row includes CHRISTI HOAGLAND as Incorporator.

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: CHRISTI HOAGLAND

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

Eavestream Inc



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **April 29, 2020**.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner



THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10130914
Date Filed: 04/29/2020
State of Alaska, DCCED

FOR DIVISION USE ONLY

Articles of Incorporation
Domestic Business Corporation

Web-4/29/2020 7:46:57 AM

1 - Entity Name

Legal Name: Farmedicine Inc

2 - Purpose

The purpose of Farmedicine Inc is to return a profit to shareholders using any lawful means necessary.

3 - NAICS Code

444220 - NURSERY, GARDEN CENTER, AND FARM SUPPLY STORES

4 - Registered Agent

Name: Theodore Haugland

Mailing Address: 310 K ST, ANCHORAGE, AK 99501-2037

Physical Address: 310 K ST, ANCHORAGE, AK 99501-2037

5 - Entity Addresses

Mailing Address: 99 WALL ST, NEW YORK, NY 10005-4301

Physical Address: 99 WALL ST, NEW YORK, NY 10005-4301

6 - Shares

Complete the below stock information on record with the Department.

Table with 5 columns: Class, Series, Authorized, Par Value, Amount Issued. Rows include Preferred A, Preferred B, Common A, and Common B.

7 - Officials

Table with 4 columns: Name, Address, % Owned, Titles. Row for Theodore Haugland, Incoporator.

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: Theodore Haugland

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

Farmedicine Inc



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **April 29, 2020**.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner



THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10130924
Date Filed: 04/29/2020
State of Alaska, DCCED

FOR DIVISION USE ONLY

Web-4/29/2020 8:23:07 AM

Articles of Incorporation
Domestic Business Corporation

1 - Entity Name

Legal Name: Recorded Inc

2 - Purpose

The purpose of Recorded Inc is to return a profit to its shareholders using any lawful means necessary.

3 - NAICS Code

443130 - CAMERA AND PHOTOGRAPHIC SUPPLIES STORES

4 - Registered Agent

Name: Theodore Haugland

Mailing Address: 310 K ST, ANCHORAGE, AK 99501-2037

Physical Address: 310 K ST, ANCHORAGE, AK 99501-2037

5 - Entity Addresses

Mailing Address: 1 MARKET ST, SAN FRANCISCO, CA 94105-1420

Physical Address: 1 MARKET ST, SAN FRANCISCO, CA 94105-1420

6 - Shares

Complete the below stock information on record with the Department.

Table with 5 columns: Class, Series, Authorized, Par Value, Amount Issued. Rows include Preferred A, Preferred B, Common A, and Common B.

7 - Officials

Table with 4 columns: Name, Address, % Owned, Titles. Row includes Ajani Raunak as Incorporator.

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: Ajani Raunak

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

Recorded Inc



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **April 29, 2020**.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner



THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10130938
Date Filed: 04/29/2020
State of Alaska, DCCED

FOR DIVISION USE ONLY

Articles of Incorporation
Domestic Business Corporation

Web-4/29/2020 8:53:18 AM

1 - Entity Name

Legal Name: 5G Embedded Inc

2 - Purpose

The purpose of 5G Embedded Inc is to return a profit to its shareholders using any lawful means necessary.

3 - NAICS Code

334119 - OTHER COMPUTER PERIPHERAL EQUIPMENT MANUFACTURING

4 - Registered Agent

Name: THEODORE HAUGLAND

Mailing Address: 310 K ST, ANCHORAGE, AK 99501-2037

Physical Address: 310 K ST, ANCHORAGE, AK 99501-2037

5 - Entity Addresses

Mailing Address: 99 WALL ST, NEW YORK, NY 10005-2037

Physical Address: 99 WALL ST, NEW YORK, NY 10005-2037

6 - Shares

Complete the below stock information on record with the Department.

Table with 5 columns: Class, Series, Authorized, Par Value, Amount Issued. Rows include Preferred A, Preferred B, Common A, and Common B.

7 - Officials

Table with 4 columns: Name, Address, % Owned, Titles. Row includes PHILIP GLADE as Incorporator.

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: PHILIP GLADE

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

5G Embedded Inc



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **April 29, 2020**.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner



THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10130943
Date Filed: 04/29/2020
State of Alaska, DCCED

FOR DIVISION USE ONLY

Articles of Incorporation
Domestic Business Corporation

Web-4/29/2020 9:24:08 AM

1 - Entity Name

Legal Name: Implantenna Inc

2 - Purpose

The purpose of Implantenna Inc is to return a profit to its shareholders using any lawful means necessary.

3 - NAICS Code

423430 - COMPUTER AND COMPUTER PERIPHERAL EQUIPMENT AND SOFTWARE MERCHANT WHOLESALERS

4 - Registered Agent

Name: Opt Incorporated

Mailing Address: 1000 ANCHORAGE PORT RD, ANCHORAGE, AK 99501-1000

Physical Address: 1000 ANCHORAGE PORT RD, ANCHORAGE, AK 99501-1000

5 - Entity Addresses

Mailing Address: 300 DELAWARE AVE FL16, WILMINGTON, DE 19801-1612

Physical Address: 300 DELAWARE AVE FL16, WILMINGTON, DE 19801-1612

6 - Shares

Complete the below stock information on record with the Department.

Table with 5 columns: Class, Series, Authorized, Par Value, Amount Issued. Rows include Preferred A, Preferred B, Common A, and Common B.

7 - Officials

Table with 4 columns: Name, Address, % Owned, Titles. Row includes PHILIP GLADE as Incorporator.

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: PHILIP GLADE

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

Implantenna Inc



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **April 29, 2020**.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner



THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10130947
Date Filed: 04/29/2020
State of Alaska, DCCED

FOR DIVISION USE ONLY

Articles of Incorporation
Domestic Business Corporation

Web-4/29/2020 9:44:54 AM

1 - Entity Name

Legal Name: Deplos Inc

2 - Purpose

The purpose of Deplos Inc is to return a profit to shareholders using any lawful means necessary.

3 - NAICS Code

334413 - SEMICONDUCTOR AND RELATED DEVICE MANUFACTURING

4 - Registered Agent

Name: Opt Incorporated

Mailing Address: 1000 ANCHORAGE PORT RD, ANCHORAGE, AK 99501-1000

Physical Address: 1000 ANCHORAGE PORT RD, ANCHORAGE, AK 99501-1000

5 - Entity Addresses

Mailing Address: 1 MARKET ST, SAN FRANCISCO, CA 94105-1420

Physical Address: 1 MARKET ST, SAN FRANCISCO, CA 94105-1420

6 - Shares

Complete the below stock information on record with the Department.

Table with 5 columns: Class, Series, Authorized, Par Value, Amount Issued. Rows include Preferred A, Preferred B, Common A, and Common B.

7 - Officials

Table with 4 columns: Name, Address, % Owned, Titles. Row includes NICK ANDRING as Incorporator.

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: NICK ANDRING

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

Deplos Inc



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **April 29, 2020**.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner



THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10130952
Date Filed: 04/29/2020
State of Alaska, DCCED

FOR DIVISION USE ONLY

Web-4/29/2020 10:19:35 AM

Articles of Incorporation
Domestic Business Corporation

1 - Entity Name

Legal Name: Eyembed Inc

2 - Purpose

The purpose of Eyembed Inc is to return a profit to its shareholders using any lawful means necessary.

3 - NAICS Code

443130 - CAMERA AND PHOTOGRAPHIC SUPPLIES STORES

4 - Registered Agent

Name: Opt Incorporated

Mailing Address: 1000 ANCHORAGE PORT RD, ANCHORAGE, AK 99501-1000

Physical Address: 1000 ANCHORAGE PORT RD, ANCHORAGE, AK 99501-1000

5 - Entity Addresses

Mailing Address: 1 MARKET ST, SAN FRANCISCO, CA 94105-1420

Physical Address: 1 MARKET ST, SAN FRANCISCO, CA 94105-1420

6 - Shares

Complete the below stock information on record with the Department.

Table with 5 columns: Class, Series, Authorized, Par Value, Amount Issued. Rows include Preferred A, Preferred B, Common A, and Common B.

7 - Officials

Table with 4 columns: Name, Address, % Owned, Titles. Row includes THEODORE HAUGLAND as Incorporator.

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: THEODORE HAUGLAND

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

Eyembed Inc



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **April 29, 2020**.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner



THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10130955
Date Filed: 04/29/2020
State of Alaska, DCCED

FOR DIVISION USE ONLY

Web-4/29/2020 10:32:25 AM

Articles of Incorporation
Domestic Business Corporation

1 - Entity Name

Legal Name: Iotele Inc

2 - Purpose

The purpose of Iotele Inc is to return a profit to its shareholders using any lawful means necessary.

3 - NAICS Code

517919 - ALL OTHER TELECOMMUNICATIONS

4 - Registered Agent

Name: Opt Incorporated

Mailing Address: 1000 ANCHORAGE PORT RD, ANCHORAGE, AK 99501-1000

Physical Address: 1000 ANCHORAGE PORT RD, ANCHORAGE, AK 99501-1000

5 - Entity Addresses

Mailing Address: 1 MARKET ST, SAN FRANCISCO, CA 94105-1420

Physical Address: 1 MARKET ST, SAN FRANCISCO, CA 94105-1420

6 - Shares

Complete the below stock information on record with the Department.

Table with 5 columns: Class, Series, Authorized, Par Value, Amount Issued. Rows include Preferred A, Preferred B, Common A, and Common B.

7 - Officials

Table with 4 columns: Name, Address, % Owned, Titles. Row includes KENIA CANIZALES as Incorporator.

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: KENIA CANIZALES

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

Iotele Inc



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **April 29, 2020**.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner



THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10130956
Date Filed: 04/29/2020
State of Alaska, DCCED

FOR DIVISION USE ONLY

Web-4/29/2020 11:10:25 AM

Articles of Incorporation
Domestic Business Corporation

1 - Entity Name

Legal Name: Invadeo Inc

2 - Purpose

The purpose of Invadeo Inc is to return a profit to shareholders using any lawful means necessary.

3 - NAICS Code

443130 - CAMERA AND PHOTOGRAPHIC SUPPLIES STORES

4 - Registered Agent

Name: Opt Incorporated

Mailing Address: 1000 ANCHORAGE PORT RD, ANCHORAGE, AK 99501-1000

Physical Address: 1000 ANCHORAGE PORT RD, ANCHORAGE, AK 99501-1000

5 - Entity Addresses

Mailing Address: 1 MARKET ST, SAN FRANCISCO, CA 94105-4201

Physical Address: 1 MARKET ST, SAN FRANCISCO, CA 94105-4201

6 - Shares

Complete the below stock information on record with the Department.

Table with 5 columns: Class, Series, Authorized, Par Value, Amount Issued. Rows include Preferred A, Preferred B, Common A, and Common B.

7 - Officials

Table with 4 columns: Name, Address, % Owned, Titles. Row for CECILIA BOLINGER, Incorporator.

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: CECILIA BOLINGER

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

Invadeo Inc



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **April 29, 2020**.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner



THE STATE
of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10131924
Date Filed: 05/09/2020
State of Alaska, DCCED

FOR DIVISION USE ONLY

Certificate of Authority

Foreign Business Corporation

Web-5/9/2020 1:58:44 AM

1 - Entity Name

Legal Name: DAPT INC

2 - Home State

State of domicile (home state): DELAWARE, UNITED STATES

Date of Incorporation: 7/17/2013

The entity is in good standing in the state of domicile.

3 - Duration

The duration of the entity is perpetual.

4 - Purpose

The purpose of Dapt Inc is to return a profit to shareholders.

5 - NAICS Code

423430 - COMPUTER AND COMPUTER PERIPHERAL EQUIPMENT AND SOFTWARE MERCHANT WHOLESALERS

6 - Registered Agent

Name: Opt Incorporated

Mailing Address: 1000 ANCHORAGE PORT RD, ANCHORAGE, AK 99501-1000

Physical Address: 1000 ANCHORAGE PORT RD, ANCHORAGE, AK 99501-1000

7 - Entity Addresses

Mailing Address: 300 DELAWARE AVE, WILMINGTON, DE 19801-1607

Physical Address: 300 DELAWARE AVE, WILMINGTON, DE 19801-1607

8 - Shares

Complete the below stock information on record with the Department.

Class	Series	Authorized	Par Value	Amount Issued
Preferred	A	2500000	1.13	1250000
Preferred	B	2500000	1.13	1250000
Preferred	C	2500000	1.13	1250000
Preferred	D	2500000	1.13	1250000
Preferred	E	2500000	1.13	1250000
Preferred	F	2500000	1.13	1250000
Preferred	G	2500000	1.13	1250000
Preferred	H	2500000	1.13	1250000
Preferred	I	2500000	1.13	1250000
Preferred	J	2500000	1.13	1250000
Preferred	K	2500000	1.13	1250000
Common	A	2500000	1.13	1250000
Common	B	2500000	1.13	1250000
Common	C	2500000	1.13	1250000
Common	D	2500000	1.13	1250000
Common	E	2500000	1.13	1250000
Common	F	2500000	1.13	1250000
Common	G	2500000	1.13	1250000
Common	H	2500000	1.13	1250000
Common	I	2500000	1.13	1250000
Common	J	2500000	1.13	1250000
Common	K	2500000	1.13	1250000

9 - Officials

Name	Address	% Owned	Titles
THEODORE HAUGLAND	99 WALL ST, NEW YORK, NY 10005-2401	20	Director, Shareholder, Treasurer
PHILIP GLADE	PO BOX 19616, LAS VEGAS, NV 89119	20	Director, Shareholder, Vice President
KENIA GISELLE CANIZALES	3830 SWENSON ST APT 607, LAS VEGAS, NV 89119-7475	20	Director, President, Shareholder
CECILIA BOLINGER	1038 Cherry St,, EUDORA, KS 66025-9562	20	Director, Secretary, Shareholder
KRYSTIE JEAN-LOUIS	5020 S LAKE SHORE DR, UNIT N1110, CHICAGO, IL 60615-3253	20	Director, Secretary, Shareholder

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Official(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: KENIA GISELLE CANIZALES

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Authority

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

DAPT INC
to transact business in this state under the name of
DAPT INC



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **May 9, 2020**.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner



THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10130965
Date Filed: 04/29/2020
State of Alaska, DCCED

FOR DIVISION USE ONLY

Web-4/29/2020 11:56:34 AM

Articles of Incorporation
Domestic Business Corporation

1 - Entity Name

Legal Name: Wearsy Inc

2 - Purpose

The purpose of Wearsy Inc is to return a profit to its shareholders using any lawful means necessary.

3 - NAICS Code

315999 - OTHER APPAREL ACCESSORIES AND OTHER APPAREL MANUFACTURING

4 - Registered Agent

Name: Opt Incorporated

Mailing Address: 1000 ANCHORAGE PORT RD, ANCHORAGE, AK 99501-1000

Physical Address: 1000 ANCHORAGE PORT RD, ANCHORAGE, AK 99501-1000

5 - Entity Addresses

Mailing Address: 99 WALL ST, NEW YORK, NY 10005-4301

Physical Address: 99 WALL ST, NEW YORK, NY 10005-4301

6 - Shares

Complete the below stock information on record with the Department.

Table with 5 columns: Class, Series, Authorized, Par Value, Amount Issued. Rows include Preferred A, Preferred B, Common A, and Common B.

7 - Officials

Table with 4 columns: Name, Address, % Owned, Titles. Row includes PHILIP GLADE as Incorporator.

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: PHILIP GLADE

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

Wearspy Inc



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **April 29, 2020**.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner



THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10133061
Date Filed: 05/20/2020
State of Alaska, DCCED

FOR DIVISION USE ONLY

Articles of Incorporation Domestic Business Corporation

Web-5/20/2020 3:12:10 AM

1 - Entity Name

Legal Name: MEDIC ALASKA CO

2 - Purpose

The purpose of Medic Alaska is to return a profit to shareholders using any lawful means necessary.

3 - NAICS Code

423450 - MEDICAL, DENTAL, AND HOSPITAL EQUIPMENT AND SUPPLIES MERCHANT WHOLESALERS

4 - Registered Agent

Name: GLADE CO

Mailing Address: 549 W INTL AIRPORT RD , STE A10 - 174, ANCHORAGE, AK 99518-5113

Physical Address: 549 W INTL AIRPORT RD , ANCHORAGE, AK 99518-5113

5 - Entity Addresses

Mailing Address: 549 W INTL AIRPORT RD , STE A10 - 174, ANCHORAGE, AK 99518-5113

Physical Address: 549 W INTL AIRPORT RD , ANCHORAGE, AK 99518-5113

6 - Shares

Complete the below stock information on record with the Department.

Class	Series	Authorized	Par Value	Amount Issued
Preferred	A	250000000	0.01	
Preferred	B	250000000	0.01	
Common	A	250000000	0.01	
Common	B	250000000	0.01	

7 - Officials

Name	Address	% Owned	Titles
PHILIP GLADE			Incorporator

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: PHILIP GLADE

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

MEDIC ALASKA CO



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **May 20, 2020**.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner



THE STATE
of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10133500
Date Filed: 05/23/2020
State of Alaska, DCCED

FOR DIVISION USE ONLY

Certificate of Authority
Foreign Business Corporation

Web-5/23/2020 10:16:09 PM

1 - Entity Name

Legal Name: LIMOUS INC

2 - Home State

State of domicile (home state): NEVADA, UNITED STATES

Date of Incorporation: 1/1/2020

The entity is in good standing in the state of domicile.

3 - Duration

The duration of the entity is perpetual.

4 - Purpose

THE PURPOSE OF LIMOUS INC IS TO RETURN A PROFIT TO SHAREHOLDERS.

5 - NAICS Code

485320 - LIMOUSINE SERVICE

6 - Registered Agent

Name: THEODORE HAUGLAND

Mailing Address: 310 K ST, ANCHORAGE, AK 99501-2037

Physical Address: 310 K ST, ANCHORAGE, AK 99501-2037

7 - Entity Addresses

Mailing Address: 3830 UNIVERSITY CENTER DR , STE 417, LAS VEGAS, NV 89169-7475

Physical Address: 3830 UNIVERSITY CENTER DR , STE 417, LAS VEGAS, NV 89169-7475

8 - Shares

Complete the below stock information on record with the Department.

Class	Series	Authorized	Par Value	Amount Issued
Preferred	A	125000000	0.01	125000000
Preferred	B	125000000	0.01	125000000
Preferred	C	125000000	0.01	125000000
Preferred	D	125000000	0.01	125000000
Common	A	125000000	0.01	125000000
Common	B	125000000	0.01	125000000
Common	C	125000000	0.01	125000000
Common	D	125000000	0.01	125000000

9 - Officials

Name	Address	% Owned	Titles
THEODORE HAUGLAND	3830 SWENSON ST 607, LAS VEGAS, NV 89119-7475		Alien Affiliate, Director, President
KENIA CANIZALES	3830 SWENSON ST 607, LAS VEGAS, NV 89119-7475		Alien Affiliate, Director, Vice President
JONATHON PORTILLO	3830 UNIVERSITY CENTER DR, STE 417, LAS VEGAS, NV 89169-7475		Alien Affiliate, Director, Treasurer
CINDY GONZALEZ	3830 UNIVERSITY CENTER DR, STE 417, LAS VEGAS, NV 89169-7475		Alien Affiliate, Director, Secretary
Opt Incorporated	3300 W SAHARA AVE, LAS VEGAS, NV 89102	100	Shareholder

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Official(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: THEODORE HAUGLAND

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Authority

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

LIMOUS INC
to transact business in this state under the name of
LIMOUS INC



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **May 23, 2020**.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner



THE STATE
of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10133504
Date Filed: 05/24/2020
State of Alaska, DCCED

FOR DIVISION USE ONLY

Certificate of Authority

Foreign Business Corporation

Web-5/24/2020 12:20:52 AM

1 - Entity Name

Legal Name: TAXI CABBY CO

2 - Home State

State of domicile (home state): NEVADA, UNITED STATES

Date of Incorporation: 1/1/2000

The entity is in good standing in the state of domicile.

3 - Duration

The duration of the entity is perpetual.

4 - Purpose

THE PURPOSE OF TAXI CABBY CO IS TO RETURN A PROFIT TO SHAREHOLDERS.

5 - NAICS Code

485310 - TAXI SERVICE

6 - Registered Agent

Name: Opt Incorporated

Mailing Address: 120 4TH ST, JUNEAU, AK 99801

Physical Address: 120 4TH ST, JUNEAU, AK 99801

7 - Entity Addresses

Mailing Address: 1110 NUUANU AVE 1001, HONOLULU, HI 96817

Physical Address: 1110 NUUANU AVE 1001, HONOLULU, HI 96817

8 - Shares

Complete the below stock information on record with the Department.

Class	Series	Authorized	Par Value	Amount Issued
Preferred	A	125000000	0.01	125000000
Preferred	B	125000000	0.01	125000000
Preferred	C	125000000	0.01	125000000
Preferred	D	125000000	0.01	125000000
Common	A	125000000	0.01	125000000
Common	B	125000000	0.01	125000000
Common	C	125000000	0.01	125000000
Common	D	125000000	0.01	125000000

9 - Officials

Name	Address	% Owned	Titles
HAUGLAND LLC	120 4TH ST, JUNEAU, AK 99801	20	Alien Affiliate, Assistant Secretary, Director, Shareholder
THEODORE HAUGLAND	6769 NUUULI ST 602, PAGO PAGO, HI 96799	20	Alien Affiliate, Director, President, Shareholder
KENIA CANIZALES	1110 NUUANU AVE 1001, HONOLULU, HI 96817	20	Alien Affiliate, Director, Shareholder, Vice President
GLADE CO	1000 ANCHORAGE PORT RD, ANCHORAGE, AK 99501	20	Assistant Treasurer, Director, Shareholder
CINDY GONZALEZ	3830 UNIVERSITY CENTER DR, APT 607, LAS VEGAS, NV 89119-9989		Alien Affiliate, Director, Treasurer
PHILIP GLADE	1000 ANCHORAGE PORT RD, ANHORAGE, AK 99501		Alien Affiliate, Director, Secretary
JONATHON PORTILLO	3830 UNIVERSITY CENTER DR, STE 417, LAS VEGAS, NV 89169		Alien Affiliate, Assistant Secretary, Assistant Treasurer, Director
AUTOPT INC	300 DELAWARE AVE, WILMINGTON, DE 19801	20	Alien Affiliate, Assistant Secretary, Director, Shareholder

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Official(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: THEODORE HAUGLAND

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Authority

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

TAXI CABBY CO
to transact business in this state under the name of
TAXI CABBY CO



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **May 24, 2020**.

A handwritten signature in cursive script that reads "Julie Anderson".

Julie Anderson
Commissioner



THE STATE
of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10134040
Date Filed: 05/31/2020
State of Alaska, DCCED

FOR DIVISION USE ONLY

Certificate of Authority

Foreign Business Corporation

Web-5/31/2020 7:08:14 PM

1 - Entity Name

Legal Name: UN LIMITED

2 - Home State

State of domicile (home state): SWITZERLAND

Date of Incorporation: 2/20/1989

The entity is in good standing in the state of domicile.

3 - Duration

The duration of the entity is perpetual.

4 - Purpose

THE PURPOSE OF UN LIMITED IS TO LEGALLY RETURN A PROFIT TO SHAREHOLDERS.

5 - NAICS Code

551114 - CORPORATE, SUBSIDIARY, AND REGIONAL MANAGING OFFICES

6 - Registered Agent

Name: IBC INTERNATIONAL BUSINESS CORPORATION

Mailing Address: 1000 ANCHORAGE PORT RD, ANCHORAGE, AK 99501

Physical Address: 1000 ANCHORAGE PORT RD, ANCHORAGE, AK 99501

7 - Entity Addresses

Mailing Address: UN LIMITED, 12 RUE LE CORBUSIER 746, GENEVA, GE 1208, SWITZERLAND

Physical Address: UN LIMITED , 12 RUE LE CORBUSIER 746, GENEVA, GE 1208, SWITZERLAND

8 - Shares

Complete the below stock information on record with the Department.

Class	Series	Authorized	Par Value	Amount Issued
Preferred	A	200000000	0.01	100000000
Preferred	B	200000000	0.01	100000000
Preferred	C	200000000	0.01	100000000
Preferred	D	200000000	0.01	100000000
Preferred	E	200000000	0.01	100000000
Common	A	200000000	0.01	100000000
Common	B	200000000	0.01	100000000
Common	C	200000000	0.01	100000000
Common	D	200000000	0.01	100000000
Common	E	200000000	0.01	100000000
Preferred	CUMULATIVE	Unlimited	0.01	0
Common	CUMULATIVE	Unlimited	0.01	0

9 - Officials

Name	Address	% Owned	Titles
THEODORE HAUGLAND	1 LUMANA'I BLDG, 6769 NUUULI STREET #602, PAGO PAGO, AS 96799	25	Director, President, Shareholder
KENIA CANIZALES	1110 NUUANU AVE #1001, HONOLULU, HI 96817	25	Director, Shareholder, Vice President
PHILIP GLADE	PO BOX 19616, LAS VEGAS, NV 89132	25	Director, Shareholder, Treasurer
CECILIA BOLINGER	1155 E TWAIN AVE BLDG 108, STE 240, LAS VEGAS, NV 89169	25	Director, Secretary, Shareholder
SANDRA HAUGLAND	1155 E TWAIN AVE BLDG 108, STE 240, LAS VEGAS, NV 89169		Assistant Treasurer, Director
MUSTAFA ABDALHASSAN	1155 E TWAIN AVE BLDG 108, STE 240, LAS VEGAS, NV 89169		Assistant Secretary, Director

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Official(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: THEODORE HAUGLAND

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Authority

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

UN LIMITED
to transact business in this state under the name of
UN LIMITED



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **May 31, 2020**.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner



THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10134235
Date Filed: 06/02/2020
State of Alaska, DCCED

FOR DIVISION USE ONLY

Articles of Incorporation
Domestic Business Corporation

Web-6/2/2020 11:01:15 PM

1 - Entity Name

Legal Name: TAXIMOD CO

2 - Purpose

The Purpose of Taxi Mod Co is to return a legal profit to shareholders.

3 - NAICS Code

485310 - TAXI SERVICE

4 - Registered Agent

Name: Opt Incorporated

Mailing Address: 549 W INTL AIRPORT RD, A10-174, ANCHORAGE, AK 99518

Physical Address: 549 W INTL AIRPORT RD, A10-174, ANCHORAGE, AK 99518

5 - Entity Addresses

Mailing Address: 1110 NUUANU AVE 1001, HONOLULU, HI 96817

Physical Address: 1110 NUUANU AVE 1001, HONOLULU, HI 96817

6 - Shares

Complete the below stock information on record with the Department.

Table with 5 columns: Class, Series, Authorized, Par Value, Amount Issued. Rows include Preferred A, Preferred B, Common A, and Common B.

7 - Officials

Name	Address	% Owned	Titles
KENIA CANIZALES			Incorporator
THEODORE HAUGLAND			Incorporator

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: KENIA CANIZALES

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

TAXIMOD CO



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **June 2, 2020**.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10134240
Date Filed: 06/03/2020
State of Alaska, DCCED

FOR DIVISION USE ONLY

Articles of Incorporation

Domestic Business Corporation

Web-6/3/2020 12:32:23 AM

1 - Entity Name

Legal Name: HAWAII LIMOUSINE INC

2 - Purpose

THE PURPOSE OF HAWAII LIMOUSINE INC IS TO RETURN A LEGAL PROFIT TO SHAREHOLDERS.

3 - NAICS Code

485320 - LIMOUSINE SERVICE

4 - Registered Agent

Name: END Enterprises Incorporated

Mailing Address: 549 W INTL AIRPORT RD, STE A10-174, ANCHORAGE, AK 99518

Physical Address: 549 W INTL AIRPORT RD, STE A10-174, ANCHORAGE, AK 99518

5 - Entity Addresses

Mailing Address: 1110 NUUANU AVE 1001, HONOLULU, HI 96817

Physical Address: 1110 NUUANU AVE 1001, HONOLULU, HI 96817

6 - Shares

Complete the below stock information on record with the Department.

Class	Series	Authorized	Par Value	Amount Issued
Preferred	Cumulative	500000000	0.01	
Common	Non-Cumulative	500000000	0.01	

7 - Officials

Name	Address	% Owned	Titles
KENIA CANIZALES			Incorporator
THEODORE HAUGLAND			Incorporator

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: KENIA CANIZALES

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

HAWAII LIMOUSINE INC



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **June 3, 2020**.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner



THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10134250
Date Filed: 06/03/2020
State of Alaska, DCCED

FOR DIVISION USE ONLY

Articles of Incorporation Domestic Business Corporation

Web-6/3/2020 6:32:49 AM

1 - Entity Name

Legal Name: IP CORPORATION

2 - Purpose

THE PURPOSE OF IP CORPORATION IS TO RETURN A PROFIT TO SHAREHOLDERS.

3 - NAICS Code

551114 - CORPORATE, SUBSIDIARY, AND REGIONAL MANAGING OFFICES

4 - Registered Agent

Name: END Enterprises Incorporated

Mailing Address: PHILIP GLADE, 549 W INTL AIRPORT RD STE A10-174, ANCHORAGE, AK 99518-1113

Physical Address: PHILIP GLADE, 549 W INTL AIRPORT RD STE A10-174, ANCHORAGE, AK 99518-1113

5 - Entity Addresses

Mailing Address: 3601 C ST, STE 300, ANCHORAGE, AK 99503-5932

Physical Address: 3601 C ST, STE 300, ANCHORAGE, AK 99503-5932

6 - Shares

Complete the below stock information on record with the Department.

Class	Series	Authorized	Par Value	Amount Issued
Preferred	CUMULATIVE	500000000	0.01	
Common	NON-CUMULATIVE	500000000	0.01	

7 - Officials

Name	Address	% Owned	Titles
THEODORE HAUGLAND			Incorporator
PHILIP GLADE			Incorporator
KENIA CANIZALES			Incorporator

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: KENIA CANIZALES

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

IP CORPORATION



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **June 3, 2020**.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner



THE STATE
of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10138671
Date Filed: 07/28/2020
State of Alaska, DCCED

FOR DIVISION USE ONLY

Articles of Incorporation

Domestic Business Corporation

Web-7/28/2020 2:13:17 AM

1 - Entity Name

Legal Name: Surfboard Rent Inc

2 - Purpose

The purpose of Surfboard Rent Inc is to return a legal profit to shareholders.

3 - NAICS Code

532292 - RECREATIONAL GOODS RENTAL

4 - Registered Agent

Name: Opt Incorporated

Mailing Address: 1000 ANCHORAGE PORT RD, ANCHORAGE, AK 99501

Physical Address: 1000 ANCHORAGE PORT RD, ANCHORAGE, AK 99501

5 - Entity Addresses

Mailing Address: 1036 UNION MALL #1000, HONOLULU, HI 96813

Physical Address: 1036 UNION MALL #1000, HONOLULU, HI 96813

6 - Shares

Complete the below stock information on record with the Department.

Class	Series	Authorized	Par Value	Amount Issued
Preferred	A	125000000	0.01	
Preferred	B	125000000	0.01	
Preferred	C	125000000	0.01	
Preferred	D	125000000	0.01	
Common	A	125000000	0.01	
Common	B	125000000	0.01	
Common	C	125000000	0.01	
Common	D	125000000	0.01	

7 - Officials

Name	Address	% Owned	Titles
Kenia Canizales			Incorporator
Theodore Haugland			Incorporator

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: Kenia Canizales

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

Surfboard Rent Inc



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **July 28, 2020**.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner



THE STATE
of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10139422
Date Filed: 08/05/2020
State of Alaska, DCCED

FOR DIVISION USE ONLY

Articles of Incorporation

Domestic Business Corporation

Web-8/5/2020 10:09:20 AM

1 - Entity Name

Legal Name: Amenity Suites Inc

2 - Purpose

The purpose of Amenity Suites Inc is to return a legal profit to shareholders.

3 - NAICS Code

531390 - OTHER ACTIVITIES RELATED TO REAL ESTATE

4 - Registered Agent

Name: Opt Incorporated

Mailing Address: 1000 ANCHORAGE PORT RD, ANCHORAGE, AK 99501

Physical Address: 1000 ANCHORAGE PORT RD, ANCHORAGE, AK 99501

5 - Entity Addresses

Mailing Address: 1110 NUUANU AVE 1001, HONOLULU, HI 96817

Physical Address: 1110 NUUANU AVE 1001, HONOLULU, HI 96817

6 - Shares

Complete the below stock information on record with the Department.

Class	Series	Authorized	Par Value	Amount Issued
Preferred	A	125000000	0.01	
Preferred	B	125000000	0.01	
Preferred	C	125000000	0.01	
Preferred	D	125000000	0.01	
Common	A	125000000	0.01	
Common	B	125000000	0.01	
Common	C	125000000	0.01	
Common	D	125000000	0.01	

7 - Officials

Name	Address	% Owned	Titles
Kenia Canizales			Incorporator

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: Kenia Canizales

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

Amenity Suites Inc



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **August 5, 2020**.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner



THE STATE
of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10164340
Date Filed: 05/25/2021
State of Alaska, DCCED

FOR DIVISION USE ONLY

Articles of Incorporation

Domestic Nonprofit Corporation

Web-5/25/2021 12:26:20 AM

1 - Entity Name

Legal Name: Equal Energy Organization

2 - Purpose

The Equal Energy Organization provides no-cost renewable energy services to low-income individuals and communities in the states of Alaska and Hawaii.

3 - NAICS Code

221122 - ELECTRIC POWER DISTRIBUTION

4 - Registered Agent

Name: FEDERAL CORPORATION

Mailing Address: 549 W INTL AIRPORT RD, STE A10-174, ANCHORAGE, AK 99518

Physical Address: 310 K ST, ANCHORAGE, AK 99501

5 - Entity Addresses

Mailing Address: PO BOX 66, HONOLULU, HI 96813

Physical Address: 722 HUIKAHI ST, PEARL CITY, HI 96782

6 - Officials

Name	Address	% Owned	Titles
Kenia Canizales	444 Niu St Ph 504, Honolulu, HI 96815		Director
Philip Glade	444 Niu St Ph 502, Honolulu, HI 96815		Director
Cecilia Bolinger	1038 Cherry St, Eudora, KS 66025		Director
MATTHEW HARADA	725 PIIKOI ST APT 1001, HONOLULU, HI 96814		Director
THEODORE HAUGLAND	PO Box 3710, Honolulu, HI 96813		Director
Samuel Pascua	444 Niu St Apt 4304, Honolulu, HI 96815		Director
Cynthia Koja	725 PIIKOI ST APT 1002, HONOLULU, HI 96814		Director
GRANT GRIBBLE	725 PIIKOI ST APT 1002, HONOLULU, HI 96814		Director
Theodore Haugland			Incorporator
Philip Glade			Incorporator
Kenia Canizales			Incorporator
Cecilia Bolinger			Incorporator

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: Philip Glade

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

Equal Energy Organization



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **May 25, 2021**.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner



THE STATE
of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10162709
Date Filed: 05/05/2021
State of Alaska, DCCED

FOR DIVISION USE ONLY

Articles of Incorporation

Domestic Business Corporation

Web-5/5/2021 7:18:57 AM

1 - Entity Name

Legal Name: US, INC

2 - Purpose

THE PURPOSE OF US, INC (UNITEDSTATESINC.COM) IS TO RETURN A PROFIT TO SHAREHOLDERS THROUGH THE ANY LAWFUL REGULATION, LICENSING, INSPECTION, AND COMPLIANCE ENFORCEMENT OF MISCELLANEOUS COMMERCIAL SECTORS.

3 - NAICS Code

926150 - REGULATION, LICENSING, AND INSPECTION OF MISCELLANEOUS COMMERCIAL SECTORS

4 - Registered Agent

Name: THEODORE HAUGLAND

Mailing Address: 700 G ST, 7TH FLOOR, ANCHORAGE, AK 99501

Physical Address: 700 G ST, FL 20, ANCHORAGE, AK 99501

5 - Entity Addresses

Mailing Address: PO BOX 66, HONOLULU, HI 96813

Physical Address: 20 F ST, 7TH FLOOR, WASHINGTON, DE 20001

6 - Shares

Complete the below stock information on record with the Department.

Class	Series	Authorized	Par Value	Amount Issued
Preferred	A	100000000	0.01	
Preferred	B	100000000	0.01	
Preferred	C	100000000	0.01	
Preferred	D	100000000	0.01	
Preferred	E	100000000	0.01	
Common	A	100000000	0.01	
Common	B	100000000	0.01	
Common	C	100000000	0.01	
Common	D	100000000	0.01	
Common	E	100000000	0.01	

7 - Officials

Name	Address	% Owned	Titles
THEODORE HAUGLAND			Incorporator

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: THEODORE HAUGLAND

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

US, INC



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **May 5, 2021**.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner



THE STATE
of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10164341
Date Filed: 05/25/2021
State of Alaska, DCCED

FOR DIVISION USE ONLY

Articles of Incorporation

Domestic Nonprofit Corporation

Web-5/25/2021 12:56:06 AM

1 - Entity Name

Legal Name: Surveillance Foundation

2 - Purpose

The Surveillance Foundation aims to reduce crime through the use of their solar powered continuous surveillance camera monitor network in the states of Alaska and Hawaii.

3 - NAICS Code

561621 - SECURITY SYSTEMS SERVICES (EXCEPT LOCKSMITHS)

4 - Registered Agent

Name: FEDERAL CORPORATION

Mailing Address: 549 W INTL AIRPORT RD, STE A10-174, ANCHORAGE, AK 99518

Physical Address: 310 K ST, ANCHORAGE, AK 99501

5 - Entity Addresses

Mailing Address: PO Box 66, Honolulu, HI 96813

Physical Address: 444 NIU ST, #4304, HONOLULU, HI 96815

6 - Officials

Name	Address	% Owned	Titles
PHILIP GLADE	444 NIU ST Ph 502, HONOLULU, HI 96815		Director
CECILIA BOLINGER	1038 Cherry St, Eudora, KS 66025		Director
Kenia Canizales	1717 Ala Wai Blvd Apt 1110, PH 504, Honolulu, HI 96815		Director
THEODORE HAUGLAND	549 W INTL AIRPORT RD, STE A10-174, ANCHORAGE, AK 99518		Director
SAMUEL PASCUA	444 Niu St Apt 4302, Honolulu, HI 96815		Director
MATTHEW HARADA	725 PIIKOI ST APT 1001, HONOLULU, HI 96814		Director
GRANT GRIBBLE	725 PIIKOI ST APT 1002, HONOLULU, HI 96814		Director
CYNTHIA KOJO	725 PIIKOI ST APT 1002, HONOLULU, HI 96814		Director
CECILIA BOLINGER			Incorporator
PHILIP GLADE			Incorporator
KENIA CANIZALES			Incorporator
THEODORE HAUGLAND			Incorporator

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: KENIA CANIZALES

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

Surveillance Foundation



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **May 25, 2021**.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner



THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10179118
Date Filed: 11/13/2021
State of Alaska, DCCED

FOR DIVISION USE ONLY

Articles of Incorporation Domestic Nonprofit Corporation

Web-11/13/2021 6:40:49 PM

1 - Entity Name

Legal Name: Vaccine Organization

2 - Purpose

The purpose of Vaccine Organization is to provide the public with free vaccination consultation services.

3 - NAICS Code

541620 - ENVIRONMENTAL CONSULTING SERVICES

4 - Registered Agent

Name: IP CORPORATION

Mailing Address: 549 W Intl Airport Rd Unit A10-174, Anchorage, AK 99518

Physical Address: 549 W Intl Airport Rd Unit A10-174, Anchorage, AK 99518

5 - Entity Addresses

Mailing Address: 335 Merchant St Unit 66, Honolulu, HI 96810

Physical Address: 549 W Intl Airport Rd Unit A10-174, Anchorage, AK 99518

6 - Officials

Name	Address	% Owned	Titles
Theodore Haugland	444 Niu St Ph 501, Honolulu, HI 96815		Director
Theodore Haugland			Incorporator
Kenia Canizales	1717 Ala Wait Blvd Apt 1110, Honolulu, HI 96815		Director
Cecilia Bolinger	1038 Cherry St, Eudora, KS 66025		Director
Kenia Canizales			Incorporator
Cecilia Bolinger			Incorporator

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: Theodore Haugland

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

Vaccine Organization



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **November 13, 2021**.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner



THE STATE
of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10164883
Date Filed: 05/28/2021
State of Alaska, DCCED

FOR DIVISION USE ONLY

Articles of Incorporation

Domestic Nonprofit Corporation

Web-5/28/2021 1:22:47 PM

1 - Entity Name

Legal Name: Equality Corporation

2 - Purpose

The purpose of Equality Corporation is to provide the public with a low-cost, effective employment solution.

3 - NAICS Code

561311 - EMPLOYMENT PLACEMENT AGENCIES

4 - Registered Agent

Name: US, INC

Mailing Address: 700 G ST, 7TH FLOOR, Anchorage, AK 99501

Physical Address: 700 G ST, 7TH FLOOR, Anchorage, AK 99501

5 - Entity Addresses

Mailing Address: PO Box 3710, Honolulu, HI 96813

Physical Address: 330 Merchant St Unit 3710, Honolulu, HI 96813

6 - Officials

Name	Address	% Owned	Titles
Cynthia Koja	725 Piikoi St Apt 1002, Honolulu, HI 96814		Director
Samuel Pascua	444 Niu St Apt 4302, Honolulu, HI 96815		Director
Matthew Harada	725 Piikoi St Apt 203, Honolulu, HI 96814		Director
Grant Gribble	725 Piikoi St Apt 1001, Honolulu, HI 96814		Director
Kenia Canizales	444 Niu St Ph 504, Honolulu, HI 96815		Director
Theodore Haugland	444 Niu St Ph 501, Honolulu, HI 96815		Director
Philip Glade	444 Niu St Ph 502, Honolulu, HI 96815		Director
Cecilia Bolinger	1717 Ala Wai Blvd Apt 1110, Honolulu, HI 96815		Director
Kenia Canizales			Incorporator
Philip Glade			Incorporator
Cecilia Bolinger			Incorporator

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: Kenia Canizales

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

Equality Corporation



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **May 28, 2021**.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner



THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10179118
Date Filed: 11/13/2021
State of Alaska, DCCED

FOR DIVISION USE ONLY

Articles of Incorporation
Domestic Nonprofit Corporation

Web-11/13/2021 6:40:49 PM

1 - Entity Name

Legal Name: Vaccine Organization

2 - Purpose

The purpose of Vaccine Organization is to provide the public with free vaccination consultation services.

3 - NAICS Code

541620 - ENVIRONMENTAL CONSULTING SERVICES

4 - Registered Agent

Name: IP CORPORATION

Mailing Address: 549 W Intl Airport Rd Unit A10-174, Anchorage, AK 99518

Physical Address: 549 W Intl Airport Rd Unit A10-174, Anchorage, AK 99518

5 - Entity Addresses

Mailing Address: 335 Merchant St Unit 66, Honolulu, HI 96810

Physical Address: 549 W Intl Airport Rd Unit A10-174, Anchorage, AK 99518

6 - Officials

Table with 4 columns: Name, Address, % Owned, Titles. Rows include Theodore Haugland, Kenia Canizales, and Cecilia Bolinger with their respective addresses and titles like Director and Incorporator.

