

- A. <u>Community Development Committee (Airport, Community Development, Code Enforcement, Permits,</u> <u>Inspections, & Transportation, Planning & Development)</u>
 - 1. Consideration to approve the nominations for the Oak Grove Cemetery Board.
 - 2. Ordinance accepting and appropriating funds received for the Conway Regional Airport.
 - 3. Resolution approving professional audit services for the City of Conway.
- B. <u>Public Safety Committee (Animal Welfare Unit, Communication Emergency Operations Center,</u> <u>Department of Information Systems & Technology, District Court, Fire, Office of the City Attorney, &</u> <u>Police)</u>
 - 1. Ordinance to waive the competitive bid process for the purchase of vehicles for the Conway Police Department.
- C. <u>New Business</u>
 - 1. Consideration to approve a taxicab permit for Shaun's Cab Service.
 - 2. Consideration to approve a taxicab permit for Conway Checkers Cab, LLC.

Adjournment

City of Conway, Arkansas Office of the Mayor Mayor Bart Castleberry 1111 Main Street Conway, AR 72032

www.conwayarkans



Mayor Castleberry
City Council Members
Felicia Rogers
January 7, 2022
Oak Grove Cemetery

The Oak Grove Cemetery would like to nominate Ellen Gordy for an additional 5-year term, (ending December 2026) and Mr. John Courtway will serve out the remaining two years of another board members term that stepped down and that term will expire in 2023.

Please advise if you have any questions.



City of Conway, Arkansas Ordinance No. <u>O-22-</u>_____

AN ORDINANCE ACCEPTING AND APPROPRIATING PROCEEDS RECEIVED FROM CONWAY AIRCRAFT FOR THE AIRPORT DEPARTMENT, AND FOR OTHER PURPOSES:

WHEREAS, payment funds in the amount of \$291,014.79 were received from Conway Aircraft to cover costs associated with the construction of a maintenance hangar for fiscal year 2021; and

WHEREAS, the Airport department requests the acceptance and appropriation of these funds.

NOW THEREFORE BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF CONWAY, ARKANSAS THAT:

Section 1. The City of Conway shall appropriate \$291,014.79 from the Miscellaneous Revenue account (550.109.4799) to the CIP – Misc account (550.109.5990) in the 2021 budget.

Section 2. All ordinances in conflict herewith are repealed to the extent of the conflict.

Passed this 8th day of February 2022.

Approved:

Mayor Bart Castleberry

Attest:

Michael O. Garrett City Clerk/Treasurer



City of Conway, Arkansas Resolution No. R-22-____

AN RESOLUTION APPROVING PROFESSIONAL AUDIT SERVICES FOR THE CITY OF CONWAY; AND FOR OTHER PURPOSES

Whereas, the City of Conway solicited Request for Qualifications for professional audit services and received one response; and

Whereas, the City of Conway determined the qualifications, prior experience, demonstration of commitment to well trained staff, and cost of audit services from BKD CPAs & Advisors (BKD) were satisfactory; and

Whereas, the 2022 base fee proposed by BKD is \$128,000 and this cost for these professional services is included in the 2022 General Fund Budget.

NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF CONWAY, ARKANSAS THAT:

Section 1. The City of Conway shall accept the Statement of Qualifications from BKD and enter a contract with the for professional audit services.

Section 2. All resolutions in conflict herewith are repealed to that extent of the conflict.

PASSED this 8th day of February 2022.

Approved:

Mayor Bart Castleberry

Attest:

Michael O. Garrett City Clerk/Treasurer



City of Conway, Arkansas Ordinance No. O-22-

AN ORDINANCE TO WAIVE THE COMPETITIVE BID PROCESS FOR THE PURCHASE OF (6) NEW VEHICLES FOR THE CONWAY POLICE DEPARTMENT; DECLARING AN EMERGENCY; AND FOR OTHER PURPOSES

Whereas, the Conway Police Department needs to purchase new vehicles. This purchase will include six (6) 2022 Chevrolet Police Package Tahoes with the upfit included; and

Whereas, Dana Safety Supply is currently the only manufacturer who can supply these Police Vehicles, therefore, we request City Council to waive the bid process and approve the purchase of six (6) vehicles in the amount of \$287,490.

NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF CONWAY, ARKANSAS THAT:

Section 1. The City of Conway shall waive competitive bid requirements for six (6) Chevrolet Tahoes and upfit.

Section 2. The City of Conway shall enter into an agreement to purchase six (6) Chevrolet Tahoe's and upfit from Dana Safety Supply in the amount of \$287,490.00.

Section 3. All ordinances in conflict herewith are repealed to the extent of the conflict.

