

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

Petroleum Branch 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. 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) **FACILITY NAME / LOCATION** В ATITUDE (37.710101 to 41.866773). 39.73863 LONGITUDE (-88.165351 to -84.671035) ACILITY NAME -86.0831 Arco FACILITY ADDRESS (number and street) PARCEL NUMBER 49-10-16-113-013.000-101 5034 E. Raymond St TELEPHONE NUMBER STATE ZIP CODE 46203 (317) 480-0009 Indianapolis IN lMarion TYPE OF FACILITY (Check all that apply) Commercial Auto Dealership Airport Hydrant System Gas Station Hospital Industrial Petroleum Distributor Railroad Residential Trucking or Transport Utilities **1**IUnmanned **Marina** School Other: PREPARED BY D FIRST NAME PREFIX STATE ZIP CODE ADDRESS TELEPHONE NUMBER JOB TITLE EMAIL ADDRESS **UST OWNER** Е TYPE OF OWNER Federal Government State Government City / Local Government ★ Commercial Other: Option 1: UST OWNER NAME (Business Name as registered with the Secretary of State) BUSINESS ID (From the Secretary of State, 2015121601049 MKR2 INC & RAJWANT KAUR Option 2: UST OWNER NAME (If a Public Agency or other entity) Option 3: UST OWNER NAME (If in Individual Capacity) LAST NAME SUFFIX PREFIX FIRST NAME М 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 EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) Indianapolis IN 146203 04/13/2017 TELEPHONE NUMBER EMAIL ADDRESS (Option 3 Individual Capacity) JOB TITLE (Option 3 Individual Capacity) (317) 480-0009 S / PUBLIC AGENCY (Listed in Option 1 or 2) FIRST NAME LAST NAME SUFFIX Rajwant KaurlMander PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTAL ADDRESS (Number and Street, no P.O. Box) ADDRESS (line 2) 5034 E Raymond St JOB TITLE 46203 Indianapolis IN President EMAIL ADDRESS (317) 480-0009 mkr2inc@gmail.com

FAC	1LITY ID # 25298	FACILITY NAME Arco								
F		FIN	ANCIAL	RESF	PONSI	BIL	TY (Chec	ck all that apply)		
	Federal or State	Government Enti	ty, which do	es not	fall und	er fir	ancial resp	oonsibility requirements		
	Local Governmer	nt owner or opera	tor is maint	aining [·]	financia	res	ponsibility f	for this site		
	The UST owner is	s maintaining fina	ancial respo	nsibility	/ for this	site				
	The UST operato	r is maintaining f	inancial res _l	ponsibi	lity for th	his s	ite			
\boxtimes		•		,				PIAC 9-8) by using one or a combinat	ion of the	
			that apply) .	If you	are usi	_		t must be checked as well.		
牌	Financial Test of	Self Insurance				<u>III</u>		ability Trust Fund (State Fund)		
牌	Guarantee					붜		and Risk Retention Group Coverage		
ዙ	Surety Bond									
ዙ	Trust Fund Standby Trust Fund									
ዙ	Local Government Bond Rating Test									
H	Local Government Guarantee					H		vernment 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						(c) and				
			ability to prov	ide pro	of of that I	mech	anism when r			
G					ST OP					
⊨	IE-410		ا ا ا				RATOR	Пож. / Гота Потом помера по		
닖	Federal Governm	ient			ernmen	τ		City / Local Government		
Optio	Commercial on 1: UST OPERATOR NAI	ME (Business Name as re	Prive aistered with the		of State)			Other: BUSINESS ID (From the Secretary of State)		
	KR2 INC &				,			2015121601049		
Optio	on 2: UST OPERATOR NAI	ME (If a Public Agency or	other entity)							
Ontic	an 2. LIST ODERATOR NA	ME (If in Individual Conce	(4. a)							
PRE	on 3: UST OPERATOR NAI FIX FIRST NAME	ME (II III IIIdividual Capac	ну)		MI	LAS	T NAME		SUFFIX	
PRIN	OPERATOR ADDRESS (L ICIPAL OFFICE ADDRESS	isted in Options 1-3) or PRIMARY RESIDEN	TAL ADDRESS (N	lumber an	d Street, no	P.O. I	Зох)	ADDRESS (line 2)		
50	34 E Raym	ond St								
CITY				STATE	ZIP CODE			DATE BEGAN OPERATING (MM/DD/YYYY) 04/13/2017		
	dianapolis EPHONE NUMBER		EMAIL ADDRES		46203 3 Individual Capacity)		city)	JOB TITLE (Option 3 Individual Capacity)		
	(317) 480	-0009		o (option	o marriada.	оцран	,	(opasii o mamadar capasiy)		
CON PRE	TACT FOR BUSINESS / P		n Option 1 or 2)		IMI	II AC	T NAME		SUFFIX	
	Rajwant				IVII	LAS	INAME		301117	
	ICIPAL OFFICE ADDRESS		ΓAL ADDRESS (N	lumber an	d Street, no	P.O. I	Зох)	ADDRESS (line 2)		
_)34 E Raym	ond St								
In	dianapolis			STATE	2IP CODE 462 (President		
	EPHONE NUMBER		EMAIL ADDRES		7020					
	(317) 480-0009					mkr2inc@gmail.com				
Н				FAG	CILITY	CC	NTACT			
CON PRE	TACT INDIVIDUAL NAME				MI	LAS	T NAME		SUFFIX	
	Rajwant				Kaur	I	ander			
	icipal office address 034 E Raym		ΓAL ADDRESS <i>(I</i>	lumber an	d Street, no	P.O. I	Зох)	ADDRESS (line 2)		
	dianapolis			STATE	ZIP CODE 4620			President		
TELE	EPHONE NUMBER (317) 480)-0009	EMAIL ADDRES	S		n	nkr2inc	@gmail.com		

