18/	20 A CA A		RUNDERGROUND			RETURN COMPLETED FORMS TO:			ΤΩ.			
(3)	STORAGE TAN		STEMS				Indiana Department of Environmental Management					
13	State Form 45223 (R10) Indiana Department of E		ental Mana	gement							tion@idem.in.gov	<b>J</b>
	Petroleum Branch		orital mana	gomon			Eacilit	, ID	Numb	or: 1	1505	
	The information requeste	ed is ren	uired by 32	9 IAC 9 T	This form s	hould only be i						
	The information requests	30 10 10q		EM Under	ground Sto	orage Tank pro	gram.	J. II. C. C.	promodo	, 10gi	otorou maraio	
Α						OTIFICAT	ION					
	Facility Contact Change		JUST C	wner C	hange				Owner/	Оре	erator Information (	Change
	Type of Facility Change			•	er Chan	-		$\boxtimes$	Facility	Nar	me / Location Cha	nge
X	UST System Modification		] UST C	perator	r Chang	е			Financ	ial R	esponsibi <b>l</b> ity Char	ige
	New UST System(s)											
В			F/	ACILIT	Y NAI	ME / LOC	ATION					
	LITY NAME					LATITUDE (37.			773)	LONG	GITUDE (-88.165351 to -84	
	Citgo         41.532868         -87.336568           FACILITY ADDRESS (number and street)         PARCEL NUMBER							3				
47	ILITY ADDRESS (number and street) 00 Broadway								8-33-2		-013.000-004	
CITY Ga				6408		county Lake				TELE	PHONE NUMBER (219) 484-95	76
С			TYPE	OF FA	CILIT	Y (Check a	ll that a	vlaa	<i>(</i> )			
ñ	Auto Dealership	ID	Comm					ΪΠ	_	Hyd	rant System	
Ħ	Hospital	Ī	Gas S	tation				ī	Industr	ial	-	
〒	Petroleum Distributor	TĒ	Railro	ad				愩	Reside	ntial		
Ħ	Trucking or Transport	TF	Utilitie	s				愩	Unman	ned		
Ħ	Marina	┪	Schoo	Ī				愩	Other:			
D				-	PREPA	RED BY		_				
	PREFIX FIRST NAME SUFFIX											
ADD	RESS			CITY				STA	ΓE		ZIP CODE	•
TELE	EPHONE NUMBER	JOB TIT	IF			EMAIL ADDRE	22	<u> </u>				
TEEL	I HONE NOMBER					LINAL ADDITE	00					
Ε					HST (	OWNER						
_				-		F OWNER						
П	Federal Government		∏ISta		ernmen			П	City / L	ocal	Government	
岗				ivate				Ħ	Other:			
	on 1: UST OWNER NAME (Business Name as	registere			State)		BUS	NESS	D (From t		cretary of State)	
Mε	eet, Inc.								20	120	041600769	
Optio	on 2: UST OWNER NAME (If a Public Agency o	or other e	ntity)									
Optio	on 3: UST OWNER NAME (If in Individual Capa FIX IFIRST NAME	acity)			Тмі	LAST NAME						SUFFIX
PRE	FIX FIRST NAME				MI	LAST NAME						SUFFIX
UST	OWNER ADDRESS (Listed in Options 1-3)											
	icipal office address of primary resi 58 Doubletree Dr North		ADDRESS (	Number an	nd Street, no	P.O. Box)	ADD	RESS	(line 2)			
CITY	own Point			STATE	ZIP COD		EFF	ECTIV	E DATE OF		NERSHIP (MM/DD/YYYY) 15/2012	
	EPHONE NUMBER	Ice	IAIL ADDRE	IN			IOD	TITL C	(O-ti 2)		ual Capacity)	
	(219) 484-9576			SS (Uption	3 Individual	Capacity)	JOB	HILE	: (Option 3 i	naivia	иаг Сарасту)	
CON	TACT FOR BUSINESS / PUBLIC AGENCY (LI	isted in O	ption 1 or 2)		М	LAST NAME						SUFFIX
	Daljit					Singh						
	ICIPAL OFFICE ADDRESS or PRIMARY RESI		ADDRESS	(Number an	nd Street, no	P.O. Box)	ADD	RESS	(line 2)			•
	58 Doubletree Dr North			OT/==	Talb oo							
	own Point			STATE	21P COD			esi	dent			
TELE	EPHONE NUMBER EMAIL ADDRESS Princeg				princegh	otra@	ho	mail.d	com			

