RA-Mill

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

1. Is your firm currently certified for any of the following programs? a. DBE NO / N/A
If so name of certifying agency: _____
If so name of certifying agency: _____
Has your firm's state UCP conducted an on-site visit? Yes: _____ on _____; No: _____
2. 8(a): _____; and/or SDB: _____; If you checked either the 8(a) or SDB box, **STOP** you may not have to complete this application. Ask your Texas UCP certifying entity about the streamlined certification process under the SBA-DOT MOU.

B. Prior/Other Applications and Privileges

1. Has your firm, under any name, or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application for certification, or ever been denied certification, decertified, debarred, suspended or otherwise had bidding privileges denied or restricted by any local, state or Federal Agency or entity?
Yes: _____ on _____; No: ✓
If Yes, identify the local, state or federal agency or entity and explain the nature of the action:

State	Certifying Authority	Address	date
Explanation			
State	Certifying Authority	Address	date
Explanation			
State	Certifying Authority	Address	date
Explanation			

RECEIVED
MAR 18 2005
BY: 16144

Section 2: GENERAL INFORMATION

A. Contact Information

1. Contact person: Jabreel Rashad / Vernon Cooks
2. Title: President
3. Legal name of firm: RA-MILL, LLC
4. Communication:
Phone #: 469-235-5575; Other Phone #: _____; Fax #: _____
E-mail: ra-mill-genmgr@yahoo.com; Website: N/A

GOVERNMENT EXHIBIT 3219
3:07-CR-0289-M

Contact Andrea Spencer @ 469-826-6337 for additional information. 3 JR.

NCTRCA 001

5. Physical address of firm (no P.O. Box): 1409 South Lamas #522
Dallas TX 75243
(City, State and Zip Code) (County/Parish)

6. Mailing address of firm (if different): SAA
(City, State and Zip Code) (County/Parish)

B. Business Profile

1. Describe the primary activities of your firm: Residential / Commercial Construction

2. Tax ID: [redacted]5303

3. This firm was established on: _____; I/We have owned this firm since: _____;

4. Method of acquisition (check all that apply): Started new business: X;
Bought existing business: _____; Inherited business _____; Secured concession: _____;
Merger or consolidation: _____; Other (explain): _____

5. Is your firm "for profit"? Yes: X; No: _____; **STOP!** If your firm is **NOT** for-profit, then you do **NOT** qualify for this program and do NOT need to fill out this application.

6. Type of firm (check all that apply): Sole Proprietor: _____; Partnership: _____;
Corporation: _____; Limited Liability Corporation (LLC): X; Joint Venture: _____;
Limited Liability Partnership (LLP): _____; Other(Describe): _____

7. Has your firm ever existed under different ownership, a different type of ownership, or a different name? Yes: _____; No: X; If Yes, explain: _____

8. Number of employees: Full-time: 2; Part-time: _____; Contract: _____; Total: _____;

9. Specify the gross receipts of the firm for the last 3 years: N/A
Year: _____; Total receipts in whole dollars ($): _____
Year: _____; Total receipts in whole dollars ($): _____
Year: _____; Total receipts in whole dollars ($): _____

C. Relationships with Other Businesses

1. Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, and/or office staff, with any other business, organization, or entity? Yes: _____; No: X; If Yes, identify the other firm(s) and explain the nature of sharing: _____

2. At present or at any time in the past, has your firm:
   a. Been a subsidiary of any other firm? Yes: _____; No: X;
   b. Consisted of a partnership in which one or more of the partners are other firms? Yes: _____; No: X;
   c. Owned any percentage of any other firms? Yes: _____; No: X;
   d. Had any subsidiaries? Yes: _____; No: X;
   e. Has any other firm had an ownership interest in your firm at present or at any time in the past? Yes: _____; No: X;

3. If you answered "Yes" to any of the questions in 2a - 2e, identify the following for each (attach extra sheets. if needed):

Name	Address	Type of Business

D. Immediate Family Member Businesses

Do any of your immediate family members own or manage another company?
Yes: _____; No: X; If Yes, then list (attach extra sheets, if needed):

Name	Relationship	Company	Type of Business	Own/Manage

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm providing the information requested below (If more than one owner, attach a separate sheets for each additional owner):

A. Background Information

1. Name: Jabreel Rashad / Vernon Cooks; Title: President; Phone #: _____;
2. Home Address: 1409 South Lamar, #522
   (street and number)
   Dallas, Texas 75215
   (City, State and Zip Code)
3. Gender: Male: X; or Female: _____;
4. U.S. Citizen or Lawfully Admitted Permanent Resident: Yes: X; No: _____;
5. Ethnic group membership (Check all that apply):
   Black: X; Hispanic: _____; Native American: _____; Asian Pacific: _____;
   Subcontinent Asian: _____; Other (specify): _____;

B. Ownership Interest

1. Number of years as owner: >1 ; 2. Percentage owned: 50% ;

3. Family relationship to other owners: NONE

4. Initial investment to acquire ownership interest in firm:

Cash ($)	Real Estate ($)	Equipment ($)	Expertise (%)	Other ($)
-0-				

5. Shares of Stock:

Number	%	Class	Date Acquired	Method Acquired
-0-				

6. Does this owner perform a management or supervisory function for any other business?
Yes: _____; No: X ; If Yes, identify:

Name of Business	Function/ Title

7. Does this owner own or work for any other firm(s) that has a relationship with this firm (e.g.. ownership interest, shared office space, financial investments, equipment. leases, personnel sharing, etc.)? Yes: _____; No: X ; If Yes, identify:

Name of Business	Function/ Title	Nature of Business Relationship

C. Disadvantaged Status -NOTE: Complete this section only for each owner claiming to be socially and economically disadvantaged applying for DBE qualification.

I. What is the Personal Net Worth (PNW) of the owner(s) applying for DBE qualification? (Use and attach the Personal Net Worth calculator form at the end of this application; attach additional sheets if more than one owner is applying). _____

2. Has any trust been created for the benefit of this disadvantaged owner(s)?
Yes: _____; No: X ; If Yes, explain (attach additional sheets if needed).

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm providing the information requested below (If more than one owner, attach a separate sheets for each additional owner):

A. Background Information

1. Name: Rick Roberson, Title: Vice President, Phone #: 214-668-2855

2. Home Address:

_____
(street and number)

_____
(City, State and Zip Code)

3. Gender: Male: X; or Female: ;

4. U.S. Citizen or Lawfully Admitted Permanent Resident: Yes: X; No: ;

5. Ethnic group membership (Check all that apply):
Black: X; Hispanic: ; Native American: ; Asian Pacific: ;
Subcontinent Asian: ; Other (specify): ;

B. Ownership Interest

1. Number of years as owner: >1; 2. Percentage owned: 50%;

3. Family relationship to other owners: None

4. Initial investment to acquire ownership interest in firm:

Cash ($)	Real Estate ($)	Equipment ($)	Expertise (%)	Other ($)
-0-				

5. Shares of Stock:

Number	%	Class	Date Acquired	Method Acquired
-0-				

6. Does this owner perform a management or supervisory function for any other business?
Yes: ; No: X; If Yes, identify:

Name of Business	Function/ Title

7. Does this owner own or work for any other firm(s) that has a relationship with this firm (e.g. ownership interest, shared office space, financial investments, equipment. leases, personnel sharing, etc.)? Yes: _____; No: X; If Yes, identify:

Name of Business	Function/ Title	Nature of Business Relationship

---

C. Disadvantaged Status – NOTE: Complete this section only for each owner claiming to be socially and economically disadvantaged applying for DBE qualification.

I. What is the Personal Net Worth (PNW) of the owner(s) applying for DBE qualification? (Use and attach the Personal Net Worth calculator form at the end of this application; attach additional sheets if more than one owner is applying). _____

2. Has any trust been created for the benefit of this disadvantaged owner(s)? Yes: _____; No: X; If Yes, explain (attach additional sheets if needed).

Section 4: CONTROL

A. Identify your firm's Officers & Board of Directors (If additional space is required, attach a separate sheet).

1. Officers of the Company: VernonCooks

Name	Title	Date Appointed	Ethnicity	Gender
Jabreel Rashad	President		BIK	m
Rick Robertson	Vpresident		BIK	m

2. Board of Directors: VernonCooks

Name	Title	Date Appointed	Ethnicity	Gender
Jabreel Rashad	President		BIK	m
Rick Robertson	Vpresident		BIK	m

3, Does any of the persons listed in (1) and/or (2) above perform a management or supervisory function for any other business? Yes; Y; No: ____; If Yes, identify for each:

Name	Title	Business	Function
Millenium Development	- Rick Robertson	-owner	
Rashad Investments	- Jabreel Rashad/VernonCooks	owns	

4. Does any of the persons listed (1) and/or (2) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.) Yes; _____; No: X;
If Yes, identify for each:

Firm Name	Person	Nature of Business Relationship

B. Identify your firm's management personnel who control your firm in the following areas (If more space required, attach a separate sheet).

AREA	Name	Title	Ethnicity	Gender
Financial Decisions	Jabreel Rashad/Vernon Cooks	Pres	BIK	Male
	Rick Roberton	VP	BIK	male
Person(s) Authorized to Sign Company Checks	Jabreel Rashad	Pres	BIK	Male
	Rick Roberton	VP	BIK	male
Management Decisions	"	Pres	BIK	
	"	VP		
Office Management	"	Pres		
	"	VP		
Estimating and Bidding	"	Pres		
	"	VP		
Negotiating and Contract Execution	"	Pres		
	"	VP		
Hiring/Firing of Management Personnel	"	Pres		
	"	VP		
Purchasing of Major Equipment or Supplies	"	Pres		
	"	VP		
Field/Production Operations Supervisor	"	Pres		
	"	VP		

11. Does any of the persons listed in (1) through 10) above perform a management or supervisory function for any other business? Yes; Y; No: ____; If Yes, identify for each:

Name	Title	Business	Function
Rick Roberton	Pres	Millennium Dev.	Owner
Jabreel Rashad	Pres	Rashad Invest	Owner

12. Does any of the persons listed in (1) through 10) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? Yes; ____; No: N/A;
If Yes, identify for each:

Firm Name	Person	Nature of Business Relationship

C. Indicate your firm's inventory in the following categories (attach additional sheets if needed):

1. Equipment

Type of Equipment	Make/Model	Owned or Leased	Current Value
N/A	See letter		

2. Vehicles

Type of Vehicle	Make/Model	Owned or Leased	Current Value
N/A	See letter		

3. Office Space

Street Address	Owned or Leased	Current Value of Property or Lease
N/A	See letter	

4. Storage Space

Street Address	Owned or Leased	Current Value of Property or Lease
N/A	See letter	

D. Does your firm rely on any other firm for management functions or employee payroll?
Yes: _____; No: X; If Yes, explain: _____

E. Financial Information

1. Banking Information:

Name of bank	Phone #	Address of bank (City, State & Zip Code
Chase Bank	See enclosed docs	

2. Bonding Information: If you have bonding capacity, identify: N/A
Binder #: _____; Agent/broker phone #: _____
Bonding limits - Aggregate limit $: _____; Project limit $: _____
Name of agent/broker: _____
Address of agent/broker: _____
City State Zip

AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized for each owner upon whom disadvantaged status is relied.
A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTON WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I Vernon Cooks Kabreel Rashad swear or affirm under penalty of law that I am
(print full name)

President of applicant firm RA-MILL, LLC
(title) (firm name)

and that I have read and understand all of the questions in this application and that all of the foregoing information and statements submitted in this application, its attachments and supporting documents are true and correct to the best of my knowledge. That all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its place(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the U.S. DOT, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the recipient agency or Unified Certification Program (UCP) of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized for each owner upon whom disadvantaged status is relied.
A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTON WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I VERNON COOKS swear or affirm under penalty of law that I am
(print full name)

PRESIDENT of applicant firm RA-MILL,
(title) (firm name)

and that I have read and understand all of the questions in this application and that all of the foregoing information and statements submitted in this application, its attachments and supporting documents are true and correct to the best of my knowledge. That all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

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I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I certify that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Disadvantaged Business Enterprise (DBE). In support of my application I certify that I am a member of one or more of the following groups and that I have held myself out as a member of the group(s) (circle all that apply):
Female; Black American; Hispanic American; Native American; Asian-Pacific American; Subcontinent Asian American; Other (specify) _____

I certify that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified above, without regard to my individual qualities.

I further certify that my personal net worth does not exceed $750,000, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

VERNON COOKS
Name

Signature

PRESIDENT
Title

12/29/04
Date

Date 12/29/04 State of TEXAS County of Dallas

On this day before me appeared VernonCooks with proper identification,
Name of individual

who being duly sworn, did execute the foregoing affidavit and did aver that he or she was properly authorized by to execute this affidavit and did so as his or her free act/deed.

Notary Public

(SEAL)

Jan. 10, 2007
Commission Expiration Date

NOTARY PUBLIC STATE OF TEXAS
Andrea Lynnea Spencer
My Commission Expires
January 10, 2007

RECEIVED
MAR 18 2005
By 16144

PERSONAL NET WORTH STATEMENT

Complete a form for: (1) each socially disadvantaged proprietor, or (2) each socially disadvantaged limited and general partner whose combined interest, total 51% or more, or (3) each socially disadvantaged stockholder owning 51% or more of voting stock. An individual's personal net worth includes only his or her share of the assets held jointly or as community property with the individual's spouse.

