

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.

1  PLEASE RETURN TO:	DEPARTMENT/OFFICE	<b>PURPOSE:</b> 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. (See Privacy Statement on reverse)
	STREET ADDRESS	
	CITY, STATE, ZIP CODE	
	TELEPHONE NUMBER	

PAYEE BUSINESS NAME **GOLDEN STATE OVERNIGHT DELIVERY SERVICES, INC.**

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

MAILING ADDRESS (Number and Street or P.O. Box Number)  
**1201 MARINA VILLAGE PARKWAY, SUITE 300**

(City, State, and Zip Code)  
**ALAMEDA, CA 94501**

CHECK ONE BOX ONLY

- |   |  |
|---|--|
| <input type="radio"/> MEDICAL CORPORATION (Including dentistry, podiatry, Psychotherapy, optometry, chiropractic, etc.) | <input type="radio"/> PARTNERSHIP                |
| <input type="radio"/> EXEMPT CORPORATION (Non-profit)   | <input type="radio"/> ESTATE OR TRUST            |
| <input checked="" type="radio"/> ALL OTHER CORPORATIONS   | <input type="radio"/> 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 (See reverse)		NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.
	FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN)  9 4 _ - 3 2 2 1 2 8 8	SOCIAL SECURITY NUMBER  _ _ - _ _ - _ _	
	IF VENDOR ENTITY TYPE IS A CORPORATION, PARTNER- SHIP, ESTATE OR TRUST, ENTER FEIN.	IF VENDOR ENTITY TYPE IS INDIVIDUAL/SOLE PROPRIETOR, ENTER SSN.	

CHECK APPROPRIATE BOX(S)

- California Resident - Qualified to do business in CA or a permanent place of business in CA.
- Non resident (See Reverse) Payments for services by nonresidents may be subject to state withholding
- WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED
- SERVICES PERFORMED OUTSIDE OF CALIFORNIA

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.  
 (See reverse.)

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 (Type or Print) ERNESTO DIAMONON	TITLE DIR. GOVT ACCOUNTS
SIGNATURE 	DATE 9/18/2006
	TELEPHONE NUMBER (916) 636-5130