FACILITY ID # 25298	FACILITY NAME Arco						
1		DE	EDEC) PRO	PERTY OW	NER	
		I — I			F OWNER		
Federal Governme	ent ent	ш,		ernmen	t	City / Local Government	
Commercial	IAME (Pusings Name of re-	Pri		tons of Ctat	2)	BUSINESS ID (From the Secretary of State)	
Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State) MKR2 INC & RAJWANT KAUR Option 2: PROPERTY OWNER NAME (If a Public Agency or other entity)						2015121601049	
Option 2: PROPERTY OWNER N	IAME (If a Public Agency or c	other entity)					
Option 3: PROPERTY OWNER N	NAME (If in Individual Capacit	ty)		MI	LAST NAME		SUFFIX
PROPERTY OWNER ADDRESS	(Listed in Options 1-3)						
PRINCIPAL OFFICE ADDRESS 5034 E Raymo	or PRIMARY RESIDENTAL A	ADDRESS (A	Number an	d Street, no	P.O. Box)	ADDRESS (line 2)	
Indianapolis			STATE	ZIP COD 462		EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 04/13/2017	
TELEPHONE NUMBER (317) 480	- 0009	AIL ADDRES	S (Option	3 Individua	l Capacity)	JOB TITLE (Option 3 Individual Capacity)	
CONTACT FOR BUSINESS / PU		tion 1 or 2)		That	LACTNAME		Toursey
PREFIX FIRST NAME				MI	LAST NAME		SUFFIX
PRINCIPAL OFFICE ADDRESS 5034 E Raymo		ADDRESS (I	Number an	d Street, no	P.O. Box)	ADDRESS (line 2)	
CITY			STATE	ZIP COD		JOB TITLE	
Indianapolis TELEPHONE NUMBER		AIL ADDRES	IN s	462	03	President	
(317) 480						@gmail.com	
J	ACTIVE LAI	ND CO				OWNER (If applicable)	
Federal Governme	ont	IIIIeta		ernmen	F OWNER	City / Local Government	
Commercial	311L		/ate	emmen	·	Other:	
Option 1: PROPERTY OWNER N	NAME (Business Name as reç			tary of State	e)	BUSINESS ID (From the Secretary of State)	
Option 2: PROPERTY OWNER N	NAME (If a Public Agency or c	other entity)					
Option 3: PROPERTY OWNER N PREFIX FIRST NAME	NAME (If in Individual Capacit	'y)		MI	LAST NAME		SUFFIX
PROPERTY OWNER ADDRESS		ADDDECC (A		-1 Ct1	- BO Barri	TADDDEGG (fine 0)	
PRINCIPAL OFFICE ADDRESS	OF PRIMARY RESIDENTAL A	ADDRESS (F	number an	a Street, no) Р.О. Вох)	ADDRESS (line 2)	
CITY			STATE	ZIP COD	E	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)	
TELEPHONE NUMBER JOB	3 TITLE	EMAIL ADI	DRESS (C	ption 3 Ind	ividual Capacity)	PROPOSED END DATE (MM/DD/YYYY)	
PREFIX FIRST NAME	BLIC AGENCY (Listed in Opt	tion 1 or 2)		М	LAST NAME		SUFFIX
PRINCIPAL OFFICE ADDRESS	or PRIMARY RESIDENTAL A	ADDRESS (A	Number an	d Street, no	P.O. Box)	ADDRESS (line 2)	
СІТУ			STATE	ZIP COD	E	JOB TITLE	
TELEPHONE NUMBER	EMA	AIL ADDRES	S				