FACI	11505	FACILITY NAME Citgo									
F			ANCIAL	RESF	ONSI	BIL	TY (Chec	ck all that apply)			
盲	Federal or State (							ponsibility requirements			
同	Local Governmen	nt owner or opera	tor is main	taining t	financia	res	ponsibility	for this site			
	The UST owner is	s maintaining fina	incial respo	nsibility	y for this	site	)				
	The UST operator	r is maintaining f	nancial res	ponsibi	ility for tl	าis ร	ite				
$\boxtimes$								9 IAC 9-8) by using one or a combination of the state of	on of the		
┢	Financial Test of	•	пасарріу) .	ii you	ale us			iability Trust Fund (State Fund)			
片	Guarantee	Con mountained				屵	Insurance and Risk Retention Group Coverage				
片	Surety Bond					╆		mmitment Letter			
片	Letter of Credit					╆	4	e of Deposit			
片	Trust Fund					卡		Trust Fund			
片	Local Governmen	nt Bond Rating Te	est			卡	,	vernment Financial Test			
片	Local Governmen		,,,,			卡		vernment Fund			
								e applicable amount pursuant to 9-8-11(b) and (	c) and		
G			ubility to pro				ATOR	roquostoui			
Ĕ							RATOR				
П	Federal Governm	ent	∏Sta		ernmen		City / Local Government				
岗	Commercial			vate				Other:			
Optio	on 1: UST OPERATOR NAM	ME (Business Name as re		Secretary	of State)			BUSINESS ID (From the Secretary of State)			
	eet, Inc.							2012041600769			
Optio	on 2: UST OPERATOR NAM	ME (If a Public Agency or	other entity )								
Optio	on 3: UST OPERATOR NAM FIX IFIRST NAME	ME (If in Individual Capac	(ty)		IMI	LAS	•	SUFFIX			
					I						
UST	OPERATOR ADDRESS (LI	isted in Options 1-3)				-		ADDRESS (line 2)			
	58 Doubletree		AL ADDRESS (	number an	o Sireei, no	P.O. 1	вох)	ADDRESS (line 2)			
CITY				STATE	ZIP CODE			DATE BEGAN OPERATING (MM/DD/YYYY)			
	own Point			IN				08/15/2012			
TELE	219) 484	-9576	EMAIL ADDRES	SS (Option	3 Individual	Capa	city)	JOB TITLE (Option 3 Individual Capacity)			
CON	TACT FOR BUSINESS / PU	UBLIC AGENCY (Listed i	n Option 1 or 2)		IMI	II AC	T NAME	•	SUFFIX		
FRE	Daljit				IVII		ngh		30111		
	icipal office address 58 Doubletree		AL ADDRESS (	Number an	d Street, no	P.O.	Box)	ADDRESS (line 2)			
CITY		, Di Nortii		STATE	ZIP CODI			JOB TITLE			
	own Point			IN	46307			President			
TELE	PHONE NUMBER (219) 484	-9576	EMAIL ADDRES	SS	•	pri	nceahot	ra@hotmail.com			
Н											
CON	CONTACT INDIVIDUAL NAME										
PREFIX FIRST NAME MI Daljit						Si	T NAME ngh		SUFFIX		
	icipal office address 58 Doubletree		'AL ADDRESS (	Number an	d Street, no	P.O.	Box)	ADDRESS (line 2)			
Cr	own Point			STATE	ZIP CODI 4630			JOB TITLE President			
	EPHONE NUMBER (219) 484	-9576	EMAIL ADDRES		1,000		nceahot	ra@hotmail.com			
$\perp$	(210) 101 0010										

