

	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
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.		Facility ID Number: 12240

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

B	FACILITY NAME / LOCATION		
FACILITY NAME Mobil	LATITUDE (37.710101 to 41.866773) 41.66647	LONGITUDE (-88.165351 to -84.671035) -86.18168	
FACILITY ADDRESS (number and street) 601 N Main Street	PARCEL NUMBER 71-09-09-462-018.000-023		
CITY Mishawaka	STATE IN	ZIP CODE 46545	COUNTY St Joseph
		TELEPHONE NUMBER (917) 421-2131	

C	TYPE OF FACILITY (Check all that apply)		
☐	Auto Dealership	☒	Commercial
☐	Hospital	☒	Gas Station
☐	Petroleum Distributor	☐	Railroad
☐	Trucking or Transport	☐	Utilities
☐	Marina	☐	School
☐		☐	Airport Hydrant System
☐		☐	Industrial
☐		☐	Residential
☐		☐	Unmanned
☐		☐	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	
☒	Commercial	☒	Private	
☐		☐	City / Local Government	
☐		☐	Other:	
Option 1: UST OWNER NAME (Business Name as registered with the Secretary of State)		BUSINESS ID (From the Secretary of State)		
VIP CRE Investments LLC		202211181640395		
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 RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)			ADDRESS (line 2)	
7054 Kennesaw Dr				
CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)	
Brownsburg	IN	46112	04/11/2023	
TELEPHONE NUMBER	EMAIL ADDRESS (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)	
(917) 421-2131				
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)				
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
	Varinder		Sahi	
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)			ADDRESS (line 2)	
7054 Kennesaw Dr				
CITY	STATE	ZIP CODE	JOB TITLE	
Brownsburg	IN	46112	Member	
TELEPHONE NUMBER	EMAIL ADDRESS			
(917) 421-2131	sukhdevsingh4b98@gmail.com			

FACILITY ID # 12240		FACILITY NAME Mobil	
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	
☒ Commercial		☐ City / Local Government	
☒ Private		☐ Other:	
Option 1: UST OPERATOR NAME (Business Name as registered with the Secretary of State) Expo Mishawaka Inc		BUSINESS ID (From the Secretary of State) 202301241657560	
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
UST OPERATOR ADDRESS (Listed in Options 1-3)			
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 601 N Main St		ADDRESS (line 2)	
CITY Mishawaka	STATE IN	ZIP CODE 46545	DATE BEGAN OPERATING (MM/DD/YYYY) 02/06/2023
TELEPHONE NUMBER (574) 310-9068	EMAIL ADDRESS (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)			
PREFIX	FIRST NAME	MI	LAST NAME
	Mandeep		Singh
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 601 N Main St		ADDRESS (line 2)	
CITY Mishawaka	STATE IN	ZIP CODE 46545	JOB TITLE President
TELEPHONE NUMBER (574) 310-9068	EMAIL ADDRESS luckyghotra95@ymail.com		
H FACILITY CONTACT			
CONTACT INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME
	Mandeep		Singh
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 601 N Main St		ADDRESS (line 2)	
CITY Mishawaka	STATE IN	ZIP CODE 46545	JOB TITLE President
TELEPHONE NUMBER (574) 310-9068	EMAIL ADDRESS luckyghotra95@ymail.com		