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: Theodore Haugland

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

Vaccine Organization



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **November 13, 2021**.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner



THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10192562
Date Filed: 04/08/2022
State of Alaska, DCCED

FOR DIVISION USE ONLY

Articles of Incorporation
Domestic Business Corporation

Web-4/8/2022 9:38:20 AM

1 - Entity Name

Legal Name: COMPLIANCE, INC

2 - Purpose

THE PURPOSE OF COMPLIANCE, INC IS TO PROVIDE ITS' BUSINESS(S), PARTNER(S), AND AFFILIATE(S) WITH APPLICABLE BUSINESS LICENSE(S), OS THEY CAN OPERATE AND PERFORM THEIR BUSINESS ACTIVITIE(S) IN COMPLIANCE WITH LOCAL, STATE, AND FEDERAL LAW.

3 - NAICS Code

926150 - REGULATION, LICENSING, AND INSPECTION OF MISCELLANEOUS COMMERCIAL SECTORS

4 - Registered Agent

Name: US, INC

Mailing Address: 3300 ARCTIC BLVD, UNIT 201-1013, ANCHORAGE, AK 99503

Physical Address: 3300 ARCTIC BLVD, UNIT 201-1013, ANCHORAGE, AK 99503

5 - Entity Addresses

Mailing Address: 330 SARATOGA RD, UNIT 8845, HONOLULU, HI 96815

Physical Address: 330 SARATOGA RD, UNIT 8845, HONOLULU, HI 96815

6 - Shares

Complete the below stock information on record with the Department.

Table with 5 columns: Class, Series, Authorized, Par Value, Amount Issued. Rows include Preferred A, Preferred B, Common A, and Common B.

7 - Officials

Name	Address	% Owned	Titles
THEODORE HAUGLAND			Incorporator

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: THEODORE HAUGLAND

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

COMPLIANCE, INC



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **April 8, 2022**.

A handwritten signature in black ink, appearing to read "Julie Sande".

Julie Sande
Commissioner



THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10192567
Date Filed: 04/08/2022
State of Alaska, DCCED

FOR DIVISION USE ONLY

Articles of Incorporation
Domestic Nonprofit Corporation

Web-4/8/2022 9:55:26 AM

1 - Entity Name

Legal Name: THEODORE HAUGLAND ORGANIZATION

2 - Purpose

THE PURPOSE OF THE THEODORE HAUGLAND ORGANIZATION IS TO PROVIDE ITS' BUSINESS(S), PARTNER(S), AND AFFILIATE(S) WITH ITS BUSINESS LICENSE(S) AT NO COST SO THEY CAN OPERATE AND PERFORM THEIR BUSINESS ACTIVITIE(S) IN COMPLIANCE WITH LOCAL, STATE, AND FEDERAL LAW.

3 - NAICS Code

926150 - REGULATION, LICENSING, AND INSPECTION OF MISCELLANEOUS COMMERCIAL SECTORS

4 - Registered Agent

Name: US, INC

Mailing Address: 3300 ARCTIC BLVD, STE 201-1013, ANCHORAGE, AK 99503

Physical Address: 3300 ARCTIC BLVD, STE 201-1013, ANCHORAGE, AK 99503

5 - Entity Addresses

Mailing Address: 330 SARATOGA RD, UNIT 8845, HONOLULU, HI 96830

Physical Address: 330 SARATOGA RD, UNIT 8845, HONOLULU, HI 96830

6 - Officials

Table with 4 columns: Name, Address, % Owned, Titles. Rows include Theodore Haugland, Philip Glade, and Anton Shevchenko in various roles like Director and Incorporator.

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: THEODORE HAUGLAND

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

THEODORE HAUGLAND ORGANIZATION



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **April 8, 2022**.

A handwritten signature in black ink, appearing to read "Julie Sande".

Julie Sande
Commissioner



THE STATE
of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10192599
Date Filed: 04/08/2022
State of Alaska, DCCED

FOR DIVISION USE ONLY

Articles of Incorporation

Domestic Business Corporation

Web-4/8/2022 1:12:57 PM

1 - Entity Name

Legal Name: LICENSE, INC

2 - Purpose

THE PURPOSE OF LICENSE, INC IS TO PROVIDE BUSINESS LICENSE SERVICES TO SUBSIDIARIES, PARTNERS, AFFILIATES AND PROSPECTS SO THEY ARE ABLE TO OPERATE IN COMPLIANCE WITH LOCAL, STATE, AND FEDERAL LAW.

3 - NAICS Code

926150 - REGULATION, LICENSING, AND INSPECTION OF MISCELLANEOUS COMMERCIAL SECTORS

4 - Registered Agent

Name: US, INC

Mailing Address: 3300 ARCTIC BLVD, UNIT 201-1013, ANCHORAGE, AK 99503

Physical Address: 549 W INTL AIRPORT RD, UNIT A10-174, ANCHORAGE, AK 99518

5 - Entity Addresses

Mailing Address: 150 HAMAKUA DR, UNIT 333, KAILUA, HI 96734

Physical Address: 2000 KALAKAUA AVE, HONOLULU, HI 96815

6 - Shares

Complete the below stock information on record with the Department.

Class	Series	Authorized	Par Value	Amount Issued
Preferred	A	100000000	0.01	
Preferred	B	100000000	0.01	
Preferred	C	100000000	0.01	
Preferred	D	100000000	0.01	
Preferred	E	100000000	0.01	
Common	A	100000000	0.01	
Common	B	100000000	0.01	
Common	C	100000000	0.01	
Common	D	100000000	0.01	
Common	E	100000000	0.01	

7 - Officials

Name	Address	% Owned	Titles
THEODORE HAUGLAND			Incorporator

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: THEODORE HAUGLAND

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

LICENSE, INC



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **April 8, 2022**.

A handwritten signature in black ink, appearing to read "Julie Sande".

Julie Sande
Commissioner



THE STATE
of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10192584
Date Filed: 04/08/2022
State of Alaska, DCCED

FOR DIVISION USE ONLY

Articles of Incorporation

Domestic Business Corporation

Web-4/8/2022 11:21:05 AM

1 - Entity Name

Legal Name: BUSINESS, INC

2 - Purpose

THE PURPOSE OF BUSINESS, INC IS TO PROVIDE LICENSE SERVICES TO SUBSIDIARIES, PARTNERS, AFFILIATES AND PROSPECTS SO THEY ARE ABLE TO OPERATE IN COMPLIANCE WITH LOCAL, STATE, AND FEDERAL LAW.

3 - NAICS Code

926150 - REGULATION, LICENSING, AND INSPECTION OF MISCELLANEOUS COMMERCIAL SECTORS

4 - Registered Agent

Name: US, INC

Mailing Address: 3300 ARCTIC BLVD, UNIT 201-1013, ANCHORAGE, AK 99503

Physical Address: 549 W INTL AIRPORT RD, ANCHORAGE, AK 99518

5 - Entity Addresses

Mailing Address: 335 MERCHANT ST, UNIT 66, HONOLULU, HI 96810

Physical Address: 2000 KALAKAUA AVE, HONOLULU, HI 96815

6 - Shares

Complete the below stock information on record with the Department.

Class	Series	Authorized	Par Value	Amount Issued
Preferred	A	100000000	0.01	
Preferred	B	100000000	0.01	
Preferred	C	100000000	0.01	
Preferred	D	100000000	0.01	
Preferred	E	100000000	0.01	
Common	A	100000000	0.01	
Common	B	100000000	0.01	
Common	C	100000000	0.01	
Common	D	100000000	0.01	
Common	E	100000000	0.01	

7 - Officials

Name	Address	% Owned	Titles
THEODORE HAUGLAND			Incorporator

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: THEODORE HAUGLAND

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

BUSINESS, INC



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **April 8, 2022**.

A handwritten signature in black ink, appearing to read "Julie Sande".

Julie Sande
Commissioner



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10193860
Date Filed: 04/21/2022
State of Alaska, DCCED

FOR DIVISION USE ONLY

Articles of Incorporation

Domestic Business Corporation

Web-4/21/2022 6:03:18 PM

1 - Entity Name

Legal Name: Limousine Inc

2 - Purpose

The purpose of Limousine Inc is to return a profit to shareholders by offering limousine products and services in the United States, France, Germany, and Spain.

3 - NAICS Code

485320 - LIMOUSINE SERVICE

4 - Registered Agent

Name: US, INC

Mailing Address: 3300 ARTIC BLVD, STE 201-1013, ANCHORAGE, AK 99503

Physical Address: 549 W INTL AIRPORT RD, STE A10-174, ANCHORAGE, AK 99518

5 - Entity Addresses

Mailing Address: 718 AHUWALE ST, HONOLULU, HI 96821

Physical Address: 718 AHUWALE ST, HONOLULU, HI 96821

6 - Shares

Complete the below stock information on record with the Department.

Class	Series	Authorized	Par Value	Amount Issued
Preferred	A	100000000	0.01	
Preferred	B	100000000	0.01	
Preferred	C	100000000	0.01	
Preferred	D	100000000	0.01	
Preferred	E	100000000	0.01	
Common	A	100000000	0.01	
Common	B	100000000	0.01	
Common	C	100000000	0.01	
Common	D	100000000	0.01	
Common	E	100000000	0.01	

7 - Officials

Name	Address	% Owned	Titles
HAWAII LIMOUSINE SERVICE	1717 Ala Wai Blvd Apt 1110, HONOLULU, HI 96815		Alien Affiliate
HONOLULU LIMOUSINE SERVICE	444 NIU ST, PH 502, HONOLULU, HI 96815		Alien Affiliate
WEDDING LIMOUSINE SERVICE	4159 PAHOA AVE, HONOLULU, HI 96816		Alien Affiliate
OAHU LIMOUSINE SERVICE	335 MERCHANT ST, UNIT 66, HONOLULU, HI 96810		Alien Affiliate
HI LIMOUSINE SERVICE	2941 KALIHI ST, HONOLULU, HI 96813		Alien Affiliate
KANEOHE LIMOUSINE SERVICE	46-036 KAMEHAMEHA HWY, UNIT 100, HONOLULU, HI 96744		Alien Affiliate
THEODORE HAUGLAND			Incorporator
JUNG NO			Incorporator

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: THEODORE HAUGLAND

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

Limousine Inc



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **April 21, 2022**.

A handwritten signature in black ink, appearing to read "Julie Sande".

Julie Sande
Commissioner



THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10192641
Date Filed: 04/08/2022
State of Alaska, DCCED

FOR DIVISION USE ONLY

Certificate of Authority
Foreign Business Corporation

Web-4/8/2022 6:40:18 PM

1 - Entity Name

Legal Name: PreFab Inc

2 - Home State

State of domicile (home state): HAWAII, UNITED STATES

Date of Incorporation: 4/8/2022

The entity is in good standing in the state of domicile.

3 - Duration

The duration of the entity is perpetual.

4 - Purpose

Any lawful business resulting in new residential properties

5 - NAICS Code

236115 - NEW SINGLE-FAMILY HOUSING CONSTRUCTION (EXCEPT OPERATIVE BUILDERS)

6 - Registered Agent

Name: BUSINESS, INC

Mailing Address: 3300 ARCTIC BLVD, UNIT 201-1013, ANCHORAGE, AK 99503

Physical Address: 549 W INTL AIRPORT RD, ANCHORAGE, AK 99518

7 - Entity Addresses

Mailing Address: 3740 Boiling Springs Hwy, 242, Boiling Springs, SC 29316

Physical Address: 3740 Boiling Springs Hwy, 242, Boiling Springs, SC 29316

8 - Shares

Complete the below stock information on record with the Department.

Class	Series	Authorized	Par Value	Amount Issued
Preferred	A	1000000000	0.01	1000000
Common	A	1000000000	0.0001	1000000

9 - Officials

Name	Address	% Owned	Titles
Anton Shevchenko	3740 Boiling Springs Hwy, 242, Boiling Springs, SC 29316	95	Alien Affiliate, Assistant Secretary, Assistant Treasurer, Director, President, Secretary, Shareholder, Treasurer, Vice President
Theodore Haugland	335 Merchant St, Unit 66, Honolulu, HI 96810	5	Alien Affiliate, Shareholder, Vice President

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Official(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: Anton Shevchenko

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Authority

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

PreFab Inc
to transact business in this state under the name of
PreFab Inc



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **April 8, 2022**.

A handwritten signature in black ink, appearing to read "Julie Sande".

Julie Sande
Commissioner



THE STATE
of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10206334
Date Filed: 09/02/2022
State of Alaska, DCCED

FOR DIVISION USE ONLY

Articles of Incorporation

Domestic Business Corporation

Web-9/2/2022 12:52:26 AM

1 - Entity Name

Legal Name: HAWAII FOUNDATION INC

2 - Purpose

The purpose of Hawaii Foundation Inc is to return shareholder investment through the sale of various programs, products, and services to residents and visitors of Alaska and Hawaii.

3 - NAICS Code

813920 - PROFESSIONAL ORGANIZATIONS

4 - Registered Agent

Name: US, INC

Mailing Address: 3300 ARCTIC BLVD, UNIT 201-1013, ANCHORAGE, AK 99503

Physical Address: 549 W INTL AIRPORT RD, UNIT A10-174, ANCHORAGE, AK 99518

5 - Entity Addresses

Mailing Address: PO BOX 8845, HONOLULU, HI 96830

Physical Address: 57-542 KAMEHAMEHA HWY, KAHUKU, HI 96731

6 - Shares

Complete the below stock information on record with the Department.

Class	Series	Authorized	Par Value	Amount Issued
Preferred	A	100000000	0.01	
Preferred	C	100000000	0.01	
Preferred	D	100000000	0.01	
Preferred	E	100000000	0.01	
Common	A	100000000	0.01	
Preferred	B	100000000	0.01	
Common	B	100000000	0.01	
Common	C	100000000	0.01	
Common	D	100000000	0.01	
Common	E	100000000	0.01	

7 - Officials

Name	Address	% Owned	Titles
THEODORE HAUGLAND			Incorporator

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: THEODORE HAUGLAND

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

HAWAII FOUNDATION INC



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **September 2, 2022**.

A handwritten signature in black ink, appearing to read "Julie Sande".

Julie Sande
Commissioner



THE STATE
of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10195869
Date Filed: 05/15/2022
State of Alaska, DCCED

FOR DIVISION USE ONLY

Articles of Incorporation

Domestic Business Corporation

Web-5/15/2022 1:47:56 AM

1 - Entity Name

Legal Name: OAHU FARMS CO

2 - Purpose

THE PURPOSE OF OAHU FARMS CO IS TO RETURN A LEGAL PROFIT TO SHAREHOLDERS.

3 - NAICS Code

111336 - FRUIT AND TREE NUT COMBINATION FARMING

4 - Registered Agent

Name: PHILIP GLADE

Mailing Address: 3300 ARCTIC BLVD, STE 201-1013, ANCHORAGE, AK 99503

Physical Address: 3300 ARCTIC BLVD, STE 201-1013, ANCHORAGE, AK 99503

5 - Entity Addresses

Mailing Address: 1931 KAMEHAMEHA HWY, HALEIWA, HI 96712

Physical Address: 1931 KAMEHAMEHA HWY, HALEIWA, HI 96712

6 - Shares

Complete the below stock information on record with the Department.

Class	Series	Authorized	Par Value	Amount Issued
Preferred	A	100000000	0.01	
Preferred	B	100000000	0.01	
Preferred	C	100000000	0.01	
Preferred	D	100000000	0.01	
Preferred	E	100000000	0.01	
Common	A	100000000	0.01	
Common	B	100000000	0.01	
Common	C	100000000	0.01	
Common	D	100000000	0.01	
Common	E	100000000	0.01	

7 - Officials

Name	Address	% Owned	Titles
THEODORE HAUGLAND			Incorporator
DAWN UNGA-STICK			Incorporator
EDDIE UNGA			Incorporator
WHITNEY UNGA			Incorporator
JOSHUA UNGA			Incorporator
GARY STICK			Incorporator

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: THEODORE HAUGLAND

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

OAHU FARMS CO



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **May 15, 2022**.

A handwritten signature in black ink, appearing to read "Julie Sande".

Julie Sande
Commissioner



THE STATE
of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10212549
Date Filed: 11/02/2022
State of Alaska, DCCED

FOR DIVISION USE ONLY

Articles of Incorporation

Domestic Business Corporation

Web-11/2/2022 11:40:17 PM

1 - Entity Name

Legal Name: HOLDING CO

2 - Purpose

The purpose of holding co is to return a profit to shareholders through the use of any legal means necessary.

3 - NAICS Code

551114 - CORPORATE, SUBSIDIARY, AND REGIONAL MANAGING OFFICES

4 - Registered Agent

Name: THEODORE HAUGLAND

Mailing Address: 3300 ARCTIC BLVD, UNIT 201-1013, ANCHORAGE, AK 99503

Physical Address: 3300 ARCTIC BLVD, UNIT 201-1013, ANCHORAGE, AK 99503

5 - Entity Addresses

Mailing Address: 1050 BISHOP ST # 317, HONOLULU, HI 96813

Physical Address: 3333 BEACH RD , HONOLULU, HI 96815

6 - Shares

Complete the below stock information on record with the Department.

Class	Series	Authorized	Par Value	Amount Issued
Preferred	A	100000000	0.01	
Preferred	B	100000000	0.01	
Preferred	C	100000000	0.01	
Preferred	D	100000000	0.01	
Preferred	E	100000000	0.01	
Common	A	100000000	0.01	
Common	C	100000000	0.01	
Common	B	100000000	0.01	
Common	D	100000000	0.01	
Common	E	100000000	0.01	

7 - Officials

Name	Address	% Owned	Titles
ANTON SHEVCHENKO			Incorporator
THEODORE HAUGLAND			Incorporator

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: ANTON SHEVCHENKO

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

HOLDING CO



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **November 2, 2022**.

A handwritten signature in black ink, appearing to read "Julie Sande".

Julie Sande
Commissioner



THE STATE
of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

AK Entity #: 10206333
Date Filed: 09/02/2022
State of Alaska, DCCED

FOR DIVISION USE ONLY

Articles of Incorporation

Domestic Business Corporation

Web-9/2/2022 12:26:22 AM

1 - Entity Name

Legal Name: CHRISTIAN CHARITIES CO

2 - Purpose

The purpose of Christian Charities Co is to return shareholder investment through the sale of various fundraising programs, products, and services.

3 - NAICS Code

813110 - RELIGIOUS ORGANIZATIONS

4 - Registered Agent

Name: US, INC

Mailing Address: 3300 ARCTIC BLVD, UNIT 201-1013, ANCHORAGE, AK 99503

Physical Address: 549 W INTL AIRPORT RD, UNIT A10-174, ANCHORAGE, AK 99518

5 - Entity Addresses

Mailing Address: PO BOX 66, HONOLULU, HI 96810

Physical Address: 335 MERCHANT ST, UNIT 66, HONOLULU, HI 96810

6 - Shares

Complete the below stock information on record with the Department.

Class	Series	Authorized	Par Value	Amount Issued
Preferred	A	100000000	0.01	
Common	A	100000000	0.01	
Preferred	B	100000000	0.01	
Common	B	100000000	0.01	
Preferred	C	100000000	0.01	
Common	C	100000000	0.01	
Preferred	D	100000000	0.01	
Common	D	100000000	0.01	
Preferred	E	100000000	0.01	
Common	E	100000000	0.01	

7 - Officials

Name	Address	% Owned	Titles
THEODORE HAUGLAND			Incorporator

Name of person completing this online application

This form is for use by the named entity only. Only persons who are authorized by the above Incorporator(s) of the named entity may make changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: THEODORE HAUGLAND

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Incorporation

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community, and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

CHRISTIAN CHARITIES CO



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **September 2, 2022**.

A handwritten signature in black ink, appearing to read "Julie Sande".

Julie Sande
Commissioner

Hawaii Business Express

Start, Manage, and Search Hawaii businesses

[Search Home](#) [Help](#)

Search results

Record Type

Status

Entity Type

Show rows

Name	Formation Date	Record Type	File Number	Status
TAXIMOD CO	06/02/2020	CORPORATION	114446F1	DISSOLVED
HAWAII LIMOUSINE INC	06/03/2020	CORPORATION	114450F1	DISSOLVED
GIT WIRELESS INC	08/04/2020	CORPORATION	114669F1	DISSOLVED
SURFBOARD RENT INC	08/04/2020	CORPORATION	114658F1	DISSOLVED
TAXI CABBY CO	08/04/2020	CORPORATION	114663F1	DISSOLVED
OPT INCORPORATED	08/04/2020	CORPORATION	114667F1	DISSOLVED
AMENITY SUITES INC	08/04/2020	CORPORATION	114686F1	DISSOLVED
HAWAIIAN CORPORATION	08/05/2020	CORPORATION	318401D1	DISSOLVED
EQUAL MEDICINE ORG	11/20/2020	CORPORATION	318688D1	DISSOLVED
DEPOS INC	01/07/2021	NON-PROFIT	319349D1	DISSOLVED
IMPLEM INC	04/07/2021	CORPORATION	319491D1	DISSOLVED
CHIP INCORPORATED	04/17/2021	CORPORATION	319662D1	DISSOLVED
TAXICAB EQUIPMENT INC	05/11/2021	CORPORATION	319806D1	DISSOLVED
ERM INCORPORATED	06/03/2021	CORPORATION	320203D1	DISSOLVED
RF INCORPORATED	08/02/2021	CORPORATION	321041D1	DISSOLVED
NODES INCORPORATED	12/25/2021	CORPORATION	321056D1	DISSOLVED
CYANNE INC	02/14/2022	CORPORATION	321065D1	DISSOLVED
EXPRESSIONISM INC	02/20/2022	CORPORATION	321049D1	DISSOLVED
MEDIC ALASKA CO	03/04/2022	CORPORATION	117441F1	DISSOLVED
IRS, INC	04/08/2022	CORPORATION	117634F1	DISSOLVED
EQUAL ENERGY ORGANIZATION	04/08/2022	NON-PROFIT	321713D2	DISSOLVED
POM INCORPORATED	05/20/2022	CORPORATION	321991D1	DISSOLVED
YACHT INC	05/20/2022	CORPORATION	321992D1	DISSOLVED
AUTOOPTIMIZATION INC	05/20/2022	CORPORATION	321990D1	DISSOLVED
US, INC	06/24/2022	CORPORATION	116934F1	ACTIVE

Showing 1 to 25 of 25 entries

FILED 06/02/2020 10:01 PM
Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of Hawaii



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No. (808) 586-2727

Internet FORM FC-1
0602202046715 7/2010



APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN CORPORATION

(Section 414-433, 414D-273, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, duly authorized officers of the corporation submitting this application, certify as follows:

- 1. The corporation is (check one): Profit (F/\$50/B11) Nonprofit (F/\$25/B53)
- 2. Attached is an original certificate of good standing or other similar record duly authenticated by the proper officer of the state or country of incorporation and dated not more than sixty (60) days prior to the filing of this application. If the certificate of good standing or other similar record is in a foreign language, a translation under the oath of the translator accompanies the certificate.

3. The name of the corporation is:

TAXIMOD CO

(Name must be exactly as stated on Certificate of Good Standing including spacing and punctuation)

4. The corporation was incorporated in: **ALASKA**

5. The corporation was incorporated on: **JUN 2, 2020**
(Month Day Year)

6. Mailing address of the principal office is:

1110 NUUANU AVE 1001, HONOLULU, HI 96817 USA

7. The corporation shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

a. The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of Hawaii is:

END ENTERPRISES, INCORPORATED

307870D1

HAWAII

(Name of Registered Agent)

(State or Country)

b. The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

1110 NUUANU AVE 1001, HONOLULU, HI 96817 USA

8. List the names, office held and addresses of all the officers and directors of the corporation. Attach additional names if more space is needed.

OFFICE HELD	NAME	ADDRESS
PRESIDENT	KENIA CANIZALES	1110 NUUANU AVE 1001, HONOLULU, HI 96817 USA

06/02/202046715

VICE PRESIDENT

THEODORE HAUGLAND

1 LUMANA'I BLDG, 6769 NUUULI STREET #602,
PAGO PAGO 96799 AMERICAN SAMOA

TREASURER

PHILIP GLADE

3830 UNIVERSITY CENTER DR, APT 607, LAS
VEGAS, NV 89119 USA

SECRETARY

CECILIA BOLINGER

1038 CHERRY ST, EUDORA, KS 66025 USA

9. For nonprofit corporation only. Please check one:

The corporation has members.

The corporation has no members.

We certify under the penalties of Section 414-20, 414D-12, Hawaii Revised Statutes, as applicable, that we have read the above statements, we are authorized to sign this application, and that the above statements are true and correct.

02

JUNE, 2020

Signed this

day of

KENIA CANIZALES, PRESIDENT

(Type/Print Name & Title)

KENIA CANIZALES

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

06/02/202046715



State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

TAXIMOD CO

This entity was formed on June 2, 2020 and is in good standing. This entity has filed all biennial reports and fees due at this time.

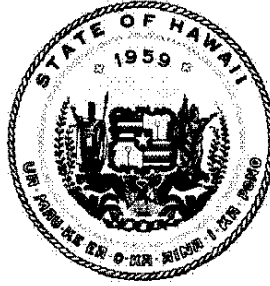
No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **June 2, 2020**.

Julie Anderson
Commissioner

06/02/202046715



Department of Commerce and Consumer Affairs

CERTIFICATE OF AUTHORITY

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

TAXIMOD CO

incorporated under the laws of Alaska

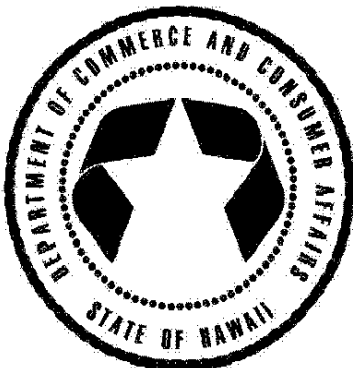
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 06/02/2020.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: June 08, 2020

Catherine P. Awata-Colin

Director of Commerce and Consumer Affairs



DCCA State of Hawaii

Downloaded on October 8, 2025.

The information provided below is not a certification of good standing and does not constitute any other certification by the State.

Website URL: <http://hbe.ehawaii.gov/documents>

Business Information

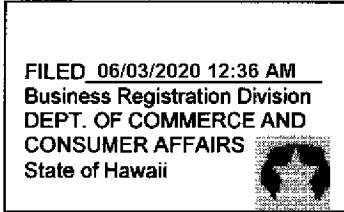
MASTER NAME	TAXIMOD CO
BUSINESS TYPE	Foreign Profit Corporation
FILE NUMBER	114446 F1
STATUS	2
PURPOSE	MODIFIES STOCK VEHICLES INTO TAXICABS THAT ARE READY FOR SERVICE.
ORGANIZED IN	Alaska UNITED STATES
REGISTRATION DATE	Jun 2, 2020
PRINCIPAL ADDRESS	1110 NUUANU AVE UNIT 1001 HONOLULU, Hawaii 96817 UNITED STATES
MAILING ADDRESS	1110 NUUANU AVE UNIT 1001 HONOLULU, Hawaii 96817 UNITED STATES
CROSS REFERENCE NAME	TAXI MOD CO
AGENT NAME	LICENSE, INC
AGENT ADDRESS	2002 KALAKAUA AVE HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2025		Delinquent
2024		Delinquent
2023		Delinquent
2022	Feb 14, 2023	Processed
2021	Feb 14, 2023	Processed

Officers

NAME	OFFICE	DATE
CANIZALES, KENIA	CEO/P/D	Apr 1, 2022
HAUGLAND, THEODORE	VCFO/D	Apr 1, 2022
IMPLEM INC	S/CO/D	Apr 1, 2022
TRADEMARK INCORPORATED	T/D	Apr 1, 2022
HAWAIIAN CORPORATION	D/R	Apr 1, 2022



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No.(808) 586-2727

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN CORPORATION

(Section 414-433, 414D-273, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, duly authorized officers of the corporation submitting this application, certify as follows:

- 1. The corporation is (check one): Profit (F/\$50/B11) Nonprofit (F\$25/B53)
- 2. Attached is an original certificate of good standing or other similar record duly authenticated by the proper officer of the state or country of incorporation and dated not more than sixty (60) days prior to the filing of this application. If the certificate of good standing or other similar record is in a foreign language, a translation under the oath of the translator accompanies the certificate.

3. The name of the corporation is:
HAWAII LIMOUSINE INC

(Name must be exactly as stated on Certificate of Good Standing including spacing and punctuation)

4. The corporation was incorporated in: **ALASKA**

5. The corporation was incorporated on: **JUN 3, 2020**
(Month Day Year)

6. Mailing address of the principal office is:
1110 NUUANU AVE 1001, HONOLULU, HI 96817 USA

7. The corporation shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

a. The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of Hawaii is:

END ENTERPRISES, INCORPORATED

HAWAII

(Name of Registered Agent)

(State or Country)

b. The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

1110 NUUANU AVE 1001, HONOLULU, HI 96817 USA

8. List the names, office held and addresses of all the officers and directors of the corporation. Attach additional names if more space is needed.

<u>OFFICE HELD</u>	<u>NAME</u>	<u>ADDRESS</u>
PRESIDENT	KENIA CANIZALES	1110 NUUANU AVE 1001, HONOLULU, HI 96817 USA

06/03/202046725

VICE PRESIDENT

THEODORE HAUGLAND

1 LUMUNA'I BLDG, 6769 NUUULI STREET 602,
PAGO PAGO 96799 AMERICAN SAMOA

TREASURER

PHILIP GLADE

3830 UNIVERSITY CENTER DR, APT 607, LAS
VEGAS, NV 89119 USA

SECRETARY

CECILIA BOLINGER

1308 CHERRY STREET, EUDORA, KS 66025 USA

ASSISTANT TREASURER

MUSTAFA ABDALHASSAN

1155 E TWAIN AVE BLDG 108, STE 240, LAS
VEGAS, NV 89169 USA

ASSISTANT SECRETARY

CHRISTOPHER HAUGLAND

205 COTTONWOOD DR, LANSING, KS 66043 USA

9. For nonprofit corporation only. Please check one:

The corporation has members.

The corporation has no members.

We certify under the penalties of Section 414-20, 414D-12, Hawaii Revised Statutes, as applicable, that we have read the above statements, we are authorized to sign this application, and that the above statements are true and correct.

03 JUNE, 2020

Signed this _____ day of _____

KENIA CANIZALES, PRESIDENT

(Type/Print Name & Title)

KENIA CANIZALES

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

06/03/202046725

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

FILED 06/03/2020 12:36 AM
Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of Hawaii

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

HAWAII LIMOUSINE INC

This entity was formed on June 3, 2020 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.

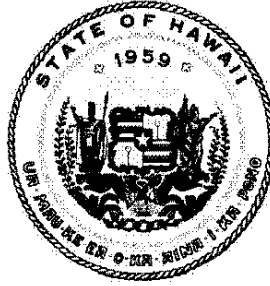


IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **June 3, 2020**.

A handwritten signature in cursive script that reads "Julie Anderson".

Julie Anderson
Commissioner

06/03/202046725



Department of Commerce and Consumer Affairs

CERTIFICATE OF AUTHORITY

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

HAWAII LIMOUSINE INC

incorporated under the laws of Alaska

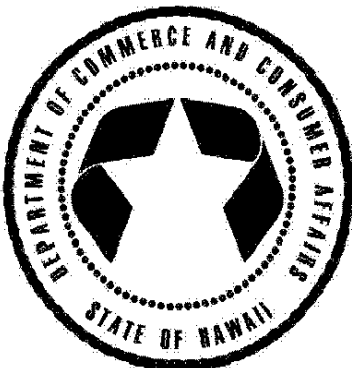
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 06/03/2020.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: June 08, 2020

Catherine P. Awahi Colis

Director of Commerce and Consumer Affairs



DCCA State of Hawaii

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The information provided below is not a certification of good standing and does not constitute any other certification by the State.

Website URL: <http://hbe.ehawaii.gov/documents>

Business Information

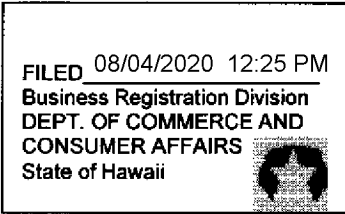
MASTER NAME	HAWAII LIMOUSINE INC
BUSINESS TYPE	Foreign Profit Corporation
FILE NUMBER	114450 F1
STATUS	Inv. Cancelled
PURPOSE	LIMOUSINE TRANSPORTATION SERVICE
ORGANIZED IN	Alaska UNITED STATES
REGISTRATION DATE	Jun 3, 2020
PRINCIPAL ADDRESS	1717 ALA WAI BLVD HONOLULU, Hawaii 96815 UNITED STATES
MAILING ADDRESS	PO BOX 66 HONOLULU, Hawaii 96813 UNITED STATES
CROSS REFERENCE NAME	HI LIMOUSINE INC
AGENT NAME	END ENTERPRISES, INCORPORATED
AGENT ADDRESS	1110 NUUANU AVE UNIT 1001 HONOLULU, Hawaii 96817 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2024		Delinquent
2023		Delinquent
2022		Delinquent
2021	Jul 29, 2021	Processed

Officers

NAME	OFFICE	DATE
HAUGLAND, THEODORE	P/D	Apr 1, 2021
CANIZALES, KENIA	V/D	Apr 1, 2021
BOLINGER, CECILIA	S/D	Apr 1, 2021
GLADE, PHILIP	T/D	Apr 1, 2021
HAUGLAND, CHRISTOPHER	AT/D	Apr 1, 2021



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No.(808) 586-2727

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN CORPORATION

(Section 414-433, 414D-273, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, duly authorized officers of the corporation submitting this application, certify as follows:

- 1. The corporation is (check one): Profit (F/\$50/B11) Nonprofit (F\$25/B53)
- 2. Attached is an original certificate of good standing or other similar record duly authenticated by the proper officer of the state or country of incorporation and dated not more than sixty (60) days prior to the filing of this application. If the certificate of good standing or other similar record is in a foreign language, a translation under the oath of the translator accompanies the certificate.

3. The name of the corporation is:

GIT WIRELESS INC

(Name must be exactly as stated on Certificate of Good Standing including spacing and punctuation)

4. The corporation was incorporated in: **ALASKA**

5. The corporation was incorporated on: **APR 28, 2020**
(Month Day Year)

6. Mailing address of the principal office is:

1110 NUUANU AVE #1001, HONOLULU, HI 96817 USA

7. The corporation shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

a. The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of Hawaii is:

114446F1

TAXIMOD CO

HAWAII

(Name of Registered Agent)

(State or Country)

b. The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

1110 NUUANU AVE #1001, HONOLULU, HI 96817 USA

8. List the names, office held and addresses of all the officers and directors of the corporation. Attach additional names if more space is needed.

OFFICE HELD

NAME

ADDRESS

PRESIDENT

THEODORE HAUGLAND

1036 UNION MALL #1000, HONOLULU, HI 96813 USA

07/28/202046699

VICE PRESIDENT

PHILIP GLADE

3830 UNIVERSITY CENTER DR #607, LAS VEGAS,
NV 89119 USA

TREASURER

KENIA CANIZALES

1110 NUUANU AVE #1001, HONOLULU, HI
96817 USA

SECRETARY

CECILIA BOLINGER

1038 CHERRY STREET, EUDORA, KS 66025 USA

ASSISTANT TREASURER

MUSTAFA ABDALHASSAN

1155 E TWAIN AVE BLDG 108 #240, LAS VEGAS,
NV 89169 USA

ASSISTANT SECRETARY

CHRISTOPHER HAUGLAND

205 COTTONWOOD DR, LANSING, KS 66043 USA

9. For nonprofit corporation only. Please check one:

The corporation has members.

The corporation has no members.

We certify under the penalties of Section 414-20, 414D-12, Hawaii Revised Statutes, as applicable, that we have read the above statements, we are authorized to sign this application, and that the above statements are true and correct.

28 JULY, 2020

Signed this _____ day of _____

THEODORE HAUGLAND, PRESIDENT

(Type/Print Name & Title)

THEODORE HAUGLAND

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

07/28/202046699

FILED 08/04/2020 12:25 PM
Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of Hawaii



Alaska Entity #10130869

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Git Wireless Inc

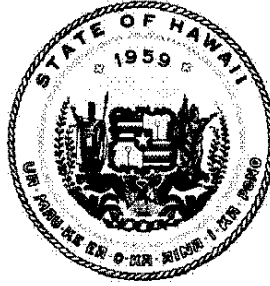
This entity was formed on April 28, 2020 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective August 4, 2020.

Julie Anderson
Commissioner



Department of Commerce and Consumer Affairs

CERTIFICATE OF AUTHORITY

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

GIT WIRELESS INC

incorporated under the laws of Alaska

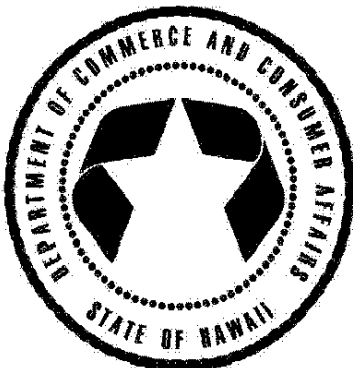
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 08/04/2020.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: August 05, 2020

Catherine P. Awahi Colis

Director of Commerce and Consumer Affairs



DCCA State of Hawaii

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The information provided below is not a certification of good standing and does not constitute any other certification by the State.

Website URL: <http://hbe.ehawaii.gov/documents>

Business Information

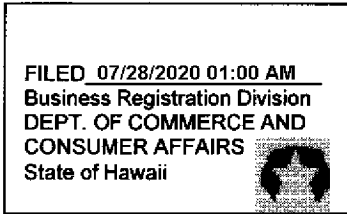
MASTER NAME	GIT WIRELESS INC
BUSINESS TYPE	Foreign Profit Corporation
FILE NUMBER	114669 F1
STATUS	1
PURPOSE	DEVELOPMENT, BRANDING, AND DISTRIBUTION OF ELECTRONICS
ORGANIZED IN	Alaska UNITED STATES
REGISTRATION DATE	Aug 4, 2020
PRINCIPAL ADDRESS	1335 RIVER ST HONOLULU, Hawaii 96817 UNITED STATES
MAILING ADDRESS	1335 RIVER ST HONOLULU, Hawaii 96817 UNITED STATES
AGENT NAME	LICENSE, INC
AGENT ADDRESS	2002 KALAKAUA AVE HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2025		Not Filed
2024		Delinquent
2023		Delinquent
2022	Feb 14, 2023	Processed
2021	Feb 14, 2023	Processed

Officers

NAME	OFFICE	DATE
HAUGLAND, THEODORE	CEO/P/D	Jul 1, 2022
CANIZALES, KENIA	V/CFO/D	Jul 1, 2022
TRADEMARK INCORPORATED	S/D	Jul 1, 2022
IMPLEM INC	S/D	Jul 1, 2022
US, INC	T/D	Jul 1, 2022
HAWAIIAN CORPORATION	D/R	Jul 1, 2022



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No.(808) 586-2727

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN CORPORATION

(Section 414-433, 414D-273, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, duly authorized officers of the corporation submitting this application, certify as follows:

- 1. The corporation is (check one): Profit (F/\$50/B11) Nonprofit (F\$25/B53)
- 2. Attached is an original certificate of good standing or other similar record duly authenticated by the proper officer of the state or country of incorporation and dated not more than sixty (60) days prior to the filing of this application. If the certificate of good standing or other similar record is in a foreign language, a translation under the oath of the translator accompanies the certificate.

3. The name of the corporation is:
SURFBOARD RENT INC

(Name must be exactly as stated on Certificate of Good Standing including spacing and punctuation)

4. The corporation was incorporated in: **ALASKA**

5. The corporation was incorporated on: **JUL 28, 2020**
(Month Day Year)

6. Mailing address of the principal office is:
1036 UNION MALL #1000, HONOLULU, HI 96813 USA

7. The corporation shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

a. The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of Hawaii is:

TAXIMOD CO **114446F1** **ALASKA**
(Name of Registered Agent) (State or Country)

b. The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

1036 UNION MALL #1000, HONOLULU, HI 96813 USA

8. List the names, office held and addresses of all the officers and directors of the corporation. Attach additional names if more space is needed.

OFFICE HELD	NAME	ADDRESS
PRESIDENT / DIRECTOR	THEODORE HAUGLAND	1036 UNION MALL #1000, HONOLULU, HI 96813 USA

07/28/202046697

VICE PRESIDENT / DIRECTOR KENIA CANIZALES

1110 NUUANU AVE #1001, HONOLULU, HI
96817 USA

TREASURER / DIRECTOR PHILIP GLADE

3830 UNIVERSITY CENTER DR #607, LAS VEGAS,
NV 89119 USA

SECRETARY / DIRECTOR CECILIA BOLINGER

1038 CHERRY ST, EUDORA, KS 66025 USA

9. For nonprofit corporation only. Please check one:

The corporation has members.

The corporation has no members.

We certify under the penalties of Section 414-20, 414D-12, Hawaii Revised Statutes, as applicable, that we have read the above statements, we are authorized to sign this application, and that the above statements are true and correct.

28 JULY,2020

Signed this _____ day of _____

THEODORE HAUGLAND, PRESIDENT

(Type/Print Name & Title)

THEODORE HAUGLAND

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

07/28/202046697

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Surfboard Rent Inc

This entity was formed on July 28, 2020 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **July 28, 2020**.

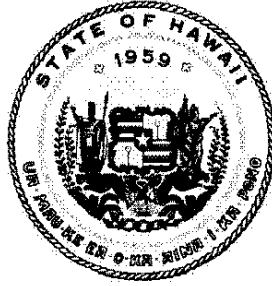
A handwritten signature in cursive script that reads "Julie Anderson".

Julie Anderson
Commissioner

FILED 07/28/2020 01:00 AM
Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of Hawaii



07/28/202046697



Department of Commerce and Consumer Affairs

CERTIFICATE OF AUTHORITY

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

SURFBOARD RENT INC

incorporated under the laws of Alaska

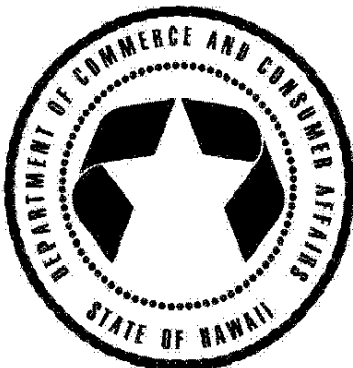
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 07/28/2020.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: August 03, 2020

Catherine P. Awala Colón

Director of Commerce and Consumer Affairs



DCCA State of Hawaii

Downloaded on October 8, 2025.

The information provided below is not a certification of good standing and does not constitute any other certification by the State.

