

First Resort Painting *First in Quality and Service*

P.O. Box 505, St. Thomas, VI, 00804, [REDACTED]

March 22, 2012

To: LSJ, LLC Accounts Receivable

Re: First Resort Painting Invoice # 1469, Contract of August 24, 2010

Dear Sir/Madam,

When working on our year end and taxes, we noticed that our invoice # 1469 of November 1, 2010 has not been paid. This may have been due to our e-mailing this invoice to the incorrect address or other transmittal issues.

However this work has been done and we request payment for this invoice. You can confirm completion with either Tom Melnick or Albert 'Bill' Adams.

I have attached a copy of our invoice, the August 24, 2010 agreement, our business license, workman's comp, insurance and W-9 for First Resort. Please note than I have included this paperwork for 2010, the period when this work was done.

Please call me at [REDACTED] if there is any further information you require or questions you may have.

Thank you,



Walter I. Bostwick
President
First Resort Painting
P.O. Box 505
St. Thomas, VI 00804

First Resort Painting
P.O. Box 505
St. Thomas, VI 00804

Invoice

Date	Invoice #
11/1/2010	1469

Bill To
LSJ, LLC William Rowles 6100 Red Hook Qtrs B3 St. Thomas, VI 00802

P.O. No.	Terms	Project
		Cottage Ceiling

Quantity	Description	Rate	Amount
1	Ceiling Painting as per contract of August 24, 2010	5,160.00	5,160.00
Total			\$5,160.00

AGREEMENT

This AGREEMENT made and entered into this 24th day of August, 2010

COMPANY: First Resort Painting

COMPANY: LSJ, LLC

ADDRESS: P.O. Box 505
CITY: St. Thomas, USVI 00804
ATTN: Walter Bostwick
PHONE: [REDACTED]

ADDRESS: 6100 Red Hook Qtrs B3
CITY: St. Thomas, USVI 00802
ATTN: William Rowles
PHONE: [REDACTED]

herein called "Contractor"

herein called "Owner"

PROJECT: **Little St. James Island**
#1004 Master Suite Renovations

AGREEMENT NO. 01 Cost Code: 09-920

CONTRACTOR AND OWNER hereby agree as follows:

1. THE CONTRACT DOCUMENTS: The Contract Documents consist of this Agreement, Conditions of the Contract (General, Supplemental and other Conditions), attached hereto, if any, and the Schedules, Drawings, Specifications, and all Modifications issued subsequent thereto, if any.

SCHEDULE "A"	SCOPE OF WORK / DOCUMENTS
SCHEDULE "B"	PRICE AND PAYMENT SCHEDULE
SCHEDULE "C"	INVOICING INSTRUCTIONS AND LEGAL NOTICES

All of the foregoing form the Contract Documents and all are incorporated by reference herein, whether or not physically attached hereto.

2. INSURANCE REQUIREMENTS: The Contractor shall secure, prior to commencement of performance under this Agreement, and shall maintain at all times during the period or periods of its obligations under this Agreement, at its expense and in companies approved by Owner, the following insurance coverage, on an occurrence basis, all of which shall be non-cancelable and not subject to change in coverage except upon not less than thirty (30) days written notice to Owner at the address indicated above:
 - (a) Workers' Compensation with Statutory limits of liability;
 - (b) Comprehensive General Liability Insurance in an amount not less than \$1,000,000 Each Occurrence/ \$1,000,000 General Aggregate, with a sub-limit of \$5,000 Per Occurrence for Medical Payments. Coverage is to include Bodily Injury Liability, Property Damage Liability, Personal Injury Liability, Products and Completed Operations Liability, Premises Operations Liability, Contractual Liability (covering the "Hold Harmless" clause in Section 11), and Contractor's Protective Liability;
 - (c) Standard USVI full coverage Comprehensive Automobile Liability, including Owned, Non-Owned, and Hired Automobiles;
 - (d) Other (Builder's Risk, Performance and Payment Bonds, Etc.). Specify here:

DATE: 8/24/10

INITIAL: [Signature]

DATE: 8/25/10

INITIAL: WA

Insurance certificates evidencing such insurance coverage shall be furnished to Owner prior to commencement of performance under this Agreement and shall name Owner as an additional insured thereunder.