Name Vernon Cooks	**Date** 12/29/04
Residence Address [redacted]	**Residence Phone** (972) 230-1710
City, State & Zip Code Desoto, Tx. 75115	
Business Name RA-Mill	**Business Phone** (972) 230-1731

PERSONAL FINANCIAL STATEMENT

As of (Date) 12/29/04. **In determining net worth, EXCLUDE individual ownership interest in the applicant business and personal residence. If married use only ½ of marital assets. Round all numbers to the nearest dollar.**

ASSETS		LIABILITIES	
Cash on hand and in bank	$ 10,000.00	Accounts Payable	$ 0.00
Savings Accounts	$ 0.00	Notes Payable to Banks and Others (Describe in Section 1)	$ 0.00
IRA or Other Retirement Account	$ 0.00	Installment Account (Auto)	$ 1,890.00
Accounts and Notes Receivable	$ 0.00	Installment Account (Other)	$ ~~2,185.~~ 00
Life insurance - Cash Surrender Value Only (Complete Section 7)	$ 250,000.00	Loan on Life Insurance	$ 0
Stocks and Bonds (Describe in Section 2)	$ 0	Mortgages on Real Estate [Except for Personal residence] (Describe in Section 3)	$ 2,185.00
Real Estate [Except for personal Residence] (Describe in Section 3)	$ 15,000.00	Unpaid Taxes (Describe in Section 5)	$ 0.00
Automobile(s) – Present Value	$ 60,000.00	Other Liabilities (Describe in Section 6)	$ 0.00
Other Personal Property (Describe in Section 4)	$ 10,000.00	**Total Liabilities**	**$ 4,075.00**
Other Assets (Describe in Section 4)	$		
Total Assets	**$ 445,000.00**	**Net Worth (Total Assets minus Total Liabilities)**	**$ 440,925**

Other Source of Income		Other Contingent Liabilities	
	0		
Salary/Commissions	$ 165,000.00	As Endorser or Co-worker	$ 0.00
Net Investment Income	$ 1,500.00	Legal Claims and/or Judgments	$ 0.00

Section 1. Notes payable to Bank and Others (Use attachments if necessary. Each attachment must be identified as a party of this statement and signed.)

Name and Address of Note Holders (s)	Original Balance	Current Balance	Payment Amount	Frequency (weekly, monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 2. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.) NOTE: Must be within five (5) days of statement date

Number of Shares	Name of Securities	Cost	Market Value Quotation or Exchange	Date of Quotation or Exchange	Total Value

Section 3. Real Estate Owned. (Do not include your personal resident. List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property	SFR	Rental	Rental
Address	314 S. Waverly Dallas, Tx. 75208 1009 Ray Andra Desoto Tx.		
Date Purchased	11/1/2004 3/15/2002		
Original Cost	125K 104K		
Present Market Value	120K 120K		
Name and Address of Mortgage Holder	Meritage Homecomings Financial		
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year	865.00 mo. 1319. mo		
Status of Mortgage	Current		

Section 4. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe.)

Section 5. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 6. Other Liabilities (Describe in detail).

Section 7. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries.)

Section 8. Transfer of Assets.

Have you, the individual claiming disadvantaged status, transferred any assets within two (2) years, in full or in part, to a spouse or any other person or entity, including a trust? _____YES __✓__NO
If yes, provide the following information as an attachment: the date of transfer, to whom the assets were transferred amount paid for the assets that market value of the assets as the time of transfer.

NOTE: Individuals may exclude assets transferred to an immediate family member that are consistent with the customary recognition of special occasions and may also exclude any transfers to an immediate family member is for educational, medical or essential support purposes.

Please provide copies of complete personal income tax returns, including all schedules, W-2s and 1099 forms. *49 CFR Part 26 and federal law classify all information submitted with this form as confidential. This form or its information cannot be release to any person, governmental or commercial entity without the written permission of the person submitting the information.*

Section 4. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe.)

N/A

Section 5. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

N/A

Section 6. Other Liabilities (Describe in detail).

N/A

Section 7. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries.)

N/A

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Have you, the individual claiming disadvantaged status, transferred any assets within two (2) years, in full or in part, to a spouse or any other person or entity, including a trust? ____YES _X_NO
If yes, provide the following information as an attachment: the date of transfer, to whom the assets were transferred amount paid for the assets that market value of the assets as the time of transfer.

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PERSONAL NET WORTH AFFIDAVIT

The undersigned swears/affirms that the foregoing information and statements are true and correct, including all material and information necessary to identify and explain the financial net worth of Vernon Cooks
(Name of Individual)

Further, the undersigned agrees to permit the entities of the Texas Unified Certification Program (TUCP) and/or U.S. Department of Transportation (DOT), as part of this certification process and to interview owners, principals, officers and employees; and to audit or examine books, records and files of the above named individual.

If at any time the TUCP or DOT has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, your file may be referred to the General Counsel of DOT. The General Counsel may initiate debarment procedures in accordance with 41 CFR 1-1.604 and 12-1.062 and/or refer the matter to the Department of Justice under U.S.C. 1001, as the General Counsel deems appropriate.

NOTE: Under Title 18 U.S.C. Section 1001 and Title 15 U.S.C. Section 645, any person who misrepresents a firm's status as a small disadvantaged business concern or makes false statements in order to influence the certification process in any way to obtain a government contract, shall be subject to fines of up to $500,000 and imprisonment of up to 10 years, or both.

The burden of proving the financial net worth is the individuals. The Agency reserves the right to request any additional information deemed necessary to determine if an individual is economically disadvantaged. Failure to provide requested information within the time specified is grounds for termination of the process.

VERNON COOKS — Name

Vernon Cooks — Signature

President — Title

12/29/04 — Date

Date 12/29/04 State of Texas County of Dallas

On this day before me appeared (name) Vernon Cooks with proper identification, who being duly sworn, did execute the foregoing affidavit and did aver that he or she was properly authorized by to execute this affidavit and did so as his or her free act/deed.

Notary Public

Jan. 10. 2007
Commission Expiration

(SEAL)

NOTARY PUBLIC STATE OF TEXAS
Andrea Lynnea Spencer
My Commission Expires
January 10, 2007

NCTRCA 017

PERSONAL NET WORTH AFFIDAVIT

The undersigned swears/affirms that the foregoing information and statements are true and correct, including all material and information necessary to identify and explain the financial net worth of Vernon Cooks
(Name of individual)

Further, the undersigned agrees to permit the entities of the Texas Unified Certification Program (TUCP) and/or U.S. Department of Transportation (DOT) as part of this certification process and to interview owners, principals, officers and employees; and to audit or examine books, records and files of the above named individual.

If at any time the TUCP or DOT has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, your file may be referred to the General Counsel of DOT. The General Counsel may initiate debarment procedures in accordance with 41 CFR 1-1.604 and 12-1.062 and/or refer the matter to the Department of Justice under U.S.C. 1001, as the General Counsel deems appropriate.

NOTE: Under Title 18 U.S.C. Section 1001 and Title 15 U.S.C. Section 645, any person who misrepresents a firm's status as a small disadvantaged business concern or makes false statements in order to influence the certification process in any way to obtain a government contract, shall be subject to fines of up to $500,000 and imprisonment of up to 10 years, or both.

The burden of proving the financial net worth is the individuals. The Agency reserves the right to request any additional information deemed necessary to determine if an individual is economically disadvantaged. Failure to provide requested information within the time specified is grounds for termination of the process.

Vernon Cooks — **Name**

Vernon Cooks — **Signature**

President — **Title**

12/29/04 — **Date**

Date 12/29/04 **State of** Texas **County of** Dallas

On this day before me appeared (name) VernonCooks **with proper identification, who being duly sworn, did execute the foregoing affidavit and did aver that he or she was properly authorized by to execute this affidavit and did so as his or her free act/deed.**

(SEAL) NOTARY PUBLIC STATE OF TEXAS — Andrea Lynnea Spencer, My Commission Expires January 10, 2007

Notary Public

Commission Expiration

TAXPAYERS COPY

Department of the Treasury - Internal Revenue Service

Form 1040 U.S. Individual Income Tax Return 2003

(99) IRS Use Only--Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2003, or other tax year beginning ,2003, ending , 20 | OMB No. 1545-0074

Label (L A B E L H E R E)

Your first name and initial	Last name	Your social security number
VERNON	COOKS	[redacted]0979
If a joint return, spouse's first name and initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see ins [redacted] | Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see instr.
DESOTO TX 75123-0000

Use the IRS label. Otherwise, please print or type.

▲ **IMPORTANT!** ▲ You must enter your SSN(s) above.

Presidential Election Campaign

Note. Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want $3 to go to this fund? ▶ ☒ Yes ☐ No | ☐ Yes ☐ No

(You | Spouse)

Filing Status Check only one box.

1 ☒ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a ☒ **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a . . . . No. of boxes checked on 6a and 6b: 1

b ☐ **Spouse** . . . .

c **Dependents:**

(1) First name / Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ☒ if qualifying child for child tax credit
			☐
			☐
			☐
			☐
			☐

If more than five dependents, see instructions.

No. of children on 6c who:
- lived with you: 0
- did not live with you due to divorce or separation: 0

Dependents on 6c not entered above: 0

Add numbers on lines above ▶: 1

d Total number of exemptions claimed 1

Income

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not staple, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a	**Taxable** interest. Attach Schedule B if required	8a	95
b	**Tax-exempt** interest. Do not include on line 8a (8b)		
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends (9b)		
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	150062
13a	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐	13	
b	If box on 13a is checked, enter post-May 5 capital gain distributions (13b)		
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions (15a) b Taxable amount	15b	
16a	Pensions and annuities (16a) b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	23964
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits (20a) b Taxable amount	20b	
21	Other income. List type and amount	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶	22	174121

Adjusted Gross Income

23	Educator expenses (23)		
24	IRA deduction (24)		
25	Student loan interest deduction (25)		
26	Tuition and fees deduction (26)		
27	Moving expenses. Attach Form 3903 (27)		
28	One-half of self-employment tax. Attach Schedule SE (28)	7404	
29	Self-employed health insurance deduction (29)		
30	Self-employed SEP, SIMPLE, and qualified plans (30)		
31	Penalty on early withdrawal of savings (31)		
32a	Alimony paid b Recipient's SSN ▶ (32a)		
33	Add lines 23 through 32a	33	7404
34	Subtract line 33 from line 22. This is your **adjusted gross income** ▶	34	166717

Tax and Credits	35	Amount from line 34 (adjusted gross income)	35	166717
	36a	Check if: ☐ You were born before January 2, 1939, ☐ Blind. ☐ Spouse was born before January 2, 1939, ☐ Blind. Total boxes checked ▶ 36a		
	b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, check here ▶ 36b ☐		
Standard Deduction for- • People who checked any box on line 36a of 36b or who can be claimed as a dependent, see instr. • All others: Single or Married filing separately: $4,750 Married filing jointly or Qualifying widow(er): $9,500 Head of household: $7,000	37	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	37	25090
	38	Subtract line 37 from line 35	38	141627
	39	If line 35 is $104,625 or less, multiply $3,050 by the total number of exemptions claimed on line 6d. If line 35 is over $104,625 see the worksheet in the instructions	39	2379
	40	Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0-	40	139248
	41	Tax. Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972	41	33735
	42	Alternative minimum tax. Attach Form 6251	42	
	43	Add lines 41 and 42 ▶	43	33735
	44	Foreign tax credit. Attach Form 1116 if required	44	
	45	Credit for child and dependent care expenses. Attach Form 2441	45	
	46	Credit for the elderly or the disabled. Attach Schedule R	46	
	47	Education credits. Attach Form 8863	47	
	48	Retirement savings contributions credit. Attach Form 8880	48	
	49	Child tax credit	49	
	50	Adoption credit. Attach Form 8839	50	
	51	Credits from: a ☐ Form 8396 b ☐ Form 8859	51	
	52	Other Credits. Check applicable box(es): a ☐ Form 3800 b ☐ Form 8801 c ☐ Specify	52	
	53	Add lines 44 through 52. These are your total credits	53	
	54	Subtract line 53 from line 43. If line 53 is more than line 43, enter -0- ▶	54	33735
Other Taxes	55	Self-employment tax. Attach Schedule SE	55	14807
	56	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137.	56	
	57	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	57	
	58	Advance earned income credit payments from Form(s) W-2	58	
	59	Household employment taxes. Attach Schedule H	59	
	60	Add lines 54 through 59. This is your total tax ▶	60	48542
Payments If you have a qualifying child, attach Schedule EIC.	61	Federal income tax withheld from Forms W-2 and 1099	61	
	62	2003 estimated tax payments and amount applied from 2002 return	62	54973
	63	Earned income credit (EIC)	63	0
	64	Excess social security and tier 1 RRTA tax withheld	64	
	65	Additional child tax credit. Attach Form 8812	65	
	66	Amount paid with request for extension to file	66	
	67	Other payments from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885	67	
	68	Add lines 61 through 67. These are your total payments ▶	68	54973
Refund Direct deposit? See instructions and fill in 70b, 70c, and 70d.	69	If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid	69	6431
	70a	Amount of line 69 you want refunded to you. ▶	70a	6431
	b	▶ Routing number XXXXXXXXX ▶ c Type: ☐ Checking ☐ Savings		
	d	▶ Account number XXXXXXXXXXXXXXXXX		
	71	Amount of line 69 you want applied to your 2004 estimated tax ▶ 71		
Amount You Owe	72	Amount you owe. Subtract line 68 from line 60. For details on how to pay, see instr ▶	72	
	73	Estimated tax penalty 73		

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instr)? ☒ Yes. Complete the following. ☐ No

Designee's name ▶ Preparer Phone no. ▶ Personal identification number (PIN) ▶

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
		INVESTOR	(469) 235-2199
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ☐	Preparer's SSN or PTIN
	7/07/2004		

Firm's name (or yours if self-employed), address, and ZIP code: BOTTOMLINE BOOKKEEPING AND TAX SERV, 111 EXECUTIVE WAY STE 106, DESOTO TX 75115-0000

EIN [redacted]3274

Phone no. (972) 298-1513

NCTRCA 020

SCHEDULE C (Form 1040)
Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.
▶ Attach to Form 1040 or Form 1041.