Website URL: <http://hbe.ehawaii.gov/documents>

Business Information

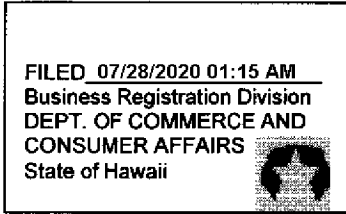
MASTER NAME	SURFBOARD RENT INC
BUSINESS TYPE	Foreign Profit Corporation
FILE NUMBER	114658 F1
STATUS	1
PURPOSE	RENTAL SERVICE - RECREATIONAL
ORGANIZED IN	Alaska UNITED STATES
REGISTRATION DATE	Jul 28, 2020
PRINCIPAL ADDRESS	444 NIU ST PH 502 HONOLULU, Hawaii 96815 UNITED STATES
MAILING ADDRESS	444 NIU ST PH 502 HONOLULU, Hawaii 96815 UNITED STATES
AGENT NAME	LICENSE, INC
AGENT ADDRESS	2002 KALAKAUA AVE HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2025		Not Filed
2024		Delinquent
2023		Delinquent
2022	Mar 3, 2023	Processed
2021	Mar 3, 2023	Processed

Officers

NAME	OFFICE	DATE
PAGUYO, CHRISTOPHER	C/V/C/D	Jul 1, 2022
CORRAL, ELLIE	C/V/C/D	Jul 1, 2022
UNGA-STICK, DAWN	C/SR/V/D	Jul 1, 2022
KOJA, KARL	C/S/D	Jul 1, 2022
PASCUA, SAMUEL	C/AS/D	Jul 1, 2022
LEWIS, SALOME	C/R/D	Jul 1, 2022
KOJA, CYNTHIA	C/CO/D	Jul 1, 2022
HARADA, MATTHEW	C/T/D	Jul 1, 2022
PAGUYO, DANIEL	C/AT/D	Jul 1, 2022
CANIZALES, KENIA	C/V/D	Jul 1, 2022
HAUGLAND, THEODORE	C/P/D	Jul 1, 2022
STICK, GARY	E/V/D	Jul 1, 2022



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No.(808) 586-2727

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN CORPORATION

(Section 414-433, 414D-273, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, duly authorized officers of the corporation submitting this application, certify as follows:

- 1. The corporation is (check one): Profit (F/\$50/B11) Nonprofit (F\$25/B53)
- 2. Attached is an original certificate of good standing or other similar record duly authenticated by the proper officer of the state or country of incorporation and dated not more than sixty (60) days prior to the filing of this application. If the certificate of good standing or other similar record is in a foreign language, a translation under the oath of the translator accompanies the certificate.

3. The name of the corporation is:

TAXI CABBY CO

(Name must be exactly as stated on Certificate of Good Standing including spacing and punctuation)

4. The corporation was incorporated in: ALASKA

5. The corporation was incorporated on: MAY 24, 2020
(Month Day Year)

6. Mailing address of the principal office is:

1036 UNION MALL #1000, HONOLULU, HI 96813 USA

7. The corporation shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

a. The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of Hawaii is:

TAXIMOD CO

~~HAWAII~~ ALASKA

(Name of Registered Agent)

(State or Country)

b. The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

1110 NUUANU AVE #1001, HONOLULU, HI 96817 USA

8. List the names, office held and addresses of all the officers and directors of the corporation. Attach additional names if more space is needed.

OFFICE HELD	NAME	ADDRESS
PRESIDENT	THEODORE HAUGLAND	1036 UNION MALL #1000, HONOLULU, HI 96813 USA

07/28/202046698

VICE PRESIDENT

KENIA CANIZALES

1110 NUUANU AVE #1001, HONOLULU, HI
96817 USA

SECRETARY

PHILIP GLADE

3830 UNIVERSITY CENTER DR #607, LAS VEGAS,
NV 89119 USA

ASSISTANT SECRETARY

JONATHON PORTILLO

3830 SWENSON ST #417, LAS VEGAS, NV 89119
USA

TREASURER

CINDY GONZALEZ

3830 SWENSON ST #417, LAS VEGAS, NV 89119
USA

9. For nonprofit corporation only. Please check one:

The corporation has members.

The corporation has no members.

We certify under the penalties of Section 414-20, 414D-12, Hawaii Revised Statutes, as applicable, that we have read the above statements, we are authorized to sign this application, and that the above statements are true and correct.

28

JULY, 2020

Signed this

day of

THEODORE HAUGLAND, PRESIDENT

(Type/Print Name & Title)

THEODORE HAUGLAND

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

07/28/202046698

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

FILED 07/28/2020 01:15 AM
Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of Hawaii



Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

TAXI CABBY CO
transacting business in this state under the name of
TAXI CABBY CO

This entity was formed on May 24, 2020 and is in good standing. This entity has filed all biennial reports and fees due at this time.

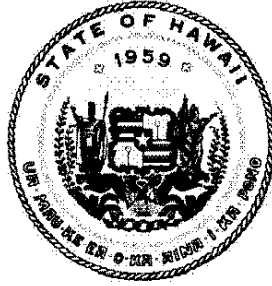
No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **July 28, 2020**.

Julie Anderson
Commissioner

07/28/202046698



Department of Commerce and Consumer Affairs

CERTIFICATE OF AUTHORITY

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

TAXI CABBY CO

incorporated under the laws of Alaska

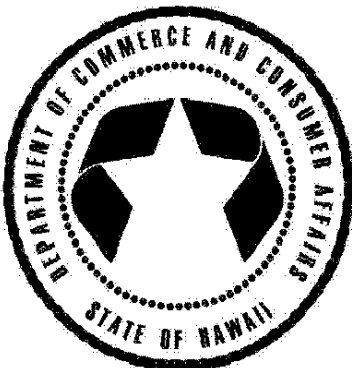
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 07/28/2020.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: August 04, 2020

Catherine P. Awata-Cobin

Director of Commerce and Consumer Affairs



DCCA State of Hawaii

Downloaded on October 8, 2025.

The information provided below is not a certification of good standing and does not constitute any other certification by the State.

Website URL: <http://hbe.ehawaii.gov/documents>

Business Information

MASTER NAME	TAXI CABBY CO
BUSINESS TYPE	Foreign Profit Corporation
FILE NUMBER	114663 F1
STATUS	1
PURPOSE	TAXICAB SERVICE
ORGANIZED IN	Alaska UNITED STATES
REGISTRATION DATE	Jul 28, 2020
PRINCIPAL ADDRESS	1110 NUUANU AVE #1001 HONOLULU, Hawaii 96813 UNITED STATES
MAILING ADDRESS	1110 NUUANU AVE #1001 HONOLULU, Hawaii 96813 UNITED STATES
AGENT NAME	LICENSE, INC
AGENT ADDRESS	2002 KALAKAUA AVE HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2025		Not Filed
2024		Delinquent
2023		Delinquent
2022	Feb 14, 2023	Processed
2021	Feb 14, 2023	Processed

Officers

NAME	OFFICE	DATE
HAUGLAND,THEODORE	CEO/P/D	Jul 1, 2022
CANIZALES,KENIA	V/CFO/D	Jul 1, 2022
TRADEMARK INCORPORATED	S/D	Jul 1, 2022
HAWAIIAN CORPORATION	T/D/R	Jul 1, 2022
IMPLEM INC	CO/D	Jul 1, 2022

FILED 07/28/2020 01:38 AM
Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of Hawaii



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No.(808) 586-2727

Internet FORM FC-1
0728202046700 7/2010



APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN CORPORATION

(Section 414-433, 414D-273, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, duly authorized officers of the corporation submitting this application, certify as follows:

- 1. The corporation is (check one): Profit (F/\$50/B11) Nonprofit (F\$25/B53)
- 2. Attached is an original certificate of good standing or other similar record duly authenticated by the proper officer of the state or country of incorporation and dated not more than sixty (60) days prior to the filing of this application. If the certificate of good standing or other similar record is in a foreign language, a translation under the oath of the translator accompanies the certificate.

GH

3. The name of the corporation is:
OPT INC ORPORATED

(Name must be exactly as stated on Certificate of Good Standing including spacing and punctuation)

4. The corporation was incorporated in: **ALASKA**

5. The corporation was incorporated on: **APR 23, 2020**
(Month Day Year)

6. Mailing address of the principal office is:
1036 UNION MALL #1000, HONOLULU, HI 96813 USA

7. The corporation shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

a. The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of Hawaii is:

TAXIMOD CO

~~HAWAII~~ **ALASKA**

GH

(Name of Registered Agent)

(State or Country)

b. The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

1036 UNION MALL #1000, HONOLULU, HI 96813 USA

8. List the names, office held and addresses of all the officers and directors of the corporation. Attach additional names if more space is needed.

<u>OFFICE HELD</u>	<u>NAME</u>	<u>ADDRESS</u>
PRESIDENT	THEODORE HAUGLAND	1036 UNION MALL #1000, HONOLULU, HI 96813 USA

07/28/202046700

VICE PRESIDENT

KENIA CANIZALES

1110 NUUANU AVE #1001, HONOLULU, HI
96817 USA

TREASURER

PHILIP GLADE

3830 UNIVERSITY CENTER DR #607, LAS VEGAS,
NV 89119 USA

SECRETARY

CECILIA BOLINGER

1038 CHERRY ST, EUDORA, KS 66025 USA

ASSISTANT TREASURER

CHRISTOPHER HAUGLAND

205 COTTONWOOD DR, LANSING, KS 66043 USA

GH

9. For nonprofit corporation only. Please check one:

The corporation has members.

The corporation has no members.

We certify under the penalties of Section 414-20, 414D-12, Hawaii Revised Statutes, as applicable, that we have read the above statements, we are authorized to sign this application, and that the above statements are true and correct.

28

JULY, 2020

Signed this

day of

THEODORE HAUGLAND, PRESIDENT

(Type/Print Name & Title)

THEODORE HAUGLAND

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

07/28/202046700

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

FILED 07/28/2020 01:38 AM
Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of Hawaii



Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Opt Incorporated

This entity was formed on April 23, 2020 and is in good standing. This entity has filed all biennial reports and fees due at this time.

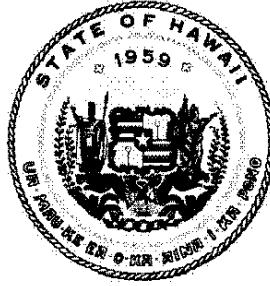
No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective July 28, 2020.

Julie Anderson
Commissioner

07/28/202046700



Department of Commerce and Consumer Affairs

CERTIFICATE OF AUTHORITY

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

OPT INCORPORATED

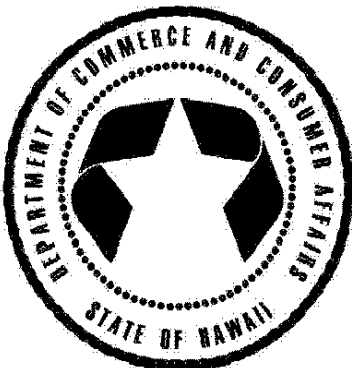
incorporated under the laws of Alaska

has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 07/28/2020.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: August 05, 2020

Director of Commerce and Consumer Affairs



DCCA State of Hawaii

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Website URL: <http://hbe.ehawaii.gov/documents>

Business Information

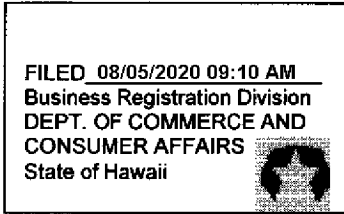
MASTER NAME	OPT INCORPORATED
BUSINESS TYPE	Foreign Profit Corporation
FILE NUMBER	114667 F1
STATUS	1
PURPOSE	531311 - RESIDENTIAL PROPERTY MANAGEMENT
ORGANIZED IN	Alaska UNITED STATES
REGISTRATION DATE	Jul 28, 2020
PRINCIPAL ADDRESS	444 NIU ST PH 501 HONOLULU HONOLULU, Hawaii 96815 UNITED STATES
MAILING ADDRESS	335 MERCHANT ST UNIT 66 HONOLULU HONOLULU, Hawaii 96810-1001 UNITED STATES
CROSS REFERENCE NAME	O P T
AGENT NAME	LICENSE, INC
AGENT ADDRESS	2002 KALAKAUA AVE HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2025		Not Filed
2024		Delinquent
2023	Jan 30, 2024	Processed
2022	Mar 25, 2023	Processed
2021	Nov 17, 2021	Processed

Officers

NAME	OFFICE	DATE
GLADE, PHILIP	P/D	Jul 1, 2022



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No.(808) 586-2727

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN CORPORATION

(Section 414-433, 414D-273, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, duly authorized officers of the corporation submitting this application, certify as follows:

- 1. The corporation is (check one): Profit (F/\$50/B11) Nonprofit (F\$25/B53)
- 2. Attached is an original certificate of good standing or other similar record duly authenticated by the proper officer of the state or country of incorporation and dated not more than sixty (60) days prior to the filing of this application. If the certificate of good standing or other similar record is in a foreign language, a translation under the oath of the translator accompanies the certificate.

3. The name of the corporation is:
AMENITY SUITES INC

(Name must be exactly as stated on Certificate of Good Standing including spacing and punctuation)

4. The corporation was incorporated in: **ALASKA**

5. The corporation was incorporated on: **AUG 5, 2020**
(Month Day Year)

6. Mailing address of the principal office is:
1136 UNION MALL FL 4, #1000, HONOLULU, HI 96813 USA

7. The corporation shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

a. The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of Hawaii is:

TAXIMOD CO **114446F1** **HAWAII**
(Name of Registered Agent) (State or Country)

b. The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

1110 NUUANU AVE 1001, HONOLULU, HI 96817 USA

8. List the names, office held and addresses of all the officers and directors of the corporation. Attach additional names if more space is needed.

OFFICE HELD	NAME	ADDRESS
PRESIDENT / DIRECTOR	THEODORE HAUGLAND	1136 UNION MALL FL 4, #1000, HONOLULU, HI 96813 USA

08/05/202057965

VICE PRESIDENT / DIRECTOR

KENIA CANIZALES

1110 NUUANU AVE 1001, HONOLULU, HI 96817
USA

TREASURER / DIRECTOR

PHILIP GLADE

PO BOX 19616, LAS VEGAS, NV 89132 USA

SECRETARY / DIRECTOR

CECILIA BOLINGER

1038 CHERRY ST, EUDORA, KS 66025 USA

9. For nonprofit corporation only. Please check one:

The corporation has members.

The corporation has no members.

We certify under the penalties of Section 414-20, 414D-12, Hawaii Revised Statutes, as applicable, that we have read the above statements, we are authorized to sign this application, and that the above statements are true and correct.

05 AUGUST, 2020

Signed this _____ day of _____

KENIA CANIZALES, VICE PRESIDENT

(Type/Print Name & Title)

(Type/Print Name & Title)

KENIA CANIZALES

(Signature of Officer)

(Signature of Officer)

08/05/202057965

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Amenity Suites Inc

This entity was formed on August 5, 2020 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **August 5, 2020**.

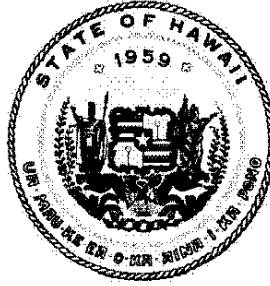
A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner

FILED 08/05/2020 09:10 AM
Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of Hawaii



08/05/202057965



Department of Commerce and Consumer Affairs

CERTIFICATE OF AUTHORITY

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

AMENITY SUITES INC

incorporated under the laws of Alaska

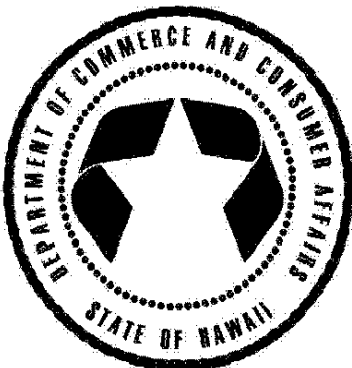
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 08/05/2020.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: August 11, 2020



Director of Commerce and Consumer Affairs



DCCA State of Hawaii

Downloaded on October 8, 2025.

The information provided below is not a certification of good standing and does not constitute any other certification by the State.

Website URL: <http://hbe.ehawaii.gov/documents>

Business Information

MASTER NAME	AMENITY SUITES INC
BUSINESS TYPE	Foreign Profit Corporation
FILE NUMBER	114686 F1
STATUS	1
PURPOSE	TRANSIENT ACCOMMODATIONS, HOTEL, SHORT TERM RENTAL PROVIDER
ORGANIZED IN	Alaska UNITED STATES
REGISTRATION DATE	Aug 5, 2020
PRINCIPAL ADDRESS	444 NIU ST PH 504 HONOLULU, Hawaii 96815 UNITED STATES
MAILING ADDRESS	444 NIU ST PH 504 HONOLULU, Hawaii 96815 UNITED STATES
AGENT NAME	LICENSE, INC
AGENT ADDRESS	2002 KALAKAUA AVE HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2025		Not Filed
2024		Delinquent
2023		Delinquent
2022	Feb 14, 2023	Processed
2021	Mar 19, 2023	Processed

Officers

NAME	OFFICE	DATE
HAUGLAND, THEODORE	CEO/P/D	Jul 1, 2022
CANIZALES, KENIA	V/CFO/D	Jul 1, 2022
TRADEMARK INCORPORATED	S/D	Jul 1, 2022
THEODORE HAUGLAND	T/D	Jul 1, 2022
IMPLEM INC	D/R	Jul 1, 2022



FILED 11/20/2020 02:58 AM
Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of Hawaii

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No.(808) 586-2727

ARTICLES OF INCORPORATION
(Section 414-32, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, for the purpose of forming a corporation under the laws of the State of Hawaii, do hereby make and execute these Articles of Incorporation:

I

The name of the corporation shall be :

HAWAIIAN CORPORATION

(The name must contain the word Corporation, Incorporated, or Limited or the abbreviation Corp., Inc., or Ltd.)

II

The mailing address of the corporation's initial principal office is:

444 NIU ST PH 501, HONOLULU, HI 96815 USA

III

The corporation shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

- a. The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of Hawaii is:

THEODORE HAUGLAND

(Name of Registered Agent)

(State or Country)

- b. The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

444 NIU ST PH 501, HONOLULU, HI 96815 USA

IV

The number of common shares all of the same class which the corporation shall have authority to issue is:

1,000,000,000

11/20/2020: sess 10037

11/20/2020: sess 10037

v

The name and address of each incorporator is:

Name

THEODORE HAUGLAND

KENIA CANIZALES

PHILIP GLADE

Address

444 NIU ST PH 501, HONOLULU, HI 96815 USA

444 NIU ST PH 504, HONOLULU, HI 96815 USA

444 NIU ST PH 502, HONOLULU, HI 96815 USA

I certify that I have read the above statements, I am authorized to sign this Articles of Incorporation, and that the above statements are true and correct to the best of my knowledge and belief.

05

NOVEMBER 2020

Signed this _____ day of _____


THEODORE HAUGLAND

(Type/Print Name of Incorporator)

PHILIP GLADE

(Type/Print Name of Incorporator)

(Signature of Incorporator)



(Signature of Incorporator)

11/20/20202: sess 10037

11/20/20202: sess 10037

DCCA State of Hawaii

Downloaded on October 8, 2025.

The information provided below is not a certification of good standing and does not constitute any other certification by the State.

Website URL: <http://hbe.ehawaii.gov/documents>

Business Information

MASTER NAME	HAWAIIAN CORPORATION
BUSINESS TYPE	Domestic Profit Corporation
FILE NUMBER	318401 D1
STATUS	1
PURPOSE	HOLDING COMPANY FOR HAWAII BASED CORPORATIONS AND TRADEMARKS
ORGANIZED IN	Hawaii UNITED STATES
INCORPORATION DATE	Nov 20, 2020
PRINCIPAL ADDRESS	51-666 KAMEHAMEHA HWY KAAAWA, Hawaii 96730 UNITED STATES
MAILING ADDRESS	150 HAMAKUA DR UNIT 333 KAILUA, Hawaii 96734 UNITED STATES
TERM	PER
AGENT NAME	LICENSE, INC
AGENT ADDRESS	2002 KALAKAUA AVE HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

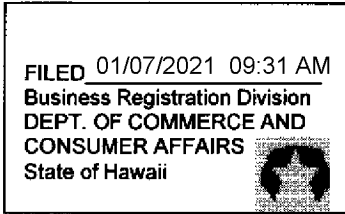
FILING YEAR	DATE RECEIVED	STATUS
2025		Not Filed
2024		Delinquent
2023		Delinquent
2022	Feb 14, 2023	Processed
2021	Feb 14, 2023	Processed

Officers

NAME	OFFICE	DATE
HAUGLAND, THEODORE	P/D/CEO	Oct 1, 2021

Stocks

DATE	CLASS	SHARES	PAID SHARES	PAR VALUE	STOCK AMOUNT
Oct 1, 2021	COMMON	1,000,000,000	500,000,000		



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No. (808) 586-2727



ARTICLES OF INCORPORATION
(Section 414D-32, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, desiring to form a nonprofit corporation under the laws of the State of Hawaii, certify as follows:

I

The name of the corporation shall be :

EQUAL MEDICINE ORGANIZATION

II

The mailing address of the corporation's initial principal office is:

1136 UNION MALL, UNIT 1000, HONOLULU, HI 96813 USA

III

The corporation shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

- a. The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of Hawaii is:

THEODORE HAUGLAND

(Name of Registered Agent)

(State or Country)

- b. The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

444 NIU ST PH 501, HONOLULU, HI 96815 USA

01/07/202145818

IV

The name and address of each incorporator is:

<u>Name</u>	<u>Address</u>
PHILIP GLADE	444 NIU ST PH 502, HONOLULU, HI 96815 USA
KENIA CANIZALES	444 NIU ST PH 504, HONOLULU, HI 96815 USA
CHRISTOPHER HAUGLAND	444 NIU ST APT 4302, HONOLULU, HI 96815 USA
CECILIA BOLINGER	444 NIU ST APT 4304, HONOLULU, HI 96815 USA
THEODORE HAUGLAND	444 NIU ST APT 501, HONOLULU, HI 96815 USA

V

Please check one:

The corporation has members.

The corporation has no members.

VI

The corporation is nonprofit in nature and shall not authorize or issue shares of stock. No dividends shall be paid and no part of the income or profit of the corporation shall be distributed to its members, directors, or officers, except for services actually rendered to the corporation, and except upon liquidation of its property in case of corporate dissolution.

The undersigned certifies under the penalties of Section 414D-12, Hawaii Revised Statutes, that the undersigned has read the above statements, that I/we are authorized to sign this Articles of Incorporation, and that the above statements are true and correct.

07 JANUARY 2021

Signed this _____ day of _____

PHILIP GLADE

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

PHILIP GLADE

(Signature of Incorporator)

(Signature of Incorporator)

01/07/2021 45818

IV. Addendum

The name and address of each incorporator is:

Name

GRANT GRIBBLE

CYNTHIA KOJA

Address

275 PIIKOI ST #1002, HONOLULU, HI 96814 USA

275 PIIKOI ST #1001, HONOLULU, HI 96814 USA

01/07/2021 45818

DCCA State of Hawaii

Downloaded on October 8, 2025.

The information provided below is not a certification of good standing and does not constitute any other certification by the State.

Website URL: <http://hbe.ehawaii.gov/documents>

Business Information

MASTER NAME	EQUAL MEDICINE ORGANIZATION
BUSINESS TYPE	Domestic Nonprofit Corporation
FILE NUMBER	318688 D2
STATUS	2
PURPOSE	BRANDING AND DEVELOPMENT OF MEDICAL PRODUCTS, E-COMMERCE DISTRIBUTION
ORGANIZED IN	Hawaii UNITED STATES
INCORPORATION DATE	Jan 7, 2021
PRINCIPAL ADDRESS	1136 UNION MALL UNIT 1000 HONOLULU, Hawaii 96813 UNITED STATES
MAILING ADDRESS	1136 UNION MALL UNIT 1000 HONOLULU, Hawaii 96813 UNITED STATES
TERM	PER
AGENT NAME	LICENSE, INC
AGENT ADDRESS	2000 KALAKAUA AVE HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

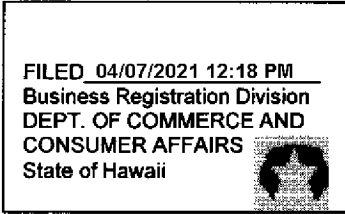
FILING YEAR	DATE RECEIVED	STATUS
2025		Delinquent
2024		Delinquent
2023		Delinquent
2022	Feb 13, 2023	Processed

Officers

NAME	OFFICE	DATE
HAUGLAND, THEODORE	CEO/P/D	Jan 1, 2022
CANIZALES, KENIA	V/CFO/D	Jan 1, 2022
GLADE, PHILIP	T/S/D	Jan 1, 2022



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No.(808) 586-2727



ARTICLES OF INCORPORATION
(Section 414-32, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, for the purpose of forming a corporation under the laws of the State of Hawaii, do hereby make and execute these Articles of Incorporation:

I

The name of the corporation shall be :

DEPLOS INC.

(The name must contain the word Corporation, Incorporated, or Limited or the abbreviation Corp., Inc., or Ltd.)

II

The mailing address of the corporation's initial principal office is:

150 HAMAKUA DR STE 333, KAILUA, HI 96734 USA

III

The corporation shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

- a. The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of Hawaii is:

THEODORE HAUGLAND

(Name of Registered Agent)

(State or Country)

- b. The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

444 NIU ST PH 501, HONOLULU, HI 96815 USA

IV

The number of common shares all of the same class which the corporation shall have authority to issue is:

1,000,000,000

04/07/202148461

V

The name and address of each incorporator is:

Name

PHILIP GLADE

CECILIA BOLINGER

Address

444 NIU ST PH 502, HONOLULU, HI 96815 USA

1717 ALA WAI BLVD APT 1110, HONOLULU, HI 96815 USA

I certify that I have read the above statements, I am authorized to sign this Articles of Incorporation, and that the above statements are true and correct to the best of my knowledge and belief.

07

APRIL 2021

Signed this _____ day of _____

PHILIP GLADE

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

PHILIP GLADE

(Signature of Incorporator)

(Signature of Incorporator)

04/07/2021 48461

DCCA State of Hawaii

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Business Information

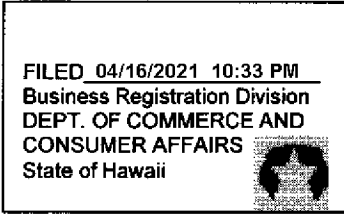
MASTER NAME	DEPLOS INC.
BUSINESS TYPE	Domestic Profit Corporation
FILE NUMBER	319349 D1
STATUS	Inv. Dissolved
ORGANIZED IN	Hawaii UNITED STATES
INCORPORATION DATE	Apr 7, 2021
PRINCIPAL ADDRESS	150 HAMAKUA DR STE 333 KAILUA, Hawaii 96734 UNITED STATES
MAILING ADDRESS	150 HAMAKUA DR STE 333 KAILUA, Hawaii 96734 UNITED STATES
TERM	PER
AGENT NAME	THEODORE HAUGLAND
AGENT ADDRESS	444 NIU ST PH 501 HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2024		Delinquent
2023		Delinquent
2022		Delinquent

Stocks

DATE	CLASS	SHARES	PAID SHARES	PAR VALUE	STOCK AMOUNT
Apr 7, 2021	COMMON	1,000,000,000			



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No.(808) 586-2727

ARTICLES OF INCORPORATION
(Section 414-32, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, for the purpose of forming a corporation under the laws of the State of Hawaii, do hereby make and execute these Articles of Incorporation:

I

The name of the corporation shall be :

IMPLEM INC.

(The name must contain the word Corporation, Incorporated, or Limited or the abbreviation Corp., Inc., or Ltd.)

II

The mailing address of the corporation's initial principal office is:

444 NIU ST, HONOLULU, HI 96815 USA

III

The corporation shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

- a. The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of Hawaii is:

THEODORE HAUGLAND

(Name of Registered Agent)

(State or Country)

- b. The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

1717 ALA WAI #1110, HONOLULU, HI 96815 USA

IV

The number of common shares all of the same class which the corporation shall have authority to issue is:

1,000,000,000

04/16/2021 56014

V

The name and address of each incorporator is:

Name

PHILIP GLADE

Address

PO BOX 19616, LAS VEGAS, NV 89132 USA

I certify that I have read the above statements, I am authorized to sign this Articles of Incorporation, and that the above statements are true and correct to the best of my knowledge and belief.

16

APRIL 2021

Signed this _____ day of _____

PHILIP GLADE

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

PHILIP GLADE

(Signature of Incorporator)

(Signature of Incorporator)

04/16/2021 56014

DCCA State of Hawaii

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The information provided below is not a certification of good standing and does not constitute any other certification by the State.

Website URL: <http://hbe.ehawaii.gov/documents>

Business Information

MASTER NAME	IMPLEM INC.
BUSINESS TYPE	Domestic Profit Corporation
FILE NUMBER	319491 D1
STATUS	2
PURPOSE	ELECTRONIC SURVEILLANCE EQUIPMENT AND EMBEDDED NETWORK MANUFACTURER AND DISTRIBUTOR.
ORGANIZED IN	Hawaii UNITED STATES
INCORPORATION DATE	Apr 16, 2021
PRINCIPAL ADDRESS	55-706 WAHINEPEE ST APT B LAIE, Hawaii 96762 UNITED STATES
MAILING ADDRESS	55-706 WAHINEPEE ST APT B LAIE, Hawaii 96762 UNITED STATES
TERM	PER
AGENT NAME	LICENSE, INC
AGENT ADDRESS	2000 KALAKAUA AVE HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2025		Delinquent
2024		Delinquent
2023		Delinquent
2022	Feb 14, 2023	Processed

Officers

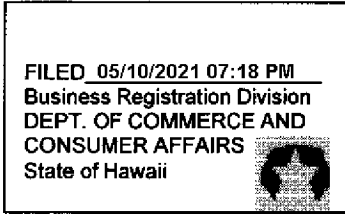
NAME	OFFICE	DATE
HAUGLAND, THEODORE	CEO/P/D	Apr 1, 2022
CANIZALES, KENIA	V/CFO/D	Apr 1, 2022

Stocks

DATE	CLASS	SHARES	PAID SHARES	PAR VALUE	STOCK AMOUNT
Apr 1, 2022	COMMON	1,000,000,000	500,000,000		



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No.(808) 586-2727



ARTICLES OF INCORPORATION
(Section 414-32, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, for the purpose of forming a corporation under the laws of the State of Hawaii, do hereby make and execute these Articles of Incorporation:

I

The name of the corporation shall be :

CHIP INCORPORATED

(The name must contain the word Corporation, Incorporated, or Limited or the abbreviation Corp., Inc., or Ltd.)

II

The mailing address of the corporation's initial principal office is:

1717 ALA WAI BLVD, STE 1110, HONOLULU, HI 96815 USA

III

The corporation shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

- a. The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of Hawaii is:

THEODORE HAUGLAND

(Name of Registered Agent)

(State or Country)

- b. The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

444 NIU ST PH 501, HONOLULU, HI 96815 USA

IV

The number of common shares all of the same class which the corporation shall have authority to issue is:

1,000,000,000

05/10/202145777

V

The name and address of each incorporator is:

Name

PHILIP GLADE

CECILIA BOLINGER

KENIA CANIZALES

Address

444 NIU ST PH 502, HONOLULU, HI 96815 USA

1038 CHERRY ST, EUDORA, KS 66025 USA

444 NIU ST PH 504, HONOLULU, HI 96815 USA

I certify that I have read the above statements, I am authorized to sign this Articles of Incorporation, and that the above statements are true and correct to the best of my knowledge and belief.

10

MAY 2021

Signed this _____ day of _____

PHILIP GLADE

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

PHILIP GLADE

(Signature of Incorporator)

(Signature of Incorporator)

05/10/2021 45777

DCCA State of Hawaii

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The information provided below is not a certification of good standing and does not constitute any other certification by the State.

Website URL: <http://hbe.ehawaii.gov/documents>

Business Information

MASTER NAME	CHIP INCORPORATED
BUSINESS TYPE	Domestic Profit Corporation
FILE NUMBER	319662 D1
STATUS	2
PURPOSE	DEVELOPS, MANUFACTURES, BRANDS, AND DISTRIBUTES EMBEDDED RFID (RADIO FREQUENCY IDENTIFICATION) AND NFC (NEAR FIELD COMMUNICATION) CHIP DEVICES.
ORGANIZED IN	Hawaii UNITED STATES
INCORPORATION DATE	May 10, 2021
PRINCIPAL ADDRESS	1317 RIVER ST HONOLULU, Hawaii 96817 UNITED STATES
MAILING ADDRESS	1317 RIVER ST HONOLULU, Hawaii 96817 UNITED STATES
TERM	PER
AGENT NAME	LICENSE, INC
AGENT ADDRESS	2002 KALAKAUA AVE HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2025		Delinquent
2024		Delinquent
2023		Delinquent
2022	Feb 14, 2023	Processed

Officers

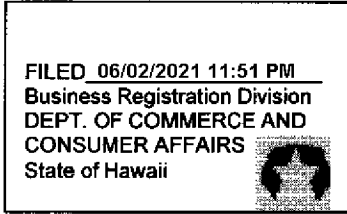
NAME	OFFICE	DATE
HAUGLAND, THEODORE	CEO/P/D	Apr 1, 2022
CANIZALES, KENIA	V/CFO/D	Apr 1, 2022

Stocks

DATE	CLASS	SHARES	PAID SHARES	PAR VALUE	STOCK AMOUNT
Apr 1, 2022	COMMON	1,000,000,000	500,000,000		



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No.(808) 586-2727



ARTICLES OF INCORPORATION
(Section 414-32, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, for the purpose of forming a corporation under the laws of the State of Hawaii, do hereby make and execute these Articles of Incorporation:

I

The name of the corporation shall be :

TAXICAB EQUIPMENT INC.

(The name must contain the word Corporation, Incorporated, or Limited or the abbreviation Corp., Inc., or Ltd.)

II

The mailing address of the corporation's initial principal office is:

3206 AHINAHINA PL, HONOLULU, HI 96816 USA

III

The corporation shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

- a. The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of Hawaii is:

OPT INCORPORATED

114667F1

ALASKA

(Name of Registered Agent)

(State or Country)

- b. The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

330 MERCHANT ST UNIT 66, HONOLULU, HI 96813 USA

IV

The number of common shares all of the same class which the corporation shall have authority to issue is:

1,000,000,000

06/02/2021 145396

V

The name and address of each incorporator is:

<u>Name</u>	<u>Address</u>
PHILIP GLADE	444 NIU ST PH 502, HONOLULU, HI 96815 USA
KENIA CANIZALES	444 NIU ST PH 504, HONOLULU, HI 96815 USA
THEODORE HAUGLAND	444 NIU ST PH 501, HONOLULU, HI 96815 USA
CECILIA BOLINGER	1038 CHERRY ST, EUDORA, KS 66025 USA
CYNTHIA KOJA	725 PIIKOI ST APT 1002, HONOLULU, HI 96815 USA

I certify that I have read the above statements, I am authorized to sign this Articles of Incorporation, and that the above statements are true and correct to the best of my knowledge and belief.

02 JUNE 2021

Signed this _____ day of _____

KENIA CANIZALES

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

KENIA CANIZALES

(Signature of Incorporator)

(Signature of Incorporator)

06/02/2021 45396

The name and address of each incorporator is:

<u>Name</u>	<u>Address</u>
<u>MATTHEW HARADA</u>	<u>725 PIIKOI ST APT 1001, HONOLULU, HI 96815 USA</u>
<u>SAMUEL PASCUA</u>	<u>1752 KEALIA DR, HONOLULU, HI 96815 USA</u>
<u>CHRISTOPHER HAUGLAND</u>	<u>444 NIU ST APT 4301, HONOLULU, HI 96815 USA</u>
<u>AMORA HAUGLAND</u>	<u>444 NIU ST APT 4302, HONOLULU, HI 96815 USA</u>
<u>KARINA HAUGLAND</u>	<u>444 NIU ST APT 4304, HONOLULU, HI 96815 USA</u>
<u>EVA CANIZALES</u>	<u>444 NIU ST PH 504, HONOLULU, HI 96815 USA</u>

06/02/2021 45396

DCCA State of Hawaii

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Website URL: <http://hbe.ehawaii.gov/documents>

Business Information

MASTER NAME	TAXICAB EQUIPMENT INC.
BUSINESS TYPE	Domestic Profit Corporation
FILE NUMBER	319806 D1
STATUS	2
PURPOSE	PROGRAMS, BRANDS, AND DISTRIBUTES TAXICAB DRIVER EQUIPMENT SUCH AS TAXICAB METERS, TAXICAB CAMERAS, AND TAXICAB TOP SIGNS.
ORGANIZED IN	Hawaii UNITED STATES
INCORPORATION DATE	Jun 2, 2021
PRINCIPAL ADDRESS	3206 AHINAHINA PL HONOLULU, Hawaii 96816 UNITED STATES
MAILING ADDRESS	55-706 WAHINEPEE ST APT B LAIE, Hawaii 96762 UNITED STATES
CROSS REFERENCE NAME	TAXI CAB EQUIPMENT INC.
TERM	PER
AGENT NAME	LICENSE, INC
AGENT ADDRESS	2000 KALAKAUA AVE HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2025		Delinquent
2024		Delinquent
2023		Delinquent
2022	Feb 27, 2023	Processed

Officers

NAME	OFFICE	DATE
UNGA-STICK,DAWN	CEO/D	Apr 1, 2022
HAUGLAND, THEODORE	P	Apr 1, 2022
CANIZALES,KENIA	V/D	Apr 1, 2022
LEWIS,SALOME	S/D	Apr 1, 2022
SHEVCHENKO,ANTON	T/D	Apr 1, 2022
PAGUYO,DANIEL	AS/S	Apr 1, 2022

GLADE,PHILIP	AT/D	Apr 1, 2022
STICK,GARY	CFO/D	Apr 1, 2022

Stocks

DATE	CLASS	SHARES	PAID SHARES	PAR VALUE	STOCK AMOUNT
Apr 1, 2022	COMMON	1,000,000,000	500,000,000		



FILED_08/06/2021 03:25 AM
Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of Hawaii

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No.(808) 588-2727

ARTICLES OF INCORPORATION
(Section 414-32, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, for the purpose of forming a corporation under the laws of the State of Hawaii, do hereby make and execute these Articles of Incorporation:

I

The name of the corporation shall be :

ERM Incorporated:

(The name must contain the word Corporation, Incorporated, or Limited or the abbreviation Corp., Inc., or Ltd)

II

The mailing address of the corporation's initial principal office is:

444 NIU ST PH 504, HONOLULU, HI 96815 USA

III

The corporation shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

a. The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of Hawaii is:

OPT INCORPORATED

114667F1

ALASKA

(Name of Registered Agent)

(State or Country)

b. The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

444 NIU ST PH 504, HONOLULU, HI 96815 USA

IV

The number of common shares all of the same class which the corporation shall have authority to issue is:

1,000,000,000

08/06/2021 12:58:55

08/06/2021 12:58:55 10065

www.BUSINESSREGISTRATIONS.COM

v

The name and address of each incorporator is:

<u>Name</u>	<u>Address</u>
THEODORE HAUGLAND	444 NIU ST PH 501, HONOLULU, HI 96815 USA
KENIA CANIZALES	1717 ALA WAI BLVD #1110, HONOLULU, HI 96815 USA
CECILIA BOLINGER	1038 CHERRY ST, EUDORA, KS 66025 USA
PHILIP GLADE	444 NIU ST PH 502, HONOLULU, HI 96815 USA
CHRISTOPHER HAUGLAND	444 NIU ST APT 4301, HONOLULU, HI 96815 USA

I certify that I have read the above statements, I am authorized to sign this Articles of Incorporation, and that the above statements are true and correct to the best of my knowledge and belief.

01 AUGUST 2021

Signed this _____ day of _____

THEODORE HAUGLAND
(Type/Print Name of Incorporator)

Theodore Haugland
(Type/Print Name of Incorporator)

THEODORE HAUGLAND
(Signature of Incorporator)

Theodore Haugland
(Signature of Incorporator)

V. Addendum

The name and address of each incorporator is:

<u>Name</u>	<u>Address</u>
<u>SAMUEL PASCUA</u>	<u>1752 KEALIA DR, HONOLULU, HI 96817 USA</u>
<u>MATTHEW HARADA</u>	<u>722 HUIKAHI ST, PEARL CITY, HI 96782 USA</u>
<u>CYNTHIA KOJA</u>	<u>725 PIIKOI ST #1002, HONOLULU, HI 96814 USA</u>
<u>CHRISTOPHER PAGUYO</u>	<u>1752 KEALIA DR, HONOLULU, HI 96817 USA</u>
<u>DANIEL PAGUYO</u>	<u>1752 KEALIA DR, HONOLULU, HI 96817 USA</u>

08/06/2021 12:58:55 10065

DCCA State of Hawaii

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Website URL: <http://hbe.ehawaii.gov/documents>

Business Information

MASTER NAME	ERM INCORPORATED
BUSINESS TYPE	Domestic Profit Corporation
FILE NUMBER	320203 D1
STATUS	Inv. Dissolved
ORGANIZED IN	Hawaii UNITED STATES
INCORPORATION DATE	Aug 6, 2021
PRINCIPAL ADDRESS	444 NIU ST PH 504 HONOLULU, Hawaii 96815 UNITED STATES
MAILING ADDRESS	444 NIU ST PH 504 HONOLULU, Hawaii 96815 UNITED STATES
TERM	PER
AGENT NAME	OPT INCORPORATED
AGENT ADDRESS	444 NIU ST PH 504 HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

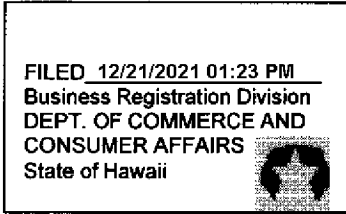
FILING YEAR	DATE RECEIVED	STATUS
2024		Delinquent
2023		Delinquent
2022		Delinquent

Stocks

DATE	CLASS	SHARES	PAID SHARES	PAR VALUE	STOCK AMOUNT
Aug 6, 2021	COMMON	1,000,000,000			



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No.(808) 586-2727



ARTICLES OF INCORPORATION
(Section 414-32, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, for the purpose of forming a corporation under the laws of the State of Hawaii, do hereby make and execute these Articles of Incorporation:

I

The name of the corporation shall be :

RF INCORPORATED

(The name must contain the word Corporation, Incorporated, or Limited or the abbreviation Corp., Inc., or Ltd.)

II

The mailing address of the corporation's initial principal office is:

1050 BISHOP ST, UNIT 317, HONOLULU, HI 96813 USA

III

The corporation shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

- a. The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of Hawaii is:

PHILIP GLADE

(Name of Registered Agent)

(State or Country)

- b. The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

1717 ALA WAI BLVD, UNIT 1110, HONOLULU, HI 96815 USA

IV

The number of common shares all of the same class which the corporation shall have authority to issue is:

1,000,000,000

12/21/2021 45528

V

The name and address of each incorporator is:

Name

ANTON SHEVCHENKO

THEODORE HAUGLAND

Address

4159 PAHOA AVE, HONOLULU, HI 96816 USA

444 NIU ST PH 501, HONOLULU, HI 96815 USA

I certify that I have read the above statements, I am authorized to sign this Articles of Incorporation, and that the above statements are true and correct to the best of my knowledge and belief.

