STATE OF HAWAII — DEPARTMENT OF TAXATION

TAX CLEARANCE APPLICATION

Form A-6 can be filed electronically OR for all state, city, or county government contracts, may be obtained through Hawaii Compliance Express. See Instructions.
(NOTE: References to "married" and "spouse" are also references to "in a civil union" and "civil union partner," respectively.)

LETTER ID: L1071720704
CASE ID: 1046308

FOR OFFICE USE ONLY
BUSINESS START DATE IN HAWAII IF APPLICABLE 1/1/2019
HAWAII RETURNS FILED IF APPLICABLE
STATE APPROVAL STAMP (State Approval QR Code) Issued: Aug-10-2020 You may scan the QR code to authenticate this tax clearance
*IRS APPROVAL STAMP

1. APPLICANT INFORMATION:

Applicant's Name DAKINE AIR CONDITIONING & HEATING LLC

Address 1861 ANAPA PL KIHEI HI 96753-7802

DBA/Trade Name

2. TAX IDENTIFICATION NUMBER:

HAWAII TAX I.D. # T-185-995-5200

FEDERAL EMPLOYER I.D. # (FEIN) 83-2743562

SOCIAL SECURITY # (SSN)

3. APPLICANT IS A/AN: (Check only ONE box)

[ ] CORPORATION [ ] S CORPORATION [ ] TAX EXEMPT ORGANIZATION

[ ] INDIVIDUAL [ ] PARTNERSHIP [ ] ESTATE [ ] TRUST

[ ] LIMITED LIABILITY COMPANY [ ] LIMITED LIABILITY PARTNERSHIP [ ] OTHER

[X] SINGLE MEMBER LLC

[ ] SUBSIDIARY CORPORATION

4. THE TAX CLEARANCE IS REQUIRED FOR: (MUST check at least ONE box)

[ ] CITY, COUNTY, OR STATE GOVERNMENT CONTRACT IN HAWAII *

[ ] REAL ESTATE LICENSE [X] CONTRACTOR LICENSE [ ] LIQUOR LICENSE

[ ] FINANCIAL CLOSING [ ] PROGRESS PAYMENT [ ] BULK SALES[1]

[ ] HAWAII STATE RESIDENCY [ ] FEDERAL CONTRACT [ ] PERSONAL

[ ] SUBCONTRACT [ ] COMPLETION/FINAL PAYMENT [ ] LOAN

[ ] OTHER

IRS APPROVAL STAMP IS ONLY REQUIRED FOR PURPOSES INDICATED BY AN ASTERISK.
[1] ATTACH FORM G-8A, REPORT OF BULK SALE OR TRANSFER.

5. DECLARATION - I declare that I am either the taxpayer whose name is shown on line 1, or a person authorized under section 231-15.6 or 231-15.7, HRS, to sign on behalf of the taxpayer. If the request applies to a joint return, at least one spouse must sign. I declare to the best of my knowledge and belief, that this is a true, correct, and complete form, made in good faith pursuant to Title 14 of the HRS, and the rules issued thereunder.

Original Signature on File KEITH DARLEY	Aug-10-2020	808 276-2319	
SIGNATURE	DATE	TELEPHONE	FAX
DAKINE AIR CONDITIONING & HEATING LLC	OWNER		
PRINT NAME	PRINT TITLE: Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, Executor		

RECEIVED
AUG 12 2020

POWER OF ATTORNEY. If submitted by someone other than a Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, or Executor, a power of attorney (State of Hawaii, Department of Taxation, Form N-848) must be submitted with this application. **If a Tax Clearance is required from the Internal Revenue Service, IRS Form 8821, or IRS Form 2848 is also required.** Applications submitted without proper authorization will be sent to the address of record with the taxing authority. UNSIGNED APPLICATIONS WILL NOT BE PROCESSED. **PLEASE TYPE OR PRINT CLEARLY — THE FRONT PAGE OF THIS APPLICATION BECOMES THE CERTIFICATE UPON APPROVAL. SEE PAGE 2 ON REVERSE & SEPARATE INSTRUCTIONS.** Failure to provide required information on page 2 of this application or as required in the separate instructions to this application will result in a denial of the Tax Clearance request.

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