NOTIFICATION FOR UNDERGROUND STORAGE TANK SYSTEMS

State Form 45223 (R10 / 3-23)
Indiana Department of Environmental Management
Petroleum Branch

RETURN COMPLETED FORMS TO:
Indiana Department of Environmental Management
USTRegistration@idem.in.gov

Facility ID Number: **25298**

The information requested is required by 329 IAC 9. This form should only be used for facilities previously registered with the IDEM Underground Storage Tank program.

A TYPE OF NOTIFICATION

☐ Facility Contact Change	☐ UST Owner Change	☐ Owner/Operator Information Change
☐ Type of Facility Change	☐ Property Owner Change	☒ Facility Name / Location Change
☒ UST System Modification	☐ UST Operator Change	☐ Financial Responsibility Change
☐ New UST System(s)		

B FACILITY NAME / LOCATION

FACILITY NAME	LATITUDE *(37.710101 to 41.866773)*	LONGITUDE *(-88.165351 to -84.671035)*
Arco	39.73863	-86.0831

FACILITY ADDRESS (number and street)	PARCEL NUMBER
5034 E. Raymond St	49-10-16-113-013.000-101

CITY	STATE	ZIP CODE	COUNTY	TELEPHONE NUMBER
Indianapolis	IN	46203	Marion	(317) 480-0009

C TYPE OF FACILITY (*Check all that apply*)

☐ Auto Dealership	☒ Commercial	☐ Airport Hydrant System
☐ Hospital	☒ Gas Station	☐ Industrial
☐ Petroleum Distributor	☐ Railroad	☐ Residential
☐ Trucking or Transport	☐ Utilities	☐ Unmanned
☐ Marina	☐ School	☐ Other:

D PREPARED BY

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX

ADDRESS	CITY	STATE	ZIP CODE

TELEPHONE NUMBER	JOB TITLE	EMAIL ADDRESS

E UST OWNER

TYPE OF OWNER

☐ Federal Government	☐ State Government	☐ City / Local Government
☒ Commercial	☒ Private	☐ Other:

Option 1: UST OWNER NAME (*Business Name as registered with the Secretary of State*)	BUSINESS ID (*From the Secretary of State*)
MKR2 INC & RAJWANT KAUR	2015121601049
Option 2: UST OWNER NAME (*If a Public Agency or other entity*)	

Option 3: UST OWNER NAME *(If in Individual Capacity)*

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX

UST OWNER ADDRESS (Listed in Options 1-3)

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (*Number and Street, no P.O. Box*)	ADDRESS (*line 2*)
5034 E Raymond St	

CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (*MM/DD/YYYY*)
Indianapolis	IN	46203	04/13/2017

TELEPHONE NUMBER	EMAIL ADDRESS (*Option 3 Individual Capacity*)	JOB TITLE (*Option 3 Individual Capacity*)
(317) 480-0009		

CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Rajwant	Kaur	Mander	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (*Number and Street, no P.O. Box*)	ADDRESS (*line 2*)
5034 E Raymond St	

CITY	STATE	ZIP CODE	JOB TITLE
Indianapolis	IN	46203	President

TELEPHONE NUMBER	EMAIL ADDRESS
(317) 480-0009	mkr2inc@gmail.com

FACILITY ID #	FACILITY NAME
25298	Arco

F FINANCIAL RESPONSIBILITY *(Check all that apply)*

☐	Federal or State Government Entity, which does not fall under financial responsibility requirements		
☐	Local Government owner or operator is maintaining financial responsibility for this site		
☐	The UST owner is maintaining financial responsibility for this site		
☐	The UST operator is maintaining financial responsibility for this site		
☒	I have met the financial responsibility requirements (in accordance with 329 IAC 9-8) by using one or a combination of the following mechanisms: *(check all that apply)* . **If you are using the ELTF it must be checked as well.**		
☐	Financial Test of Self Insurance	☒	Excess Liability Trust Fund (State Fund)
☐	Guarantee	☐	Insurance and Risk Retention Group Coverage
☐	Surety Bond	☐	Loan Commitment Letter
☐	Letter of Credit	☐	Certificate of Deposit
☐	Trust Fund	☐	Standby Trust Fund
☐	Local Government Bond Rating Test	☐	Local Government Financial Test
☐	Local Government Guarantee	☐	Local Government Fund

If utilizing the ELTF for FR, I acknowledge the requirement to maintain the ability to pay the applicable amount pursuant to 9-8-11(b) and (c) and ability to provide proof of that mechanism when requested.