Section 4. This ordinance is necessary for the protection of the public peace, health and safety, an emergency is hereby declared to exist and this ordinance shall be in full force and effect from and after its passage and approval.

PASSED this 8th day of February ,2022.

Approved:

Mayor Bart Castleberry

Attest:

Michael O. Garrett City Clerk/Treasurer



APPLICATION FOR LICENSE TO OPERATE TAXI-CAB

TO THE CITY COUNCIL OF THE CITY OF CONWAY, ARKANSAS:

The undersigned hereby makes application for license to operate taxi-cab within said city, in accordance with the provisions of Ordinance No. A-415, passed June 9th, 1964, and all amendments made here-to, and makes the following statements and representations in support of this application:

BUSINESS	0	A A	\cap		
Business Name:	Shaun's	Cab Com	par Service		
Address:	52 Lana	ley Trail	Park Lot 52		
		AR 7203			
	<u> </u>		<u> </u>		
		1- A.A.			
Owner:	Lashuno	ha Aking	Ś		
<u>Vehicle</u>				Permit #	
Year_ <u>2001</u>	Make <u>Missan</u>	Model Xterra	VIN # 5/11 ED 28751 CS	52397	#080
Year	Make	Model	VIN #	1	
Year	Make	Model	VIN #		
Year	Make	Model	VIN #		
Year	Make	Model	VIN #		
Permit number:	#080				
INSURANCE					
Amount of Liabilit	ty and Property Damag	je Insurance: 50	0,000		
Name of Insuranc	e Company: Dire	ct Insurance	e Policy number: 2013812958		
Date of insurance	12/06/2021	то	12/06/2002		



FEES Amount of fees: \$10.00 X <u>|</u> vehicles Total Due \$ <u>10</u>^{°°} Date Paid: From: <u>1-10-22</u> To June 30, 20 <u>22</u>

I further state that I have read and am familiar with all provisions of said Ordinance No. A-415 and all amendments made here-to; that I will in good faith comply with all the terms of said ordinance; and I further agree that in event I, or any of my agents or employees, shall violate any of the provisions of said Ordinance, the license issued to me for the operation of the above described automobile as a taxi-cab may be revoked in accordance with the provisions of said Ordinance, and any license fee I may have paid for the issuance of a license on said taxi-cab shall not be refunded.

Date of application: 01/10/2022

shundiadkins Signed:

Subscribed and sworn to before me on this 10^{h} day of $0 \, \text{awg} 20 \, 22$. My commission expires: 06.23-2027

Notary Public NISE HI Notary Public NISE HI FAULKINSSIO FAULKINS COUNT



CITY OF CONWAY TAXI DRIVER APPLICATION

TO THE CITY COUNCIL OF THE CITY OF CONWAY, ARKANSAS:

The undersigned hereby makes application for license to operate taxi-cab within said city, in accordance with the provisions of Ordinance No. A-415, passed June 9, 1964, and all amendments made here-to, and makes the following statements and representations in support of this application:

NAME OF TAXI SERVICE: Shaun's Cab Service	
BUSINESS ADDRESS: 52 Langley Trail Park Lot 52	
	-
· · · · · · · · · · · · · · · · · · ·	
DRIVERS FULL NAME: LASHUNDIA V. AKins	
HOME ADDRESS: <u>52 Langley Trail Park Lot 52</u>	
Conway, AR 72032	
	~
DATE OF BIRTH:	
\$5.00 PERMIT FEE DATE PAID: 1-10-2022	
COPY OF APPROPRIATE ARKANSAS DRIVERS LICENSE WITH "P" ENDORSEMENT	
I further state that I have read and am familiar with all provisions of said Ordinance No. A-415 and a	all
amendments made here-to; that I will in good faith comply with all the terms of said ordinance; and I further agree	

amendments made here-to; that I will in good faith comply with all the terms of said ordinance; and I further agree that in event I, or any of my agents or employees, shall violate any of the provisions of said Ordinance, the license issued to me for the operation of the above described automobile as a taxi-cab may be revoked in accordance with the provisions of said Ordinance, and any license fee I may have paid for the issuance of a license on said taxi-cab shall not be refunded.