21

DECEMBER 2021

Signed this _____ day of _____

THEODORE HAUGLAND

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

THEODORE HAUGLAND

(Signature of Incorporator)

(Signature of Incorporator)

12/21/2021 45528

DCCA State of Hawaii

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Website URL: <http://hbe.ehawaii.gov/documents>

Business Information

MASTER NAME	RF INCORPORATED
BUSINESS TYPE	Domestic Profit Corporation
FILE NUMBER	321041 D1
STATUS	1
PURPOSE	TELECOMMUNICATIONS RESELLER AND SERVICE PROVIDER
ORGANIZED IN	Hawaii UNITED STATES
INCORPORATION DATE	Dec 21, 2021
PRINCIPAL ADDRESS	2270 KUHIO AVE HONOLULU, Hawaii 96815 UNITED STATES
MAILING ADDRESS	2270 KUHIO AVE HONOLULU, Hawaii 96815 UNITED STATES
TERM	PER
AGENT NAME	LICENSE, INC
AGENT ADDRESS	2002 KALAKAUA AVE HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

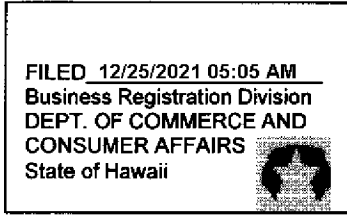
FILING YEAR	DATE RECEIVED	STATUS
2025		Not Filed
2024		Delinquent
2023		Delinquent
2022	Feb 14, 2023	Processed

Officers

NAME	OFFICE	DATE
HAUGLAND, THEODORE	CEO/P/D	Oct 1, 2022
CANIZALES, KENIA	V/CFO/D	Oct 1, 2022

Stocks

DATE	CLASS	SHARES	PAID SHARES	PAR VALUE	STOCK AMOUNT
Oct 1, 2022	COMMON	1,000,000,000	500,000,000		



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No.(808) 586-2727

ARTICLES OF INCORPORATION
(Section 414-32, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, for the purpose of forming a corporation under the laws of the State of Hawaii, do hereby make and execute these Articles of Incorporation:

I

The name of the corporation shall be :

NODES INCORPORATED

(The name must contain the word Corporation, Incorporated, or Limited or the abbreviation Corp., Inc., or Ltd.)

II

The mailing address of the corporation's initial principal office is:

1050 BISHOP ST, UNIT 317, HONOLULU, HI 96813 USA

III

The corporation shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

- a. The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of Hawaii is:

PHILIP GLADE

(Name of Registered Agent)

(State or Country)

- b. The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

1717 ALA WAI BLVD, STE 1110, HONOLULU, HI 96813 USA

IV

The number of common shares all of the same class which the corporation shall have authority to issue is:

1,000,000,000

12/25/2021 45982

V

The name and address of each incorporator is:

Name

ANTON SHEVCHENKO

THEODORE HAUGLAND

Address

1050 BISHOP ST, UNIT 317, HONOLULU, HI 96816 USA

444 NIU ST, PENTHOUSE 501, HONOLULU, HI 96815 USA

I certify that I have read the above statements, I am authorized to sign this Articles of Incorporation, and that the above statements are true and correct to the best of my knowledge and belief.

25

DECEMBER 2021

Signed this _____ day of _____

THEODORE HAUGLAND

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

THEODORE HAUGLAND

(Signature of Incorporator)

(Signature of Incorporator)

12/25/2021 45982

DCCA State of Hawaii

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Website URL: <http://hbe.ehawaii.gov/documents>

Business Information

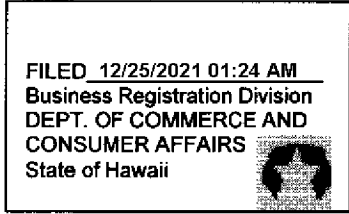
MASTER NAME	NODES INCORPORATED
BUSINESS TYPE	Domestic Profit Corporation
FILE NUMBER	321056 D1
STATUS	Inv. Dissolved
ORGANIZED IN	Hawaii UNITED STATES
INCORPORATION DATE	Dec 25, 2021
PRINCIPAL ADDRESS	1050 BISHOP ST UNIT 317 HONOLULU, Hawaii 96813 UNITED STATES
MAILING ADDRESS	1050 BISHOP ST UNIT 317 HONOLULU, Hawaii 96813 UNITED STATES
TERM	PER
AGENT NAME	PHILIP GLADE
AGENT ADDRESS	1717 ALA WAI BLVD STE 1110 HONOLULU, Hawaii 96813 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2024		Delinquent
2023		Delinquent
2022		Delinquent

Stocks

DATE	CLASS	SHARES	PAID SHARES	PAR VALUE	STOCK AMOUNT
Dec 25, 2021	COMMON	1,000,000,000			



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No.(808) 586-2727

ARTICLES OF INCORPORATION
(Section 414-32, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, for the purpose of forming a corporation under the laws of the State of Hawaii, do hereby make and execute these Articles of Incorporation:

I

The name of the corporation shall be :

CYANNE INC.

(The name must contain the word Corporation, Incorporated, or Limited or the abbreviation Corp., Inc., or Ltd.)

II

The mailing address of the corporation's initial principal office is:

67-234 KAINALU ST, WAIALUA, HI 96791 USA

III

The corporation shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

- a. The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of Hawaii is:

PHILIP GLADE

(Name of Registered Agent)

(State or Country)

- b. The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

1717 ALA WAI BLVD APT 1110, HONOLULU, HI 96815 USA

IV

The number of common shares all of the same class which the corporation shall have authority to issue is:

1,000,000,000

12/25/2021 45978

V

The name and address of each incorporator is:

Name

CYANNE MORELAND

THEODORE HAUGLAND

Address

67-234 KAINALU ST, WAIALUA, HI 96791 USA

444 NIU ST PENTHOUSE 501, HONOLULU, HI 96815 USA

I certify that I have read the above statements, I am authorized to sign this Articles of Incorporation, and that the above statements are true and correct to the best of my knowledge and belief.

25

DECEMBER 2021

Signed this _____ day of _____

THEODORE HAUGLAND

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

THEODORE HAUGLAND

(Signature of Incorporator)

(Signature of Incorporator)

12/25/2021 45978

DCCA State of Hawaii

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Website URL: <http://hbe.ehawaii.gov/documents>

Business Information

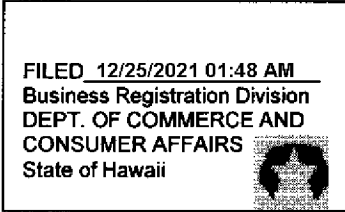
MASTER NAME	CYANNE INC.
BUSINESS TYPE	Domestic Profit Corporation
FILE NUMBER	321065 D1
STATUS	Inv. Dissolved
ORGANIZED IN	Hawaii UNITED STATES
INCORPORATION DATE	Dec 25, 2021
PRINCIPAL ADDRESS	67-234 KAINALU ST WAIALUA, Hawaii 96791 UNITED STATES
MAILING ADDRESS	67-234 KAINALU ST WAIALUA, Hawaii 96791 UNITED STATES
TERM	PER
AGENT NAME	PHILIP GLADE
AGENT ADDRESS	1717 ALA WAI BLVD APT 1110 HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2024		Delinquent
2023		Delinquent
2022		Delinquent

Stocks

DATE	CLASS	SHARES	PAID SHARES	PAR VALUE	STOCK AMOUNT
Dec 25, 2021	COMMON	1,000,000,000			



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No.(808) 586-2727

ARTICLES OF INCORPORATION
(Section 414-32, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, for the purpose of forming a corporation under the laws of the State of Hawaii, do hereby make and execute these Articles of Incorporation:

I

The name of the corporation shall be :

EXPRESSIONISM INC.

(The name must contain the word Corporation, Incorporated, or Limited or the abbreviation Corp., Inc., or Ltd.)

II

The mailing address of the corporation's initial principal office is:

67-234 KAINALU ST, WAIALUA, HI 96791 USA

III

The corporation shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

- a. The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of Hawaii is:

PHILIP GLADE

(Name of Registered Agent)

(State or Country)

- b. The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

1717 ALA WAI BLVD APT 1110, HONOLULU, HI 96815 USA

IV

The number of common shares all of the same class which the corporation shall have authority to issue is:

1,000,000,000

12/25/2021 45979

V

The name and address of each incorporator is:

Name

CYANNE MORELAND

THEODORE HAUGLAND

Address

67-234 KAINALU ST, WAILUA, HI 96791 USA

444 NIU ST PENTHOUSE 501, HONOLULU, HI 96815 USA

I certify that I have read the above statements, I am authorized to sign this Articles of Incorporation, and that the above statements are true and correct to the best of my knowledge and belief.

25

DECEMBER 2021

Signed this _____ day of _____

THEODORE HAUGLAND

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

THEODORE HAUGLAND

(Signature of Incorporator)

(Signature of Incorporator)

12/25/2021 45979

DCCA State of Hawaii

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Website URL: <http://hbe.ehawaii.gov/documents>

Business Information

MASTER NAME	EXPRESSIONISM INC.
BUSINESS TYPE	Domestic Profit Corporation
FILE NUMBER	321049 D1
STATUS	Inv. Dissolved
ORGANIZED IN	Hawaii UNITED STATES
INCORPORATION DATE	Dec 25, 2021
PRINCIPAL ADDRESS	67-234 KAINALU ST WAIALUA, Hawaii 96791 UNITED STATES
MAILING ADDRESS	67-234 KAINALU ST WAIALUA, Hawaii 96791 UNITED STATES
TERM	PER
AGENT NAME	PHILIP GLADE
AGENT ADDRESS	1717 ALA WAI BLVD APT 1110 HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2024		Delinquent
2023		Delinquent
2022		Delinquent

Stocks

DATE	CLASS	SHARES	PAID SHARES	PAR VALUE	STOCK AMOUNT
Dec 25, 2021	COMMON	1,000,000,000			



APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN CORPORATION

(Section 414-433, 414D-273, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, duly authorized officers of the corporation submitting this application, certify as follows:

- 1. The corporation is (check one): Profit (F/\$50/B11) Nonprofit (F/\$25/B53)
- 2. Attached is an original certificate of good standing or other similar record duly authenticated by the proper officer of the state or country of incorporation and dated not more than sixty (60) days prior to the filing of this application. If the certificate of good standing or other similar record is in a foreign language, a translation under the oath of the translator accompanies the certificate.

3. The name of the corporation is:

MEDIC ALASKA CO

(Name must be exactly as stated on Certificate of Good Standing including spacing and punctuation)

4. The corporation was incorporated in: **ALASKA**

5. The corporation was incorporated on: **MAY 20, 2020**
(Month Day Year)

6. Mailing address of the principal office is:

335 MERCHANT ST UNIT 66, HONOLULU, HI 96810 USA

7. The corporation shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

a. The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of Hawaii is:

CYNTHIA KOJA

(Name of Registered Agent)

(State or Country)

b. The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

725 PIIKOI ST UNIT 1001, HONOLULU, HI 96814 USA

8. List the names, office held and addresses of all the officers and directors of the corporation. Attach additional names if more space is needed.

OFFICE HELD	NAME	ADDRESS
PRESIDENT	THEODORE HAUGLAND	150 HAMAKUA DR UNIT 333, KAILUA, HI 96734 USA

03/03/202245095

VICE PRESIDENT	CECILIA BOLINGER	1038 CHERRY ST, EUDORA, KS 66025 USA
TREASURER	PHILIP GLADE	444 NIU ST PH 502, HONOLULU, HI 96815 USA
SECRETARY	KENIA CANIZALES	1717 ALA WAI BLVD APT 1110, HONOLULU, HI 96815 USA
ASSISTANT TREASURER	MATTHEW HARADA	3206 AHINAHINA PL, HONOLULU, HI 96816 USA
ASSISTANT SECRETARY	JUNG NO	45-510 KAMEHAMEHA HWY, KANEOHE, HI 96744 USA

9. For nonprofit corporation only. Please check one:

- The corporation has members.
- The corporation has no members.

We certify under the penalties of Section 414-20, 414D-12, Hawaii Revised Statutes, as applicable, that we have read the above statements, we are authorized to sign this application, and that the above statements are true and correct.

03 MARCH, 2022

Signed this _____ day of _____

THEODORE HAUGLAND, PRESIDENT

(Type/Print Name & Title)

(Type/Print Name & Title)

THEODORE HAUGLAND

(Signature of Officer)

(Signature of Officer)

03/03/202245095



State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

MEDIC ALASKA CO

This entity was formed on May 20, 2020 and is in good standing. This entity has filed all biennial reports and fees due at this time.

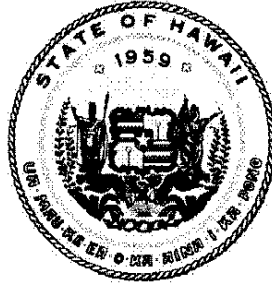
No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **March 3, 2022**.

Julie Sande
Commissioner

03/03/202245095



Department of Commerce and Consumer Affairs

CERTIFICATE OF AUTHORITY

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

MEDIC ALASKA CO

incorporated under the laws of Alaska

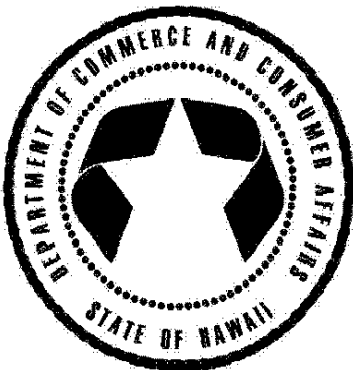
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 03/03/2022.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: March 10, 2022



Director of Commerce and Consumer Affairs



DCCA State of Hawaii

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Website URL: <http://hbs.ehawaii.gov/documents>

Business Information

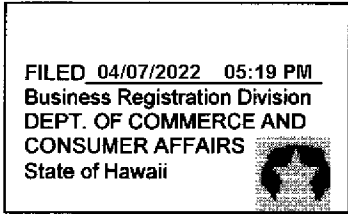
MASTER NAME	MEDIC ALASKA CO
BUSINESS TYPE	Foreign Profit Corporation
FILE NUMBER	117441 F1
STATUS	Inv. Cancelled
ORGANIZED IN	Alaska UNITED STATES
REGISTRATION DATE	Mar 3, 2022
PRINCIPAL ADDRESS	335 MERCHANT ST UNIT 66 HONOLULU, Hawaii 96810 UNITED STATES
MAILING ADDRESS	335 MERCHANT ST UNIT 66 HONOLULU, Hawaii 96810 UNITED STATES
AGENT NAME	CYNTHIA KOJA
AGENT ADDRESS	725 PIIKOI ST UNIT 1001 HONOLULU, Hawaii 96814 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2025		Delinquent
2024		Delinquent
2023		Delinquent

Officers

NAME	OFFICE	DATE
HAUGLAND,THEODORE	P	Mar 3, 2022
BOLINGER,CECILIA	V	Mar 3, 2022
GLADE,PHILIP	T	Mar 3, 2022
CANIZALES,KENIA	S	Mar 3, 2022
HARADA,MATTHEW	AT	Mar 3, 2022
NO,JUNG	AS	Mar 3, 2022



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No. (808) 586-2727

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN CORPORATION

(Section 414-433, 414D-273, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, duly authorized officers of the corporation submitting this application, certify as follows:

1. The corporation is (check one):

Profit
(F/\$50/B11)

Nonprofit
(F/\$25/B53)

2. Attached is an original certificate of good standing or other similar record duly authenticated by the proper officer of the state or country of incorporation and dated not more than sixty (60) days prior to the filing of this application. If the certificate of good standing or other similar record is in a foreign language, a translation under the oath of the translator accompanies the certificate.

3. The name of the corporation is:

IRS, INC

(Name must be exactly as stated on Certificate of Good Standing including spacing and punctuation)

4. The corporation was incorporated in: **ALASKA**

5. The corporation was incorporated on:

APR 7, 2022

(Month Day Year)

6. Mailing address of the principal office is:

3300 ARTIC BLVD, STE 201-1013, ANCHORAGE, AK 99503 USA

7. The corporation shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

a. The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of Hawaii is:

THEODORE HAUGLAND

(Name of Registered Agent)

(State or Country)

b. The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

330 SARATOGA RD UNIT 8845, HONOLULU, HI 96830 USA

8. List the names, office held and addresses of all the officers and directors of the corporation. Attach additional names if more space is needed.

OFFICE HELD

NAME

ADDRESS

PRESIDENT

PHILIP GLADE

335 MERCHANT ST, UNIT 66, HONOLULU, HI 96810 USA

04/07/202246982

VICE PRESIDENT

ANTON SHEVCHENKO

1050 BISHOP ST, UNIT 317, HONOLULU, HI
96813 USA

TREASURER

CECILIA BOLINGER

1038 CHERRY ST, EUDORA, KS 66025 USA

SECRETARY

KENIA CANIZALES

1717 ALA WAI BLVD, UNIT 1110, HONOLULU, HI
96815 USA

9. For nonprofit corporation only. Please check one:

The corporation has members.

The corporation has no members.

We certify under the penalties of Section 414-20, 414D-12, Hawaii Revised Statutes, as applicable, that we have read the above statements, we are authorized to sign this application, and that the above statements are true and correct.

07

APRIL, 2022

Signed this

day of

PHILIP GLADE, PRESIDENT

(Type/Print Name & Title)

PHILIP GLADE

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

04/07/202246982

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

IRS, INC

This entity was formed on April 7, 2022 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **April 7, 2022**.

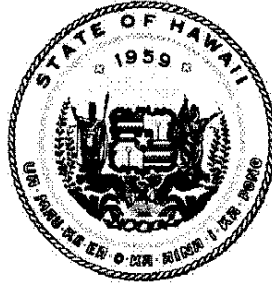
A handwritten signature in black ink, appearing to read "Julie Sande".

Julie Sande
Commissioner

FILED 04/07/2022 05:19 PM
Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of Hawaii



04/07/202246982



Department of Commerce and Consumer Affairs

CERTIFICATE OF AUTHORITY

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

IRS, INC

incorporated under the laws of Alaska

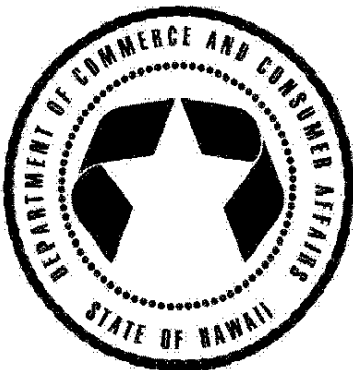
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 04/07/2022.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: April 13, 2022

Catherine P. Awata-Cole

Director of Commerce and Consumer Affairs



DCCA State of Hawaii

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Website URL: <http://hbs.ehawaii.gov/documents>

Business Information

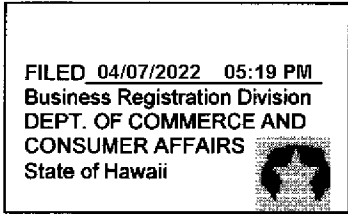
MASTER NAME	IRS, INC
BUSINESS TYPE	Foreign Profit Corporation
FILE NUMBER	117634 F1
STATUS	Inv. Cancelled
ORGANIZED IN	Alaska UNITED STATES
REGISTRATION DATE	Apr 7, 2022
PRINCIPAL ADDRESS	3300 ARTIC BLVD, STE 201-1013 ANCHORAGE, Alaska 99503 UNITED STATES
MAILING ADDRESS	3300 ARTIC BLVD, STE 201-1013 ANCHORAGE, Alaska 99503 UNITED STATES
AGENT NAME	THEODORE HAUGLAND
AGENT ADDRESS	330 SARATOGA RD UNIT 8845 HONOLULU, Hawaii 96830 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2025		Delinquent
2024		Delinquent
2023		Delinquent

Officers

NAME	OFFICE	DATE
GLADE, PHILIP	P/D	Apr 7, 2022
SHEVCHENKO, ANTON	V/D	Apr 7, 2022
BOLINGER, CECILIA	T/D	Apr 7, 2022
CANIZALES, KENIA	S/D	Apr 7, 2022



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No. (808) 586-2727

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN CORPORATION

(Section 414-433, 414D-273, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, duly authorized officers of the corporation submitting this application, certify as follows:

- 1. The corporation is (check one): Profit (F/\$50/B11) Nonprofit (F/\$25/B53)
- 2. Attached is an original certificate of good standing or other similar record duly authenticated by the proper officer of the state or country of incorporation and dated not more than sixty (60) days prior to the filing of this application. If the certificate of good standing or other similar record is in a foreign language, a translation under the oath of the translator accompanies the certificate.

3. The name of the corporation is:

IRS, INC

(Name must be exactly as stated on Certificate of Good Standing including spacing and punctuation)

4. The corporation was incorporated in: **ALASKA**

5. The corporation was incorporated on: **APR 7, 2022**
(Month Day Year)

6. Mailing address of the principal office is:
3300 ARTIC BLVD, STE 201-1013, ANCHORAGE, AK 99503 USA

7. The corporation shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

a. The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of Hawaii is:

THEODORE HAUGLAND

(Name of Registered Agent)

(State or Country)

b. The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

330 SARATOGA RD UNIT 8845, HONOLULU, HI 96830 USA

8. List the names, office held and addresses of all the officers and directors of the corporation. Attach additional names if more space is needed.

<u>OFFICE HELD</u>	<u>NAME</u>	<u>ADDRESS</u>
PRESIDENT	PHILIP GLADE	335 MERCHANT ST, UNIT 66, HONOLULU, HI 96810 USA

04/07/202246982

VICE PRESIDENT

ANTON SHEVCHENKO

**1050 BISHOP ST, UNIT 317, HONOLULU, HI
96813 USA**

TREASURER

CECILIA BOLINGER

1038 CHERRY ST, EUDORA, KS 66025 USA

SECRETARY

KENIA CANIZALES

**1717 ALA WAI BLVD, UNIT 1110, HONOLULU, HI
96815 USA**

9. For nonprofit corporation only. Please check one:

The corporation has members.

The corporation has no members.

We certify under the penalties of Section 414-20, 414D-12, Hawaii Revised Statutes, as applicable, that we have read the above statements, we are authorized to sign this application, and that the above statements are true and correct.

07

APRIL, 2022

Signed this

_____ day of _____

PHILIP GLADE, PRESIDENT

(Type/Print Name & Title)

PHILIP GLADE

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

04/07/202246982

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

IRS, INC

This entity was formed on April 7, 2022 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **April 7, 2022**.

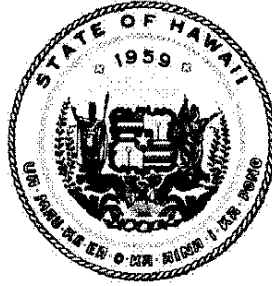
A handwritten signature in black ink, appearing to read "Julie Sande".

Julie Sande
Commissioner

FILED 04/07/2022 05:19 PM
Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of Hawaii



04/07/202246982



Department of Commerce and Consumer Affairs

CERTIFICATE OF AUTHORITY

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

IRS, INC

incorporated under the laws of Alaska

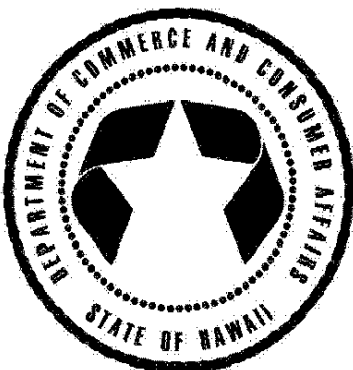
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 04/07/2022.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: April 13, 2022



Director of Commerce and Consumer Affairs



DCCA State of Hawaii

Downloaded on November 29, 2025.

The information provided below is not a certification of good standing and does not constitute any other certification by the State.

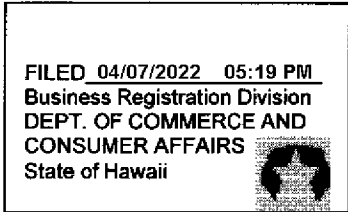
Website URL: <http://hbs.ehawaii.gov/documents>

Business Information

MASTER NAME	EQUAL ENERGY ORGANIZATION
BUSINESS TYPE	Domestic Nonprofit Corporation
FILE NUMBER	321713 D2
STATUS	Inv. Dissolved
ORGANIZED IN	Hawaii UNITED STATES
INCORPORATION DATE	Apr 8, 2022
PRINCIPAL ADDRESS	722 HUIKAHI ST PEARL CITY, Hawaii 96782 UNITED STATES
MAILING ADDRESS	722 HUIKAHI ST PEARL CITY, Hawaii 96782 UNITED STATES
TERM	PER
AGENT NAME	PHILIP GLADE
AGENT ADDRESS	335 MERCHANT ST UNIT 66 HONOLULU, Hawaii 96810 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2025		Delinquent
2024		Delinquent
2023		Delinquent



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No. (808) 586-2727



APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN CORPORATION

(Section 414-433, 414D-273, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, duly authorized officers of the corporation submitting this application, certify as follows:

1. The corporation is (check one):

Profit
(F/\$50/B11)

Nonprofit
(F/\$25/B53)

2. Attached is an original certificate of good standing or other similar record duly authenticated by the proper officer of the state or country of incorporation and dated not more than sixty (60) days prior to the filing of this application. If the certificate of good standing or other similar record is in a foreign language, a translation under the oath of the translator accompanies the certificate.

3. The name of the corporation is:

IRS, INC

(Name must be exactly as stated on Certificate of Good Standing including spacing and punctuation)

4. The corporation was incorporated in:

ALASKA

5. The corporation was incorporated on:

APR 7, 2022

(Month Day Year)

6. Mailing address of the principal office is:

3300 ARTIC BLVD, STE 201-1013, ANCHORAGE, AK 99503 USA

7. The corporation shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

a. The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of Hawaii is:

THEODORE HAUGLAND

(Name of Registered Agent)

(State or Country)

b. The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

330 SARATOGA RD UNIT 8845, HONOLULU, HI 96830 USA

8. List the names, office held and addresses of all the officers and directors of the corporation. Attach additional names if more space is needed.

OFFICE HELD

NAME

ADDRESS

PRESIDENT

PHILIP GLADE

335 MERCHANT ST, UNIT 66, HONOLULU, HI 96810 USA

04/07/202246982

VICE PRESIDENT

ANTON SHEVCHENKO

**1050 BISHOP ST, UNIT 317, HONOLULU, HI
96813 USA**

TREASURER

CECILIA BOLINGER

1038 CHERRY ST, EUDORA, KS 66025 USA

SECRETARY

KENIA CANIZALES

**1717 ALA WAI BLVD, UNIT 1110, HONOLULU, HI
96815 USA**

9. For nonprofit corporation only. Please check one:

The corporation has members.

The corporation has no members.

We certify under the penalties of Section 414-20, 414D-12, Hawaii Revised Statutes, as applicable, that we have read the above statements, we are authorized to sign this application, and that the above statements are true and correct.

07

APRIL, 2022

Signed this

_____ day of _____

PHILIP GLADE, PRESIDENT

(Type/Print Name & Title)

PHILIP GLADE

(Signature of Officer)

(Type/Print Name & Title)

(Signature of Officer)

04/07/202246982

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

IRS, INC

This entity was formed on April 7, 2022 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **April 7, 2022**.

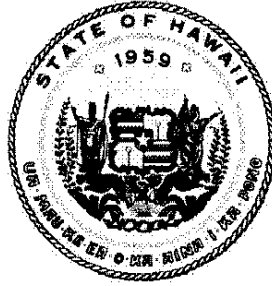
A handwritten signature in black ink, appearing to read "Julie Sande".

Julie Sande
Commissioner

FILED 04/07/2022 05:19 PM
Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of Hawaii



04/07/202246982



Department of Commerce and Consumer Affairs

CERTIFICATE OF AUTHORITY

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

IRS, INC

incorporated under the laws of Alaska

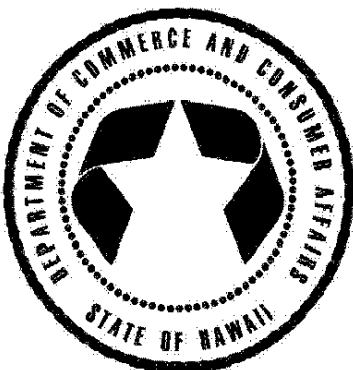
has complied with all of the registration requirements of the Business Corporation Act of the State of Hawaii, and is duly registered to transact business in the State of Hawaii as a foreign corporation, effective 04/07/2022.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: April 13, 2022



Director of Commerce and Consumer Affairs



DCCA State of Hawaii

Downloaded on November 29, 2025.

The information provided below is not a certification of good standing and does not constitute any other certification by the State.

Website URL: <http://hbs.ehawaii.gov/documents>

Business Information

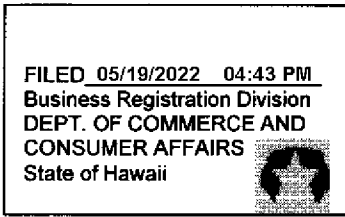
MASTER NAME	POM INCORPORATED
BUSINESS TYPE	Domestic Profit Corporation
FILE NUMBER	321991 D1
STATUS	Inv. Dissolved
ORGANIZED IN	Hawaii UNITED STATES
INCORPORATION DATE	May 19, 2022
PRINCIPAL ADDRESS	444 NIU ST PH 4302 HONOLULU, Hawaii 96815 UNITED STATES
MAILING ADDRESS	444 NIU ST PH 4302 HONOLULU, Hawaii 96815 UNITED STATES
TERM	PER
AGENT NAME	DESIREE VEGA
AGENT ADDRESS	2941 KALIHI ST HONOLULU, Hawaii 96813 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2025		Delinquent
2024		Delinquent
2023		Delinquent

Stocks

DATE	CLASS	SHARES	PAID SHARES	PAR VALUE	STOCK AMOUNT
May 19, 2022	COMMON	1,000,000,000			



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No.(808) 586-2727

ARTICLES OF INCORPORATION
(Section 414-32, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, for the purpose of forming a corporation under the laws of the State of Hawaii, do hereby make and execute these Articles of Incorporation:

I

The name of the corporation shall be :

YACHT INC.

(The name must contain the word Corporation, Incorporated, or Limited or the abbreviation Corp., Inc., or Ltd.)

II

The mailing address of the corporation's initial principal office is:

1717 ALA WAI BLVD, APT 1110, HONOLULU, HI 96815 USA

III

The corporation shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

- a. The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of Hawaii is:

JOSHUA SHADE

(Name of Registered Agent)

(State or Country)

- b. The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

47-202 IUIU ST, KANEOHE, HI 96744 USA

IV

The number of common shares all of the same class which the corporation shall have authority to issue is:

1,000,000,000

05/19/202245926

V

The name and address of each incorporator is:

Name

THEODORE HAUGLAND
PHILIP GLADE

KENIA CANIZALES
DANIEL PAGUYO
CHRISTOPHER PAGUYO

Address

150 HAMAKUA DR, UNIT 333, KAILUA, HI 96734 USA
335 MERCHANT ST, UNIT 66, HONOLULU, HI 96810 USA
1717 ALA WAI BLVD, APT 1110, HONOLULU, HI 96815 USA
1752 KEALIA DR, HONOLULU, HI 96817 USA
1752 KEALIA DR, APT 513, HONOLULU, HI 96817 USA

I certify that I have read the above statements, I am authorized to sign this Articles of Incorporation, and that the above statements are true and correct to the best of my knowledge and belief.

19 MAY 2022

Signed this _____ day of _____

THEODORE HAUGLAND

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

THEODORE HAUGLAND

(Signature of Incorporator)

(Signature of Incorporator)

05/19/202245926

The name and address of each incorporator is:

Name

CYNTHIA S KOJA

GRANT W GRIBBLE

JUNG NO

DAWN UNGA-STICK

Address

1055 ALOHIKEA ST, APT 513, KAPOLEI, HI 96707 USA

1055 ALOHIKEA ST, APT 513, KAPOLEI, HI 96707 USA

718 AHUWALE ST, HONOLULU, HI 96822 USA

1931 KAMEHAMEHA HWY, HALEIWA, HI 96712 USA

05/19/2022 45926

DCCA State of Hawaii

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Website URL: <http://hbs.ehawaii.gov/documents>

Business Information

MASTER NAME	YACHT INC.
BUSINESS TYPE	Domestic Profit Corporation
FILE NUMBER	321992 D1
STATUS	Inv. Dissolved
ORGANIZED IN	Hawaii UNITED STATES
INCORPORATION DATE	May 19, 2022
PRINCIPAL ADDRESS	1717 ALA WAI BLVD APT 1110 HONOLULU, Hawaii 96815 UNITED STATES
MAILING ADDRESS	1717 ALA WAI BLVD APT 1110 HONOLULU, Hawaii 96815 UNITED STATES
TERM	PER
AGENT NAME	JOSHUA SHADE
AGENT ADDRESS	47-202 IUIU ST KANEHOE, Hawaii 96744 UNITED STATES

Annual Filings

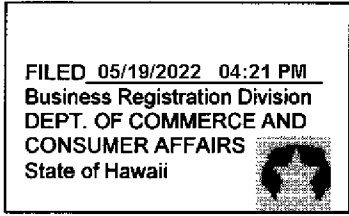
FILING YEAR	DATE RECEIVED	STATUS
2025		Delinquent
2024		Delinquent
2023		Delinquent

Stocks

DATE	CLASS	SHARES	PAID SHARES	PAR VALUE	STOCK AMOUNT
May 19, 2022	COMMON	1,000,000,000			



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No.(808) 586-2727



ARTICLES OF INCORPORATION
(Section 414-32, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, for the purpose of forming a corporation under the laws of the State of Hawaii, do hereby make and execute these Articles of Incorporation:

I

The name of the corporation shall be :

AUTOOPTIMIZATION INC.

(The name must contain the word Corporation, Incorporated, or Limited or the abbreviation Corp., Inc., or Ltd.)

II

The mailing address of the corporation's initial principal office is:

444 NIU STREET PENTHOUSE 501, HONOLULU, HI 96815 USA

III

The corporation shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

- a. The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of Hawaii is:

JUSTIN BURSON

(Name of Registered Agent)

(State or Country)

- b. The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

927 PROSPECT ST, UNIT 803, HONOLULU, HI 96822 USA

IV

The number of common shares all of the same class which the corporation shall have authority to issue is:

1,000,000,000

05/19/202245920

V

The name and address of each incorporator is:

Name

THEODORE HAUGLAND
PHILIP GLADE

KENIA G CANIZALES
DESIREE VEGA
JOSHUA SHADE

Address

150 HAMAKUA DR, UNIT 333, KAILUA, HI 96734 USA
335 MERCHANT ST, UNIT 66, HONOLULU, HI 96810 USA
1717 ALA WAI BLVD, APT 1110, HONOLULU, HI 96815 USA
2941 KALIHI ST, HONOLULU, HI 96817 USA
47-202 IUIU ST, KANEOHE, HI 96744 USA

I certify that I have read the above statements, I am authorized to sign this Articles of Incorporation, and that the above statements are true and correct to the best of my knowledge and belief.

19

MAY 2022

Signed this _____ day of _____

THEODORE HAUGLAND

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

THEODORE HAUGLAND

(Signature of Incorporator)

(Signature of Incorporator)

05/19/202245920

V. Addendum

The name and address of each incorporator is:

Name

ERICA LUNA

ANTON SHEVCHENKO

Address

47-202 IUIU ST, KANEOHE, HI 96744 USA

1050 BISHOP ST, UNIT 317, HONOLULU, HI 96813 USA

05/19/2022 45920

DCCA State of Hawaii

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Website URL: <http://hbs.ehawaii.gov/documents>

Business Information

MASTER NAME	AUTOOPTIMIZATION INC.
BUSINESS TYPE	Domestic Profit Corporation
FILE NUMBER	321990 D1
STATUS	Inv. Dissolved
ORGANIZED IN	Hawaii UNITED STATES
INCORPORATION DATE	May 19, 2022
PRINCIPAL ADDRESS	444 NIU STREET PENTHOUSE 501 HONOLULU, Hawaii 96815 UNITED STATES
MAILING ADDRESS	444 NIU STREET PENTHOUSE 501 HONOLULU, Hawaii 96815 UNITED STATES
TERM	PER
AGENT NAME	LICENSE, INC
AGENT ADDRESS	2002 KALAKAUA AVE HONOLULU, Hawaii 96815 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2025		Delinquent
2024		Delinquent
2023		Delinquent

Stocks

DATE	CLASS	SHARES	PAID SHARES	PAR VALUE	STOCK AMOUNT
May 19, 2022	COMMON	1,000,000,000			

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION
335 Merchant Street
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

FOREIGN PROFIT CORPORATION ANNUAL REPORT AS OF October 1, 2023

CORPORATION NAME AND MAILING ADDRESS

US, INC
✓ 55-706 WAHINEPEE ST
BLDG B
LAIE HI 96762-1200

Principal Office Address

✓ 1931 KAMEHAMEHA HWY
HALEIWA HI 96712-0000

1. Incorporated under the laws of: Alaska

2. Nature of activities in Hawaii:

✓ US, INC NAICS CODES: (1) 423990 - WHOLESALE TRADE / (2) 332992 - AMMUNITION MANUFACTURING / (3) 332993 - FIREARM AND AMMUNITION SHIPPING, IMPORT, AND DISTRIBUTION / (4) 332994 - FIREARMS MANUFACTURING, WAREHOUSING, AND ORDNANCE ACCESSORIES / (5) 423910 - SPORTING AND RECREATIONAL GOODS AND SUPPLIES MERCHANT WHOLESALERS / (6) 454110 - ELECTRONIC SHOPPING AND MAIL-ORDER HOUSES / (7) 459110 - GUNS, FIREARMS, AMMUNITION MAIL AND ONLINE RETAIL STORES / (8) 522293 - INTERNATIONAL TRADE FINANCING / (9) 926150 - REGULATION, LICENSING, AND INSPECTION OF MISCELLANEOUS COMMERCIAL SECTORS / (10) 551114 - CORPORATE, SUBSIDIARY, AND REGIONAL MANAGING OFFICES

3. The name of the registered agent and the registered agent's street address of the place of business in Hawaii of the person to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to.

✓ LICENSE, INC
55-706 WAHINEPEE ST
BLDG B
STE 2
LAIE HI 96762-1200

4. Name and address of officers and directors:

Offices Held	Full Name	Address
✓ P/C/CEO	HAUGLAND, THEODORE	120 ELM ST, SAN DIEGO CA 92101-2602
V/D/VC	UNGA, DAWN	55-706 WAHINEPEE ST, LAIE HI 96762-1200
T/D/CO	STICK, GARY	9307 169TH E, PUYALLUP WA 98375-2281

NO CHANGES

Checking this box means there are no changes reported. The Department will not be held responsible for any changes made to this report.

CERTIFICATION

I certify under the penalties of Section 414-20, Hawaii Revised Statutes, that I have read the above, the information is true and correct, and I am authorized to sign this report.

June 18, 2025	THEODORE HAUGLAND	THEODORE HAUGLAND
Date	Signature of authorized officer, attorney-in-fact for an officer, or receiver or trustee (if the corporation is in the hands of a receiver or trustee)	Print Name

FILE NO. 116934 F1
Rev. 10/2013

2023 B17
B22



06/18/202543296

DCCA State of Hawaii

Downloaded on November 29, 2025.

The information provided below is not a certification of good standing and does not constitute any other certification by the State.

Website URL: <http://hbs.ehawaii.gov/documents>

Business Information

MASTER NAME	US, INC
BUSINESS TYPE	Foreign Profit Corporation
FILE NUMBER	116934 F1
STATUS	1
PURPOSE	US, INC NAICS CODES: (1) 423990 - WHOLESALE TRADE / (2) 332992 - AMMUNITION MANUFACTURING / (3) 332993 - FIREARM AND AMMUNITION SHIPPING, IMPORT, AND DISTRIBUTION / (4) 332994 - FIREARMS MANUFACTURING, WAREHOUSING, AND ORDNANCE ACCESSORIES / (5) 423910 - SPORTING AND RECREATIONAL GOODS AND SUPPLIES MERCHANT WHOLESALERS / (6) 454110 - ELECTRONIC SHOPPING AND MAIL-ORDER HOUSES / (7) 459110 - GUNS, FIREARMS, AMMUNITION MAIL AND ONLINE RETAIL STORES / (8) 522293 - INTERNATIONAL TRADE FINANCING / (9) 926150 - REGULATION, LICENSING, AND INSPECTION OF MISCELLANEOUS COMMERCIAL SECTORS / (10) 551114 - CORPORATE, SUBSIDIARY, AND REGIONAL MANAGING OFFICES
ORGANIZED IN	Alaska UNITED STATES
REGISTRATION DATE	Nov 14, 2021
PRINCIPAL ADDRESS	1931 KAMEHAMEHA HWY HALEIWA, Hawaii 96712-0000 UNITED STATES
MAILING ADDRESS	55-706 WAHINEPEE ST BLDG B LAIE, Hawaii 96762-1200 UNITED STATES
AGENT NAME	LICENSE, INC
AGENT ADDRESS	55-706 WAHINEPEE ST BLDG B STE 2 LAIE, Hawaii 96762-1200 UNITED STATES

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2025		Not Filed
2024		Delinquent
2023	Jun 18, 2025	Processed
2022	Feb 12, 2023	Processed

Officers

NAME	OFFICE	DATE
HAUGLAND, THEODORE	P/C/CEO	Oct 1, 2023
UNGA, DAWN	V/D/VC	Oct 1, 2023
STICK, GARY	T/D/CO	Oct 1, 2023



Department of Commerce, Community, and Economic Development
DIVISION OF CORPORATIONS, BUSINESS & PROFESSIONAL LICENSING

State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database Download / Business License

SEARCH BUSINESS LICENSES

Search business licenses using at least one field below. For best search results, search by business name or license number. Add additional parameters if needed to narrow your results.