FACILITY ID# FACILITY NAME 11505 Citgo							
I Joseph Poligo	Г	DEEDE	) PRO	PERTY OW	VNFR		
'	-			F OWNER	VIVER		
Federal Government		State Gov	ernmen	it	City / Local Government		
Commercial		Private			Other:		
Option 1: PROPERTY OWNER NAME (Business Name a Meet, Inc.	with the Secre	tary of State	9)	BUSINESS ID (From the Secretary of State) 2012041600769			
Option 2: PROPERTY OWNER NAME (If a Public Agence	y or other ent	ity)					
Option 3: PROPERTY OWNER NAME (If in Individual Ca							
PREFIX FIRST NAME			MI	LAST NAME		SUFFIX	
PROPERTY OWNER ADDRESS (Listed in Options 1-3) PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDEN	TAL ADDRES	S (Number ar	nd Street, no	P.O. Box)	ADDRESS (line 2)	•	
8858 Doubletree Dr North				,			
Crown Point		STATE	2IP COD 4630		EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 08/15/2012		
TELEPHONE NUMBER	EMA <b>I</b> L ADDI	RESS (Option	3 Individua	l Capacity)	JOB TITLE (Option 3 Individual Capacity)		
(219) 484-9576 CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed i	in Ontion 1 or	2)					
PREFIX FIRST NAME			MI	LAST NAME		SUFFIX	
Daljit PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENT	TAL ADDRES	S (Number ar	nd Street, no	Singh	ADDRESS (line 2)		
8858 Doubletree Dr North	memboneo				JOB TITLE		
Crown Point IN			46307 JOB TITLE President				
TELEPHONE NUMBER EMAIL ADDRESS (219) 484-9576				princegho	tra@hotmail.com		
J ACTIVE I	LAND C	ONTRA	ACT P	ROPERTY	OWNER (If applicable)		
				F OWNER			
Federal Government		State Gov	ernmen	ıt	City / Local Government		
Option 1: PROPERTY OWNER NAME (Business Name of	- 1	Private			Other: BUSINESS ID (From the Secretary of State)		
	-		tary or State	9)	BUSINESS ID (From the Secretary of State)		
Option 2: PROPERTY OWNER NAME (If a Public Agence	y or other ent	ity)					
Option 3: PROPERTY OWNER NAME (If in Individual Ca	apacity)		MI	LAST NAME		SUFFIX	
PROPERTY OWNER ADDRESS (Listed in Options 1-3) PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDEN:	TAL ADDRES	S (Number ar	d Street, n	P.O. Box)	ADDRESS (line 2)	-	
				,			
CITY	CITY STA			ZIP CODE EFFECTIVE DATE OF OWNERSHIP (			
TELEPHONE NUMBER JOB TITLE	EMAIL	ADDRESS (C	option 3 Ind	ividual Capacity)	PROPOSED END DATE (MM/DD/YYYY)		
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in	in Option 1 or	2)	T. a	li com com		laure	
PREFIX FIRST NAME			MI	LAST NAME		SUFFIX	
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDEN	TAL ADDRES	S (Number ar	d Street, n	o P.O. Box)	ADDRESS (line 2)		
CITY		STATE	Z <b>I</b> P COD	E	JOB TITLE		
TELEPHONE NUMBER	EMA <b>I</b> L ADDI	RESS			1		

