partr	ecember 2011) tent of the Tressury Revenue Service	Request fo		ation		r	eques	ster. C	on o
	Name (as shown on yo							-	
ł	WorkWell Occupational Health Center LLC Business name/disregarded entity name, if different from above								
92.									
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See Specific Instructions on page 2.	Limited Hability company. Enter the tax classification (C=C corporation, S=S corporation, Pepartnership)      C     Exampt paya								
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9	City, state, and ZIP con								
S.	Huntsville, AL 35	806							
	List account number(s)	here (optional)							
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		or, or disregarded entity, see the Part I instruction identification number (EIN). If you do not have a					-		
	page 3.		i.	-		Lannahan .			
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