G UST OPERATOR

TYPE OF OPERATOR

☐	Federal Government	☐	State Government	☐	City / Local Government
☒	Commercial	☒	Private	☐	Other:

Option 1: UST OPERATOR NAME (*Business Name as registered with the Secretary of State*)	BUSINESS ID *(From the Secretary of State)*
MKR2 INC & RAJWANT KAUR	2015121601049
Option 2: UST OPERATOR NAME (*If a Public Agency or other entity*)	

Option 3: UST OPERATOR NAME *(If in Individual Capacity)*

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX

UST OPERATOR ADDRESS (Listed in Options 1-3)

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS *(Number and Street, no P.O. Box)*	ADDRESS *(line 2)*
5034 E Raymond St	

CITY	STATE	ZIP CODE	DATE BEGAN OPERATING *(MM/DD/YYYY)*
Indianapolis	IN	46203	04/13/2017

TELEPHONE NUMBER	EMAIL ADDRESS *(Option 3 Individual Capacity)*	JOB TITLE *(Option 3 Individual Capacity)*
(317) 480-0009		

CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Rajwant			

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS *(Number and Street, no P.O. Box)*	ADDRESS *(line 2)*
5034 E Raymond St	

CITY	STATE	ZIP CODE	JOB TITLE
Indianapolis	IN	46203	President

TELEPHONE NUMBER	EMAIL ADDRESS
(317) 480-0009	mkr2inc@gmail.com

H FACILITY CONTACT

CONTACT INDIVIDUAL NAME

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Rajwant	Kaur	Mander	

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS *(Number and Street, no P.O. Box)*	ADDRESS *(line 2)*
5034 E Raymond St	

CITY	STATE	ZIP CODE	JOB TITLE
Indianapolis	IN	46203	President

TELEPHONE NUMBER	EMAIL ADDRESS
(317) 480-0009	mkr2inc@gmail.com

FACILITY ID #	FACILITY NAME
25298	Arco

I DEEDED PROPERTY OWNER

TYPE OF OWNER

☐ Federal Government	☐ State Government	☐ City / Local Government
☒ Commercial	☒ Private	☐ Other:

Option 1: PROPERTY OWNER NAME (*Business Name as registered with the Secretary of State*)	BUSINESS ID (*From the Secretary of State*)
MKR2 INC & RAJWANT KAUR	2015121601049
Option 2: PROPERTY OWNER NAME (*If a Public Agency or other entity*)	

Option 3: PROPERTY OWNER NAME (*If in Individual Capacity*)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX

PROPERTY OWNER ADDRESS (Listed in Options 1-3)

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (*Number and Street, no P.O. Box*)	ADDRESS (*line 2*)
5034 E Raymond St	

CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (*MM/DD/YYYY*)
Indianapolis	IN	46203	04/13/2017

TELEPHONE NUMBER	EMAIL ADDRESS (*Option 3 Individual Capacity*)	JOB TITLE (*Option 3 Individual Capacity*)
(317) 480-0009		

CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (*Number and Street, no P.O. Box*)	ADDRESS (*line 2*)
5034 E Raymond St	

CITY	STATE	ZIP CODE	JOB TITLE
Indianapolis	IN	46203	President

TELEPHONE NUMBER	EMAIL ADDRESS
(317) 480-0009	mkr2inc@gmail.com

J ACTIVE LAND CONTRACT PROPERTY OWNER *(If applicable)*

TYPE OF OWNER

☐ Federal Government	☐ State Government	☐ City / Local Government
☐ Commercial	☐ Private	☐ Other:

Option 1: PROPERTY OWNER NAME (*Business Name as registered with the Secretary of State*)	BUSINESS ID (*From the Secretary of State*)
Option 2: PROPERTY OWNER NAME (*If a Public Agency or other entity*)	

