

STATE OF HAWAII — DEPARTMENT OF TAXATION
TAX CLEARANCE APPLICATION
PLEASE TYPE OR PRINT CLEARLY

1. APPLICANT INFORMATION: (PLEASE PRINT CLEARLY)

Applicant UNIQUE COMPUTER SYSTEMS, INC.
 Address 1100 Ward Avenue, Suite 1050
 City/State/Zip Code Honolulu, Hawaii 96814
 DBA/Trade Name THE LANGE GROUP

2. TAX IDENTIFICATION NUMBER(S):

HAWAII GENERAL EXCISE ID # 1 0 1 9 3 8 0 6
 FEDERAL EMPLOYER ID # 9 9 0 2 0 6 1 2 3
 SOCIAL SECURITY # _____

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

4. THE TAX CLEARANCE IS REQUIRED FOR:

- CITY, COUNTY, OR STATE GOVERNMENT CONTRACT IN HAWAII * LIQUOR LICENSE *
 REAL ESTATE LICENSE CONTRACTOR LICENSE BULK SALES
 FINANCIAL CLOSING PROGRESS PAYMENT PERSONAL
 HAWAII STATE RESIDENCY FEDERAL CONTRACT LOAN
 SUBCONTRACT OTHER _____

* IRS APPROVAL STAMP IS FOR PURPOSES INDICATED BY ASTERISK

5. NO. OF CERTIFIED COPIES REQUESTED:

5

6. SIGNATURE:

Yolanda H. Lindsey
 PRINT NAME
[Signature]
 SIGNATURE

President
 PRINT SPECIFIC TITLE: Corporate Officer, General Partner, Individual (Sole Proprietor)
1-26-00 (808) 545 - 1822 (808) 599 - 5264
 DATE TELEPHONE FAX

FOR OFFICE USE ONLY

BUSINESS START DATE IN HAWAII
 IF APPLICABLE
02/17/1981

HAWAII RETURNS FILED
 IF APPLICABLE
 19____ 19____ 19____

STATE APPROVAL STAMP

State of Hawaii
APPROVED
[Signature]
 JAN 26 2000
 per *[Signature]*
 Department of Taxation

IRS APPROVAL STAMP

INTERNAL REVENUE SERVICE
APPROVED
99-00379
 JAN 26 2000
 per *[Signature]*
 Pacific-Northwest District

CERTIFIED COPY STAMP

POWER OF ATTORNEY. If submitted by someone other than a Corporate Officer, General Partner, or individual (Sole Proprietor), a power of attorney (State of Hawaii Department of Taxation Form N848) 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 & 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.