ndia akino

01/10/2022

SIGNATURE

DATE



Arkansas Personal Auto Insurance Application

Direct Insurance Company

PO Box 3199 Winston Salem, NC 27102-3199



Polic	y #: 201:	3812958	2958 Effective Date: 12/06/2021			Time: 11:22 AM	Amount Enclo	sed: \$	95.09
Agen	cy Infor	mation					1. S. S. Sandarda		
Agen 2600	icy Nam	e: Direct	General Insur	ance Agency	Inc -	Producer: Tony Nichols	5		
Agen	icy Num	ber-Proc	ducer Code: 9	012384		Agency E-Mail: bu2600)@ngic.com		
Appli	icant Inf	ormatio	n						$\frac{d_{1}}{d_{1}} = \frac{1}{2} \left(\frac{1}{2} + \frac{1}{$
			hundia V Akins General	3		So	ocial Security #:		
	ng Addr angley Tr 2				Cit Co	y: nway	State: AR	Zip: 7203	
Contraction of the second	n il Addre n0770@g		m		1000	one Number: 1-585-8911	Work Num	ber:	
Payn	nent Opt	ions				an a			
	Polic	y Term		# of Payme	ents	Payment Typ	e	Accou	nt #
		12		11		Direct Bill			
Prior	· Compa · Policy I · BI Limit	Expiratio	e: on/ Cancellati	on Date:	Mu Ne Pa	cident Free Claims Free ultiproduct Discount w Business Discount aperless Discount elcome Back Discount cluded Operator Surchar	qe		
Vahi	cle Infor								
Veh	Terr	Year	Make	N N	lodel	Serial (VIN) Numbe	er Usage		Veh Sym
1	95	2001	NISS	XTERF			Pleasure/Cor		
Cove	erage Inf	ormatio	n - 2001 NISS	XTERRA XI	E/SE			0546	
Coverages				Limits/Deductibles		P	remium		
				5,000 Each Person / \$50,000 Each Accident			\$468.00		
Prope	erty Dam	age			\$25,000) Each Accident			\$423.00
						Combined V	ehicle Premium:		\$891.00
						Add	litional Charges:		\$60.00
						Total 12 Month	Policy Premium:		\$951.00

Driver and Household Member Information

List all persons living in your household who are 14 years of age or older. In addition, list all persons who are "regular operators" of your vehicle whether living in your household or not. For purposes of this requirement, a "regular operator" is anyone who has used the vehicle under this policy at least once a week, or 2 days in a row, or at least 7 times over the last 6 months.

NOTE: You have a continuing duty during the life of the issued policy to notify the Company within 7 days from when any household member turns 14 years of age or obtains a learner's permit or a driver's license, whichever is earlier. In addition, you have a continuing duty during the life of the policy to notify the Company within 7 days from when a person age 14 years or older becomes a member of your household or regular operator.

	Name (As shown on license)	Drivers License Number	License State	Driver Status	Date of Birth	Gender	Marital Status	Relationship to Applicant
1	Lashundia V Akins	XXXXX3281	AR	Rated Driver		Female	Single	Named Insured
2	Rocalyn Akins			Excluded Driver		Female	Separated	Child

Drive	and Household Member Info	prmation (continued)
	SR-22	Discounts and Surcharges
1	No	
2	No	

Thank you for insuring with us! Here are your identification cards for proof of insurance.

ARKANSAS AUTOMOBILE INSURANCE CARD	KEEP THIS CARD IN YOUR MOTOR VEHICLE
Direct Insurance CompanyNAIC NUMBERPO Box 3199 Winston Salem, NC 27102-319937220INSUREDPOLICY NUMBERLashundia V AkinsEFFECTIVE DATE52 Langley Trail ParkEFFECTIVE DATELot 5212/6/2021Conway, AR 72032EXPIRATION DATE12/6/2022	Report all accidents immediately to: Direct Auto Insurance Toll free at: 800-403-1077 Excluded Driver(s)
YEARMAKEMODELVEHICLE IDENTIFICATION NUMBER2001NISSXTERRA X5N1ED28T51C552397AGENCY:9012384Direct General Insurance Agency Inc - 2600(501) 568-030010101 Mabelvale Plaza Dr Suite 4Little Rock, AR 72209	MOD: 00 10043AR (03012010)

Cut On Solid Line – Fold On Dotted Line

These are your Temporary ID Cards. Your Permanent ID Cards will arrive soon in the mail with your Policy.

