



Dear Christopher Bigelow,

Congratulations on starting your new business!

We're excited to help you take this big step. Attached are your filed articles and supporting documents for your new company. Please review these carefully for accuracy. If you ordered a Corporate Kit and Seal, you should receive it in about a week.

Below is your Federal Tax ID (or Electronic Identification Number). Please note, you will receive an official letter from the IRS regarding your EIN in the next 2-4 weeks.

88-3934184

Rocket Lawyer can help you run and grow your business. Imagine having your own lawyer on retainer 24-7, that's kind of what Rocket Lawyer is like.

A Rocket Lawyer membership gives you affordable access to legal services, including unlimited documents such as bylaws, operating agreements, trademark applications and more. Our simple-to-use, step-by-step interview process allows you to create legal documents that are ready to print, sign and share within minutes. We can also connect you with local, independent attorneys in person, online, or by phone. And because your documents are protected by Document Defense®, you don't have to worry about contract enforcement.

If you don't already have a membership and would like to give us a try, or have questions about Rocket Lawyer, please call us at 800-518-8976 or visit us at www.rocketlawyer.com.

Thanks for choosing Rocket Lawyer! We look forward to helping you as your business grows.

Your Rocket Lawyer Incorporation Team

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ Go to www.irs.gov/FormSS4 for instructions and the latest information.
▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested Ducey's Gun Club Inc					
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name				
	4a Mailing address (room, apt., suite no. and street, or P.O. box) P.O BOX 355	5a Street address (if different) (Do not enter a P.O. box.) n18678 us 141				
	4b City, state, and ZIP code (if foreign, see instructions) Same as 5b	5b City, state, and ZIP code (if foreign, see instructions) Pembine wi 54156				
	6 County and state where principal business is located marinette WI					
	7a Name of responsible party Christopher S. Bigelow	7b SSN, ITIN, or EIN 				
	8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8b If 8a is "Yes," enter the number of LLC members <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
	9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.					
	<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises _____ <input checked="" type="checkbox"/> Other (specify) ▶ Non-profit Group Exemption Number (GEN) if any ▶ _____					
9b If a corporation, name the state or foreign country (if applicable) where incorporated	State WI Foreign country _____					
10 Reason for applying (check only one box)						
<input checked="" type="checkbox"/> Started new business (specify type) ▶ NonProfit <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____						
11 Date business started or acquired (month, day, year). See instructions. 08/15/2022	12 Closing month of accounting year 12/31/2022					
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.	14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input checked="" type="checkbox"/>					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">Agricultural</td> <td style="width:33%; text-align:center;">Household</td> <td style="width:33%; text-align:center;">Other</td> </tr> <tr> <td style="text-align:center;">0</td> <td style="text-align:center;">0</td> <td style="text-align:center;">0</td> </tr> </table>		Agricultural	Household	Other	0	0
Agricultural	Household	Other				
0	0	0				
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ N/A						
16 Check one box that best describes the principal activity of your business.						
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) ▶ NonProfit <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail						
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Running the rifle range						
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," write previous EIN here ▶ 83-4000519						
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.					
	Designee's name Rocket Lawyer Corporate Services LLC	Designee's telephone number (include area code) 888-628-6759				
	Address and ZIP code 182 Howard St #830 San Francisco, CA 94105-1611	Designee's fax number (include area code)				
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) 715-293-6544				
Name and title (type or print clearly) ▶ CHRISTOPHER S BIGELOW PRESIDENT		Applicant's fax number (include area code)				
Signature ▶ <i>CHRISTOPHER BIGELOW</i>	Date ▶ 08/29/2022					

Do I Need an EIN?

File Form SS-4 if the applicant entity does not already have an EIN but is required to show an EIN on any return, statement, or other document.¹ See also the separate instructions for each line on Form SS-4.

