## **INTERNAL REVENUE SERVICE**

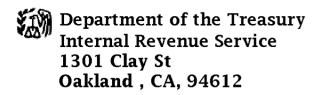


## FAX TRANSMISSION Cover Sheet

Date: March 18, 2025	
To:	
Address/Organization:	
Fax Number: <u>13027787808</u>	Office Number:
From: Ms. Andrianna E,	
Address/Organization:	
Fax Number: <u>(855) 839-8310</u>	Office Number: <u>800-829-0115</u>
Number of pages: 2	Including cover page

Subject:

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In reply refer to: 0458434537 3/18/2025 LTR 147C

PURUMVITA LLC NASER ARIFI SOLE MBR 501 SILVERSIDE RD STE 105 5211 WILMINGTON, DE 19809-1729-013

Employer Identification Number: 35-2883322

Dear Taxpayer:

Thank you for your inquiry of 3/18/2025.

Your Employer Identification Number (EIN) is 35-2883322. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, you can call 800-829-4933. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

Ms. Evans 1004965560 Ms. Evans