OMB No. 1545-0074
2003
Attachment Sequence No. 09

Name of proprietor: VERNON COOKS

Social security number (SSN): [redacted]0979

A Principal business or profession, including product or service: REAL ESTATE INVESTMT

B Enter code instructions ▶ 531100

C Business name. If no separate business name, leave blank. RASHAD INVESTMENTS

D Employer ID number (EIN), if any: [redacted]2658

E Business address (including suite or room no.) ▶ [redacted]
City, town or post office, state, and ZIP code: DESOTO TX 75123-0000

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2003? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2003, check here ▶ ☐

Part I Income

1	Gross receipts or sales. **Caution.** If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see instructions and check here ▶ ☐	1	364246
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	364246
4	Cost of goods sold (from line 42 on page 2)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	364246
6	Other income, including Federal and state gasoline or fuel tax credit or refund	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	364246

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8	451	19	Pension and profit-sharing plans	19	
9	Car and truck expenses (see instructions)	9	5397	20	Rent or lease:		
				a	Vehicles, machinery, and equipment	20a	
10	Commissions and fees	10		b	Other business property	20b	
11	Contract labor (see instructions)	11		21	Repairs and maintenance	21	
12	Depletion	12		22	Supplies (not included in Part III)	22	1284
13	Depreciation and section 179 expense deduction (not included in Part III)	13		23	Taxes and licenses	23	
				24	Travel, meals, and entertainment:		
				a	Travel	24a	
14	Employee benefit programs (other than on line 19)	14		b	Meals and entertainment		
15	Insurance (other than health)	15		c	Enter nondeductible amount included on Line 24b		
16	Interest:			d	Subtract line 24c from line 24b	24d	
a	Mortgage (paid to banks, etc.)	16a		25	Utilities	25	
b	Other	16b		26	Wages (less employment credits)	26	
17	Legal and professional services	17	2808	27	Other expenses (from line 48 on page 2)	27	204244
18	Office expense	18					

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27 in columns ▶	28	214184
29	Tentative profit (loss). Subtract line 28 from line 7	29	150062
30	Expenses for business use of your home. Attach **Form 8829**	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on **Form 1040, line 12,** and **also** on **Schedule SE, line 2** (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you **must** go to line 32	31	150062

32 If you have a loss, check the box that describes your investment in this activity.
• If you checked 32a, enter the loss on **Form 1040, line 12,** and **also** on **Schedule SE, line 2** (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.
• If you checked 32b, you **must** attach **Form 6198.**

32a ☒ All investment is at risk.
32b ☐ Some investment is not at risk.

Part III Cost of Goods Sold

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . . ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 6/12/2002.

44 Of the total number of miles you drove your vehicle during 2003, enter the number of miles you used your vehicle for:

a Business 14992 b Commuting _____ c Other _____

45 Do you (or your spouse) have another vehicle available for personal use? . . . ☒ Yes ☐ No

46 Was your vehicle available for use during off-duty hours? . . . ☒ Yes ☐ No

47a Do you have evidence to support your deduction? . . . ☒ Yes ☐ No

b If "Yes," is the evidence written? . . . ☒ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

CONTRACTED SERVICES	203186
REFERRAL FEES	500
BANK SERVICE CHARGES	267
SECURITY	291

48 Total other expenses. Enter here and on page 1, line 27 . . . 48 204244

Name of person with self-employment income (as shown on Form 1040): VERNON COOKS

Social security number of person with self-employment income ▶ 467-55-0979

Section B—Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is **church employee income,** skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order is not church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had $400 or more of other net earnings from self-employment, check here and continue with Part I ▶ ☐

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a. **Note.** Skip this line if you use the farm optional method	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report. **Note.** Skip this line if you use the nonfarm optional method	2	150062
3	Combine lines 1 and 2	3	150062
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a	138582
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c	Combine lines 4a and 4b. If less than $400, **do not** file this schedule; you do not owe self-employment tax. **Exception.** If less than $400 and you had **church employee income,** enter -0- and continue ▶	4c	138582
5a	Enter your **church employee income** from Form W-2. See page SE-1 for definition of church employee income — 5a		
b	Multiply line 5a by 92.35% (.9235). If less than $100, enter -0-	5b	
6	**Net earnings from self-employment.** Add lines 4c and 5b	6	138582
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2003	7	87,000
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $87,000 or more, skip lines 8b through 10, and go to line 11 — 8a		
b	Unreported tips subject to social security tax (from Form 4137, line 9) — 8b		
c	Add lines 8a and 8b	8c	
9	Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶	9	87000
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (.124)	10	10788
11	Multiply line 6 by 2.9% (.029)	11	4019
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Form 1040, line 55**	12	14807
13	**Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (.5). Enter the result here and on **Form 1040, line 28** — 13 7404		

Part II Optional Methods To Figure Net Earnings

Farm Optional Method. You may use this method **only if:**

- Your gross farm income[1] was not more than $2,400, **or**
- Your net farm profits[2] were less than $1,733.

14	**Maximum income for optional methods**	14	1,600
15	Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) or $1,600. Also include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only if:**

- Your net nonfarm profits[3] were less than $1,733 and also less than 72.189% of your gross nonfarm income,[4] **and**
- You had net earnings from self-employment of at least $400 in 2 of the prior 3 years.

Caution. You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income[4] (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

[1] From Sch. F, line 11, and Sch. K-1 (Form 1065), line 15b.
[2] From Sch. F, line 36, and Sch. K-1 (Form 1065), line 15a.
[3] From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), line 15a; and Sch K-1 (Form 1065-B), box 9.
[4] From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), line 15c; and Sch. K-1 (Form 1065-B), box 9.

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MAR 18 2005
BY: 16144

PERSONAL NET WORTH STATEMENT

Complete a form for: (1) each socially disadvantaged proprietor, or (2) each socially disadvantaged limited and general partner whose combined interest, total 51% or more, or (3) each socially disadvantaged stockholder owning 51% or more of voting stock. An individual's personal net worth includes only his or her share of the assets held jointly or as community property with the individual's spouse.

Name Rick Robertson **Date**

Residence Address [redacted] **Residence Phone** (214) 398 0584

City, State & Zip Code Dallas TX 75217

Business Name RA-Mill **Business Phone** (214) 718-2588

PERSONAL FINANCIAL STATEMENT

As of (Date) 12/29/04. **In determining net worth, EXCLUDE individual ownership interest in the applicant business and personal residence. If married use only ½ of marital assets. Round all numbers to the nearest dollar.**

ASSETS		LIABILITIES	
Cash on hand and in bank	$ 50,000	Accounts Payable	$ 30,000
Savings Accounts	$	Notes Payable to Banks and Others (Describe in Section 1)	$ 6000
IRA or Other Retirement Account	$	Installment Account (Auto)	$
Accounts and Notes Receivable	$	Installment Account (Other)	$
Life insurance - Cash Surrender Value Only (Complete Section 7)	$	Loan on Life Insurance	$
Stocks and Bonds (Describe in Section 2)	$ 7000	Mortgages on Real Estate [Except for Personal residence] (Describe in Section 3)	$ 212,500
Real Estate [Except for personal Residence] (Describe in Section 3)	$	Unpaid Taxes (Describe in Section 5)	$
Automobile(s) – Present Value	$ 15000	Other Liabilities (Describe in Section 6)	$
Other Personal Property (Describe in Section 4)	$	**Total Liabilities**	**$ 248,500**
Other Assets (Describe in Section 4)	$		
Total Assets	**$ 72,000**	**Net Worth (Total Assets minus Total Liabilities)**	**$ 176500**

Other Source of Income		Other Contingent Liabilities	
Salary/Commissions	$	As Endorser or Co-worker	$
Net Investment Income	$	Legal Claims and/or Judgments	$

Section 1. Notes payable to Bank and Others (Use attachments if necessary. Each attachment must be identified as a party of this statement and signed.)

Name and Address of Note Holders (s)	Original Balance	Current Balance	Payment Amount	Frequency (weekly, monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 2. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.) NOTE: Must be within five (5) days of statement date

Number of Shares	Name of Securities	Cost	Market Value Quotation or Exchange	Date of Quotation or Exchange	Total Value

Section 3. Real Estate Owned. (Do not include your personal resident. List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name and Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 4. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe.)

Section 5. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 6. Other Liabilities (Describe in detail).

Section 7. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries.)

Section 8. Transfer of Assets.

Have you, the individual claiming disadvantaged status, transferred any assets within two (2) years, in full or in part, to a spouse or any other person or entity, including a trust? ____YES __✓__NO
If yes, provide the following information as an attachment: the date of transfer, to whom the assets were transferred amount paid for the assets that market value of the assets as the time of transfer.

NOTE: Individuals may exclude assets transferred to an immediate family member that are consistent with the customary recognition of special occasions and may also exclude any transfers to an immediate family member is for educational, medical or essential support purposes.

Please provide copies of complete personal income tax returns, including all schedules, W-2s and 1099 forms. *49 CFR Part 26 and federal law classify all information submitted with this form as confidential. This form or its information cannot be release to any person, governmental or commercial entity without the written permission of the person submitting the information.*

AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized for each owner upon whom disadvantaged status is relied.
A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTON WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I Rick Robertson swear or affirm under penalty of law that I am
(print full name)

V.P. of applicant firm RA-Mill
(title) (firm name)

and that I have read and understand all of the questions in this application and that all of the foregoing information and statements submitted in this application, its attachments and supporting documents are true and correct to the best of my knowledge. That all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its place(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the U.S. DOT, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the recipient agency or Unified Certification Program (UCP) of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I certify that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Disadvantaged Business Enterprise (DBE). In support of my application I certify that I am a member of one or more of the following groups and that I have held myself out as a member of the group(s) (circle all that apply):
Female; (Black American;) Hispanic American; Native American;
Asian-Pacific American; Subcontinent Asian American; Other (specify) _____

I certify that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified above, without regard to my individual qualities.

I further certify that my personal net worth does not exceed $750,000, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Rick Robertson
Name

Rick Robertson
Signature

V.P., Sec
Title

12/29/04
Date

Date 12/29/04 State of Texas County of Dallas

On this day before me appeared Rick Robertson with proper identification,
Name of individual

who being duly sworn, did execute the foregoing affidavit and did aver that he or she was properly authorized by to execute this affidavit and did so as his or her free act/deed.

Notary Public

(SEAL)

Jan. 10, 2007
Commission Expiration Date

NOTARY PUBLIC STATE OF TEXAS
Andrea Lynnea Spencer
My Commission Expires
January 10, 2007

PERSONAL NET WORTH AFFIDAVIT

The undersigned swears/affirms that the foregoing information and statements are true and correct, including all material and information necessary to identify and explain the financial net worth of Rick Roberson

(Name of Individual)

Further, the undersigned agrees to permit the entities of the Texas Unified Certification Program (TUCP) and/or U.S. Department of Transportation (DOT) as part of this certification process and to interview owners, principals, officers and employees; and to audit or examine books, records and files of the above named individual.

If at any time the TUCP or DOT has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, your file may be referred to the General Counsel of DOT. The General Counsel may initiate debarment procedures in accordance with 41 CFR 1-1.604 and 12-1.062 and/or refer the matter to the Department of Justice under U.S.C. 1001, as the General Counsel deems appropriate.

NOTE: Under Title 18 U.S.C. Section 1001 and Title 15 U.S.C. Section 645, any person who misrepresents a firm's status as a small disadvantaged business concern or makes false statements in order to influence the certification process in any way to obtain a government contract, shall be subject to fines of up to $500,000 and imprisonment of up to 10 years, or both.

The burden of proving the financial net worth is the individuals. The Agency reserves the right to request any additional information deemed necessary to determine if an individual is economically disadvantaged. Failure to provide requested information within the time specified is grounds for termination of the process.

Rick Roberson — **Name**

Rick Roberson — **Signature**

Vice President — **Title**

12/29/04 — **Date**

Date 12/29/04 **State of** Texas **County of** Dallas

On this day before me appeared (name) Rick Roberson **with proper identification, who being duly sworn, did execute the foregoing affidavit and did aver that he or she was properly authorized by to execute this affidavit and did so as his or her free act/deed.**

(SEAL) NOTARY PUBLIC STATE OF TEXAS — Andrea Lynnea Spencer, My Commission Expires January 10, 2007

Notary Public

Commission Expiration

Form **1040** Department of the Treasury — Internal Revenue Service **U.S. Individual Income Tax Return 2003** (99) IRS Use Only — Do not write or staple in this space.

