

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)

Business name, if different from above

FALCON RESEARCH + Settlement Inc.

Check appropriate box: Individual/Sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership)
 Other (see instructions)

Exempt payee

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

4191 Brookville Street

City, state, and ZIP code

HANTON PA 16246

Requester's name and address (optional)

**Farmers National Bank of Emlenton
PO Drawer D, 612 Main St
Emlenton PA 16373**

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

23 3008753

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:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below).

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 ▶

[Handwritten Signature]

Date ▶

1/2/12

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

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:

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

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

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,

McClimans Insurance

P O BOX 1325
MECHANICSBURG PA 17055

TELEPHONE: • 1-800-555-1191
FACSIMILE: • 1-888-812-8409
EMAIL: service@mcc-ins.com

SHANELLE
FALCON RESEARCH & SETTLEMENT INC.
P. O. BOX 1
MAYPORT PA 16240

INVOICE

DATE: DEC 1 11
INVOICE #: 3250
DUE BY: JAN 17 12

Please note - to avoid cancellation please pay premiums on or before the effective date

DESCRIPTION	AMOUNT
COMPANY: Western Surety Company POLICY TYPE: Surety Bond -PA TA POLICY # 68686636 EFFECTIVE: JAN 17 12 EXPIRES JAN 17 13 BOND PENALTY: \$100,000	500.00
	TAX STAMPING FEE FEE
	Total Due 500.00

Please phone with any questions or comments. Thank You.

Please make checks payable to:
McClimans Insurance

PAID / RECEIVED
McClimans Insurance
DEC 14 2011

Thank You!



CHARTIS

National Union Fire Insurance Company of Pittsburgh, Pa.[®]
A capital stock company

MISCELLANEOUS PROFESSIONAL LIABILITY POLICY

NOTICE: THIS IS A CLAIMS MADE POLICY. EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST YOU AND REPORTED IN WRITING TO US DURING THE POLICY PERIOD. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE THEREUNDER WITH YOUR INSURANCE AGENT OR BROKER.

THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY CLAIM EXPENSES. FURTHER NOTE THAT AMOUNTS INCURRED FOR CLAIM EXPENSES SHALL BE APPLIED AGAINST THE RETENTION.

POLICY NUMBER: 02-138-98-80

REPLACEMENT OF POLICY NUMBER: 01-996-28-35

DECLARATIONS

Item 1. Named insured: *FALCON RESEARCH & SETTLEMENT, INC*

Address: *4181 BROOKVILLE STREET
HAWTHORN, PA 16230*

Item 2. Policy period: *From June 24, 2011 to June 24, 2012*

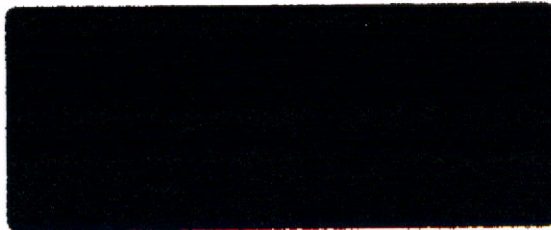
at 12:01 A.M. standard time at the address of the insured as stated above.

Item 3. Limits of Liability (inclusive of claim expenses)

<i>\$1,000,000</i>	each wrongful act
<i>\$1,000,000</i>	aggregate

Item 4. Retention: *\$10,000* each wrongful act

Item 5. Premium: *\$9,272*



7149413

Item 6. Professional services: See Endorsement 1

Item 7. Retroactive date: June 24, 1987

Item 8. Name and Address of Insurer (in the box checked above)
National Union Fire Insurance Company of Pittsburgh, Pa.
175 Water Street
New York, NY 10038-4969

Producer: MERRIAM CHARLES W & SON INC

Producer

License #: On File with Insurer

Address: PO BOX 1038
SCHENECTADY, NY 12301

7149413

Detach this wallet size license and carry on your person.



R SHANELLE HAWK
License Number 46013

License Type: Resident Title Agent
Expiration Date: December 31, 2012

R SHANELLE HAWK
502 PINE RUN ROAD
MAYPORT, PA 16240-0000

Lines of Authority:
Title

9175209891

- This is your new Insurance Producer License. Please note your new license number and check your lines of authority to be certain they are correct.
- If your license is subject to Continuing Education (CE) requirements, this requirement **MUST BE SATISFIED** prior to your license expiration date.
 - To obtain information on your CE requirements and current CE status, access www.sircon.com
- You must notify the Insurance Department of address changes within 30 days of the change.
 - You may report the address change via e-mail sent to ra-in-producer@state.pa.us
- For additional information on the services of the Insurance Department visit our website at www.insurance.pa.gov
- You must notify the Insurance Department in writing within 30 days of being charged with any misdemeanor or felony.

Visit the Pennsylvania Insurance Department's WEB Site at www.insurance.pa.gov

DETACH BELOW

R SHANELLE HAWK
Licensee does business under at least one trading name, alias or former name.
License Number 46013

is licensed to engage in the business of insurance in the Commonwealth of Pennsylvania in the capacity stated below, subject to applicable laws and rules

License Type: Resident Title Agent
Expiration Date: December 31, 2012
R SHANELLE HAWK
502 PINE RUN ROAD
MAYPORT, PA 16240-0000



Lines of Authority:
Title