License #: Current Only
Business Name:
Alaska Entity #:
Owner Entity Name:
Owner Last Name:
Owner First Name:
City:
Line Of Business: (not selected)
NAICS:
Has Telemedicine: Not Set

58 results for **Owner Last Name "Haugland"** with **Owner First Name "Theodore"**

Page 1 of 2

License#	Business Name	Owner Name	Location	Issue Date	Expiration Date
2127743	Opt Incorporated	Theodore Haugland	Leavenworth, KS - United States	03/23/2021	12/31/2022
2127744	Opt Incorporated	Theodore Haugland	Leavenworth, KS - United States	03/23/2021	12/31/2022
2127745	Opt Incorporated	Theodore Haugland	Leavenworth, KS - United States	03/23/2021	12/31/2022
2127746	Opt Incorporated	Theodore Haugland	Leavenworth, KS - United States	03/23/2021	12/31/2022
2127748	Opt Incorporated	Theodore Haugland	Leavenworth, KS - United States	03/23/2021	12/31/2022
2127749	Opt Incorporated	Theodore Haugland	Leavenworth, KS - United States	03/23/2021	12/31/2022
2127750	Opt Incorporated	Theodore Haugland	Leavenworth, KS - United States	03/23/2021	12/31/2022
2127752	Opt Incorporated	Theodore Haugland	Leavenworth, KS - United States	03/23/2021	12/31/2022
2127753	Opt Incorporated	Theodore Haugland	Leavenworth, KS - United States	03/23/2021	12/31/2022
2127754	Opt Incorporated	Theodore Haugland	Leavenworth, KS - United States	03/23/2021	12/31/2022
2127756	Opt Incorporated	Theodore Haugland	Leavenworth, KS - United States	03/23/2021	12/31/2022
2127757	Opt Incorporated	Theodore Haugland	Leavenworth, KS - United States	03/23/2021	12/31/2022
2132385	MK Transportation, LLC	Theodore Haugland	Ewa Beach, HI - United States	05/20/2021	12/31/2022
2132386	Hawaii Limousine Inc	Theodore Haugland	Honolulu, HI - United States	05/20/2021	12/31/2022
2155371	Limousine Inc	Theodore Haugland	Honolulu, HI - United States	04/25/2022	12/31/2023
2155776	License, Inc	Theodore Haugland	North Myrtle Beach, SC - United States	05/01/2022	12/31/2023
2155777	License, Inc	Theodore Haugland	North Myrtle Beach, SC - United States	05/01/2022	12/31/2023
2155778	License, Inc	Theodore Haugland	North Myrtle Beach, SC - United States	05/01/2022	12/31/2023
2155779	License, Inc	Theodore Haugland	North Myrtle Beach, SC - United States	05/01/2022	12/31/2023
2155780	License, Inc	Theodore Haugland	North Myrtle Beach, SC - United States	05/01/2022	12/31/2023

showing results 1-20 of 58



Department of Commerce, Community, and Economic Development
DIVISION OF CORPORATIONS, BUSINESS & PROFESSIONAL LICENSING

State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database Download / Business License

58 results for Owner Last Name **"Haugland"** with Owner First Name **"Theodore"**

Page 2 of 2

License#	Business Name	Owner Name	Location	Issue Date	Expiration Date
2155781	License, Inc	Theodore Haugland	North Myrtle Beach, SC - United States	05/01/2022	12/31/2023
2155929	License, Inc	Theodore Haugland	Honolulu, HI - United States	05/03/2022	12/31/2023
2155931	License, Inc	Theodore Haugland	Honolulu, HI - United States	05/03/2022	12/31/2023
2155963	License, Inc	Theodore Haugland	Honolulu, HI - United States	05/03/2022	12/31/2023
2155966	License, Inc	Theodore Haugland	Honolulu, HI - United States	05/03/2022	12/31/2023
2155967	License, Inc	Theodore Haugland	Honolulu, HI - United States	05/03/2022	12/31/2023
2155970	License, Inc	Theodore Haugland	Honolulu, HI - United States	05/03/2022	12/31/2023
2155975	License, Inc	Theodore Haugland	Honolulu, HI - United States	05/03/2022	12/31/2023
2156026	License, Inc	Theodore Haugland	Honolulu, HI - United States	05/04/2022	12/31/2023
2156027	License, Inc	Theodore Haugland	Honolulu, HI - United States	05/04/2022	12/31/2023
2156028	License, Inc	Theodore Haugland	Honolulu, HI - United States	05/04/2022	12/31/2023
2156030	License, Inc	Theodore Haugland	Honolulu, HI - United States	05/04/2022	12/31/2023
2156031	License, Inc	Theodore Haugland	Honolulu, HI - United States	05/04/2022	12/31/2023
2156032	License, Inc	Theodore Haugland	Honolulu, HI - United States	05/04/2022	12/31/2023
2156033	License, Inc	Theodore Haugland	Honolulu, HI - United States	05/04/2022	12/31/2023
2156868	Oahu Farms Co	Theodore Haugland	Haleiwa, HI - Untied States	05/15/2022	12/31/2023
2156869	Oahu Farms Co	Theodore Haugland	Haleiwa, HI - Untied States	05/15/2022	12/31/2023
2156882	Oahu Farms Co	Theodore Haugland	Haleiwa, HI - Untied States	05/15/2022	12/31/2023
2156883	Oahu Farms Co	Theodore Haugland	Haleiwa, HI - Untied States	05/15/2022	12/31/2023
2156885	Oahu Farms Co	Theodore Haugland	Haleiwa, HI - Untied States	05/15/2022	12/31/2023
2156886	Oahu Farms Co	Theodore Haugland	Haleiwa, HI - Untied States	05/15/2022	12/31/2023
2156888	Oahu Farms Co	Theodore Haugland	Haleiwa, HI - Untied States	05/15/2022	12/31/2023
2156894	Oahu Farms Co	Theodore Haugland	Haleiwa, HI - Untied States	05/15/2022	12/31/2023
2156898	Oahu Farms Co	Theodore Haugland	Haleiwa, HI - Untied States	05/15/2022	12/31/2023
2156901	Oahu Farms Co	Theodore Haugland	Haleiwa, HI - Untied States	05/15/2022	12/31/2023
2156903	Oahu Farms Co	Theodore Haugland	Haleiwa, HI - Untied States	05/15/2022	12/31/2023
2157312	Oahu Farms Co	Theodore Haugland	Kahuku, HI - United States	05/20/2022	12/31/2023
2163984	Hawaii Foundation Inc	Theodore Haugland	Kahuku, HI - United States	09/02/2022	12/31/2023
2163985	Hawaii Foundation Inc	Theodore Haugland	Laie, HI - United States	09/02/2022	12/31/2023
2163986	Hawaii Foundation Inc	Theodore Haugland	Laie, HI - United States	09/02/2022	12/31/2023
2164412	Taxi Cabby Co	Theodore Haugland	Honolulu, HI - United States	09/09/2022	12/31/2023
2164413	Hawaii Limousine Inc	Theodore Haugland	Honolulu, HI - United States	09/09/2022	12/31/2023
2164414	Hawaiian Ferry Inc	Theodore Haugland	Honolulu, HI - United States	09/09/2022	12/31/2023
2164415	Farmedicine Inc	Theodore Haugland	Honolulu, HI - United States	09/09/2022	12/31/2023
2164416	Tow Corporation	Theodore Haugland	Honolulu, HI - United States	09/09/2022	12/31/2023
2166900	Oahu Farms Co	Theodore Haugland	Kahuku, HI - United States	10/18/2022	12/31/2024
2167961	Holding Co	Theodore Haugland	Honolulu, HI - United States	11/03/2022	12/31/2024
2169359	License, Inc	Theodore Haugland	Honolulu, HI - United States	11/24/2022	12/31/2024

Reset

showing results 21-58 of 58

LICENSE DETAILS

License #: 2127743

License unavailable for printing

Business Name: Opt Incorporated

Status: Expired

Issue Date: 03/23/2021

Expiration Date: 12/31/2022

Has Telemedicine: No

Mailing Address: 330 SHAWNEE ST #104
LEAVENWORTH, KS 66048

Physical Address: 330 SHAWNEE ST #104
LEAVENWORTH, KS 66048

Owners

Owner Name	Entity #	Entity Status
Christopher Haugland		
Theodore Haugland		
Andrew Graham		
Philip Glade		
Kenia Canizales		
Cecilia Bolinger		
Opt Incorporated	10130404	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
23 - Construction	237210 - LAND SUBDIVISION	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

[Print Friendly Version](#)

LICENSE DETAILS

License #: 2127744

License unavailable for printing

Business Name: Opt Incorporated

Status: Expired

Issue Date: 03/23/2021

Expiration Date: 12/31/2022

Has Telemedicine: No

Mailing Address: 330 SHAWNEE ST #104
LEAVENWORTH, KS 66048

Physical Address: 330 SHAWNEE ST #104
LEAVENWORTH, KS 66048

Owners

Owner Name	Entity #	Entity Status
Theodore Haugland		
Andrew Graham		
Philip Glade		
Kenia Canizales		
Cecilia Bolinger		
Opt Incorporated	10130404	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
31-33 - Manufacturing	334419 - OTHER ELECTRONIC COMPONENT MANUFACTURING	
31-33 - Manufacturing	334111 - ELECTRONIC COMPUTER MANUFACTURING	
31-33 - Manufacturing	334413 - SEMICONDUCTOR AND RELATED DEVICE MANUFACTURING	
31-33 - Manufacturing	334310 - AUDIO AND VIDEO EQUIPMENT MANUFACTURING	
31-33 - Manufacturing	334512 - AUTOMATIC ENVIRONMENTAL CONTROL MANUFACTURING FOR RESIDENTIAL, COMMERCIAL, AND APPLIANCE USE	
31-33 - Manufacturing	334513 - INSTRUMENTS AND RELATED PRODUCTS MANUFACTURING FOR MEASURING, DISPLAYING, AND CONTROLLING INDUSTRIAL PROCESS VARIABLES	
31-33 - Manufacturing	334519 - OTHER MEASURING AND CONTROLLING DEVICE MANUFACTURING	
31-33 - Manufacturing	334220 - RADIO AND TELEVISION BROADCASTING AND WIRELESS COMMUNICATIONS EQUIPMENT MANUFACTURING	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

 [Print Friendly Version](#)

LICENSE DETAILS

License #: 2127745

License unavailable for printing

Business Name: Opt Incorporated

Status: Expired

Issue Date: 03/23/2021

Expiration Date: 12/31/2022

Has Telemedicine: No

Mailing Address: 330 SHAWNEE ST #104
LEAVENWORTH, KS 66048

Physical Address: 330 SHAWNEE ST #104
LEAVENWORTH, KS 66048

Owners

Owner Name	Entity #	Entity Status
Christopher Haugland		
Theodore Haugland		
Andrew Graham		
Philip Glade		
Kenia Canizales		
Cecilia Bolinger		
Opt Incorporated	10130404	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
42 - Wholesale Trade	423410 - PHOTOGRAPHIC EQUIPMENT AND SUPPLIES MERCHANT WHOLESALERS	
42 - Wholesale Trade	423430 - COMPUTER AND COMPUTER PERIPHERAL EQUIPMENT AND SOFTWARE MERCHANT WHOLESALERS	
42 - Wholesale Trade	423490 - OTHER PROFESSIONAL EQUIPMENT AND SUPPLIES MERCHANT WHOLESALERS	
42 - Wholesale Trade	423620 - HOUSEHOLD APPLIANCES, ELECTRIC HOUSEWARES, AND CONSUMER ELECTRONICS MERCHANT WHOLESALERS	
42 - Wholesale Trade	423690 - OTHER ELECTRONIC PARTS AND EQUIPMENT MERCHANT WHOLESALERS	
42 - Wholesale Trade	423860 - TRANSPORTATION EQUIPMENT AND SUPPLIES (EXCEPT MOTOR VEHICLE) MERCHANT WHOLESALERS	
44-45 - Retail Trade	449210 - ELECTRONICS AND APPLIANCE RETAILERS	
44-45 - Retail Trade	455211 - WAREHOUSE CLUBS AND SUPERCENTERS	

Line of Business	NAICS	Professional License #
44-45 - Retail Trade	455219 - ALL OTHER GENERAL MERCHANDISE RETAILERS	
44-45 - Retail Trade	456110 - PHARMACIES AND DRUG RETAILERS	
44-45 - Retail Trade	459999 - ALL OTHER MISCELLANEOUS RETAILERS	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

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LICENSE DETAILS

License #: 2127746

License unavailable for printing

Business Name: Opt Incorporated

Status: Expired

Issue Date: 03/23/2021

Expiration Date: 12/31/2022

Has Telemedicine: No

Mailing Address: 330 SHAWNEE ST #104
LEAVENWORTH, KS 66048

Physical Address: 330 SHAWNEE ST #104
LEAVENWORTH, KS 66048

Owners

Owner Name	Entity #	Entity Status
Christopher Haugland		
Theodore Haugland		
Andrew Graham		
Philip Glade		
Kenia Canizales		
Cecilia Bolinger		
Opt Incorporated	10130404	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
48-49 - Transportation and Warehousing	484220 - SPECIALIZED FREIGHT (EXCEPT USED GOODS) TRUCKING, LOCAL	
48-49 - Transportation and Warehousing	485310 - TAXI AND RIDESHARING SERVICES	
48-49 - Transportation and Warehousing	493110 - GENERAL WAREHOUSING AND STORAGE	
48-49 - Transportation and Warehousing	484110 - GENERAL FREIGHT TRUCKING, LOCAL	
48-49 - Transportation and Warehousing	484122 - GENERAL FREIGHT TRUCKING, LONG-DISTANCE, LESS THAN TRUCKLOAD	
48-49 - Transportation and Warehousing	484210 - USED HOUSEHOLD AND OFFICE GOODS MOVING	
48-49 - Transportation and Warehousing	485320 - LIMOUSINE SERVICE	
48-49 - Transportation and Warehousing	488410 - MOTOR VEHICLE TOWING	

Line of Business	NAICS	Professional License #
48-49 - Transportation and Warehousing	488991 - PACKING AND CRATING	
48-49 - Transportation and Warehousing	493190 - OTHER WAREHOUSING AND STORAGE	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

Close License Detail

 Print Friendly Version

LICENSE DETAILS

License #: 2127748

License unavailable for printing

Business Name: Opt Incorporated

Status: Expired

Issue Date: 03/23/2021

Expiration Date: 12/31/2022

Has Telemedicine: No

Mailing Address: 330 SHAWNEE ST #104
LEAVENWORTH, KS 66048

Physical Address: 330 SHAWNEE ST #104
LEAVENWORTH, KS 66048

Owners

Owner Name	Entity #	Entity Status
Christopher Haugland		
Theodore Haugland		
Andrew Graham		
Philip Glade		
Kenia Canizales		
Cecilia Bolinger		
Opt Incorporated	10130404	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
51 - Information	518210 - COMPUTING INFRASTRUCTURE PROVIDERS, DATA PROCESSING, WEB HOSTING, AND RELATED SERVICES	
51 - Information	512191 - TELEPRODUCTION AND OTHER POSTPRODUCTION SERVICES	
51 - Information	516110 - RADIO BROADCASTING STATIONS	
51 - Information	517410 - SATELLITE TELECOMMUNICATIONS	
51 - Information	513210 - SOFTWARE PUBLISHERS	
51 - Information	516210 - MEDIA STREAMING DISTRIBUTION SERVICES, SOCIAL NETWORKS, AND OTHER MEDIA NETWORKS AND CONTENT PROVIDERS	
51 - Information	517111 - WIRED TELECOMMUNICATIONS CARRIERS	
51 - Information	517121 - TELECOMMUNICATIONS RESELLERS	

Line of Business	NAICS	Professional License #
51 - Information	517122 - AGENTS FOR WIRELESS TELECOMMUNICATIONS SERVICES	
51 - Information	519290 - WEB SEARCH PORTALS AND ALL OTHER INFORMATION SERVICES	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

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LICENSE DETAILS

License #: 2127749

License unavailable for printing

Business Name: Opt Incorporated

Status: Expired

Issue Date: 03/23/2021

Expiration Date: 12/31/2022

Has Telemedicine: No

Mailing Address: 330 SHAWNEE ST #104
Honolulu, HI 96817

Physical Address: 330 SHAWNEE ST #104
LEAVENWORTH, KS 66048

Owners

Owner Name	Entity #	Entity Status
Christopher Haugland		
Theodore Haugland		
Andrew Graham		
Philip Glade		
Kenia Canizales		
Cecilia Bolinger		
Opt Incorporated	10130404	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
52 - Finance and Insurance	523999 - MISCELLANEOUS FINANCIAL INVESTMENT ACTIVITIES	
52 - Finance and Insurance	522220 - SALES FINANCING	
52 - Finance and Insurance	522291 - CONSUMER LENDING	
52 - Finance and Insurance	522320 - FINANCIAL TRANSACTIONS PROCESSING, RESERVE, AND CLEARINGHOUSE ACTIVITIES	
52 - Finance and Insurance	523910 - MISCELLANEOUS INTERMEDIATION	
52 - Finance and Insurance	524126 - DIRECT PROPERTY AND CASUALTY INSURANCE CARRIERS	
52 - Finance and Insurance	524298 - ALL OTHER INSURANCE RELATED ACTIVITIES	
52 - Finance and Insurance	525990 - OTHER FINANCIAL VEHICLES	

Line of Business	NAICS	Professional License #
52 - Finance and Insurance	522180 - SAVINGS INSTITUTIONS AND OTHER DEPOSITORY CREDIT INTERMEDIATION	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

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LICENSE DETAILS

License #: 2127750

License unavailable for printing

Business Name: Opt Incorporated

Status: Expired

Issue Date: 03/23/2021

Expiration Date: 12/31/2022

Has Telemedicine: No

Mailing Address: 330 SHAWNEE ST #104
LEAVENWORTH, KS 66048

Physical Address: 330 SHAWNEE ST #104
LEAVENWORTH, KS 66048

Owners

Owner Name	Entity #	Entity Status
Christopher Haugland		
Theodore Haugland		
Andrew Graham		
Philip Glade		
Kenia Canizales		
Cecilia Bolinger		
Opt Incorporated	10130404	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
53 - Real Estate, Rental and Leasing	531390 - OTHER ACTIVITIES RELATED TO REAL ESTATE	
53 - Real Estate, Rental and Leasing	532111 - PASSENGER CAR RENTAL	
53 - Real Estate, Rental and Leasing	531120 - LESSORS OF NONRESIDENTIAL BUILDINGS (EXCEPT MINIWAREHOUSES)	
53 - Real Estate, Rental and Leasing	533110 - LESSORS OF NONFINANCIAL INTANGIBLE ASSETS (EXCEPT COPYRIGHTED WORKS)	
53 - Real Estate, Rental and Leasing	532420 - OFFICE MACHINERY AND EQUIPMENT RENTAL AND LEASING	
53 - Real Estate, Rental and Leasing	531130 - LESSORS OF MINIWAREHOUSES AND SELF-STORAGE UNITS	
53 - Real Estate, Rental and Leasing	531190 - LESSORS OF OTHER REAL ESTATE PROPERTY	
53 - Real Estate, Rental and Leasing	532120 - TRUCK, UTILITY TRAILER, AND RV (RECREATIONAL VEHICLE) RENTAL AND LEASING	

Line of Business	NAICS	Professional License #
53 - Real Estate, Rental and Leasing	532210 - CONSUMER ELECTRONICS AND APPLIANCES RENTAL	
53 - Real Estate, Rental and Leasing	532284 - RECREATIONAL GOODS RENTAL	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

Close License Detail

 Print Friendly Version

LICENSE DETAILS

License #: 2127752

License unavailable for printing

Business Name: Opt Incorporated

Status: Expired

Issue Date: 03/23/2021

Expiration Date: 12/31/2022

Has Telemedicine: No

Mailing Address: 330 SHAWNEE ST #104
LEAVENWORTH, KS 66048

Physical Address: 330 SHAWNEE ST #104
LEAVENWORTH, KS 66048

Owners

Owner Name	Entity #	Entity Status
Christopher Haugland		
Theodore Haugland		
Andrew Graham		
Philip Glade		
Eva Canizales		
Kenia Canizales		
Cecilia Bolinger		
Opt Incorporated	10130404	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
55 - Management of Companies and Enterprises	551114 - CORPORATE, SUBSIDIARY, AND REGIONAL MANAGING OFFICES	
55 - Management of Companies and Enterprises	551112 - OFFICES OF OTHER HOLDING COMPANIES	
55 - Management of Companies and Enterprises	551111 - OFFICES OF BANK HOLDING COMPANIES	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

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LICENSE DETAILS

License #: 2127753

License unavailable for printing

Business Name: Opt Incorporated

Status: Expired

Issue Date: 03/23/2021

Expiration Date: 12/31/2022

Has Telemedicine: No

Mailing Address: 330 SHAWNEE ST #104
LEAVENWORTH, KS 66048

Physical Address: 330 SHAWNEE ST #104
LEAVENWORTH, KS 66048

Owners

Owner Name	Entity #	Entity Status
Christopher Haugland		
Theodore Haugland		
Andrew Graham		
Philip Glade		
Kenia Canizales		
Cecilia Bolinger		
Opt Incorporated	10130404	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
56 - Administrative, Support, Waste Management and Remediation Services	561110 - OFFICE ADMINISTRATIVE SERVICES	
56 - Administrative, Support, Waste Management and Remediation Services	561210 - FACILITIES SUPPORT SERVICES	
56 - Administrative, Support, Waste Management and Remediation Services	561910 - PACKAGING AND LABELING SERVICES	
56 - Administrative, Support, Waste Management and Remediation Services	561422 - TELEMARKETING BUREAUS AND OTHER CONTACT CENTERS	
56 - Administrative, Support, Waste Management and Remediation Services	561320 - TEMPORARY HELP SERVICES	
56 - Administrative, Support, Waste Management and Remediation Services	561330 - PROFESSIONAL EMPLOYER ORGANIZATIONS	
56 - Administrative, Support, Waste Management and Remediation Services	561410 - DOCUMENT PREPARATION SERVICES	
56 - Administrative, Support, Waste Management and Remediation Services	561421 - TELEPHONE ANSWERING SERVICES	

Line of Business	NAICS	Professional License #
56 - Administrative, Support, Waste Management and Remediation Services	561621 - SECURITY SYSTEMS SERVICES (EXCEPT LOCKSMITHS)	
56 - Administrative, Support, Waste Management and Remediation Services	561311 - EMPLOYMENT PLACEMENT AGENCIES	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

Close License Detail

 Print Friendly Version

LICENSE DETAILS

License #: 2127754

License unavailable for printing

Business Name: Opt Incorporated

Status: Expired

Issue Date: 03/23/2021

Expiration Date: 12/31/2022

Has Telemedicine: No

Mailing Address: 330 SHAWNEE ST #104
LEAVENWORTH, KS 66048

Physical Address: 330 SHAWNEE ST #104
LEAVENWORTH, KS 66048

Owners

Owner Name	Entity #	Entity Status
Christopher Haugland		
Theodore Haugland		
Andrew Graham		
Philip Glade		
Kenia Canizales		
Cecilia Bolinger		
Opt Incorporated	10130404	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
72 - Accommodation and Food Services	722410 - DRINKING PLACES (ALCOHOLIC BEVERAGES)	
72 - Accommodation and Food Services	721110 - HOTELS (EXCEPT CASINO HOTELS) AND MOTELS	
72 - Accommodation and Food Services	721310 - ROOMING AND BOARDING HOUSES, DORMITORIES, AND WORKERS' CAMPS	
56 - Administrative, Support, Waste Management and Remediation Services	561920 - CONVENTION AND TRADE SHOW ORGANIZERS	
56 - Administrative, Support, Waste Management and Remediation Services	562920 - MATERIALS RECOVERY FACILITIES	
71 - Arts, Entertainment and Recreation	713210 - CASINOS (EXCEPT CASINO HOTELS)	
72 - Accommodation and Food Services	721120 - CASINO HOTELS	
72 - Accommodation and Food Services	721191 - BED-AND-BREAKFAST INNS	
56 - Administrative, Support, Waste Management and Remediation Services	562219 - OTHER NONHAZARDOUS WASTE TREATMENT AND DISPOSAL	
56 - Administrative, Support, Waste Management and Remediation Services	561491 - REPOSSESSION SERVICES	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

 [Print Friendly Version](#)

LICENSE DETAILS

License #: 2127756

License unavailable for printing

Business Name: Opt Incorporated

Status: Expired

Issue Date: 03/23/2021

Expiration Date: 12/31/2022

Has Telemedicine: No

Mailing Address: 330 SHAWNEE ST #104
LEAVENWORTH, KS 66048

Physical Address: 330 SHAWNEE ST #104
LEAVENWORTH, KS 66048

Owners

Owner Name	Entity #	Entity Status
Christopher Haugland		
Theodore Haugland		
Andrew Graham		
Philip Glade		
Kenia Canizales		
Cecilia Bolinger		
Opt Incorporated	10130404	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
81 - Other Services (except Public Administration)	811310 - COMMERCIAL AND INDUSTRIAL MACHINERY AND EQUIPMENT (EXCEPT AUTOMOTIVE AND ELECTRONIC) REPAIR AND MAINTENANCE	
81 - Other Services (except Public Administration)	811490 - OTHER PERSONAL AND HOUSEHOLD GOODS REPAIR AND MAINTENANCE	
81 - Other Services (except Public Administration)	811111 - GENERAL AUTOMOTIVE REPAIR	
81 - Other Services (except Public Administration)	811121 - AUTOMOTIVE BODY, PAINT, AND INTERIOR REPAIR AND MAINTENANCE	
81 - Other Services (except Public Administration)	811198 - ALL OTHER AUTOMOTIVE REPAIR AND MAINTENANCE	
81 - Other Services (except Public Administration)	813920 - PROFESSIONAL ORGANIZATIONS	
81 - Other Services (except Public Administration)	811114 - SPECIALIZED AUTOMOTIVE REPAIR	
81 - Other Services (except Public Administration)	811210 - ELECTRONIC AND PRECISION EQUIPMENT REPAIR AND MAINTENANCE	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

 [Print Friendly Version](#)

LICENSE DETAILS

License #: 2127757

License unavailable for printing

Business Name: Opt Incorporated

Status: Expired

Issue Date: 03/23/2021

Expiration Date: 12/31/2022

Has Telemedicine: No

Mailing Address: 330 SHAWNEE ST #104
LEAVENWORTH, KS 66048

Physical Address: 330 SHAWNEE ST #104
LEAVENWORTH, KS 66048

Owners

Owner Name	Entity #	Entity Status
Christopher Haugland		
Theodore Haugland		
Andrew Graham		
Philip Glade		
Kenia Canizales		
Cecilia Bolinger		
Opt Incorporated	10130404	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
92 - Public Administration	921190 - OTHER GENERAL GOVERNMENT SUPPORT	
92 - Public Administration	924110 - ADMINISTRATION OF AIR AND WATER RESOURCE AND SOLID WASTE MANAGEMENT PROGRAMS	
92 - Public Administration	927110 - SPACE RESEARCH AND TECHNOLOGY	
92 - Public Administration	922110 - COURTS	
92 - Public Administration	923110 - ADMINISTRATION OF EDUCATION PROGRAMS	
92 - Public Administration	926120 - REGULATION AND ADMINISTRATION OF TRANSPORTATION PROGRAMS	
92 - Public Administration	926130 - REGULATION AND ADMINISTRATION OF COMMUNICATIONS, ELECTRIC, GAS, AND OTHER UTILITIES	
92 - Public Administration	926150 - REGULATION, LICENSING, AND INSPECTION OF MISCELLANEOUS COMMERCIAL SECTORS	

Line of Business	NAICS	Professional License #
92 - Public Administration	928120 - INTERNATIONAL AFFAIRS	
92 - Public Administration	923130 - ADMINISTRATION OF HUMAN RESOURCE PROGRAMS (EXCEPT EDUCATION, PUBLIC HEALTH, AND VETERANS' AFFAIRS PROGRAMS)	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

[Print Friendly Version](#)

LICENSE DETAILS

License #: 2132385

License unavailable for printing

Business Name: MK Transportation, LLC

Status: Expired

Issue Date: 05/20/2021

Expiration Date: 12/31/2022

Has Telemedicine: No

Mailing Address: 91-821 Lapine Pl
Ewa Beach, HI 96706

Physical Address: 91-821 Lapine Pl
Ewa Beach, HI 96706

Owners

Owner Name	Entity #	Entity Status
Koko Hookano		
Theodore Haugland		
Kenia Canizales		
HAWAII LIMOUSINE INC	10134240	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
48-49 - Transportation and Warehousing	485320 - LIMOUSINE SERVICE	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

[Print Friendly Version](#)

LICENSE DETAILS

License #: 2132386

License unavailable for printing

Business Name: Hawaii Limousine Inc

Status: Expired

Issue Date: 05/20/2021

Expiration Date: 12/31/2022

Has Telemedicine: No

Mailing Address: 1717 Ala Wai Blvd #1110
Honolulu, HI 96815

Physical Address: 1717 Ala Wai Blvd #1110
Honolulu, HI 96815

Owners

Owner Name	Entity #	Entity Status
MK Transportation LLC		
Koko Hookano		
Theodore Haugland		
Kenia Canizales		
HAWAII LIMOUSINE INC	10134240	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
48-49 - Transportation and Warehousing	485320 - LIMOUSINE SERVICE	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

Close License Detail

 Print Friendly Version

LICENSE DETAILS

License #: 2132385

License unavailable for printing

Business Name: MK Transportation, LLC

Status: Expired

Issue Date: 05/20/2021

Expiration Date: 12/31/2022

Has Telemedicine: No

Mailing Address: 91-821 Lapine Pl
Ewa Beach, HI 96706

Physical Address: 91-821 Lapine Pl
Ewa Beach, HI 96706

Owners

Owner Name	Entity #	Entity Status
Koko Hookano		
Theodore Haugland		
Kenia Canizales		
HAWAII LIMOUSINE INC	10134240	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
48-49 - Transportation and Warehousing	485320 - LIMOUSINE SERVICE	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

[Print Friendly Version](#)

LICENSE DETAILS

License #: 2132386

License unavailable for printing

Business Name: Hawaii Limousine Inc

Status: Expired

Issue Date: 05/20/2021

Expiration Date: 12/31/2022

Has Telemedicine: No

Mailing Address: 1717 Ala Wai Blvd #1110
Honolulu, HI 96815

Physical Address: 1717 Ala Wai Blvd #1110
Honolulu, HI 96815

Owners

Owner Name	Entity #	Entity Status
MK Transportation LLC		
Koko Hookano		
Theodore Haugland		
Kenia Canizales		
HAWAII LIMOUSINE INC	10134240	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
48-49 - Transportation and Warehousing	485320 - LIMOUSINE SERVICE	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

[Print Friendly Version](#)

LICENSE DETAILS

License #: 2155371

License unavailable for printing

Business Name: Limousine Inc

Status: Expired

Issue Date: 04/25/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 718 Ahuwale St
Honolulu, HI 96821

Physical Address: 718 Ahuwale St
Honolulu, HI 96821

Owners

Owner Name	Entity #	Entity Status
Anton Shevchenko		
Samuel Pascua		
Jung No		
Theodore Haugland		
Kenia Canizales		
Limousine Inc	10193860	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
48-49 - Transportation and Warehousing	485310 - TAXI AND RIDESHARING SERVICES	
48-49 - Transportation and Warehousing	487110 - SCENIC AND SIGHTSEEING TRANSPORTATION, LAND	
48-49 - Transportation and Warehousing	485510 - CHARTER BUS INDUSTRY	
48-49 - Transportation and Warehousing	485111 - MIXED MODE TRANSIT SYSTEMS	
48-49 - Transportation and Warehousing	485113 - BUS AND OTHER MOTOR VEHICLE TRANSIT SYSTEMS	
48-49 - Transportation and Warehousing	485320 - LIMOUSINE SERVICE	
48-49 - Transportation and Warehousing	485991 - SPECIAL NEEDS TRANSPORTATION	
48-49 - Transportation and Warehousing	488410 - MOTOR VEHICLE TOWING	
48-49 - Transportation and Warehousing	493190 - OTHER WAREHOUSING AND STORAGE	
48-49 - Transportation and Warehousing	488510 - FREIGHT TRANSPORTATION ARRANGEMENT	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

[Print Friendly Version](#)

LICENSE DETAILS

License #: 2155776

License unavailable for printing

Business Name: LICENSE, INC

Status: Expired

Issue Date: 05/01/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 1000 SEA MOUNTAIN HWY
UNIT 210
NORTH MYRTLE BEACH, SC 29582

Physical Address: 1000 SEA MOUNTAIN HWY
UNIT 210
NORTH MYRTLE BEACH, SC 29582

Owners

Owner Name	Entity #	Entity Status
Joshua Unga		
Anton Shevchenko		
Theodore Haugland		
Kenia Canizales		
LICENSE, INC	10192599	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved
US, INC	10162709	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
48-49 - Transportation and Warehousing	482111 - LINE-HAUL RAILROADS	
48-49 - Transportation and Warehousing	483111 - DEEP SEA FREIGHT TRANSPORTATION	
48-49 - Transportation and Warehousing	481111 - SCHEDULED PASSENGER AIR TRANSPORTATION	
48-49 - Transportation and Warehousing	481211 - NONSCHEDULED CHARTERED PASSENGER AIR TRANSPORTATION	
48-49 - Transportation and Warehousing	481112 - SCHEDULED FREIGHT AIR TRANSPORTATION	
48-49 - Transportation and Warehousing	481212 - NONSCHEDULED CHARTERED FREIGHT AIR TRANSPORTATION	
48-49 - Transportation and Warehousing	481219 - OTHER NONSCHEDULED AIR TRANSPORTATION	

Line of Business	NAICS	Professional License #
48-49 - Transportation and Warehousing	482112 - SHORT LINE RAILROADS	
48-49 - Transportation and Warehousing	483112 - DEEP SEA PASSENGER TRANSPORTATION	
48-49 - Transportation and Warehousing	483113 - COASTAL AND GREAT LAKES FREIGHT TRANSPORTATION	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

 [Print Friendly Version](#)

LICENSE DETAILS

License #: 2155777

License unavailable for printing

Business Name: LICENSE, INC

Status: Expired

Issue Date: 05/01/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 1000 SEA MOUNTAIN HWY
UNIT 210
NORTH MYRTLE BEACH, SC 29582

Physical Address: 1000 SEA MOUNTAIN HWY
UNIT 210
NORTH MYRTLE BEACH, SC 29582

Owners

Owner Name	Entity #	Entity Status
JOSHUA UNGA		
ANTON SHEVCHENKO		
THEODORE HAUGLAND		
KENIA CANIZALES		
LICENSE, INC	10192599	Involuntarily Dissolved
US, INC	10162709	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
48-49 - Transportation and Warehousing	484220 - SPECIALIZED FREIGHT (EXCEPT USED GOODS) TRUCKING, LOCAL	
48-49 - Transportation and Warehousing	485999 - ALL OTHER TRANSIT AND GROUND PASSENGER TRANSPORTATION	
48-49 - Transportation and Warehousing	488999 - ALL OTHER SUPPORT ACTIVITIES FOR TRANSPORTATION	
48-49 - Transportation and Warehousing	484110 - GENERAL FREIGHT TRUCKING, LOCAL	
48-49 - Transportation and Warehousing	484122 - GENERAL FREIGHT TRUCKING, LONG-DISTANCE, LESS THAN TRUCKLOAD	
48-49 - Transportation and Warehousing	484210 - USED HOUSEHOLD AND OFFICE GOODS MOVING	
48-49 - Transportation and Warehousing	484230 - SPECIALIZED FREIGHT (EXCEPT USED GOODS) TRUCKING, LONG-DISTANCE	

Line of Business	NAICS	Professional License #
48-49 - Transportation and Warehousing	485111 - MIXED MODE TRANSIT SYSTEMS	
48-49 - Transportation and Warehousing	493190 - OTHER WAREHOUSING AND STORAGE	
48-49 - Transportation and Warehousing	484121 - GENERAL FREIGHT TRUCKING, LONG-DISTANCE, TRUCKLOAD	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

 [Print Friendly Version](#)

LICENSE DETAILS

License #: 2155778

License unavailable for printing

Business Name: LICENSE, INC

Status: Expired

Issue Date: 05/01/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 1000 SEA MOUNTAIN HWY
UNIT 210
NORTH MYRTLE BEACH, SC 29582

Physical Address: 1000 SEA MOUNTAIN HWY
UNIT 210
NORTH MYRTLE BEACH, SC 29582

Owners

Owner Name	Entity #	Entity Status
JOSHUA UNGA		
ANTON SHEVCHENKO		
THEODORE HAUGLAND		
KENIA CANIZALES		
LICENSE, INC	10192599	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved
US, INC	10162709	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
48-49 - Transportation and Warehousing	485310 - TAXI AND RIDESHARING SERVICES	
48-49 - Transportation and Warehousing	485410 - SCHOOL AND EMPLOYEE BUS TRANSPORTATION	
48-49 - Transportation and Warehousing	485999 - ALL OTHER TRANSIT AND GROUND PASSENGER TRANSPORTATION	
48-49 - Transportation and Warehousing	485119 - OTHER URBAN TRANSIT SYSTEMS	
48-49 - Transportation and Warehousing	485210 - INTERURBAN AND RURAL BUS TRANSPORTATION	
48-49 - Transportation and Warehousing	485510 - CHARTER BUS INDUSTRY	
48-49 - Transportation and Warehousing	485112 - COMMUTER RAIL SYSTEMS	

Line of Business	NAICS	Professional License #
48-49 - Transportation and Warehousing	485113 - BUS AND OTHER MOTOR VEHICLE TRANSIT SYSTEMS	
48-49 - Transportation and Warehousing	485320 - LIMOUSINE SERVICE	
48-49 - Transportation and Warehousing	485991 - SPECIAL NEEDS TRANSPORTATION	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

 [Print Friendly Version](#)

LICENSE DETAILS

License #: 2155779

License unavailable for printing

Business Name: LICENSE, INC

Status: Expired

Issue Date: 05/01/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 1000 SEA MOUNTAIN HWY
UNIT 210
NORTH MYRTLE BEACH, SC 29582

Physical Address: 1000 SEA MOUNTAIN HWY
UNIT 210
NORTH MYRTLE BEACH, SC 29582

Owners

Owner Name	Entity #	Entity Status
JOSHUA UNGA		
ANTON SHEVCHENKO		
THEODORE HAUGLAND		
PHILIP GLADE		
KENIA CANIZALES		
LICENSE, INC	10192599	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved
US, INC	10162709	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
48-49 - Transportation and Warehousing	486990 - ALL OTHER PIPELINE TRANSPORTATION	
48-49 - Transportation and Warehousing	487110 - SCENIC AND SIGHTSEEING TRANSPORTATION, LAND	
48-49 - Transportation and Warehousing	487990 - SCENIC AND SIGHTSEEING TRANSPORTATION, OTHER	
48-49 - Transportation and Warehousing	488190 - OTHER SUPPORT ACTIVITIES FOR AIR TRANSPORTATION	
48-49 - Transportation and Warehousing	486110 - PIPELINE TRANSPORTATION OF CRUDE OIL	
48-49 - Transportation and Warehousing	486210 - PIPELINE TRANSPORTATION OF NATURAL GAS	

Line of Business	NAICS	Professional License #
48-49 - Transportation and Warehousing	487210 - SCENIC AND SIGHTSEEING TRANSPORTATION, WATER	
48-49 - Transportation and Warehousing	486910 - PIPELINE TRANSPORTATION OF REFINED PETROLEUM PRODUCTS	
48-49 - Transportation and Warehousing	488111 - AIR TRAFFIC CONTROL	
48-49 - Transportation and Warehousing	488119 - OTHER AIRPORT OPERATIONS	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

[Print Friendly Version](#)

LICENSE DETAILS

License #: 2155780

License unavailable for printing

Business Name: LICENSE, INC

Status: Expired

Issue Date: 05/01/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 1000 SEA MOUNTAIN HWY
UNIT 210
NORTH MYRTLE BEACH, SC 29582

Physical Address: 1000 SEA MOUNTAIN HWY
UNIT 210
NORTH MYRTLE BEACH, SC 29582

Owners

Owner Name	Entity #	Entity Status
JOSHUA UNGA		
ANTON SHEVCHENKO		
THEODORE HAUGLAND		
PHILIP GLADE		
KENIA CANIZALES		
US, INC	10162709	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved
LICENSE, INC	10192599	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
48-49 - Transportation and Warehousing	488490 - OTHER SUPPORT ACTIVITIES FOR ROAD TRANSPORTATION	
48-49 - Transportation and Warehousing	488999 - ALL OTHER SUPPORT ACTIVITIES FOR TRANSPORTATION	
48-49 - Transportation and Warehousing	493110 - GENERAL WAREHOUSING AND STORAGE	
48-49 - Transportation and Warehousing	488210 - SUPPORT ACTIVITIES FOR RAIL TRANSPORTATION	
48-49 - Transportation and Warehousing	488390 - OTHER SUPPORT ACTIVITIES FOR WATER TRANSPORTATION	
48-49 - Transportation and Warehousing	488310 - PORT AND HARBOR OPERATIONS	

Line of Business	NAICS	Professional License #
48-49 - Transportation and Warehousing	488320 - MARINE CARGO HANDLING	
48-49 - Transportation and Warehousing	488410 - MOTOR VEHICLE TOWING	
48-49 - Transportation and Warehousing	488991 - PACKING AND CRATING	
48-49 - Transportation and Warehousing	488510 - FREIGHT TRANSPORTATION ARRANGEMENT	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

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LICENSE DETAILS

License #: 2155781

License unavailable for printing

Business Name: LICENSE, INC

Status: Expired

Issue Date: 05/01/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 1000 SEA MOUNTAIN HWY
UNIT 210
NORTH MYRTLE BEACH, SC 29582

Physical Address: 1000 SEA MOUNTAIN HWY
UNIT 210
NORTH MYRTLE BEACH, SC 29582

Owners

Owner Name	Entity #	Entity Status
ANTON SHEVCHENKO		
THEODORE HAUGLAND		
PHILIP GLADE		
LICENSE, INC	10192599	Involuntarily Dissolved
US, INC	10162709	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
55 - Management of Companies and Enterprises	551114 - CORPORATE, SUBSIDIARY, AND REGIONAL MANAGING OFFICES	
55 - Management of Companies and Enterprises	551112 - OFFICES OF OTHER HOLDING COMPANIES	
55 - Management of Companies and Enterprises	551111 - OFFICES OF BANK HOLDING COMPANIES	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

 [Print Friendly Version](#)

LICENSE DETAILS

License #: 2155929

License unavailable for printing

Business Name: LICENSE, INC

Status: Expired

Issue Date: 05/03/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 2000 KALAKAUA AVE
HONOLULU, HI 96815

Physical Address: 2000 KALAKAUA AVE
HONOLULU, HI 96815

Owners

Owner Name	Entity #	Entity Status
DESIREE VEGA		
JOSHUA UNGA		
ANTON SHEVCHENKO		
JUNG NO		
THEODORE HAUGLAND		
PHILIP GLADE		
KENIA CANIZALES		
JUSTIN BURSON		
LICENSE, INC	10192599	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved
US, INC	10162709	Involuntarily Dissolved
COMPLIANCE, INC	10192562	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
53 - Real Estate, Rental and Leasing	531110 - LESSORS OF RESIDENTIAL BUILDINGS AND DWELLINGS	
53 - Real Estate, Rental and Leasing	531390 - OTHER ACTIVITIES RELATED TO REAL ESTATE	
53 - Real Estate, Rental and Leasing	532111 - PASSENGER CAR RENTAL	
53 - Real Estate, Rental and Leasing	531120 - LESSORS OF NONRESIDENTIAL BUILDINGS (EXCEPT MINIWAREHOUSES)	
53 - Real Estate, Rental and Leasing	531130 - LESSORS OF MINIWAREHOUSES AND SELF-STORAGE UNITS	

Line of Business	NAICS	Professional License #
53 - Real Estate, Rental and Leasing	531190 - LESSORS OF OTHER REAL ESTATE PROPERTY	
53 - Real Estate, Rental and Leasing	532112 - PASSENGER CAR LEASING	
53 - Real Estate, Rental and Leasing	532120 - TRUCK, UTILITY TRAILER, AND RV (RECREATIONAL VEHICLE) RENTAL AND LEASING	
53 - Real Estate, Rental and Leasing	532210 - CONSUMER ELECTRONICS AND APPLIANCES RENTAL	
53 - Real Estate, Rental and Leasing	532281 - FORMAL WEAR AND COSTUME RENTAL	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

[Print Friendly Version](#)

LICENSE DETAILS

License #: 2155931

License unavailable for printing

Business Name: LICENSE, INC

Status: Expired

Issue Date: 05/03/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 2000 KALAKAUA AVE
HONOLULU, HI 96815