ACILITY ID # 25 2	298	FACILITY NAME Arco						
K		<u> </u>		CONT	RACTOR			
		ED BY A REGISTERED	REG	GISTRATION ID:			REGISTRATION DATE (mm/dd/yyyy)	
	CTURER'S INST	ALLATION CHECKLISTS	S HAVE BEEN CO	MPLETED AND	INSTALLER CE	RTIFIED BY TANK	AND PIPING MANUFACTURER	
_		DIANA DEPARTMENT (OF HOMELAND S	ECURITY / DIVISIO	N OF FIRE AND B	UILDING SAFETY	INSPECTION DATE (mm/dd/yyyy)	
ONTRACTOR	BUSINESS NAM	ME (Business Name as re	egistered with the	Secretary of State)		BUSINESS I	D (From the Secretary of State)	
CONTACT INEC	ODMATION FOR	CONTRACTOR THAT F	DEDEODMED OR	MANACED WORK	ON SITE			
	ST NAME	CONTRACTOR THAT F	PERFORMED OR	MI	LAST NAME			SUFFIX
PDINICIDAL OF	TOE ADDDESS	DDIMADY DECIDENT	FAL ADDDEOG (AL	lumban and Other at a	B.O. Barry	IADDDESC /	(in a O)	
KINCIPAL OF	-ICE ADDRESS	or PRIMARY RESIDENT	IAL ADDRESS (N	iumber and Street, n	ю Р.О. вох)	ADDRESS (i	ine zj	
ITY				STATE ZIP COL	DE	IDHS CERTI	FICATION NUMBER	
E. EBUONE N			544 H ABBB50					
ELEPHONE N	UMBER		EMAIL ADDRESS	5				
			POTEN.	TIALLY IN	TERESTE	D PARTIES	3	
NTERESTED P			101211	E-MAIL	ADDRESS			
Tanks				tanı	KSdata@ ADDRESS	gmail.co	om	
Tanks						nksdata.	com	
NTERESTED P					ADDRESS			
		etch the facility (ta uct stored. Label			locations, ve	ents, pump isla	ands, buildings, etc.). In anown.	clude tank
the spac				tank manway	locations, ve	ents, pump isla		clude tank
n the spac				tank manway	locations, ve	ents, pump isla		clude tank