For the year Jan 1 - Dec 31, 2003, or other tax year beginning , 2003, ending , 20 — OMB No. 1545-0074

Label (See instructions.)

Your first name	MI	Last name	Your social security number
[redacted]	E	ROBERTSON	[redacted]-3931
If a joint return, spouse's first name	MI	Last name	Spouse's social security number

Use the IRS label. Otherwise, please print or type.

Home address (number and street). If you have a P.O. box, see instructions. Apartment no.

[redacted]

City, town or post office. If you have a foreign address, see instructions. State ZIP code

DALLAS TX 75216

Important! You **must** enter your social security number(s) above.

Presidential Election Campaign (See instructions.)

Note: Checking 'Yes' will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want $3 to go to this fund? ▶ You: [X] Yes [ ] No Spouse: [ ] Yes [ ] No

Filing Status

Check only one box.

1 [X] Single
2 [ ] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above & full name here . . ▶
4 [ ] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here . ▶
5 [ ] Qualifying widow(er) with dependent child. (See instructions.)

Exemptions

6a [X] **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, **do not** check box 6a

b [ ] **Spouse**

No. of boxes checked on 6a and 6b 1

c **Dependents:**

(1) First name / Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifying child for child tax credit (see instrs)
			[ ]
			[ ]
			[ ]
			[ ]
			[ ]

If more than five dependents, see instructions.

No. of children on 6c who:
- lived with you . . . . .
- did not live with you due to divorce or separation (see instrs) . . .

Dependents on 6c not entered above .

Add numbers on lines above . . . . ▶ 1

d Total number of exemptions claimed 1

Income

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use **Form 1040-V.**

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a	**Taxable** interest. Attach Schedule B if required	8a	142.
b	**Tax-exempt** interest. **Do not** include on line 8a — 8b		
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualfd divs (see instrs) — 9b		
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	285,390.
13a	Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here ▶ [ ]	13a	
b	If box on 13a is checked, enter post-May 5 capital gain distributions — 13b		
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions — 15a — b Taxable amount (see instrs)	15b	
16a	Pensions and annuities — 16a — b Taxable amount (see instrs)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	42,224.
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits — 20a — b Taxable amount (see instrs)	20b	
21	Other income	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶	22	327,756.

Adjusted Gross Income

23	Educator expenses (see instructions)	23	
24	IRA deduction (see instructions)	24	
25	Student loan interest deduction (see instructions)	25	
26	Tuition and fees deduction (see instructions)	26	
27	Moving expenses. Attach Form 3903	27	
28	One-half of self-employment tax. Attach Schedule SE	28	9,216.
29	Self-employed health insurance deduction (see instrs)	29	1,500.
30	Self-employed SEP, SIMPLE, and qualified plans	30	
31	Penalty on early withdrawal of savings	31	
32a	Alimony paid b Recipient's SSN . . . ▶ — 32a		
33	Add lines 23 through 32a	33	10,716.
34	Subtract line 33 from line 22. This is your **adjusted gross income** ▶	34	317,040.

Tax and Credits	35	Amount from line 34 (adjusted gross income)		35	317,040.
	36a	Check if: ☐ You were born before January 2, 1939, ☐ Blind. ☐ Spouse was born before January 2, 1939, ☐ Blind. **Total boxes checked** ► 36a			
		b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here ► 36b ☐			
Standard Deduction for – • People who checked any box on line 36a or 36b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, $4,750 Married filing jointly or Qualifying widow(er), $9,500 Head of household, $7,000	37	**Itemized deductions** (from Schedule A) or your **standard deduction** (see left margin)		37	4,750.
	38	Subtract line 37 from line 35		38	312,290.
	39	If line 35 is $104,625 or less, multiply $3,050 by the total number of exemptions claimed on line 6d. If line 35 is over $104,625, see the worksheet in the instructions		39	0.
	40	**Taxable income.** Subtract line 39 from line 38. If line 39 is more than line 38, enter -0-		40	312,290.
	41	Tax (see instrs). Check if any tax is from **a** ☐ Form(s) 8814 **b** ☐ Form 4972		41	90,634.
	42	**Alternative minimum tax** (see instructions). Attach Form 6251		42	0.
	43	Add lines 41 and 42		43	90,634.
	44	Foreign tax credit. Attach Form 1116 if required	44		
	45	Credit for child and dependent care expenses. Attach Form 2441	45		
	46	Credit for the elderly or the disabled. Attach Schedule R	46		
	47	Education credits. Attach Form 8863	47		
	48	Retirement savings contributions credit. Attach Form 8880	48		
	49	Child tax credit (see instructions)	49		
	50	Adoption credit. Attach Form 8839	50		
	51	Credits from: **a** ☐ Form 8396 **b** ☐ Form 8859	51		
	52	Other credits. Check applicable box(es): **a** ☐ Form 3800 **b** ☐ Form 8801 **c** ☐ Specify	52		
	53	Add lines 44 through 52. These are your **total credits**		53	
	54	Subtract line 53 from line 43. If line 53 is more than line 43, enter -0-		54	90,634.
Other Taxes	55	Self-employment tax. Attach Schedule SE		55	18,431.
	56	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		56	
	57	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required		57	
	58	Advance earned income credit payments from Form(s) W-2		58	
	59	Household employment taxes. Attach Schedule H		59	
	60	Add lines 54-59. This is your **total tax**		60	109,065.
Payments If you have a qualifying child, attach Schedule EIC.	61	Federal income tax withheld from Forms W-2 and 1099	61		
	62	2003 estimated tax payments and amount applied from 2002 return	62	107,000.	
	63	**Earned income credit (EIC)**	63		
	64	Excess social security and tier 1 RRTA tax withheld (see instructions)	64		
	65	Additional child tax credit. Attach Form 8812	65		
	66	Amount paid with request for extension to file (see instructions)	66		
	67	Other pmts from: **a** ☐ Form 2439 **b** ☐ Form 4136 **c** ☐ Form 8885	67		
	68	Add lines 61 through 67. These are your **total payments**		68	107,000.
Refund Direct deposit? See instructions and fill in 70b, 70c, and 70d.	69	If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you **overpaid**		69	
	70a	Amount of line 69 you want **refunded to you**		70a	
		► **b** Routing number ► **c** Type: ☐ Checking ☐ Savings			
		► **d** Account number			
	71	Amount of line 69 you want **applied to your 2004 estimated tax** ►	71		
Amount You Owe	72	**Amount you owe.** Subtract line 68 from line 60. For details on how to pay, see instructions		72	2,091.
	73	Estimated tax penalty (see instructions)	73	26.	

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete the following. ☒ **No**

Designee's name ► Phone no. ► Personal identification number (PIN) ►

Sign Here Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
		REAL ESTATE INVESTOR	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ☐	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	MTB Consultants Financial Services, INC. 1402 Corinth St. Suite 213 Dallas TX 75215		EIN Phone no.

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► Partnerships, joint ventures, etc, must file Form 1065 or 1065-B.
► Attach to Form 1040 or 1041. ► See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

2003

09

Name of proprietor: RICKY E ROBERTSON

Social security number (SSN): [redacted] 3931

A Principal business or profession, including product or service (see instructions): REAL ESTATE INVESTOR

B Enter code from instructions: ► 531210

C Business name. If no separate business name, leave blank.: MILLENNIUM EQUITIES

D Employer ID number (EIN), if any:

E Business address (including suite or room no.) ► 1100 GRIFFIN STREET WEST
City, town or post office, state, and ZIP code: DALLAS TEXAS 75215

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ►

G Did you 'materially participate' in the operation of this business during 2003? If 'No,' see instructions for limit on losses .... [X] Yes [ ] No

H If you started or acquired this business during 2003, check here ► [ ]

Part I Income

1	Gross receipts or sales. **Caution.** If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here ► [ ]	1	396,485.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	396,485.
4	Cost of goods sold (from line 42 on page 2)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	396,485.
6	Other income, including Federal and state gasoline or fuel tax credit or refund	6	
7	**Gross income.** Add lines 5 and 6 ►	7	396,485.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	1,483.	19	Pension and profit-sharing plans	19	
9	Car and truck expenses (see instructions)	9	6,067.	20	Rent or lease (see instructions):		
10	Commissions and fees	10	33,478.	a	Vehicles, machinery, and equipment	20a	12,000.
11	Contract labor (see instructions)	11	26,500.	b	Other business property	20b	
12	Depletion	12		21	Repairs and maintenance	21	1,793.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	9,109.	22	Supplies (not included in Part III)	22	10,536.
14	Employee benefit programs (other than on line 19)	14		23	Taxes and licenses	23	259.
15	Insurance (other than health)	15		24	Travel, meals, and entertainment:		
16	Interest:			a	Travel	24a	2,597.
a	Mortgage (paid to banks, etc)	16a		b	Meals and entertainment .... 3,954.		
b	Other	16b		c	Enter nondeductible amount included on line 24b (see instrs) .. 1,977.		
17	Legal & professional services	17	750.	d	Subtract line 24c from line 24b	24d	1,977.
18	Office expense	18	1,947.	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27	Other expenses (from line 48 on page 2)	27	2,599.
28	**Total expenses** before expenses for business use of home. Add lines 8 through 27 in columns ►	28	111,095.				
29	Tentative profit (loss). Subtract line 28 from line 7	29	285,390.				
30	Expenses for business use of your home. Attach **Form 8829**	30					
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on **Form 1040, line 12,** and **also** on **Schedule SE, line 2** (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you **must** go to line 32.	31	285,390.				
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on **Form 1040, line 12,** and **also** on **Schedule SE, line 2** (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you **must** attach **Form 6198.**	32a [ ] All investment is at risk. 32b [ ] Some investment is not at risk.					

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If 'Yes,' attach explanation ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ► 05/18/1999

44 Of the total number of miles you drove your vehicle during 2003, enter the number of miles you used your vehicle for:
a Business 16,852 b Commuting 1,783 c Other 15,517

45 Do you (or your spouse) have another vehicle available for personal use? ☒ Yes ☐ No

46 Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No

47a Do you have evidence to support your deduction? ☒ Yes ☐ No

b If 'Yes,' is the evidence written? ☒ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

CELL PHONE	1,864.
POSTAGE	394.
INTERNET SERVICE	341.

48 **Total other expenses.** Enter here and on page 1, line 27 48 2,599.

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc)

► Attach to Form 1040 or Form 1041.

► See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

2003

13

Name(s) shown on return: RICKY E ROBERTSON

Your social security number: [redacted]3931

Part I Income or Loss From Rental Real Estate and Royalties **Note.** If you are in the business of renting personal property, use **Schedule C** or **C-EZ** (see instructions). Report farm rental income or loss from **Form 4835** on page 2, line 40.

1 Show the kind and location of each **rental real estate property:**

A MESQUITE TEXAS [redacted]

B DALLAS TEXAS [redacted]

C LANCASTER TEXAS [redacted]

2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:
- 14 days, or
- 10% of the total days rented at fair rental value?

(See instructions.)

	Yes	No
A		X
B		X
C		X

Income:		Properties A	Properties B	Properties C		Totals (Add columns A, B, and C.)
3 Rents received	3	14,400.	9,000.	26,400.	3	136,500.
4 Royalties received	4				4	
Expenses:						
5 Advertising	5	187.	86.			
6 Auto and travel (see instructions)	6					
7 Cleaning and maintenance	7	375.	341.	593.		
8 Commissions	8					
9 Insurance	9	1,056.	459.	2,963.		
10 Legal and other professional fees	10	263.	176.	582.		
11 Management fees	11					
12 Mortgage interest paid to banks, etc (see instructions)	12	4,189.		9,641.	12	35,780.
13 Other interest	13					
14 Repairs	14	864.	486.	834.		
15 Supplies	15	264.	258.	1,674.		
16 Taxes	16	1,352.	697.	2,947.		
17 Utilities	17					
18 Other (list) ►	18					
19 Add lines 5 through 18	19	8,550.	2,503.	19,234.	19	73,076.
20 Depreciation expense or depletion (see instructions)	20	3,273.	1,891.		20	21,200.
21 Total expenses. Add lines 19 and 20	21	11,823.	4,394.	19,234.		
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see instructions to find out if you must file Form 6198	22	2,577.	4,606.	7,166.		
23 Deductible rental real estate loss. **Caution.** Your rental real estate loss on line 22 may be limited. See instructions to find out if you must file **Form 8582.** Real estate professionals must complete line 43 on page 2	23					
24 **Income.** Add positive amounts shown on line 22. **Do not** include any losses					24	42,224.
25 **Losses.** Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here					25	
26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 41 on page 2					26	42,224.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

FDIZ2301 06/10/03

Schedule E (Form 1040) 2003

NCTRCA 034

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc)

► Attach to Form 1040 or Form 1041.

► See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

2003

13

Name(s) shown on return: RICKY E ROBERTSON

Your social security number: 459-27-3931

Part I Income or Loss From Rental Real Estate and Royalties **Note.** If you are in the business of renting personal property, use **Schedule C** or **C-EZ** (see instructions). Report farm rental income or loss from **Form 4835** on page 2, line 40.