3. **CHANGES AND CLARIFICATIONS:** Without invalidating this Agreement, Owner, or their respective duly authorized representatives, may at any time, by written order to Contractor, make changes in the Drawings and Specifications. Owner may, by reason of such changes, add to or reduce the Work without invalidating this Agreement. Contractor shall furnish Owner with an itemized estimate for any revision in the Work which may be requested and shall receive written authorization from Owner before proceeding with any changes in the Work. Contractor shall, during the course of the Work, notify Owner or Owner's representative, in writing, of any problem or clarification which he believes needs immediate review and resolution which is not adequately covered by the Contract documents.
4. **WARRANTIES:** The Contractor shall, at the request of and in a manner acceptable to Owner, correct any defects in workmanship or materials in the Work which appear within a period of one (1) year from the date of final acceptance by Owner.
5. **ASSIGNMENT OF CONTRACT:** Contractor shall not assign this Agreement nor any portion thereof without first obtaining the written consent of Owner, which shall be in Owner's sole discretion. Any assignment without Owner's written consent shall be void and of no force and effect.
6. **INDEMNIFICATION AND HOLD HARMLESS:** Contractor shall indemnify Owner, and the Architects and Engineers of Owner, and their agents and employees, and each of them, against and save and hold them harmless from all liability, claims, allegations, demands, damages, and costs of every kind and nature, including without limitation attorneys' fees and costs of suit, arising directly or indirectly from the Work, except to the extent that such liability, claims, allegations, demands, damages, and costs are a direct result of the negligence of, or a breach of this Agreement by, Owner or its architects, engineers, employees or authorized agents.
7. **BREACH OF AGREEMENT:** If, in the opinion of Owner, Contractor fails to perform the Work in accordance with this Agreement, or inadequately performs, all or any part of the Work, or otherwise fails to perform or comply with Contractor's duties and obligations hereunder, and such failure shall continue for twenty-four (24) consecutive hours after written notice to Contractor specifying the particulars of such failure, then such failure and continuance thereof shall, at Owner's option, constitute an irreparable breach of this Agreement by Contractor and shall entitle Owner to terminate this Agreement and complete the Work itself or cause the Work to be completed by others, and Contractor shall immediately on demand of Owner pay all costs and damages sustained by Owner on account of such failure, and any and all material and equipment of Contractor on the Project site or in Contractor's place of business may, at the sole option of Owner, be used or rejected, and if rejected, such rejection shall be without any liability to Owner, its agents or employees.
8. **CANCELLATION OF AGREEMENT:** Owner shall have the right to cancel this Agreement at any time prior to the completion of the Work upon giving three (3) days written notice to Contractor. Should Owner so elect to cancel, and Contractor is not in breach hereunder, Owner shall promptly pay Contractor a prorated portion of the Contract Price based on percentage completed, but in no case shall the total of all payments made to Contractor under this Agreement exceed the Contract Price set out in Schedule "B". Contractor agrees to refund to the Owner that portion of any deposits previously paid by the Owner to the Contractor, if such deposits exceed the percentage completed.
9. **DOCUMENTS REQUIRED FOR LIEN FREE PERFORMANCE OF WORK:** Payment for the work shall be made to Contractor in accordance with Schedule "B". When any monies are payable to Contractor hereunder, Contractor shall deliver to Owner a statement (sworn or attested to if required by Owner), showing, in detail and as complete as required by Owner, all work done by Contractor and averring that all claims, obligations and liabilities created or incurred in the performance of doing thereof, to the date hereof, have been paid. Owner may require Contractor to furnish in support of such application, (a) a release or waiver of liens in a form specified by Owner, signed by each workman and materialman who

DATE:

8/24/10

INITIAL:

G

DATE:

8/25/10

INITIAL:

WB

have performed work upon or provided materials for the Work up to the billing closing date, and/or (b) an approval or acceptance of such work by any governmental and/or quasi-governmental entities or agencies having jurisdiction over such work.

