

## Application for Employer Identification Number

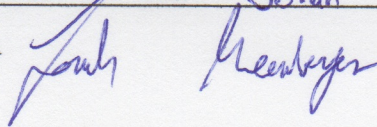
(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

OMB No. 1545-0003

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

|   |   |   |   |
|---|---|---|---|
| Type or print clearly.  | 1 Legal name of entity (or individual) for whom the EIN is being requested<br><b>Bright Exchange Inc.</b> |   |   |
|   | 2 Trade name of business (if different from name on line 1)<br><b>Bright</b>                              |   | 3 Executor, administrator, trustee, "care of" name          |
|   | 4a Mailing address (room, apt., suite no. and street, or P.O. box)<br><b>2243 Filbert Street</b>          |   | 5a Street address (if different) (Do not enter a P.O. box.) |
|   | 4b City, state, and ZIP code (if foreign, see instructions)<br><b>San Francisco, CA 94123</b>             |   | 5b City, state, and ZIP code (if foreign, see instructions) |
|   | 6 County and state where principal business is located<br><b>San Francisco County, California</b>         |   |   |
|   | 7a Name of responsible party<br><b>Jonah Greenberger, President</b>                                       |   | 7b SSN, ITIN, or EIN<br><b>552-99-4538</b>                  |
| 8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |   | 8b If 8a is "Yes," enter the number of LLC members ▶  |   |
| 8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |   |   |
| 9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.   |   |   |   |
| <input type="checkbox"/> Sole proprietor (SSN) _____  |   |   |   |
| <input type="checkbox"/> Partnership  |   |   |   |
| <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <b>Form 1120</b>  |   |   |   |
| <input type="checkbox"/> Personal service corporation   |   |   |   |
| <input type="checkbox"/> Church or church-controlled organization   |   |   |   |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____   |   |   |   |
| <input type="checkbox"/> Other (specify) ▶ _____  |   |   |   |
| <input type="checkbox"/> Estate (SSN of decedent) _____   |   |   |   |
| <input type="checkbox"/> Plan administrator (TIN) _____   |   |   |   |
| <input type="checkbox"/> Trust (TIN of grantor) _____   |   |   |   |
| <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government   |   |   |   |
| <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military  |   |   |   |
| <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises   |   |   |   |
| Group Exemption Number (GEN) if any ▶ _____   |   |   |   |
| 9b If a corporation, name the state or foreign country (if applicable) where incorporated   |   | State <b>DE</b>   | Foreign country   |
| 10 Reason for applying (check only one box)   |   |   |   |
| <input type="checkbox"/> Started new business (specify type) ▶ <b>corporation</b>   |   |   |   |
| <input type="checkbox"/> Hired employees (Check the box and see line 13.)   |   |   |   |
| <input type="checkbox"/> Compliance with IRS withholding regulations  |   |   |   |
| <input type="checkbox"/> Other (specify) ▶ _____  |   |   |   |
| <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____  |   |   |   |
| <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____  |   |   |   |
| <input type="checkbox"/> Purchased going business   |   |   |   |
| <input type="checkbox"/> Created a trust (specify type) ▶ _____   |   |   |   |
| <input type="checkbox"/> Created a pension plan (specify type) ▶ _____  |   |   |   |
| 11 Date business started or acquired (month, day, year). See instructions.<br><b>April 8, 2014</b>  |   | 12 Closing month of accounting year <b>December</b>   |   |
| 13 Highest number of employees expected in the next 12 months (enter -0- if none).<br>If no employees expected, skip line 14.   |   | 14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/> |   |
| Agricultural<br><b>0</b>  | Household<br><b>0</b>   | Other<br><b>0</b>   |   |
| 15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ <b>N/A</b>   |   |   |   |
| 16 Check one box that best describes the principal activity of your business.   |   |   |   |
| <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker          |   |   |   |
| <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail |   |   |   |
| <input checked="" type="checkbox"/> Other (specify) <b>Residential energy supplier</b>  |   |   |   |
| 17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.   |   |   |   |
| 18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |   |   |   |
| If "Yes," write previous EIN here ▶ _____   |   |   |   |

|   |   |  |
|---|---|--|
| Third Party Designee  | Complete this section <b>only</b> if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. |  |
|   | Designee's name<br><b>Adrienne Strange, Paralegal</b>   | Designee's telephone number (include area code)<br>( <b>323</b> ) <b>210-2919</b>  |
|   | Address and ZIP code<br><b>Wilson Sonsini Goodrich &amp; Rosati, 633 W. 5th St., 15th fl., Los Angeles, CA 90017</b>  | Designee's fax number (include area code)<br>( <b>866</b> ) <b>974-7329</b>        |
| Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. |   | Applicant's telephone number (include area code)<br>( <b>310</b> ) <b>991-5662</b> |
| Name and title (type or print clearly) ▶ <b>Jonah Greenberger, President</b>  |   | Applicant's fax number (include area code)<br>( )                                  |
| Signature ▶    |   | Date ▶ <b>5/1/2014</b>   |