1 Show the kind and location of each **rental real estate property:**

A CONDO [redacted]

B CONDO [redacted]

C BRICK HOUSE [redacted]

2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:
- 14 days, or
- 10% of the total days rented at fair rental value?

(See instructions.)

	Yes	No
A		X
B		X
C		X

Income:		Properties A	Properties B	Properties C	Totals (Add columns A, B, and C.)
3 Rents received	3	8,100.	14,400.	16,800.	3
4 Royalties received	4				4
Expenses:					
5 Advertising	5				
6 Auto and travel (see instructions)	6				
7 Cleaning and maintenance	7	169.	418.		
8 Commissions	8				
9 Insurance	9	539.		934.	
10 Legal and other professional fees	10				
11 Management fees	11				
12 Mortgage interest paid to banks, etc (see instructions)	12	639.	4,289.	7,593.	12
13 Other interest	13				
14 Repairs	14	143.			
15 Supplies	15				
16 Taxes	16			2,489.	
17 Utilities	17				
18 Other (list) ► ASSOCIATION DUES	18	2,016.			
ASSOCIATION	18		3,300.		
19 Add lines 5 through 18	19	3,506.	8,007.	11,016.	19
20 Depreciation expense or depletion (see instructions)	20	1,091.		4,364.	20
21 Total expenses. Add lines 19 and 20	21	4,597.	8,007.	15,380.	
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see instructions to find out if you must file Form 6198	22	3,503.	6,393.	1,420.	
23 Deductible rental real estate loss. **Caution.** Your rental real estate loss on line 22 may be limited. See instructions to find out if you must file **Form 8582.** Real estate professionals must complete line 43 on page 2	23				
24 **Income.** Add positive amounts shown on line 22. **Do not** include any losses					24
25 **Losses.** Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here					25
26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 41 on page 2					26

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc)

► **Attach to Form 1040 or Form 1041.**

► **See Instructions for Schedule E (Form 1040).**

OMB No. 1545-0074

2003

13

Name(s) shown on return

RICKY E ROBERTSON

Your social security number

459-27-3931

Part I Income or Loss From Rental Real Estate and Royalties **Note.** If you are in the business of renting personal property, use **Schedule C** or **C-EZ** (see instructions). Report farm rental income or loss from **Form 4835** on page 2, line 40.

1 Show the kind and location of each **rental real estate property:**

A CONDO [redacted]

B CONDA [redacted]

C FRAME HOUSE [redacted]

2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:
- 14 days, or
- 10% of the total days rented at fair rental value?

(See instructions.)

	Yes	No
A		X
B		X
C		X

Income:		Properties A	Properties B	Properties C	Totals (Add columns A, B, and C.)
3 Rents received	3	7,200.	10,200.	10,800.	3
4 Royalties received	4				4
Expenses:					
5 Advertising	5				
6 Auto and travel (see instructions)	6				
7 Cleaning and maintenance	7				
8 Commissions	8				
9 Insurance	9			754.	
10 Legal and other professional fees	10				
11 Management fees	11				
12 Mortgage interest paid to banks, etc (see instructions)	12		2,641.		12
13 Other interest	13				
14 Repairs	14				
15 Supplies	15				
16 Taxes	16			948.	
17 Utilities	17				
18 Other (list) ► ASSOCIATION DUES	18	1,920.	1,920.		
19 Add lines 5 through 18	19	1,920.	4,561.	1,702.	19
20 Depreciation expense or depletion (see instructions)	20	1,273.	1,636.	2,909.	20
21 Total expenses. Add lines 19 and 20	21	3,193.	6,197.	4,611.	
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see instructions to find out if you must file **Form 6198**	22	4,007.	4,003.	6,189.	
23 Deductible rental real estate loss. **Caution.** Your rental real estate loss on line 22 may be limited. See instructions to find out if you must file **Form 8582.** Real estate professionals must complete line 43 on page 2	23				
24 **Income.** Add positive amounts shown on line 22. **Do not** include any losses					24
25 **Losses.** Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here					25
26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 41 on page 2					26

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc)

► **Attach to Form 1040 or Form 1041.**
► **See Instructions for Schedule E (Form 1040).**

OMB No. 1545-0074

2003

13

Name(s) shown on return
RICKY E ROBERTSON

Your social security number
459-27-3931

Part I **Income or Loss From Rental Real Estate and Royalties** **Note.** If you are in the business of renting personal property, use **Schedule C** or **C-EZ** (see instructions). Report farm rental income or loss from **Form 4835** on page 2, line 40.

	1 Show the kind and location of each **rental real estate property:**	2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: • 14 days, or • 10% of the total days rented at fair rental value? (See instructions.)	Yes	No
A	FRAME HOUSE 1606 MARSALIS	A		X
B	FRAME HOUSE 318 DUBOIS	B		X
C		C		

Income:		Properties A	Properties B	Properties C	Totals (Add columns A, B, and C.)
3 Rents received	3	10,800.	8,400.		3
4 Royalties received	4				4
Expenses:					
5 Advertising	5				
6 Auto and travel (see instructions)	6				
7 Cleaning and maintenance	7	341.	473.		
8 Commissions	8				
9 Insurance	9	841.	418.		
10 Legal and other professional fees	10				
11 Management fees	11				
12 Mortgage interest paid to banks, etc (see instructions)	12	3,841.	2,947.		12
13 Other interest	13				
14 Repairs	14	483.	419.		
15 Supplies	15	528.			
16 Taxes	16	893.	893.		
17 Utilities	17				
18 Other (list) ►	18				
19 Add lines 5 through 18	19	6,927.	5,150.		19
20 Depreciation expense or depletion (see instructions)	20	2,727.	2,036.		20
21 Total expenses. Add lines 19 and 20	21	9,654.	7,186.		
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see instructions to find out if you must file Form 6198	22	1,146.	1,214.		
23 Deductible rental real estate loss. **Caution.** Your rental real estate loss on line 22 may be limited. See instructions to find out if you must file **Form 8582.** Real estate professionals must complete line 43 on page 2	23				
24 **Income.** Add positive amounts shown on line 22. **Do not** include any losses					24
25 **Losses.** Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here					25
26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 41 on page 2					26

SCHEDULE SE (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Self-Employment Tax

► Attach to Form 1040. ► See Instructions for Schedule SE (Form 1040).

OMB No. 1545-0074

2003

17

Name of person with **self-employment** income (as shown on Form 1040)

RICKY E ROBERTSON

Social security number of person with **self-employment** income ► 459-27-3931

Who Must File Schedule SE

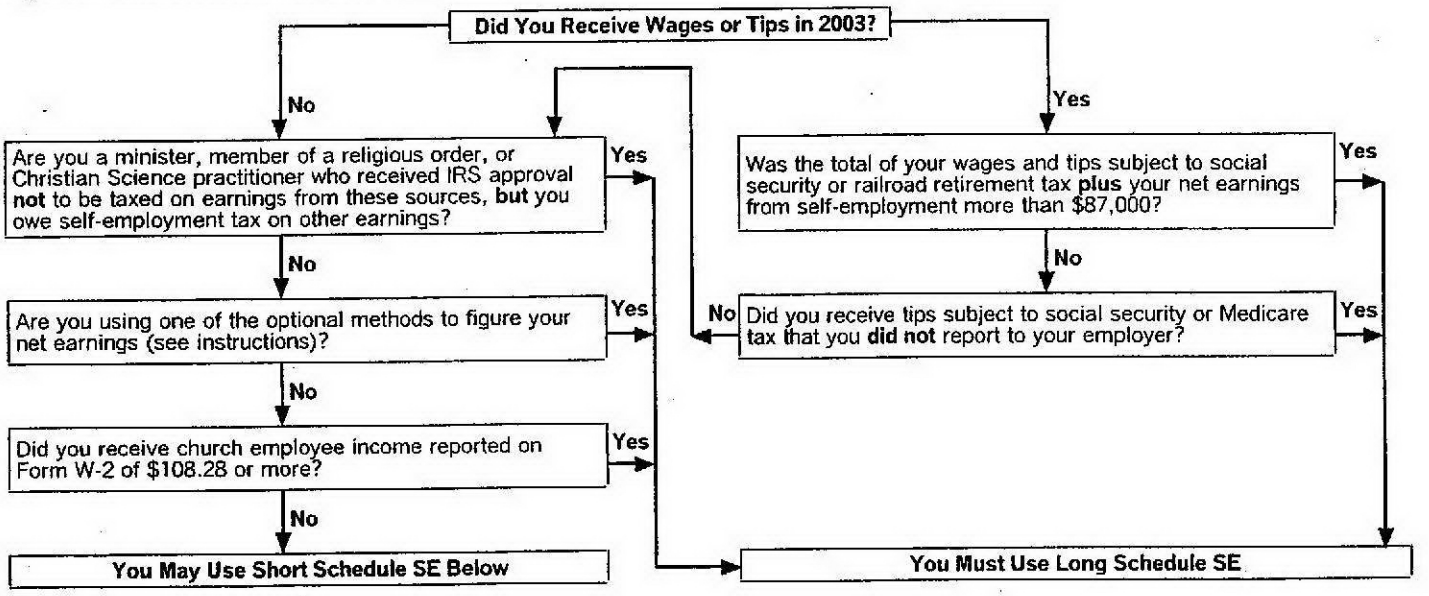
You must file Schedule SE if:

- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of $400 or more **or**
- You had church employee income of $108.28 or more. Income from services you performed as a minister or a member of a religious order **is not** church employee income (see instructions).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either 'optional method' in Part II of Long Schedule SE (see instructions).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write 'Exempt – Form 4361' on Form 1040, line 55.

May I Use Short Schedule SE or Must I Use Long Schedule SE?



Section A – Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report	2	285,390.
3	Combine lines 1 and 2	3	285,390.
4	**Net earnings from self-employment.** Multiply line 3 by 92.35% (.9235). If less than $400, **do not** file this schedule; you do not owe self-employment tax ►	4	263,558.
5	**Self-employment tax.** If the amount on line 4 is: • $87,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on **Form 1040, line 55.** • More than $87,000, multiply line 4 by 2.9% (.029). Then, add $10,788.00 to the result. Enter the total here and on **Form 1040, line 55.**	5	18,431.
6	**Deduction for one-half of self-employment tax.** Multiply line 5 by 50% (.5). Enter the result here and on **Form 1040, line 28**	6	9,216.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule **SE** (Form 1040) 2003

FDIA1101 10/07/03

NCTRCA 038

RA-MILL, LLC

PO Box 233
Desoto, TX 75123
Phone: 469-682-2235
Fax: 469-330-9108
ramill_busmgr@yahoo.com

January 11, 2005

NCTRCA
624 Six Flags Drive, Suite 216
Arlington, TX 76011

Dear Sir or Madam:

Please receive this letter as notification that RA-MILL does not own or lease office space. RA-MILL utilizes the convenience and cost saving of having a home office.

Should there be any questions or comments, I can be reached at 469-682-2235.

Sincerely,

Jabreel Rashad
President

RA-MILL, LLC

~~PO Box 239~~
~~Desoto, TX 75123~~
Phone: 469-682-2235
Fax: ~~469-880-9108~~
ramill_busmgr@yahoo.com

January 11, 2005

NCTRCA
624 Six Flags Drive, Suite 216
Arlington, TX 76011

Dear Sir or Madam:

Please receive this letter as notification that RA-MILL does not possess any construction equipment or vehicles.

Should there be any questions or comments, I can be reached at 469-682-2235.

Sincerely,

Jabreel Rashad
President

OFFICE OF CYNTHIA FIGUEROA CALHOUN, COUNTY CLERK, DALLAS COUNTY, TEXAS
ASSUMED NAME CERTIFICATE FOR AN INCORPORATED BUSINESS OR PROFESSION

NOTICE: " CERTIFICATES" ARE VALID FOR A PERIOD NOT TO EXCEED 10 YEARS FROM THE DATE FILED IN THE COUNTY CLERK'S OFFICE. (CHAPTER 36, SECT. 1, TITLE 4 BUSINESS AND COMMERCE CODE)

THIS CERTIFICATE PROPERLY EXECUTED IS TO BE FILED IMMEDIATELY WITH THE COUNTY CLERK

847286

NAME UNDER WHICH BUSINESS OR PROFESSIONAL SERVICES IS OR WILL BE CONDUCTED

RA-Mill LLC (print or type) 4982504 12/15/04 $2.00 Assumed No

Address: P.O. Box 233

City: Desoto State: TX. Zip Code: 75123

1. The name of the incorporated business or profession as stated in its Articles of Incorporation or comparable document is: RA-Mill LLC

2. The state, country, or other jurisdiction under the laws of which it was incorporated is: Desoto, Texas, and the address of its registered or similar office in that jurisdiction is:

3. The period, not to exceed ten years, during which this assumed name will be used is: 12/04 - 12/2014 10 years

4. The corporation is a (circle one) business corporation, non-profit corporation, professional corporation, professional association or other type of corporation (specify) Business Corp.
or other type of incorporated business, professional or other association or legal entity (specify):

5. If the corporation is required to maintain a registered office in Texas, the address of the registered office is: , and the name of its registered agent at such address is . The address of the principal office (if not the same as the registered office) is:

6. If the corporation is not required to or does not maintain a registered office in Texas, the office address in Texas is: 1224 Highbluff Dr. Desoto, TX. 75115
and if the corporation is not incorporated, organized or associated under the laws of Texas, the address of its place of business in Texas is: , and the office address elsewhere is:

7. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are (if applicable, use the designation "all" or "all except Dallas")

8. If this instrument is executed by the attorney-in-fact, the attorney-in-fact hereby states that he has been duly authorized, in writing, by his principal to execute and acknowledge this instrument.