Option 3: PROPERTY OWNER NAME (*If in Individual Capacity*)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX

PROPERTY OWNER ADDRESS (Listed in Options 1-3)

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (*Number and Street, no P.O. Box*)	ADDRESS (*line 2*)

CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (*MM/DD/YYYY*)

TELEPHONE NUMBER	JOB TITLE	EMAIL ADDRESS (*Option 3 Individual Capacity*)	PROPOSED END DATE (*MM/DD/YYYY*)

CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (*Number and Street, no P.O. Box*)	ADDRESS (*line 2*)

CITY	STATE	ZIP CODE	JOB TITLE

TELEPHONE NUMBER	EMAIL ADDRESS

FACILITY ID #	FACILITY NAME
25298	Arco

K CONTRACTOR

☐	INSTALLATION INSPECTED BY A REGISTERED ENGINEER	REGISTRATION ID:		REGISTRATION DATE *(mm/dd/yyyy)*	
☐	MANUFACTURER'S INSTALLATION CHECKLISTS HAVE BEEN COMPLETED AND INCLUDED	☐	INSTALLER CERTIFIED BY TANK AND PIPING MANUFACTURER		
☐	WORK INSPECTED BY INDIANA DEPARTMENT OF HOMELAND SECURITY / DIVISION OF FIRE AND BUILDING SAFETY			INSPECTION DATE *(mm/dd/yyyy)*	

CONTRACTOR BUSINESS NAME *(Business Name as registered with the Secretary of State)*	BUSINESS ID *(From the Secretary of State)*

CONTACT INFORMATION FOR CONTRACTOR THAT PERFORMED OR MANAGED WORK ON SITE

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX

PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS *(Number and Street, no P.O. Box)*	ADDRESS *(line 2)*

CITY	STATE	ZIP CODE	IDHS CERTIFICATION NUMBER

TELEPHONE NUMBER	EMAIL ADDRESS

L POTENTIALLY INTERESTED PARTIES

INTERESTED PARTY NAME	E-MAIL ADDRESS
Tanks Data	tanksdata@gmail.com
Tanks Data	contact@tanksdata.com

M FACILITY SITE MAP

In the space below, sketch the facility (tanks, piping, tank manway locations, vents, pump islands, buildings, etc.). Include tank sizes and type of product stored. Label streets or other landmarks. Show North if direction known.

FACILITY ID #	FACILITY NAME
25298	Arco

Complete one column for each tank or compartment. See instructions for compartment identification numbering.

N	IDENTIFICATION OF UNDERGROUND STORAGE TANKS				
	IDEM UST REGISTRATION NUMBER	1	2	3	
	PART OF A COMPARTMENTED UST (Y/N)				
	NUMBER OF COMPARTMENTS IN UST				
	COMPARTMENT IDENTIFICATION NUMBER				
	(mm/dd/yyyy) DATE INSTALLED	06/29/2012	06/29/2012	06/29/2012	
	(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE				
	(gallons) ESTIMATED TOTAL CAPACITY	12,000	6,000	6,000	
	MANIFOLDED (Y/N)				
	MANIFOLDED TO COMPARTMENT ID NUMBER				
O	STATUS OF UNDERGROUND STORAGE TANKS				
	CURRENT STATUS	IN USE	IN USE	IN USE	
	(mm/dd/yyyy) STATUS DATE	10/21/2024	10/21/2024	10/21/2024	
P	SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS				
	PETROLEUM	GSL - Gasoline	GSL - Gasoline	DSL - Diesel	
	MAXIMUM ETHANOL %				
	MAXIMUM BIOFUEL %				
	(specify) OTHER				
	HAZARDOUS SUBSTANCE				
	CHEMICAL ABSTRACT SERVICE NUMBER				
	MIXTURE OF SUBSTANCES				
	PRODUCT IS COMPATIBLE WITH TANK (Y/N)	YES	YES	YES	
Q	UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES				
	MANUFACTURER				
	MODEL				
	MATERIAL OF CONSTRUCTION	Fiberglass	Fiberglass	Fiberglass	
	SECONDARY CONTAINMENT	Double-walled	Double-walled	Double-walled	
R	UNDERGROUND STORAGE TANK CORROSION PROTECTION				
	CORROSION PROTECTION TYPE				
	(mm/dd/yyyy) ANODE INSTALLATION DATE				
	INTERIOR LINING				
	(mm/dd/yyyy) LINER INSTALLATION DATE				
	(specify) OTHER				
S	PIPING CONSTRUCTION AND PROTECTION				
	MANUFACTURER				
	MODEL				
	(mm/dd/yyyy) DATE INSTALLED				
	MATERIAL	Rigid Fiberglass	Rigid Fiberglass	Rigid Fiberglass	
	SECONDARY CONTAINMENT	Double-walled	Double-walled	Double-walled	
	CORROSION PROTECTION TYPE				
	(mm/dd/yyyy) ANODE INSTALLATION DATE				
	PRODUCT IS COMPATIBLE WITH PIPING (Y/N)				
	PRODUCT DELIVERY METHOD	Pressurized	Pressurized	Pressurized	