IN WITNESS WHEREOF: The parties hereto have executed this Agreement, for themselves, their heirs, executors, administrators, successors, and permitted assigns, on the date set forth below.

CONTRACTOR: FIRST RESORT PAINTING

OWNER: LSJ

BY: *Walter Bostwick*

BY: *Gary Kerney*

NAME: Walter Bostwick

NAME: Gary Kerney

TITLE: *President*

TITLE: _____

DATE: *Aug. 25, 2010*

DATE: _____

DATE: *8/24/10* INITIAL: *WB*

DATE: *8/25/10* INITIAL: *WB*

SCHEDULE A

SCOPE OF WORK

Master Suite Renovations

Ceiling Painting

- Supply all labor, materials and equipment necessary to complete the ceiling painting (herein defined as the "Work") as per your quote dated 24 August 2010.
- All required Insurance certificates to be provided before starting work or receiving payment. LSJ, LLC to be named as additional insured where applicable
 - General Liability
 - Government Insurance
 - Automobile liability
- Acceptable documentation as to the legal work status of all workers to be provided prior to beginning work.
- General construction clean up of the work area is the responsibility of Fist Resort Painting. Fist Resort Painting shall keep the work premises and surrounding area free from accumulation of trash and debris related to the Work. Provide all clean up to Owner supplied dumpster
- Owner will provide the following:
 - Building permit
 - Power, lighting, ventilation, toilet facilities, water and ice
 - Transportation of personnel to and from LSJ from AYH Dock
 - Transportation of tools and equipment to LSJ from Red Hook Dock

DATE: 8/24/10

INITIAL: *[Signature]*

DATE: 8/25/10

INITIAL: *LB*

SCHEDULE B

PRICE AND PAYMENT SCHEDULE

TOTAL PRICE OF THIS CONTRACT IS: \$5,160.00

Monthly requisitions to be paid on a percentage complete basis.

Applicable Gross Receipts Taxes to be paid by First Resort Painting

All requisitions to be presented to the Owner's Representative by the twenty fifth (25th) day of the month for the previous month's work. The Owner's Representative will, within five (5) days after receipt of the Contractor's Application for Payment, issue to the Owner a Certificate of Payment. The Owner shall make payment within fifteen (15) days of receipt of the Certificate of Payment.

SCHEDULE

Time limits stated herein are of the essence of the contract.

Work to be substantially completed within three (3) weeks of the date of commencement

Date of Commencement is the date of this contract

Work to be coordinated and scheduled with Tom Melnick, Site Superintendent ([REDACTED])

DATE: 8/24/10

INITIAL: [Signature]

DATE: 8/25/10

INITIAL: WB

FILING AND INVOICING: All invoices should be serially numbered. If your invoice form is not so numbered, type or print in an upper corner "INVOICE NUMBER ____." Assign a different number to each separate invoice. Assign separate invoices for separate phases of work, and separate invoices for options or extras. Prepare all invoices in duplicate. Send the original and one copy to Owner's construction office for approval. Contractor must attach properly executed lien releases to each invoice.

All invoices shall indicate the project name, unit description, total item price, amount and percentage of total item price you are invoicing on this invoice, and the address to which payment is to be sent.

Lien releases must be dated on the date of the invoice or later.

As a condition precedent to final payment or the payment of retention to be made to Contractor by Owner, Contractor must submit (a) two (2) copies of As-Built-Drawings and/or Instruction/Warranty Manuals to Owner, (b) written approvals or acceptances of such project by any governmental or quasi-governmental entities or agencies having jurisdiction over the project, and (c) properly executed lien release covering all subcontractors, suppliers, laborers, and other persons or entities who performed work or services on, or who furnished materials for, the project under your contract.