Signature of Officer, representative or attorney-in-fact of the corporation

THE STATE OF TEXAS
COUNTY OF DALLAS

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this day personally appeared Vernon Cooks Jr.
known to me to be the person whose name is/are subscribed to the foregoing instrument and, under oath, acknowledged to me that he signed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, on 12/15, 20 04

CYNTHIA FIGUEROA CALHOUN, COUNTY CLERK
DALLAS COUNTY, TEXAS

BY: Deputy County Clerk

NCTRCA 041

Notary Public in and for State of Texas

Form No. 423 (02-03)

041

JPMorgan Chase Bank, NA

CHASE

Business Account Application

This Account is Non-Transferable

Account Title ("Depositor")
RA-MILL

1100 GRIFFIN STREET WEST
DALLAS TX 75215

Ref No **4350827875-65**
S.S./TIN # **32-0135303**
W/Hold Stat **EIN - Non-Exempt**
Date Opened **12/29/2004**
Opened By **KRISTI GILES**

Account Type **BUSINESSCLASSIC EXTRA CHECKING ACCOUNT**
Acct Arr **CORPORATION**

Deposit Amt $ **100.00**

SOURCE OF FUNDS: **Other Commercial Bank**
BANK REFERENCES - NAME & BRANCH ADDRESS — ACCOUNT NUMBER

BANK REFERENCES - NAME & BRANCH ADDRESS — ACCOUNT NUMBER

BUSINESS & SIGNER INFORMATION

BUSINESS: RA-MILL
Address: 1100 GRIFFIN STREET WEST
DALLAS TX 75215

TIN: 32-0135303
EST: 12/04/2004
TEL: (972)230-1731

TC:Approved Code:07/ AUTH:1261
TU:Approved CDE:

SIGNER #1: VERNON COOKS
Address: [redacted]
DE SOTO TX 75115

SSN: 467-55-0979
DOB: 12/15/1966
TEL: (214)441-2112
TITILE: PRES
PERCENT: 050

ID-1: DL ID#: 12568302 ST: TX ISS: 12/15/1966 EXP: 12/15/2007

TC:Approved Code:07/19 AUTH:2285 ST:TX YR:1998
TU:Approved CDE:

SIGNER #2: RICKY E ROBERTSON
Address: [redacted]
DALLAS TX 75217

SSN: 459-27-3931
DOB: 11/26/1965
TEL: (214)718-2588
TITLE: VP
PERCENT: 050

ID-1: DL ID#: 10971745 ST: TX ISS: 11/26/1965 EXP: 11/26/2009

TC:Approved Code:07/ AUTH:2285 ST:TX YR:1997
TU:Approved CDE:

SIGNER #3:
Address:

SSN:
DOB:
TEL:
TITLE:
PERCENT:

SIGNER #4:
Address:

SSN:
DOB:
TEL:
TITLE:
PERCENT:

FOR BANK USE ONLY

SALES PERSON SIGNATURE	ECA NUMBER	PHONE #

FORM214 - 7

NCTRCA 042

☒ New ☐ Replacement Card ☐ Change Product Type
☐ Add Signer(s) ☐ Change Certification

"Bank" refers to: JPMORGAN CHASE BANK, NA
Located at: P.O. BOX 250 ARLINGTON, TX 76004-0250

COMMERCIAL, NONPROFIT & FIDUCIARY Card # ____ of ____

ACCOUNT NAME (ONLY) ("Depositor") **CORPORATION**
RA-MILL

TAX I.D. NUMBER	PHONE NUMBER	DATE OPENED	ACCOUNT NUMBER
32-0135303	(972)230-1731	12/29/2004	4350827875-65

CHECK ONE:
☐ Corporation
☐ Limited Liability Company
☐ Trade Name ☐ Fiduciary
☐ Partnership ☐ Association

TYPE OF ACCOUNT ("the Account" or "this Account")(CHECK ONE)
☒ CHECKING
☐ CHECKING WITH INTEREST Certain Nonprofit Entities and Sole Proprietorships Only
☐ MONEY MARKET ACCOUNT
☐ SAVINGS

W-9 Certification

By signing below, I certify under penalties of perjury that: (1) The number shown on this form is Depositor's correct taxpayer identification number; and (2) Depositor is not subject to backup withholding because (a) Depositor is exempt from withholding [Depositor must check the appropriate box below]; (b) Depositor has not been notified by the Internal Revenue Service (IRS) that Depositor is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified Depositor that Depositor is no longer subject to backup withholding; and, (3) Depositor is a U.S. person (including a U.S. resident alien).

[ ] Check here if Depositor is exempt from backup withholding.

[ ] Check here if Depositor is subject to backup withholding for failure to report interest or dividends.

[ ] Check here if Depositor is not a U.S person (or a U.S. resident alien), and complete the appropriate Form W-8.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURES - USE BLACK INK	No of Sign Req'd	NAMES - TYPED OR PRINTED
1.		1. VERNON COOKS PRES
2.		2 RICKY E ROBERTSON VP
3.		3.
4.		4.

Check if applicable ☐ See attached Signature Card for additional Signers on this Account. "Place asterisk beside name if $ limits appl Signing authority.

BUSINESS ENTITY CERTIFICATION

The undersigned secretary (if a corporation or association) or partner (if a partnership), or owner (if a sole proprietorship) or member, manager or secretary (if an LLC) hereby certifies that the above signatures are the signatures of persons authorized to sign and/or act on behalf of the Business Entity with respect to account transactions.

SIGNATURES - USE BLACK INK	NAMES - TYPED OR PRINTED
Secretary/Authorized Representative	
1.	1. Vernon Cooks

MAILING ADDRESS: 1100 GRIFFIN STREET WEST DALLAS TX 75215		BAC: 435	SERV OFF#: 032
STREET ADDRESS, IF DIFFERENT FROM ABOVE		AMOUNT: $ 100.00	
BANK REFERENCE	BANK REF. VERIFIED BY	SOURCE OF FUNDS: Other Commercial Bank	
SALES PERSON: KRISTI GILES	ECA: 021051	RELATED ACCT Nos: Other Commercial Bank	
APPROVED BY	REPLACING CARDS DATED	AUTHOR. DATED	DATE OF CHANGE

ARTICLES OF ORGANIZATION
OF
Ra-Mill
A LIMITED LIABILITY COMPANY

I, the undersigned, am a natural person eighteen years of age or older. I am acting in the capacity of organizer of a limited liability company pursuant to the Texas Limited Liability Company Act. I hereby adopt the following Articles of Organization for a limited liability company.

ARTICLE I
NAME

1.01 The name of the Limited Liability Company is Ra-Mill.

ARTICLE II
DURATION

2.01 The period of the company's duration is perpetual.

ARTICLE III
PURPOSES

3.01 The Limited Liability Company shall have the powers provided for a corporation under the Texas Business Corporation Act and a limited partnership under the Texas Revised Limited Partnership Act.

3.02 The purpose for which this limited liability company is organized is to transact any and all lawful business for which limited liability companies may be organized under the laws of Texas, including, but not limited to, the following:

a. To carry on any business or any other legal or lawful activity allowed by law;

b. To acquire, own, use, convey, and otherwise dispose of and deal in real or personal property or any interest therein;

c. To manufacture, buy, sell, and generally deal in goods, wares and merchandise of every class and description;

d. To buy, rent, sell, manufacture, produce, assemble, distribute, repair, and service any and all products or services in which the company desires to engage;

e. To do such other acts as are incidental to the foregoing or desirable in order to accomplish the purpose for which the company was formed; and

f. To have and exercise all rights and powers that are now or may hereafter be granted to a limited liability company by law.

3.03 The foregoing shall be construed as objects, purposes and powers, and enumeration thereof shall not be held to limit or restrict in any manner the powers hereafter conferred on this limited liability company by the laws of the State of Texas.

3.04 The company may, in its Regulations, confer powers, not in conflict with law, on its Managers and Members in addition to the foregoing and in addition to the powers and authorities expressly conferred on them by statute.

ARTICLE IV
PRINCIPAL PLACE OF BUSINESS

4.01 The address of the company's principal place of business in this state is: 1100 Griffin Street West, Dallas, Texas 75215.

ARTICLE V
NAME AND ADDRESS OF INITIAL REGISTERED AGENT

5.01 The company's initial Registered Agent is: Ray Jackson.

5.02 The address of the company's initial Registered Office is: 3811 Turtle Creek blvd., Suite 600, Dallas, Texas 75219.

ARTICLE VI
MANAGEMENT

6.01 The company shall be managed by its Managers.

6.02 The names and addresses of the persons who are to serve as Managers until the first annual meeting of the company's Members or until successors are elected and qualified are:

Name	Address
Jibreel Rashad	[redacted] Desoto, Texas 75122

Rick Robertson [redacted]
Cedar Hill, Texas 75104

ARTICLE VII
ORGANIZER

7.01 The name and address of the organizer is:

Name	Address
Jibreel Rashad	[redacted] Desoto, Texas 75122

ARTICLE VIII
REGULATIONS

8.01 The Regulations will be adopted by the Managers.

8.02 The powers to alter, amend, or repeal the Regulations or adopt new Regulations is vested in the managers, subject to repeal or change by action of the Members.

ARTICLE IX
MAJORITY VOTING

9.01 With respect to any matter, other than the election of the Managers, for which the affirmative vote of the holders of a specified portion of the membership interest entitled to vote is required by the Texas Limited Liability Company Act, and notwithstanding that such Act may require a portion of the membership interest entitled to vote that exceeds that specified in this Article, the act of the Members on that matter shall be the affirmative vote of the holders of a majority of the membership interest entitled to vote on that matter, rather than the affirmative vote otherwise required by such Act.

a. An affirmative vote of those persons having not fewer than the minimum number of votes that would be necessary to take the action at a meeting at which all member or managers, as the case may be, entitled to vote on the action were present and voted; or

b. Consent of each member of the limited liability company, which may be established by either the member's failure to object to the action in a timely manner, if the member has full knowledge of the action, consent to the action in writing signed by the member, or any other means reasonably evidencing consent.

12.02 Or any action which may be taken at any annual or special meeting of Members of the Limited Liability Company, may be taken without a meeting, without prior notice, and without a vote, if a consent or consents in writing, setting forth the action so taken, shall be signed by the holder or holders of membership interest having not less than the minimum number of votes that would be necessary to take such action at a meeting at which the holders of all membership interest entitled to vote on the action were present and voted.

12.03 Any such written consent must be dated, signed and delivered in the manner required by, and shall be effective for the period specified by the Texas Limited Liability Company Act, and any amendments thereto, and the taking of any such action by written consent shall be subject to satisfaction of all applicable requirements of such Act.

12.04 Prompt notice of the taking of any action by Members without a meeting by less than unanimous written consent shall be given to those Members who did not consent in writing to the action.

ARTICLE XIII
RESTRICTIONS ON ITS TRANSFERABILITY

13.01 The membership interest of the Limited Liability Company will be subject to restrictions on its transferability as set out in the Regulations of the Limited Liability Company, which Regulations will be kept with the records of the Limited Liability Company.

13.02 The Limited Liability Company will provide a copy of the Regulations without charge to any record holder of a membership interest upon written request addressed to the Limited Liability Company at its principal business office or its registered agent's address.

ARTICLE X
AUTHORITY

10.01 The authority to acquire, mortgage, or dispose of property of the company is limited to the Managers.

ARTICLE XI
INDEMNIFICATION

11.01 The company shall indemnify every Manager, and the Managers' heirs, executors and administrators, against expenses actually and reasonably incurred by the Manager, as well as against any amount paid upon a judgment in connection with any action, suit, or other proceeding, civil or criminal, to which the Manager may be made a party by reason of having been a Manager of this limited liability company.

11.02 This indemnification is being given because the Manager will be requested by the company to act for and on behalf of the company and for the company's benefit.

11.03 This indemnification shall not be exclusive of other rights to which the Manager may be entitled.

11.04 The Managers shall be entitled to the fullest indemnification allowed by the current law or as the law may be amended hereafter.

11.05 Except as otherwise provided in the regulations, a Manager shall be liable to the company for the following actions:

a. A breach of their duty of loyalty to the company, or to its Members;

b. An act or omission that was taken in bad faith and which constitutes a breach of the Manager's duty to the company by an act that is grossly negligent, malicious, or intentional, as those terms are defined at law;

c. A transaction in which the Manager benefits to the detriment of the company or its Members.

d. An action for which the Manager is liable at law and for which an indemnification is not allowed.

ARTICLE XII
COMPANY ACTIONS

12.01 Any action required by the Texas Limited Liability Company Act, and any amendments thereto, may be taken at any annual or special meeting of Members of the Limited Liability Company or by:

ARTICLE XIV
CONTINUITY OF BUSINESS

14.01 Upon termination of the membership of the last remaining member, the legal representative or successor of the last remaining member, or the legal representative or successor's designee, may continue the business if, within 90 days after termination, the legal representative or successor of the last remaining member, or the legal representative or successor's designee, agrees to become a member and continue the company.

