



CT-6
(8/10)

New York State Department of Taxation and Finance

Election by a Federal S Corporation to be Treated As a New York S Corporation

Employer identification number 66-0776891		This election is to be effective for the tax year beginning (mm-dd-yy) 12/24/11		For office use only	
Mailing address	Legal name of corporation Maple, Inc.		Mark an X in the box if federal election is pending <input type="checkbox"/>		
	DBA or trade name (if any)		Telephone number [REDACTED]		
	Mailing name (if different from legal name) c/o Kellerhals Ferguson LLP		State of incorporation VI	Date of incorporation 11/22/11	
	Number and street or PO box [REDACTED]		Date began business in New York State 12/24/11		
	City St. Thomas	State VI	ZIP code 00802	Number of shares issued and outstanding 10,000	
The federal election to treat the corporation as an S corporation is effective for the tax year beginning 11/22/2011		Total number of shareholders 1		Number of shareholders who are nonresidents of New York State 1	

Indicate the month and day your tax year ends _____

Shareholders' unanimous consent and individual affirmation: By signing below each shareholder of the above corporation elects to include all amounts required by Tax Law, Article 22, section 660, in computing his or her New York taxable income and certifies that the personal information given below is to the best of his or her knowledge and belief true, correct, and complete.

See instructions if a continuation sheet or a separate consent statement is needed.

A Name and address of each shareholder (include ZIP code)	B Social security number or employer identification number	C Stock owned		D Shareholder's signature (see instructions) For this election to be valid, all shareholders must signify consent by signing below.
		Number of shares	Date acquired	
Jeffrey E. Epstein, Trustee 6100 Red Hook Quarter, Ste B-3 St. Thomas, VI 00802	[REDACTED]	10,000	11/22/11	

Certification: I certify that this election and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Signature of authorized person		Official title	
	E-mail address of authorized person			Date
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed)		Firm's EIN	Preparer's PTIN or SSN
	Signature of individual preparing this election	Address	City	State ZIP code
	E-mail address of individual preparing this election		Preparer's NYTPRIN	Date

See instructions for where to file.