	City of Conway 1201 Oak Street Conway, AR 72032
REG# CWY-CC5559 01/10/2022 8: Receipt# 001254 51031 01 2022	40 AM
LASHAUNDIA AKIN TAXI SERVICE	IS
NEW TAXI SERVIC JANUARY 2022	ΣE
001-119-4799 Taxi Franchise 001-119-4799 Taxi Driver Fe	10.00
e Total Cash 10 Cash 5. Change	5.00 15.00 10.00 5.00 0.00

-- Thank You --



APPLICATION FOR LICENSE TO OPERATE TAXI-CAB

TO THE CITY COUNCIL OF THE CITY OF CONWAY, ARKANSAS:

The undersigned hereby makes application for license to operate taxi-cab within said city, in accordance with the provisions of Ordinance No. A-415, passed June 9th, 1964, and all amendments made here-to, and makes the following statements and representations in support of this application:

BUSINESS

Business Name:	Conway Checl	ker Cab, LLC			
Address:	700 S German Ln, Suite 201, Conway, AR 72034				
	P.O. Box 992, 0	Conway, AR 720	33		
	501-600-2022	hail@cc	onwaycheckerca	b.com	
Owner:	J. Tyler Hender	son			
Vehicle					Perm
Year 2021	Make <u>Kia</u>	Model Forte	VIN # 3KPF24	ADXME274106	han to address of the results
Year	Make	Model	VIN #		
Year	Make	Model	VIN #		
Year	Make	Model	VIN #		
Year	Make	Model	VIN #		
Permit number:_					
INSURANCE					
Amount of Liabil	ity and Property Dama	ge Insurance:\$501	\$100k/\$30k</td <td></td> <td></td>		
Name of Insuran	ce Company: Pr	ogressive	Policy number:	955590521	
Date of insuranc	e: February 1, 2	2022 то	February 1, 2	023	

RECEIVED FEB 01 2022



 FEES

 Amount of fees: \$10.00 X
 1
 vehicles
 Total Due
 \$
 10.00

 Date Paid: From: \-3\-22
 To June 30, 20
 22

I further state that I have read and am familiar with all provisions of said Ordinance No. A-415 and all amendments made here-to; that I will in good faith comply with all the terms of said ordinance; and I further agree that in event I, or any of my agents or employees, shall violate any of the provisions of said Ordinance, the license issued to me for the operation of the above described automobile as a taxi-cab may be revoked in accordance with the provisions of said Ordinance, and any license fee I may have paid for the issuance of a license on said taxi-cab shall not be refunded.

Date of application: 01-18-2022

Signed

Subscribed and sworn to before me on this 18th day of January 20 22.

-10-2023 My commission expires: OFFICIAL SEAL - #12391662 Notary Public. MY COMMISSION EXPIRES

STONE COUNTY INS 202 HERITAGE DR MOUNTAIN VIEW, AR 72560

Policy number: 955590521

Underwritten by: United Financial Casualty Company January 28, 2022 Policy Period: Feb 1, 2022 - Feb 1, 2023

CONWAY CHECKER CAB LLC 3100 IRBY DR CONWAY, AR 72034

Welcome to Progressive Your coverage begins on February 1, 2022

Thank you for purchasing your policy from STONE COUNTY INS. With the #1 Commercial Auto insurer, you can rest assured that we're here for you and your business anytime with the specialized service you deserve.

Enclosed you will find

- Your Commercial Auto Insurance Coverage Summary (Declarations Page)
- Your policy contract
- Your permanent identification (ID) cards

Contact STONE COUNTY INS for personalized service at 1-870-269-9944

As an independent agency, **STONE COUNTY INS** provides a high level of service and counsel that is personalized to your needs and lifestyle. Please contact your agency for servicing your policy or for other insurance needs. If you need service when your agency is not available call 1-800-444-4487, 24 hours a day, 7 days a week.

Access your policy online, anytime

Don't forget that you can always log in to your policy online to make changes, pay your bill, check the status of a claim, or access policy documents anytime. Just visit us at progressive agent.com.

Call 1-800-274-4499 to report a claim

We get to work on your claim quickly, providing clear communication throughout the claim and repair process. Our 100% in house commercial claims adjusters personally handle your claim from beginning to end to get you back in business fast, saving you time and money when it really matters. Form WELCLTRAGENCY (02/16) STONE COUNTY INS 202 HERITAGE DR MOUNTAIN VIEW, AR 72560 1-870-269-9944



Policy number: 955590521

Underwritten by: United Financial Casualty Company NAIC Number: 11770 January 28, 2022 Page 1 of 1

Certificate of Insurance

Certificate Holder

CONWAY CHECKER CAB LLC 3100 Irby Dr Conway, AR 72034

Insured

CONWAY CHECKER CAB LLC 3100 IRBY DR CONWAY, AR 72034 Agent STONE COUNTY INS 202 HERITAGE DR MOUNTAIN VIEW, AR 72560

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies. Liability coverage may not apply to all scheduled vehicles.

