

STATE OF CALIFORNIA

PAYEE DATA RECORD STD. 204 (REV. 7-94)

(Required in lieu of IRS W-9 when doing business with the State of California)

NOTE: Governmental entities, federal, state, and local (including school districts) are not required to submit this form.

SECTION 1 must be completed by the requesting state agency before forwarding to the vendor.

PLEASE RETURN TO:	DEPARTMENT/OFFICE	PURPOSE: Information contained in this form will be used by state agencies to prepare Information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments. <i>(See Privacy Statement on reverse)</i>
	STREET ADDRESS	
	CITY, STATE, ZIP CODE	
	TELEPHONE NUMBER	

PAYEE BUSINESS NAME

DHL Express (USA), Inc.

SOLE PROPRIETOR - ENTER OWNER'S FULL NAME HERE *(Last, First, M.I.)*

MAILING ADDRESS *(Number and Street or P.O. Box Number)*

1200 South Pine Island Road

(City, State, and Zip Code)

Plantation, FL 33324

CHECK ONE BOX ONLY

MEDICAL CORPORATION *(Including dentistry, podiatry, Psychotherapy, optometry, chiropractic, etc.)*

PARTNERSHIP

EXEMPT CORPORATION *(Non-profit)*

ESTATE OR TRUST

ALL OTHER CORPORATIONS

INDIVIDUAL/SOLE PROPRIETOR

NOTE: State and local governmental entities, including school districts are not required to submit this form

4. PAYEE'S TAXPAYER I.D. NUMBER	SOCIAL SECURITY NUMBER REQUIRED FOR INDIVIDUAL/SOLE PROPRIETOR BY AUTHORITY OF THE REVENUE AND TAXATION CODE SECTION 18646 <i>(See reverse)</i>		NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.
	FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN)	SOCIAL SECURITY NUMBER	
	9 4 - 3 3 8 0 4 2 5 	-	

IF VENDOR ENTITY TYPE IS A CORPORATION, PARTNER- SHIP, ESTATE OR TRUST, ENTER FEIN. IF VENDOR ENTITY TYPE IS INDIVIDUAL/SOLE PROPRIETOR, ENTER SSN.

5. PAYEE RESIDENCY STATUS	CHECK APPROPRIATE BOX(S)		NOTE: An estate is a resident if decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident. <i>(See reverse.)</i>
	<input checked="" type="checkbox"/>	California Resident - Qualified to do business in CA or a permanent place of business in CA.	
	<input type="checkbox"/>	Non resident <i>(See Reverse)</i> Payments for services by nonresidents may be subject to state withholding	
	<input type="checkbox"/>	WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED	

SERVICES PERFORMED OUTSIDE OF CALIFORNIA

I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.

AUTHORIZED VENDOR REPRESENTATIVE'S NAME <i>(Type or Print)</i>	TITLE: Vice President, Pricing and Revenue Management	
Hank Gibson	DATE:	TELEPHONE NUMBER:
SIGNATURE	September 25, 2006	954-626-2566