FACIL		Arco							
	Complete one	column for eac	h tank or compartr	nent	. See instructions	for c	ompartment identif	catio	on numbering.
N		IDENT	IFICATION OF	UN	DERGROUND	ST	ORAGE TANKS	3	
	IDEM UST REGI	ISTRATION NUMBER	1		2		3		
	PART OF A COMPARTMENTED UST (Y/N)								
	NUMBER OF COM	PARTMENTS IN UST							
	COMPARTMENT IDENT	IFICATION NUMBER							
	(mm/dd/yyy	y) DATE INSTALLED	06/29/2012		06/29/2012		06/29/2012		
(1	mm/dd/yyyy) DATE FIRST I	BROUGHT INTO USE							
	(gallons) ESTIMATE	D TOTAL CAPACITY	12,000		6,000		6,000		
		MANIFOLDED (Y/N)							
	MANIFOLDED TO COMPAI								
0		S	TATUS OF UNI		RGROUND STO				
		CURRENT STATUS	IN USE	\blacksquare	IN USE		IN USE	\blacksquare	
	(mm/dd/	yyyy) STATUS DATE	10/21/2024		10/21/2024		10/21/2024		
Р	SUBSTAN	NCES CURR	ENTLY OR LA	ST	STORED IN UN	IDE	RGROUND ST	OR	AGE TANKS
		PETROLEUM	GSL - Gasoline	\blacksquare	GSL - Gasoline		DSL - Diesel	\blacksquare	
	MA	AXIMUM ETHANOL %							
	M	IAXIMUM BIOFUEL %							
		(specify) OTHER							
	HAZAI	RDOUS SUBSTANCE							
	CHEMICAL ABSTRAC	T SERVICE NUMBER							
	MIXTUR	RE OF SUBSTANCES							
	PRODUCT IS COMPATIB	LE WITH TANK (Y/N)	YES	lacksquare	YES	\blacksquare	YES		
Q		UNDERGR	OUND STORA	GE	TANK CONSTI	RUC	CTION ATTRIB	JTE	S
		MANUFACTURER							
		MODEL							
	MATERIAL	OF CONSTRUCTION	Fiberglass		Fiberglass		Fiberglass	\blacksquare	
	SECOND	ARY CONTAINMENT	Double-walled	\blacksquare	Double-walled		Double-walled	lacksquare	
R		UNDERG	ROUND STOR	AG	E TANK CORR	OS	ION PROTECT	ON	
	CORROSION	PROTECTION TYPE							
	(mm/dd/yyyy) ANODE II	NSTALLATION DATE							
		INTERIOR LINING							
	(mm/dd/yyyy) LINER II	NSTALLATION DATE							
		(specify) OTHER							
S			PIPING CONS	TRU	JCTION AND P	RO	TECTION		
		MANUFACTURER							
		MODEL							
	(mm/dd/yyy	y) DATE INSTALLED							
		MATERIAL	Rigid Fiberglass	\blacksquare	Rigid Fiberglass		Rigid Fiberglass	•	
	SECOND	ARY CONTAINMENT	Double-walled	\blacksquare	Double-walled	\blacksquare	Double-walled	lacksquare	
	CORROSION	PROTECTION TYPE							
	(mm/dd/yyyy) ANODE II	NSTALLATION DATE							
	PRODUCT IS COMPATIBL								
	PRODUCT	DELIVERY METHOD	Pressurized	lacksquare	Pressurized	\blacksquare	Pressurized		

FACI	25298	Arco							
	IDEM UST REG	ISTRATION NUMBER	1	2	3				
	COMPARTMENT IDENTIFICATION NUMBER				-				
Т		UNDE	RGROUND STORAGE TANK RELEASE DETECTION						
	PRIMARY UST R	ELEASE DETECTION	ATG Interstitial M ▽	ATG Interstitial M ▽	ATG Interstitial M				
		MANUFACTURER							
		MODEL							
	SECONDARY UST R	ELEASE DETECTION							
		MANUFACTURER							
		MODEL							
U		U	NDERGROUND PI	PING RELEASE D	ETECTION				
	PRIMARY PIPING R	ELEASE DETECTION	Interstitial Monito	Interstitial Monito ✓	Interstitial Monito				
		MANUFACTURER							
		MODEL							
(L	SECONDARY PIPING R	ELEASE DETECTION	ELLD w/Annual ⊺	ELLD w/Annual 1	ELLD w/Annual T				
,-		MANUFACTURER							
		MODEL							
	TERTIARY PIPING R	ELEASE DETECTION							
		MANUFACTURER							
		MODEL							
٧		SP	ILL AND OVERFIL	L PREVENTION E	QUIPMENT				
	CATCHMENT BA	ASIN / SPILL BUCKET	Standard Spill Bu ■	Standard Spill Bւ ⊡	Standard Spill Bu ■				
	(mm/dd/yyy	yy) DATE INSTALLED							
		MANUFACTURER							
		MODEL							
		FILL LATITUDE							
		FILL LONGITUDE							
	PRIMARY OVERFILL PREV	ENTION EQUIPMENT	Auto Shutoff / Fla	Auto Shutoff / Fla	Auto Shutoff / Fla				
	(mm/dd/yyy	yy) DATE INSTALLED							
		MANUFACTURER							
		MODEL							
	%	ULLAGE SET POINT							
SE	CONDARY OVERFILL PREV	ENTION EQUIPMENT							
	(mm/dd/yyy	yy) DATE INSTALLED							
		MANUFACTURER							
		MODEL							
		ULLAGE SET POINT							
	UNDER DISPENSER CON								
		MANUFACTURER							
		yy) DATE INSTALLED							
	SUBMERSIBLE TURE								
	A	MANUFACTURER							
	(mm/dd/yyy	yy) DATE INSTALLED							