Policy Effective Date: Feb 1, 2022	Policy Expiration Date: Feb 1, 2023
Insurance coverage(s)	Limits
Bodily Injury/Property Damage	\$50,000/\$100,000/\$30,000
Uninsured Motorist Bodily Injury	\$25,000/\$50,000

\$25,000/\$50,000

Description of Location/Vehicles/Special Items

Underinsured Motorist Bodily Injury

Scheduled autos only

2021 KIA FORTE 3KPF24ADXME274106

Personal Injury Protection Comprehensive Collision Roadside Assistance Stated Amount \$25,500 Med/Hospital + Acc Death + Income Loss \$1,000 Ded \$1,000 Ded Selected w/\$0 Ded

Form 5241 (05/16)

STONE COUNTY INS 202 HERITAGE DR MOUNTAIN VIEW, AR 72560

Named insured

CONWAY CHECKER CAB LLC 3100 IRBY DR CONWAY, AR 72034

PROGRESSIVE COMMERCIAL

Policy number: 955590521

NAIC Number: 11770 Underwritten by: United Financial Casualty Company January 28, 2022 Policy Period: Feb 1, 2022 - Feb 1, 2023 Page 1 of 2

progressiveagent.com

Online Service

Make payments, check billing activity, print policy documents, update your policy or check the status of a claim.

1-870-269-9944

STONE COUNTY INS Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is unavailable or to report a claim.

Your coverage begins the later of February 1, 2022 at 12:01 a.m. or the effective time shown on your application. This policy period ends on February 1, 2023 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (02/19). The contract is modified by forms 2852AR (02/19), 1652AR (02/19), 1198 (07/16), Z313 (04/21), 4852AR (02/19), 4881AR (02/19) and Z228 (01/11).

The named insured organization type is a corporation.

Commercial Auto

Insurance Coverage Summary

This is your Declarations Page

Outline of coverage

Description	Limits	Deductible	Premiur
Liability To Others			\$1,11
Bodily Injury Liability Property Damage Liability	\$50,000 each person/\$100,000 each accident \$30,000 each accident		
Uninsured Motorist Bodily Injury	\$25,000 each person/\$50,000 each accident		156
Underinsured Motorist Bodily Injury	\$25,000 each person/\$50,000 each accident		160
Uninsured Motorist Property Damage	Rejected		
Personal Injury Protection See Auto Coverage Schedule			690
Medical Expense	\$5,000 each person		
Accidental Death	\$5,000 each person		
Income Disability	Statutory Limit		
Comprehensive			648
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			3,286
See Auto Coverage Schedule	Limit of liability less deductible		
Roadside Assistance			10
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$6,062
Additional Insured Fee			20
Total 12 month policy premium and fe	es		\$6,082

Rated drivers

1.	JOHN T HENDERSON
2.	JEREMY T SCOTT

Auto coverage schedule

1. **2021 KIA FORTE** Stated Amount: * \$25,500 (including Permanently Attached Equip) VIN: **3KPF24ADXME274106** Garaging Zip Code: 72034 Radius: 50 miles Personal use: Y Body type: Car - Passenger

Liability Premium	Liability Premium	UM BI Premium	UIM BI Premium	PIP Premium	
	\$1112	\$156	\$160	\$690	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$1,000	\$648	\$1,000	\$3286	
Other Coverages Premium	Roadside Deductible	Roadside Premium			Auto Total
	\$0	\$10			\$6,062

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Auto 1

Loss Payee information

1. Loss Payee

Henderson 8146 HIGHWAY 66 Mountian View, AR 72560 2021 KIA FORTE (3KPF24ADXME274106)

Additional Insured information

1. Additional Insured

City of Conway ATTN: Mayor Office 1111 Main Street Conway, AR 72032

Important Address and Telephone Information

Policyholders have the right to file a complaint with the Arkansas Insurance Department (AID). You may call AID to request a complaint form at 1-(800) 852-5494 or 1-(501) 371-2640 or write the Department at:

Arkansas Insurance Department Consumer Services Division 1 Commerce Way, Suite 102 Little Rock, AR 72202

Customer Service Office Information

You may contact Customer Service at 1-800-444-4487 or by mail at PO Box 94739, Cleveland, OH 44101.

Company officers

Patanient Cours

Secretary



John Thurston ARKANSAS SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

I, John Thurston, Arkansas Secretary of State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

Certificate of Organization

of

CONWAY CHECKER CAB, LLC

filed in this office January 04, 2022



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 4th day of January 2022.

hurs

John Thurston Secretary of State

Online Certificate Authorization Code: 49612861d60d6662a30 To verify the Authorization Code, visit sos.arkansas.gov IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

Date of this notice: 01-10-2022

Employer Identification Number: 87-4343769

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 87-4343769. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

CONWAY CHECKER CAB LLC JOHN TYLER HENDERSON SOLE MBR PO BOX 992 CONWAY, AR 72033