Mail or deliver invoices and releases to: LSJ, LLC
6100 Red Hook Qtrs B3
St. Thomas, USVI 00802

LEGAL NOTICES: For the purpose of protecting Preliminary Lien Rights, Preliminary Lien Notices should be mailed to all of the following:

OWNER: LSJ, LLC
6100 Red Hook Qtrs B3
St. Thomas, USVI 00802

DATE: 8/24/10

INITIAL: JF

DATE: 8/25/10

INITIAL: WB



**THE GOVERNMENT OF THE VIRGIN ISLANDS
DEPARTMENT OF LICENSING AND CONSUMER AFFAIRS
LICENSING DIVISION**

Hereby Makes Known

That, in accordance with the applicable provisions of Title 3 Chapter 16 and Title 27 V.I.C. relating to the licensing of businesses and occupations, and compliance having been made with the provisions of 10 V.I.C. Sec. 41 relating to the Civil Rights Act of the Virgin Islands, the following licensing is hereby granted

Licensee FIRST RESORT PAINTING, INC

Trade Name FIRST RESORT PAINTING, INC

**Licensee Mailing Address
P.O. BOX 505
ST. THOMAS, VI 00804**

**Trade Address
14-5 BONNE RESOLUTION
HULL BAY
ST. THOMAS, VI 00802**

Business No. 210025

**Type of License
PAINTING CONTRACTOR**

As provided by law, the authorized licensing authority shall have the power to revoke or suspend any License issued hereunder, upon finding, after notice and adequate hearing, that such revocation or suspension is in the public interest; provided, that any persons aggrieved by any such decision of this office shall be entitled to a review of the same by the Territorial Court upon appeal made within 30 days from the date of the decision; provided, further, that all decisions of this office hereunder shall be final except upon specific findings by the Court that the same was arrived at by fraud or illegal means.

2010

This License is valid from 7/1/2010 until 6/30/2011 . If a renewal is desired, the holder is responsible for making application for the same without any notice from this office. In event of failure to do so it will be understood that the business is without legal authority to continue and will be closed. It is the responsibility of the Licensee to notify the department in writing within 30 days, when a license is to be cancelled or placed in inactive status.

Issued at St. Thomas, USVI

Printed on Thursday, July 29, 2010

Fee \$97.50

Fredrick H. ...
Commissioner, Department of Licensing and Consumer Affairs

THIS LICENSE MUST BE PROMINENTLY DISPLAYED AT PLACE OF BUSINESS
YOU ARE REQUIRED TO HAVE A FIRE INSPECTION IN ORDER TO RENEW (Title 23, § 605(d))
CONTACT FIRE DEPARTMENT at [REDACTED]



GOVERNMENT OF
THE UNITED STATES VIRGIN ISLANDS

Date: FEBRUARY 22, 2010

Office of the Custodian, Government Insurance Fund

DEPARTMENT OF FINANCE

Certificate of Government Insurance Coverage

I certify that the employer **FIRST RESORT PLAINTING, INC.**

Has filed with the Custodian of the Government Insurance Fund, the Employer's Report to the Commissioner of Finance and paid the required premium in accordance with the provision of Title 24 Chapter 11, Section 273, of the Virgin Islands Code, and, accordingly is entitled to the rights And benefits of the insurance coverage established by law. The risk of this employer is covered By policy 10521 For the period from JANUARY 01, 2010 to DECEMBER 31, 2010

NAME & ADDRESS OF EMPLOYER

**FIRST RESORT PLAINTING, INC.
P.O. BOX 505
ST. THOMAS, V.I. 00804**

A handwritten signature in black ink, appearing to read "Anthony J. Roberts".