Physical Address: 2000 KALAKAUA AVE
HONOLULU, HI 96815

Owners

Owner Name	Entity #	Entity Status
DESIREE VEGA		
JOSHUA UNGA		
ANTON SHEVCHENKO		
JUNG NO		
THEODORE HAUGLAND		
PHILIP GLADE		
KENIA CANIZALES		
JUSTIN BURSON		
LICENSE, INC	10192599	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved
COMPLIANCE, INC	10192562	Involuntarily Dissolved
US, INC	10162709	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
51 - Information	512110 - MOTION PICTURE AND VIDEO PRODUCTION	
51 - Information	512120 - MOTION PICTURE AND VIDEO DISTRIBUTION	
51 - Information	512131 - MOTION PICTURE THEATERS (EXCEPT DRIVE-INS)	
51 - Information	513110 - NEWSPAPER PUBLISHERS	
51 - Information	513120 - PERIODICAL PUBLISHERS	
51 - Information	513130 - BOOK PUBLISHERS	
51 - Information	513140 - DIRECTORY AND MAILING LIST PUBLISHERS	
51 - Information	513191 - GREETING CARD PUBLISHERS	
51 - Information	513199 - ALL OTHER PUBLISHERS	
51 - Information	513210 - SOFTWARE PUBLISHERS	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

 [Print Friendly Version](#)

LICENSE DETAILS

License #: 2155963

License unavailable for printing

Business Name: LICENSE, INC

Status: Expired

Issue Date: 05/03/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 2000 Kalakaua Ave
Honolulu, HI 96815

Physical Address: 2000 Kalakaua Ave
Honolulu, HI 96815

Owners

Owner Name	Entity #	Entity Status
Desiree Vega		
Joshua Unga		
Anton Shevchenko		
Jung No		
Theodore Haugland		
Philip Glade		
Kenia Canizales		
Justin Burson		
LICENSE, INC	10192599	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved
COMPLIANCE, INC	10192562	Involuntarily Dissolved
US, INC	10162709	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
51 - Information	512110 - MOTION PICTURE AND VIDEO PRODUCTION	
51 - Information	512120 - MOTION PICTURE AND VIDEO DISTRIBUTION	
51 - Information	512131 - MOTION PICTURE THEATERS (EXCEPT DRIVE-INS)	
51 - Information	513110 - NEWSPAPER PUBLISHERS	
51 - Information	513120 - PERIODICAL PUBLISHERS	
51 - Information	513130 - BOOK PUBLISHERS	
51 - Information	513140 - DIRECTORY AND MAILING LIST PUBLISHERS	
51 - Information	513191 - GREETING CARD PUBLISHERS	
51 - Information	513199 - ALL OTHER PUBLISHERS	
51 - Information	513210 - SOFTWARE PUBLISHERS	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

 [Print Friendly Version](#)

LICENSE DETAILS

License #: 2155966

License unavailable for printing

Business Name: LICENSE, INC

Status: Expired

Issue Date: 05/03/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 2000 Kalakaua Ave
Honolulu, HI 96815

Physical Address: 2000 Kalakaua Ave
Honolulu, HI 96815

Owners

Owner Name	Entity #	Entity Status
Desiree Vega		
Joshua Unga		
Anton Shevchenko		
Jung No		
Theodore Haugland		
Philip Glade		
Kenia Canizales		
Justin Burson		
LICENSE, INC	10192599	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved
COMPLIANCE, INC	10192562	Involuntarily Dissolved
US, INC	10162709	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
51 - Information	512132 - DRIVE-IN MOTION PICTURE THEATERS	
51 - Information	512191 - TELEPRODUCTION AND OTHER POSTPRODUCTION SERVICES	
51 - Information	512199 - OTHER MOTION PICTURE AND VIDEO INDUSTRIES	
51 - Information	512230 - MUSIC PUBLISHERS	
51 - Information	512240 - SOUND RECORDING STUDIOS	

Line of Business	NAICS	Professional License #
51 - Information	512290 - OTHER SOUND RECORDING INDUSTRIES	
51 - Information	516110 - RADIO BROADCASTING STATIONS	
51 - Information	512250 - RECORD PRODUCTION AND DISTRIBUTION	
51 - Information	516210 - MEDIA STREAMING DISTRIBUTION SERVICES, SOCIAL NETWORKS, AND OTHER MEDIA NETWORKS AND CONTENT PROVIDERS	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

[Print Friendly Version](#)

LICENSE DETAILS

License #: 2155967

License unavailable for printing

Business Name: LICENSE, INC

Status: Expired

Issue Date: 05/03/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 2000 Kalakaua Ave
Honolulu, HI 96815

Physical Address: 2000 Kalakaua Ave
Honolulu, HI 96815

Owners

Owner Name	Entity #	Entity Status
Desiree Vega		
Joshua Unga		
Anton Shevchenko		
Jung No		
Theodore Haugland		
Philip Glade		
Kenia Canizales		
Justin Burson		
LICENSE, INC	10192599	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved
COMPLIANCE, INC	10192562	Involuntarily Dissolved
US, INC	10162709	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
51 - Information	518210 - COMPUTING INFRASTRUCTURE PROVIDERS, DATA PROCESSING, WEB HOSTING, AND RELATED SERVICES	
51 - Information	517410 - SATELLITE TELECOMMUNICATIONS	
51 - Information	516120 - TELEVISION BROADCASTING STATIONS	
51 - Information	516210 - MEDIA STREAMING DISTRIBUTION SERVICES, SOCIAL NETWORKS, AND OTHER MEDIA NETWORKS AND CONTENT PROVIDERS	
51 - Information	517111 - WIRED TELECOMMUNICATIONS CARRIERS	

Line of Business	NAICS	Professional License #
51 - Information	517122 - AGENTS FOR WIRELESS TELECOMMUNICATIONS SERVICES	
51 - Information	517810 - ALL OTHER TELECOMMUNICATIONS	
51 - Information	519210 - LIBRARIES AND ARCHIVES	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

[Print Friendly Version](#)

LICENSE DETAILS

License #: 2155970

License unavailable for printing

Business Name: LICENSE, INC

Status: Expired

Issue Date: 05/03/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 2000 Kalakaua Ave
Honolulu, HI 96815

Physical Address: 2000 Kalakaua Ave
Honolulu, HI 96815

Owners

Owner Name	Entity #	Entity Status
Desiree Vega		
Joshua Unga		
Anton Shevchenko		
Jung No		
Theodore Haugland		
Philip Glade		
Kenia Canizales		
Justin Burson		
LICENSE, INC	10192599	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved
COMPLIANCE, INC	10192562	Involuntarily Dissolved
US, INC	10162709	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
81 - Other Services (except Public Administration)	811111 - GENERAL AUTOMOTIVE REPAIR	
81 - Other Services (except Public Administration)	811121 - AUTOMOTIVE BODY, PAINT, AND INTERIOR REPAIR AND MAINTENANCE	
81 - Other Services (except Public Administration)	811122 - AUTOMOTIVE GLASS REPLACEMENT SHOPS	
81 - Other Services (except Public Administration)	811191 - AUTOMOTIVE OIL CHANGE AND LUBRICATION SHOPS	
81 - Other Services (except Public Administration)	811192 - CAR WASHES	

Line of Business	NAICS	Professional License #
81 - Other Services (except Public Administration)	811198 - ALL OTHER AUTOMOTIVE REPAIR AND MAINTENANCE	
81 - Other Services (except Public Administration)	811114 - SPECIALIZED AUTOMOTIVE REPAIR	
81 - Other Services (except Public Administration)	811210 - ELECTRONIC AND PRECISION EQUIPMENT REPAIR AND MAINTENANCE	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

 [Print Friendly Version](#)

LICENSE DETAILS

License #: 2155975

License unavailable for printing

Business Name: LICENSE, INC

Status: Expired

Issue Date: 05/03/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 2000 Kalakaua Ave
Honolulu, HI 96815

Physical Address: 2000 Kalakaua Ave
Honolulu, HI 96815

Owners

Owner Name	Entity #	Entity Status
Desiree Vega		
Joshua Unga		
Anton Shevchenko		
Jung No		
Theodore Haugland		
Philip Glade		
Kenia Canizales		
Justin Burson		
LICENSE, INC	10192599	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved
COMPLIANCE, INC	10192562	Involuntarily Dissolved
US, INC	10162709	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
52 - Finance and Insurance	521110 - MONETARY AUTHORITIES-CENTRAL BANK	
52 - Finance and Insurance	522110 - COMMERCIAL BANKING	
52 - Finance and Insurance	522130 - CREDIT UNIONS	
52 - Finance and Insurance	522210 - CREDIT CARD ISSUING	
52 - Finance and Insurance	522220 - SALES FINANCING	

Line of Business	NAICS	Professional License #
52 - Finance and Insurance	522291 - CONSUMER LENDING	
52 - Finance and Insurance	522292 - REAL ESTATE CREDIT	
52 - Finance and Insurance	522180 - SAVINGS INSTITUTIONS AND OTHER DEPOSITORY CREDIT INTERMEDIATION	
52 - Finance and Insurance	522299 - INTERNATIONAL, SECONDARY MARKET, AND ALL OTHER NONDEPOSITORY CREDIT INTERMEDIATION	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

[Print Friendly Version](#)

LICENSE DETAILS

License #: 2156026

License unavailable for printing

Business Name: LICENSE, INC

Status: Expired

Issue Date: 05/04/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 2000 Kalakaua Ave
Honolulu, HI 96815

Physical Address: 2000 Kalakaua Ave
Honolulu, HI 96815

Owners

Owner Name	Entity #	Entity Status
Desiree Vega		
Joshua Unga		
Anton Shevchenko		
Jung No		
Theodore Haugland		
Philip Glade		
Kenia Canizales		
Justin Burson		
LICENSE, INC	10192599	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved
COMPLIANCE, INC	10192562	Involuntarily Dissolved
US, INC	10162709	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
71 - Arts, Entertainment and Recreation	711110 - THEATER COMPANIES AND DINNER THEATERS	
71 - Arts, Entertainment and Recreation	711410 - AGENTS AND MANAGERS FOR ARTISTS, ATHLETES, ENTERTAINERS, AND OTHER PUBLIC FIGURES	
71 - Arts, Entertainment and Recreation	711211 - SPORTS TEAMS AND CLUBS	
71 - Arts, Entertainment and Recreation	711120 - DANCE COMPANIES	
71 - Arts, Entertainment and Recreation	711130 - MUSICAL GROUPS AND ARTISTS	

Line of Business	NAICS	Professional License #
71 - Arts, Entertainment and Recreation	711190 - OTHER PERFORMING ARTS COMPANIES	
71 - Arts, Entertainment and Recreation	711212 - RACETRACKS	
71 - Arts, Entertainment and Recreation	711219 - OTHER SPECTATOR SPORTS	
71 - Arts, Entertainment and Recreation	712120 - HISTORICAL SITES	
71 - Arts, Entertainment and Recreation	713210 - CASINOS (EXCEPT CASINO HOTELS)	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

[Print Friendly Version](#)

LICENSE DETAILS

License #: 2156027

License unavailable for printing

Business Name: LICENSE, INC

Status: Inactivated

Issue Date: 05/04/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 2000 Kalakaua Ave
Honolulu, HI 96815

Physical Address: 2000 Kalakaua Ave
Honolulu, HI 96815

Owners

Owner Name	Entity #	Entity Status
Desiree Vega		
Joshua Unga		
Anton Shevchenko		
Jung No		
Theodore Haugland		
Philip Glade		
Kenia Canizales		
Justin Burson		
LICENSE, INC	10192599	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved
COMPLIANCE, INC	10192562	Involuntarily Dissolved
US, INC	10162709	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
11 - Agriculture, Forestry, Fishing and Hunting	111130 - DRY PEA AND BEAN FARMING	
11 - Agriculture, Forestry, Fishing and Hunting	111150 - CORN FARMING	
11 - Agriculture, Forestry, Fishing and Hunting	111211 - POTATO FARMING	
11 - Agriculture, Forestry, Fishing and Hunting	111310 - ORANGE GROVES	
11 - Agriculture, Forestry, Fishing and Hunting	111110 - SOYBEAN FARMING	

Line of Business	NAICS	Professional License #
11 - Agriculture, Forestry, Fishing and Hunting	111120 - OILSEED (EXCEPT SOYBEAN) FARMING	
11 - Agriculture, Forestry, Fishing and Hunting	111140 - WHEAT FARMING	
11 - Agriculture, Forestry, Fishing and Hunting	111160 - RICE FARMING	
11 - Agriculture, Forestry, Fishing and Hunting	111191 - OILSEED AND GRAIN COMBINATION FARMING	
11 - Agriculture, Forestry, Fishing and Hunting	111219 - OTHER VEGETABLE (EXCEPT POTATO) AND MELON FARMING	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

Close License Detail

 Print Friendly Version

LICENSE DETAILS

License #: 2156028

License unavailable for printing

Business Name: LICENSE, INC

Status: Expired

Issue Date: 05/04/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 2000 Kalakaua Ave
Honolulu, HI 96815

Physical Address: 2000 Kalakaua Ave
Honolulu, HI 96815

Owners

Owner Name	Entity #	Entity Status
Desiree Vega		
Joshua Unga		
Anton Shevchenko		
Jung No		
Theodore Haugland		
Philip Glade		
Kenia Canizales		
Justin Burson		
LICENSE, INC	10192599	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved
COMPLIANCE, INC	10192562	Involuntarily Dissolved
US, INC	10162709	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
31-33 - Manufacturing	311119 - OTHER ANIMAL FOOD MANUFACTURING	
31-33 - Manufacturing	311213 - MALT MANUFACTURING	
31-33 - Manufacturing	311230 - BREAKFAST CEREAL MANUFACTURING	
31-33 - Manufacturing	311111 - DOG AND CAT FOOD MANUFACTURING	
31-33 - Manufacturing	311211 - FLOUR MILLING	
31-33 - Manufacturing	311212 - RICE MILLING	
31-33 - Manufacturing	311221 - WET CORN MILLING AND STARCH MANUFACTURING	
31-33 - Manufacturing	311225 - FATS AND OILS REFINING AND BLENDING	
31-33 - Manufacturing	311224 - SOYBEAN AND OTHER OILSEED PROCESSING	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

 [Print Friendly Version](#)

LICENSE DETAILS

License #: 2156030

License unavailable for printing

Business Name: LICENSE, INC

Status: Expired

Issue Date: 05/04/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 2000 Kalakaua Ave
Honolulu, HI 96815

Physical Address: 2000 Kalakaua Ave
Honolulu, HI 96815

Owners

Owner Name	Entity #	Entity Status
Desiree Vega		
Joshua Unga		
Anton Shevchenko		
Jung No		
Theodore Haugland		
Philip Glade		
Kenia Canizales		
Justin Burson		
LICENSE, INC	10192599	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved
COMPLIANCE, INC	10192562	Involuntarily Dissolved
US, INC	10162709	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
31-33 - Manufacturing	311313 - BEET SUGAR MANUFACTURING	
31-33 - Manufacturing	311340 - NONCHOCOLATE CONFECTIONERY MANUFACTURING	
31-33 - Manufacturing	311421 - FRUIT AND VEGETABLE CANNING	
31-33 - Manufacturing	311411 - FROZEN FRUIT, JUICE, AND VEGETABLE MANUFACTURING	
31-33 - Manufacturing	311412 - FROZEN SPECIALTY FOOD MANUFACTURING	

Line of Business	NAICS	Professional License #
31-33 - Manufacturing	311422 - SPECIALTY CANNING	
31-33 - Manufacturing	311314 - CANE SUGAR MANUFACTURING	
31-33 - Manufacturing	311351 - CHOCOLATE AND CONFECTIONERY MANUFACTURING FROM CACAO BEANS	
31-33 - Manufacturing	311352 - CONFECTIONERY MANUFACTURING FROM PURCHASED CHOCOLATE	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

[Print Friendly Version](#)

LICENSE DETAILS

License #: 2156031

License unavailable for printing

Business Name: LICENSE, INC

Status: Expired

Issue Date: 05/04/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 2000 Kalakaua Ave
Honolulu, HI 96815

Physical Address: 2000 Kalakaua Ave
Honolulu, HI 96815

Owners

Owner Name	Entity #	Entity Status
Desiree Vega		
Joshua Unga		
Anton Shevchenko		
Jung No		
Theodore Haugland		
Philip Glade		
Kenia Canizales		
Justin Burson		
LICENSE, INC	10192599	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved
COMPLIANCE, INC	10192562	Involuntarily Dissolved
US, INC	10162709	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
48-49 - Transportation and Warehousing	482111 - LINE-HAUL RAILROADS	
48-49 - Transportation and Warehousing	483111 - DEEP SEA FREIGHT TRANSPORTATION	
48-49 - Transportation and Warehousing	481111 - SCHEDULED PASSENGER AIR TRANSPORTATION	
48-49 - Transportation and Warehousing	481211 - NONSCHEDULED CHARTERED PASSENGER AIR TRANSPORTATION	
48-49 - Transportation and Warehousing	481112 - SCHEDULED FREIGHT AIR TRANSPORTATION	

Line of Business	NAICS	Professional License #
48-49 - Transportation and Warehousing	481212 - NONSCHEDULED CHARTERED FREIGHT AIR TRANSPORTATION	
48-49 - Transportation and Warehousing	481219 - OTHER NONSCHEDULED AIR TRANSPORTATION	
48-49 - Transportation and Warehousing	482112 - SHORT LINE RAILROADS	
48-49 - Transportation and Warehousing	483112 - DEEP SEA PASSENGER TRANSPORTATION	
48-49 - Transportation and Warehousing	483113 - COASTAL AND GREAT LAKES FREIGHT TRANSPORTATION	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

Close License Detail

 Print Friendly Version

LICENSE DETAILS

License #: 2156032

License unavailable for printing

Business Name: LICENSE, INC

Status: Expired

Issue Date: 05/04/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 2000 Kalakaua Ave
Honolulu, HI 96815

Physical Address: 2000 Kalakaua Ave
Honolulu, HI 96815

Owners

Owner Name	Entity #	Entity Status
Desiree Vega		
Joshua Unga		
Anton Shevchenko		
Jung No		
Theodore Haugland		
Philip Glade		
Kenia Canizales		
Justin Burson		
LICENSE, INC	10192599	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved
COMPLIANCE, INC	10192562	Involuntarily Dissolved
US, INC	10162709	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
48-49 - Transportation and Warehousing	483211 - INLAND WATER FREIGHT TRANSPORTATION	
48-49 - Transportation and Warehousing	484110 - GENERAL FREIGHT TRUCKING, LOCAL	
48-49 - Transportation and Warehousing	485210 - INTERURBAN AND RURAL BUS TRANSPORTATION	
48-49 - Transportation and Warehousing	483212 - INLAND WATER PASSENGER TRANSPORTATION	
48-49 - Transportation and Warehousing	484122 - GENERAL FREIGHT TRUCKING, LONG-DISTANCE, LESS THAN TRUCKLOAD	

Line of Business	NAICS	Professional License #
48-49 - Transportation and Warehousing	484210 - USED HOUSEHOLD AND OFFICE GOODS MOVING	
48-49 - Transportation and Warehousing	484230 - SPECIALIZED FREIGHT (EXCEPT USED GOODS) TRUCKING, LONG-DISTANCE	
48-49 - Transportation and Warehousing	485111 - MIXED MODE TRANSIT SYSTEMS	
48-49 - Transportation and Warehousing	485112 - COMMUTER RAIL SYSTEMS	
48-49 - Transportation and Warehousing	485113 - BUS AND OTHER MOTOR VEHICLE TRANSIT SYSTEMS	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

[Print Friendly Version](#)

LICENSE DETAILS

License #: 2156033

License unavailable for printing

Business Name: LICENSE, INC

Status: Expired

Issue Date: 05/04/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 2000 Kalakaua Ave
Honolulu, HI 96815

Physical Address: 2000 Kalakaua Ave
Honolulu, HI 96815

Owners

Owner Name	Entity #	Entity Status
Desiree Vega		
Joshua Unga		
Anton Shevchenko		
Jung No		
Theodore Haugland		
Philip Glade		
Kenia Canizales		
Justin Burson		
LICENSE, INC	10192599	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved
COMPLIANCE, INC	10192562	Involuntarily Dissolved
US, INC	10162709	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
54 - Professional, Scientific and Technical Services	541213 - TAX PREPARATION SERVICES	
54 - Professional, Scientific and Technical Services	541219 - OTHER ACCOUNTING SERVICES	
54 - Professional, Scientific and Technical Services	541110 - OFFICES OF LAWYERS	
54 - Professional, Scientific and Technical Services	541191 - TITLE ABSTRACT AND SETTLEMENT OFFICES	
54 - Professional, Scientific and Technical Services	541214 - PAYROLL SERVICES	

Line of Business	NAICS	Professional License #
54 - Professional, Scientific and Technical Services	541430 - GRAPHIC DESIGN SERVICES	
54 - Professional, Scientific and Technical Services	541513 - COMPUTER FACILITIES MANAGEMENT SERVICES	
54 - Professional, Scientific and Technical Services	541199 - ALL OTHER LEGAL SERVICES	
54 - Professional, Scientific and Technical Services	541120 - OFFICES OF NOTARIES	
54 - Professional, Scientific and Technical Services	541420 - INDUSTRIAL DESIGN SERVICES	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

[Print Friendly Version](#)

LICENSE DETAILS

License #: 2156868

License unavailable for printing

Business Name: OAHU FARMS CO

Status: Expired

Issue Date: 05/15/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 1931 KAMEHAMEHA HWY
HALEIWA, HI 96712

Physical Address: 1931 KAMEHAMEHA HWY
HALEIWA, HI 96712

Owners

Owner Name	Entity #	Entity Status
DAWN UNGA-STICK		
EDDIE UNGA		
JOSHUA UNGA		
WHITNEY UNGA		
GARY STICK		
ANTON SHEVCHENKO		
THEODORE HAUGLAND		
US, INC	10162709	Involuntarily Dissolved
OAHU FARMS CO	10195869	Involuntarily Dissolved
LICENSE, INC	10192599	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved
COMPLIANCE, INC	10192562	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
11 - Agriculture, Forestry, Fishing and Hunting	111336 - FRUIT AND TREE NUT COMBINATION FARMING	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

 [Print Friendly Version](#)

LICENSE DETAILS

License #: 2156869

License unavailable for printing

Business Name: OAHU FARMS CO

Status: Expired

Issue Date: 05/15/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 1931 KAMEHAMEHA HWY
HALEIWA, HI 96721

Physical Address: 1931 KAMEHAMEHA HWY
HALEIWA, HI 96721

Owners

Owner Name	Entity #	Entity Status
EDDIE UNGA UNGA		
WHITNEY UNGA		
THEODORE HAUGLAND HAUGLAND		
OAHU FARMS CO	10195869	Involuntarily Dissolved
LICENSE, INC	10192599	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved
COMPLIANCE, INC	10192562	Involuntarily Dissolved
US, INC	10162709	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
11 - Agriculture, Forestry, Fishing and Hunting	111130 - DRY PEA AND BEAN FARMING	
11 - Agriculture, Forestry, Fishing and Hunting	111150 - CORN FARMING	
11 - Agriculture, Forestry, Fishing and Hunting	111199 - ALL OTHER GRAIN FARMING	
11 - Agriculture, Forestry, Fishing and Hunting	111211 - POTATO FARMING	
11 - Agriculture, Forestry, Fishing and Hunting	111110 - SOYBEAN FARMING	
11 - Agriculture, Forestry, Fishing and Hunting	111120 - OILSEED (EXCEPT SOYBEAN) FARMING	
11 - Agriculture, Forestry, Fishing and Hunting	111140 - WHEAT FARMING	

Line of Business	NAICS	Professional License #
11 - Agriculture, Forestry, Fishing and Hunting	111160 - RICE FARMING	
11 - Agriculture, Forestry, Fishing and Hunting	111191 - OILSEED AND GRAIN COMBINATION FARMING	
11 - Agriculture, Forestry, Fishing and Hunting	111219 - OTHER VEGETABLE (EXCEPT POTATO) AND MELON FARMING	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

[Print Friendly Version](#)

LICENSE DETAILS

License #: 2156882

License unavailable for printing

Business Name: OAHU FARMS CO

Status: Expired

Issue Date: 05/15/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 1931 KAMEHAMEHA HWY
HALEIWA, HI 96712

Physical Address: 1931 KAMEHAMEHA HWY
HALEIWA, HI 96712

Owners

Owner Name	Entity #	Entity Status
DAWN UNGA-STICK		
EDDIE UNGA		
JOSHUA UNGA		
WHITNEY UNGA		
GARY STICK		
ANTON SHEVCHENKO		
THEODORE HAUGLAND		
OAHU FARMS CO	10195869	Involuntarily Dissolved
LICENSE, INC	10192599	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved
COMPLIANCE, INC	10192562	Involuntarily Dissolved
US, INC	10162709	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
11 - Agriculture, Forestry, Fishing and Hunting	111310 - ORANGE GROVES	
11 - Agriculture, Forestry, Fishing and Hunting	111331 - APPLE ORCHARDS	
11 - Agriculture, Forestry, Fishing and Hunting	111332 - GRAPE VINEYARDS	
11 - Agriculture, Forestry, Fishing and Hunting	111335 - TREE NUT FARMING	
11 - Agriculture, Forestry, Fishing and Hunting	111419 - OTHER FOOD CROPS GROWN UNDER COVER	
11 - Agriculture, Forestry, Fishing and Hunting	111320 - CITRUS (EXCEPT ORANGE) GROVES	
11 - Agriculture, Forestry, Fishing and Hunting	111333 - STRAWBERRY FARMING	
11 - Agriculture, Forestry, Fishing and Hunting	111334 - BERRY (EXCEPT STRAWBERRY) FARMING	
11 - Agriculture, Forestry, Fishing and Hunting	111339 - OTHER NONCITRUS FRUIT FARMING	
11 - Agriculture, Forestry, Fishing and Hunting	111411 - MUSHROOM PRODUCTION	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

 [Print Friendly Version](#)

LICENSE DETAILS

License #: 2156883

License unavailable for printing

Business Name: OAHU FARMS CO

Status: Expired

Issue Date: 05/15/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 1931 KAMEHAMEHA HWY
HALEIWA, HI 96712

Physical Address: 1931 KAMEHAMEHA HWY
HALEIWA, HI 96712

Owners

Owner Name	Entity #	Entity Status
THEODORE HAUGLAND		
OAHU FARMS CO	10195869	Involuntarily Dissolved
LICENSE, INC	10192599	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved
COMPLIANCE, INC	10192562	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
11 - Agriculture, Forestry, Fishing and Hunting	111910 - TOBACCO FARMING	
11 - Agriculture, Forestry, Fishing and Hunting	111940 - HAY FARMING	
11 - Agriculture, Forestry, Fishing and Hunting	111422 - FLORICULTURE PRODUCTION	
11 - Agriculture, Forestry, Fishing and Hunting	111920 - COTTON FARMING	
11 - Agriculture, Forestry, Fishing and Hunting	111930 - SUGARCANE FARMING	
11 - Agriculture, Forestry, Fishing and Hunting	111991 - SUGAR BEET FARMING	
11 - Agriculture, Forestry, Fishing and Hunting	112111 - BEEF CATTLE RANCHING AND FARMING	
11 - Agriculture, Forestry, Fishing and Hunting	111421 - NURSERY AND TREE PRODUCTION	
11 - Agriculture, Forestry, Fishing and Hunting	111998 - ALL OTHER MISCELLANEOUS CROP FARMING	
11 - Agriculture, Forestry, Fishing and Hunting	111992 - PEANUT FARMING	

Endorsements

End #	Issue	Renew	Expiration	Action End	Action Note	Address
1	5/15/2022		12/31/2023			1931 KAMEHAMEHA HWY, HALEIWA, HI 96712

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

 [Print Friendly Version](#)

LICENSE DETAILS

License #: 2156885

License unavailable for printing

Business Name: OAHU FARMS CO

Status: Expired

Issue Date: 05/15/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 1931 KAMEHAMEHA HWY
HALEIWA, HI 96712

Physical Address: 1931 KAMEHAMEHA HWY
HALEIWA, HI 96712

Owners

Owner Name	Entity #	Entity Status
DAWN UNGA-STICK		
EDDIE UNGA		
JOSHUA UNGA		
WHITNEY UNGA		
GARY STICK		
ANTON SHEVCHENKO		
THEODORE HAUGLAND		
OAHU FARMS CO	10195869	Involuntarily Dissolved
LICENSE, INC	10192599	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
11 - Agriculture, Forestry, Fishing and Hunting	112120 - DAIRY CATTLE AND MILK PRODUCTION	
11 - Agriculture, Forestry, Fishing and Hunting	112210 - HOG AND PIG FARMING	
11 - Agriculture, Forestry, Fishing and Hunting	112130 - DUAL PURPOSE CATTLE RANCHING AND FARMING	
11 - Agriculture, Forestry, Fishing and Hunting	112112 - CATTLE FEEDLOTS	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

 [Print Friendly Version](#)

LICENSE DETAILS

License #: 2156886

License unavailable for printing

Business Name: OAHU FARMS CO

Status: Expired

Issue Date: 05/15/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 1931 KAMEHAMEHA HWY
HALEIWA, HI 96712

Physical Address: 1931 KAMEHAMEHA HWY
HALEIWA, HI 96712

Owners

Owner Name	Entity #	Entity Status
EDDIE UNGA		
WHITNEY UNGA		
THEODORE HAUGLAND		
OAHU FARMS CO	10195869	Involuntarily Dissolved
LICENSE, INC	10192599	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved
COMPLIANCE, INC	10192562	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
11 - Agriculture, Forestry, Fishing and Hunting	112420 - GOAT FARMING	
11 - Agriculture, Forestry, Fishing and Hunting	112511 - FINFISH FARMING AND FISH HATCHERIES	
11 - Agriculture, Forestry, Fishing and Hunting	112512 - SHELLFISH FARMING	
11 - Agriculture, Forestry, Fishing and Hunting	112519 - OTHER AQUACULTURE	
11 - Agriculture, Forestry, Fishing and Hunting	113110 - TIMBER TRACT OPERATIONS	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

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LICENSE DETAILS

License #: 2156888

License unavailable for printing

Business Name: OAHU FARMS CO

Status: Expired

Issue Date: 05/15/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 1931 KAMEHAMEHA HWY
HALEIWA, HI 96712

Physical Address: 1931 KAMEHAMEHA HWY
HALEIWA, HI 96712

Owners

Owner Name	Entity #	Entity Status
DAWN UNGA-STICK		
EDDIE UNGA		
JOSHUA UNGA		
WHITNEY UNGA		
GARY STICK		
ANTON SHEVCHENKO		
THEODORE HAUGLAND		
KENIA CANIZALES		
OAHU FARMS CO	10195869	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
11 - Agriculture, Forestry, Fishing and Hunting	111336 - FRUIT AND TREE NUT COMBINATION FARMING	
11 - Agriculture, Forestry, Fishing and Hunting	115112 - SOIL PREPARATION, PLANTING, AND CULTIVATING	
11 - Agriculture, Forestry, Fishing and Hunting	115310 - SUPPORT ACTIVITIES FOR FORESTRY	
11 - Agriculture, Forestry, Fishing and Hunting	115210 - SUPPORT ACTIVITIES FOR ANIMAL PRODUCTION	
11 - Agriculture, Forestry, Fishing and Hunting	115113 - CROP HARVESTING, PRIMARILY BY MACHINE	
11 - Agriculture, Forestry, Fishing and Hunting	115116 - FARM MANAGEMENT SERVICES	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

 [Print Friendly Version](#)

LICENSE DETAILS

License #: 2156894

License unavailable for printing

Business Name: OAHU FARMS CO

Status: Expired

Issue Date: 05/15/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 1931 KAMEHAMEHA HWY
HALEIWA, HI 96712

Physical Address: 1931 KAMEHAMEHA HWY
HALEIWA, HI 96712

Owners

Owner Name	Entity #	Entity Status
DAWN UNGA-STICK		
EDDIE UNGA		
JOSHUA UNGA		
WHITNEY UNGA		
GARY STICK		
ANTON SHEVCHENKO		
THEODORE HAUGLAND		
KENIA CANIZALES		
OAHU FARMS CO	10195869	Involuntarily Dissolved
LICENSE, INC	10192599	Involuntarily Dissolved
COMPLIANCE, INC	10192562	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
71 - Arts, Entertainment and Recreation	711410 - AGENTS AND MANAGERS FOR ARTISTS, ATHLETES, ENTERTAINERS, AND OTHER PUBLIC FIGURES	
71 - Arts, Entertainment and Recreation	711211 - SPORTS TEAMS AND CLUBS	
71 - Arts, Entertainment and Recreation	713110 - AMUSEMENT AND THEME PARKS	
71 - Arts, Entertainment and Recreation	711190 - OTHER PERFORMING ARTS COMPANIES	
71 - Arts, Entertainment and Recreation	711219 - OTHER SPECTATOR SPORTS	

Line of Business	NAICS	Professional License #
71 - Arts, Entertainment and Recreation	712120 - HISTORICAL SITES	
71 - Arts, Entertainment and Recreation	712190 - NATURE PARKS AND OTHER SIMILAR INSTITUTIONS	
71 - Arts, Entertainment and Recreation	713120 - AMUSEMENT ARCADES	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

 [Print Friendly Version](#)

LICENSE DETAILS

License #: 2156898

License unavailable for printing

Business Name: OAHU FARMS CO

Status: Expired

Issue Date: 05/15/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 1931 KAMEHAMEHA HWY
HALEIWA, HI 96712

Physical Address: 1931 KAMEHAMEHA HWY
HALEIWA, HI 96712

Owners

Owner Name	Entity #	Entity Status
DAWN UNGA-STICK		
EDDIE UNGA		
JOSHUA UNGA		
WHITNEY UNGA		
GARY STICK		
ANTON SHEVCHENKO		
THEODORE HAUGLAND		
KENIA CANIZALES		
OAHU FARMS CO	10195869	Involuntarily Dissolved
LICENSE, INC	10192599	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved
COMPLIANCE, INC	10192562	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
42 - Wholesale Trade	423110 - AUTOMOBILE AND OTHER MOTOR VEHICLE MERCHANT WHOLESALERS	
42 - Wholesale Trade	423120 - MOTOR VEHICLE SUPPLIES AND NEW PARTS MERCHANT WHOLESALERS	
42 - Wholesale Trade	423220 - HOME FURNISHING MERCHANT WHOLESALERS	
42 - Wholesale Trade	423320 - BRICK, STONE, AND RELATED CONSTRUCTION MATERIAL MERCHANT WHOLESALERS	
42 - Wholesale Trade	423130 - TIRE AND TUBE MERCHANT WHOLESALERS	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

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LICENSE DETAILS

License #: 2156901

License unavailable for printing

Business Name: OAHU FARMS CO

Status: Expired

Issue Date: 05/15/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 1931 KAMEHAMEHA HWY
HALEIWA, HI 96712

Physical Address: 1931 KAMEHAMEHA HWY
HALEIWA, HI 96712

Owners

Owner Name	Entity #	Entity Status
EDDIE UNGA		
ANTON SHEVCHENKO		
THEODORE HAUGLAND		
BUSINESS, INC	10192584	Involuntarily Dissolved
KENIA CANIZALES		
OAHU FARMS CO	10195869	Involuntarily Dissolved
LICENSE, INC	10192599	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
44-45 - Retail Trade	455211 - WAREHOUSE CLUBS AND SUPERCENTERS	
44-45 - Retail Trade	455219 - ALL OTHER GENERAL MERCHANDISE RETAILERS	
44-45 - Retail Trade	459120 - HOBBY, TOY, AND GAME RETAILERS	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

[Print Friendly Version](#)

LICENSE DETAILS

License #: 2156903

License unavailable for printing

Business Name: OAHU FARMS CO

Status: Expired

Issue Date: 05/15/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 1931 KAMEHAMEHA HWY
HALEIWA, HI 96712

Physical Address: 1931 KAMEHAMEHA HWY
HALEIWA, HI 96712

Owners

Owner Name	Entity #	Entity Status
COMPLIANCE, INC	10192562	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved
OAHU FARMS CO	10195869	Involuntarily Dissolved
LICENSE, INC	10192599	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
42 - Wholesale Trade	424590 - OTHER FARM PRODUCT RAW MATERIAL MERCHANT WHOLESALERS	
44-45 - Retail Trade	445230 - FRUIT AND VEGETABLE RETAILERS	
44-45 - Retail Trade	445292 - CONFECTIONERY AND NUT RETAILERS	
42 - Wholesale Trade	424490 - OTHER GROCERY AND RELATED PRODUCTS MERCHANT WHOLESALERS	
44-45 - Retail Trade	445131 - CONVENIENCE RETAILERS	
44-45 - Retail Trade	445250 - FISH AND SEAFOOD RETAILERS	
44-45 - Retail Trade	456120 - COSMETICS, BEAUTY SUPPLIES, AND PERFUME RETAILERS	
44-45 - Retail Trade	456130 - OPTICAL GOODS RETAILERS	
44-45 - Retail Trade	456191 - FOOD (HEALTH) SUPPLEMENT RETAILERS	
44-45 - Retail Trade	457110 - GASOLINE STATIONS WITH CONVENIENCE STORES	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

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LICENSE DETAILS

License #: 2157312

License unavailable for printing

Business Name: OAHU FARMS CO

Status: Expired

Issue Date: 05/20/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 57-542 KAMEHAMEHA HWY
KAHUKU, HI 96731

Physical Address: 57-542 KAMEHAMEHA HWY
KAHUKU, HI 96731

Owners

Owner Name	Entity #	Entity Status
DAWN Unga-Stick		
ANTON SHEVCHENKO		
THEODORE HAUGLAND		
PHILIP GLADE		
KENIA CANIZALES		
OAHU FARMS CO	10195869	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
11 - Agriculture, Forestry, Fishing and Hunting	111332 - GRAPE VINEYARDS	
11 - Agriculture, Forestry, Fishing and Hunting	111320 - CITRUS (EXCEPT ORANGE) GROVES	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

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LICENSE DETAILS

License #: 2163984

License unavailable for printing

Business Name: HAWAII FOUNDATION INC

Status: Expired

Issue Date: 09/02/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: PO BOX 8845
HONOLULU, HI 96830

Physical Address: 57-542 KAMEHAMEHA HWY
KAHUKU , HI 96731

Owners

Owner Name	Entity #	Entity Status
MADLINE WADE		
JOSHUA UNGA		
VIKA UNGA		
ANTON SHEVCHENKO		
JOSHUA SHADE		
SAMUEL PASCUA		
MOSES LEWIS		
SALOME LEWIS		
THEODORE HAUGLAND		
PHILIP GLADE		
KENIA CANIZALES		
HAWAII FOUNDATION INC	10206334	Involuntarily Dissolved
CHRISTIAN CHARITIES CO	10206333	Involuntarily Dissolved
US, INC	10162709	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved
COMPLIANCE, INC	10192562	Involuntarily Dissolved
LICENSE, INC	10192599	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
55 - Management of Companies and Enterprises	551114 - CORPORATE, SUBSIDIARY, AND REGIONAL MANAGING OFFICES	
55 - Management of Companies and Enterprises	551112 - OFFICES OF OTHER HOLDING COMPANIES	

Line of Business	NAICS	Professional License #
55 - Management of Companies and Enterprises	551111 - OFFICES OF BANK HOLDING COMPANIES	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

 [Print Friendly Version](#)

LICENSE DETAILS

License #: 2163985

License unavailable for printing

Business Name: HAWAII FOUNDATION INC

Status: Expired

Issue Date: 09/02/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: PO BOX 8845
HONOLULU, HI 96830

Physical Address: 55-44 NAUPAKA ST
LAIE, HI 96762

Owners

Owner Name	Entity #	Entity Status
MADLINE WADE		
JOSHUA UNGA		
VIKA UNGA		
JOSHUA SHADE		
SAMUEL PASCUA		
MOSES LEWIS		
SALOME LEWIS		
THEODORE HAUGLAND		
PHILIP GLADE		
KENIA CANIZALES		
HAWAII FOUNDATION INC	10206334	Involuntarily Dissolved
CHRISTIAN CHARITIES CO	10206333	Involuntarily Dissolved
LICENSE, INC	10192599	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved
COMPLIANCE, INC	10192562	Involuntarily Dissolved
US, INC	10162709	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
55 - Management of Companies and Enterprises	551114 - CORPORATE, SUBSIDIARY, AND REGIONAL MANAGING OFFICES	
55 - Management of Companies and Enterprises	551112 - OFFICES OF OTHER HOLDING COMPANIES	
55 - Management of Companies and Enterprises	551111 - OFFICES OF BANK HOLDING COMPANIES	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

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LICENSE DETAILS

License #: 2163986

License unavailable for printing

Business Name: HAWAII FOUNDATION INC

Status: Expired

Issue Date: 09/02/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: PO BOX 8845
HONOLULU, HI 96830

Physical Address: 55-44 NAUPAKA ST
LAIE, HI 96762

Owners

Owner Name	Entity #	Entity Status
MADLINE WADE		
JOSHUA UNGA		
VIKA UNGA		
DAWN STICK		
GARY STICK		
JOSHUA SHADE		
CHRISTOPHER PASCUA		
SAMUEL PASCUA		
MOSES LEWIS		
SALOME LEWIS		
THEODORE HAUGLAND		
PHILIP GLADE		
KENIA CANIZALES		
HAWAII FOUNDATION INC	10206334	Involuntarily Dissolved
CHRISTIAN CHARITIES CO	10206333	Involuntarily Dissolved
LICENSE, INC	10192599	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved
COMPLIANCE, INC	10192562	Involuntarily Dissolved
US, INC	10162709	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
23 - Construction	237210 - LAND SUBDIVISION	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

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LICENSE DETAILS

License #: 2164412

License unavailable for printing

Business Name: TAXI CABBY CO

Status: Expired

Issue Date: 09/09/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 444 NIU ST
PH 501
HONOLULU, HI 96815

Physical Address: 444 NIU ST
PH 501
HONOLULU, HI 96815

Owners

Owner Name	Entity #	Entity Status
DAWN UNGA-STICK		
GARY STICK		
ANTON SHEVCHENKO		
SALOME LEWIS		
THEODORE HAUGLAND		
PHILIP GLADE		

Activities

Line of Business	NAICS	Professional License #
48-49 - Transportation and Warehousing	484220 - SPECIALIZED FREIGHT (EXCEPT USED GOODS) TRUCKING, LOCAL	
48-49 - Transportation and Warehousing	485310 - TAXI AND RIDESHARING SERVICES	
48-49 - Transportation and Warehousing	488999 - ALL OTHER SUPPORT ACTIVITIES FOR TRANSPORTATION	
48-49 - Transportation and Warehousing	485119 - OTHER URBAN TRANSIT SYSTEMS	
48-49 - Transportation and Warehousing	485210 - INTERURBAN AND RURAL BUS TRANSPORTATION	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

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LICENSE DETAILS

License #: 2164413

License unavailable for printing

Business Name: HAWAII LIMOUSINE INC

Status: Expired

Issue Date: 09/09/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 1110 NUUANU AVE 1001
HONOLULU, HI 96813

Physical Address: 1110 NUUANU AVE 1001
HONOLULU, HI 96813

Owners

Owner Name	Entity #	Entity Status
DAWN UNGA-STICK		
GARY STICK		
ANTON SHEVCHENKO		
SALOME LEWIS		
THEODORE HAUGLAND		
PHILIP GLADE		
KENIA CANIZALES		