FACIL	25298 FACILITY NAME Arco				
	Complete one column for eac	h tank or compartment	. See instructions for c	ompartment identification	on numbering.
N			IDERGROUND ST		
	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				
0	S.	TATUS OF UNDER	RGROUND STORA	GE TANKS	
	CURRENT STATUS				
	(mm/dd/yyyy) STATUS DATE				
Р	SUBSTANCES CURR	ENTLY OR LAST	STORED IN UNDE	RGROUND STOR	AGE 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	UNDERGR	OUND STORAGE	TANK CONSTRUC	CTION ATTRIBUTE	S
	MANUFACTURER				
	MODEL				
	MATERIAL OF CONSTRUCTION				
	SECONDARY CONTAINMENT				
R	UNDERG	ROUND STORAG	E TANK CORROS	ION PROTECTION	
	CORROSION PROTECTION TYPE				
	(mm/dd/yyyy) ANODE INSTALLATION DATE				
	INTERIOR LINING				
	(mm/dd/yyyy) LINER INSTALLATION DATE				
	(specify) OTHER				
S		PIPING CONSTRU	JCTION AND PRO	TECTION	
	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				

FACIL	1TY ID# 25298	FACILITY NAME Arco						
	IDEM UST REG	ISTRATION NUMBER						
	COMPARTMENT IDEN	TIFICATION NUMBER						
Т		UNDEF	RGROUND STORAGE TANK RELEASE DETECTION					
	PRIMARY UST R	ELEASE DETECTION						
		MANUFACTURER						
		MODEL						
	SECONDARY UST R	ELEASE DETECTION						
		MANUFACTURER						
		MODEL						
U		UI	NDERGROUND PI	PING RELEASE D	ETECTION			
	PRIMARY PIPING R	ELEASE DETECTION						
		MANUFACTURER						
		MODEL						
(LE	SECONDARY PIPING R AK DETECTOR REQUIRED FO							
		MANUFACTURER						
		MODEL						
	TERTIARY PIPING R	ELEASE DETECTION						
		MANUFACTURER						
		MODEL						
٧		SP	ILL AND OVERFIL	L PREVENTION E	QUIPMENT			
	CATCHMENT BA	ASIN / SPILL BUCKET						
	(mm/dd/yyy	y) DATE INSTALLED						
		MANUFACTURER						
		MODEL						
		FILL LATITUDE						
		FILL LONGITUDE						
F	PRIMARY OVERFILL PREV							
	(mm/dd/yyy	y) DATE INSTALLED						
		MANUFACTURER MODEL						
	0/.	WODEL ULLAGE SET POINT						
050		Ļ						
SEC	ONDARY OVERFILL PREV	y) DATE INSTALLED						
	(IIIII/dd/yy)	MANUFACTURER						
		MODEL						
	%	ULLAGE SET POINT						
	UNDER DISPENSER CON	Ļ						
	CHELK BISI ENGLIK GON	MANUFACTURER						
	(mm/dd/vv	yy) DATE INSTALLED						
	SUBMERSIBLE TURE							
		MANUFACTURER						
		MINITO I NO I OILEIN						

ACILITY ID # FRANSACTION 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) LAST NAME FIRST NAME SUFFIX Rajwant Kaur | Mander TITLE OF AUTHORIZED REPRESENTATIVE COMPANY NAME (If Individual Leave Blank) MKR2 INC. President SIGNATUR DATE (MM/DD/YYYY) RoutHA 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) LAST NAME SUFFIX FIRST NAME Kaur | Mander Rajwant COMPANY NAME (If Individual Leave Blank) MKR2 INC. President DATE (MM/DD/YYYY) 22/10/2024 **CONTRACTOR CERTIFICATION** CERTIFIED INDIVIDUAL NAME FIRST NAME LAST NAME 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 FMAIL 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

Document created by Tanks Data (tanksdata01@gmail.com) 2024-10-22 - 5:48:38 PM GMT

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Email viewed by Rajwant Kaur Mander (mkr2inc@gmail.com)
2024-10-22 - 5:49:19 PM GMT

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