IN WITNESS WHEREOF, I have hereunto set my hand this 2nd day of December, 2004.

Rick Robertson

Jibreel Rashad

ACKNOWLEDGMENT

STATE OF TEXAS §
§
COUNTY OF Dallas §

This instrument was acknowledged before me on 12/3/04, by Sandy Mendez.

MARY SANDY MENDEZ
MY COMMISSION EXPIRES
May 14, 2008

NOTARY PUBLIC, STATE OF TEXAS

Form 409
(revised 9/03)

Return in Duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
FAX: 512/463-5709

Filing Fee: $100

This space reserved for office use.

Articles of Amendment Pursuant to Article 3.06, Texas Limited Liability Company Act

Article 1 –Name

The name of the limited liability company is as set forth below:

Ra-Mill, LLC

State the name of the entity as it is currently shown in the records of the secretary of state. If the amendment changes the name of the entity, state the old name and not the new name in Article 1.

The filing number issued to the company by the secretary of state is: _____

Article 2—Amended Name

(If the purpose of the articles of amendment is to change the name of the company, then use the following statement)

The amendment changes the articles of organization to change the article that names the limited liability company. The article in the Articles of Organization is amended to read as follows:

The name of the limited liability company is (state the new name of the company below)

The name of the entity must contain an organizational ending or accepted abbreviation of such term. The name must not be the same as, deceptively similar to or similar to that of an existing corporate, limited liability company, or limited partnership name on file with the secretary of state. A preliminary check for "name availability" is recommended.

Article 3 –Amendment to Registered Agent/Registered Office

The amendment changes the articles of organization to change the article stating the registered agent and the registered office address of the company. The article is amended to read as follows:

Registered Agent of the Limited Liability Company
(Complete either A or B, but not both. Also complete C.)

☐ A. The registered agent is an organization **(cannot be company named above)** by the name of:

OR

☐ B. The registered agent is an individual resident of the state whose name is set forth below.

First Name	MI	Last Name	Suffix

Registered Office of the Limited Liability Company (Cannot be a P.O. Box.)

C. The business address of the registered agent and the registered office address is:

Street Address	City	State	Zip Code
		TX	

NCTRCA 050

Article 4 – Other Altered, Added, or Deleted Provisions

Other changes or additions to the articles of organization may be made in the space provided below. If the space provided is insufficient to meet your needs, you may incorporate the additional text by providing an attachment to this form. Please read the instructions to this form for further information on format.

Text Area [The attached addendum, if any, is incorporated herein by reference.]

Article VI
Management
6.01 The company shall be managed by its Managers.
6.02 The names and addresses of the persons who are to serve as Managers until the first annual meeting of the company's members or until successors are elected and qualified are:

Jibreel Rashad	[redacted]	Desoto, Texas 75122
Vernon Cooks	[redacted]	Desoto, Texas 75122
Rick Robertson	[redacted]	Cedar Hill, Texas 75104

Article 5—Date of Adoption

The date of the approval of the amendment(s) is December 28, 2004

Article 6—Statement of Approval (check either A, B, or C)

☐ A. The company has no members, has not received any capital, and has not commenced business. In accordance with Section G of Article 2.23 of the Act, the amendments to the articles of organization were approved by a majority of the initial managers named in the articles of organization. All initial managers approving the amendment have signed the articles of amendment.

☐ B. The company is member-managed, has not received any capital and has not otherwise commenced business. In accordance with Section G of Article 2.23 of the Act, the amendments to the articles of organization were approved by a majority of the initial members named in the articles of organization. All initial members approving the amendment have signed the articles of amendment.

☒ C. The amendments were approved by all members of the limited liability company in accordance with Section H of Article 2.23 of the Act or as otherwise provided in the articles of organization or the regulations of the company.

Effective Date of Filing

A. ☒ This document will become effective when the document is filed by the secretary of state.

OR

B. ☐ This document will become effective at a later date, which is not more than ninety (90) days from the date of its filing by the secretary of state. The delayed effective date is _____

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a false or fraudulent document.

12/15/04

Signature(s) of Authorized Manager(s)/Member(s) Date

RA-MILL, LLC

RA-MILL Development Group is a construction & project management consulting firm, general contractor, design/builder for commercial and residential and business/marketing strategist construction manager. RA-MILL has over 10 years experience in Residential Construction, Commercial construction management and Land Development & Acquisition.

WHAT WE DO

RA_MILL Development Group has taken the talents of both Mr. Jibreel Rashad and Mr. Rick Robertson to offer general contracting, design/build and construction management services throughout the Dallas/Ft. Worth metroplex. RA-MILL has operated and established a stable and growing customer base. We can harbor all of your construction needs whether it is a Design/Build project from scratch or simply serving as certified Construction Manager to your site for supervisional purposes. RA-MILL is certified as a Disadvantaged Minority Business Enterprise in the State on Texas.

CONSTRUCTION MANAGEMENT

As Construction Managers, RA-MILL is a professional retained by the Owner to interface with the Design Professional and Trade Contractors on various aspects of the work. The Construction Manager is actively involved in Design review, construction, value engineering, and quality control. RA-MILL's team of professionals is constantly monitoring all aspects of the project from design inception, zoning and permitting; secure all subcontractors and suppliers through construction and Owner occupancy. As the construction manager we represent your interest exclusively. Architects, engineers, and subcontractors all know that as the Construction Manager we are acting solely as the Owners Representative.

Construction Management allows pure Team effort by establishing clear goals set at project conception. As the Construction Manager we prepare bid packages, assist in pre-bid meetings, which we analyze and advise, on construction proposals and contractors. We develop a master control schedule covering all phases of the project, review, revise, and aid in the preparation of composite trade contractors, progress schedules during the construction period. The advantages of utilizing a Construction Manager consists of; single source responsibility, close relationship between the Owner and Design/Build Team, working together to obtain objectives, promotes direct communication, permits Owner involvement to produce the best product for your investment. In the Design/Build process, the design team works closely with the contractor and owner to provide designs with construction cost and value engineering in mind.

1409 South Lamar #
Dallas, TX 75215

MEET THE TEAM

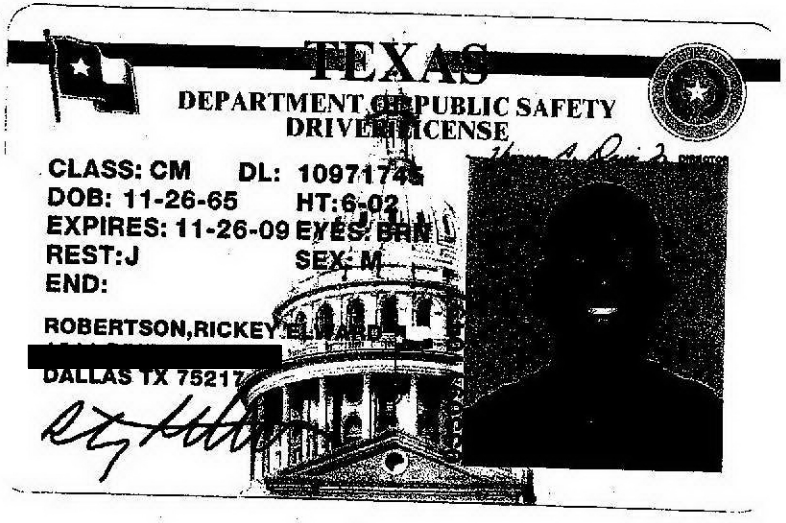
Jibreel Rashad has over 7 years experience in Residential Construction and Land Development Acquisition. Mr. Rashad graduated from the University of Texas at El Paso, with Bachelors in both Criminal Justice and Mass Communications. With extensive knowledge of development and residential construction, his strengths are in Business Strategy, Financing and Lending, Design/Build and Procurement/Estimating. Mr. Rashad is the President and CEO formally AMU Investments from 1998-2002 which is now Rashad Investments, 2002 thru present day.

Mr. Rashad has recently been apart of creating his own investment business:

- Managed investments that grossed over $1.2 Million in annual sales
- Developed sales to lower, middle, and upper multi-single family homes
- Sales site included Southern Sector of Dallas Texas
- Managed a $1.5 Million community project at the Bluffs at Lake Ridge community
- Project in Rowlett, Texas, contract for all concrete, plumbing, and electrical work.
- Other projects include the purchase of 10 acres to build 25 single family homes $120k to $250k and retail component.
- The current project underway is the development of Kolloch Estates.

Rick Robertson has over 6 years experience in Residential Construction and Land Development Acquisition. Mr. Robertson is native to the DFW area and targeted the need for more low to moderate income housing in the southern sector of Dallas. Millennium Investments was formed to buy, resale, rehab or lease properties. In 2001, Mr. Robertson ventured into construction of single family residential housing. Mr. Robertson has been instrumental in joining larger minority commercial builders together and serving as sub-contractor on various disciplines. Mr. Robertson has owned various retail convenient and electronic stores. He is a graduate of the University of North Texas with a BA in Business Administration and a Military Veteran.

Toni Thomas has over 6 years experience in Residential Construction and Land Development Acquisition. Ms. Thomas is a graduate of Texas A & M University with a BS, Certified CISCO system Computer Specialist, with Certification in Construction Management and Technology and member of the Dallas Homebuilders Association. Ms. Thomas consults to construction company's as project management, purchasing and estimating, sub-contractor relations, marketing and business strategy and general business management. Ms. Thomas has managed over $20MIL in Construction Interim at any given time, has built homes throughout the metroplex and worked for major homebuilder in the DFW area.


TEXAS
DEPARTMENT OF PUBLIC SAFETY
DRIVER LICENSE
CLASS: CM DL: 10971745
DOB: 11-26-65 HT: 6-02
EXPIRES: 11-26-09 EYES: BRN
REST: J SEX: M
END:
ROBERTSON,RICKEY
DALLAS TX 75217

CERTIFICATION OF VITAL RECORD

COUNTY OF DALLAS

FILE NO.: 197341-1965

NAME: RICKY EDWARD ROBERTSON

DATE OF BIRTH: 11-26-1965 SEX: MALE

PLACE OF BIRTH: DALLAS COUNTY, TEXAS

FATHER: EDWARD ROBERTSON MOTHER: MARY EVELYN WATERS

DATE FILED: 01-13-1966

STATE OF TEXAS
COUNTY OF DALLAS } ss CERTIFIED COPY OF VITAL RECORDS

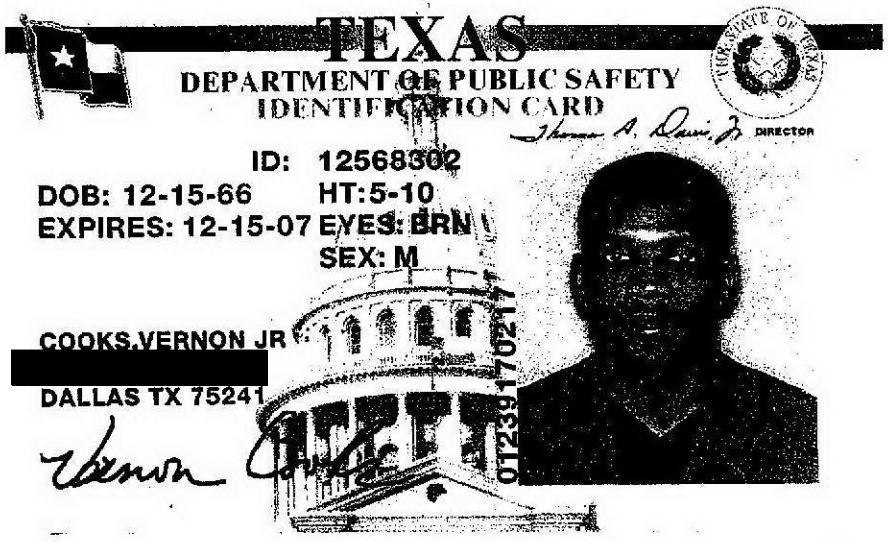
I hereby certify that this Abstract of Birth/Death facts is recorded in this Office; or has been provided to this office by the Texas Department of Health, Bureau of Vital Statistics, from a document in their custody.

ISSUED 03-30-2000

Do not accept unless prepared on security paper with engraved border displaying the official seal and signatures of the issuing agency. Do not photocopy. Lamination may void certificate.

Earl Bullock
EARL BULLOCK
County Clerk/Registrar
Dallas County Texas

ALTERATION OF ENTRIES VOIDS THIS CERTIFICATE



TEXAS
DEPARTMENT OF PUBLIC SAFETY
IDENTIFICATION CARD
DIRECTOR
ID: 12568302
DOB: 12-15-66 HT:5-10
EXPIRES: 12-15-07 EYES: BRN
SEX: M
COOKS,VERNON JR
[redacted]
DALLAS TX 75241
OT239170217

CERTIFICATION OF VITAL RECORD

CITY OF DALLAS

FILE NO.: 186859-1966

NAME: VERNON COOKS JR.

DATE OF BIRTH: 12-15-1966 SEX: MALE

PLACE OF BIRTH: DALLAS [illegible], TEXAS

FATHER: VERNON COOKS MOTHER: ROBBIE LOUISE WILLIAMS

DATE FILED: 01-11-1967

CF725627

I hereby certify that this abstract of birth facts has been provided to this office by the Texas Department of Health, Bureau of Vital Statistics, from a document officially in its custody.