FACILITY ID #	FACILITY NAME
25298	Arco

IDEM UST REGISTRATION NUMBER	1	2	3	
COMPARTMENT IDENTIFICATION NUMBER				
T **UNDERGROUND STORAGE TANK RELEASE DETECTION**				
PRIMARY UST RELEASE DETECTION	ATG Interstitial M	ATG Interstitial M	ATG Interstitial M	
MANUFACTURER				
MODEL				
SECONDARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
U **UNDERGROUND PIPING RELEASE DETECTION**				
PRIMARY PIPING RELEASE DETECTION	Interstitial Monito	Interstitial Monito	Interstitial Monito	
MANUFACTURER				
MODEL				
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)	ELLD w/Annual T	ELLD w/Annual T	ELLD w/Annual T	
MANUFACTURER				
MODEL				
TERTIARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
V **SPILL AND OVERFILL PREVENTION EQUIPMENT**				
CATCHMENT BASIN / SPILL BUCKET	Standard Spill Bu	Standard Spill Bu	Standard Spill Bu	
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
FILL LATITUDE				
FILL LONGITUDE				
PRIMARY OVERFILL PREVENTION EQUIPMENT	Auto Shutoff / Fla	Auto Shutoff / Fla	Auto Shutoff / Fla	
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				
SECONDARY OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				
UNDER DISPENSER CONTAINMENT PRESENT				
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				
SUBMERSIBLE TURBINE SUMP PRESENT				
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				

FACILITY ID #	FACILITY NAME
25298	Arco

Complete one column for each tank or compartment. See instructions for compartment identification numbering.

N	IDENTIFICATION OF UNDERGROUND STORAGE TANKS				
	IDEM UST REGISTRATION NUMBER				
	PART OF A COMPARTMENTED UST (Y/N)				
	NUMBER OF COMPARTMENTS IN UST				
	COMPARTMENT IDENTIFICATION NUMBER				
	(mm/dd/yyyy) DATE INSTALLED				
	(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE				
	(gallons) ESTIMATED TOTAL CAPACITY				
	MANIFOLDED (Y/N)				
	MANIFOLDED TO COMPARTMENT ID NUMBER				
O	**STATUS OF UNDERGROUND STORAGE TANKS**				
	CURRENT STATUS				
	(mm/dd/yyyy) STATUS DATE				
P	**SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS**				
	PETROLEUM				
	MAXIMUM ETHANOL %				
	MAXIMUM BIOFUEL %				
	(specify) OTHER				
	HAZARDOUS SUBSTANCE				
	CHEMICAL ABSTRACT SERVICE NUMBER				
	MIXTURE OF SUBSTANCES				
	PRODUCT IS COMPATIBLE WITH TANK (Y/N)				
Q	**UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES**				
	MANUFACTURER				
	MODEL				
	MATERIAL OF CONSTRUCTION				
	SECONDARY CONTAINMENT				
R	**UNDERGROUND STORAGE TANK CORROSION PROTECTION**				
	CORROSION PROTECTION TYPE				
	(mm/dd/yyyy) ANODE INSTALLATION DATE				
	INTERIOR LINING				
	(mm/dd/yyyy) LINER INSTALLATION DATE				
	(specify) OTHER				
S	**PIPING CONSTRUCTION AND PROTECTION**				
	MANUFACTURER				
	MODEL				
	(mm/dd/yyyy) DATE INSTALLED				
	MATERIAL				
	SECONDARY CONTAINMENT				
	CORROSION PROTECTION TYPE				
	(mm/dd/yyyy) ANODE INSTALLATION DATE				
	PRODUCT IS COMPATIBLE WITH PIPING (Y/N)				
	PRODUCT DELIVERY METHOD				