Activities

Line of Business	NAICS	Professional License #
48-49 - Transportation and Warehousing	485210 - INTERURBAN AND RURAL BUS TRANSPORTATION	
48-49 - Transportation and Warehousing	485320 - LIMOUSINE SERVICE	
48-49 - Transportation and Warehousing	485991 - SPECIAL NEEDS TRANSPORTATION	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

Close License Detail

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LICENSE DETAILS

License #: 2164414

License unavailable for printing

Business Name: HAWAIIAN FERRY INC

Status: Expired

Issue Date: 09/09/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 444 NIU ST PH 502
HONOLULU, HI 96815

Physical Address: 444 NIU ST PH 502
HONOLULU, HI 96815

Owners

Owner Name	Entity #	Entity Status
DAWN UNGA-STICK		
GARY STICK		
ANTON SHEVCHENKO		
THEODORE HAUGLAND		
THEODORE HAUGLAND		
PHILIP GLADE		
KENIA CANIZALES		

Activities

Line of Business	NAICS	Professional License #
48-49 - Transportation and Warehousing	483111 - DEEP SEA FREIGHT TRANSPORTATION	
48-49 - Transportation and Warehousing	483211 - INLAND WATER FREIGHT TRANSPORTATION	
48-49 - Transportation and Warehousing	483112 - DEEP SEA PASSENGER TRANSPORTATION	
48-49 - Transportation and Warehousing	483113 - COASTAL AND GREAT LAKES FREIGHT TRANSPORTATION	
48-49 - Transportation and Warehousing	483114 - COASTAL AND GREAT LAKES PASSENGER TRANSPORTATION	
48-49 - Transportation and Warehousing	483212 - INLAND WATER PASSENGER TRANSPORTATION	
48-49 - Transportation and Warehousing	488320 - MARINE CARGO HANDLING	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

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LICENSE DETAILS

License #: 2164414

License unavailable for printing

Business Name: HAWAIIAN FERRY INC

Status: Expired

Issue Date: 09/09/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 444 NIU ST PH 502
HONOLULU, HI 96815

Physical Address: 444 NIU ST PH 502
HONOLULU, HI 96815

Owners

Owner Name	Entity #	Entity Status
DAWN UNGA-STICK		
GARY STICK		
ANTON SHEVCHENKO		
THEODORE HAUGLAND		
THEODORE HAUGLAND		
PHILIP GLADE		
KENIA CANIZALES		

Activities

Line of Business	NAICS	Professional License #
48-49 - Transportation and Warehousing	483111 - DEEP SEA FREIGHT TRANSPORTATION	
48-49 - Transportation and Warehousing	483211 - INLAND WATER FREIGHT TRANSPORTATION	
48-49 - Transportation and Warehousing	483112 - DEEP SEA PASSENGER TRANSPORTATION	
48-49 - Transportation and Warehousing	483113 - COASTAL AND GREAT LAKES FREIGHT TRANSPORTATION	
48-49 - Transportation and Warehousing	483114 - COASTAL AND GREAT LAKES PASSENGER TRANSPORTATION	
48-49 - Transportation and Warehousing	483212 - INLAND WATER PASSENGER TRANSPORTATION	
48-49 - Transportation and Warehousing	488320 - MARINE CARGO HANDLING	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

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LICENSE DETAILS

License #: 2164415

License unavailable for printing

Business Name: FARMEDICINE INC

Status: Expired

Issue Date: 09/09/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 3206 AHINAHINA PL
APT B
HONOLULU, HI 96816

Physical Address: 3206 AHINAHINA PL
APT B
HONOLULU, HI 96816

Owners

Owner Name	Entity #	Entity Status
DAWN UNGA-STICK		
GARY STICK		
ANTON SHEVCHENKO		
THEODORE HAUGLAND		
PHILIP GLADE		
KENIA CANIZALES		

Activities

Line of Business	NAICS	Professional License #
31-33 - Manufacturing	332813 - ELECTROPLATING, PLATING, POLISHING, ANODIZING, AND COLORING	
31-33 - Manufacturing	333112 - LAWN AND GARDEN TRACTOR AND HOME LAWN AND GARDEN EQUIPMENT MANUFACTURING	
31-33 - Manufacturing	334416 - CAPACITOR, RESISTOR, COIL, TRANSFORMER, AND OTHER INDUCTOR MANUFACTURING	
31-33 - Manufacturing	335131 - RESIDENTIAL ELECTRIC LIGHTING FIXTURE MANUFACTURING	
31-33 - Manufacturing	335132 - COMMERCIAL, INDUSTRIAL, AND INSTITUTIONAL ELECTRIC LIGHTING FIXTURE MANUFACTURING	
31-33 - Manufacturing	335139 - ELECTRIC LAMP BULB AND OTHER LIGHTING EQUIPMENT MANUFACTURING	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

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LICENSE DETAILS

License #: 2164416

License unavailable for printing

Business Name: TOW CORPORATION

Status: Expired

Issue Date: 09/09/2022

Expiration Date: 12/31/2023

Has Telemedicine: No

Mailing Address: 910 BIRCH ST UNIT 22
HONOLULU, HI 96814

Physical Address: 910 BIRCH ST UNIT 22
HONOLULU, HI 96814

Owners

Owner Name	Entity #	Entity Status
DAWN UNGA-STICK		
GARY STICK		
ANTON SHEVCHENKO		
THEODORE HAUGLAND		
PHILIP GLADE		
KENIA CANIZALES		

Activities

Line of Business	NAICS	Professional License #
48-49 - Transportation and Warehousing	488490 - OTHER SUPPORT ACTIVITIES FOR ROAD TRANSPORTATION	
48-49 - Transportation and Warehousing	488999 - ALL OTHER SUPPORT ACTIVITIES FOR TRANSPORTATION	
48-49 - Transportation and Warehousing	488410 - MOTOR VEHICLE TOWING	
48-49 - Transportation and Warehousing	488991 - PACKING AND CRATING	
48-49 - Transportation and Warehousing	488510 - FREIGHT TRANSPORTATION ARRANGEMENT	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

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LICENSE DETAILS

License #: 2166900

License unavailable for printing

Business Name: OAHU FARMS CO

Status: Expired

Issue Date: 10/18/2022

Expiration Date: 12/31/2024

Has Telemedicine: No

Mailing Address: 57-542 KAMEHAMEHA HWY
KAHUKU, HI 96731

Physical Address: 57-542 KAMEHAMEHA HWY
KAHUKU, HI 96731

Owners

Owner Name	Entity #	Entity Status
DAWN UNGA		
EDDIE UNGA		
VIKA UNGA		
GARY STICK		
SAMUEL PASCUA		
THEODORE HAUGLAND		
KENIA CANIZALES		
OAHU FARMS CO	10195869	Involuntarily Dissolved
LICENSE, INC	10192599	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved
COMPLIANCE, INC	10192562	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
72 - Accommodation and Food Services	722410 - DRINKING PLACES (ALCOHOLIC BEVERAGES)	
72 - Accommodation and Food Services	721191 - BED-AND-BREAKFAST INNS	
72 - Accommodation and Food Services	721214 - RECREATIONAL AND VACATION CAMPS (EXCEPT CAMPGROUNDS)	
72 - Accommodation and Food Services	722511 - FULL-SERVICE RESTAURANTS	
72 - Accommodation and Food Services	722513 - LIMITED-SERVICE RESTAURANTS	

Line of Business	NAICS	Professional License #
72 - Accommodation and Food Services	722514 - CAFETERIAS, GRILL BUFFETS, AND BUFFETS	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)[!\[\]\(9e30e4111484bbe985675b11b157f85e_img.jpg\) Print Friendly Version](#)

LICENSE DETAILS

License #: 2167961

License unavailable for printing

Business Name: HOLDING CO

Status: Expired

Issue Date: 11/03/2022

Expiration Date: 12/31/2024

Has Telemedicine: No

Mailing Address: 1050 BISHOP ST # 317
HONOLULU, HI 96813

Physical Address: 3333 BEACH RD
HONOLULU, HI 96815

Owners

Owner Name	Entity #	Entity Status
ANTON SHEVCHENKO		
THEODORE HAUGLAND		
BUSINESS, INC	10192584	Involuntarily Dissolved
COMPLIANCE, INC	10192562	Involuntarily Dissolved
HOLDING CO	10212549	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
55 - Management of Companies and Enterprises	551114 - CORPORATE, SUBSIDIARY, AND REGIONAL MANAGING OFFICES	
23 - Construction	237210 - LAND SUBDIVISION	
53 - Real Estate, Rental and Leasing	531390 - OTHER ACTIVITIES RELATED TO REAL ESTATE	
53 - Real Estate, Rental and Leasing	531120 - LESSORS OF NONRESIDENTIAL BUILDINGS (EXCEPT MINIWAREHOUSES)	
55 - Management of Companies and Enterprises	551112 - OFFICES OF OTHER HOLDING COMPANIES	
55 - Management of Companies and Enterprises	551111 - OFFICES OF BANK HOLDING COMPANIES	
53 - Real Estate, Rental and Leasing	531190 - LESSORS OF OTHER REAL ESTATE PROPERTY	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

 [Print Friendly Version](#)

LICENSE DETAILS

License #: 2169359

License unavailable for printing

Business Name: LICENSE, INC

Status: Expired

Issue Date: 11/24/2022

Expiration Date: 12/31/2024

Has Telemedicine: No

Mailing Address: , KAILUA, HI 96734
KAILUA, HI 96734

Physical Address: 2000 KALAKAUA AVE
HONOLULU, HI 96815

Owners

Owner Name	Entity #	Entity Status
Anton Shevchenko		
Amora Haugland		
Christopher Haugland		
Karina Haugland		
Mckenzie Haugland		
Theodore Haugland		
Philip Glade		
Kenia Canizales		
LICENSE, INC	10192599	Involuntarily Dissolved
BUSINESS, INC	10192584	Involuntarily Dissolved
COMPLIANCE, INC	10192562	Involuntarily Dissolved
HOLDING CO	10212549	Involuntarily Dissolved

Activities

Line of Business	NAICS	Professional License #
92 - Public Administration	921190 - OTHER GENERAL GOVERNMENT SUPPORT	
92 - Public Administration	922110 - COURTS	
92 - Public Administration	922120 - POLICE PROTECTION	
92 - Public Administration	922130 - LEGAL COUNSEL AND PROSECUTION	
92 - Public Administration	922140 - CORRECTIONAL INSTITUTIONS	
92 - Public Administration	921150 - AMERICAN INDIAN AND ALASKA NATIVE TRIBAL GOVERNMENTS	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

[Print Friendly Version](#)

This Product Contains Sensitive Taxpayer Data

Record of Account

Request Date: 11-29-2025
Response Date: 11-29-2025
Tracking Number: 109240409275

Form Number: 1040
Report for Tax Period Ending: 12-31-2022
Taxpayer Identification Number: XXX-XX-7926

THEO R HAUG
55-706

--- Any minus sign shown below signifies a credit amount ---

Account balance:	-\$116,113.00		
Accrued interest:	\$0.00	As of:	08-05-2024
Accrued penalty:	\$0.00	As of:	08-05-2024
Account balance plus accruals (this is not a payoff amount):	-\$116,113.00		

** Information from the return or as adjusted **

Exemptions:	03
Filing status:	Head of Household
Adjusted gross income:	\$264,305.00
Taxable income:	\$244,905.00
Tax per return:	\$59,990.00
SE taxable income taxpayer:	\$0.00
SE taxable income spouse:	\$0.00
Total self employment tax:	\$0.00
Return due date or return received date (whichever is later):	04-15-2023
Processing date:	06-26-2023

TRANSACTIONS

CODE	EXPLANATION OF TRANSACTION	CYCLE	DATE	AMOUNT
150	Tax return filed 29221-134-07738-3	20232305	06-26-2023	\$59,990.00
806	W-2 or 1099 withholding		04-15-2023	-\$157,875.00
971	Amended tax return or claim forwarded for processing		05-09-2023	\$0.00
977	Amended return filed 83277-542-64198-3		05-09-2023	\$0.00
766	Credit to your account		04-15-2023	-\$18,228.00
570	Additional account action pending		06-26-2023	\$0.00
971	Notice issued CP 0005		07-03-2023	\$0.00
971	Amended tax return or claim forwarded for processing		05-09-2023	\$0.00
977	Amended return filed 43277-592-04135-4		05-09-2023	\$0.00
977	Amended return filed 07277-615-00537-4		05-09-2023	\$0.00

971	Amended tax return or claim forwarded for processing	04-01-2025	\$0.00
977	Amended return filed 28277-514-57438-5	04-01-2025	\$0.00

SSN provided: XXX-XX-7926
 Report for Tax Period Ending: 12-31-2022

The following items reflect the amount as shown on the return, and the amount as adjusted, if applicable. They do not show subsequent activity on the account.

SSN: XXX-XX-7926
 Spouse SSN:

THEO R HAUG
 150 HA
 Filing status: Unmarried Head of household
 Form number: 1040
 Cycle posted: 20232305
 Received date: 04-15-2023
 Payment: \$0.00
 Exemption number: 03
 Other dependent credit total eligible per computer: 0
 Other dependent credit total eligible verified: 0
 Dependent 1 Name control: HAUG
 Dependent 1 SSN: XXX-XX-1105
 Dependent 2 Name control: HAUG
 Dependent 2 SSN: XXX-XX-5846
 PTIN:
 Preparer EIN:

Income

Total wages:	\$507,748.00
Form W-2 wages:	\$507,748.00
Taxable interest income (Schedule B):	\$0.00
Tax-exempt interest:	\$0.00
Ordinary dividend income (Schedule B):	\$0.00
Qualified dividends:	\$0.00
Refunds of state/local taxes:	\$0.00
Alimony received:	\$0.00
Business income or loss (Schedule C):	\$0.00
Business income or loss (Schedule C) per computer:	\$0.00
Capital gain or loss (Schedule D):	\$0.00
Capital gains or loss (Schedule D) per computer:	\$0.00
Other gains or losses (Form 4797):	\$0.00
Total IRA distributions:	\$0.00
Taxable IRA distributions:	\$0.00
Total pensions and annuities:	\$0.00
Taxable pension/annuity amount:	\$0.00
Additional income:	-\$243,443.00
Additional income per computer:	-\$243,443.00
Refundable credits per computer:	\$18,228.00
Refundable education credit per computer:	\$0.00
Qualified business income deduction:	\$0.00
Rent/royalty/partnership/estate (Schedule E):	-\$243,443.00
Rent/royalty/partnership/estate (Schedule E) per computer:	-\$243,443.00
Rent/royalty income/loss per computer:	\$0.00
Estate/trust income/loss per computer:	\$0.00
Partnership/S-Corp income/loss per computer:	-\$243,443.00
Farm income or loss (Schedule F):	\$0.00
Farm income or loss (Schedule F) per computer:	\$0.00
Unemployment compensation:	\$0.00
Total Social Security benefits:	\$0.00
Taxable Social Security benefits:	\$0.00
Taxable Social Security benefits per computer:	\$0.00

Other income:	\$0.00
Schedule EIC Self-employment income per computer:	\$0.00
Schedule EIC earned income per computer:	\$0.00
Schedule EIC disqualified income per computer:	\$0.00
Excess advance child tax credit per computer:	\$0.00
Primary economic impact payment 2:	\$0.00
Secondary economic impact payment 2:	\$0.00
Primary advanced child tax credit payments:	\$0.00
Secondary advanced child tax credit payments:	\$0.00
Additional child tax credit earned income:	\$0.00
EIC prior year earned income:	\$0.00
Child tax credit prior year earned income:	\$0.00
Qualified business income deduction:	\$0.00
Form 8995 qualified business income deduction computer:	\$0.00
Form 8995 net capital gains computer:	\$0.00
Primary economic impact payment:	\$0.00
Secondary economic impact payment:	\$0.00
Scholarship/Fellowship grant:	\$0.00
Total income:	\$264,305.00
Total income per computer:	\$264,305.00

Adjustments to Income

Educator expenses:	\$0.00
Educator expenses per computer:	\$0.00
Reservist and other business expense:	\$0.00
Health Savings Account deduction:	\$0.00
Health Savings Account deduction per computer:	\$0.00
Moving expenses (Form 3903):	\$0.00
Self-employment tax deduction:	\$0.00
Self-employment tax deduction per computer:	\$0.00
Self-employment tax deduction verified:	\$0.00
Keogh/SEP contribution deduction:	\$0.00
Self-employment health insurance deduction:	\$0.00
Early withdrawal of savings penalty:	\$0.00
Alimony paid SSN:	
Alimony paid:	\$0.00
Scholarship/Fellowship excluded:	\$0.00
IRA deduction:	\$0.00
IRA deduction per computer:	\$0.00
Student loan interest deduction:	\$0.00
Student loan interest deduction per computer:	\$0.00
Student loan interest deduction verified:	\$0.00
Tuition and fees deduction:	\$0.00
Tuition and fees deduction per computer:	\$0.00
Other adjustments:	\$0.00
Archer MSA deduction:	\$0.00
Archer MSA deduction per computer:	\$0.00
Total adjustments:	\$0.00
Total adjustments per computer:	\$0.00
Adjusted gross income:	\$264,305.00
Adjusted gross income per computer:	\$264,305.00

Tax and Credits

65 or over:	No
Blind:	No
Spouse 65 or over:	No
Spouse blind:	No
Standard deduction per computer:	\$19,400.00
Additional standard deduction per computer:	\$0.00
Tax table income per computer:	\$244,905.00
Exemption amount per computer:	\$0.00
Taxable income:	\$244,905.00

Taxable income per computer:	\$244,905.00
Total positive income per computer:	\$593,379.00
Tentative tax:	\$57,970.00
Tentative tax per computer:	\$57,970.00
Form 8814 additional tax amount:	\$0.00
Tax on income less Social Security income per computer:	\$0.00
Form 6251 alternative minimum tax:	\$0.00
Form 6251 alternative minimum tax per computer:	\$0.00
Foreign tax credit:	\$0.00
Foreign tax credit per computer:	\$0.00
Foreign income exclusion per computer:	\$0.00
Foreign income exclusion tax per computer:	\$0.00
Excess advance premium tax credit repayment amount:	\$0.00
Excess advance premium tax credit repayment verified amount:	\$0.00
Child & dependent care credit:	\$0.00
Child & dependent care credit per computer:	\$0.00
Credit for elderly and disabled:	\$0.00
Credit for elderly and disabled per computer:	\$0.00
Education credit:	\$0.00
Education credit per computer:	\$0.00
Gross education credit per computer:	\$0.00
Retirement savings contribution credit:	\$0.00
Retirement savings contribution credit per computer:	\$0.00
Total retirement savings contribution (Form 8880 computer):	\$0.00
Residential energy credit:	\$0.00
Child and other dependent credit:	\$750.00
Child and other dependent credit per computer:	\$750.00
Adoption credit (Form 8839):	\$0.00
Adoption credit per computer:	\$0.00
Form 8396 mortgage certificate credit:	\$0.00
Form 8396 mortgage certificate credit per computer:	\$0.00
Total other non-refundable credit:	\$0.00
Form 3800 general business credits:	\$0.00
Form 3800 general business credits per computer:	\$0.00
Prior year minimum tax credit (Form 8801):	\$0.00
Prior year minimum tax credit (Form 8801) per computer:	\$0.00
Earlier year income repayment credit:	\$0.00
Form 8936 electric motor vehicle credit amount:	\$0.00
F8936 electric motor vehicle credit per computer:	\$0.00
Form 8910 alternative motor vehicle credit amount:	\$0.00
Form 8910 alternative motor vehicle credit per computer:	\$0.00
Sick family leave credit:	\$0.00
Non-itemized charitable contribution deduction:	\$0.00
Non-itemized charitable contribution per computer:	\$0.00
Refundable child care credit:	\$0.00
Sick family leave credit after 3-31-21:	\$0.00
Refundable child care credit verified:	\$0.00
Recovery rebate credit:	\$0.00
Recovery rebate credit per computer:	\$0.00
Health coverage tax credit (Form 8885):	\$0.00
Recovery rebate credit verified:	\$0.00
Other credits:	\$0.00
Total credits:	\$750.00
Total credits per computer:	\$750.00
Income tax after credits per computer:	\$57,220.00

Other Taxes

Self employment tax:	\$0.00
Self employment tax per computer:	\$0.00
Social Security and Medicare tax on unreported tips:	\$0.00
Social Security and Medicare tax on unreported tips per computer:	\$0.00
Tax on qualified plans Form 5329 (PR):	\$0.00

Tax on qualified plans Form 5329 per computer:	\$0.00
Individual Retirement Account File (IRAF) tax per computer:	\$0.00
Taxpayer tax figures (reduced by IRAF) per computer:	\$59,990.00
Individual Master File (IMF) total tax (reduced by IRAF) per computer:	\$59,990.00
Total other taxes per computer:	\$2,770.00
Unpaid Federal Insurance Contributions Act (FICA) on reported tips:	\$0.00
Form 8959 additional Medicare tax:	\$2,770.00
Form 8960 net investment income tax:	\$0.00
Interest on deferred tax:	\$0.00
Total other taxes:	\$2,770.00
Recapture tax (Form 8611):	\$0.00
Household employment taxes:	\$0.00
Household employment taxes per computer:	\$0.00
Interest due on installment:	\$0.00
Schedule 8812 additional tax computer:	\$0.00
Refundable child care computer:	\$0.00
Health coverage recapture (Form 8885):	\$0.00
Deferred tax Schedule H Self Employment:	\$0.00
Max deferred tax per computer:	\$0.00
Total additional taxes:	\$0.00
Total assessment per computer:	\$59,990.00
Total tax liability taxpayer figures:	\$59,990.00
Total tax liability taxpayer figures per computer:	\$59,990.00

Payments

Federal income tax withheld:	\$157,875.00
Schedule 8812 additional tax:	\$0.00
Estimated tax payments:	\$0.00
Other payment credit:	\$0.00
Refundable education credit:	\$0.00
Refundable education credit per computer:	\$0.00
Refundable education credit verified:	\$0.00
Refundable credits:	\$18,228.00
Earned income credit:	\$0.00
Earned income credit per computer:	\$0.00
Nontaxable combat pay:	\$0.00
Excess Social Security & Railroad Retirement Tax Act (RRTA) tax withheld:	\$18,228.00
Schedule 8812 additional child tax credit:	\$0.00
Schedule 8812 additional child tax credit per computer:	\$0.00
Schedule 8812 additional child tax credit verified:	\$0.00
Amount paid with Form 4868:	\$0.00
Form 2439 regulated investment company credit:	\$0.00
Form 4136 credit for federal tax on fuels:	\$0.00
Form 4136 credit for federal tax on fuels per computer:	\$0.00
Section 965 tax installment:	\$0.00
Section 965 tax liability:	\$0.00
Premium tax credit amount:	\$0.00
Premium tax credit verified amount:	\$0.00
Primary NAP first time home buyer installment amount:	\$0.00
Secondary NAP first time home buyer installment amount:	\$0.00
First time homebuyer credit repayment amount:	\$0.00
Form 5405 total homebuyers credit repayment per computer:	\$0.00
Small employer health insurance per computer:	\$0.00
Small employer health insurance per computer (2):	\$0.00
Total other payments refundable:	\$0.00
Total payments:	\$176,103.00
Total payments per computer:	\$176,103.00

Refund or Amount Owed

Refund amount:	-	\$116,113.00
Estimated tax credit applied to next year:	\$	0.00
Estimated tax penalty:	\$	0.00
Tax on income less state refund per computer:	\$	0.00
Balance due/overpayment using taxpayer figure per computer:	-	\$116,113.00
Balance due/overpayment using computer figures:	-	\$116,113.00
Form 8888 total refund per computer:	\$	0.00

Third Party Designee

Third party designee ID number:	
Authorization indicator:	No
Third party designee name:	

Schedule E--Supplemental Income and Loss

Income or Loss From Rental Real Estate and Royalties

Schedule E Form 1099 required:	Neither box checked
Schedule E Form 1099 filed:	Neither box checked
Total rents received:	\$0.00
Total royalties received:	\$0.00
Total mortgage interest all properties:	\$0.00
Total depreciation or depletion for all properties:	\$0.00
Total expenses for all properties:	\$0.00
Total rental real estate and royalty income or loss:	\$0.00
Rent & royalty income:	\$0.00
Rent & royalty losses:	\$0.00
Repairs expense Column A:	\$0.00
Repairs expense Column B:	\$0.00
Repairs expense Column C:	\$0.00

Income or Loss From Partnerships and S-Corps

Partnership/Corporation passive income:	\$16,793.00
Partnership/Corporation nonpassive income:	\$68,838.00
Partnership/Corporation passive loss:	\$16,793.00
Partnership/Corporation nonpassive loss:	\$312,281.00
Partnership income:	\$85,631.00
Partnership loss:	\$329,074.00

Income or Loss From Estate and Trusts

Estate/trust passive income:	\$0.00
Estate/trust passive loss:	\$0.00
Estate and trust income:	\$0.00
Estate and trust loss:	\$0.00
Passive loss not reported on Form 8582:	
Schedule K-1 estate payment indicator:	No

Income or Loss From Real Estate Mortgage Investment Conduits

Real estate mortgage income/loss:	\$0.00
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Summary

Net farm rent income/loss:	\$0.00
Gross farming & fishing income:	\$0.00

Form 8959 - Additional Medicare Tax

Medicare wages:	\$507,748.00
Unreported tips:	\$0.00
Wages from Form 8919:	\$0.00
Additional Medicare Tax on Medicare wages:	\$2,770.00
Additional Medicare Tax on Medicare wages per computer:	\$2,770.00

Self employment income:	\$0.00
Additional Medicare Tax on self-employment income:	\$0.00
Additional Medicare Tax on self-employment income per computer:	\$0.00
Railroad retirement compensation:	\$0.00
Tier I employee Additional Medicare Tax on railroad compensation:	\$0.00
Tier I employee Additional Medicare Tax on railroad compensation per computer:	\$0.00
Medicare Tax withheld W-2 box 6:	\$7,363.00
Additional Medicare Tax W-2 box 14:	\$0.00
Total Additional Medicare Tax:	\$2,770.00
Total Additional Medicare Tax withholding:	\$1.00
Total Additional Medicare Tax withholding verified:	\$0.00
Total Additional Medicare Tax withholding per computer:	\$1.00

Form 8960 - Net Investment Income Tax - Individuals, Estates, and Trusts

Taxable interest amount:	\$0.00
Ordinary dividends:	\$0.00
Annuities:	\$0.00
Rent, royalties, partnerships, etc.:	-\$243,443.00
Adjustment for derived income or loss:	\$243,443.00
Net gain or loss from disposition of property:	\$0.00
Net gain or loss from disposition of property not subject to net investment income tax:	\$0.00
Adjustment from disposition of partnership interest:	\$0.00
Changes for certain Controlled Foreign Corporation (CFCs) and Passive Foreign Investment Company (PFICs):	\$0.00
Other modifications to investment income:	\$0.00
Total investment income:	\$0.00
Total investment income per computer:	\$0.00
Investment interest expenses:	\$0.00
State income tax:	\$0.00
Investment expenses:	\$0.00
Additional modifications:	\$0.00
Total deductions and modifications:	\$0.00
Total deductions and modifications per computer:	\$0.00
Modified adjusted gross income:	\$264,305.00
Taxable investment income:	\$0.00
Taxable investment income per computer:	\$0.00
Net investment income tax for individuals:	\$0.00
Net investment income tax for individuals verified:	\$0.00
Net investment income tax for individuals per computer:	\$0.00

This Product Contains Sensitive Taxpayer Data

This Product Contains Sensitive Taxpayer Data

Account Transcript

Request Date: 11-29-2025
Response Date: 11-29-2025
Tracking Number: 109240490441

Form Number: 1040
Report for Tax Period Ending: 12-31-2022
Taxpayer Identification Number: XXX-XX-7926

THEO R HAUG
55-706

--- Any minus sign shown below signifies a credit amount ---

Account balance:	-\$116,113.00		
Accrued interest:	\$0.00	As of:	08-05-2024
Accrued penalty:	\$0.00	As of:	08-05-2024
Account balance plus accruals (this is not a payoff amount):	-\$116,113.00		

** Information from the return or as adjusted **

Exemptions:	03
Filing status:	Head of Household
Adjusted gross income:	\$264,305.00
Taxable income:	\$244,905.00
Tax per return:	\$59,990.00
SE taxable income taxpayer:	\$0.00
SE taxable income spouse:	\$0.00
Total self employment tax:	\$0.00
Return due date or return received date (whichever is later):	04-15-2023
Processing date:	06-26-2023

TRANSACTIONS

CODE	EXPLANATION OF TRANSACTION	CYCLE	DATE	AMOUNT
150	Tax return filed 29221-134-07738-3	20232305	06-26-2023	\$59,990.00
806	W-2 or 1099 withholding		04-15-2023	-\$157,875.00
971	Amended tax return or claim forwarded for processing		05-09-2023	\$0.00
977	Amended return filed 83277-542-64198-3		05-09-2023	\$0.00
766	Credit to your account		04-15-2023	-\$18,228.00
570	Additional account action pending		06-26-2023	\$0.00
971	Notice issued CP 0005		07-03-2023	\$0.00
971	Amended tax return or claim forwarded for processing		05-09-2023	\$0.00
977	Amended return filed 43277-592-04135-4		05-09-2023	\$0.00
977	Amended return filed 07277-615-00537-4		05-09-2023	\$0.00

971	Amended tax return or claim forwarded for processing	04-01-2025	\$0.00
977	Amended return filed 28277-514-57438-5	04-01-2025	\$0.00

This Product Contains Sensitive Taxpayer Data

Form 1040 Tax Return Transcript

Request Date: 11-29-2025
Response Date: 11-29-2025
Tracking Number: 109240487974

SSN provided: XXX-XX-7926
Report for Tax Period Ending: 12-31-2022

The following items reflect the amount as shown on the return, and the amount as adjusted, if applicable. They do not show subsequent activity on the account.

SSN: XXX-XX-7926
Spouse SSN:

THEO R HAUG
150 HA
Filing status: Unmarried Head of household
Form number: 1040
Cycle posted: 20232305
Received date: 04-15-2023
Payment: \$0.00
Exemption number: 03
Other dependent credit total eligible per computer: 0
Other dependent credit total eligible verified: 0
Dependent 1 Name control: HAUG
Dependent 1 SSN: XXX-XX-1105
Dependent 2 Name control: HAUG
Dependent 2 SSN: XXX-XX-5846
PTIN:
Preparer EIN:

Income

Total wages: \$507,748.00
Form W-2 wages: \$507,748.00
Taxable interest income (Schedule B): \$0.00
Tax-exempt interest: \$0.00
Ordinary dividend income (Schedule B): \$0.00
Qualified dividends: \$0.00
Refunds of state/local taxes: \$0.00
Alimony received: \$0.00
Business income or loss (Schedule C): \$0.00
Business income or loss (Schedule C) per computer: \$0.00
Capital gain or loss (Schedule D): \$0.00
Capital gains or loss (Schedule D) per computer: \$0.00
Other gains or losses (Form 4797): \$0.00
Total IRA distributions: \$0.00
Taxable IRA distributions: \$0.00
Total pensions and annuities: \$0.00
Taxable pension/annuity amount: \$0.00
Additional income: -\$243,443.00
Additional income per computer: -\$243,443.00
Refundable credits per computer: \$18,228.00
Refundable education credit per computer: \$0.00
Qualified business income deduction: \$0.00
Rent/royalty/partnership/estate (Schedule E): -\$243,443.00

Rent/royalty/partnership/estate (Schedule E) per computer:	- \$243,443.00
Rent/royalty income/loss per computer:	\$0.00
Estate/trust income/loss per computer:	\$0.00
Partnership/S-Corp income/loss per computer:	- \$243,443.00
Farm income or loss (Schedule F):	\$0.00
Farm income or loss (Schedule F) per computer:	\$0.00
Unemployment compensation:	\$0.00
Total Social Security benefits:	\$0.00
Taxable Social Security benefits:	\$0.00
Taxable Social Security benefits per computer:	\$0.00
Other income:	\$0.00
Schedule EIC Self-employment income per computer:	\$0.00
Schedule EIC earned income per computer:	\$0.00
Schedule EIC disqualified income per computer:	\$0.00
Excess advance child tax credit per computer:	\$0.00
Primary economic impact payment 2:	\$0.00
Secondary economic impact payment 2:	\$0.00
Primary advanced child tax credit payments:	\$0.00
Secondary advanced child tax credit payments:	\$0.00
Additional child tax credit earned income:	\$0.00
EIC prior year earned income:	\$0.00
Child tax credit prior year earned income:	\$0.00
Qualified business income deduction:	\$0.00
Form 8995 qualified business income deduction computer:	\$0.00
Form 8995 net capital gains computer:	\$0.00
Primary economic impact payment:	\$0.00
Secondary economic impact payment:	\$0.00
Scholarship/Fellowship grant:	\$0.00
Total income:	\$264,305.00
Total income per computer:	\$264,305.00

Adjustments to Income

Educator expenses:	\$0.00
Educator expenses per computer:	\$0.00
Reservist and other business expense:	\$0.00
Health Savings Account deduction:	\$0.00
Health Savings Account deduction per computer:	\$0.00
Moving expenses (Form 3903):	\$0.00
Self-employment tax deduction:	\$0.00
Self-employment tax deduction per computer:	\$0.00
Self-employment tax deduction verified:	\$0.00
Keogh/SEP contribution deduction:	\$0.00
Self-employment health insurance deduction:	\$0.00
Early withdrawal of savings penalty:	\$0.00
Alimony paid SSN:	
Alimony paid:	\$0.00
Scholarship/Fellowship excluded:	\$0.00
IRA deduction:	\$0.00
IRA deduction per computer:	\$0.00
Student loan interest deduction:	\$0.00
Student loan interest deduction per computer:	\$0.00
Student loan interest deduction verified:	\$0.00
Tuition and fees deduction:	\$0.00
Tuition and fees deduction per computer:	\$0.00
Other adjustments:	\$0.00
Archer MSA deduction:	\$0.00
Archer MSA deduction per computer:	\$0.00
Total adjustments:	\$0.00
Total adjustments per computer:	\$0.00
Adjusted gross income:	\$264,305.00
Adjusted gross income per computer:	\$264,305.00

Tax and Credits

65 or over:	No
Blind:	No
Spouse 65 or over:	No
Spouse blind:	No
Standard deduction per computer:	\$19,400.00
Additional standard deduction per computer:	\$0.00
Tax table income per computer:	\$244,905.00
Exemption amount per computer:	\$0.00
Taxable income:	\$244,905.00
Taxable income per computer:	\$244,905.00
Total positive income per computer:	\$593,379.00
Tentative tax:	\$57,970.00
Tentative tax per computer:	\$57,970.00
Form 8814 additional tax amount:	\$0.00
Tax on income less Social Security income per computer:	\$0.00
Form 6251 alternative minimum tax:	\$0.00
Form 6251 alternative minimum tax per computer:	\$0.00
Foreign tax credit:	\$0.00
Foreign tax credit per computer:	\$0.00
Foreign income exclusion per computer:	\$0.00
Foreign income exclusion tax per computer:	\$0.00
Excess advance premium tax credit repayment amount:	\$0.00
Excess advance premium tax credit repayment verified amount:	\$0.00
Child & dependent care credit:	\$0.00
Child & dependent care credit per computer:	\$0.00
Credit for elderly and disabled:	\$0.00
Credit for elderly and disabled per computer:	\$0.00
Education credit:	\$0.00
Education credit per computer:	\$0.00
Gross education credit per computer:	\$0.00
Retirement savings contribution credit:	\$0.00
Retirement savings contribution credit per computer:	\$0.00
Total retirement savings contribution (Form 8880 computer):	\$0.00
Residential energy credit:	\$0.00
Child and other dependent credit:	\$750.00
Child and other dependent credit per computer:	\$750.00
Adoption credit (Form 8839):	\$0.00
Adoption credit per computer:	\$0.00
Form 8396 mortgage certificate credit:	\$0.00
Form 8396 mortgage certificate credit per computer:	\$0.00
Total other non-refundable credit:	\$0.00
Form 3800 general business credits:	\$0.00
Form 3800 general business credits per computer:	\$0.00
Prior year minimum tax credit (Form 8801):	\$0.00
Prior year minimum tax credit (Form 8801) per computer:	\$0.00
Earlier year income repayment credit:	\$0.00
Form 8936 electric motor vehicle credit amount:	\$0.00
F8936 electric motor vehicle credit per computer:	\$0.00
Form 8910 alternative motor vehicle credit amount:	\$0.00
Form 8910 alternative motor vehicle credit per computer:	\$0.00
Sick family leave credit:	\$0.00
Non-itemized charitable contribution deduction:	\$0.00
Non-itemized charitable contribution per computer:	\$0.00
Refundable child care credit:	\$0.00
Sick family leave credit after 3-31-21:	\$0.00
Refundable child care credit verified:	\$0.00
Recovery rebate credit:	\$0.00
Recovery rebate credit per computer:	\$0.00
Health coverage tax credit (Form 8885):	\$0.00
Recovery rebate credit verified:	\$0.00
Other credits:	\$0.00
Total credits:	\$750.00
Total credits per computer:	\$750.00
Income tax after credits per computer:	\$57,220.00

Other Taxes

Self employment tax:	\$0.00
Self employment tax per computer:	\$0.00
Social Security and Medicare tax on unreported tips:	\$0.00
Social Security and Medicare tax on unreported tips per computer:	\$0.00
Tax on qualified plans Form 5329 (PR):	\$0.00
Tax on qualified plans Form 5329 per computer:	\$0.00
Individual Retirement Account File (IRAF) tax per computer:	\$0.00
Taxpayer tax figures (reduced by IRAF) per computer:	\$59,990.00
Individual Master File (IMF) total tax (reduced by IRAF) per computer:	\$59,990.00
Total other taxes per computer:	\$2,770.00
Unpaid Federal Insurance Contributions Act (FICA) on reported tips:	\$0.00
Form 8959 additional Medicare tax:	\$2,770.00
Form 8960 net investment income tax:	\$0.00
Interest on deferred tax:	\$0.00
Total other taxes:	\$2,770.00
Recapture tax (Form 8611):	\$0.00
Household employment taxes:	\$0.00
Household employment taxes per computer:	\$0.00
Interest due on installment:	\$0.00
Schedule 8812 additional tax computer:	\$0.00
Refundable child care computer:	\$0.00
Health coverage recapture (Form 8885):	\$0.00
Deferred tax Schedule H Self Employment:	\$0.00
Max deferred tax per computer:	\$0.00
Total additional taxes:	\$0.00
Total assessment per computer:	\$59,990.00
Total tax liability taxpayer figures:	\$59,990.00
Total tax liability taxpayer figures per computer:	\$59,990.00

Payments

Federal income tax withheld:	\$157,875.00
Schedule 8812 additional tax:	\$0.00
Estimated tax payments:	\$0.00
Other payment credit:	\$0.00
Refundable education credit:	\$0.00
Refundable education credit per computer:	\$0.00
Refundable education credit verified:	\$0.00
Refundable credits:	\$18,228.00
Earned income credit:	\$0.00
Earned income credit per computer:	\$0.00
Nontaxable combat pay:	\$0.00
Excess Social Security & Railroad Retirement Tax Act (RRTA) tax withheld:	\$18,228.00
Schedule 8812 additional child tax credit:	\$0.00
Schedule 8812 additional child tax credit per computer:	\$0.00
Schedule 8812 additional child tax credit verified:	\$0.00
Amount paid with Form 4868:	\$0.00
Form 2439 regulated investment company credit:	\$0.00
Form 4136 credit for federal tax on fuels:	\$0.00
Form 4136 credit for federal tax on fuels per computer:	\$0.00
Section 965 tax installment:	\$0.00
Section 965 tax liability:	\$0.00
Premium tax credit amount:	\$0.00
Premium tax credit verified amount:	\$0.00
Primary NAP first time home buyer installment amount:	\$0.00
Secondary NAP first time home buyer installment amount:	\$0.00
First time homebuyer credit repayment amount:	\$0.00
Form 5405 total homebuyers credit repayment per computer:	\$0.00
Small employer health insurance per computer:	\$0.00

Small employer health insurance per computer (2):	\$0.00
Total other payments refundable:	\$0.00
Total payments:	\$176,103.00
Total payments per computer:	\$176,103.00

Refund or Amount Owed

Refund amount:	-\$116,113.00
Estimated tax credit applied to next year:	\$0.00
Estimated tax penalty:	\$0.00
Tax on income less state refund per computer:	\$0.00
Balance due/overpayment using taxpayer figure per computer:	-\$116,113.00
Balance due/overpayment using computer figures:	-\$116,113.00
Form 8888 total refund per computer:	\$0.00

Third Party Designee

Third party designee ID number:	
Authorization indicator:	No
Third party designee name:	

Schedule E--Supplemental Income and Loss

Income or Loss From Rental Real Estate and Royalties

Schedule E Form 1099 required:	Neither box checked
Schedule E Form 1099 filed:	Neither box checked
Total rents received:	\$0.00
Total royalties received:	\$0.00
Total mortgage interest all properties:	\$0.00
Total depreciation or depletion for all properties:	\$0.00
Total expenses for all properties:	\$0.00
Total rental real estate and royalty income or loss:	\$0.00
Rent & royalty income:	\$0.00
Rent & royalty losses:	\$0.00
Repairs expense Column A:	\$0.00
Repairs expense Column B:	\$0.00
Repairs expense Column C:	\$0.00

Income or Loss From Partnerships and S-Corps

Partnership/Corporation passive income:	\$16,793.00
Partnership/Corporation nonpassive income:	\$68,838.00
Partnership/Corporation passive loss:	\$16,793.00
Partnership/Corporation nonpassive loss:	\$312,281.00
Partnership income:	\$85,631.00
Partnership loss:	\$329,074.00

Income or Loss From Estate and Trusts

Estate/trust passive income:	\$0.00
Estate/trust passive loss:	\$0.00
Estate and trust income:	\$0.00
Estate and trust loss:	\$0.00
Passive loss not reported on Form 8582:	
Schedule K-1 estate payment indicator:	No

Income or Loss From Real Estate Mortgage Investment Conduits

Real estate mortgage income/loss:	\$0.00
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Summary

Net farm rent income/loss:	\$0.00
Gross farming & fishing income:	\$0.00

Form 8959 - Additional Medicare Tax

Medicare wages:	\$507,748.00
Unreported tips:	\$0.00
Wages from Form 8919:	\$0.00
Additional Medicare Tax on Medicare wages:	\$2,770.00
Additional Medicare Tax on Medicare wages per computer:	\$2,770.00
Self employment income:	\$0.00
Additional Medicare Tax on self-employment income:	\$0.00
Additional Medicare Tax on self-employment income per computer:	\$0.00
Railroad retirement compensation:	\$0.00
Tier I employee Additional Medicare Tax on railroad compensation:	\$0.00
Tier I employee Additional Medicare Tax on railroad compensation per computer:	\$0.00
Medicare Tax withheld W-2 box 6:	\$7,363.00
Additional Medicare Tax W-2 box 14:	\$0.00
Total Additional Medicare Tax:	\$2,770.00
Total Additional Medicare Tax withholding:	\$1.00
Total Additional Medicare Tax withholding verified:	\$0.00
Total Additional Medicare Tax withholding per computer:	\$1.00