IF the applicant...	AND...	THEN...
Started a new business	Does not currently have (nor expect to have) employees	Complete lines 1, 2, 4a-8a, 8b-c (if applicable), 9a, 9b (if applicable), and 10-14 and 16-18.
Hired (or will hire) employees, including household employees	Does not already have an EIN	Complete lines 1, 2, 4a-6, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10-18.
Opened a bank account	Needs an EIN for banking purposes only	Complete lines 1-5b, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
Changed type of organization	Either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership) ²	Complete lines 1-18 (as applicable).
Purchased a going business ³	Does not already have an EIN	Complete lines 1-18 (as applicable).
Created a trust	The trust is other than a grantor trust or an IRA trust ⁴	Complete lines 1-18 (as applicable).
Created a pension plan as a plan administrator ⁵	Needs an EIN for reporting purposes	Complete lines 1, 3, 4a-5b, 9a, 10, and 18.
Is a foreign person needing an EIN to comply with IRS withholding regulations	Needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits ⁶	Complete lines 1-5b, 7a-b (SSN or ITIN optional), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
Is administering an estate	Needs an EIN to report estate income on Form 1041	Complete lines 1-6, 9a, 10-12, 13-17 (if applicable), and 18.
Is a withholding agent for taxes on non-wage income paid to an alien (i.e., individual, corporation, or partnership, etc.)	Is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons	Complete lines 1, 2, 3 (if applicable), 4a-5b, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
Is a state or local agency	Serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581 ⁷	Complete lines 1, 2, 4a-5b, 9a, 10, and 18.
Is a single-member LLC (or similar single-member entity)	Needs an EIN to file Form 8832, Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes ⁸ , or is a foreign-owned U.S. disregarded entity and needs an EIN to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business (Under Sections 6038A and 6038C of the Internal Revenue Code)	Complete lines 1-18 (as applicable).
Is an S corporation	Needs an EIN to file Form 2553, Election by a Small Business Corporation ⁹	Complete lines 1-18 (as applicable).

¹ For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity does not have employees.

² However, do not apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).

³ Do not use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

⁴ However, grantor trusts that do not file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

⁵ A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

⁶ Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

⁷ See also *Household employer* on page 4 of the instructions. **Note:** State or local agencies may need an EIN for other reasons, for example, hired employees.

⁸ See *Disregarded entities* on page 4 of the instructions for details on completing Form SS-4 for an LLC.

⁹ An existing corporation that is electing or revoking S corporation status should use its previously-assigned EIN.

Statement and Resignation by Written Consent of the Incorporator of Ducey's Gun Club Inc

The undersigned, being the sole incorporator of Ducey's Gun Club Inc (the "Corporation"), a corporation filed in the state of WI, adopts the following resolutions by written consent without a meeting, which shall be effective immediately upon the existence of the Corporation.

RESOLVED, that each person named below is appointed to serve as initial director of the Corporation until the first meeting of the shareholders or until his/her successors are elected and qualified to serve:

- 1 Christopher Bigelow
- 2 Lisa Bigelow

RESOLVED, that this Written Consent shall be filed in the Corporation's minute book by the initial directors.

RESOLVED, that the undersigned resigns as incorporator of the Corporation and relinquishes any and all control of, authority over, or involvement with the Corporation—real or perceived—to the initial director/s of the Corporation, effective immediately upon the existence of the Corporation.

Signed and executed by the incorporator on 8/23/2022.



Frances Severe, Incorporator



FORM **102**

**ARTICLES OF INCORPORATION
NON-STOCK, NOT FOR PROFIT CORPORATION**

Sec. 181.0202, Wis. Stats.

Executed by the undersigned for the purpose of forming a Wisconsin non-stock, not for profit corporation under Ch. 181 of the Wisconsin Statutes:

Article 1. Name of the corporation Ducey's Gun Club Inc	
Article 2. The corporation is organized under Ch. 181 of the Wisconsin Statutes	
Article 3. Name of registered agent: Christopher Scott Bigelow	Article 4. Registered office address in Wisconsin (<i>A P O Box, in the same city/town, may be included but is insufficient alone.</i>): n18678 us 141 Pembine WI 54156
Article 5. Principal office address of the corporation: n18678 hwy 141, P.O Box 355 Pembine, WI 54156	
Article 6. The corporation: <input type="checkbox"/> will have members. <input checked="" type="checkbox"/> will not have members. (You must mark one).	
Article 7. The corporation: <input checked="" type="checkbox"/> is authorized to make distributions under sec. 181.1302(4). (You must mark one). <input type="checkbox"/> is not authorized to make distributions under sec. 181.1302(4).	
Article 8. Other provisions (optional, attach additional pages labeled Article 8 and higher if necessary): See attached	
(Optional) This amendment has a delayed effective date: _____ (up to 90 days after received date)	