FACILITY ID#	FACILITY NAME			
11505	Citgo			
K INSTALLATION INSPEC	TED BY A DECICTEDED	CONTRACTOR	REGISTRATION DATE	
ENGINEER	REGISTRATI	2 442	(mm/dd/yyyy)	
INCLUDED		L INSTALLER CERTIF	FIED BY TANK AND PIPING MANUFACTURER  INSPECTION DATE	
	INDIANA DEPARTMENT OF HOMELAND SECURITY		JING SAFETY (mm/dd/yyyy)	
CONTRACTOR BUSINESS N.	AME (Business Name as registered with the Secretary	of State)	BUSINESS ID (From the Secretary of State)	
CONTACT INFORMATION FO	DR CONTRACTOR THAT PERFORMED OR MANAGE	ED WORK ON SITE		
PREFIX FIRST NAME		MI LAST NAME		SUFFIX
PRINCIPAL OFFICE ADDRES	SS or PRIMARY RESIDENTAL ADDRESS (Number ar	nd Street, no P.O. Box)	ADDRESS (line 2)	•
CITY	STATE	ZIP CODE	IDHS CERTIFICATION NUMBER	
TELEPHONE NUMBER	EMAIL ADDRESS	1	<u> </u>	
1	POTENTIAL	LY INTERESTED I	PARTIES	
INTERESTED PARTY NAME	TOTENTIAL	E-MAIL ADDRESS		
Tanks Data			il.com,contact@tanksdata.c	om
INTERESTED PARTY NAME		E-MAIL ADDRESS		
INTERESTED PARTY NAME		E-MAIL ADDRESS		
м	EA	CILITY SITE MAP		
ì				

FACILITY ID# FACILITY NAME  11505 Citgo				
Complete one column for each	h tank or compartment	. See instructions for o	compartment identificati	on numbering.
<u> </u>	IFICATION OF UN			9
IDEM UST REGISTRATION NUMBER	1	2		
PART OF A COMPARTMENTED UST (Y/N)	▼	▼	▼	▼
NUMBER OF COMPARTMENTS IN UST				
COMPARTMENT IDENTIFICATION NUMBER				
(mm/dd/yyyy) DATE INSTALLED	5/6/2009	5/6/2009		
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE	5/6/2009	5/6/2009		
(gallons) ESTIMATED TOTAL CAPACITY	15,000	6,000		
MANIFOLDED (Y/N)	▼	▼	▼	▼
MANIFOLDED TO COMPARTMENT ID NUMBER				
o s	TATUS OF UNDER	RGROUND STORA	GE TANKS	
CURRENT STATUS		IN USE ▼	▼	▼
(mm/dd/yyyy) STATUS DATE		06/03/2025		
P SUBSTANCES CURR	ENTLY OR LAST	STORED IN UNDE	RGROUND STOR	AGE TANKS
PETROLEUM	GSL - Gasoline 🔻	GSL - Gasoline 🔻	▼	▼
MAXIMUM ETHANOL %				
MAXIMUM BIOFUEL %				
(specify) OTHER				
HAZARDOUS SUBSTANCE				
CHEMICAL ABSTRACT SERVICE NUMBER				
MIXTURE OF SUBSTANCES				
PRODUCT IS COMPATIBLE WITH TANK (Y/N)	▼	▼	▼	▼
	OUND STORAGE	TANK CONSTRU	CTION ATTRIBUTE	S
MANUFACTURER				
MODEL		_		
MATERIAL OF CONSTRUCTION	▼	▼	▼	▼
SECONDARY CONTAINMENT	▼	▼	▼	_
	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		<u> </u>	<u></u>	
S	PIPING CONSTRU	JCTION AND PRO	TECTION	
MANUFACTURER				
MODEL				
(mm/dd/yyyy) DATE INSTALLED				
MATERIAL	▼	_	_	_
SECONDARY CONTAINMENT	<u></u>	_	<u> </u>	_
CORROSION PROTECTION TYPE	_	_	_	
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)	<u> </u>	_	<u> </u>	<u> </u>
PRODUCT DELIVERY METHOD	· 🔼	▼	▼	ı 🔼

