

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Home Box Office Inc. and Subsidiaries Substitute W-9 Form, DO NOT send to IRS.

SECTION I: SUPPLIER INFORMATION (REQUIRED)			
1. Name: [as shown on your income tax return] Lennie Marvin Enterprises, Inc			
2. Business Name: [disregarded entity name, if different from above]			
3. Headquarters Address: 3110 Winona Ave.	4. City: Burbank	State: CA	Zip Code: 91504
Contact Name: Shannon Lugo		Title: Accountant	
Email: shannon@propheaven.com		Phone: 818-841-5882	
5. Check the appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual / sole proprietor or single-member LLC <input type="checkbox"/> C Corp. <input checked="" type="checkbox"/> S Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Trust / estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C= C corp, S=S corp, P=partnership) _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. Other _____		6. Exemptions (codes apply only to certain entities, not individuals) Exempt payee code (if any) _____ Exception from FATCA reporting code (if any) _____	

SECTION II: TAX INFORMATION (REQUIRED)																																									
Please enter a Federal Tax ID OR Social Security Number below:																																									
Enter your TIN in the appropriate box. For individuals, this is generally your social security number (SSN). For other entities, it is your employer identification number (EIN). If you are a single-member LLC that is disregarded from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="10" style="text-align: center; padding: 2px;">Social security number</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="10" style="text-align: center; padding: 2px;">Employer identification number</th> </tr> <tr> <td style="width: 20px; height: 20px; text-align: center;">9</td> <td style="width: 20px; height: 20px; text-align: center;">5</td> <td style="width: 20px; height: 20px; text-align: center;">-</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">8</td> <td style="width: 20px; height: 20px; text-align: center;">8</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">7</td> <td style="width: 20px; height: 20px; text-align: center;">9</td> </tr> </table>	Social security number																				Employer identification number										9	5	-	3	3	8	8	3	7	9
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SECTION III: DIVERSE VENDOR REPRESENTATION (OPTIONAL)					
Please check the appropriate box. (The business must have a specific ownership composition of minimally 51%) Please see www.mwbe.com for specific criteria.					
Small business Enterprise (SBE Female Only) <input type="checkbox"/>	Small Disadvantaged Business (SDB) <input type="checkbox"/>	Service Disabled Veterans (SDV) <input type="checkbox"/>	Woman Owned Business (WBE) <input type="checkbox"/>	LGBTQIA Owned Business (LGBTQIA) <input type="checkbox"/>	HubZone Business Enterprises (HUB) <input type="checkbox"/>

SECTION IV: MINORITY OWNED BUSINESS CLASSIFICATION (OPTIONAL) <input type="checkbox"/> YES <input type="checkbox"/> NO						
Please check the appropriate box. (The business must have a specific ownership composition of minimally 51%) Please see www.mwbe.com for specific criteria.						
Middle Eastern <input type="checkbox"/> Male <input type="checkbox"/> Female	Black/African American <input type="checkbox"/> Male <input type="checkbox"/> Female	Hispanic <input type="checkbox"/> Male <input type="checkbox"/> Female	Asian <input type="checkbox"/> Male <input type="checkbox"/> Female	Asian - Indian <input type="checkbox"/> Male <input type="checkbox"/> Female	Asian-Pacific <input type="checkbox"/> Male <input type="checkbox"/> Female	Native American <input type="checkbox"/> Male <input type="checkbox"/> Female

SECTION V: OTHER INFORMATION (REQUIRED)			
Please check the appropriate box for each question below:			
1) Have you or will you provide services in California?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> OCCASIONALLY
2) Have you or will you receive rent for property located in California?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> OCCASIONALLY
3) Have you or will you receive royalties for services originally rendered in California?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> OCCASIONALLY
4) Have you or will you provide rentals of tangible personal property to be used in California?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> OCCASIONALLY
If you answer YES or OCCASIONALLY to 1), 2), 3), or 4), submit a completed CALIFORNIA FORM 590 or you will be subject to California Nonresident Withholding.			

SECTION VI: CERTIFICATION [SIGNATURE REQUIRED BELOW]			
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. citizen or other U.S. person (defined below); and			
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.			
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.			
Signature:	Date: 06/25/2026	Phone: 818-841-5882	Title: Vice President