DIRECTOR
GOVERNMENT INSURANCE FUND

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SA
BOSTWAL

DATE (MM/DD/YYYY)
09/14/10

<p>PRODUCER</p> <p>First Insurance: Water Front P.O. Box 306359 St Thomas VI 00803-6359 Phone: [REDACTED] Fax: [REDACTED]</p>	<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</p>												
<p>INSURED</p> <p>First Resort Painting, Inc P.O. Box 505 St. Thomas VI 00804</p>	<table border="1"> <tr> <th>INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: ACE American Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B: COMPANION INC.</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: ACE American Insurance Company		INSURER B: COMPANION INC.		INSURER C:		INSURER D:		INSURER E:	
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INSURER C:													
INSURER D:													
INSURER E:													

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<p>GENERAL LIABILITY</p> <p><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY</p> <p><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR</p> <p>GEN'L AGGREGATE LIMIT APPLIES PER:</p> <p><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC</p>	[REDACTED]	12/04/09	12/04/10	<p>EACH OCCURRENCE \$ 3000000</p> <p>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50000</p> <p>MED EXP (Any one person) \$ 5000</p> <p>PERSONAL & ADV INJURY \$ 3000000</p> <p>GENERAL AGGREGATE \$ 3000000</p> <p>PRODUCTS - COMP/OP AGG \$ 3000000</p>
	<p>AUTOMOBILE LIABILITY</p> <p><input type="checkbox"/> ANY AUTO</p> <p><input type="checkbox"/> ALL OWNED AUTOS</p> <p><input checked="" type="checkbox"/> SCHEDULED AUTOS</p> <p><input type="checkbox"/> HIRED AUTOS</p> <p><input type="checkbox"/> NON-OWNED AUTOS</p>	[REDACTED]	05/16/10	05/16/11	<p>COMBINED SINGLE LIMIT (Ea accident) \$</p> <p>BODILY INJURY (Per person) \$</p> <p>BODILY INJURY (Per accident) \$</p> <p>PROPERTY DAMAGE (Per accident) \$</p>
	<p>GARAGE LIABILITY</p> <p><input type="checkbox"/> ANY AUTO</p>				<p>AUTO ONLY - EA ACCIDENT \$</p> <p>OTHER THAN EA ACC \$</p> <p>AUTO ONLY: AGG \$</p>
	<p>EXCESS/UMBRELLA LIABILITY</p> <p><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE</p> <p>DEDUCTIBLE \$</p> <p>RETENTION \$</p>				<p>EACH OCCURRENCE \$</p> <p>AGGREGATE \$</p> <p>\$</p> <p>\$</p> <p>\$</p>
	<p>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</p> <p>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?</p> <p>If yes, describe under SPECIAL PROVISIONS below</p>				<p>WC STATU-TORY LIMITS OTH-ER</p> <p>E.L. EACH ACCIDENT \$</p> <p>E.L. DISEASE - EA EMPLOYEE \$</p> <p>E.L. DISEASE - POLICY LIMIT \$</p>
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Painting Contractor--Commercial - Annual Sales \$500,000

<p>CERTIFICATE HOLDER</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p>for First Insurance Agency <i>[Signature]</i></p>
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**Request for Taxpayer
 Identification Number and Certification**

Give form to the
 requester. Do not
 send to the IRS.

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return)

First Resort Painting, Inc.

Business name, if different from above

Check appropriate box: Individual/
 Sole proprietor

Corporation

Partnership

Other ▶

Exempt from backup
 withholding

Address (number, street, and apt. or suite no.)

PO Box 505

City, state, and ZIP code

St. Thomas, VI 00804

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

or

Employer identification number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here

Signature of
 U.S. person ▶

Wall P. Porter

Date ▶

March 20, 2012

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

LSJ, LLC

"Bill"

Albert Adams
Project Superintendent

Email: [REDACTED]

American Yacht Harbor
6100 Red Hook Quarter, Suite B3
St. Thomas, VI 00802

Phone: [REDACTED]

Fax: [REDACTED]

Cell: [REDACTED]

Bill Rolles