FACILITY ID # 12240		FACILITY NAME Mobil	
I DEEDED PROPERTY OWNER			
TYPE OF OWNER			
☐ Federal Government		☐ State Government	
☒ Commercial		☐ City / Local Government	
☒ Private		☐ Other:	
Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State) VIP CRE Investments LLC		BUSINESS ID (From the Secretary of State) 202211181640395	
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 RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 7054 Kennesaw Dr		ADDRESS (line 2)	
CITY Brownsburg	STATE IN	ZIP CODE 46112	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 04/11/2023
TELEPHONE NUMBER (917) 421-2131	EMAIL ADDRESS (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
	Varinder		Sahi
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 7054 Kennesaw Dr		ADDRESS (line 2)	
CITY Brownsburg	STATE IN	ZIP CODE 46112	JOB TITLE Member
TELEPHONE NUMBER (917) 421-2131	EMAIL ADDRESS sukhdevsingh4b98@gmail.com		
J ACTIVE LAND CONTRACT PROPERTY OWNER (If applicable)			
TYPE OF OWNER			
☐ Federal Government		☐ State Government	
☐ Commercial		☐ City / Local Government	
☐ 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 RESIDENTIAL 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 RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
CITY	STATE	ZIP CODE	JOB TITLE
TELEPHONE NUMBER	EMAIL ADDRESS		

FACILITY ID # 12240	FACILITY NAME Mobil		
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 RESIDENTIAL 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 Tanks Data		E-MAIL ADDRESS tanksdata@gmail.com, contact@tanksdata.com	
INTERESTED PARTY NAME		E-MAIL ADDRESS	
INTERESTED PARTY NAME		E-MAIL ADDRESS	
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 # 12240		FACILITY NAME Mobil	
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	12/23/1986	12/23/1986	12/23/1986
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE			
(gallons) ESTIMATED TOTAL CAPACITY	10,000	10,000	10,000
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	02/24/2025	02/24/2025	02/24/2025
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			
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			
CORROSION PROTECTION TYPE			
(mm/dd/yyyy) ANODE INSTALLATION DATE			
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)			
PRODUCT DELIVERY METHOD	Pressurized ☐	Pressurized ☐	Pressurized ☐

FACILITY ID # 12240		FACILITY NAME Mobil		
IDEM UST REGISTRATION NUMBER		1	2	3
COMPARTMENT IDENTIFICATION NUMBER				
T	UNDERGROUND STORAGE TANK RELEASE DETECTION			
PRIMARY UST RELEASE DETECTION		ATG 0.2gph mon▼	ATG 0.2gph mon▼	ATG 0.2gph mon▼
MANUFACTURER				
MODEL				
SECONDARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
U	UNDERGROUND PIPING RELEASE DETECTION			
PRIMARY PIPING RELEASE DETECTION		Annual Line Tigh▼	Annual Line Tigh▼	Annual Line Tigh▼
MANUFACTURER				
MODEL				
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)		ALLD w/Annual▼	ALLD w/Annual▼	ALLD w/Annual▼
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 # 12240		FACILITY NAME Mobil	
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 # 12240		FACILITY NAME Mobil	
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 # 12240		TRANSACTION ID - FOR STATE USE ONLY	
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 Varinder	MI	LAST NAME Sahi
TITLE OF AUTHORIZED REPRESENTATIVE Member		COMPANY NAME (If Individual Leave Blank) VIP CRE Investments LLC	
SIGNATURE  Varinder Sahi (Mar 5, 2025 14:52 EST)		DATE (MM/DD/YYYY) 03/05/2025	
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 Mandeep	MI	LAST NAME Singh
TITLE OF AUTHORIZED REPRESENTATIVE President		COMPANY NAME (If Individual Leave Blank) Expo Mishawaka Inc	
SIGNATURE  Mandeep Singh (Mar 5, 2025 16:08 EST)		DATE (MM/DD/YYYY) 03/05/2025	
CONTRACTOR CERTIFICATION			
CERTIFIED INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	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		EMAIL ADDRESS	DATE (MM/DD/YYYY)

FID-12240-NF-02.24.2025

Final Audit Report

2025-03-05

Created:	2025-02-24
By:	Tanks Data (tanksdata01@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAMw4NDLXuRiMWdPRn73nTWkW94Mhj2zPI

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-  Document e-signed by Mandeep Singh (luckyghotra95@ymail.com)
Signature Date: 2025-03-05 - 9:08:40 PM GMT - Time Source: server
-  Agreement completed.
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