Form 8960 - Net Investment Income Tax - Individuals, Estates, and Trusts

Taxable interest amount:	\$0.00
Ordinary dividends:	\$0.00
Annuities:	\$0.00
Rent, royalties, partnerships, etc.:	-\$243,443.00
Adjustment for derived income or loss:	\$243,443.00
Net gain or loss from disposition of property:	\$0.00
Net gain or loss from disposition of property not subject to net investment income tax:	\$0.00
Adjustment from disposition of partnership interest:	\$0.00
Changes for certain Controlled Foreign Corporation (CFCs) and Passive Foreign Investment Company (PFICs):	\$0.00
Other modifications to investment income:	\$0.00
Total investment income:	\$0.00
Total investment income per computer:	\$0.00
Investment interest expenses:	\$0.00
State income tax:	\$0.00
Investment expenses:	\$0.00
Additional modifications:	\$0.00
Total deductions and modifications:	\$0.00
Total deductions and modifications per computer:	\$0.00
Modified adjusted gross income:	\$264,305.00
Taxable investment income:	\$0.00
Taxable investment income per computer:	\$0.00
Net investment income tax for individuals:	\$0.00
Net investment income tax for individuals verified:	\$0.00
Net investment income tax for individuals per computer:	\$0.00

This Product Contains Sensitive Taxpayer Data

This Product Contains Sensitive Taxpayer Data

Request Date: 11-29-2025
Response Date: 11-29-2025
Tracking Number: 109240484321

Wage and Income Transcript

SSN Provided: XXX-XX-7926
Tax Period Requested: December, 2022

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):XXXXX7565
SALE
UNIT 3

Employee:

Employee's Social Security Number:XXX-XX-7926
THEO RYA HAUG
UNIT 3

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$154,836.00
Federal Income Tax Withheld:.....\$54,849.00
Social Security Wages:.....\$147,000.00
Social Security Tax Withheld:.....\$9,114.00
Medicare Wages and Tips:.....\$154,836.00
Medicare Tax Withheld:.....\$2,245.00
Social Security Tips:.....\$0.00
Allocated Tips:.....\$0.00
Dependent Care Benefits:.....\$0.00
Deferred Compensation:.....\$0.00
Code "Q" Nontaxable Combat Pay:.....\$0.00
Code "W" Employer Contributions to a Health Savings Account:.....\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation
plan:.....\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation
plan:.....\$0.00
Code "R" Employer's Contribution to MSA:.....\$0.00
Code "S" Employer's Contribution to Simple Account:.....\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:.....\$0.00
Code "V" Income from exercise of non-statutory stock options:.....\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:.....\$0.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b)
Plan:.....\$0.00
Code "FF" Permitted benefits under a qualified small employer health
reimbursement arrangement:.....\$0.00
Code "GG" Income from Qualified Equity Grants Under Section 83(i):.....\$0.00
Code "HH" Aggregate Deferrals Under Section 83(i) Elections as of the Close
of the Calendar Year:.....\$0.00
Third Party Sick Pay Indicator:.....Unanswered

Retirement Plan Indicator:.....Unanswered
Statutory Employee:.....Not Statutory Employee
W2 Submission Type:.....Original
W2 WHC SSN Validation Code:.....Correct SSN

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN):XXXXX7769
EQUA
UNIT 3

Employee:
Employee's Social Security Number:XXX-XX-7926
THEO RYA HAUG
UNIT 3

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$177,042.00
Federal Income Tax Withheld:.....\$60,459.00
Social Security Wages:.....\$147,000.00
Social Security Tax Withheld:.....\$9,114.00
Medicare Wages and Tips:.....\$177,042.00
Medicare Tax Withheld:.....\$2,567.00
Social Security Tips:.....\$0.00
Allocated Tips:.....\$0.00
Dependent Care Benefits:.....\$0.00
Deferred Compensation:.....\$0.00
Code "Q" Nontaxable Combat Pay:.....\$0.00
Code "W" Employer Contributions to a Health Savings Account:.....\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation
plan:.....\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation
plan:.....\$0.00
Code "R" Employer's Contribution to MSA:.....\$0.00
Code "S" Employer's Contribution to Simple Account:.....\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:.....\$0.00
Code "V" Income from exercise of non-statutory stock options:.....\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:.....\$0.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b)
Plan:.....\$0.00
Code "FF" Permitted benefits under a qualified small employer health
reimbursement arrangement:.....\$0.00
Code "GG" Income from Qualified Equity Grants Under Section 83(i):.....\$0.00
Code "HH" Aggregate Deferrals Under Section 83(i) Elections as of the Close
of the Calendar Year:.....\$0.00
Third Party Sick Pay Indicator:.....Unanswered
Retirement Plan Indicator:.....Unanswered
Statutory Employee:.....Not Statutory Employee
W2 Submission Type:.....Original
W2 WHC SSN Validation Code:.....Correct SSN

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):XXXXX0815
OPT
UNIT 4

Employee:
Employee's Social Security Number:XXX-XX-7926
THEO RYA HAUG
UNIT 3

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$111,975.00
Federal Income Tax Withheld:.....\$26,874.00
Social Security Wages:.....\$111,975.00
Social Security Tax Withheld:.....\$6,942.00
Medicare Wages and Tips:.....\$111,975.00
Medicare Tax Withheld:.....\$1,623.00
Social Security Tips:.....\$0.00
Allocated Tips:.....\$0.00
Dependent Care Benefits:.....\$0.00
Deferred Compensation:.....\$0.00
Code "Q" Nontaxable Combat Pay:.....\$0.00
Code "W" Employer Contributions to a Health Savings Account:.....\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation
plan:.....\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation
plan:.....\$0.00
Code "R" Employer's Contribution to MSA:.....\$0.00
Code "S" Employer's Contribution to Simple Account:.....\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:.....\$0.00
Code "V" Income from exercise of non-statutory stock options:.....\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:.....\$0.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b)
Plan:.....\$0.00
Code "FF" Permitted benefits under a qualified small employer health
reimbursement arrangement:.....\$0.00
Code "GG" Income from Qualified Equity Grants Under Section 83(i):.....\$0.00
Code "HH" Aggregate Deferrals Under Section 83(i) Elections as of the Close
of the Calendar Year:.....\$0.00
Third Party Sick Pay Indicator:.....Unanswered
Retirement Plan Indicator:.....Unanswered
Statutory Employee:.....Not Statutory Employee
W2 Submission Type:.....Original
W2 WHC SSN Validation Code:.....Correct SSN

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN):XXXXX0288
TAXI
PENTHO

Employee:
Employee's Social Security Number:XXX-XX-7926
THEO RYA HAUG
UNIT 3

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$116,274.00

Federal Income Tax Withheld:.....\$27,905.00
 Social Security Wages:.....\$116,274.00
 Social Security Tax Withheld:.....\$7,209.00
 Medicare Wages and Tips:.....\$116,274.00
 Medicare Tax Withheld:.....\$1,685.00
 Social Security Tips:.....\$0.00
 Allocated Tips:.....\$0.00
 Dependent Care Benefits:.....\$0.00
 Deferred Compensation:.....\$0.00
 Code "Q" Nontaxable Combat Pay:.....\$0.00
 Code "W" Employer Contributions to a Health Savings Account:.....\$0.00
 Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation
 plan:.....\$0.00
 Code "Z" Income under section 409A on a nonqualified Deferred Compensation
 plan:.....\$0.00
 Code "R" Employer's Contribution to MSA:.....\$0.00
 Code "S" Employer's Contribution to Simple Account:.....\$0.00
 Code "T" Expenses Incurred for Qualified Adoptions:.....\$0.00
 Code "V" Income from exercise of non-statutory stock options:.....\$0.00
 Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....\$0.00
 Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....\$0.00
 Code "DD" Cost of Employer-Sponsored Health Coverage:.....\$0.00
 Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b)
 Plan:.....\$0.00
 Code "FF" Permitted benefits under a qualified small employer health
 reimbursement arrangement:.....\$0.00
 Code "GG" Income from Qualified Equity Grants Under Section 83(i):.....\$0.00
 Code "HH" Aggregate Deferrals Under Section 83(i) Elections as of the Close
 of the Calendar Year:.....\$0.00
 Third Party Sick Pay Indicator:.....Unanswered
 Retirement Plan Indicator:.....Unanswered
 Statutory Employee:.....Not Statutory Employee
 W2 Submission Type:.....Original
 W2 WHC SSN Validation Code:.....Correct SSN

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):XXXXX6377
 AMEN
 PH 504

Employee:

Employee's Social Security Number:XXX-XX-7926
 THEO RYA HAUG
 UNIT 3

Submission Type:.....Original document
 Wages, Tips and Other Compensation:.....\$160,077.00
 Federal Income Tax Withheld:.....\$38,418.00
 Social Security Wages:.....\$147,000.00
 Social Security Tax Withheld:.....\$9,114.00
 Medicare Wages and Tips:.....\$160,077.00
 Medicare Tax Withheld:.....\$2,321.00
 Social Security Tips:.....\$0.00
 Allocated Tips:.....\$0.00
 Dependent Care Benefits:.....\$0.00
 Deferred Compensation:.....\$0.00
 Code "Q" Nontaxable Combat Pay:.....\$0.00
 Code "W" Employer Contributions to a Health Savings Account:.....\$0.00

Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:.....\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:.....\$0.00
Code "R" Employer's Contribution to MSA:.....\$0.00
Code "S" Employer's Contribution to Simple Account:.....\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:.....\$0.00
Code "V" Income from exercise of non-statutory stock options:.....\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:.....\$0.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b) Plan:.....\$0.00
Code "FF" Permitted benefits under a qualified small employer health reimbursement arrangement:.....\$0.00
Code "GG" Income from Qualified Equity Grants Under Section 83(i):.....\$0.00
Code "HH" Aggregate Deferrals Under Section 83(i) Elections as of the Close of the Calendar Year:.....\$0.00
Third Party Sick Pay Indicator:.....Unanswered
Retirement Plan Indicator:.....Unanswered
Statutory Employee:.....Not Statutory Employee
W2 Submission Type:.....Original
W2 WHC SSN Validation Code:.....Correct SSN

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):XXXXX6869
EAVE
3206 A

Employee:

Employee's Social Security Number:XXX-XX-7926
THEO RYA HAUG
UNIT 3

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$151,367.00
Federal Income Tax Withheld:.....\$53,343.00
Social Security Wages:.....\$147,000.00
Social Security Tax Withheld:.....\$9,114.00
Medicare Wages and Tips:.....\$151,367.00
Medicare Tax Withheld:.....\$2,194.00
Social Security Tips:.....\$0.00
Allocated Tips:.....\$0.00
Dependent Care Benefits:.....\$0.00
Deferred Compensation:.....\$0.00
Code "Q" Nontaxable Combat Pay:.....\$0.00
Code "W" Employer Contributions to a Health Savings Account:.....\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:.....\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:.....\$0.00
Code "R" Employer's Contribution to MSA:.....\$0.00
Code "S" Employer's Contribution to Simple Account:.....\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:.....\$0.00
Code "V" Income from exercise of non-statutory stock options:.....\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:.....\$0.00

Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b) Plan:.....\$0.00
Code "FF" Permitted benefits under a qualified small employer health reimbursement arrangement:.....\$0.00
Code "GG" Income from Qualified Equity Grants Under Section 83(i):.....\$0.00
Code "HH" Aggregate Deferrals Under Section 83(i) Elections as of the Close of the Calendar Year:.....\$0.00
Third Party Sick Pay Indicator:.....Unanswered
Retirement Plan Indicator:.....Unanswered
Statutory Employee:.....Not Statutory Employee
W2 Submission Type:.....Original
W2 WHC SSN Validation Code:.....Correct SSN

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN):XXXXX9640
INVA
UNIT 8

Employee:
Employee's Social Security Number:XXX-XX-7926
THEO RYA HAUG
UNIT 3

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$203,109.00
Federal Income Tax Withheld:.....\$48,746.00
Social Security Wages:.....\$147,000.00
Social Security Tax Withheld:.....\$9,114.00
Medicare Wages and Tips:.....\$203,109.00
Medicare Tax Withheld:.....\$2,945.00
Social Security Tips:.....\$0.00
Allocated Tips:.....\$0.00
Dependent Care Benefits:.....\$0.00
Deferred Compensation:.....\$0.00
Code "Q" Nontaxable Combat Pay:.....\$0.00
Code "W" Employer Contributions to a Health Savings Account:.....\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:.....\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:.....\$0.00
Code "R" Employer's Contribution to MSA:.....\$0.00
Code "S" Employer's Contribution to Simple Account:.....\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:.....\$0.00
Code "V" Income from exercise of non-statutory stock options:.....\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:.....\$0.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b) Plan:.....\$0.00
Code "FF" Permitted benefits under a qualified small employer health reimbursement arrangement:.....\$0.00
Code "GG" Income from Qualified Equity Grants Under Section 83(i):.....\$0.00
Code "HH" Aggregate Deferrals Under Section 83(i) Elections as of the Close of the Calendar Year:.....\$0.00
Third Party Sick Pay Indicator:.....Unanswered
Retirement Plan Indicator:.....Unanswered
Statutory Employee:.....Not Statutory Employee
W2 Submission Type:.....Original

W2 WHC SSN Validation Code:.....Correct SSN

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):XXXXX1827
RECO
AVE ST

Employee:

Employee's Social Security Number:XXX-XX-7926
THEO RYA HAUG
UNIT 3

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$169,093.00
Federal Income Tax Withheld:.....\$59,581.00
Social Security Wages:.....\$147,000.00
Social Security Tax Withheld:.....\$9,114.00
Medicare Wages and Tips:.....\$169,093.00
Medicare Tax Withheld:.....\$2,451.00
Social Security Tips:.....\$0.00
Allocated Tips:.....\$0.00
Dependent Care Benefits:.....\$0.00
Deferred Compensation:.....\$0.00
Code "Q" Nontaxable Combat Pay:.....\$0.00
Code "W" Employer Contributions to a Health Savings Account:.....\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation
plan:.....\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation
plan:.....\$0.00
Code "R" Employer's Contribution to MSA:.....\$0.00
Code "S" Employer's Contribution to Simple Account:.....\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:.....\$0.00
Code "V" Income from exercise of non-statutory stock options:.....\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:.....\$0.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b)
Plan:.....\$0.00
Code "FF" Permitted benefits under a qualified small employer health
reimbursement arrangement:.....\$0.00
Code "GG" Income from Qualified Equity Grants Under Section 83(i):.....\$0.00
Code "HH" Aggregate Deferrals Under Section 83(i) Elections as of the Close
of the Calendar Year:.....\$0.00
Third Party Sick Pay Indicator:.....Unanswered
Retirement Plan Indicator:.....Unanswered
Statutory Employee:.....Not Statutory Employee
W2 Submission Type:.....Original
W2 WHC SSN Validation Code:.....Correct SSN

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):XXXXX4302
WEAR
1500 C

Employee:

Employee's Social Security Number:XXX-XX-7926
THEO RYA HAUG
UNIT 3

Submission Type:.....	Original document
Wages, Tips and Other Compensation:.....	\$187,287.00
Federal Income Tax Withheld:.....	\$44,948.00
Social Security Wages:.....	\$147,000.00
Social Security Tax Withheld:.....	\$9,114.00
Medicare Wages and Tips:.....	\$187,287.00
Medicare Tax Withheld:.....	\$2,715.00
Social Security Tips:.....	\$0.00
Allocated Tips:.....	\$0.00
Dependent Care Benefits:.....	\$0.00
Deferred Compensation:.....	\$0.00
Code "Q" Nontaxable Combat Pay:.....	\$0.00
Code "W" Employer Contributions to a Health Savings Account:.....	\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:.....	\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:.....	\$0.00
Code "R" Employer's Contribution to MSA:.....	\$0.00
Code "S" Employer's Contribution to Simple Account:.....	\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:.....	\$0.00
Code "V" Income from exercise of non-statutory stock options:.....	\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....	\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....	\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:.....	\$0.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b) Plan:.....	\$0.00
Code "FF" Permitted benefits under a qualified small employer health reimbursement arrangement:.....	\$0.00
Code "GG" Income from Qualified Equity Grants Under Section 83(i):.....	\$0.00
Code "HH" Aggregate Deferrals Under Section 83(i) Elections as of the Close of the Calendar Year:.....	\$0.00
Third Party Sick Pay Indicator:.....	Unanswered
Retirement Plan Indicator:.....	Unanswered
Statutory Employee:.....	Not Statutory Employee
W2 Submission Type:.....	Original
W2 WHC SSN Validation Code:.....	Correct SSN

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):XXXXX4411
IMPL
1110

Employee:

Employee's Social Security Number:XXX-XX-7926
THEO RYA HAUG
UNIT 3

Submission Type:.....	Original document
Wages, Tips and Other Compensation:.....	\$145,072.00
Federal Income Tax Withheld:.....	\$34,817.00
Social Security Wages:.....	\$145,072.00
Social Security Tax Withheld:.....	\$8,994.00

Medicare Wages and Tips:.....\$145,072.00
 Medicare Tax Withheld:.....\$2,103.00
 Social Security Tips:.....\$0.00
 Allocated Tips:.....\$0.00
 Dependent Care Benefits:.....\$0.00
 Deferred Compensation:.....\$0.00
 Code "Q" Nontaxable Combat Pay:.....\$0.00
 Code "W" Employer Contributions to a Health Savings Account:.....\$0.00
 Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation
 plan:.....\$0.00
 Code "Z" Income under section 409A on a nonqualified Deferred Compensation
 plan:.....\$0.00
 Code "R" Employer's Contribution to MSA:.....\$0.00
 Code "S" Employer's Contribution to Simple Account:.....\$0.00
 Code "T" Expenses Incurred for Qualified Adoptions:.....\$0.00
 Code "V" Income from exercise of non-statutory stock options:.....\$0.00
 Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....\$0.00
 Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....\$0.00
 Code "DD" Cost of Employer-Sponsored Health Coverage:.....\$0.00
 Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b)
 Plan:.....\$0.00
 Code "FF" Permitted benefits under a qualified small employer health
 reimbursement arrangement:.....\$0.00
 Code "GG" Income from Qualified Equity Grants Under Section 83(i):.....\$0.00
 Code "HH" Aggregate Deferrals Under Section 83(i) Elections as of the Close
 of the Calendar Year:.....\$0.00
 Third Party Sick Pay Indicator:.....Unanswered
 Retirement Plan Indicator:.....Unanswered
 Statutory Employee:.....Not Statutory Employee
 W2 Submission Type:.....Original
 W2 WHC SSN Validation Code:.....Correct SSN

Form W-2 Wage and Tax Statement

Employer:
 Employer Identification Number (EIN):XXXXX4771
 EYEM
 AOT 20

Employee:
 Employee's Social Security Number:XXX-XX-7926
 THEO RYA HAUG
 UNIT 3

Submission Type:.....Original document
 Wages, Tips and Other Compensation:.....\$124,782.00
 Federal Income Tax Withheld:.....\$29,947.00
 Social Security Wages:.....\$124,782.00
 Social Security Tax Withheld:.....\$7,736.00
 Medicare Wages and Tips:.....\$124,782.00
 Medicare Tax Withheld:.....\$1,809.00
 Social Security Tips:.....\$0.00
 Allocated Tips:.....\$0.00
 Dependent Care Benefits:.....\$0.00
 Deferred Compensation:.....\$0.00
 Code "Q" Nontaxable Combat Pay:.....\$0.00
 Code "W" Employer Contributions to a Health Savings Account:.....\$0.00
 Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation
 plan:.....\$0.00
 Code "Z" Income under section 409A on a nonqualified Deferred Compensation

plan:.....\$0.00
 Code "R" Employer's Contribution to MSA:.....\$0.00
 Code "S" Employer's Contribution to Simple Account:.....\$0.00
 Code "T" Expenses Incurred for Qualified Adoptions:.....\$0.00
 Code "V" Income from exercise of non-statutory stock options:.....\$0.00
 Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....\$0.00
 Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....\$0.00
 Code "DD" Cost of Employer-Sponsored Health Coverage:.....\$0.00
 Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b)
 Plan:.....\$0.00
 Code "FF" Permitted benefits under a qualified small employer health
 reimbursement arrangement:.....\$0.00
 Code "GG" Income from Qualified Equity Grants Under Section 83(i):.....\$0.00
 Code "HH" Aggregate Deferrals Under Section 83(i) Elections as of the Close
 of the Calendar Year:.....\$0.00
 Third Party Sick Pay Indicator:.....Unanswered
 Retirement Plan Indicator:.....Unanswered
 Statutory Employee:.....Not Statutory Employee
 W2 Submission Type:.....Original
 W2 WHC SSN Validation Code:.....Correct SSN

Schedule K-1 1120S Shareholder's Share of Income, Credits, Deductions, etc.

Corporation:

Corporation's Employer Identification Number:XXXXXX3275
 TAXI
 444 NI

Shareholder:

Shareholder's Identifying Number:XXX-XX-7926
 THEO HAUG
 150 HA

Submission Type:.....Original document
 Dividends:.....\$0.00
 Interest:.....\$0.00
 Royalties:.....\$0.00
 Ordinary Income K-1:.....-\$31,199.00
 Real Estate:.....\$0.00
 Other Rental:.....\$0.00
 Section 179 Expenses:.....\$0.00
 Short Term Capital Gain:.....\$0.00
 Long Term Capital Gain:.....\$0.00
 Credits:.....\$0.00
 Part III Other Income Loss:.....\$0.00
 Part III Other Deduction:.....\$0.00
 Credits Code 1:.....Insignificant
 Credits Code 2:.....Insignificant
 Shareholder's Percentage of Stock:.....20%
 Beginning Tax Period:.....202201
 Ending Tax Period:.....202212

Schedule K-1 1120S Shareholder's Share of Income, Credits, Deductions, etc.

Corporation:

Corporation's Employer Identification Number:XXXXXX3877
 HAWA

444 NI

Shareholder:

Shareholder's Identifying Number:XXX-XX-7926
THEO HAUG
150 HA

Submission Type:	Original document
Dividends:	\$0.00
Interest:	\$0.00
Royalties:	\$0.00
Ordinary Income K-1:	-\$10,889.00
Real Estate:	\$0.00
Other Rental:	\$0.00
Section 179 Expenses:	\$0.00
Short Term Capital Gain:	\$0.00
Long Term Capital Gain:	\$0.00
Credits:	\$0.00
Part III Other Income Loss:	\$0.00
Part III Other Deduction:	\$0.00
Credits Code 1:	Insignificant
Credits Code 2:	Insignificant
Shareholder's Percentage of Stock:	7%
Beginning Tax Period:	202201
Ending Tax Period:	202212

Schedule K-1 1120S Shareholder's Share of Income, Credits, Deductions, etc.

Corporation:

Corporation's Employer Identification Number:XXXXXX3513
HAWA
1110 N

Shareholder:

Shareholder's Identifying Number:XXX-XX-7926
THEO HAUG
444 NI

Submission Type:	Original document
Dividends:	\$0.00
Interest:	\$0.00
Royalties:	\$0.00
Ordinary Income K-1:	-\$33,207.00
Real Estate:	\$0.00
Other Rental:	\$0.00
Section 179 Expenses:	\$0.00
Short Term Capital Gain:	\$0.00
Long Term Capital Gain:	\$0.00
Credits:	\$0.00
Part III Other Income Loss:	\$0.00
Part III Other Deduction:	\$0.00
Credits Code 1:	Insignificant
Credits Code 2:	Insignificant
Shareholder's Percentage of Stock:	26.997%
Beginning Tax Period:	202201
Ending Tax Period:	202212

Schedule K-1 1120S Shareholder's Share of Income, Credits, Deductions, etc.

Corporation:

Corporation's Employer Identification Number:XXXXX6845
RF I
1717 A

Shareholder:

Shareholder's Identifying Number:XXX-XX-7926
THEO HAUG
150 HA

Submission Type:.....	Original document
Dividends:.....	\$0.00
Interest:.....	\$0.00
Royalties:.....	\$0.00
Ordinary Income K-1:.....	-\$12,880.00
Real Estate:.....	\$0.00
Other Rental:.....	\$0.00
Section 179 Expenses:.....	\$0.00
Short Term Capital Gain:.....	\$0.00
Long Term Capital Gain:.....	\$0.00
Credits:.....	\$0.00
Part III Other Income Loss:.....	\$0.00
Part III Other Deduction:.....	\$0.00
Credits Code 1:.....	Insignificant
Credits Code 2:.....	Insignificant
Shareholder's Percentage of Stock:.....	7.142%
Beginning Tax Period:.....	202201
Ending Tax Period:.....	202212

Schedule K-1 1120S Shareholder's Share of Income, Credits, Deductions, etc.

Corporation:

Corporation's Employer Identification Number:XXXXX7969
CHIP
1 MARK

Shareholder:

Shareholder's Identifying Number:XXX-XX-7926
THEO HAUG
150 HA

Submission Type:.....	Original document
Dividends:.....	\$0.00
Interest:.....	\$0.00
Royalties:.....	\$0.00
Ordinary Income K-1:.....	-\$26,088.00
Real Estate:.....	\$0.00
Other Rental:.....	\$0.00
Section 179 Expenses:.....	\$0.00
Short Term Capital Gain:.....	\$0.00
Long Term Capital Gain:.....	\$0.00
Credits:.....	\$0.00
Part III Other Income Loss:.....	\$0.00
Part III Other Deduction:.....	\$0.00
Credits Code 1:.....	Insignificant
Credits Code 2:.....	Insignificant
Shareholder's Percentage of Stock:.....	21.212%
Beginning Tax Period:.....	202201

Ending Tax Period:.....202212

Schedule K-1 1120S Shareholder's Share of Income, Credits, Deductions, etc.

Corporation:

Corporation's Employer Identification Number:XXXXX8734

OPS

99 WAL

Shareholder:

Shareholder's Identifying Number:XXX-XX-7926

THEO HAUG

150 HA

Submission Type:.....Original document

Dividends:.....\$0.00

Interest:.....\$0.00

Royalties:.....\$0.00

Ordinary Income K-1:.....\$14,630.00

Real Estate:.....\$0.00

Other Rental:.....\$0.00

Section 179 Expenses:.....\$0.00

Short Term Capital Gain:.....\$0.00

Long Term Capital Gain:.....\$0.00

Credits:.....\$0.00

Part III Other Income Loss:.....\$0.00

Part III Other Deduction:.....\$0.00

Credits Code 1:.....Insignificant

Credits Code 2:.....Insignificant

Shareholder's Percentage of Stock:.....25%

Beginning Tax Period:.....202201

Ending Tax Period:.....202212

Schedule K-1 1120S Shareholder's Share of Income, Credits, Deductions, etc.

Corporation:

Corporation's Employer Identification Number:XXXXX0274

MOD

500 WA

Shareholder:

Shareholder's Identifying Number:XXX-XX-7926

THEO HAUG

150 HA

Submission Type:.....Original document

Dividends:.....\$0.00

Interest:.....\$0.00

Royalties:.....\$0.00

Ordinary Income K-1:.....-\$43,789.00

Real Estate:.....\$0.00

Other Rental:.....\$0.00

Section 179 Expenses:.....\$0.00

Short Term Capital Gain:.....\$0.00

Long Term Capital Gain:.....\$0.00

Credits:.....\$0.00

Part III Other Income Loss:.....\$0.00

Part III Other Deduction:.....\$0.00
Credits Code 1:.....Insignificant
Credits Code 2:.....Insignificant
Shareholder's Percentage of Stock:.....22%
Beginning Tax Period:.....202201
Ending Tax Period:.....202212

Schedule K-1 1120S Shareholder's Share of Income, Credits, Deductions, etc.

Corporation:

Corporation's Employer Identification Number:XXXXX8109
FARM
3206 A

Shareholder:

Shareholder's Identifying Number:XXX-XX-7926
THEO HAUG
150 HA

Submission Type:.....Original document
Dividends:.....\$0.00
Interest:.....\$0.00
Royalties:.....\$0.00
Ordinary Income K-1:.....-\$78,591.00
Real Estate:.....\$0.00
Other Rental:.....\$0.00
Section 179 Expenses:.....\$0.00
Short Term Capital Gain:.....\$0.00
Long Term Capital Gain:.....\$0.00
Credits:.....\$0.00
Part III Other Income Loss:.....\$0.00
Part III Other Deduction:.....\$0.00
Credits Code 1:.....Insignificant
Credits Code 2:.....Insignificant
Shareholder's Percentage of Stock:.....18.181%
Beginning Tax Period:.....202201
Ending Tax Period:.....202212

Schedule K-1 1120S Shareholder's Share of Income, Credits, Deductions, etc.

Corporation:

Corporation's Employer Identification Number:XXXXX8494
UPSC
1110 N

Shareholder:

Shareholder's Identifying Number:XXX-XX-7926
THEO HAUG
150 HA

Submission Type:.....Original document
Dividends:.....\$0.00
Interest:.....\$0.00
Royalties:.....\$0.00
Ordinary Income K-1:.....-\$11,260.00
Real Estate:.....\$0.00
Other Rental:.....\$0.00

Section 179 Expenses:.....\$0.00
Short Term Capital Gain:.....\$0.00
Long Term Capital Gain:.....\$0.00
Credits:.....\$0.00
Part III Other Income Loss:.....\$0.00
Part III Other Deduction:.....\$0.00
Credits Code 1:.....Insignificant
Credits Code 2:.....Insignificant
Shareholder's Percentage of Stock:.....10%
Beginning Tax Period:.....202201
Ending Tax Period:.....202212

Schedule K-1 1120S Shareholder's Share of Income, Credits, Deductions, etc.

Corporation:
Corporation's Employer Identification Number:XXXXXX9538
HAWA
725 PI

Shareholder:
Shareholder's Identifying Number:XXX-XX-7926
THEO HAUG
150 HA

Submission Type:.....Original document
Dividends:.....\$0.00
Interest:.....\$0.00
Royalties:.....\$0.00
Ordinary Income K-1:.....-\$9,859.00
Real Estate:.....\$0.00
Other Rental:.....\$0.00
Section 179 Expenses:.....\$0.00
Short Term Capital Gain:.....\$0.00
Long Term Capital Gain:.....\$0.00
Credits:.....\$0.00
Part III Other Income Loss:.....\$0.00
Part III Other Deduction:.....\$0.00
Credits Code 1:.....Insignificant
Credits Code 2:.....Insignificant
Shareholder's Percentage of Stock:.....10%
Beginning Tax Period:.....202201
Ending Tax Period:.....202212

Schedule K-1 1120S Shareholder's Share of Income, Credits, Deductions, etc.

Corporation:
Corporation's Employer Identification Number:XXXXXX3330
IPO
444 NI

Shareholder:
Shareholder's Identifying Number:XXX-XX-7926
THEO HAUG
150 HA

Submission Type:.....Original document
Dividends:.....\$0.00

Interest:.....\$0.00
Royalties:.....\$0.00
Ordinary Income K-1:.....-\$26,961.00
Real Estate:.....\$0.00
Other Rental:.....\$0.00
Section 179 Expenses:.....\$0.00
Short Term Capital Gain:.....\$0.00
Long Term Capital Gain:.....\$0.00
Credits:.....\$0.00
Part III Other Income Loss:.....\$0.00
Part III Other Deduction:.....\$0.00
Credits Code 1:.....Insignificant
Credits Code 2:.....Insignificant
Shareholder's Percentage of Stock:.....20%
Beginning Tax Period:.....202201
Ending Tax Period:.....202212

Schedule K-1 1120S Shareholder's Share of Income, Credits, Deductions, etc.

Corporation:

Corporation's Employer Identification Number:XXXXXX3832
SCUB
444 NI

Shareholder:

Shareholder's Identifying Number:XXX-XX-7926
THEO HAUG
150 HA

Submission Type:.....Original document
Dividends:.....\$0.00
Interest:.....\$0.00
Royalties:.....\$0.00
Ordinary Income K-1:.....-\$16,793.00
Real Estate:.....\$0.00
Other Rental:.....\$0.00
Section 179 Expenses:.....\$0.00
Short Term Capital Gain:.....\$0.00
Long Term Capital Gain:.....\$0.00
Credits:.....\$0.00
Part III Other Income Loss:.....\$0.00
Part III Other Deduction:.....\$0.00
Credits Code 1:.....Insignificant
Credits Code 2:.....Insignificant
Shareholder's Percentage of Stock:.....10%
Beginning Tax Period:.....202201
Ending Tax Period:.....202212

Schedule K-1 1120S Shareholder's Share of Income, Credits, Deductions, etc.

Corporation:

Corporation's Employer Identification Number:XXXXXX1026
AUTO
444 NI

Shareholder:

Shareholder's Identifying Number:XXX-XX-7926

THEO HAUG
150 HA

Submission Type:.....Original document
Dividends:.....\$0.00
Interest:.....\$0.00
Royalties:.....\$0.00
Ordinary Income K-1:.....\$18,768.00
Real Estate:.....\$0.00
Other Rental:.....\$0.00
Section 179 Expenses:.....\$0.00
Short Term Capital Gain:.....\$0.00
Long Term Capital Gain:.....\$0.00
Credits:.....\$0.00
Part III Other Income Loss:.....\$0.00
Part III Other Deduction:.....\$0.00
Credits Code 1:.....Insignificant
Credits Code 2:.....Insignificant
Shareholder's Percentage of Stock:.....7.142%
Beginning Tax Period:.....202201
Ending Tax Period:.....202212

Schedule K-1 1120S Shareholder's Share of Income, Credits, Deductions, etc.

Corporation:
Corporation's Employer Identification Number:XXXXXX3324
INVE
335 ME

Shareholder:
Shareholder's Identifying Number:XXX-XX-7926
THEO HAUG
150 HA

Submission Type:.....Original document
Dividends:.....\$0.00
Interest:.....\$0.00
Royalties:.....\$0.00
Ordinary Income K-1:.....\$27,550.00
Real Estate:.....\$0.00
Other Rental:.....\$0.00
Section 179 Expenses:.....\$0.00
Short Term Capital Gain:.....\$0.00
Long Term Capital Gain:.....\$0.00
Credits:.....\$0.00
Part III Other Income Loss:.....\$0.00
Part III Other Deduction:.....\$0.00
Credits Code 1:.....Insignificant
Credits Code 2:.....Insignificant
Shareholder's Percentage of Stock:.....7%
Beginning Tax Period:.....202201
Ending Tax Period:.....202212

Schedule K-1 1120S Shareholder's Share of Income, Credits, Deductions, etc.

Corporation:
Corporation's Employer Identification Number:XXXXXX4655

POM
444 NI

Shareholder:
Shareholder's Identifying Number:XXX-XX-7926
THEO HAUG
150 HA

Submission Type:.....	Original document
Dividends:.....	\$0.00
Interest:.....	\$0.00
Royalties:.....	\$0.00
Ordinary Income K-1:.....	\$7,890.00
Real Estate:.....	\$0.00
Other Rental:.....	\$0.00
Section 179 Expenses:.....	\$0.00
Short Term Capital Gain:.....	\$0.00
Long Term Capital Gain:.....	\$0.00
Credits:.....	\$0.00
Part III Other Income Loss:.....	\$0.00
Part III Other Deduction:.....	\$0.00
Credits Code 1:.....	Insignificant
Credits Code 2:.....	Insignificant
Shareholder's Percentage of Stock:.....	3.03%
Beginning Tax Period:.....	202201
Ending Tax Period:.....	202212

Schedule K-1 1120S Shareholder's Share of Income, Credits, Deductions, etc.

Corporation:
Corporation's Employer Identification Number:XXXXXX5404
YACH
725 PI

Shareholder:
Shareholder's Identifying Number:XXX-XX-7926
THEO HAUG
150 HA

Submission Type:.....	Original document
Dividends:.....	\$0.00
Interest:.....	\$0.00
Royalties:.....	\$0.00
Ordinary Income K-1:.....	-\$14,386.00
Real Estate:.....	\$0.00
Other Rental:.....	\$0.00
Section 179 Expenses:.....	\$0.00
Short Term Capital Gain:.....	\$0.00
Long Term Capital Gain:.....	\$0.00
Credits:.....	\$0.00
Part III Other Income Loss:.....	\$0.00
Part III Other Deduction:.....	\$0.00
Credits Code 1:.....	Insignificant
Credits Code 2:.....	Insignificant
Shareholder's Percentage of Stock:.....	10%
Beginning Tax Period:.....	202201
Ending Tax Period:.....	202212

Schedule K-1 1120S Shareholder's Share of Income, Credits, Deductions, etc.

Corporation:

Corporation's Employer Identification Number:XXXXX7844
MOTO
725 PI

Shareholder:

Shareholder's Identifying Number:XXX-XX-7926
THEO HAUG
150 HA

Submission Type:.....	Original document
Dividends:.....	\$0.00
Interest:.....	\$0.00
Royalties:.....	\$0.00
Ordinary Income K-1:.....	-\$41,328.00
Real Estate:.....	\$0.00
Other Rental:.....	\$0.00
Section 179 Expenses:.....	\$0.00
Short Term Capital Gain:.....	\$0.00
Long Term Capital Gain:.....	\$0.00
Credits:.....	\$0.00
Part III Other Income Loss:.....	\$0.00
Part III Other Deduction:.....	\$0.00
Credits Code 1:.....	Insignificant
Credits Code 2:.....	Insignificant
Shareholder's Percentage of Stock:.....	25%
Beginning Tax Period:.....	202201
Ending Tax Period:.....	202212

Schedule K-1 1120S Shareholder's Share of Income, Credits, Deductions, etc.

Corporation:

Corporation's Employer Identification Number:XXXXX1243
LITI
335 ME

Shareholder:

Shareholder's Identifying Number:XXX-XX-7926
THEO HAUG
150 HA

Submission Type:.....	Original document
Dividends:.....	\$0.00
Interest:.....	\$0.00
Royalties:.....	\$0.00
Ordinary Income K-1:.....	-\$27,460.00
Real Estate:.....	\$0.00
Other Rental:.....	\$0.00
Section 179 Expenses:.....	\$0.00
Short Term Capital Gain:.....	\$0.00
Long Term Capital Gain:.....	\$0.00
Credits:.....	\$0.00
Part III Other Income Loss:.....	\$0.00
Part III Other Deduction:.....	\$0.00
Credits Code 1:.....	Insignificant
Credits Code 2:.....	Insignificant
Shareholder's Percentage of Stock:.....	20%

Beginning Tax Period:.....202201
Ending Tax Period:.....202212

Schedule K-1 1120S Shareholder's Share of Income, Credits, Deductions, etc.

Corporation:
Corporation's Employer Identification Number:XXXXX6771
ETHI
91-115

Shareholder:
Shareholder's Identifying Number:XXX-XX-7926
THEO R HAUG
150 HA

Submission Type:.....Original document
Dividends:.....\$0.00
Interest:.....\$0.00
Royalties:.....\$0.00
Ordinary Income K-1:.....-\$15,212.00
Real Estate:.....\$0.00
Other Rental:.....\$0.00
Section 179 Expenses:.....\$0.00
Short Term Capital Gain:.....\$0.00
Long Term Capital Gain:.....\$0.00
Credits:.....\$0.00
Part III Other Income Loss:.....\$0.00
Part III Other Deduction:.....\$0.00
Credits Code 1:.....Insignificant
Credits Code 2:.....Insignificant
Shareholder's Percentage of Stock:.....8.688%
Beginning Tax Period:.....202201
Ending Tax Period:.....202212

Schedule K-1 1120S Shareholder's Share of Income, Credits, Deductions, etc.

Corporation:
Corporation's Employer Identification Number:XXXXX4022
TAXI
3206 A

Shareholder:
Shareholder's Identifying Number:XXX-XX-7926
THEO HAUG
150 HA

Submission Type:.....Original document
Dividends:.....\$0.00
Interest:.....\$0.00
Royalties:.....\$0.00
Ordinary Income K-1:.....-\$19,359.00
Real Estate:.....\$0.00
Other Rental:.....\$0.00
Section 179 Expenses:.....\$0.00
Short Term Capital Gain:.....\$0.00
Long Term Capital Gain:.....\$0.00
Credits:.....\$0.00

Part III Other Income Loss:.....\$0.00
 Part III Other Deduction:.....\$0.00
 Credits Code 1:.....Insignificant
 Credits Code 2:.....Insignificant
 Shareholder's Percentage of Stock:.....7.142%
 Beginning Tax Period:.....202201
 Ending Tax Period:.....202212

Schedule K-1 1120S Shareholder's Share of Income, Credits, Deductions, etc.

Corporation:

Corporation's Employer Identification Number:XXXXXX7449
 OAHU
 1931 K

Shareholder:

Shareholder's Identifying Number:XXX-XX-7926
 THEO HAUG
 150 HA

Submission Type:.....Original document
 Dividends:.....\$0.00
 Interest:.....\$0.00
 Royalties:.....\$0.00
 Ordinary Income K-1:.....-\$73,233.00
 Real Estate:.....\$0.00
 Other Rental:.....\$0.00
 Section 179 Expenses:.....\$0.00
 Short Term Capital Gain:.....\$0.00
 Long Term Capital Gain:.....\$0.00
 Credits:.....\$0.00
 Part III Other Income Loss:.....\$0.00
 Part III Other Deduction:.....\$0.00
 Credits Code 1:.....Insignificant
 Credits Code 2:.....Insignificant
 Shareholder's Percentage of Stock:.....15%
 Beginning Tax Period:.....202205
 Ending Tax Period:.....202212

Form 1099-G

Payer:

Payer's Federal Identification Number (FIN):XXXXXX7227
 HAWA
 830 PU

Recipient:

Recipient's Identification Number:XXX-XX-7926
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Submission Type:.....Original document
 Account Number (Optional):.....XXXXXXXXXXXXXXXXXXXX2021
 RTAA Payments:.....\$0.00
 Tax Withheld:.....\$0.00
 Taxable Grants:.....\$0.00
 Unemployment Compensation:.....\$0.00
 Agricultural Subsidies:.....\$0.00

Prior Year Refund:.....\$378.00
Market gain on Commodity Credit Corporation loans repaid:.....\$0.00
Year of Refund:.....2021
1099G Offset:.....Not Refund, Credit, or Offset for Trade or Business
Second TIN Notice:.....

This Product Contains Sensitive Taxpayer Data

IRS
AUSTIN TX 73301-0025

In reply refer to: 0538798492

May 20, 2025 LTR 86C 0

***-**-7926 202212 30

00000070

BODC: SB

THEODORE R HAUGLAND


006274

Taxpayer identification number: ***-**-7926
Tax periods: Dec. 31, 2022

Dec. 31, 2022
Form: 1040X
CISLJNB25R

Dear Taxpayer:

Thank you for your FORM 1040X of Mar. 26, 2025.

We're sending your claim, Form 1040X, to the Area Office for review. That office will contact you within 60 days.

Find tax forms or publications by visiting [IRS.gov/forms](https://www.irs.gov/forms) or calling 800-TAX-FORM (800-829-3676).

If you have questions, you can call Customer Service at 267-941-1000 between 6:00 a.m. and 11:00 p.m. EDT.

If you prefer, you can write to the address at the top of the first page of this letter.

When you write, include a copy of this letter, and write your telephone number and the hours we can reach you.

Keep a copy of this letter for your records.

Thank you for your cooperation.

Sincerely yours,

Mrs. Franklin

Mrs. Franklin
Operation 1 Manager