FACILITY ID# FACILITY NAME  11505 Citgo				
IDEM UST REGISTRATION NUMBE		2		
COMPARTMENT IDENTIFICATION NUMBER				
	RGROUND STORA	AGE TANK RELEA	SE DETECTION	
PRIMARY UST RELEASE DETECTION		AGE TANK KELEA	JE DETECTION	
MANUFACTURI				
МОД				
SECONDARY UST RELEASE DETECTION		▼	▼	-
MANUFACTURE				
MODI				
U	JNDERGROUND P	IPING RELEASE D	ETECTION	
PRIMARY PIPING RELEASE DETECTION		▼	▼	▼
MANUFACTURI	R			
MODI	ıL			
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)	N V	▼	▼	▼
MANUFACTURE		_		
морі	iL			
TERTIARY PIPING RELEASE DETECTION	N	▼	▼	▼
MANUFACTURI	R			
MODI	ı			
VI s	PILL AND OVERFII	LL PREVENTION E	QUIPMENT	
CATCHMENT BASIN / SPILL BUCKI		~	▼	▼
(mm/dd/yyyy) DATE INSTALLE	D		_	
MANUFACTURE	R			
мор	iL			
FILL LATITUI	Е			
FILL LONGITUE	E			
PRIMARY OVERFILL PREVENTION EQUIPMEN	TOverfill Alarm ▼	Overfill Alarm	▼	▼
(mm/dd/yyyy) DATE INSTALLE	D			
MANUFACTURE	R			
мор	iL			
% ULLAGE SET POI	т 90%	90%		
SECONDARY OVERFILL PREVENTION EQUIPMENT	T 🔻	<b>~</b>	<b>*</b>	▼
(mm/dd/yyyy) DATE INSTALLE	D			
MANUFACTURE	R			
морі	iL			
% ULLAGE SET POI	T			
UNDER DISPENSER CONTAINMENT PRESE	ıT ▼	▼	▼	▼
MANUFACTURE			· · · · · · · · · · · · · · · · · · ·	
MANUFACTURE	R			
(mm/dd/yyyy) DATE INSTALLE				
(mm/dd/yyyy) DATE INSTALLE SUBMERSIBLE TURBINE SUMP PRESEI	T V	<b>V</b>	<b>-</b>	▼
(mm/dd/yyyy) DATE INSTALLE	D T	v	V	<b>*</b>

facility id # Facility Name Citgo				
Complete one column for each	ch tank or compartment	. See instructions for o	compartment identification	on numbering.
	TIFICATION OF UN			
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				
_	TATUS OF UNDER	RGROUND STORA		
CURRENT STATUS		▼	▼	_
(mm/dd/yyyy) STATUS DATE				
P SUBSTANCES CURF	RENTLY 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)		<u> </u>	<u> </u>	
- 1	ROUND STORAGE	TANK CONSTRU	CTION ATTRIBUTE	S
MANUFACTURER				
MODEL				
MATERIAL OF CONSTRUCTION		<b>~</b>	<u> </u>	Ĭ
SECONDARY CONTAINMENT			LON PROTECTION	Ľ
	ROUND STORAG			
CORROSION PROTECTION TYPE		▼	<u> </u>	ľ
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING		_ ▼	_	Ľ
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER		TOTAL AND DRO		
S		JCTION AND PRO	TECTION	
MANUFACTURER				
MODEL				
(mm/dd/yyyy) DATE INSTALLED				
MATERIAL SECONDARY CONTAINMENT		<u> </u>	<u> </u>	
CORROSION PROTECTION TYPE (mm/dd/yyyy) ANODE INSTALLATION DATE		Ľ	ت ت	
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)  PRODUCT DELIVERY METHOD				
PRODUCT DELIVERT WILLHOU	<u> </u>		يق ا	

FACILITY ID# FACILITY NAME  11505 Citgo					
IDEM UST REGISTRATION NUMBER					
COMPARTMENT IDENTIFICATION NUMBER					
T UNDERGROUND STORAGE TANK RELEASE DETECTION					
PRIMARY UST RELEASE DETECTION		GL TANK KELLA	JE DETECTION	√	
MANUFACTURER					
MODEL					
SECONDARY UST RELEASE DETECTION	▼	<b>~</b>	▼		
MANUFACTURER					
MODEL					
	NDERGROUND PI	PING RELEASE D	ETECTION		
PRIMARY PIPING RELEASE DETECTION		▼		V	
MANUFACTURER					
MODEL					
SECONDARY PIPING RELEASE DETECTION	▼	▼	▼	▼	
(LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)  MANUFACTURER			_		
MODEL					
TERTIARY PIPING RELEASE DETECTION	√	▼	▼	₹	
MANUFACTURER					
MODEL					
VI SE	ILL AND OVERFIL	I PREVENTION F	QUIPMENT		
CATCHMENT BASIN / SPILL BUCKET			<u> </u>	∀	
(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					