ISSUED 06-03-2004

Lynda J. Humphrey

Lynda J. Humphrey, Registrar
Bureau of Vital Statistics
City of Dallas, Texas

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VOID COPY

NCTRCA 058

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Roger Williams
Secretary of State

RECEIVED
JUN - 8 2005
BY:

Office of the Secretary of State

CERTIFICATE OF ORGANIZATION OF

Rashad-Millennium, LLC
Filing Number: 800502558

The undersigned, as Secretary of State of Texas, hereby certifies that Articles of Organization for the above named company have been received in this office and have been found to conform to law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the Secretary by law, hereby issues this Certificate of Organization.

Issuance of this Certificate of Organization does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 06/08/2005

Effective: 06/08/2005

Roger Williams
Secretary of State

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Roger Williams
Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING
OF

Rashad-Millennium, LLC
Filing Number: 800502558
Assumed Name:
RA-MILL, LLC

The undersigned, as Secretary of State of Texas, hereby certifies that the assumed name certificate for the above named entity has been received in this office and filed as provided by law on the date shown below.

ACCORDINGLY the undersigned, as Secretary of State, and by virtue of the authority vested in the Secretary by law hereby issues this Certificate of Filing.
Dated: 06/08/2005

Effective: 06/08/2005

Roger Williams
Secretary of State

RA-MILL, LLC

1409 South Lamar, #522
Dallas, Texas 75215
Phone: 469-682-2235
Fax: 214-485-1684
ramill_busmgr@yahoo.com

March 24, 2005

NCTRCA
624 Six Flags Drive, Suite 216
Arlington, TX 76011

Dear Sir or Madam:

Please find 3 client references for RA-MILL;

1. Ronald Slovacek; Ron-Slo, Inc.; [redacted]-2825
2. Kim Danztler; ED&C Companies; [redacted]-5978
3. D'Angelo Lee; The 825 Company; [redacted]-1258

Should there be any questions or comments, I can be reached at 469-682-2235.

Sincerely,

Jabreel Rashad
President

Ra-Mill, LLC Affidavit # 16144

Revised List 4/13/05

Documentation still needed:

1. Letter stating that the company is a sole proprietorship not an LLC and that the company never filed with the Secretary of State to be an LLC.
2. Assumed name certificate for business (to reflect sole proprietorship)

If you have any questions please feel free to contact Shelia Miller at 817/640/0606 or via email at smiller@nctrca.org.

NCTRCA DETAILED CLIENT REPORT

Affidavit_Number: 16144 **Date:** 3/18/2005 **Cert_Specialist:** Sheena Suber

Priority: N **NDate:** **PDate:** **PSource:**

Firm: Ra-Mill LLC
Address1: 1409 South Lamas # 522
Address2:
City: Dallas **State:** TX **Zip:** 75243 **County:** Dallas
Phone: 4692355175 **Fax:**
Contact: Jabreel Rashad **Title:** President **Email:** ra-mill-genmg
☐ **Accept Credit Cards**
Tax_ID: 320135303

Structure: LLC **Ethnic_Code:** B **Sex:** M
Cert Description: **Complete_Date:** 5/9/2005 **Cert_Status:** Non-Resp
Expire_Date: **Cert_Type:** **Site Review:**
Certification_Num: **Year_Established:**
Avg_Gross_Rev: **Bonding_Capacity:** **Total_Employed:**
Percent_BLK: 0 **Percent_HIS:** 0 **Percent_WHT:** 0 **Percent_NA:** 0
Percent_AI: 0 **Percent_AP:** 0 **Percent_Other:** 0
Comments: PNWS Ltr. 1 requesting: three client references, proof of capital, date business started, bo

CommID	*M*	*LetterType*	*SentDate*	*Due Dte*	*Received*	*Responded*	*SavedAs*
138549	▦	Non-Responsive N	6/15/2005				
129433	▦	Non-Responsive N	5/9/2005	6/9/2005		06/08/05	
128767	▦	Additional Informati	4/18/2005	5/9/2005			
127944	▦	Additional Informati	3/22/2005	4/12/2005			

Box 6
Dec 2005

To: <kim.dantzler@etandc.com>
From: Sheena Suber <ssuber@nctrca.org>
Subject: RE: NCTRCA - requesting add'l info #16144
Cc:
Bcc:
Attached:

Kimberly,

Ra-Mill has been non response since May 2005. In previous correspondence, it was indicated that Ra-Mill, LLC was not organized and was a sole proprietor. The information submitted today indicates that the firm was organized 06/08/05. Therefore, the following are the additional documents needed to complete the file:

- Articles of Organization with date stamp in top right corner
- Regulations / Operating Agreement
- Membership certificates
- Membership register
- Proof of membership purchase
- Minutes of the 1st organizational meeting

In regards to ET & C, once the 2004 personal taxes & 2004 W2 forms are received I can issue that firm a certification. Should you need any other assistance please contact me at 817-640-0606 or via email.

Regards,
Sheena Suber

At 01:07 PM 6/8/2005, you wrote:

> Sheena,
> Thank you so much for your assistance.
>
> As I was going through my file, I noticed you also have Ra-Mill's file too. Enclosed is a certified copy of the articles of organization and a certified copy of the dba for Ra-Mill.
>
> Please let me know if you need additional information.
>
> Sincerely,
>
> Kimberly Dantzler

LOG OF ACTION TAKEN

Firm Name: *Ra Mill, LLC.* Affidavit No: 16144

Date	Comments, Actions and/or Directions	Initials
3/22/05	Initial review, requesting: three client references, date business established, proof of capital, bonding information, articles of organization filed w/secretary of state and certificate of organization. PNWS/DBE **Due by April 5, 2005**	Skm
04-18-05	L4R 2 emailed. DUE 05/02	SS
05-09-05	Non Resp. - Letter 1 DUE 06/09	SS
06-08-05	Rcd Cert. of Organization + Assume name cert. Still need additional documents. See email.	SS

NCTRCA 065

NCTRCA

North Central Texas Regional Certification Agency

May 09, 2005

Jabreel Rashad
Ra-Mill LLC
1409 South Lamas # 522
Dallas TX 75243

RE: D/M/WBE Certification Affidavit No. 16144

Dear Mr. Rashad:

Thank you for your interest in the Agency's Disadvantaged, Minority and Woman-owned Business Certification Program. In our previous letters, we advised you that the initial review of your certification affidavit (application) had been made. We further advised you that additional information and/or documentation was needed in order to continue the certification process.

To date, we have received no response or only received part of the information requested. Since we are unable to continue processing your application without the items requested, we have no choice but to close your file at this time and file it "Non-Responsive." If you wish to continue the certification process at this time you must submit the requested additional information ***within one (1) month of the date of this letter.*** The additional information checklist is attached. If documentation is not received by that date a new application will not be accepted for six (6) months and will be processed in normal date order.

We appreciate your interest in becoming certified with the Agency and encourage you to reapply in six months. Please contact me at metro (817) 640-0606 if you have any questions regarding the completion of a new certification affidavit.

Very truly yours,

Sheena Suber
Certification Specialist

Nonres1 / Attachment

624 Six Flags Drive, Suite 216, Arlington, TX 76011 • Metro (817) 640-0606 • Fax (817) 640-6315 • www.nctrca.org

North Central Texas Regional Certification Agency
REQUEST FOR ADDITIONAL INFORMATION

Thank you for your cooperation. If you do not have or unable to provide the information / documentation requested, please explain.

Name of Company: **Ra-Mill LLC** **Aff. # 16144**

____ Current, *2000 and 2002 Corporate*, business federal tax returns (all schedules)

____ Proof of U.S. citizenship or permanent residency status (U.S. passport, Alien Resident card, etc.)

____ Proof of ethnicity / race (Driver's license, tribal card. Etc.)

____ Resumes of owner(s) and key personnel

____ Copies of bank signature cards & corporate resolution

____ Copies of agreements such as rental

____ License of authorization to do business

____ Payroll register for last quarter

____ Proof of capital investment

_✓_ Provide a letter stating that the firm was not filed as an LLC and has remained a sole proprietorship

____ Separation Agreement (Community Property Clause – Renouncing Joint Property of Business)

_✓_ Assumed Name Certificate – ***to reflect sole proprietorship***

____ Complete copy of Partnership Agreement including buy/out rights & profit sharing

____ Complete copy of Corporation By-laws and Certificate of Incorporation

____ Articles of Incorporation with state approval stamp date

____ Front and Back of all issued and voided stock certificates (not a specimen)

____ Minutes of first and last corporate organization meeting; all resolutions affecting ownership

____ Proof of stock purchase (i.e., canceled check, agreements, etc.)

____ Complete copy of stock Transfer Ledger or Stock Register

____ Personal Net Worth Statement and Documentation

Notes:

(√) NEEDED INFORMATION: PLEASE SUBMIT ALL DOCUMENTATION WITH A (√) NEXT TO IT
624 Six Flags Drive, Suite 216, Arlington, TX 76011 *Metro (817) 640-0606 * Fax (817)640-6315

To: ra-mill-genmgr@yahoo.com
From: Sheena Suber <ssuber@nctrca.org>
Subject: NCTRCA - request for add'l info #16144
Cc:
Bcc:
Attached:

April 18, 2005

Debora J Sales
Precision Image Inc
417 Blue Heron Dr
Port Aransas TX 78373

RE: D/M/WBE Certification Affidavit No. 16153

Dear Ms. Rashad:

In our letter dated 3/22/2005, we acknowledged receipt of your certification affidavit (application) and advised you that the initial review had been made. We further advised you that additional information and/or documentation was needed in order to continue the certification process.

To date, we have received no response. In the event that you have misplaced our previous letter, we are attaching a copy of the list showing the item that you need to provide. If you are unable to comply with this request, please call us and we will be happy to assist you.

The following items are requested to complete your file:

* ***Letter stating that the company is sole proprietorship and not an LLC and that no forms were filed with the Secretary of State as a LLC***

* ***Assumed name certificate for business (to reflect it as a sole proprietorship)***

Make sure you include the certification affidavit number shown above in all your correspondence.

We will retain your file open for the next two (2) weeks. Failure to provide the requested information and/or documentation may result in our being unable to continue to process your application.

Please contact me at metro (817) 640-0606 if you have any questions. We appreciate your interest

To: andrealkc@grandecom.net
From: Shelia Miller <smiller@nctrca.org>
Subject: NCTRCA request for additional information # 16144
Cc:
Bcc: sheena suber <ssuber@nctrca.org>
Attached: C:\Documents and Settings\User\My Documents\addreq #16144.doc;

March 22, 2005

Jabreel Rashad
Ra-Mill LLC
1409 South Lamas # 522
Dallas TX 75243

RE: D/M/WBE Certification Affidavit No. 16144

Dear Mr. Rashad:

Thank you for your interest in the Agency's Disadvantaged, Minority and Woman-Owned Business Certification program. We have received your certification affidavit (application) and have made its initial review. However, we find that in order to complete the certification process additional information/documentation is needed. Please provide the items marked on the attached list.

Make sure you include the certification affidavit number shown above in all your correspondence.

We will retain your file open for the next two (2) weeks. Failure to provide the requested information and/or documentation may result in our being unable to continue to process your application.

Please contact me at metro (817) 640-0606 if you have any questions. We appreciate your interest and look forward to your response.

Very truly yours,

Shelia Miller
Certification Specialist
624 Six Flags Drive, Suite 216
Arlington, TX. 76011
817)640-0606 phone
817)640-6315 fax
addl1

North Central Texas Regional Certification Agency
REQUEST FOR ADDITIONAL INFORMATION

Thank you for your cooperation. If you do not have or unable to provide the information / documentation requested, please explain.

Name of Company: _Ra Mill, LLC_ **Aff. # _16144_**

___ Current, *2000 and 2002 Corporate*, business federal tax returns (all schedules)

___ Proof of U.S. citizenship or permanent residency status (U.S. passport, Alien Resident card, etc.)

___ Proof of ethnicity / race (Driver's license, tribal card. Etc.)

___ Resumes of owner(s) and key personnel

___ Copies of bank signature cards & corporate resolution

___ Copies of agreements such as rental – home based

___ License of authorization to do business

___ Payroll register for last quarter

_√_ Proof of capital investment in the firm for both owners list of equipment/receipts/invoices or cancelled checks

_√_ Bonding Certificate and Information

___ Complete copy of Partnership Agreement including buy/out rights & profit sharing

_√_ Certificate of Organization

_√_ Articles of Incorporation with state approval stamp date

___ Front and Back of all issued and voided stock certificates (not a specimen) - NA

___ Minutes of first and last corporate organization meeting; all resolutions affecting ownership - NA

___ Proof of stock purchase (i.e., canceled check, agreements, etc.) - NA

___ Complete copy of stock Transfer Ledger or Stock Register - NA

___ Personal Net Worth Statement and Documentation

_√_ 3 client references where services were provided

Notes: date business was established.

(√) NEEDED INFORMATION: PLEASE SUBMIT ALL DOCUMENTATION WITH A (√) NEXT TO IT

624 Six Flags Drive, Suite 216, Arlington, TX 76011 *Metro (817) 640-0606 * Fax (817)640-6315