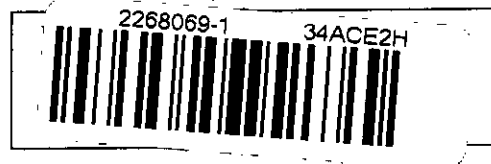
Article 9. Name and complete address of each incorporator:

Frances Severe
2804 Gateway Oaks Dr #100
Sacramento, CA 95833

Incorporator's signature

Incorporator's signature

This document was drafted by Steve Zenovieff
(Name the individual who drafted the document)



Attachment to Articles of Incorporation for

Ducey's Gun Club Inc

Article 8 - Continued

The following language relates to the Corporation's tax-exempt status and is not a statement of purposes and powers.

Said Corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause. No substantial part of the activities of the Corporation shall be the carrying on of propaganda or otherwise attempting to influence legislation and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the Corporation shall not carry on any other activities not permitted to be carried on (a) by a Corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a Corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Upon the dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

ARTICLES OF INCORPORATION – Non-stock, Not for Profit Corporation

RLOPS@PARASEC.COM

▲ Please provide an email or postal mailing address for the filed copy of the document.

INSTRUCTIONS (Ref. sec. 181.0202 Wis. Stats. for document content)

Please use BLACK ink. Submit one original to State of WI – Dept. of Financial Institutions, Box 93348, Milwaukee WI, 53293-0348, together with the appropriate **FILING FEE of \$35**. Filing fee is **non-refundable**. (If sent by Express or Priority U.S. mail, please visit www.wdfi.org/contact_us/ for current physical address). Sign the document manually. **NOTICE:** This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 771 for TTY. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

Article 1. The name must contain “corporation”, “incorporated”, “company”, or “limited” or the abbreviation “corp.”, “inc.”, “co.” or “ltd.” or comparable words or abbreviations in another language.

Article 2. This statement is required.

Articles 3 & 4. The corporation must have a registered agent located at a registered office in Wisconsin. The registered agent must be an individual, or an entity on record with this Department. **The corporation may not name itself as its own registered agent.** The address of the registered office is to describe the physical location where the registered agent maintains their business office. Provide the street number and name, city and ZIP code in Wisconsin. P O Box addresses may be included as part of the address, but are insufficient alone.

Article 5. The corporation must indicate a principal office address, wherever the corporation determines it’s principal executive offices to be.

Article 6. The corporation must indicate whether or not it will have members.

Article 7. The corporation must indicate if it is authorized to make distributions under sec. 181.1302(4).

Article 8. This space is provided for insertion of any desired material, such as a purpose, dissolution clause or director information. If the corporation names directors, it is required to name a minimum of 3.

Article 9. Print the name and complete address of each incorporator. At least one incorporator is required to sign the document, although all incorporators may sign.

If the document is executed in Wisconsin, sec. 182.01(3), Wis. Stats., provides that it shall not be filed unless the name of the drafter (either an individual or a governmental agency) is printed in a legible manner. If the document is not executed in Wisconsin, enter that remark.

This document may declare a delayed effective date. To do so, complete the remark under Article 8: The delayed effective date may not be before, or more than 90 days after, the document is received by the Department of Financial Institutions for filing.



For Office



State of Wisconsin
Department of Financial Institutions

Endorsement

ARTICLES OF INCORPORATION

DUCEY'S GUN CLUB INC.

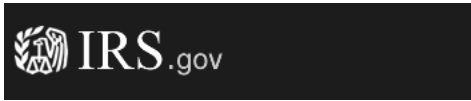
Received Date: 8/19/2022

Filed Date: 8/23/2022

Filing Fee: **\$35.00**

Entity ID#: D073717

Total Fee: \$35.00



EIN Assistant

Your Progress: 1. Identity ✓ 2. Authenticate ✓ 3. Addresses ✓ 4. Details ✓ 5. EIN Confirmation

Congratulations! The EIN has been successfully assigned.

EIN Assigned: **88-3934184**

Legal Name: **DUCEYS GUN CLUB INC**

The confirmation letter will be mailed to the applicant. This letter will be the applicant's official IRS notice and will contain important information regarding the EIN. Allow up to 4 weeks for the letter to arrive by mail.

We strongly recommend you print this page for your records.

Click "Continue" to get additional information about using the new EIN.

Continue >>

Help Topics

[? Can the EIN be used before the confirmation letter is received?](#)