FACILITY ID #	TRANSACTION ID - FOR STATE USE ONLY				
11505					
	IIST OWN	ED C	RTIFICATION		_
					00.44
	er penalty of perjury as specified by IC				
	and representations in this documen		e, accurate, and complete	e. I further certify compliance with	tne
	s in accordance with 329 IAC 9-2-2(e)				
	ınks and piping under 40 CFR 280.20. n of steel tanks and piping under 40 0		20		
	under 40 CFR 280 Subpart D.	,FR 200.	20.		
	bility under 329 IAC 9-8.				
OWNER'S AUTHORIZED REPR					
PREFIX FIRST NAME	RESERVATIVE (FIRM OF TYPE)	MI	LAST NAME	SU	UFFIX
Daljit			Singh		
TITLE OF AUTHORIZED REPR	RESENTATIVE	COMPAN	Y NAME (If Individual Leave Blank)		
President		Meet			
SIGNATURE		IVICCE	, 11101	DATE (MM/DD/YYYY)	
	_			06/03/2025	,
Daljit Singh (Jun 3, 2025 14:50 MDT				100/00/2020	
	UST OPERA	ATOR (	CERTIFICATION		
swear or affirm, unde	er penalty of perjury as specified by IC	35-44.1	-2-1 and other penalties s	specified by IC 13-30-10 and IC 13-2	23-14
2, that the statements	and representations in this documen	t are true	e, accurate, and complete	e. I further certify compliance with	the
following requirement	s in accordance with 329 IAC 9-2-2(e)	:			
(1) Installation of all ta	inks and piping under 40 CFR 280.20.				
	n of steel tanks and piping under 40 (	CFR 280.	20.		
	under 40 CFR 280 Subpart D.				
	bility under 329 IAC 9-8.				
OPERATOR'S AUTHORIZED R	REPRESENTATIVE (Print or Type)	M	LAST NAME		UFF <b>I</b> X
		MI		Sc	JEFIX
Daljit			Singh		
TITLE OF AUTHORIZED REPR	RESENTATIVE		Y NAME (If Individual Leave Blank)		
President		Meet	, Inc.		
SIGNATURE				06/03/2025	
Daliit Singh (Jun 2, 2025 14-50 MI	DT)			106/03/2025	
	CONTRAC	TOR C	ERTIFICATION		
CERTIFIED INDIVIDUAL NAME		ION	ERTHICATION		
PREFIX FIRST NAME	-	MI	LAST NAME	SU	UFFIX
OATH: I swear or affirm	, under penalty of perjury as specified b	V IC 35-/	I IA 1-2-1 and other penalties	s specified by IC 13-30-10 and IC 13-2	23_14
	on the UST system complies with metho				
SIGNATURE	EMAIL ADDRESS			DATE (MM/DD/YYY	YY)
				,	

## FID-11505-NF

Final Audit Report 2025-06-03

Created: 2025-06-03

By: Tanks Data (tanksdata01@gmail.com)

Status: Signed

Transaction ID: CBJCHBCAABAATCI5C6vkFDcCJCf25BrFj5b4L0vK\_9rr

## "FID-11505-NF" History

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Email viewed by Daljit Singh (princeghotra@hotmail.com) 2025-06-03 - 8:48:25 PM GMT

Document e-signed by Daljit Singh (princeghotra@hotmail.com)
Signature Date: 2025-06-03 - 8:50:27 PM GMT - Time Source: server

Agreement completed. 2025-06-03 - 8:50:27 PM GMT