FACILITY ID #	FACILITY NAME
25298	Arco

IDEM UST REGISTRATION NUMBER				
COMPARTMENT IDENTIFICATION NUMBER				
T	**UNDERGROUND STORAGE TANK RELEASE DETECTION**			
PRIMARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
SECONDARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
U	**UNDERGROUND PIPING RELEASE DETECTION**			
PRIMARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)				
MANUFACTURER				
MODEL				
TERTIARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
V	**SPILL AND OVERFILL PREVENTION EQUIPMENT**			
CATCHMENT BASIN / SPILL BUCKET				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
FILL LATITUDE				
FILL LONGITUDE				
PRIMARY OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				
SECONDARY OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				
UNDER DISPENSER CONTAINMENT PRESENT				
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				
SUBMERSIBLE TURBINE SUMP PRESENT				
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				

FACILITY ID #	TRANSACTION ID - FOR STATE USE ONLY
25298	

UST OWNER CERTIFICATION

I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14-2, that the statements and representations in this document are true, accurate, and complete. I further certify compliance with the following requirements in accordance with 329 IAC 9-2-2(e):
(1) Installation of all tanks and piping under 40 CFR 280.20.
(2) Cathodic protection of steel tanks and piping under 40 CFR 280.20.
(3) Release detection under 40 CFR 280 Subpart D.
(4) Financial responsibility under 329 IAC 9-8.

OWNER'S AUTHORIZED REPRESENTATIVE *(Print or Type)*

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Rajwant	Kaur	Mander	

TITLE OF AUTHORIZED REPRESENTATIVE	COMPANY NAME *(If Individual Leave Blank)*
President	MKR2 INC.

SIGNATURE	DATE *(MM/DD/YYYY)*
Rajwant Kaur Mander (Oct 22, 2024 13:50 EDT)	22/10/2024

UST OPERATOR CERTIFICATION

I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14-2, that the statements and representations in this document are true, accurate, and complete. I further certify compliance with the following requirements in accordance with 329 IAC 9-2-2(e):
(1) Installation of all tanks and piping under 40 CFR 280.20.
(2) Cathodic protection of steel tanks and piping under 40 CFR 280.20.
(3) Release detection under 40 CFR 280 Subpart D.
(4) Financial responsibility under 329 IAC 9-8.

OPERATOR'S AUTHORIZED REPRESENTATIVE *(Print or Type)*

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Rajwant	Kaur	Mander	

TITLE OF AUTHORIZED REPRESENTATIVE	COMPANY NAME *(If Individual Leave Blank)*
President	MKR2 INC.

SIGNATURE	DATE *(MM/DD/YYYY)*
Rajwant Kaur Mander (Oct 22, 2024 13:50 EDT)	22/10/2024

CONTRACTOR CERTIFICATION

CERTIFIED INDIVIDUAL NAME

PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX

OATH: I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14-2, that work performed on the UST system complies with methods specified in 329 IAC 9 and 40 CFR 280, Subpart C.

SIGNATURE	EMAIL ADDRESS	DATE *(MM/DD/YYYY)*

FID-25298-NF-10.21.2024

Final Audit Report 2024-10-22

Created:	2024-10-22
By:	Tanks Data (tanksdata01@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAkGTfKdBYnjQLA4V0zFL6uOBnl57U5Aw4

"FID-25298-NF-10.21.2024" History

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Document e-signed by Rajwant Kaur Mander (mkr2inc@gmail.com)
Signature Date: 2024-10-22 - 5:50:50 PM GMT - Time Source: server

Agreement completed.
2024-10-22 - 5:50:50 PM GMT